

# Equality information 2022

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## Introduction

This equality information report demonstrates how NHS Kernow Clinical Commissioning Group (NHS Kernow) is meeting its public sector equality duties under:

- Section 149 of the Equality Act 2010 (the public sector equality duty)
- the Equality Act 2010 (specific duties) regulations 2011

NHS Kernow is committed to promoting equality and eliminating discrimination as an employer, and in ensuring the services we commission are accessible and inclusive.

We are committed to fulfilling our equality duties and obligations to reduce avoidable health inequalities in all aspects of our role and functions. We have a legal duty to eliminate unlawful discrimination and promoting equality of outcomes for our population. We aim to do this by ensuring that the values underpinning equality, diversity and human rights are central to our policy making, service planning, employment practices and commissioning.

For our staff, we recognise and value difference. We aim to create a working culture and practices that recognise, respect and value difference for the benefit of the organisation and the individual.

The NHS, including NHS Kernow, has experienced unprecedented change in 2020 and 2021 due to the COVID-19 global pandemic. Much of NHS Kernow's work has been affected by COVID-19 and the need to support colleagues to work safely. The ability to collect some equality information during 2021 has been affected by COVID-19 and this is reflected in this paper.

NHS Kernow anticipates transitioning from a clinical commissioning group to the NHS Cornwall and the Isles of Scilly Integrated Care Board. This is pending legislative approval of the Health and Care Bill. Equality and diversity and the work set out in this report will continue to be a priority for the new organisation.

## Collecting and analysing equality information

Public authorities must ensure that they have sufficient information about equality issues to make informed choices and decisions. This equality information is considered before and at the time decisions are made.

NHS Kernow collects and analyses equality information through:

- [using data](#) to understand potential impacts and reduce health inequalities
- [engagement and consultation](#) with members of the public and colleagues
- [undertaking robust equality analysis](#) on decisions made through using impact assessments
- [monitoring of recruitment and workforce information](#)
- [analysis of provider performance](#) against contractual standards
- meeting national and NHS England [equality standards](#)

## Using data

The data from the 2011 census reaffirms what we already knew; that we have a comparatively higher number of people aged over 60 living in the area than the rest of the country. We also have a growing population and an aging population. The initial data from the 2021 census will be available from spring 2022.

We will continue to work on projects to improve health outcomes as well as accessibility to and experience of NHS services for our population. This is in line with our [Cornwall and the Isles of Scilly Health and Care Partnership](#) aspirations.

Full analysis of the census 2011 data helps inform NHS Kernow's commissioning intentions and is utilised in the [joint strategic needs assessment](#). This is the document we use to help plan health and social care services for Cornwall and the Isles of Scilly.

Data has underpinned the Cornwall and Isles of Scilly response to the COVID-19 pandemic. The [director of public health annual report 2020 to 2021](#) gives information about the health and wider impacts of COVID-19 in Cornwall and the Isles of Scilly and our response to the pandemic.

## Engagement and consultation

NHS Kernow has a thorough and robust [engagement and consultation](#) process. We strive to ensure that engagement and consultation takes place appropriately, inclusively, and in partnership. We take a targeted approach where a review or service change may affect a particular group of people, or a particular protected characteristic may be positively or negatively affected by a change.

Routine engagement takes place through our [patient participation groups](#) and [citizen advisory panel](#). During the COVID-19 pandemic, face to face engagement at events has been limited or not possible. This has affected our ability to collect our usual monitoring of [equality delivery system 2](#) (EDS2) outcomes.

NHS Kernow also works in collaboration with our partners via local equality committees, for example, the Cornwall equality and diversity network and hate crime steering group.

## Undertaking robust equality analysis

NHS Kernow is committed to ensuring that it demonstrates due regard to the general duty when making decisions about policies and services. We have embedded the requirement to undertake an equality analysis into our decision-making processes.

This ensures that we continually work to understand and respond to the diversity of patient experience in health access, care, and outcomes. We recognise and value the importance of using equality analysis to address health inequalities.

All committee reports require the author to consider how their report relates to equalities in general. This helps to ensure that due regard is given to the general equality duty.

NHS Kernow offers support to colleagues who are likely to need to undertake an equality impact assessment (EIA) or full impact assessment (FIA). Our EIA and FIA procedures are available on the NHS Kernow website and are a fundamental part of our commissioning process.

## **Monitoring of recruitment and workforce information**

We continue to act as a responsible employer and meet the equality needs of our colleagues. In our recruitment and employment practices, and in planning our services for public, we are mindful of the inequalities experienced by people from all protected groups of:

- age
- disability
- gender reassignment
- marriage and civil partnership
- maternity and pregnancy
- race, including nationality and ethnic origin
- religion and belief
- sex
- sexual orientation

Colleagues can share, change, and update their protected characteristic information using the electronic staff record (ESR). An [analysis of recruitment and workforce information](#) is available in this paper.

## **Analysis of provider performance**

NHS Kernow holds contracts with providers and for each contract there is a monitoring process. This enables providers and commissioners to raise issues, concerns, feedback, and relay good practice. Through the NHS standard contract, commissioners request information about the performance of the provider. The contract includes a statement of equality related information the provider should produce and builds in equality of access considerations.

## **Equality standards**

### **Equality delivery system 2**

The EDS2 is a national NHS tool. It enables NHS organisations to engage with stakeholders to assess performance against 18 outcomes which support 4 goals:

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

#### 4. Inclusive leadership.

The NHS first began to use EDS during the financial year 2011 to 2012. Using EDS2 has helped us to assess our performance in reducing inequalities and improving access and experience across all protected groups. This information has informed our equality objectives and action plans. NHS England is due to launch EDS3, and further information is expected in 2022.

#### **Workforce race equality standard**

The [workforce race equality standard](#) (WRES) requires organisations to demonstrate progress against a number of indicators of workforce equality for people with a black, Asian and minority ethnic background. Paying due regard to WRES as an employer and a commissioner is reflected in our equality and human rights strategy. NHS Kernow's WRES report and action plan are available on the NHS Kernow website.

#### **NHS accessible information standard**

The [accessible information standard](#) is a way of ensuring that the NHS and adult social care is meeting people's communication needs. The standard aims to make information easy to understand and available in different formats where people need this. Implementing the NHS accessible information standard forms part of the work of the Cornwall accessible communications group. This multi-agency group was set up to improve all forms of communication between public sector organisations and patients, clients and the wider population of Cornwall and the Isles of Scilly.

The [public sector accessibility regulations](#) came into effect on 23 September 2020. The NHS Kernow communications team has implemented the regulations. It has meant improvements to the accessibility of the NHS Kernow website and information produced by NHS Kernow with a specific focus on digital inclusivity. Accessibility training forms part of the mandatory training requirements for all NHS Kernow colleagues.

#### **Gender pay gap**

The [gender pay gap](#) requires all employers with 250 or more employees to publish annually figures setting out the average pay gap between men and women. NHS Kernow's gender pay gap report and action plan are available on the NHS Kernow website.

### **Our public**

#### **Public perception of equality and diversity**

We have routinely used a survey to understand the impact of our commissioning activities on people with protected characteristics. Where possible, the same questions are used to allow a comparison over time. Questionnaires have been given at events with members of the public. Due to COVID-19 and the restrictions which came into effect in March 2020, a limited number of events with members of the public have been held during 2021. Concerns about sharing potentially

contaminated items has limited our ability to use the same method of questionnaires as in previous years. The more general feedback provided at the engagement sessions held is available on the [NHS Kernow website](#).

With our NHS partners, NHS Kernow had a stand at Cornwall Pride in August 2021. The feedback received from members of the public was largely positive, with compliments received about care during COVID-19, emergency care, hospital treatment and cancer treatment. There was a lot of gratitude expressed, with people saying they felt reassured about being able to get help when needed. The words safety, thanks and help often occurred in the feedback. Careers in the NHS also formed part of the feedback received, with some people reflecting on long careers and others saying they want to work for the NHS.

