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**Equality & Diversity**

**Annual Summary Report**

**2019 - 2020**

**and**

**Equality Strategy Update**

**2019 - 2020**

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| **Policy name** | **Equality and Diversity Strategy 2019/20** |
| **Policy Number** | xxx |
| **Date of Policy** | January 2020 |
| **Review Date** | January 2021 |
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| **Reviewed by / on** |  |
| **Approved by / on** | CCG Board May 2019 |

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| **Version** | **Date** | **Comments** | **By Whom** |
| **V** |  | **Reviewed and revised** |  |
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**1 Introduction**

1.1 Bath and North East Somerset Clinical Commissioning Group (B&NES CCG) is committed to eliminating all forms of discrimination and providing equality of opportunity for everyone. We recognise and value the diversity of our communities and believe that equality is pivotal to the commissioning of modern, high quality health services.

1.2 This document combines our statement of annual compliance for January 2019 -2020 to demonstrate how we have met our specific duties in relation to Equality and Diversity, prior to the impending merger on 1April 2020 as the new Bath and North east Somerset, Swindon and Wiltshire (BSW) CCG, and sets out how we have delivered our commitment to eliminating unlawful discrimination and promoting outcome equality for the people of BaNES during 2019-2020.

1.3 The strategy was previously written to set out our commitment to ensuring equality, diversity and Human Rights are taken into account in everything we do whether it involves commissioning services, employing people, developing policies, communicating with or engaging with our local communities in our work, to identify any potential current health inequalities, promote equality and fairness and establish a culture of inclusiveness that will enable health services in Bath and North East Somerset to meet the needs of all its population.

1.4 Our new BSW Governing Body in Common is committed to aligning the monitoring of progress and reporting regularly and openly on the planned developments that were set out in this and other BSW equality strategies. Indeed, a new BSW strategy will be required.

1.5 In our last BaNES annual equality report, we committed to:

* Continue to monitor our governance structure for equality, diversity and inclusion.
* Ensure all staff have the necessary skills to commission services in line with the Equality Act 2010 and Public Sector Equality Duty under this act.
* Undertake Equality Analyses, Equality Impact Assessments and Quality Impact Assessments to identify potential impacts on and outcomes for patients.
* Use the results of these assessments as an integral part of our decision making and commissioning processes.
* Ensure that our communications and engagement activities are inclusive, that is to say that they are reaching effectively to people from all protected groups, including carers and seldom-heard communities.
* Work with our statutory and voluntary sector partners on equality issues and to tackle health inequalities.
* Ensure that our Human Resources policies are fair and transparent, and work in partnership with our staff and potential employees to improve working lives.
* Monitor complaints, comments and compliments by protected characteristic.
* Develop assurance mechanisms to satisfy ourselves that providers who are delivering services on our behalf including the Commissioning Support Service are complying with the Equality Act 2010.

**2 B&NES CCG’s Vision, Mission, Values and Key priorities**

2.1 The publication of this statement (and strategy which was written in 2018) is a clear expression of our commitment to valuing diversity and embedding equality and Human Rights consideration in the way we deliver our business and make commissioning decisions. The BSW merger in April 2020 will offer further opportunity to review our collective equality aspirations, our local and BSW population needs, and our duties as a much larger public sector body.

2.2 We continue to aim to reduce health inequalities by actively identifying and removing barriers or unfair bias to the health and wellbeing of our communities.

2.3 We have worked closely with the council to develop shared priorities and values that describe the way we want to work for the benefit of local people.

2.4 In BSW we will review the strategic approach to equality duties after April 2020. As a result, this report has been produced earlier than required (which was May 2020 as per previous report due date), to instigate an initial review across the BSW system but also to continue in meeting our equality duties at the same time.

