



**Bristol, North Somerset  
and South Gloucestershire**  
Integrated Care Board

# EQUALITY, DIVERSITY & INCLUSION ANNUAL REPORT 2021 - 2022

## Building Momentum



## Accessibility Statement

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

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## 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 2022. The report outlines the work already undertaken to meet our commitment to improve healthcare for all and reduce health inequalities. We have also highlighted some of our broader equality, diversity and inclusion work that supports our objectives set out in the [equality, diversity and inclusion strategy](#), which was approved by the Governing Body in April 2019. The Clinical Commissioning Group transitioned into an Integrated Care Board on 1 July 2022 and the strategy will be refreshed in 2023 to support the ambitions of the new organisation.

We have fulfilled our statutory and mandatory reporting requirements (see appendix) of this report including Equality Delivery System 2 (EDS2) update, Gender Pay Gap, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports.

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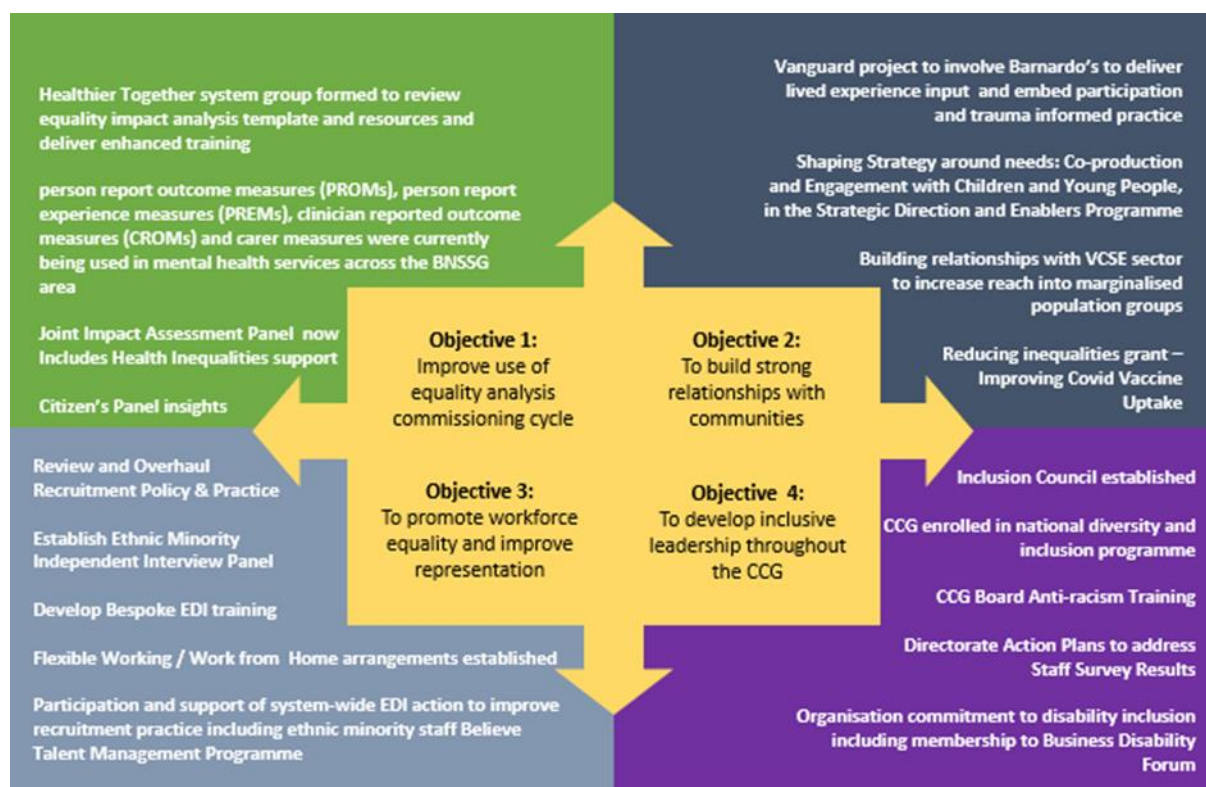
## Contents

Foreword.....	5
Section One .....	8
Introduction .....	8
About the Integrated Care Board (ICB).....	8
Our Values .....	8
A commitment to Equality, Diversity & Inclusion (EDI) .....	9
Equality, Diversity & Inclusion Priorities .....	9
Mandatory & Statutory Duties .....	10
Public Sector Equality Duty .....	10
Accessible Information Standards .....	11
Sexual Orientation Monitoring .....	11
Section Two .....	12
Our Population.....	12
Our population in summary.....	12
2021 Census .....	12
Our People.....	13
Inclusive Leadership.....	13
Our Workforce .....	13
Supporting our Diverse Workforce.....	16
Staff Networks .....	16
Workforce Wellbeing.....	16
Training & Development.....	16
Communication & Engagement.....	17
Governance .....	17
Section Three .....	18
Equality Diversity & Inclusion Performance .....	18
NHS Staff Survey .....	18
The NHS People Promise .....	18
Other survey results.....	19
Gender Pay Gap Reporting .....	20
Workforce Disability Equality Standard (WDES) .....	21
Workforce Race Equality Standard (WRES) .....	21
Equality Delivery System .....	21
Section Four .....	23
Our Stories of Equality, Diversity & Inclusion .....	23

Section Five .....	35
Conclusion .....	35
Section Six.....	38
Appendix.....	38
Equality Standards.....	38
Workforce Disability Equality Standard (WDES) Report.....	39
Workforce Race Equality Standard (WRES) Report.....	46
Equality Strategy Action Plan 2021-2022 .....	51

## Foreword

The equality, diversity and inclusion (EDI) annual report of the BNSSG Clinical Commissioning Group for 2021/22 references some of the activity captured as part of the CCG's 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 the CCG's 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.



The diagram above depicts some of the organisation's achievements since the CCG's last annual report including:

- Objective 1** To improve the use of equality analysis data in our commissioning cycle:
- Improved equality diversity and inclusion training and equality impact assessment training
  - Expanded offer of support from the Joint Impact Assessment Panel, which now includes Health Inequalities. The panel supports equality, health equity, quality and working with people and communities impact assessments.
  - The CCG continued to use its Citizen's Panel to gather insights across a range of health issues. The panel is made up of over 1000 people who represent the BNSSG region
- Objective 2** To build strong relationships with protected characteristic groups and communities to better understand their needs and improve our equality data:
- Working with Barnardo's to deliver Lived Experience input. Barnardo's young advisors helped to evaluate the bids in the

procurement process, were involved in co-design of service models and participated in training with stakeholders

- Reducing Inequalities Grants, funding community organisations who have close working relationships with seldom heard and marginalised population groups to improve take-up of Covid-19 vaccine
- Improve robustness of Equality Impact Assessments when undertaking consultation and large-scale engagement to ensure the region's diverse population's voice is represented, including working with community partners and voluntary sector partners to increase reach into communities and inform the equality analysis

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

- The CCG undertook an extensive review of its recruitment policy and processes and several recommendations have been developed into an action plan which is currently being delivered against
- Provided regular staff engagement to raise awareness and increase cultural competence; including hosting distinguished guest speakers. This included the launch of the Inclusion Roadshow, the aim of the roadshow was to facilitate conversations with staff about equality, diversity and inclusion issues and support them to understand how they can improve inclusion in their team and area of work
- The CCG introduced hybrid working arrangements during the pandemic, staff combine working from home and from modern offices and there was some freedom to flex their working hours
- In response to shortlisting-to-appointment disparities the CCG established an Independent Recruitment Panel made up of ethnic minority staff in November 2021

Objective 4 To develop inclusive leadership throughout the CCG:

- The CCG formed an Inclusion Council in February 2021, the Inclusion Council continues to provide oversight for the EDI agenda. The strategic group transitioned into the ICB and is chaired by the CEO
- Equality-based professional development for senior leaders and Governing Body members, included unconscious bias training and enrolment to the NHS Employers Diversity & Inclusion Partners Programme and anti-racism training for the Governing Body board in January 2022
- The CCG became a member of the Business Disability Forum (BDF) in March 2022 and worked with BDF to identify areas for improvement. BDF is a membership body that works with organisations to improve equality, diversity and inclusion for disabled people. The ICB carried this work forward and will develop actions to support progress in the 2022-23 EDI Action Plan

The following pages of the report will demonstrate how the CCG met its legal and mandatory duties, particularly under the Equality Act 2010 (Public Sector Equality Duty) and sets out the CCG's governance structure. The report also provides workforce data as at 31 March 2022 to enable the reader to benchmark against previous years and shares further information about 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 represents the final year and final EDI report as a CCG and

the focussed action plan in the appendix reflects this. The CCG transitioned into an Integrated Care Board (ICB), a new statutory body, in July 2022 and the ICB will continue to drive this important work forward.

# Section One

## Introduction

Welcome to the final Equality, Diversity & Inclusion Report of the Bristol, North Somerset & South Gloucestershire Clinical Commissioning Group (CCG). This report highlights how the CCG met its Public Sector Equality Duty (see section 'Mandatory & Statutory Duties') as set out in the Equality Act, including progress made against their EDI objectives and shines a light on the rich diversity in the organisation's workforce and population. The report also shares some insights into their transition from a CCG into an ICB and will therefore include some of the work that has taken place in the early part of the financial year 2022-2023.

## About the Integrated Care Board (ICB)

ICBs were legally established on 1 July 2022, and Clinical Commissioning Groups were abolished.

The ICB is the new organisation responsible for the day-to-day running of the NHS. The NHS Bristol, North Somerset and South Gloucestershire ICB (BNSSG ICB) takes account of population needs, arranges for the provision of services and manages the NHS budget.

We work closely with providers and local authorities in what is known as an Integrated Care System (ICS). The BNSSG ICS is called [Healthier Together](#), which is made up of 10 partner organisations including three local authorities, NHS Trusts, community healthcare providers, ambulance services and GP federation. Together we employ over 48,000 and have a shared goal "to improve health and healthcare outcomes; tackle inequality; support broader community development; and to enhance our productivity".

As an anchor institution, we are committed to embedding Equality, Diversity and Inclusion (EDI) in every area of the business, and to become an employer of choice, our commitment includes having a workforce that is representative of the population we serve and to work with our partners, the voluntary and faith sector and community groups to support the growth of thriving, healthy and prosperous neighbourhoods and communities.

In our function as an Integrated Care Board, we strive to embed inclusion in every area of the organisation, and this is reflected in our partnerships working arrangements, spending decisions and in setting system priorities. We work with several providers who deliver health and care and utilise a range of contractual levers to seek assurance from them 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.

To read more about the ICB and what we do visit our [website](#).

## Our Values

We are guided by clear values that help us lead healthcare in our area and make the right decisions on behalf of our people. These values were developed by CCG staff and have been transitioned into the ICB:



***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.

**A commitment to Equality, Diversity & Inclusion (EDI)**

The CCG published its EDI strategy in 2019, it set out their ambition to be leaders in the field – for the people it served, and their talented workforce. The CCG was committed to creating a compassionate and inclusive culture and to embedding inclusion in every area of the organisation. To drive this agenda, they established a CCG Inclusion Council in February 2021 to oversee the programme of work that supported delivery of the EDI objectives.

**Equality, Diversity & Inclusion Priorities**

The CCG focussed on several priorities in 2021-2022, which included a focus on elective surgery recovery, reducing long waits, and establishing virtual wards. Due to the enduring prevalence of Covid-19 in the BNSSG region, throughout the year this continued to impact on service delivery and workforce capacity, and the CCG had to carefully plan and balance resources to meet emerging challenges. As an integrated care system, BNSSG will continue to promote vaccine take-up for all our population and have learned from the award-winning work that was delivered by the health and care system including voluntary sector partners.

As mentioned earlier, the CCG transitioned into an Integrated Care Board (ICB) in July 2022, and our new priorities reflect the need to develop new structures, develop and publish a new organisation and integrated care system strategy and continue to drive service improvement and deliver value for money in increasingly challenging economic times. As well as tackling workforce shortages across the system, our goals include restoring NHS services inclusively, reducing health inequalities, accelerating preventative programmes to help people to stay well and address barriers to digital inclusion.

## Mandatory & Statutory Duties

### Public Sector Equality Duty

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 its 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 are known as the general duties. Having due regard to the duty meant that the CCG had 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. The CCG accomplished this by undertaking equality impact assessments and engaging with and consulting the local population to support their 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 meant publishing an 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 helped the CCG to make better decisions, form stronger relationships with its stakeholders and the public and commission and deliver services that were more likely to meet the needs of the truly diverse population the organisation served. Compliance was therefore not only a legal requirement; it enabled the CCG to be more effective in shaping health and care for the people it served.