There was also less positive feedback received at Cornwall Pride. This included the NHS being challenging to work for, concerns about pay, concerns about GP services, a lack of support for informal carers, especially carers of people with dementia, screening for transgender people, and a lack of equity in fertility treatment for people who are lesbian, gay, bisexual, or transgender.

The feedback received at Cornwall Pride was shared with members of the NHS Kernow governing body, the people and organisational governance committee and members of the LGBTQ+ employee network group.

## **Our workforce**

### **Analysis of recruitment and workforce information**

The NHS Kernow colleague information represented in this report relates to data recorded on ESR and Trac systems, the online recruitment service, on 31 October 2021.

#### **Colleagues employed**

NHS Kernow employs 309 substantive colleagues, equating to 266.82 full-time equivalent positions.

#### **NHS Kernow staff by main staff group**

The majority of the NHS Kernow workforce (75%) is in the administrative and clerical staff group. Other colleague groups employed at NHS Kernow include qualified nurses, medical staff, and additional professional scientific and technical roles.

#### **NHS Kernow colleagues by employee category**

A person who works part-time has contracted hours of less than 37.5 hours per week. 33.7% of the workforce work on a part-time basis. This is an increase from 23% in April 2021. 39.2% of females employed by NHS Kernow work on a part-time basis, compared to 30.9% of males who work part-time. The male proportion is higher in comparison with the male population of Cornwall working part-time (15%). The proportion of part-time working females in Cornwall is higher at 50%.

We support our colleagues through NHS Kernow's [flexible working policy](#) which enables colleagues and managers to consider a wide range of flexible working arrangements, subject to business need. These include:

- part-time working
- job sharing
- flexitime
- annual hours contracts
- term-time working
- voluntary reduced working time
- flexible retirement

### NHS Kernow colleagues by employment status

93% of NHS Kernow colleagues are employed on permanent contracts. This percentage has been relatively consistent since 2015.

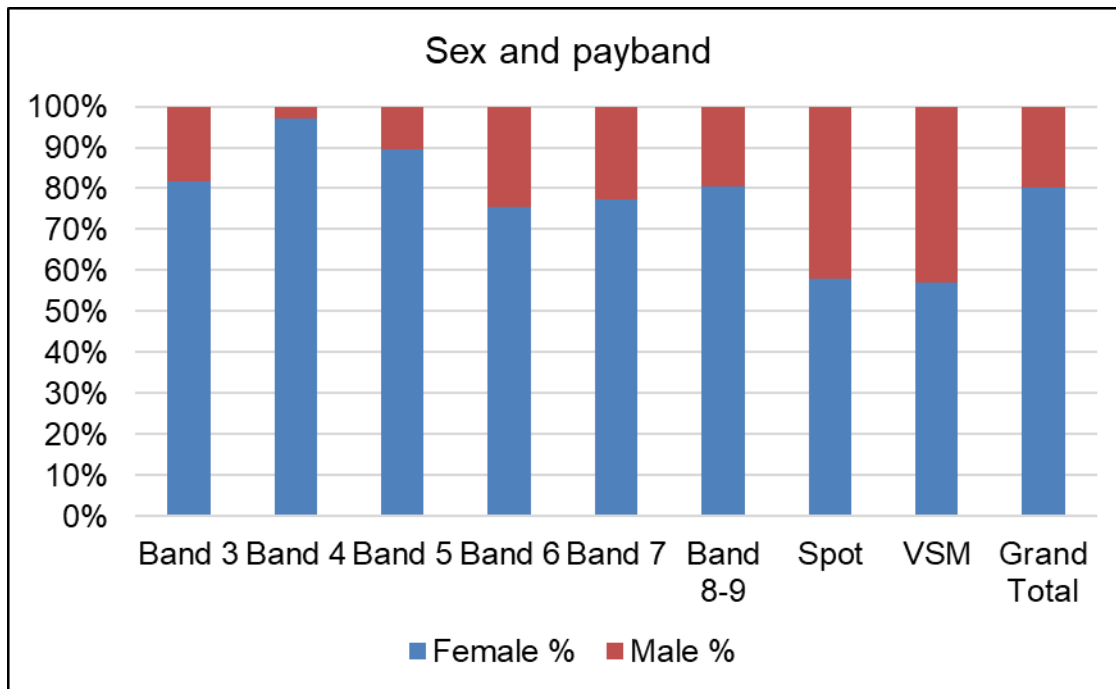
### Sex

NHS Kernow's workforce is predominately female, representing 79% of total colleagues employed. This proportion is comparable with the overall NHS workforce in England with 77% of colleagues being female and 80% of the total Cornwall and Isles of Scilly NHS workforce.

The table below shows that the NHS Kernow sex profile is consistent with that of the wider NHS. However, it is different to the proportion of economically active females in Cornwall (62%).

Colleague or population group	% Female	% Male
NHS Kernow (October 2021)	79	21
NHS in England and Wales (October 2017)	77.3	22.7
NHS in Cornwall (October 2017)	80	20

The graph below shows the relative distribution of men and women across the pay bands. It illustrates that, in general, there are proportionately slightly more men working in higher paid positions in the organisation.



The proportion of male and female applicants is relatively consistent through the recruitment process. These proportions are also consistent with the current NHS Kernow (and wider NHS) colleague profiles. The data shows that 65.9% of applicants to roles at NHS Kernow were female. There were relatively few appointments made in the year to 31 October 2021, and of those appointed, 80% were female.

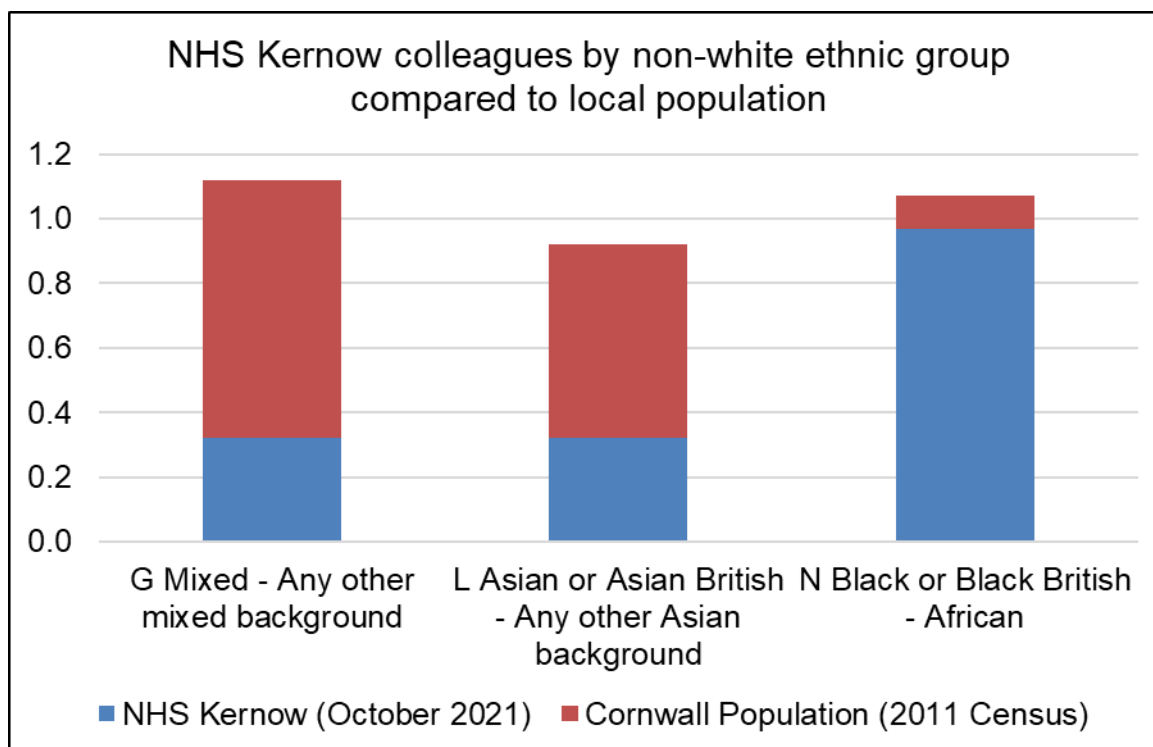
Further information about our [gender pay gap](#) analysis and action plan are available on the NHS Kernow website.