2.5 The following priorities (as set in last years report) helped us decide how to use our limited resources most effectively and this was:

1. Protecting and caring for our most vulnerable
2. Nurturing our local population’s health, safety and wellbeing
3. Providing ways for everyone in the community to reach their full potential

2.6 Our shared values described the way we wanted to work together to improve the health and wellbeing of the local population. These are the behaviours that everyone can continue to expect from us:



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| **3 Our Equality Objectives** |  |

1. **We will commission health services that are informed by local needs and people, improve access, and reduce health inequalities.**
2. **We will work with our local partners to improve health outcomes and in doing so, will support the voices of vulnerable and disadvantaged groups and communities to be heard.**
3. **We will develop our workforce across all levels of the organisation, where staff are engaged and supported, and leaders and managers foster a culture of inclusion, wellbeing, and diversity.**

3.1 Through a process of assessment, review, and engagement with stakeholders in 2018 identified these three high level equality objectives. Strategic and measurable actions and commitments are in place to support the implementation of the equality objectives and are detailed within the strategy. As stated, the BSW objectives will be reviewed in/after April 2020 to reflect the merger and new system actions required.

**4 Our Local BaNES Population**

4.1 Bath and North East Somerset is less ethnically diverse than the UK as a whole, 90% of residents define their ethnicity as White British. This is followed by 3.8% defining as White Other and 1.1% defining as Chinese.

4.2 The local population’s age structure is similar to the UK’s population however, there is higher number of people aged between 20 - 24 mainly as a result of a high student population. Between 2001 and 2017, the growth in the 20-24 age range [accounted for nearly 50% of the area's population growth](http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Planning-and-Building-Control/Planning-Policy/LP20162036/lp_201636_io_bp4_universities_growth_and_student_accommodation.pdf).

4.3 In the last 2011 Census, 16% of B&NES residents reported that their day to day activities were limited through a [long term illness or disability](http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/ill-health-and-disability) and 10% of the population stated that they spent a substantial portion of their time caring for a friend or relative.

* Deprivation within Bath and North East Somerset is substantially less than the England norm;
* Life expectancy for Bath and North East Somerset indicates a slightly better longevity for both males and females;
* Rate of Year 6 children classified overweight is lower; 14% compared to 20% for England;
* Adult obesity rate is lower; 61% in Bath and North East Somerset compared to 65% for England;
* Adult population in Bath and North East Somerset is significantly more physically active; 70% compared to the whole of England that is 57%;
* There is a significantly lower cancer mortality rate per 100,000 for 75 year olds and below in Bath and North East Somerset; 118 per 100,000 population compared to 139 per 100,000 population for England;
* Smoking attributable deaths per 100,000 population is significantly lower in Bath and North East Somerset; 208 compared to 284 per 100,000 population for England.

**5 Our Legal Obligations**

5.1 We recognise:

* Our legal duties relating to equality and human rights – we understand that compliance is not enough and we need to go beyond to promote cultural changes to ensure equality and human rights at the centre of all that we do.
* That our responsibility for discharging the duty cannot be delegated or sub-contracted and that ultimate responsibility for discharging the duty remains with us as commissioners. This means that we must have mechanisms in place to make sure that organisations providing services on our behalf are also meeting the duty.
* That moral case for equality and diversity is fully justified - health inequalities are unacceptable and must be minimised.
* That the Marmot Review estimated that additional annual cost to the NHS of not addressing health inequalities to be £5.5 billion – this we believe is a strong business case for identifying and addressing barriers to health equality.

**6 Equality Act (2010)**

6.1 The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It provides the basic framework of protection against direct and indirect discrimination, harassment and victimisation.

6.2 It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it is unlawful to treat someone, and the characteristics that are required to be protected.

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| **The Public Sector Equality Duty 2010 (protected characteristics)** | |
| **1. Age** | Being of a particular age/within a range of ages. |
| **2. Disability** | A physical or mental impairment which has a substantial and long-term adverse effect on day to day activities. This includes people with mental health problems, learning disabilities and long-term or serious illnesses such as heart disease, cancer or HIV/ AIDS. |
| **3. Sex** | Being a woman or a man. |
| **4. Gender reassignment** | A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning their sex by changing physiological or other attributes of sex. |
| **5. Pregnancy and Maternity** | If a woman is treated unfavourably because of her  pregnancy, pregnancy related illness or related to  Maternity leave. |
| **6. Race** | People who have or share characteristics of colour, nationality, or ethnic or national origin can be described as belonging to a particular racial group. |
| **7. Religion or belief or lack of belief** | The full diversity of religious and belief affiliations in the United Kingdom. |
| **8. Sexual orientation** | A person’s sexual preference towards people of the same sex, opposite sex or both. |
| **9. Marriage and Civil Partnership** | This is relevant in relation to employment and vocational training; the CCG will need to ensure that it considers this protected group in relation to employment. |