The CCG also had to demonstrate due regard for a number of key legislation including the Health & Care Act 2022 which introduced new legislative measures that aim to make it easier for health and care organisations to deliver joined-up care for people who rely on multiple different services and sets out our duties to reduce health inequalities, improve quality of services, effectiveness and efficiencies and duties around patient involvement and choice; and the Armed Forces Act 2021, similar to the PSED, the CCG had due regard for people who serve in the Armed Forces and their families.

Section **Equality Diversity & Inclusion Performance** of this report highlights some of the activities undertaken over the past 18 months that evidence the CCG's and ICB's commitment to meeting its legal duties and provides the most recent CCG EDI data to benchmark progress.

### **Accessible Information Standards**

The Accessible Information Standard (AIS) applies to all NHS organisations; by applying the Standard, the CCG ensured that public information and communication with its workforce and population was accessible. The newly formed BNSSG ICB is committed to following the principles of the AIS which requires a specific and consistent approach to identifying, recording, flagging and meeting people's information and communication support needs, where those needs relate to a disability or sensory loss. The CCG and now ICB also have a duty to ensure that BNSSG providers adhere to the Standard. Information about accessible communication can be found on the [Accessible Communications](#) page of the ICB website. The organisation's reports and publications can be made available in a number of different formats on request. The CCG's staff networks also transitioned into the ICB, and the Disabled Staff Network continues to support the organisation to raise awareness around accessibility issues, and spearheaded work in this area in November 2020, particularly around virtual meetings as staff continue to work remotely. The network produced guidelines for administrators to facilitate more inclusive meetings and improve accessible information.

As commissioners, the CCG had a duty to support its providers to implement the Standard and ensure compliance with the Standard through contractual levers – the NHS Standard Contract service condition 12.3 mandates Providers to comply with the AIS. To strengthen this area of work, the ICB will host an AIS system group who will work together to improve AIS implementation. The group will first convene in December 2022.

### **Sexual Orientation Monitoring**

Sexual orientation is a protected characteristic as defined by the Equality Act 2010 and therefore public bodies like the NHS must pay due regard to the needs of lesbian, gay and bisexual (LGB) people in the design and delivery of services and ensure (and be able to demonstrate) that people are not discriminated against based upon their sexual orientation. In addition, Section 250 of the [Health and Social Care Act 2012](#) establishes that organisations must have regard to sexual orientation monitoring. This is an information standard that provides a mechanism for recording the sexual orientation of patients and services users aged 16 and over across health and care services where it is relevant to record this data.

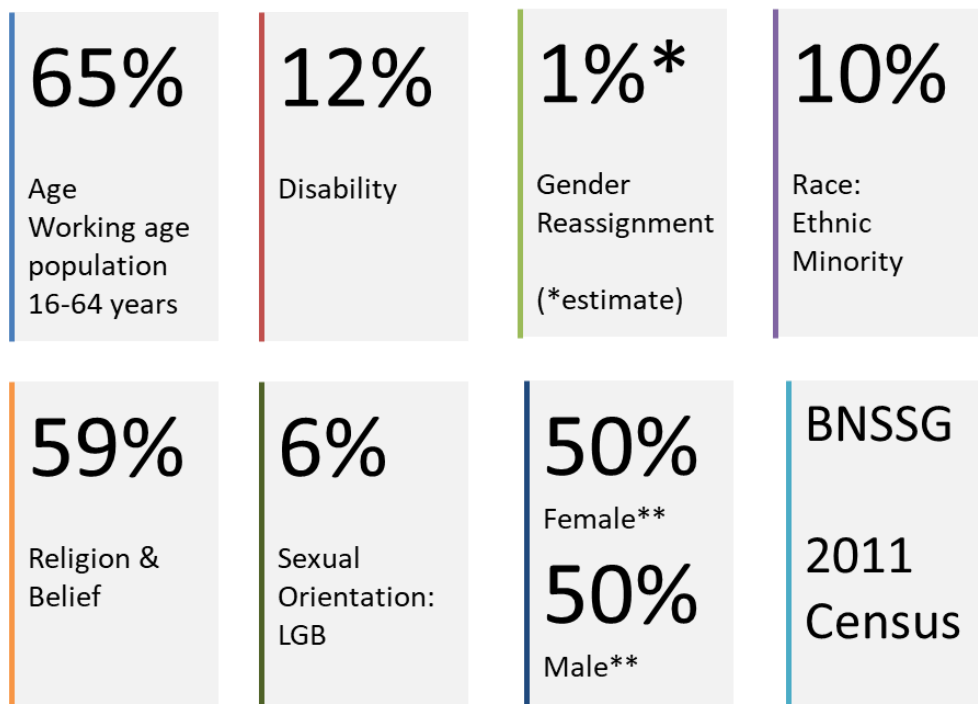
Sexual Orientation Monitoring represents a significant milestone in the promotion of Lesbian Gay Bisexual equality in England. The CCG was committed to supporting providers in the BNSSG system to meeting the standards and in understanding the needs of LGB communities.

## Section Two

### Our Population

The CCG served just over one million people from diverse communities in the Bristol, North Somerset and South Gloucestershire (BNSSG) area. The organisation strived to ensure providers delivered patient-centred services which achieve the best possible outcomes for the BNSSG population. 'What matters to you' was at the heart of the CCG's commissioning.

### Our population in summary



\*National estimate provided. There is no accurate data at present, the 2021 census has been updated to support data capture .

\*\* Numbers have been rounded, female 50.5, male 49.5

### 2021 Census

The Office of National Statistics conducted a UK-wide census in 2021, results will be incrementally released from 28 June 2022. The 2022-2023 report, which will be produced by the ICB, will include up-to-date demographic information for this region.

## Our People

### Inclusive Leadership

CCG leaders were responsible for driving EDI performance, and they were committed to the principles of equality, diversity and inclusion and took positive action to embed inclusion into the organisation's strategy. CCG engaged leaders role modelled inclusive behaviours, set the tone from the top and ensured their teams were centring patient and workforce needs in their objectives and delivery plans. The CCG also had senior leadership oversight in this area to ensure the organisation continued to deliver against the four EDI objectives highlighted throughout this report, the Inclusion Council, the CCG EDI strategic group, was chaired by its Chief Executive and the group championed and launched several initiatives to raise awareness and improve the cultural climate of the organisation.

However, since the organisation began benchmarking EDI performance in 2018-2019 the CCG saw incremental improvements in some areas and the leadership acknowledged there was a great deal of work to do to move the organisation along the EDI continuum from compliance and programmatic approaches, towards EDI maturity where inclusion is integrated in all business areas and responsibility and accountability is decentralised. The recommendations in this report will reflect the need for the newly formed ICB to change their approach.

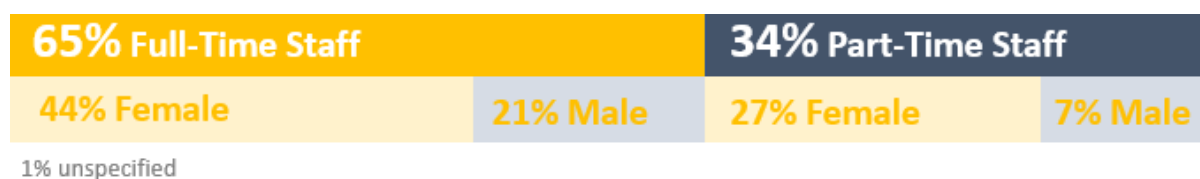
The new approach to managing diversity must mature along the two dimensions of behavioural inclusion (how people treat each other) and structural inclusion (unbiased transparent systems and processes). During its final year, the CCG's leadership have been on a learning journey, this included Race Equity training for the then CCG Governing Body in February 2022, and several of its senior leaders and execs attended the Inclusion Roadshow (a workshop that personalises EDI and invites attendees to link EDI objectives to their own work streams). The CCG also participated in the 2021-22 [NHS Employers' Diversity & Inclusion Partners Programme](#). The Partner's Programme is closely aligned with the EDS2 framework, the NHS People Plan and the NHS Long Term Plan. Participating health and social care organisations can make progress, develop their equality performance, and build an inclusive culture in the workplace. By participating in this programme, the CCG was able to identify best practice in the sector and share learning.

The CCG formed an Inclusion Council in February 2021, the Inclusion Council was the strategic group who provide governance and drive the EDI agenda. The Chief Executive chaired the Inclusion Council, which has transitioned into the ICB.

### Our Workforce

The CCG employed a diverse workforce who worked extremely hard in challenging circumstances. The CCG Staff Awards in September 2021 was a testament to the dedication and commitment of staff across the organisation, this was particularly evident throughout the pandemic when workload increased – many of the CCG staff volunteered or were redeployed to support Covid-19 efforts whilst also keeping 'business as usual' going. Like the BNSSG local population, the pandemic, cost of living crisis and health inequalities also impact the CCG workforce, therefore the vision for 'healthy fulfilled lives' also applies to its staff and the CCG had to ensure they were supported. You can read more about how the organisation helped their staff to stay healthy and well in the following section.

As at 31 March 2022 when the most recent workforce snapshot was taken, the CCG employed **539 staff**. Of those staff 65% were full-time and 34% part-time (1% unspecified).



The workforce make-up included:-

### Sex

The CCG employed 387 female staff (72%) and 152 male staff (28%).



### Ethnicity

Of the 539 staff, 420 staff (78%) were White British, 33 staff (6%) White other backgrounds including White Irish, other European backgrounds and White mixed and 46% were from ethnic minority groups, including 9 staff of Mixed Ethnicity (2%), 17 Asian staff (3%), 13 Black African or Caribbean staff (2%), 4 Chinese staff (0.7%) and 3 staff are identified as 'any other ethnic group' (0.6%). 38 staff (7%) were 'not stated'.



### Disability

Seventeen staff declared a disability including mental health conditions via the Electronic Staff Record, this group represented 4% of the workforce. 17% of staff had not declared whether they have a disability or not, non-disclosure had reduced year-on-year from 30% in 2018-19, 25% in 2019-20 to 20% in 2020-21. The number of disabled staff was likely to be higher, 79 staff who responded to the NHS National Survey indicated they had a disability or long-term health condition.

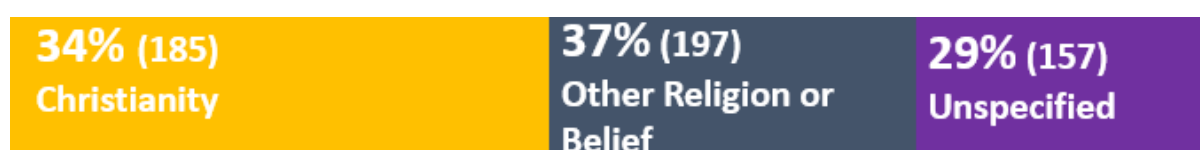
The Workforce Disability Equality Standard national team have undertaken work to understand why staff do not disclose their disability, results indicate a number of reasons including 'they did not know they could record the information', 'they did not know how to record the information', 'fear of stigma', 'confidentiality fears', and 'concerns the declaration might affect their career prospects'. The CCG remained committed to improving workforce data so that they could build a more accurate picture of the workforce and their needs – the

ICB will continue to do more work to improve workforce understanding and alleviate any concerns regarding disclosure.



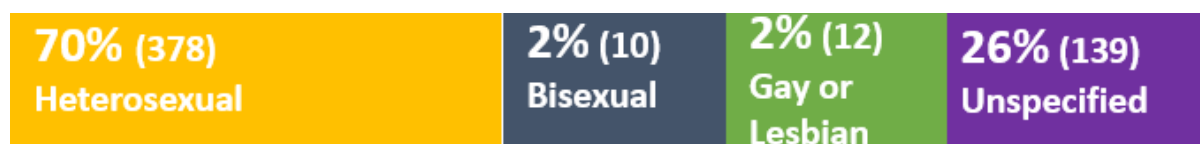
### Religion and Belief

Just over a third of CCG staff had a Christian faith background (185 staff, 34%), 4 had other religious backgrounds including Buddhism, Islam, Hinduism and Sikhism or other. 116 staff had no belief or religion and 157 staff had 'not disclosed' if they had a religion or belief or were 'unspecified'.