## Ethnicity

1.6% of the NHS Kernow workforce are from non-white ethnic groups. Colleagues self-report their ethnicity on ESR. This compares with 2.5% of the NHS workforce in Cornwall and the Isles of Scilly and 1.7% of the Cornwall and Isles of Scilly population.

The graph below illustrates that there are small numbers of people from non-white backgrounds in the Cornwall and Isles of Scilly population and working within NHS Kernow. NHS Kernow's colleagues who are non-white are broadly representative of the Cornwall population according to the 2011 census.





The following table shows a comparison between NHS colleagues and the local population's ethnicity. NHS Kernow's percentage of non-white ethnic colleagues is broadly similar to the population of Cornwall and the Isles of Scilly, though different to the rest of the country.

Colleague or population group	% white ethnic groups	% non-white ethnic groups
NHS Kernow (October 2021)	98.4	1.6
NHS in Cornwall (October 2017)	91.8	2.5
Cornwall and Isles of Scilly population (census 2011)	98.3	1.7
NHS in England and Wales (March 2019)	75.56	19.73

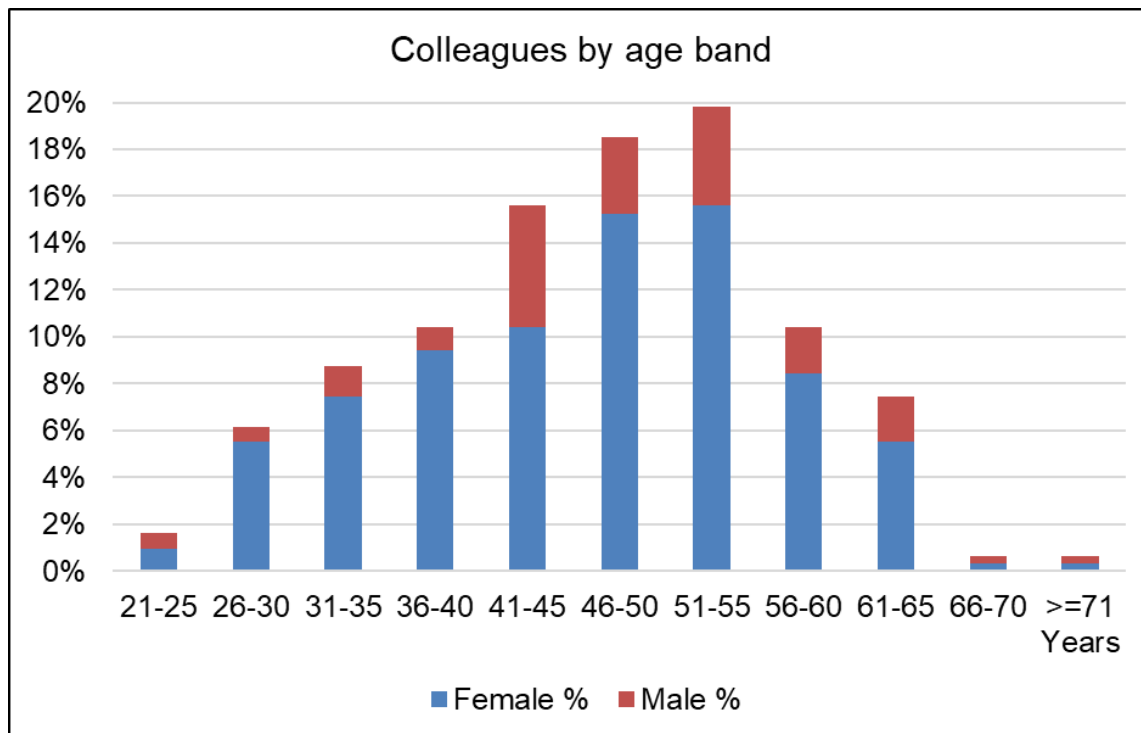
The proportion of colleagues from white ethnic groups is higher within NHS Kernow than the wider NHS in Cornwall and Isles of Scilly. 4.7% of colleagues in the wider NHS have chosen not to share their ethnicity.

We assessed the proportion of applicants for NHS Kernow vacancies by recruitment status and ethnicity. The proportion of applicants from non-white ethnic groups was 18%. This is higher than the proportion of non-white people living in Cornwall, which is 1.7% according to the 2011 census. There were relatively few appointments made in the year to 31 October 2021, and of those appointed 93% declared themselves as being white, with 1% from a non-white ethnic group, and the rest not sharing their ethnicity.

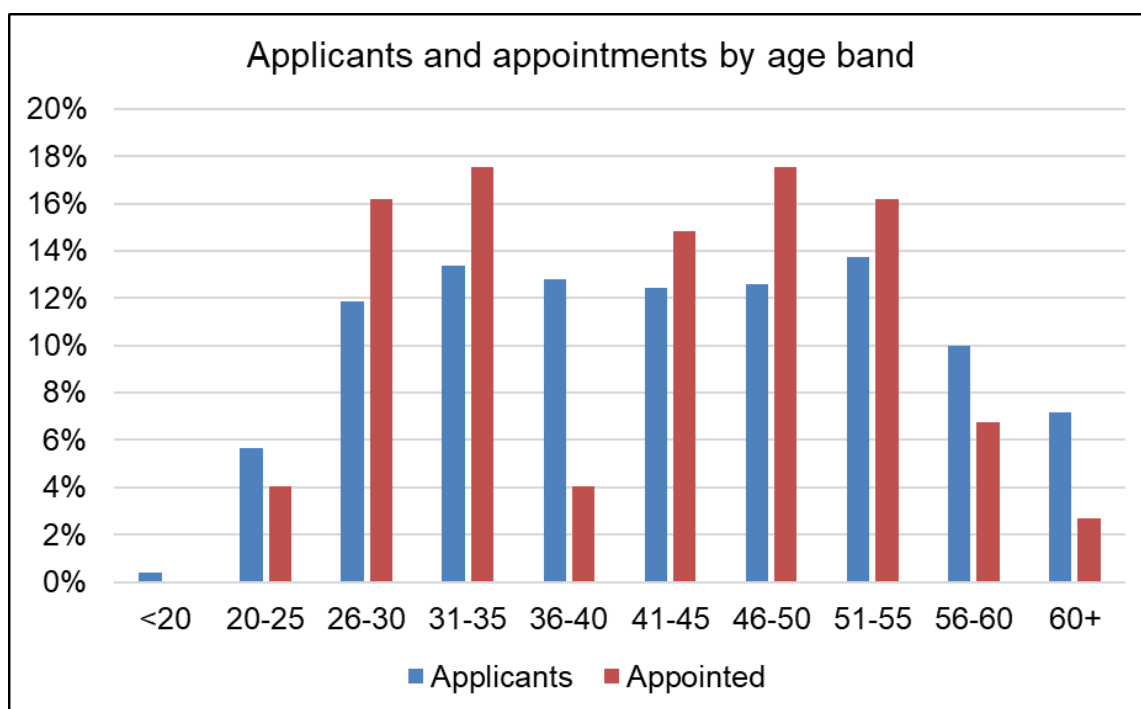
Further information about our [WRES analysis and action plan](#) are available on the NHS Kernow website.

## Age

The chart below illustrates the age profile of colleagues within NHS Kernow. The chart shows that males and females are represented across all age bands in NHS Kernow's workforce.



The chart below shows that there is consistency across most age groups in relation to the proportion of job applicants at each stage of recruitment.



## Disability

7.4% of the NHS Kernow workforce have declared themselves as having a disability. This is a rise from previous data, meaning more colleagues have shared that they have a disability. 3.2% of colleagues have not declared whether they have a disability or not, with a further 1% marked on ESR as unspecified. This is a drop from earlier data. 88.4% of the NHS Kernow workforce have declared themselves as not having a disability.