**7 Public Sector Equality Duty (2011)**

7.1 The Equality Act contains special provisions for public sector bodies known as the Public Sector Equality Duties (PSED). It is made up of a general duty which is the overarching requirement and ‘specific duties’ which are intended to help performance of the general duty. The general duty has three aims and it applies to most public authorities, including the CCGs, who must, in the exercise of their functions, pay due regard to them. These are:

**Aim 1:** eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;

**Aim 2:** advance equality of opportunity between people who share a protected characteristic and people who do not share it; and

**Aim 3:** foster good relations between people who share a protected characteristic and people who do not share it.

7.2 The CGG is required to publish information to demonstrate its compliance with the public sector Equality Duty; this should be at least annually and in an accessible manner. The information published must include:

* information relating to people who share a protected characteristic who are its employees (public authorities with fewer than 150 employees are exempt as per this report).
* people affected by its policies and practices;
* community profile by protected characteristics;
* results of consultations/engagement with people possessing one or more protected characteristics;
* patient satisfaction; results of Equality Analyses/Equality Impact assessments and how they have influenced decisions.

7.3 The CCG is also required to publish its Equality objectives at least every four years. These objectives must be specific, measurable, achievable, resourced and time-bound.

**8 Human Rights Act 1998**

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| **The Human Rights Act 1998** |
| The Human Rights Act came into force in 2000. It gives further effect in the UK to rights contained in the European Convention of Human Rights.  The Act:   * Makes it unlawful for a public authority to breach Convention rights, unless an Act of Parliament meant it could not have acted differently; * Means that cases can be dealt with in a UK court or tribunal; and * Says that, where possible, all UK legislation must be given a meaning that fits with the Convention rights. |
| The 15 rights contained in the Human Rights Act are:   * The right to life * The right not to be tortured or treated in an inhuman or degrading way * The right to be free from slavery or forced labour * The right to liberty and security * The right to a fair trial * The right to no punishment without law * The right to respect for private and family life, home and correspondence * The right to freedom of thought, conscience and religion * The right to freedom of expression * The right to freedom of assembly and association * The right to marry and found a family * The right not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention * The right to peaceful enjoyment of possessions * The right to education * The right to free elections |

**9 The NHS Constitution 2013**

9.1 The NHS constitution, revised in March 2013, contains seven principles that guide the NHS as well as several pledges for patients and the public. A number of these demonstrate commitment by the NHS to the requirements of the Equality Act and the Human Rights Act.

9.2 The first of the seven principles requires that the NHS “provides a comprehensive service, available to all irrespective of sex, race, disability, age, sexual orientation, religion or belief.”

9.3 There are also a number of rights contained in the constitution which demonstrate the NHS’s commitment to equality and human rights, and which include:

* The right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, religion or belief, sexual orientation, disability (including learning disability or mental illness) or age
* The right to be treated with dignity and respect, in accordance with your Human Rights
* The right to be involved in discussions and decisions about your healthcare, and to be given information to enable you to do this
* The right to accept or refuse treatment that is offered to you, and not to be given any physical examination or treatment unless you have given valid consent
* The right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services

9.4 The CCG are also aware of our legal duties under the following acts and are committed to ensuring that we comply with the requirements set out within them