### Sexual Orientation

378 staff were heterosexual or straight (70%), 10 staff were Bisexual (2%) and 12 Gay or Lesbian (2%). 139 staff (26%) did not disclose their sexual orientation. The CCG encouraged staff to update their equalities information in the Electronic Staff Record (ESR) during 2022.



### Age Profile

The BNSSG area has a relatively young age profile, the working age population (aged between 16-64) totals 99.8% of the total population, with fastest growing age group being those over 75 years old; the CCG workforce age profile was relatively young, 45% of staff were aged between 21 and 40, however only 3.7% of staff were aged between 21 and 25.

Of the 539 staff, 84 staff (15.6%) were aged between 21-30, 160 staff (29.7%) were aged between 31 and 40; 147 staff (27.3%) between 41 and 50; 122 staff (22.6%) between 51 and 60; and 26 staff (4.8%) between 61 and 70 years old.



### Caring Responsibilities

The CCG annual NHS Staff Survey 2021 revealed that 44.4% of its staff had children between the ages of 0 and 17 that they had caring responsibilities for; and 26.5% of staff looked after, or provided help and support to family members, friends, neighbours or others because of either long-term physical or mental ill-health or disability, or problems related to old age.

## Supporting our Diverse Workforce

The CCG's vision for a 'happy, healthy and well' population extended to its workforce. The CCG believed building a culture centred around Equality, Diversity and Inclusion was key to creating a sustainable diverse workforce who could be themselves at work, share their unique perspectives and ideas, have space to develop and could contribute ideas and feel part of the success of the organisation. The CCG supported its staff in several ways:

### Staff Networks

The CCG had four staff networks who represented the interest of the disabled staff (Disabled Staff Network – DSN), ethnic minority staff (Empowered Network), LGBTQ+ staff (Proud Network) and parents and carers (Parents & Carers Network). The networks hosted meetings for their members, raised awareness in the organisation, provided advice and guidance on a number of issues and sat on the organisation's strategic EDI group, the Inclusion Council which was chaired by the CEO.

### Workforce Wellbeing

The CCG offered 24-hour access to digital resources, which staff were able to access across a range of topics including mental health, resilience, weight management, healthy eating, exercise and managing finances. CCG staff were also supportive of each other, and produced regular communications; staff-generated content included health and wellbeing related blogs and a few staff were trained Mental Health First Aiders (MHFAs) and volunteered as First Aiders and Fire Wardens.

The CCG hosted a number of face-to-face or live online events for staff every year to raise awareness around issues like mental health, menopause and safeguarding.

The CCG provided additional access to resources through its Employee Assistance Programme and staff could access Occupational Health services.

Flexible working arrangements were introduced during the pandemic and staff were able to mix working from the CCG modern offices and working from home. The recently renovated CCG city-centre site was equipped with access to a shared gym, bike and changing room facilities.

### Training & Development

The organisation wanted all its staff to be equipped to deliver their best work, all staff undertook mandatory training each year across a range of topics including Equality Diversity & Inclusion (EDI), Health & Safety and Information Governance.

Although workforce data indicated that only 2% of staff undertook non-mandatory training, this was very unlikely to be accurate because non-mandatory training was not organised through a centralised system and therefore not all training was captured. Work will be done in the future by the ICB to better capture training and its resulting impact.



In addition to self-paced mandatory EDI training, the organisation delivered the Inclusion Roadshow (which over 170 staff attended), the Roadshow was introduced to support EDI conversations across the workforce and to help teams to start to think about applying EDI practice to their work and to make commitments to positive action. Other training included Unconscious Bias training and Equality Impact Assessment training. CCG staff networks also periodically developed and delivered workshops to address common barriers or to raise awareness.

### **Communication & Engagement**

Regular communications and engagement with staff enabled the CCG to share consistent inclusive messages and to deliver programmes that influenced and shaped staff behaviour and impacted organisation culture; raised awareness; disseminated information and developed cultural competence and sensitivity. The CCG Internal Communications team were integral to the work of equality, diversity and inclusion. The organisation believed a joined-up approach of working across HR, Organisation Development, Learning and Development, Communications and Inclusion helped them to achieve the equality objectives set out in this report.

### **Governance**

Managing and advancing equality, diversity and inclusion (EDI) starts with good governance. The CCG Governing Body had oversight of the EDI agenda and an Inclusion Council strategically managed the work.

CCG staff also had a number of routes to raise concerns about equality, diversity and inclusion, this included direct access to the Chief Executive, representation from Freedom to Speak Up Guardians, the staff survey and regular pulse surveys, line management channels, the staff networks and other colleagues including representatives on the Staff Partnership Forum. The CCG actively promoted an open culture and encouraged staff to collaborate with leaders to improve inclusion, quality and safety across all business functions and at provider level.

In June 2022 the EDI function was expanded by 1 FTE member of staff on a one-year fixed term contract to help deliver key pieces of work. Therefore, the ICB will have two equality officers who will fulfil the day-to-day delivery of equality duties and provide training and advice and guidance for staff. In addition, staff undertake mandatory equality training through a digital training platform every three years.

In the new integrated care setting, the [BNSSG ICB's Board](#) has oversight of the agenda; and the Inclusion Council transitioned into the ICB. The Inclusion Council is a multi-professional group with representation from HR, Communications, EDI, Staff Partnership Forum, Staff Network Chairs and other senior colleagues and is chaired by the Chief Executive Officer. In the ICB setting scrutiny will also be provided by the People Committee and Quality Committee to ensure there is a strong link between initiatives in this area and subsequent workforce and patient experience.

## Section Three

### Equality Diversity & Inclusion Performance

The CCG's ambition was to improve the experience and outcomes for its staff and population, and the organisation monitored EDI performance to ensure that it was making progress against its action plans and that initiatives were having their intended impact. The CCG used a combination of quantitative and qualitative data to measure progress towards embedding equality, diversity and inclusion which are highlighted below.

### NHS Staff Survey

The CCG was committed to listening to its workforce and to taking action. In November 2021, CCG staff completed the NHS annual staff survey which measured staff experience in the organisation and this section will explore some of the findings.

This was the fourth year Bristol, North Somerset and South Gloucestershire Commissioning Group conducted a staff survey to understand its workforce experience. The NHS Staff Survey provided an opportunity for staff to share their thoughts, feelings, and ideas about what it was like to work for the CCG and helped the organisation to identify areas of strength and areas for improvement.

There were significant changes to the 2021 NHS Staff Survey questionnaire, compared to previous years. The People Plan 2020/21 committed that the NHS Staff Survey will be redesigned to align with the People Promise. From 2021-22, all answers will be used to better understand what it's like at the moment and where more change is needed.

### The NHS People Promise

**“This is a promise we must all make to each other – to work together to improve the experience of working in the NHS for everyone.” NHS England**

In line with the [People Promise](#), the CCG aspired to have a culture that is positive, compassionate, and inclusive. The NHS People Promise is that:-

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a Team

The table below highlights BNSSG CCG NHS Staff Survey scores that related to the People Promise.

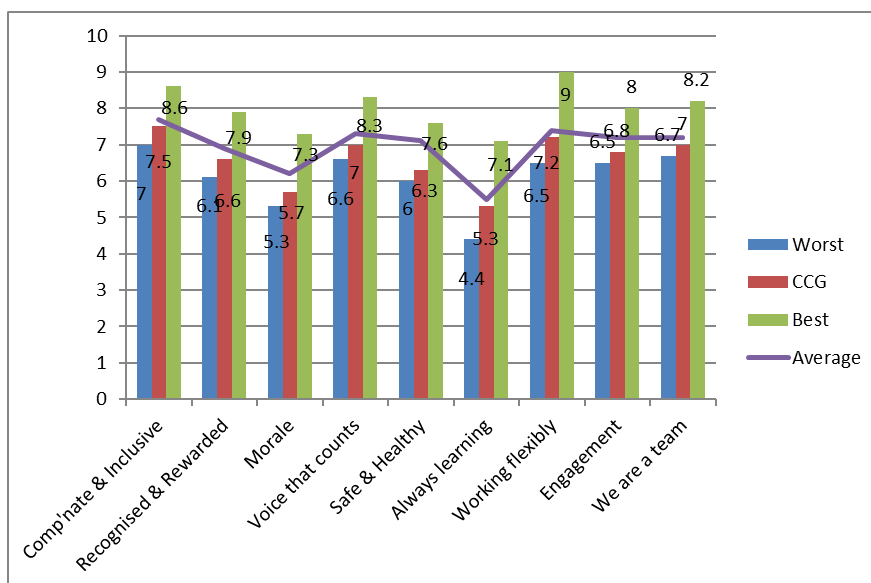


Table of scores

	Com- passionat & Inclusive	Recognise d & Rewarded	Morale	Voice that counts	Safe & Healthy	Always learning	Working flexibly	Engage- ment	We are a team
Worst	7	6.1	5.3	6.6	6	4.4	6.5	6.5	6.7
CCG	7.5	6.6	5.7	7	6.3	5.3	7.2	6.8	7
Best	8.6	7.9	7.3	8.3	7.6	7.1	9	8	8.2
Average	7.7	6.9	6.2	7.3	7.1	5.5	7.4	7.2	7.2

This was the first time that the People Promise was used to shape elements of the NHS Staff Survey, as a result the questions had changed for some of the metrics, which meant that it was not possible to compare the CCG's figures with last year's data. The 'we are a team' score of 7.0 is the same as 2020. Where comparison was possible, the CCG noted the Staff Engagement score had reduced minimally by 0.1 point, from 6.9 in 2020 to 6.8 this year; and morale had decreased from 6.0 to 5.7, returning to its historically static score in 2018 and 2019. Sustained work pressures since the pandemic was likely have still impacted scores as staff continued to meet the challenges of recovering backlogs and increased demand for NHS services. Staff were committed to maintaining and improving services, and the CCG appreciated the immense discretionary effort and sacrifice colleagues made to ensure that the health and care system could deliver a great service. The CCG promoted work life balance and established a health and wellbeing programme for staff; as well as recruiting staff throughout the year to have an effective staffing ratio – however workforce shortages and financial constraints remained a challenge across the NHS which are reflected in the following scores.

### Other survey results

#### Most Improved Scores

The five most improve scores in comparison to last year's NHS Survey 2020 are:

1. 75% of respondents agreed or strongly agreed they would feel confident that the CCG would address concerns about unsafe Clinical Practice compared to 66% in the 2020 NHS Survey.
2. 80% of respondents agreed or strongly agreed they would feel secure raising concerns about unsafe clinical practice compared to 73% in the previous year NHS Staff Survey.
3. 75% of respondents agreed or strongly agreed their immediate manager gives clear feedback on their work compared to 69% reported in the previous year.
4. 78% of respondents agreed or strongly agreed they have adequate materials, supplies and equipment to do their work compared to 72% reported in the previous year.
5. 76% of respondents agreed or strongly agreed they have opportunities to show initiative frequently in their role compared to 71% reported in the previous year.

### **Most Declined Scores**

The five most declined scores in comparison to last year NHS Survey 2020 are:

1. 30% of respondents agreed or strongly agreed that they are able to meet conflicting demands on their time compared 41% reported in the previous year.
2. 30% of respondents agreed or strongly agreed that there is enough staff in the organisation to do their role properly compared 41% reported in the previous year.
3. The NHS Staff Survey asked respondents if in the last three months had they ever come to work despite not feeling well enough to perform their duties. 53% of respondents reported they hadn't attended work compared to 60% reporting last year.
4. The NHS Staff Survey asked respondents if in the last 12 months, whether they have felt unwell due to work related stress. 52% of respondents reported they had not felt unwell due to work related stress compared to 58% last year.

A detailed BNSSG CCG staff survey result can be found on the [national dashboard](#).

Since the publication of the Staff Survey, the CCG leadership teams had developed directorate action plans to address issues across their teams. Progress against the plans were reported to the People Committee and staff regularly.

### **Gender Pay Gap Reporting**

The Gender Pay Gap is the difference between the average (mean or median) earnings of men and women across a workforce. The CCG Gender Pay Gap report for 2021-2022 will be published in January 2023, ahead of the March deadline. The CCG took a snapshot of workforce salary as at 31 March 2022. This showed results for 520 staff, 368 women (71%) and 152 men (29%) and the organisation's Mean GPG was 22% and Median GPG was 15%. The pay gap was due to:-

- The number of men employed in senior position. The CCG overhauled the recruitment process and continued to provide training for recruiting managers to ensure it could attract a diverse candidate pool. The relatively newly formed ICB will benefit from this as it should result in more men applying for roles at all levels of the organisation.
- There was also a significant number of women who were part-time (27% of staff). The opportunity to work part-time can be invaluable for many NHS staff, however, the CCG needed to do more to understand the experience and perceptions of part-time staff to ensure they had opportunities to advance in the organisation. The ICB will progress

this work and in December 2022 part-time staff will have an opportunity to discuss their experience and perceptions around equal opportunities.