When compared with the wider NHS workforce, the proportion of NHS Kernow colleagues with a disability is higher. It is difficult to make comparisons with the local and national population due to the classification of disabled under the census definition. However, 10% of the Cornwall and the Isles of Scilly population declared themselves as having a 'long-term health problem or disability that limits their day-to-day activity a lot'.

The following table shows a comparison between NHS colleagues and the local population's disability declaration.

Colleague or population group	% with a disability
NHS Kernow (October 2021)	7.4
NHS in Cornwall (October 2017)	3.8
NHS in England and Wales (March 2019)	3.3
Cornwall and Isles of Scilly population (census 2011)	10

## Religious belief

47.6% of the NHS Kernow workforce have chosen Christianity as their religious belief. This is the same proportion to the overall NHS workforce in Cornwall. This is less than the 60% of the Cornish population who state Christianity is their religious belief.

23% of NHS Kernow colleagues have not shared their religious belief (including those classified as unspecified). Although higher than the population of Cornwall who did not disclose (8.5%), it is lower than the Cornwall NHS (32%) and England and Wales overall NHS proportion of non-disclosures (33.7%).

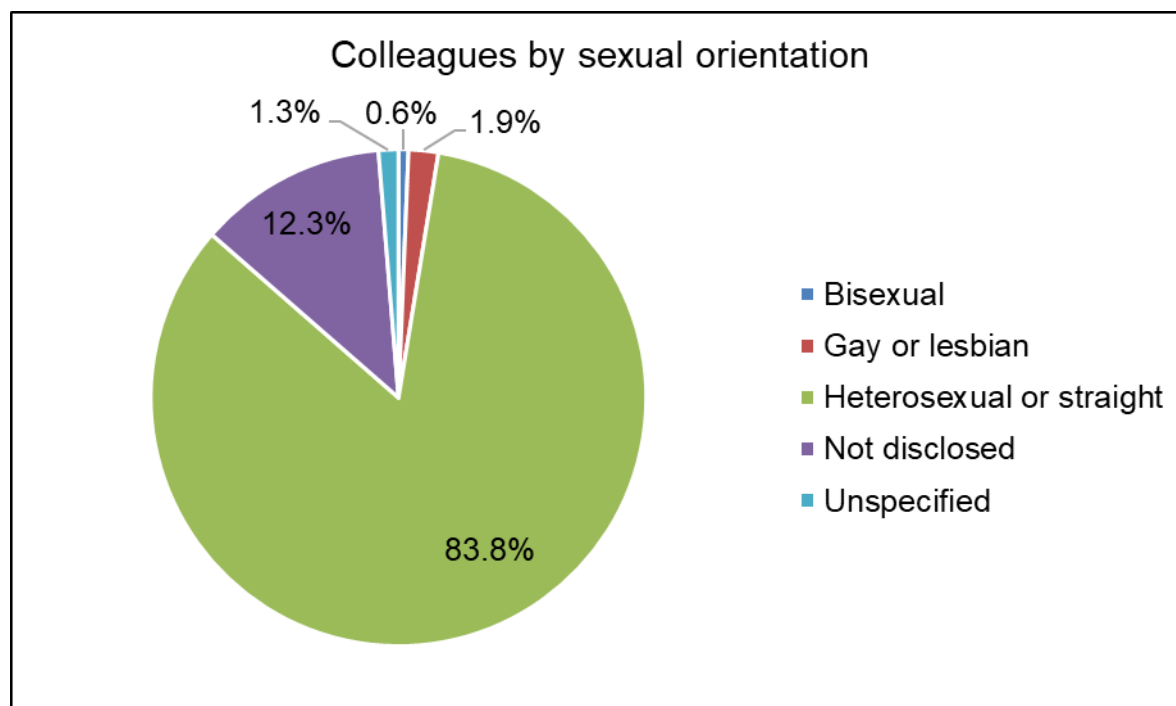
The following table shows a comparison between NHS colleagues and the local population's religious beliefs.

Colleague or population group	Majority religion %	Non-disclosure %
NHS Kernow (October 2021)	47.6	23
NHS in Cornwall (October 2017)	46	32
NHS in England and Wales (March 2019)	42.5	33.7
Cornwall and Isles of Scilly population (census 2011)	60	8.5

The percentage of disclosure of religious belief has increased for NHS Kernow.

## Sexual orientation

83.8% of the NHS Kernow workforce declared themselves as being heterosexual, with 13.6% not wishing to declare or specify their sexual orientation. The percentage of disclosure of sexual orientation has increased for NHS Kernow.



2.6% of the workforce shared that they were lesbian, gay, or bisexual. There is no exact data on the number of lesbian, gay, or bisexual people in England or Cornwall to make a robust comparison with the workforce. However, the government estimates that 2% of the population over 16 and 3% of the NHS workforce identify as lesbian, gay, bisexual, or transgender.

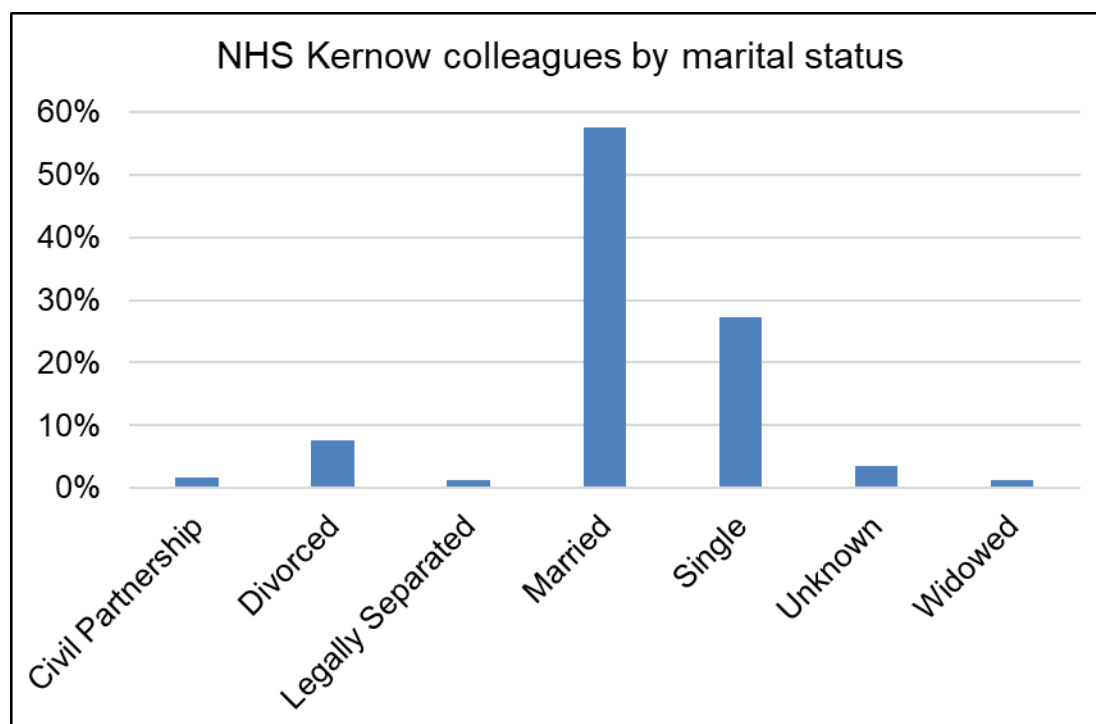
Slightly more of NHS Kernow's workforce has declared themselves as lesbian, gay or bisexual than the average for the NHS. NHS Kernow's non-disclosure rate is better than the NHS average and has decreased over time.

The following table shows a comparison between NHS colleagues and the local and national population's sexual orientation.

Colleague or population group	Majority sexual orientation %	Lesbian, gay, or bisexual %	Non-disclosure or unspecified %
NHS Kernow (October 2021)	83.8 heterosexual	2.6	13.6
NHS in Cornwall (October 2017)	75 heterosexual	1.4	24
NHS in England and Wales (March 2019)	67.38 heterosexual	2.0	30.58

## Marital status

The following chart illustrates the marital status of NHS Kernow colleagues.