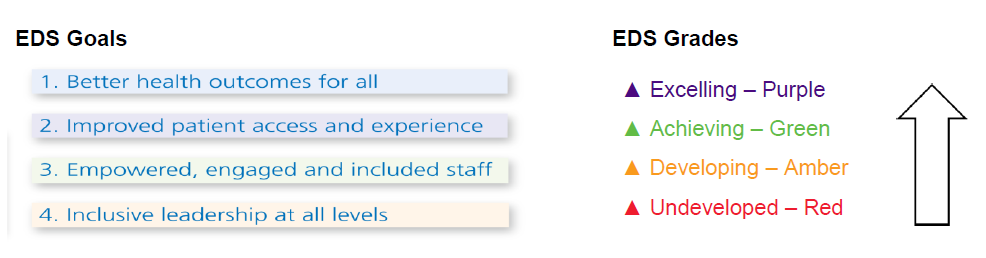
* The Children Act 2004
* The Care Act 2014
* The Children and Families Act 2014
* The Autism Act 2009
* The Public Services - Social Value Act 2012
* Modern Slavery Act 2015

**10 The NHS Equality Delivery System (EDS) 2 (2013)**

10.1 The NHS framework for assessing equality performance is called the Equality Delivery System 2 (EDS 2). The EDS 2 can help NHS Organisations to:

* demonstrate their compliance with the general and specific equality duties and human rights obligations
* deliver on the NHS Outcomes Framework and the NHS Constitution
* help NHS organisations improve the services they provide for their local communities
* consider health inequalities in their locality
* provide better working environments that are free of discrimination for those who work in the NHS
* help NHS organisations to identify and shape their equality objectives
* A BSW new self-assessment is required after merger in April 2020

10.2 The EDS 2 is based on four key goals and 18 associated outcomes. Evidence against each of these outcomes is used to determine the organisation’s equality performance against one of four grades. These four goals and grades are shown below:



**11 Accessible Standard Information (2016)**

11.1 From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. The CCG monitors any gaps in information required via complaints about commissioned providers as an example

**11.2 The Accessible Information Standard (DCB1605 Accessible Information)**

The Accessible Information Standard, formally known as DCB1605 Accessible Information, is made up of a Specification and Implementation Guidance.

11.3 In August 2017, revised versions of the Specification and Implementation Guidance were issued, following a post-implementation review of the Standard:

* [Accessible Information Standard Specification v1.1 (PDF)](https://www.england.nhs.uk/publication/accessible-information-standard-specification/)
* [Accessible Information Standard Specification v1.1 (Word)](https://www.england.nhs.uk/publication/accessible-information-standard-specification/)
* [Accessible Information Standard Implementation Guidance v1.1 (PDF)](https://www.england.nhs.uk/publication/accessible-information-standard-implementation-guidance/)
* [Accessible Information Standard Implementation Guidance v1.1 (Word](https://www.england.nhs.uk/publication/accessible-information-standard-implementation-guidance/)

**12 Equality Analysis / Equality Impact Assessment (EAs/EIAs)**

12.1 Through the use of Equality Impact Assessments, we have adopted a robust approach that ensures that the impact of decisions which may affect individuals are scrutinised before their implementation. This tool allows us to assess the impact of our proposals on each of the nine protected groups which are highlighted in the Equality Act 2010, which in turn enables us to guarantee that our services result in high-quality health care that is fair, accessible to all and meets the needs of our diverse communities. Equality impact assessments are an important part of commissioning projects, and ours are published on our website

12.2 To a great degree, all functions or activities of the CCG are subject to general or specific equality duties. This means that all strategies, policies, action plans and projects we undertake must be assessed for equality impact including our Human Resources policies and procedures.

**12.3 What we have already done:**

* We have made a commitment to increasing the quality and number of QIAs / EIAs that we complete, and to making sure that EIA is part of the policy formulation / service design from the very outset so that we can use the results more effectively in our commissioning and other decisions.
* We have developed a QIA / EIA template for managers and commissioners to use, supported by our quality leads and this is monitored throughout decision making processes.
* We hold regular quality meetings with each NHS Provider at which relevant Equality and Diversity areas are discussed such as mixed sex accommodation and the underlying essence of care requirements.
* We ensure equality risks are identified, investigated and escalated.

**12.4 What we plan to do:**

* We have made a BSW commitment to increasing the quality and number of QIAs / EIAs that we complete, and to making sure that EIA is part of the policy formulation / service design from the very outset so that we can use the results more effectively in our commissioning and other decisions. We will review our policy and processes for consistency of approach and governance assurance.