The full Gender Pay Gap report will highlight more of what the CCG did to address the Gender Pay Gap.

### **Workforce Disability Equality Standard (WDES)**

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. The CCG used the metrics data to inform its Equality, Diversity & Inclusion (EDI) action plan. The full WDES report for 2021-22 can be found in the appendix of this document.

### **Workforce Race Equality Standard (WRES)**

The Workforce Race Equality Standard (WRES) is a set of nine specific measures (indicators) which enables NHS organisations to compare the workplace and career experiences of ethnic minority staff and white staff. In addition to the WDES metrics, the CCG used the findings from WRES to inform its EDI action plan. The full WRES report for 2021-2022 can be found in the appendix of this document.

The table below highlights key comparisons between WRES and WDES:

In summary, as at 31 of March the CCG employed 22 disabled staff; disabled job applicants were less likely to be employed by the CCG after being shortlisted (3.63x) and 57.5% of disabled staff felt they had equal opportunities.

As at 31 March the organisation employed 46 ethnic minority staff, representing 8.6% of the workforce; ethnic minority candidates were less likely to be appointed from shortlisting (1.51x) and just 38.5% of ethnic minority staff felt they had equal opportunities. The CCG undertook significant work to overhaul the recruitment practices and the ICB will continue to support and train recruiting managers to ensure the organisation has a diverse workforce at every level. The ICB has established a People Committee to oversee this work and manage the future action plan.

2021-22	Representation	Shortlisting	Equal Opportunities
WDES	22 (4.1%)	3.63x	57.5%
WRES	46 (8.6%)	1.51x	38.5%

### **Equality Delivery System**

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

EDS2 involves staff, patients and communities who helped the CCG to identify what it was doing well and where it needed to make improvements to make a difference in the lives of the BNSSG population and workforce. The CCG was last graded in 2018-19 by an internal and external panel who awarded an overall grade of Amber (Developing - people from only some protected groups fare as well as people overall).

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

Developing 2018



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)

The CCG did not repeated the EDS because of workload priorities during the pandemic. EDS has been reformed in 2022, the tool has been simplified and NHS organisations are encouraged to undertake EDS as a system endeavour when possible. EDS 2022 will cover three Domains, Commissioned & Provider Services, Workforce Health & Wellbeing and Inclusive Leadership. The CCG transitioned into an Integrated Care Board (ICB) in July 2022 and will undertake EDS in 2023, initially measuring Inclusive Leadership at the start of the year. The Healthier Together system, in which the ICB sits has formed a system working group to explore opportunities to deliver EDS as a system.

The Action Plan in the appendix of this document reflects our final year as a CCG. A new action plan will be developed by the ICB for 2022-23 and the EDI strategy will be refreshed in 2023.

## Section Four

### Our Stories of Equality, Diversity & Inclusion

CCG staff undertook a range of initiatives to improve EDI performance, some of the stories below, which have been shared by staff, reflect their work the past eighteen months. This valuable work contributed to the CCG's duty to have due regard to the Public Sector Equality Duty and supported the organisation's EDI objectives:

- Objective 1 – To improve the use of equality analysis data in our commissioning cycle
- Objective 2 – To build strong relationships with protected characteristic groups and communities to better understand their needs and improve our equality data
- Objective 3 – To promote workforce equality and improve representation through effective employment practices
- Objective 4 – To develop inclusive leadership throughout the CCG.

Much of this work is ongoing and has transitioned into the ICB.

#### **EDI Objective 1: To improve the use of equality analysis data in our commissioning cycle**

##### **Community Mental Health Outcome Measures**

With the development of the new Integrated Community Mental Health Service (CMHS) across the Bristol, North Somerset and South Gloucestershire (BNSSG) area a digital and outcomes (D&O) workstream has been working under the CMH Programme since February 2021.

Part of this work has been to explore outcome measures currently in use across MH service in BNSSG. Outcome measures are important tools to understand how service users are at a given point in time as well as over time. These tools are also useful for services to understand the impact their work is having on service users.

The team invited all services to participate in an exercise to understand what person report outcome measures (PROMs), person report experience measures (PREMs), clinician reported outcome measures (CROMs) and carer measures were currently being used in mental health services across the BNSSG area. They spoke with 32 different services and localities.

They used this information alongside national outcome measurement guidance to create a short list of PROMs, PREMs and CROMs that could be used in Community Mental Health Services.

People with Lived Experience of needing mental health support, people who work in mental health services and citizens within BNSSG were given the opportunity to provide feedback on these outcome measures via a survey.



There was a total of 196 responses gathered for PROMs and PREMs, and 5 lived experience discussion groups took place across the BNSSG localities, acting as another space to provide feedback.

The information gathered is being used to design how outcomes that matter to people requiring mental health support are collected, and to redesign experience measures that are meaningful for people. It is also vital that these measures are useful for services, to be able to make improvements.

Several organisations who contributed to this project as stakeholders.



BNSG Locality Partnerships





- Objective 1:** To improve the use of equality analysis data in our commissioning cycle
- Objective 2:** To build strong relationships with protected characteristic groups and communities to better understand their needs and improve our equality data

**Trauma Informed Practice: How a Lived Experience group is supporting the BNSSG Vanguard.**

BNSSG CCG is the Southwest Vanguard site to deliver the SECURE STAIRS Framework for Integrated Care for the Children and Young People's Secure Estate across England. We are one of 12 sites nationally. The project represents our commitment to provide additional support for the most vulnerable children and young people (CYP) with complex needs. The CCG will focus on CYP with a SEND (special education and disability) need, CYP in care and CYP at risk of exclusion.

The vision of the project is to facilitate integrated trauma-informed systems that enable Children and Young People with complex needs to thrive. Six of the seven Vanguard pathways are now live, and they are working together to embed trauma informed approaches into their services. The work has been enhanced by the co-production of Barnardo's.

The seventh Vanguard Pathway is the 'trauma informed system manager' who has now been recruited and will start in January 2023, hosted by the ICB to support the Vanguard Pathways and align to the wider development of creating system change and measuring impact.

Involvement of Barnardo's young advisors to date takes the following forms:

- Participation training for the stakeholders involved in the project. All seven organisations involved in the Vanguard have worked with Barnardo's on the co-design of their service model, making recommendations that will be followed up in year two.
- Supporting the recruitment process
- Collaborating with the National NHSE Lived Experience Group Peer Power (see slide at the close of this story).
- Presentations at national shared events.
- Trauma informed consultation and training.



'It has taken time to build the relationships with those involved but having people with lived experience in a project is valuable and all projects should be built on what children and young people want, not our assumptions.'

**Emma Morgan, CYP Vanguard Lead**

Here are some quotes from the Barnardo's young lived experience advisors, reflecting on the process:

- "[It was] very Interesting"*
- "Refreshing hearing other opinions and sharing mine"*
- "Everyone participated"*
- "Everyone's ideas [were] listened to"*

The Vanguard project will end 2023 and project evaluation will include performance data.

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

**Shaping strategy around community needs: Co-production and Engagement with Children and Young People, in the Strategic Direction and Enablers Programme**

The Children and Families team have organised and attended a range of co-production and engagement events over the past 6 months, to gather insights from communities, young people, and caregivers themselves. Some of the groups they have attended include:

- Bristol City Council's Youth Council
- WECIL's Listening Partnership for Disabled Young People
- South Gloucestershire Council's Experienced Panel in Care
- The Youth Matters Participation group run by SEND and You.



Ffion Williams left, and Eloise Wyke, right – Children & Families Team

'It has been such a positive piece of work to be involved with – we have spoken with a wide range of families, parents and young people who have been enthusiastic about sharing their opinions, experiences and priorities for the future of services in BNSSG.'

*Ffion Williams, Project Officer*

Having heard from a range of young people across BNSSG, the data collected will be used in understanding and shaping strategy around specific community needs. The insight from these sessions has already been used to support the development of the Children and Young People's Outcomes Framework, which covers the areas that young people were most concerned about. Consequently, future co-production will focus on how necessary outcomes are achieved by exploring various interventions or support that can be offered.

Throughout this process, we have listened to feedback and both the format and content of sessions have been adapted accordingly. At present, over 15 groups across BNSSG have been engaged with, and the ICB ['Have Your Say'](#) survey has been incorporated into all events.

The Children & Families Team has spoken to over 100 parents and carers over the summer holidays. The most recent session was an 'Aliens Love Underpants' themed family event, run by the South Bristol Children's Centre team at Bristol City Council.

Future sessions have been planned with the Children in Care Council and the M32 Youth Group run by Bristol Drugs Project, for young people living with a family member who uses alcohol or drugs.



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

### **The Power of Listening: Reducing Inequalities Grants**

In 2022, the BNSSG Covid-19 Vaccination Programme was awarded £100,000 funding by NHS England, to help address inequalities in our area. The Vaccination Programme used this to create the BNSSG Reducing Inequalities Grants (RIG) with the aim of exploring more sustainable ways of working in partnership with community organisations. Many of these community organisations had volunteered their time and resources, to encourage Covid vaccination among underserved, vulnerable and minority ethnic communities.

The scheme distributed grants of up to £10,000 to nine community groups to fund initiatives that encourage or support the awareness, acceptance, and uptake of vaccination (not exclusively the COVID-19 vaccine) and might also do the following:

- Reduce the negative impact of COVID-19 within local communities
- Improve COVID-19 and flu vaccination uptake for adults and children
- Reduce associated health inequalities in their local community
- Take an asset-based community development (ABCD) approach

The groups funded were Bristol Somali Resource Centre, Borderlands, Caafi Health, Bristol Horn Youth Concern, SEND and YOU, Chinese Community Wellbeing Society, Sharporan Mosque and Southmead Maternity, Inclusion Improves Life Experiences – Project SMiLE, Heart of BS13 and Bristol Somali Youth Voice.



Sally Quigg, BNSSG Covid-19 Vaccination Programme Team

‘Communities know themselves best – all we must do is listen. Language and how we use it is also important, for example people are not ‘hard to reach’, but they are ‘seldom heard’. Shifting language use in this instance acknowledges that communities are often open to being consulted, and that the best outcomes are reached when community experience is centred, and voices are uplifted.’



Image description: community event and audience discussion, Image 3 Shane Devlin, BNSSG ICB CEO talks to attendee

We have sought continuous feedback from these groups and reflective learning has emerged around culture, creativity, communication, relationships, resource, sustainable investment and improving health literacy.

Our learning shows the opportunity the ICB has to develop a new way of working including long-term sustainable funding and investment for the VCSE sector, staff training on the ABCD-approach, and a 'Communities Research Consortium' to enable co-designed evaluation. Learning from the RIG is being shared in 2022 and will inform the development of an ICS strategy around working with people and communities.

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

### **Sharing Joy: The Rockabye Project and Promoting Secure Attachment**

In April 2021, Rockabye, a Bristol based organisation promoting secure attachment between Mums and babies, began a pilot project to train two Somali speaking practitioners to deliver groups to Somali speaking mums and their babies at Wellspring Settlement Children's Centre in Barton Hill, Bristol. The first of three groups have been completed and the results have been evaluated. Six women were referred to the group. Four women attended regularly. Two mums attended twice. Those two families unable to attend were due to family illness. All the mums were Somali speakers. One mum was a single parent, one was a first-time mum, one was in temporary accommodation, five mums had experienced traumatic births, all mums were experiencing low mood, isolation and lack of support. All mums were facing the challenges of the pandemic.

The mums benefited from sharing their experiences and the social aspects of the group. Within the Somali diaspora, there has been a loss of lullabies, so the singing of Somali lullabies was very much appreciated by the mums as was the use of Somali music and dance both of which the mums and babies enjoyed.

Evaluation after the final session showed that all the parents experienced improved mood, greater understanding of their babies' needs and more confidence as a parent.

The Somali mothers have said:  
'I have learnt to follow my baby's needs.'  
'I can talk in groups now, which was difficult before'  
'Seeing other mums and hearing same experience. I am not alone.'  
'I'm surprised how much I enjoyed and needed the group'  
'I am surprised that I've enjoyed it as much as I did. I benefited a lot from the talk time at the beginning.'  
'Helpful that Saada and Shan speak Somali'



'The experience of working with the Somali community has been one of the most rewarding experiences of my working life. I am thankful that the NHS was able to fund this work. Rockabye is now working in collaboration with Bristol Refugee Rights and in a few weeks, we have our second group of Rockabye Refugee mums and babies. Our first group was a success for both Rockabye and Bristol Refugee Rights and we are delighted to continue holding space together for these families.'