The proportion of staff who declared themselves as being married or single are not dissimilar to the marital status of people in the Cornwall and Isles of Scilly, according to the 2011 census.

The following table shows a comparison between NHS colleagues and the local population's marital status.

Colleague or population group	Marital status %
NHS Kernow (October 2021)	57.6 married 27.2 single
Cornwall and Isles of Scilly population (census 2011)	50 married 28 single

## Maternity

As of 31 October 2021, 6 employees were absent from work on maternity, paternity or adoption leave. All NHS Kernow colleagues have access to occupational maternity, paternity or adoption leave entitlements. Colleagues who are absent on maternity leave have keep in touch days to enable them to keep up to date with work matters and developments.

## **Mandatory training**

All colleagues are required to complete mandatory training. Analysis of completion rates did not highlight any major differences between the proportion of colleagues in post and training completion by any of the protected characteristics.

All NHS Kernow colleagues can also attend and complete a range of developmental training courses.

## **Employee relations**

The level of formal employee relation cases within the organisation is so low that it is not possible to draw any conclusions with any statistical significance.

## **Summary of workforce data**

The workforce data in this paper is broadly comparable to previous years' data. We note an improvement in the rate of declaration of colleagues protected characteristics during 2021. However, we recognise that there are some limitations on the data available. NHS Kernow has small numbers of employees. Where protected characteristics are not shared, this has a large effect on the data available for examination. Colleagues are encouraged to keep their ESR data up to date and an ESR data cleanse has taken place during 2021. The available data has been examined with regards to protected characteristics. No areas of concern were identified.

## **How we support our workforce**

NHS Kernow experienced unprecedented change in 2020 due to the COVID-19 global pandemic. Much of NHS Kernow's work during 2020 and 2021 was affected by COVID-19 and the need to support colleagues to work safely. We also worked with our partners to coordinate an emergency response to support the people of Cornwall and the Isles of Scilly in accessing vital healthcare services. Actions taken include:

- risk assessments completed to understand the health risk to each colleague, enabling mitigating actions to take place
- enabling colleagues to work from home
- having a process to enable access to an office space for those who need this, for their health and wellbeing
- development and review of strategies and policies, especially those with a focus on supporting people to work remotely
- sharing events and listening events to understand how NHS Kernow can better support colleagues in the context of COVID-19, agile working, and the establishment of an integrated care system
- promoting the uptake of the COVID-19 vaccines, including through sharing videos featuring people from a BAME background
- sharing easy read information about COVID-19
- providing advice and guidance for colleagues working from home with children

In addition to the COVID-19 response, colleagues have continued to work on local promotions. Actions taken include:

- regular virtual team briefings
- promotion of the employee assistance programme
- establishment of a menopause support group
- virtual food bank collection
- use of a health needs analysis survey to better understand the needs of NHS Kernow employees and how the organisation can support people
- advertised the availability of mental health first aiders to support colleagues and offered training opportunities to become a mental health first aider
- offer of a pre-retirement seminar, to support those wanting to retire
- advertising opportunities for people to attend the multiagency networks, including lesbian, gay, bi, trans, queer or questioning (LGBTQ+) employee network group, black, Asian and minority ethnic (BAME) network meeting and disability staff network
- ACAS and equality advisory support service webinar offered about discrimination at work

Actions taken also include opportunities to promote better physical and mental health, such as:

- promotion of the staff wellbeing support line
- promotion of a free online mental health support tool
- virtual lifestyle assessments offered to support mental health and wellbeing
- offer of a sleep and wellbeing workshop
- online healthy eating sessions
- resilience training offered to colleagues
- free yoga and mindfulness membership
- suicide first aid training offered
- sessions offered on joint pain advice in the workplace
- free access to Step into Health; a qualification offered via a distance learning course focusing on healthy lifestyles and positive sustainable changes

Information and awareness raising has taken place on an array of topics relating to protected characteristics. This has included vascular disease, migraine, cancer awareness, Alzheimer's, organ donation, heart disease, suicide prevention, alcohol awareness, black history month, hate crime, bringing our whole selves to work, vision, menopause, epilepsy, pronouns, intersex awareness, stress, diabetes, disability history month, trans day of remembrance, carers rights, 16 days of activism against gender-based violence, international day of zero tolerance for female genital mutilation, information about the freedom to speak up, child sexual exploitation, physical activity, domestic violence, human rights, fertility support group, and the Cornwall bereavement network.

During 2022, awareness raising sessions are planned on allyship and hearing loss. These sessions support the equality objectives set in 2021.

## Staff perception of equality and diversity

NHS Kernow also undertook engagement with colleagues on the EDS2 goals, a representative and supported workforce, and inclusive leadership. Staff away days were held in December 2019, which were attended by approximately 140 staff members.

The equality and diversity colleague survey was repeated in May 2021 and the results follow. This information is used to inform work plans, equality objectives, and shared when appropriate to inform reviews.

Date of survey	Number of responses
February 2013*	47
August 2013	18
February 2014	33
August 2014	66
February 2015	30
September 2015	47
September 2016	89
April 2018	48
April 2019	45
May 2021	60

\* This relates to colleagues in the primary care trust, prior to the transition to the clinical commissioning group.

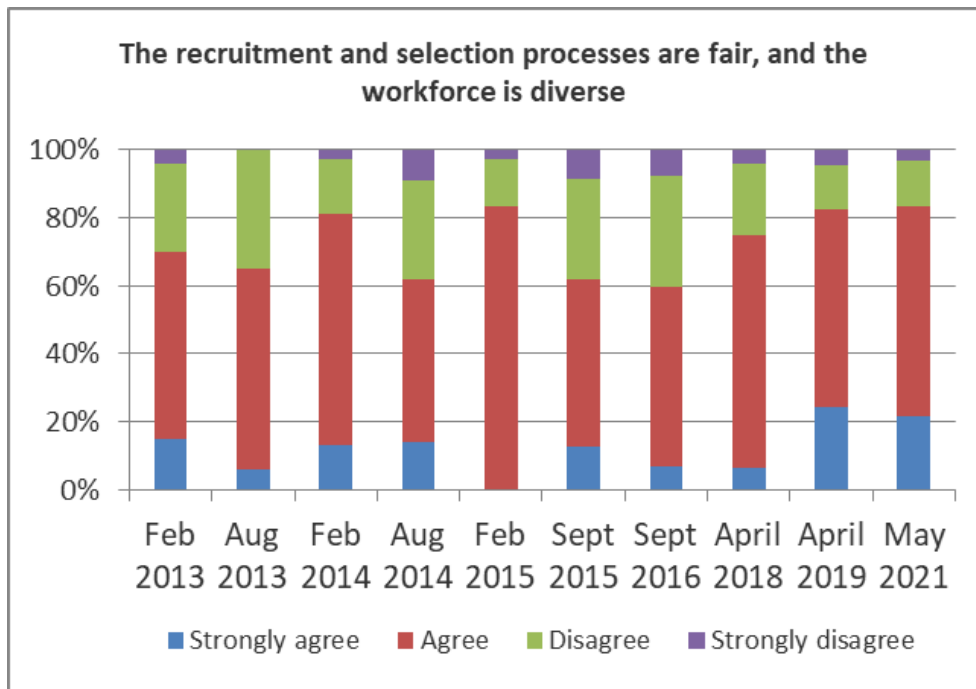
We note the following from the data.

- The results are generally stable, with an improvement in most of the results from or since 2018.
- Generally speaking, the worst results received have been from those surveys undertaken in 2015 and 2016.
- The pay levels and fairness have consistently remained a concern.
- There has been an improvement in the number of colleagues not being witness to or victim of bullying and harassing behaviour; however, the percentage that has is still above 20%.
- A significant proportion of colleagues do not feel that equality and diversity is considered robustly across all our work.
- Feeling positive about being a staff member of NHS Kernow and healthy lifestyles are still a concern.