**13 Commissioning and Procurement of Health Services**

13.1 We recognise that we are ultimately accountable for ensuring that services we commission are delivered in line with the equality and Human Rights legislation and that both we and our providers comply with the Public-Sector Equality Duty. We ensure that all our contracts and Service Level Agreements include clauses and performance measures around our equality and Human Rights duties and responsibilities e.g. access to services and information in appropriate formats or treating everyone with dignity and respect.

13.2 We understand that we need to work with our partners and providers to improve collection of qualitative and quantitative data to enhance our ability to commission high quality services. Whenever possible we will aim to disaggregate performance data by the nine protected characteristics so that we can monitor the impact of our commissioned services on different groups and act to rectify any shortcomings in our performance.

**13.3 What we have already done:**

* Introduced specific equality clauses (relating to services and Human Resources) in our contracts to providers
* We completed an EIA of our 2014/15 Commissioning Intentions and Commissioning Strategy to take account of the needs of all our services users and communities;

**13.4 What we plan to do:**

* Review the use of NHS EDS 2 across BSW as the framework to help us to gather, analyse and report on equality information against EDS 2 goals and outcomes
* Review that specific equality clauses in contracts are working as intended
* Incorporate equality performance into quarterly performance reports where data is available
* Review the BSW EIA/QIA process as part of our review of the planning processes
* Utilise EIA / QIA outcomes as an integral part of commissioning with the required evaluation actions to be included in final contracts where appropriate
* Review all procurement processes to ensure that equality is at the heart of every new service
* Publish our new equality objectives once approved by our Public and Patient Engagement members and IGC after merger in April 2020
* Meet our local population groups to better understand any gaps

**14 Engaging with People and Communities**

14.1 We recognise the importance of working with all our local communities, statutory partners, staff and the voluntary sector so that they have a voice which will inform the planning and commissioning of our local NHS services. We are committed to making our communication and engagement work inclusive ensuring that we make opportunities for minority groups and “seldom heard” groups to have their say.

14.2 An example of this is our BaNES Your Health, Your Voice group, whichmeets every two months and provides an opportunity for the public to co-produce plans to improve local health and care services. The group is chaired by our Lay Member for Patient and Public Involvement and acts as a critical friend to the CCG, discussing potential service changes from planning through to delivery.

14.3 Members are also encouraged to inform and support the CCG’s engagement with the wider public, by advising us on different approaches and groups who we should consult with and sharing information and surveys with any other local/community groups they are involved with. Over the last few years, members have shared their views on a number of topical issues; this has included for example the plans to transform maternity services across B&NES, Swindon and Wiltshire. The consultation feedback was independently analysed, and the results used to help the governing bodies of B&NES, Swindon and Wiltshire CCGs make the final decision.

14.4 The format of the above will be reviewed on merger, as Swindon for example calls their group the Patient and Public Engagement Group.

**14.5 What we have already done**

14.6 The CCG has an experienced and professional Communications and Engagement Team which continues to work with and involve key stakeholders in areas that require feedback, comment or suggestions for improvement. The ongoing work of the team includes, but is not limited to:

* Overseeing the CCG’s Patient and Public Engagement Forum to allow people living in the local area, especially those from minority groups and harder-to-reach communities, to have their say on healthcare issues.
* Holding regular deep-dive sessions, or in-depth focus groups, that allow key stakeholders to come together with healthcare staff and senior CCG officials to discuss a specific topic and share their ideas for change, improvement or review.
* Posting thought-provoking and engaging content through the CCG’s social media channels that actively encourages a two-way conversation with local people.
* Leading on, but also supporting partner organisations with, key campaigns to raise awareness of specific issues, such as winter healthcare and the promoting new or existing services.
* Deliver an Annual General Meeting in which stakeholders can attend to hear the latest CCG updates, put questions to Executive Directors and take part in discussions that will shape and inform future healthcare services.
* Produce the CCG’s Annual Report – and its supplementary Summary Annual Report – to give local people details of the CCG’s activities during the past year and its plans for the year ahead.
* Plan, write and circulate the CCG’s monthly newsletter to all key stakeholders, so they can be kept up to date with the latest news and developments.