**Clare Beckell, Trainer, Rockabye**



left to right: Clare Beckell (Rockabye Trainer), Saada Jumale and Shan Nur (Somali speaking Rockabye practitioners)

'It has built my confidence'

'I love it because it was all Somali mums, same cultural background. I like the Somali lullabies'

Following the successful 2021, Rockabye now has two fantastic Somali speaking Rockabye practitioners to deliver groups in the Barton Hill area of Bristol. Saada Jumale and Shan Nur will now hold Rockabye groups independently, with ongoing supervision and support from the Rockabye team.

Many of the families who attended Rockabye continue to engage with other services from the Children's Centre and maintain contact with each other through WhatsApp and meeting up. Shan and Saada can recognise the lasting impact the groups have had on the mums. They have a greater understanding of their babies' developmental needs and engage in more attachment promoting activities.

Following the project, Shan and Saada identified a need to bring Antenatal Rockabye to the community in Barton Hill. Historically, Somali speaking families have found it difficult to access and engage in antenatal services. Shan and Saada feel confident that by reaching mums in the antenatal period we can create a pathway of support from antenatal to postnatal support.

**You can watch a short video from**



[Rockabye here](#)



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

### **Health Equality Partnerships Programme**

In 2020-21, *Healthier Together* received £65k from a NHSEI Health Equality Partnerships Programme (HEPP) along with 40 other Integrated Care Systems (ICS) across the UK. The initial aims were to:

- a) Agree a way of working with BNSSG population groups with poorer access to services and poorer health outcomes, to design services that address their needs.
- b) Build trust with people who are being poorly served by the health and care services

The Care Forum led the work and, during 2021, engaged with eleven community groups, conducted podcasts with five of these groups, and in collaboration with those groups surveyed 212 individuals.

The work proves that people are willing and able to engage in designing services that address their needs. One participant said *'I would like people to take notice of people like me who have a large amount of life experience, but have never been asked their opinion'*.

These participants have reinforced important aspects of how the ICS needs to work around inclusion and accessibility, easy access to information, communication, building trust and financial compensation. Learning from the HEPP will feed into the development of an ICS strategy around working with people and communities.

For more information on this project, visit:

<https://bnssghealthiertogether.org.uk/working-with-community-groups-to-reduce-health-inequalities/>



Ruth Whateley, Clinical Effectiveness Programme Manager, ICB

Project leads: Angus Claydon, Kevin Peltonen-Messenger, and Dan Hull at the Care Forum



**Reflection from Care Forum staff member**

'The purpose of this whole project was to embed different systems of engagement with our population...we know that speaking to people who are less represented is likely to improve their health. Phase two is a continuation of a conversation. It's about building trust where it hasn't existed. It isn't anything innovative or different...now we've built these relationships with these groups how do we keep those individuals, those groups, as a core part of our thinking?'

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

**Developing diverse teams: Inclusive recruitment practices in the Weston Locality Team**

The Weston Locality team has grown over the past 3 months and have used its non-recurrent funding from the current fiscal year to add more team members to the core team. Together with the Woodspring locality, the team have endeavoured to be more inclusive in their approach to recruitment.

This focus on inclusion was accomplished in part by promoting vacancies through the BNSSG systemwide Black Asian Minority Ethnic (BAME) Believe programme, to encourage more ethnic minority staff members to apply, and be given the opportunity to progress. Vacancies were also promoted through the VCSE networks. The team also offered secondment opportunities to colleagues from system partners.

Five new colleagues have been added to the team, of which four are from an ethnic minority background; two on secondment, and two agency.

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

**Inclusive Recruitment**

In March 2022 the CCG undertook a major review of the start-to-finish recruitment process managed by South Central and West CSU. A recruiting consultant spoke to a number of recruiting managers and colleagues involved in the recruitment process and provided the ICB with a comprehensive report, outlining a significant number of recommendations.

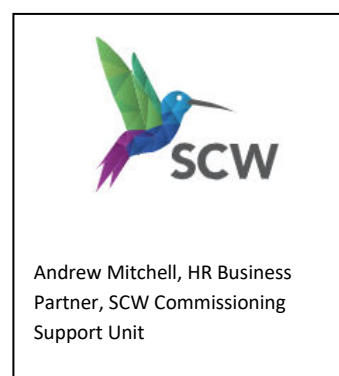
An action plan has been developed and presented to the Inclusion Council and many of the recommendations have already been actioned.

Through working jointly with the CCG Inclusion Council, a new EDI 'recruitment statement' has been developed which better reflects the values and culture of the ICB and our desire to appoint candidates with diverse ideas, perspectives and backgrounds to create a stronger, more creative workplace that helps us to deliver the best services.

Within BNSSG CCG and now the ICB, staff networks offer staff the opportunity to share experiences and facilitate learning and development. The Disabled Staff Network, Proud Network, Parents & Carers Network and Empowered Network provide the ICB with perspectives and expertise.

To ensure these networks are involved with the work of the Staff Partnership Forum (SPF), the terms of reference of the forum were amended to explicitly ensure policy reviews include the views of the networks.

In March 2022 the CCG obtained membership of the Business Disability Forum (BDF) and BNSSG ICB are continuing this work. The BDF works in partnership with business,



Government, and disabled people to remove barriers to inclusion. With support from the BDF and the Disabled Staff Network, BNSSG ICB have developed a 'workplace adjustment plan, guidance and process' document that provides guidance for making reasonable adjustments to enable individuals facing barriers to work effectively, and to remain supported working, within the organisation.

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

**Staff network in spotlight – The Disabled Staff Network**

The Disabled Staff Network (DSN) has made considerable advances over the last few months. We have grown in number and now have a committed group of people that are the DSN. The CCG joined the Business Disability Forum which will be helping us develop our policies and practices towards disabled staff (including people with physical and sensory impairments, learning disability, long-term health conditions, neurodiversity and mental health issues).

The DSN undertook a survey of disabled staff and received valuable information about their experiences, the things that work and the barriers they face in the organisation.

The network is working with HR colleagues to develop a clear template, framework, and procedure for agreeing and recording workplace adjustments. The network has run a 'lean-in circle' over six months which has brought a small group of disabled staff together, meeting regularly to share experiences and thinking on disability at work. All the staff networks have transitioned into the ICB.



Ian Popperwell and Lauren Page, DSN co-chairs



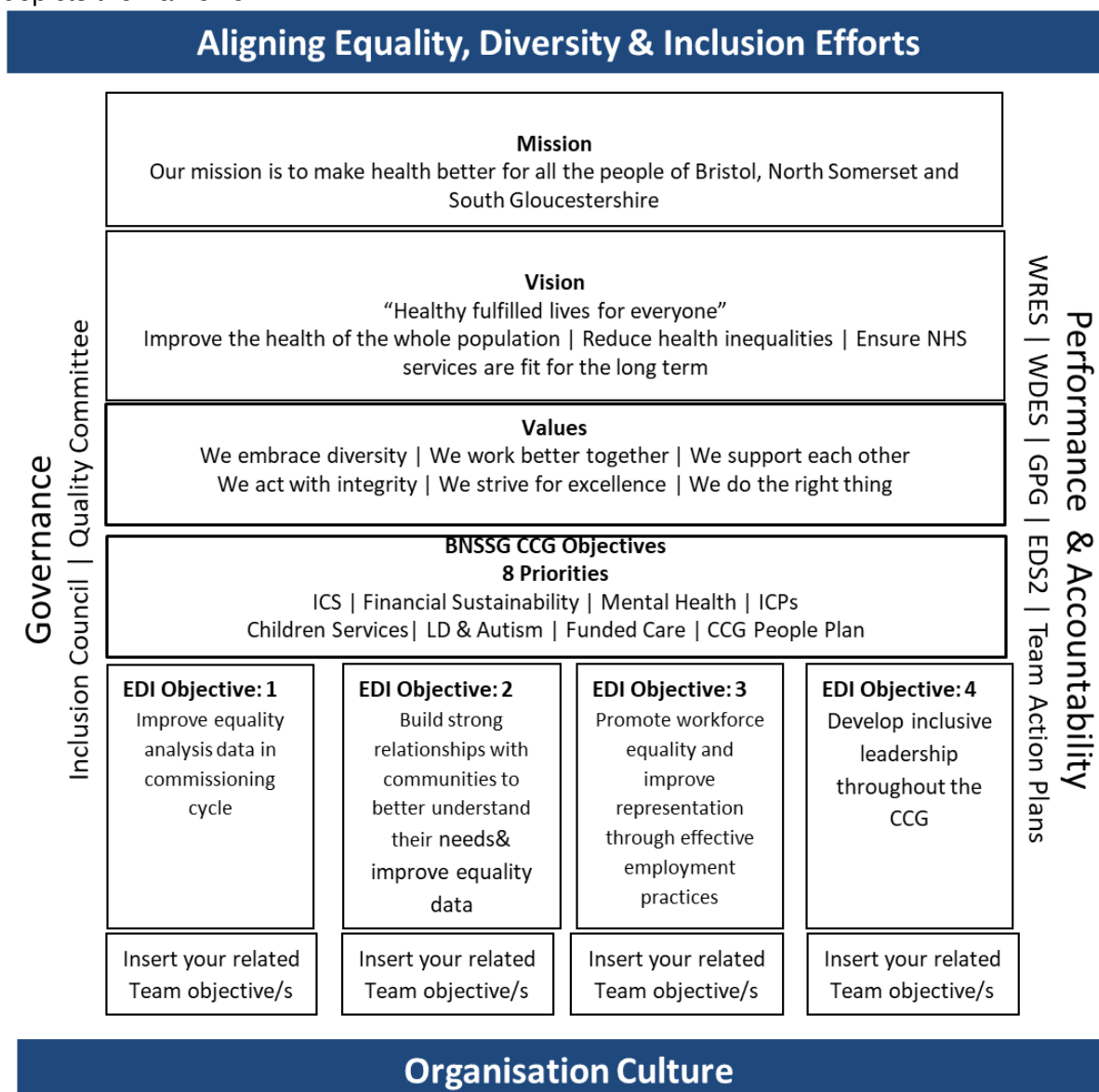
**Objective 4: To develop inclusive leadership throughout the CCG**

**The Inclusion Council**

The CCG Inclusion Council, the strategic group that oversaw the EDI agenda launched an Inclusion Roadshow in September 2021. The roadshow acted as an introduction to equality, diversity and inclusion and laid a foundation for organisation learning and development to build on. The Roadshow was designed to implement the 'Aligning EDI Efforts' framework which supported staff to embed inclusion across the CCG. The Inclusion Council believed that this framework if accompanied by training would encourage inclusive behaviour, improve awareness, develop a common understanding of EDI matters and give staff the ability to apply inclusive principles to their work, which would lead to better commissioning decisions, and therefore better patient outcomes. The framework also supported the CCG to meet its legal duty under the Equality Act 2010 and if adopted by the ICB will lead to a positive outcome for the mandated and statutory standards – Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Equality Delivery System (EDS), Gender Pay



Gap (GPG) reporting and Accessible Information Standards (AIS). The following diagram depicts the framework:



## Organisation Culture

Approximately 170 staff attended the workshop between September 2021 and 2022. A small number of staff (46) had completed the workshop feedback survey and 45.7% felt the workshop 'definitely exposed them to new knowledge and practices'; the full survey results will be analysed in December 2022 and the workshop materials will be improved based on feedback. Three teams have reported that they have produced action plans following the workshop, which enabled them to align their business priorities with the EDI objectives. More can be done to encourage staff to make use of the resources that accompany the workshop to achieve a greater impact.

### The Big Coffee Break

As part of its commitment improve equality diversity and inclusion (EDI) performance, the CCG played a role in adopting and sharing best practice across the NHS and its partners. The CCG with the support of NHS England Southwest launched the Big Coffee Break in January 2022. The national event was co-facilitated by the CCG, NHS England and Greater Manchester ICB brought together EDI practitioners to discuss and identify opportunities to improve practice

and find solutions to common issues the NHS faces. The quarterly events focussed on health inequalities, Accessible Information Standards and culture and will continue in the future.

### **Stepping Up Leadership Programme**

The CCG 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. One member of CCG staff graduated from the programme in 2021.