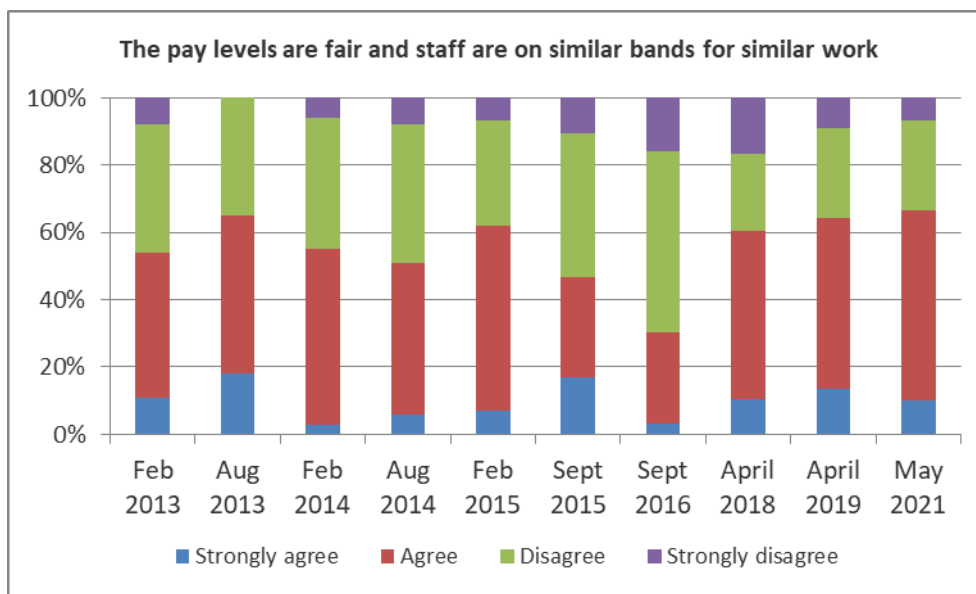
The survey questions and responses follow.

The following graph shows the responses to the statement, the recruitment and selection processes are fair, and the workforce is diverse. The responses show an improvement over time, with more colleagues agreeing that this is the case in May 2021 than at any other time.

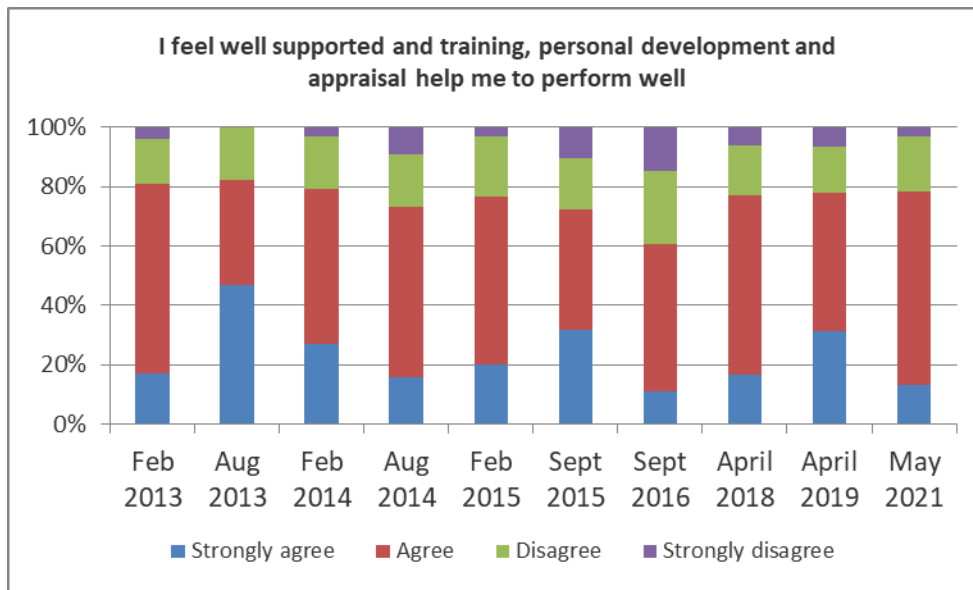




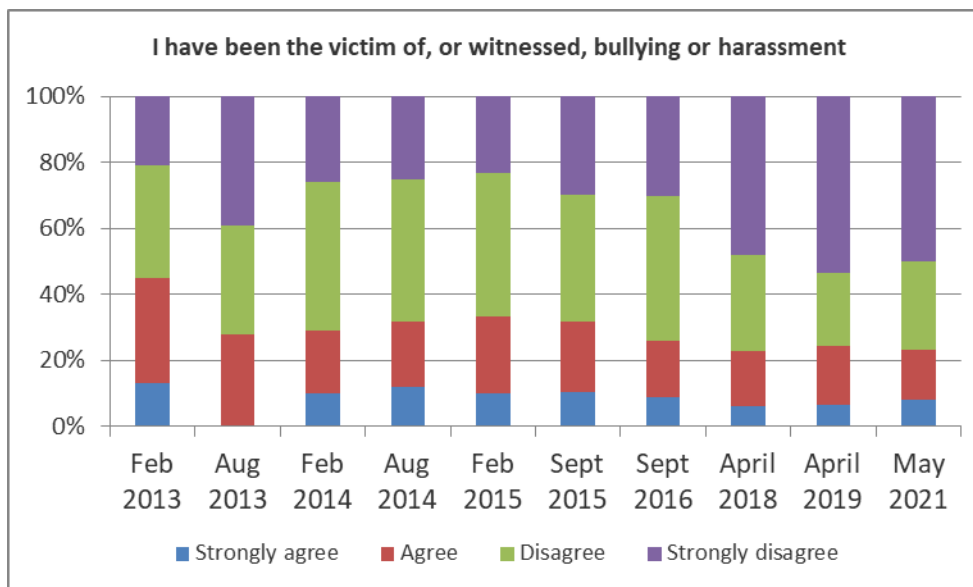
The following graph shows the responses to the statement, the pay levels are fair, and staff are on similar bands for similar work. The responses show more colleagues agree that this is the case in May 2021 than at any other time. However, 33% of colleagues disagree that the pay levels are fair.



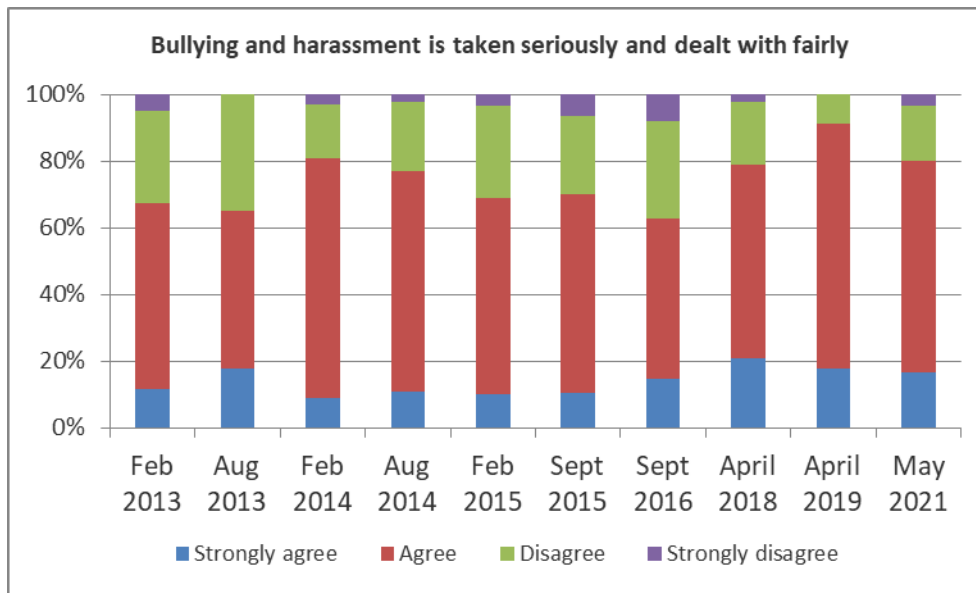
Regarding the statement, I feel well supported and training, personal development and appraisal help me to perform well, the results have been consistent with 77% to 78% of colleagues agreeing that this is the case over the last 3 surveys. This is despite the impact of COVID-19 on the availability of training opportunities from March 2020.