**14.7 What we plan to do**

* + Organising and delivering public engagement activities on local and BSW matters that require contribution from the local population, such as collecting views on proposed changes to healthcare services.
  + Keeping the current CCG and planned BSW public website updated with accurate information that is written in a way that can be read and digested by all people, including those who may have learning disabilities or those for whom English is not a first language.
  + Reviewing our BSW Stakeholder Engagement Strategy, which will set out the various methods the BSW CCG will adopt to ensure that local people are able to have their say and be assured that their feedback will be considered across BSW.

**15 Our CCG Workforce**

15.1 Information collected on an annual basis on the CCG’s workforce and where possible against the protected characteristics. As of January 2020, there were under 150 people employed to carry out the functions of the BaNES CCG. The majority of the workforce is female and has declared an ethnic group of White British. As the numbers are small, it is relatively easy to identify staff and as a consequence this gives rise to potential breeches of confidentiality so not published within this report.

15.2 We are committed to ensuring that staff are reflective of the populations served from the top down. We will in the future publish more detailed information as the BSW collective head count will increase. We also commit to review BSW Workforce Race Equality Standard (WRES) application and assurance, that will advance BME senior leadership opportunities. <https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/>

**16 Training and Recruitment**

16.1 The CCG requires all staff to undertake mandatory Equality and Diversity training. Training is provided by an online module which staff are required to complete and pass three yearly.

16.2 We are committed to working in line with the current employment legislation including meeting the provisions of the Equality Act 2010.

16.3 The CCG aims to provide a working environment which is free from discrimination, victimisation and harassment on individual and/or institutional basis on the ground of any of the nine protected characteristics specified in the Equality Act 2010. We will also make sure that our employment policies and procedures are working in line with the Human Rights Act 1998.

16.4 We also aim to recruit, retain and develop a workforce which is representative of all sections of our communities. We believe this will enable us to embed equality, diversity and Human Rights into our business and help us to respond more effectively to the needs of our service users and communities. Our responsibilities as an employer are set out in our suite of Human Resources policies and procedures.

**16.5 What we have already done:**

* We have systems and procedures in place to implement the aims of the general equality duty.
* Elimination of discrimination, victimisation and harassment.
* In 2018, the CCG repeated its annual staff survey which seeks to identify areas of good practice as well as factors requiring improvement in leadership, communication, the working environment and employee relations. The questionnaire explicitly asked for responses about bullying and harassment enabling activities to be planned if any response is required. The 2019 staff survey was deliberately delayed due to the impending merger and online surveys have commenced across BSW for emerging changes inviting staff input
* Advancing equality of opportunity and fostering good relations; wellbeing group
* The CCG operates a BSW Colleague Partnership Forum which maintains involvement in staff related policy development and changes affecting the organisation. In 2018 representatives have congregated more frequently than in previous years with professional support provided to the group through HR. During 2018 significant staff engagement took place to develop and launch the CCG’s policy on Flexible working including the harmonisation of practice for flexitime.
* The CCG continues to refine its recruitment arrangements to ensure equality of opportunity is provided to applicants wishing to become employed by the CCG.
* Policies continue to be developed which support BSW flexible/agile approaches to working to enable staff to balance work and life commitments including in regard to caring duties.
* Through the CCG’s Learning and Development Policy, opportunities for development are made available to applicants. Targeted groups of staff have also received training to assist them in delivering good customer service and therefore reduce the risk of harm to themselves through an enhanced understanding of managing conflict.

**16.6 What we plan to do:**

* The nominated BSW Quality and Equality Lead will provide QIA / EIA specific (one to one on the job) coaching for CCG staff responsible for ensuring the undertaking QIAs / EAs / EIAs – to deliver our commitment to increase the quality and numbers of QIAs / EAs / EIAs completed and resulting quality of service improvements. We plan to use the results of QIAs /EIAs to improve our decision-making and deliver better health outcomes for protected groups
* The nominated Quality and Equality Leads will link with the BSW Governing Body in Common nominated Equality Champion(s) to ensure the equality and compliance challenge is continually monitored at Board level.
* Work locally in partnership with B&NES Council and the CSU to improve engagement with perceived ‘harder to reach groups’ and those with one or more protected characteristics at every opportunity as a part of the review of our performance against the EDS goals and outcomes
* Periodically review and revise our statutory and mandatory training to ensure that it remains relevant.
* Act on any relevant feedback from subsequent staff surveys in relation to equality & diversity