The CCG Governing Body and Executives also took part in EDI-related training in 2021-2022, including anti-racism training, unconscious bias training and the Inclusion Roadshow.

## Section Five

### Conclusion

The 2021-2022 Equality Diversity & Inclusion report evidences the CCG's commitment to diversifying the voices it listened to, which was a key theme in last year's report; the CCG also took steps to attract and employ a diverse workforce and to create an inclusive working environment for its staff. The organisation improved the quality of support available to staff who undertook equality analysis during the year, and it developed robust processes to continually improve standards and the quality of its data.

Although the CCG made little progress on some of its workforce metrics, namely the Workforce Disability Equality Standard and the Workforce Race Equality Standard we are confident the work that has transitioned into the ICB will have a positive impact. The shortlisting to appointment data will be reviewed quarterly and an action plan was developed earlier in the year based on the review of the recruitment process, policy and practice and this work has been inherited by the ICB. In addition to directorate-led action plans to address issues highlighted in the Staff Survey results, the CCG undertook pulse surveys in-year and focus groups to monitor staff experience and acted on findings. Engagement enabled the CCG to understand the human experience that was behind the data. The ICB will also continue to support staff networks and have made a commitment to improve their access to resources; from July 2022 the networks will receive support from an Inclusion Officer and an action plan will be developed early 2023 in response to their challenges.

As previously stated, the CCG's ambition in its final year was to move beyond compliance and programmatic approaches, towards EDI maturity where inclusion is integrated in all business areas and responsibility and accountability is decentralised; if the ICB is to adopt this approach, managing diversity would have to mature along the two dimensions of behavioural inclusion (how we treat each other) and structural inclusion (unbiased transparent systems and processes) and the Action Plan developed by the ICB in 2022-23 must reflect this desire.

In addition, EDI work can be more evidenced-based over time, by improving evaluation so that the organisation can demonstrate the impact of its initiatives and take corrective action if there is little or no impact. The ICB can also take further steps to embed inclusion across the organisation by sharing accountability, this can be supported by the 'Aligning EDI Efforts' template which provides a framework to accomplish greater integration of equality, diversity and inclusion in day-to-day business.

We have identified a number of opportunities to progress this work, and these are balanced with the need to recognise competing priorities during the transition from CCG to ICB and during the early months of the new organisation forming. The ICB EDI action plan for year one will reflect the need to focus on a critical few actions; and to progress this work, the ICB will refresh the EDI strategy in 2023.

The follow recommendations will inform the 2022-2023 action plan:

**Objective 1: Build awareness and develop competence across the organisation –**

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

Build on the success of EHIA training; new recourses to improve the quality and robustness of equality and health inequality impact assessments will be published in January 2023.

Conduct EDS2022 to assess improvement across objectives, capitalising on system opportunities to collaborate.

**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 diversify external networks into seldom-heard communities:**

Strengthen working relationships with the voluntary sector and ensure there is fair representation in the Integrated Care Partnership Board and sub-groups.

Continue to support staff in the equality analysis process to improve and diversify their engagement activity. Including provision of Ten Steps (Public Engagement) Training and promote and implement the statutory guidance [working in partnership with people and communities](#).

**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 –**

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

**Address disparities highlighted in the WRES and WDES reports –**

Including ongoing review of shortlisting to appointment ratios

Implement learning from the Independent Interview Panel pilot to improve equal opportunities for disabled and ethnic minority staff

Strengthen support for all staff networks  
Improve self-declaration rates at Board level and continue to encourage staff to update their equalities information

Participate in local and regional job fairs including ‘Our City Your Jobs’ to attract a diverse job candidate pool and as a system support local work experience initiatives

**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. Building on the success of the Inclusion Roadshow and Arbinger training.

**Embedding inclusion** – Support directorates to align their business plans with EDI objectives and appoint EDI-related sponsors (Business Disability Forum initiative).

**Evidence-based practice** - Build the foundations of evidence-based EDI practice, starting with training initiatives.

## Section Six

### Appendix

#### Equality Standards

The CCG was committed to being an inclusive employer by creating an environment where its staff felt valued and respected and were able to thrive in the workplace. The organisation applied the principles that underpin the NHS Constitution which included creating an environment where everyone felt valued and treated with respect and dignity; and where staff and patients were treated with compassion and where everyone counts. In addition to EDS2, two equality standards are currently used in the NHS – the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). Both of these tools acted as drivers that informed action plans to improve the experience of staff from ethnic minority backgrounds and staff living with disabilities and long-term health conditions or illness. Each year the CCG published data that demonstrated progress against these Standards. This work also supported the CCG efforts to meet the Public Sector Equality Duties (Equality Act 2010).

BNSSG CCG had two roles in relation to the Equality Standards:-

- As a commissioner the CCG was required to:
- Provide assurance to NHS England & Improvement that its providers were implementing the WRES and WDES tools (outlined in the CCG Improvement and Assurance Framework)
- To ensure WRES and WDES implementation, results and subsequent action plan was part of NHS contract negotiation and monitoring (via the NHS Standard Contract)
- To monitor its providers' WRES and WDES results and action plans through performance management arrangements; and have meaningful dialogue with providers whenever issues occur and/or in regards to what their data and reporting shows.

As an employer the CCG was required to:

- Have due regard to the WRES and WDES in respect of the CCG's workforce. This meant the CCG used WRES and WDES to help to improve ethnic minority and disabled staff experience and representation at all levels of the CCG. To accomplish this the CCG reviewed data on its workforce by ethnicity and disability as well as by other protected characteristics identified under the Equality Act 2010; carried out data analysis and prepared an annual report and action plan based on findings.

As part of governance arrangements, the Inclusion Council, People Plan Steering Group and Governing Body signed off the reports and Action Plan before they are widely published.

The data used to provide the metrics in these reports was extracted from the Electronic Staff Record system, payroll and CCG staff responses to the NHS National Staff Survey.

## Workforce Disability Equality Standard (WDES) Report

The Workforce Disability Equality Standard (WDES) is mandated by the NHS Standard Contract and applies to all NHS Trusts from April 2019, CCGs are not mandated to report on WDES currently but it is good practice to do so. The WDES, like WRES (Workforce Race Equality Standard) is a benchmarking tool and enabler for change. The [WDES 2021 report \(2020 data for Trusts only\)](#) and the [NHS National Staff Survey 2021 \(2021 data\)](#) were used as a comparator to benchmark how the CCG fared in comparison to other NHS organisations.

WDES uses a series of metrics or measures to help organisations to compare the experiences of disabled staff and non-disabled staff in the NHS and to ensure that the workforce is representative of the communities they serve.

WDES is measured across ten Metrics:-

- 1 Percentage of staff in each of the AfC Bands 1-9 and VSM
- 2 Relative likelihood of staff being appointed from shortlisting across all posts
- 3 Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal capability investigation
- 4
  - a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse
  - b) Percentage of staff who reported bullying and harassment
- 5 Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion
- 6 Percentage of Disabled staff compared to non-disabled staff saying that they have felt  
pressure from their manager to come to work, despite not feeling well enough to perform their duties
- 7 Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work
- 8 Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work
- 9
  - a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation
  - b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?
- 10 Percentage difference between the organisation's Board voting membership and its organisation's overall workforce

The 2021-22 WDES results for each indicator are outlined below, the data for previous years has also been included. The CCG action plan, the People Plan, was developed as a response to these findings and a copy of the action plan and progress to date is included in the Appendix.

**The reader is advised to note the small sample size of disabled staff, when making any statistical comparisons between both groups.**

## Metric 1 - Percentage of staff in each of the AfC Bands 1-9 and VSM

Year	Headcount			Total	Percentages		
	Disabled	Non-Disabled	Unknown		Disabled	Non-Disabled	Unknown
2018/19	12	275	120	407	3.0%	67.6%	29.5%
2019/20	17	350	125	492	3.5%	71.1%	25.4%
2020/21	16	354	93	463	3.5%	76.5%	20.1%
2021/22	22	424	88	534	4.1%	79.4%	16.5%

- Workforce data snapshot as at 31,03.2022
- The CCG employed 22 disabled staff (4.1%) the national percentage for Trusts was 3.7% (WDES report 2021)
- Band 8, 9 and VSM – 3 disabled staff (1.7%), all were in non-clinical roles, 142 non-disabled (80.2%), 32 unknown (18.1%)
- Band 6 to 7 – 8 disabled staff (4.2%), 158 non-disabled (83.2%), 24 unknown (12.6%)
- Band 3 to 5 – 11 disabled staff (8.7%), 103 non-disabled (81.1%), 13 unknown (10.2%)
- Other Clinical Staff (non-medical/dental) – 0 disabled staff, 21 non-disabled (52.5%) and 19 unknown (47.5%)

## Metric 2 - Relative likelihood of staff being appointed from shortlisting across all posts

Descriptor	2018/19		2019/20		2020/21		2021/22	
	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled
Number shortlisted applicants	712	61	367	20	463	54	627	65
Number appointed from shortlisting	104	6	112	2	47	3	70	2
Ratio shortlisting/appointed	14.6%	9.8%	30.5%	10.0%	10.2%	5.6%	11.2%	3.1%
Relative likelihood of Non-Disabled staff being appointed from shortlisting compared to Disabled staff is "x" times greater	1.49		3.05		1.83		3.63	

- Non-disabled staff were 3.63x more likely to be appointment, this number fluctuates, this was 1.83 last year, and 3.05 two years ago, analysis per directorate and banding might uncover where the barriers are. The national figure in 2020 was 1.11x (WDES report 2021)
- 20 applicants did not disclose their disability, risen from 12 last year, 3 candidates from the non-disclosed group appointed

## Metric 3 - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal capability investigation

Descriptor	2018/19		2019/20		2020/21		2021/22	
	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled
Number in workforce	275	12	350	17	354	16	424	22
Number of staff entering formal disciplinary	0	0	0	0	0	0	3	0



Likelihood of Non-disabled staff entering formal disciplinary	0	0	0	0.01
Likelihood of Disabled staff entering formal disciplinary	0	0	0	0.00
The relative likelihood of Disabled staff entering formal disciplinary compared to Non-disabled staff is	0.00	0.00	0.00	0.00

- Zero disabled staff entered into formal capability process; 3 non-disabled staff entered into formal process.
- The national figure for disabled staff was 1.94, indicating disabled staff are nearly twice as likely to enter the capability process as their non-disabled colleagues (WDES report 2021)

#### Metric 4 - a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse

Percentage of disabled staff compared to non-disabled experiencing harassment, bullying or abuse from:	2018/19		2019/20		2020/21		2021/21	
	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled
Patients/service users, their relatives or other members of the public	8.3	24.4	7.0	13.2	10.2	17.4	9.5	10.5
No. of Respondents	216	45	273	53	285	69	285	76
Managers	8.9	24.4	10.3	13.2	9.4	15.9	6.7	10.7
No. of Respondents	214	45	272	53	286	69	285	75
Other colleagues	5.2	15.9	9.6	13.2	9.1	20.6	10.1	14.5
No. of respondents	213	44	272	53	286	68	286	76

- Note the small sample size of disabled staff, when making any statistical comparisons between the groups, 76 disabled staff responded to the question and 285 non-disabled staff
- Likelihood of bullying and harassment – patients – 8 disabled staff (10.5%) experienced bullying from patients, reduced from 12 staff (17.4%) last year, this was one percent higher than that of non-disabled staff (27 staff or 9.5%). This number was generally on a downward trend. The national average was 12% (NHS Staff Survey)
- Likelihood of bullying and harassment – managers – 8 disabled staff (10.7%) experienced bullying and harassment from managers, reduced from 11 staff (15.9%) last year. This number was 4 percentage points higher than non-disabled staff (19 staff or 6.7%). The national average was 12.7% (NHS Staff Survey)
- Likelihood of bullying and harassment – other colleagues – 11 disabled staff (14.5%) experienced bullying and harassment from other colleagues, reduced from 14 staff (20.6%) last year. This number was just over 4 percentage points higher than non-disabled staff (29 staff or 10.1%). The national average was 15.6% (NHS Staff Survey)

#### Metric 4 - b) Percentage of staff who reported bullying and harassment

Descriptor	2018/19	2019/20	2020/21	2021/22
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	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled
Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	20.0	20.0	37.3	27.3	50.0	36.8	55.1	35.3
No. of Respondents	35	15	51	11	56	19	49	17