There has been a slight reduction over time of colleagues who agree that they have been the victim of, or witnessed, bullying or harassment. The results of the last 3 surveys have been consistent, with 23% or 24% of colleagues agreeing that this has been the case.

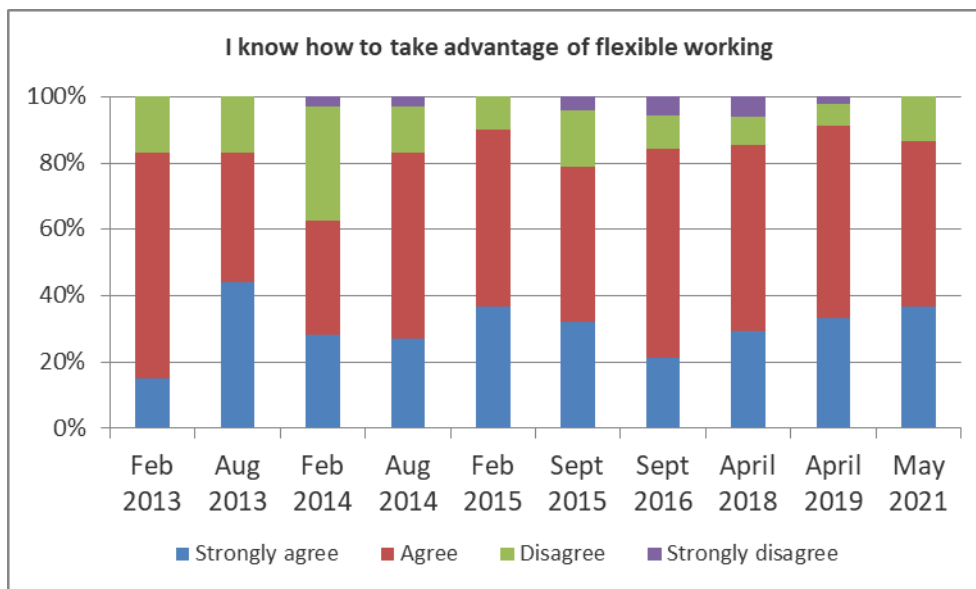


There has been a general improvement in the results for the statement, bullying and harassment is taken seriously and dealt with fairly. However, the results for May 2021 show a worse result than the last survey.

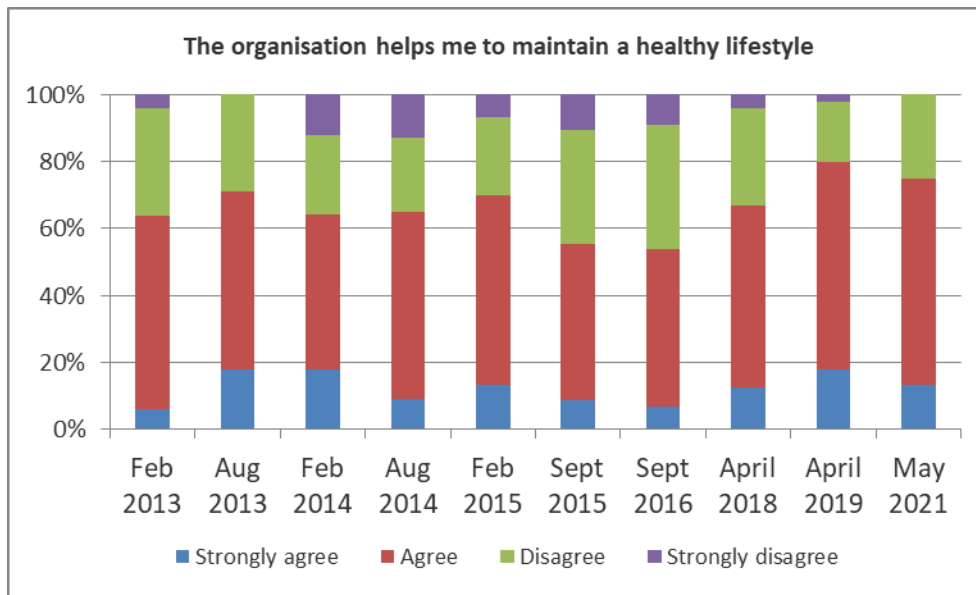


It is disappointing that the results for the 2 statements on bullying and harassment have not shown a greater improvement over time. This was the focus of an equality objective. With 23% of colleagues still being a victim of, or witnessing, bullying or harassment in May 2021, focus needs to remain on this area.

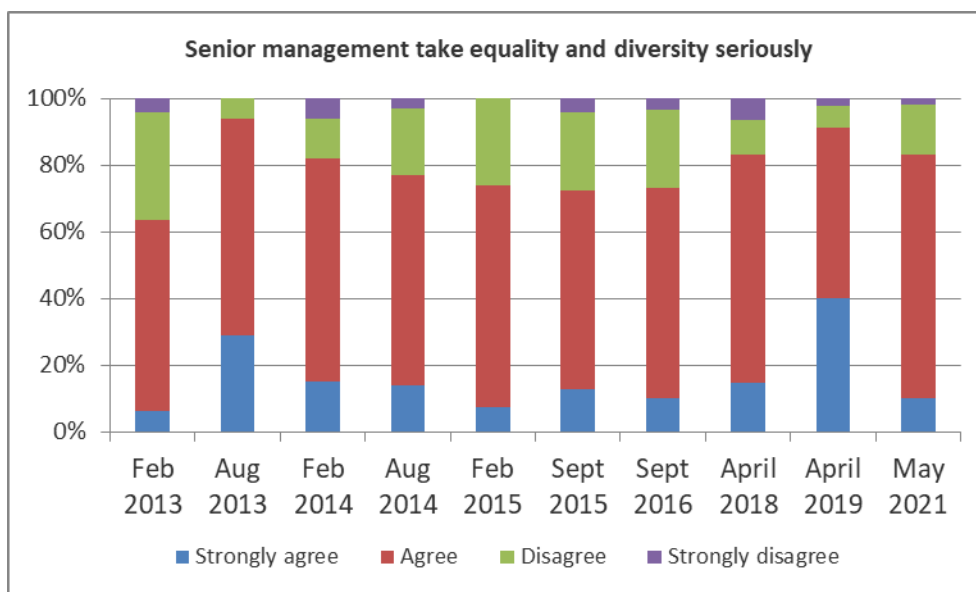
The following graph shows responses to the statement, I know how to take advantage of flexible working. With one exception, the results have remained consistently positive over time.



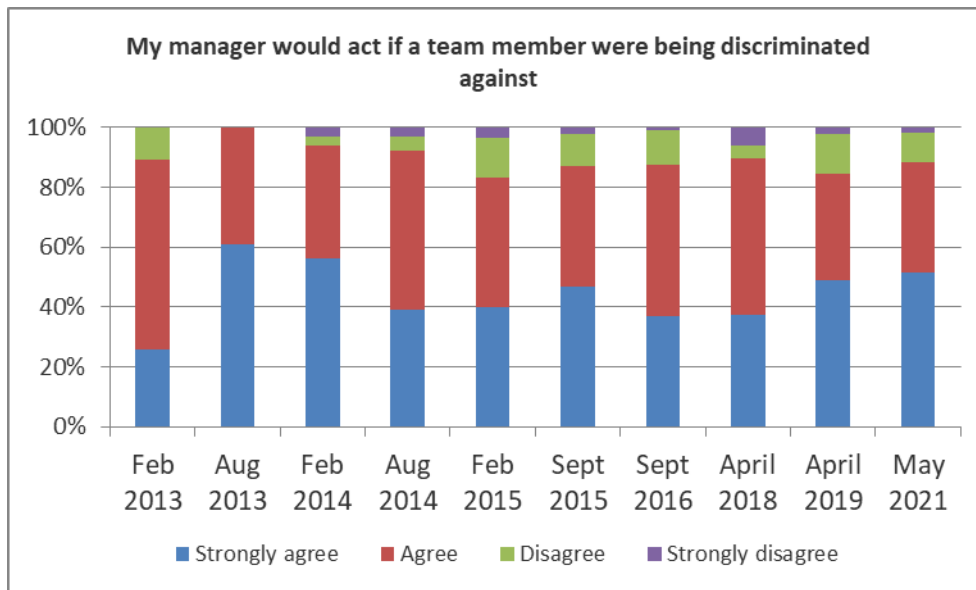
75% of colleagues agreed in May 2021 that the organisation helps me to maintain a healthy lifestyle. This is a slight drop from the previous survey. Overall, the results show an improvement in this measure over time.