**17 Complaints, concerns and compliments**

17.1 The CCG is always committed to providing the best possible service. We welcome suggestions and feedback about our services and want to resolve any problems experienced to help make local healthcare services more effective. The CCG oversees all comments, concerns, compliments and complaints that are received. Complaints and PALS is an impartial service and will try and resolve any concerns or problems that are raised by patients, their families and / or representatives. Complaints can be made in writing, by email, by telephone or in person.

17.2 Complaints and PALS provide updates via the Quality Committee report to the CCG Governing Body and a Complaints report is also presented to the Quality Committee when requested. This report will be developed to include the protected characteristics of the individual where disclosed.

**17.3 What we have already done**

17.4 Patients’ Stories are included as part of the Governing Body meetings in public. These allow individuals to recount their experiences of the delivery of care received as individuals, carers or by family members. This approach ensures that the Governing Body is connected to the communities served by the CCG.

**17.5 What we plan to do**

17.6 The BSW Governing Body in Common will receive a report on complaints, concerns and compliments at least twice a year. Report will include equality monitoring of access to services and analysis of any equalities trends that have arisen from complaints received or the way they have been handled. The aim is to learn these incidents and improve our service in the future.

**18 Leadership and Governance**

18.1 The CCG’s standard of leadership is monitored by NHS England as part of the Improvement and Assessment Framework indicators. Assessment is made in the following areas:

* Probity and Corporate Governance
* Staff Engagement Index
* Progress against the Workforce Race Equality Standard
* Effectiveness of Working Relationships in the Local System

18.2 The new BSW governing body in common is made up of GPs, lay members, clinical and health professionals from the workforce. Due to the number of members on the Governing Body, the CCG is exempt from publishing equalities information relating to their protected characteristics.

18.3 However, it is important to note that the core attributes and competencies for all Governing Body members include a requirement to ‘be committed to ensuring that the organisation values diversity and promotes equality and inclusivity on all aspects of its business’.

18.4 Individual members of the BSW governing body will bring different perspectives, drawn from their different professions, roles, backgrounds and experience. Many of the Governing Body members are GPs who work closely with their patient bodies and contribute to the commissioning decisions made by the organisation through the use of this local knowledge. These differing insights into the range of challenges and opportunities facing the CCG will, together, ensure that the CCG takes a balanced view across the whole of its business. The CCG has three lay members on the governing body, one with specific responsibility for Patient and Public Involvement.

**19 Accessible Information Standard and our Strategic Aims**

19.1 Accessible information and communication are central to us delivering our strategic priorities. We cannot achieve this unless we fulfil one of our main responsibilities as a commissioner and report the outcomes of our work so that people have accessible information about the quality of their local health and adult social care.

19.2 To reach our targeted audiences, we are committed to:

* publishing information about what we do and distributing it widely.
* providing information in clear and simple language;
* setting out clearly, in simple English, what we write;
* making our website easy to use; and
* making our information available in different formats on request, such as easy-to-read format and in large print.

**19.3 Legal requirements in relation to the Standard**

19.4 We are committed to making sure all our information is clear and accessible for everyone. We also have to meet certain legal requirements.

19.5 The Equality Act 2010means that we have a duty to make reasonable adjustments for disabled people, including taking steps to put information into accessible formats if a disabled person is at a substantial disadvantage if we do not do this. In summary, those who are governed by this duty must give due regard of the need to:

* eliminate unlawful discrimination, harassment and victimisation;
* advance equal opportunities between different groups; and
* foster good relations between different groups.

19.6 The Health and Social Care Act 2008says that we must:

* Promote awareness among service users and carers of its functions
* Promote and engage in discussion with service users and carers about the provision of health and social care services and about the way in which the CCG exercises its functions
* Ensure that proper regard is had to the views expressed by service users and carers, and
* Arrange for any of its functions to be exercised by, or with the assistance of, service users and carers.