- Note the small sample size of disabled staff, when making any statistical comparisons between the groups.
- 17 disabled staff responded to this question, and 49 non-disabled staff
- 6 disabled staff (35.3%) reported their experience of bullying and harassment; and 27 non-disabled staff (55.1%) reported it. Non-disabled staff or their colleagues were more likely to report bullying and harassment
- No assumptions can be drawn from the low number of staff who responded to this question compared to other survey questions
- The national average was 46.2% of disabled staff and 46.4% non-disabled staff reported bullying and harassment

#### **Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion**

	2018/19		2019/20		2020/21		2021/22	
	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled
Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion								
Yes	54.8	44.4	54.0	37.7	59.3	62.0	59.9	57.5
No of Respondents	217	45	272	53	295	71	294	80

- Note the small sample size of disabled staff, when making any statistical comparisons between the groups
- 80 disabled staff responded to the survey question; 46 disabled staff (57.5%) felt they had equal opportunities. This was a 4.5 percentage point reduction from last year's 44 staff (62%). The national average was 56.5%
- 294 non-disabled staff responded to the survey question and 176 non-disabled staff (59.9%) felt they had equal opportunities. The national average for non-disabled staff was 63% (NHS Staff Survey)

#### **Metric 6 - Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure to attend work**

	2018/19		2019/20		2020/21		2021/22	
	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled
Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties								
Yes	7.1	30.0	9.6	20.9	14.0	21.1	11.4	13.2
No. of Respondents	98	30	114	43	107	38	123	53

- Note the small sample size of disabled staff, when making any statistical comparisons between the groups
- 53 disabled staff responded to the survey question – 7 disabled staff (13.2%) felt pressured to come to work, despite not feeling well enough to perform their duties. The national average was 15% (NHS Staff Survey)
- 123 non-disabled staff responded to the survey question; 14 non-disabled staff (11.4%) felt pressured to work despite not feeling well enough to perform their duties. The national average was 11.2% (NHS Staff Survey)

#### **Metric 7 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work**

	2018/19		2019/20		2020/21		2021/22	
	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled
Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work								
Yes	50.9	31.1	44.3	35.8	49.0	47.9	52.4	43.8
No. of Respondents	216	45	273	53	296	71	296	80

- Note the small sample size of disabled staff, when making any statistical comparisons between the groups
- 80 disabled staff responded to the survey question – 35 disabled staff (43.8%) were satisfied with the extent to which the organisation valued their work. The national average was 51.1% (NHS Staff Survey)
- 296 non-disabled staff responded to the survey question; 155 non-disabled staff (52.4%) were satisfied with the extent to which the organisation valued their work. The national average was 58.9% (NHS Staff Survey)

#### **Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work**

	2018/19	2019/20	2020/21	2021/22
Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work				
Yes	76.2	80.0	81.0	80.5
No. of Respondents	21	35	42	41

- 41 disabled staff responded to the survey question – 33 people (80.5%) felt adequate adjustments were made to enable them to carry out their work, this was a 0.5 percentage point reduction from last year's 81% and 80% felt adequate adjustments were made two years ago in 2019. The national average was 81.3%
- The ICB has reviewed the Reasonable Adjustments policy and processes

**Metric 9 - a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation**

9a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation	2018/19		2019/20		2020/21		2021/22	
	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled
Score	6.8	6.4	6.7	6.5	6.9	6.8	6.4	6.9
CCG Average Score	6.7		6.7		6.9		6.8	

- Engagement score for disabled staff was 6.9; engagement score for non-disabled staff was 6.9
- The CCG average score was 6.8, very little movement over the years (6.7 in 2018/19 and 2019/2 and 6.9 last year)
- 80 disabled staff responded to the survey question; and 296 non-disabled staff responded
- The national average was 6.9 for disabled staff and 7.2 for non-disabled staff (NHS Staff Survey)

**Metric 9 - b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?**

Action taken to facilitate the voice of disabled staff:

- Staff networks sit on Inclusion Council, a group who strategically manage equality, diversity and inclusion in the CCG. The Inclusion Council have transitioned into the ICB and networks continue to have access to the exec team
- Staff network initiatives supported - Staff network led workshop delivered to Strategic Development Forum (exec team) in June 2022 highlighting the experience of disabled staff in the organisation, actions from this engagement to inform action plan over a 2-3 year period
- CCG membership to Business Disability Forum in March 2022, BDF are supporting the organisation to identify opportunities to improve the working life experience and employment opportunities for disabled people, the ICB will continue this work
- Disability Confident registration renewed October 2020

**Metric 10 - Percentage difference between the organisation's Board voting membership and its organisation's overall workforce**

Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: • By voting membership of the Board. • By Executive membership of the Board.	2020/21			2021/22		
	Non-disabled	Disabled	Not Stated	Non-disabled	Disabled	Not Stated
Board Representation	28.57%	0.00%	71.43%	48.00%	0.00%	52.00%
CCG Staff	76.46%	3.46%	20.09%	79.40%	4.12%	16.48%
Percentage difference	-47.89%	-3.46%	51.34%	-31.40%	-4.12%	35.52%

Board representation:

- There were no disabled board members; there were 10 non-disabled board members, and 11 board members who had not disclosed whether they had a disability or not. The ICB should continue to encourage staff, and particularly board members to declare their protected characteristics
- Board remains underrepresented – total disabled staff board representation (0% since 2018) to overall workforce (4.12%)

In order to improve disability representation and inclusion, the CCG became a member of the Business Disability Forum in March 2022, BDF is a membership organisation that supports businesses to improve the working life experience of its staff. The ICB will progress the work that the CCG has started, this has included establishing a BDF working group and reviewing and overhauling the reasonable adjustment policy and processes, and the ICB will do more to support staff networks, including the Disabled Staff Network to develop and grow so that they can continue to contribute towards systemic change. The ICB will also appoint Sponsors in early 2023, sponsors are senior leaders who will be responsible for developing and delivering actions in response to the CCG's self-evaluation (BDF Disability Smart Self-Assessment) which highlighted a number of areas across the business where improvements can be made. The ICB Equality Diversity & Inclusion Action Plan for 2022-2023 will also include communications and engagement to continue to promote self-declaration and raise awareness and this will have a positive impact on staff behaviour.

## Workforce Race Equality Standard (WRES) Report

NHS England collates workforce standards data from organisations across the country and publishes this information annually. The CCG submitted workforce data related to race equality for the past three years which was collated nationally, CCG data for 2021-22 has not been submitted due to changes being made in the collection processes; this is likely to be deferred until 2023. The WRES is a benchmarking tool that helps NHS organisations to ensure that employees from ethnic minority backgrounds have equal access to career opportunities; ensure they receive fair treatment in the workplace and to drive progress towards eliminating discrimination. By monitoring data year-on-year the CCG was able to track progress and assess if its equality initiatives and actions were having an impact on staff experience and perception; benchmarking also enabled the CCG to compare its equality performance with other NHS organisations. Benchmarking data against other CCGs was taken from the national [WRES report 2021](#) and the national [NHS Staff Survey](#).

WRES is measured across nine Indicators:-

- 1 Percentage of staff in each of the AfC Bands 1-9 and VSM
- 2 Relative likelihood of staff being appointed from shortlisting across all posts
- 3 Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation
- 4 Relative likelihood of staff accessing non-mandatory training and CPD
- 5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
- 6 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
- 7 Percentage believing that trust provides equal opportunities for career progression or promotion
- 8 In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
- 9 Percentage difference between the organisations' Board voting membership and its overall workforce

The 2020-21 WRES results for each indicator is outlined below, the data for previous years has also been included. The CCG action plan, the People Plan, was developed as a response to these findings and a copy of the action plan is included in the Appendix.

***The reader is advised to note the small sample size of ethnic minority staff, when making any statistical comparisons between both groups.***

### Indicator 1 - Percentage of staff in each of the AfC Bands 1-9 and VSM

Year	Headcount			Total	Percentages		
	BME	White	Unknown		BME	White	Unknown
2018/19	34	302	71	407	8.4%	74.2%	17.4%
2019/20	47	388	60	495	9.5%	78.4%	12.1%
2020/21	43	382	38	463	9.3%	82.5%	8.2%
2021/22	46	449	39	534	8.6%	84.1%	7.3%

- The CCG employed 46 ethnic minority staff in 2021-22 (8.6% of the workforce)
- Band 8, 9 and VSM – 14 ethnic minority staff (7.9%), 152 White staff (85.9%), 11 staff with unknown ethnicity (6.2%)
- Band 6 to 7 – 17 ethnic minority staff (8.9%), 166 White staff (87.4%), 7 staff with unknown ethnicity (3.7%)
- Band 3 to 5 – 12 ethnic minority staff (9.4%), 110 White staff (86.6%), 5 staff with unknown ethnicity (3.9%)
- Other Clinical (non-medical/dent) – 3 ethnic minority staff (7.5%), 21 White staff (52.5%), 16 staff with unknown ethnicity (40%)
- Nationally, 22.4% of NHS staff are BAME (WRES 2021)

## Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts

Descriptor	2018/19		2019/20		2020/21		2021/22	
	White	BME	White	BME	White	BME	White	BME
Number shortlisted applicants	602	156	324	62	415	93	532	163
Number appointed from shortlisting	91	11	38	5	47	3	59	12
Ratio shortlisting/appointed	15.1%	7.1%	11.7%	8.1%	11.3%	3.2%	11.1%	7.4%
Relative likelihood of White staff being appointed from shortlisting compared to BME staff is times greater	2.14		1.45		3.51		1.51	

- White candidates 1.51x more likely to be appointed than ethnic minority candidates, number fluctuates yearly, exploration, analysis per directorate and banding might uncover where the barriers are. The national figure is 1.61x (in 71.5% of trusts white applicants were significantly more likely to be appointed from shortlisting)
- 532 white candidates were shortlisted and 59 appointed (11.1%); 163 ethnic minority candidates were shortlisted and 12 appointed (7.4%)
- The CCG calculated its Race Disparity Ratio in June 2021. This looked at the probability of white staff versus ethnic minority staff being promoted through the lower (Band 5 and below), middle (band 6-7) and upper bands (Band 8a and above). A ratio of '1' reflects parity of progression and values above '1' reflect inequality with a disadvantage for ethnic minority staff. The CCG disparity ratio was:

Ratio	CCG	Southwest 2020
Disparity ratio - lower to middle	0.73	2.26
Disparity ratio - middle to upper	1.07	1.56
Disparity ratio - lower to upper	0.78	3.53

CCG had 38 staff with unknown ethnicity at the time of calculating the ratio, and 43 ethnic minority staff, the disparity ratio could be less favourable if a more accurate picture was held. The data indicated there was a probability that ethnic minority staff would be promoted between the lower and middle bands and lower through to upper bands, and slightly less likely to be promoted from middle to upper bands, i.e. 1.07 (parity would be '1'). The WRES report provided data per region and the Southwest data is included in the table above.