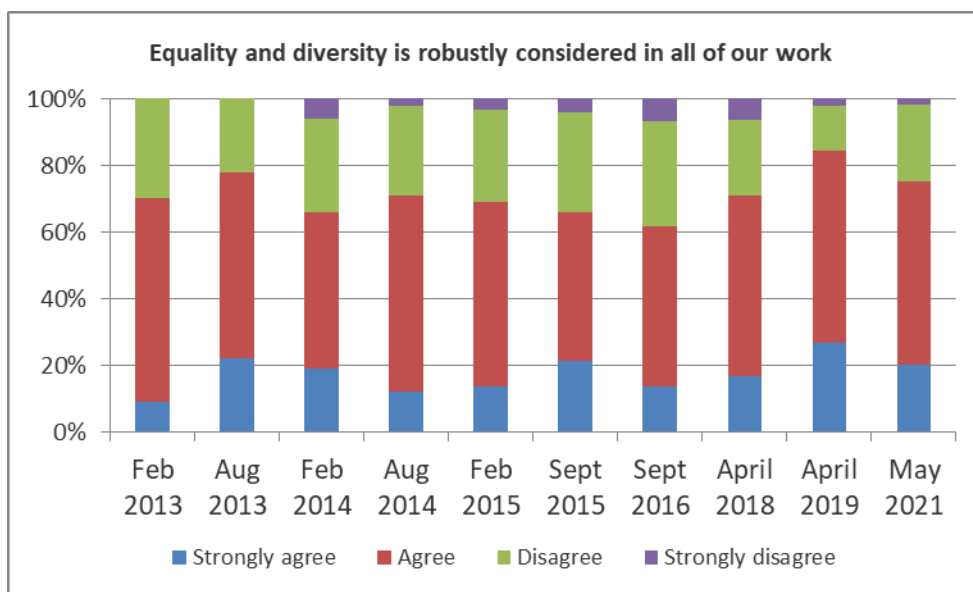
Regarding the statement, senior management take equality and diversity seriously, there has been a fluctuating response over time. 83% of colleagues felt that senior management do take equality and diversity seriously in 2021.



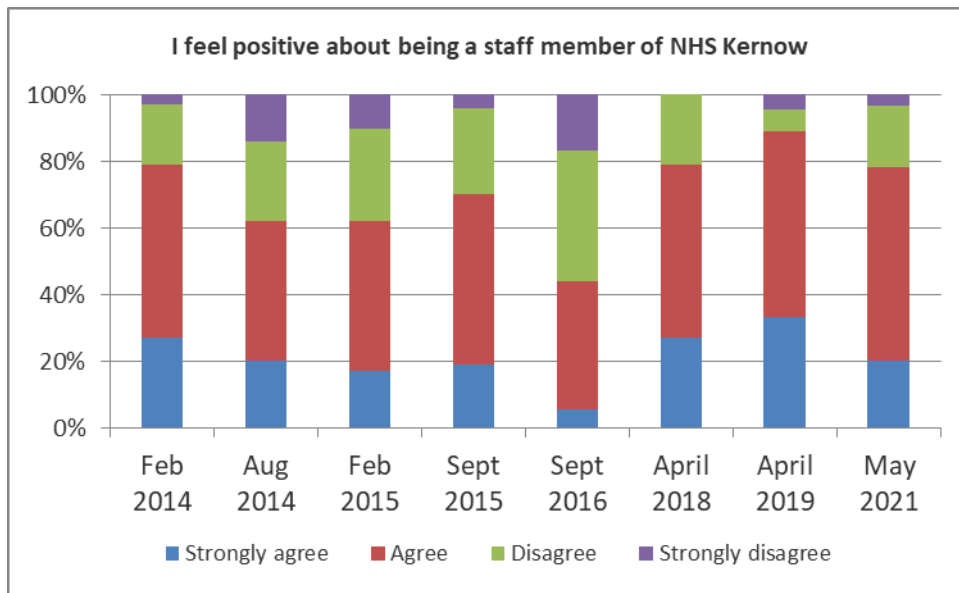
The responses to the statement, my manager would act if a team member were being discriminated against, are positive and consistent over time. 88% of colleagues agree that this is the case in May 2021.



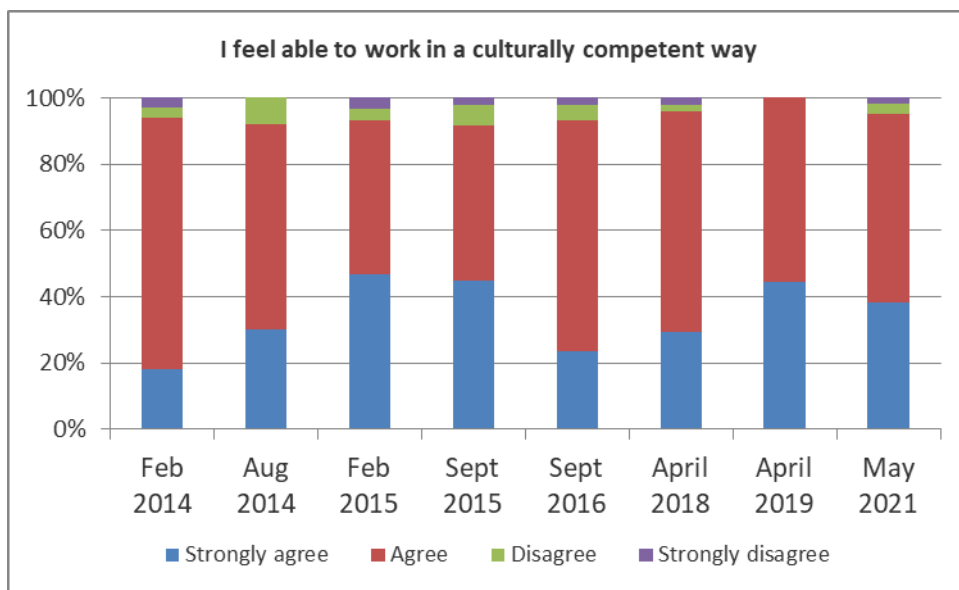
75% of colleagues agreed in May 2021 that equality and diversity is robustly considered in all our work. This is a slight drop from the previous survey. Overall, the results show an improvement in this measure over time.



The measure, I feel positive about being a staff member of NHS Kernow, has shown a lot of fluctuation over time. Like other questions in the survey, the result for May 2021 is a slight drop from the previous survey. Overall, the results show an improvement in this measure over time.



The final statement in the survey is I feel able to work in a culturally competent way. The responses to this statement are positive and consistent over time, with 95% of colleagues agreeing that this is the case in May 2021.



## Next steps

We will continue to meet our equality and diversity legal duties. We remain committed to promoting equality and eliminating discrimination as an employer, and in ensuring the services we commission are accessible and inclusive.

There is increasing national emphasis placed on equality and diversity, as well as managing inequalities and reducing variation. Reducing inequalities in the services we commission is a principal risk on the governing body assurance framework. NHS Kernow has signed up to the 7 co-produced recommendations of the Cornwall and Isles of Scilly leadership board.

NHS Kernow set equality objectives during 2021 and will continue to work towards the aims set out in the equality objectives.

NHS Kernow anticipates transitioning from a clinical commissioning group to the NHS Cornwall and the Isles of Scilly Integrated Care Board. This is pending legislative approval of the Health and Care Bill. Equality and diversity and the work set out in this report will continue to be a priority for the new organisation.