## Indicator 3 - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

	2018/19		2019/20		2020/21		2021/22	
Descriptor	White	BME	White	BME	White	BME	White	BME
Number in workforce	302	34	388	47	382	43	449	46
Number of staff entering formal disciplinary	0	0	0	0	0	0	1	0
Likelihood of White staff entering formal disciplinary	0		0		0		0.22	
Likelihood of BME staff entering formal disciplinary	0		0		0		0	
The relative likelihood of BME staff entering formal disciplinary compared to White staff is	0.00		0.00		0.00		0.00	

- No ethnic minority staff entered into formal disciplinary action; 1 white staff entered formal disciplinary action
- The national figure was 1.14 in 2021. Ethnic minority staff were 1.14x more likely than white staff to enter the formal disciplinary process

#### Indicator 4 - Relative likelihood of staff accessing non-mandatory training and CPD

	2018/19		2019/20		2020/21		2021/22	
Descriptor	White	BME	White	BME	White	BME	White	BME
Number of staff in workforce	302	34	388	47	382	43	449	46
Number of staff accessing non mandatory training and CPD	72	12	10	0	0	0	10	1
Likelihood of White staff accessing non-mandatory training and CPD	0.238		0.026		0.000		2.23	
Likelihood of BME staff accessing non-mandatory training and CPD	0.353		0.000		0.000		2.17	
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	0.675		0.00		0.00		1.02	

- Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff was 1.02, i.e. they were marginally more likely to attend training than ethnic minority staff. The CCG was within the national non-adverse range of 0.8 to 1.25; and the national figure was 1.14
- In 2018/19 84 staff in total accessed training, this reduced to 10 in 2019/20, none in 2020/21 and 11 this year. The reduction could have been linked to increased work pressure, but non-logging of training was also a cause. Improved record keeping and maximising the use of ConsultOD (training platform) could improve accuracy

#### Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months and Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Percentage of BME staff compared to white staff experiencing harassment, bullying or abuse from:	2018/19		2019/20		2020/21		2021/22	
Descriptor	White	BME	White	BME	White	BME	White	BME
Patients, relatives or the public	9.9%	22.7%	7.9%	8.3%	12.3%	3.2%	9.7%	11.5%



No. of Respondents	243	22	291	24	318	31	330	26
Staff	15.8%	22.7%	15.8%	25.0%	15.1%	29.0%	14.5%	15.4%
No of Respondents	241	22	291	24	318	31	331	26

- Note the small sample size of ethnic minority staff, when making any statistical comparisons between the groups
- 26 ethnic minority staff responded, 3 ethnic minority staff (11.5%) experienced bullying, harassment or abuse from patients, relatives or the public; the number has increased since last year (1 staff, 3.2%). Potentially less ethnic minority staff were patient facing due to shielding as a result of higher risk from Covid, but numbers have improved since the CCG started collecting data in 2018 when the figure was 22.7%
- 330 white staff responded to the survey question. 32 white staff (9.7%) experienced harassment, bullying or abuse from patients, relatives or the public.
- The national average was 9.8% for ethnic minority staff and 9.7% for white staff (NHS Staff Survey)
- 4 ethnic minority staff (15.4%) experience bullying, harassment and abuse from other staff, this is a reduction from 9 staff (29%) last year and 6 staff (25%) the year before (2019)
- 48 white staff (14.5%) experienced harassment, bullying or abuse from other staff in the last 12 months
- The national average of bullying and harassment from other staff was – 20.6% for ethnic minority staff and 13.6% for white staff
- CCG and provider policies were in place to support staff.

### Indicator 7 - Percentage believing that trust provides equal opportunities for career progression or promotion

	2018/19		2019/20		2020/21		2021/22	
Percentage believing that trust provides equal opportunities for career progression or promotion	White	BME	White	BME	White	BME	White	BME
Yes	54.1%	45.5%	54.1%	20.8%	62.7%	36.4%	61.4%	38.5%
No. of Respondents	244	22	290	24	327	33	342	26

- Note the small sample size of ethnic minority staff, when making any statistical comparisons between the groups
- 26 ethnic minority staff responded to the survey question, 10 staff (38.5%) believed the CCG provided equal opportunities for career progression or promotion, the percentage reduced slightly since last year (12 staff, 36.4%)
- 342 white staff responded to the survey question, 210 white staff (61.4%) believed the CCG provided equal opportunities for career progression and promotion, this is a small reduction from 205 staff (62.7%) last year, but much improved on 2018/19 and 2019/20 figures which was 54.1% for both years

### Indicator 8 - In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues

	2018/19		2019/20		2020/21		2021/22	
In the last 12 months have you personally experienced discrimination at work from a Manager/team leader or other colleagues	White	BME	White	BME	White	BME	White	BME
Yes	8.6%	13.6%	5.8%	12.5%	5.5%	15.2%	6.4%	11.5%
No. of Respondents	244	22	291	24	327	33	343	26

- Note the small sample size of ethnic minority staff, when making any statistical comparisons between the groups
- 26 ethnic minority staff responded to the survey question, 3 ethnic minority staff (11.5%) experienced discrimination at work; overall, the percentage points are slowly reducing, however ethnic minority staff are disproportionately more likely to experience discrimination than white staff
- 343 white staff responded, 22 white staff (6.4%) experienced discrimination at work from colleagues, this has increased by 0.9 percentage points since the year before.
- The national average was 12.7% for ethnic minority staff and 4.7% for white staff (NHS Staff Survey)

### Indicator 9 - Percentage difference between the organisations' Board voting membership and its overall workforce

Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: • By voting membership of the Board. • By Executive membership of the Board.	2020/21			2021/22		
	White	BME	Not Stated	White	BME	Not Stated
Board Representation	52.4%	4.8%	42.9%	66.7%	0.0%	33.3%
CCG Staff	82.5%	9.3%	8.2%	84.1%	8.6%	7.3%
<b>Percentage difference</b>	<b>-30.1%</b>	<b>-4.5%</b>	<b>34.7%</b>	<b>-17.4%</b>	<b>-8.6%</b>	<b>26.0%</b>

Board representation:

- There were 21 Board members in total, 14 were white, zero ethnic minority and there are 7 board members where ethnicity is not known
- The CCG was underrepresented at board level – total ethnic minority board representation (0%) compared to overall workforce (8.6%)

The CCG developed one action plan in 2021-2022, the People Plan, which addressed many of the issues faced by ethnic minority staff including the review of recruitment practices, piloting an independent recruitment panel made up of ethnic minority staff, unconscious bias training for staff, the Inclusion Roadshow, the staff network led EMpowered programme (leadership development for ethnic minority staff), and participation in the Bristol City Council Stepping Up programme for emerging leaders from minoritized backgrounds.

## Equality Strategy Action Plan 2021-2022

Completed  In progress  Not Started 

Outstanding actions from 2019-20 have been brought forward. 2021-2022 EDI Actions are extracted the People Plan (the organisation developed one plan during its final year)

Objective	Related to EDS2 Outcomes	Action Required	RO	Deadline	Update
<b>Objective 3:</b> Promote workforce equality and improve representation through effective employment practices.	EDS 3.1, 3.2, 3.3, 3.4, 3.5 & 3.6	Achieve 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.	People Committee	March 2020	In progress:  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.
3.2 Develop opportunities for work experience and shadowing for potential external candidates to gain insight into the work of the CCG.	EDS 3.1	Outline approach to future work experience initiatives, including 'pathways to work' placements for people with disabilities	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).

		Continue working with CASS in Southwest			Work experience programme suspended for 2020. Healthier Together developing virtual work experience programme
<b>Objective 3:</b> Promote workforce equality and improve representation through effective employment practices.	EDS 3.4, 3.6	Staff networks – maintained engagement through Inclusion Council and development of TORs and encouragement of membership/increased visibility	Deputy Director of Communications, Insights and Digital Development/ Inclusion Officer	Jan 22	Ongoing: Proposal to support staff networks presented at ICB Inclusion Council Dec 22
<b>Objective 3:</b> Promote workforce equality and improve representation through effective employment practices.	EDS 3.6	Support staff through transition through provision of information, support including from line managers and wellbeing resources	Associate Director of Corporate Services/ Internal Communications	Jun 21	Engagement undertaken
<b>Objective 3:</b> Promote workforce equality and improve representation through effective employment practices.	EDS 3.1	Complete review of the current recruitment process described in ConsultHR Recruitment Toolkit	Associate Director of Corporate Services/ HR	Mar 22	Review completed, 2022-23 action plan developed by ICB
<b>Objective 3:</b> Promote workforce equality and improve representation through effective employment practices.	EDS 3.1	Development of Inclusive Recruitment process including review of NHS jobs application process	Associate Director of Corporate Services/ HR		Revised materials included as part of ConsultHR Recruitment toolkit and covered in planned training

<b>Objective 3:</b> Promote workforce equality and improve representation through effective employment practices.	EDS 3.1	Develop sample interview questions through engagement with staff networks	Associate Director of Corporate Services/ HR		Revised materials included as part of ConsultHR Recruitment toolkit and covered in planned training
<b>Objective 3:</b> Promote workforce equality and improve representation through effective employment practices.	EDS 3.1	Review of current recruitment external webpages	Deputy Director of Communications, Insights and Digital Development/ Inclusion Officer		Adjustments made to enhance opportunities to attract a diverse range of applicants. Recommendations written, comms team to implement as part of new ICB website design
<b>Objective 3:</b> Promote workforce equality and improve representation through effective employment practices.	EDS 3.1	Development of public facing material to support recruitment including CCG Employee Value Proposition to support choice of CCG as a place to work	Deputy Director of Communications, Insights and Digital Development/ Inclusion Officer	Jul 21	Documents produced and included as part of recruitment toolkit for use by recruiting managers.
<b>Objective 3:</b> Promote workforce equality and improve representation through effective employment practices.	EDS 3.1	Undertake deep dive into shortlisting to appointment recruitment gap and develop mitigating actions in line with Healthier Together approach	Associate Director of Corporate Services/ HR	Jun 21	Deep dive completed.  ICB to monitor shortlisting data on a quarterly basis
<b>Objective 3:</b> Promote workforce equality and improve representation through effective employment practices.	EDS 3.1	Establish independent Panel pool through staff network engagement to support diverse	Deputy Director of Communications, Insights and Digital Development/ Inclusion Officer	Jul 21	Panel formed Dec 21, interview skills training to take place early April. Pilot completed August 22 and evaluation has taken place, HR to review learning from pilot

		recruitment panel composition			
<b>Objective 3:</b> Promote workforce equality and improve representation through effective employment practices.	EDS 3.1, 3.3	Introduce 'mitigating unconscious bias training' for all recruiting managers, including tools for self-assessment and action	Associate Director of Corporate Services/ HR	Feb 22	UB training developed in-house, piloted with SDF Nov 2022 and rolled out to organisation
<b>Objective 3:</b> Promote workforce equality and improve representation through effective employment practices.	3.6, 4.1	Internal comms campaign on inclusive and accessible working practices (informed by DSN and introducing Inclusion Nudges)	Deputy Director of Communications, Insights and Digital Development/ Inclusion Officer		Launched in staff newsletter Feb 2022 and hosted on intranet.  2022-23 EDI comm plan will include an action to promote resources periodically
<b>Objective 3:</b> Promote workforce equality and improve representation through effective employment practices.  <b>Objective 4:</b> develop inclusive leadership throughout the CCG	3.3, 4.1, 4.3	Bitesize inclusion roadshow - The big conversation about what inclusion means for me	Deputy Director of Communications, Insights and Digital Development/ Inclusion Officer	Sept 21	Inclusion Roadshow has been running for one year, evaluation underway. Roadshow will continue to be delivered in 2022-23.
<b>Objective 4:</b> develop inclusive leadership throughout the CCG	4.1	Establish vision for inclusion in the CCG	Deputy Director of Communications, Insights and Digital Development/ Inclusion Officer		Vision Statement agreed by Inclusion Council in April 21 and incorporated into Terms of Reference
<b>Objective 3:</b> Promote workforce equality and improve representation	EDS 3.1	Participate in Black Interns programme to promote opportunities	Deputy Director of Communications, Insights and Digital Development/ Inclusion Officer	Jun 21	Interns completed 2 month placement in September 21

through effective employment practices. <b>Objective 4:</b> develop inclusive leadership throughout the CCG		for future employment in the CCG			
<b>Objective 3:</b> Promote workforce equality and improve representation through effective employment practices.	EDS 3.6	Introduce Communications traineeship (B3 role) to increase EDI capacity	Deputy Director of Communications, Insights and Digital Development/ Inclusion Officer	Nov 21	June 2022 Inclusion Officer appointment, Band 5 1-year fixed term contract
<b>Objective 3:</b> Promote workforce equality and improve representation through effective employment practices. <b>Objective 4:</b> develop inclusive leadership throughout the CCG	EDS 3.6, 4.1	Line manager wellbeing conversations as part of routine 121s	Associate Director of Corporate Services/ Internal Comms		Information published on the Hub and promoted. Material included as part of the Line Manager Forum
<b>Objective 3:</b> Promote workforce equality and improve representation through effective employment practices. <b>Objective 4:</b> develop inclusive leadership throughout the CCG	EDS 3.6, 3.6, 4.3	Consistency of policy application - HR policy toolkit as part of the Line Manager Development programme and promotion of policies through the line manager brief	Associate Director of Corporate Services/ HR		Attendance at all sessions in the programme
<b>Objective 4:</b> develop inclusive leadership throughout the CCG	EDS 3.3, 4.1, 4.3	Utilisation of Arbinger mindset approach to line management	Associate Director of Corporate Services Corporate Services/ Learn & Development Manager	Jun 21	Arbinger training included in the Line Manager Development Programme

		Maintain application of our values in our work	Associate Director of Corporate Services/ Internal Comms	Jun 21	Business as usual - Information routinely promoted
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EDS Keys:

A representative and supported workforce:

- 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
- 3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
- 3.3 Training and development opportunities are taken up and positively evaluated by all staff
- 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source
- 3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
- 3.6 Staff report positive experiences of their membership of the workforce

Inclusive Leadership:-

- 4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
- 4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
- 4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination