Bristol City Council – Response to Call for Evidence for Public Sector Equality Duty review

Bristol City Council is pleased to respond to this call for evidence as part of the Government's Public Sector Equality Duty review.

It is our aim to actively deliver the General Duty through all of our services, functions and decision-making processes and through the power we have to influence partners. This applies to the services we provide and to our role as an employer. We consider this to be neither a burden nor a luxury, but as a core role of an effective Local Authority.

The Specific Duties to publish objectives and information about how we are complying with the Duty are suitably practical and light touch. As a democratically accountable organisation, objective setting and transparent reporting of our progress should be part of our business-as-usual.

1. How well understood is the Public Sector Equality Duty and guidance?

The PSED has only been in force since the 5th April 2011, and it is noted that is a reasonably short period of time. However, we consider that both the Equality Act 2010 and the Duty have brought much needed clarity and consistency to equalities legislation, particularly across protected characteristics.

1.1 Our Staff

In 2012 we launched a program of Equality and Diversity training for the whole organisation, which covers information about the Public Sector Equality Duty. The initial step was specific training for our 1st –3rd tier managers to ensure leadership on promoting equalities in the workplace. We then rolled out our Managing Diversity training for middle managers to equip and develop staff to deliver the requirements of the Duty, improve understanding of the needs of diverse communities and manage diverse staff teams effectively. We have also launched mandatory e-learning for all of our employees, which also covers the Duty and how it applies.

This training has been well received, and has the role of de-mystifying equalities legislation and inviting managers to a space to explore the legislative framework within a practical context.

1.2 Our Contractors

We take our responsibility for ensuring that our suppliers are compliant with the Duty seriously. We believe that the Public Sector Equality Duty enables us to use our influence as a major commissioning organisation to improve the equalities practice of our suppliers.

There are a number of ways that we assess the equalities practice of our suppliers through procurement and commissioning processes. At Pre-Qualification Questionnaire (PQQ) and Invitation To Tender (ITT) stages, we assess the equalities policies of prospective suppliers and ask for detail of any successful challenges under the Equality Act 2010 that may have been brought against them. We also strive to integrate Equalities into our specifications, and the monitoring of our contracts. An example of how we have done this with Care Homes can be found in the attached case study (Appendices 1a – 1c).

We have also attached our corporate Pre-Qualification Questionnaire (Appendix 2a) and the matrix that we use to score the equalities policies of our prospective suppliers (Appendix 2b).

1.3 Our Citizens

It is not felt that citizens have a strong understanding of the Duty, and how this may apply to them. However, many voluntary and community sector (VCS) organisations working with equalities groups do have a strong understanding of the Duty, and how it can be used to challenge public bodies. We consider this to be positive, as complaints and challenges we receive from VCS organisations are often framed in the narrative of the Duty.

1.4 Guidance

It is noted that there has been a relative lack of guidance around the Public Sector Equality Duty, and that the Codes of Practice have only been released in 2013. This has meant that judgements resulting from Judicial Reviews of other organisations have provided the most detailed guidance in relation to the application an interpretation of the Duty.

2. What are the costs and benefits of the Public Sector Equality Duty?

2.1 Costs

It is difficult to quantify the costs of the Public Sector Equality Duty – as legal compliance is not, and should not be, the primary motivator for good equalities practice. For this reason, we would not consider the cost of processes such as Equality Impact Assessment, or costs of Equalities staff to be a direct cost resulting from the Duty itself.

Bristol City Council has not faced a legal challenge relating to Public Sector Equality Duty compliance, and therefore has not had any cost penalties relating to enforcement of the Duty.

2.2 Benefits

The legislative framework that the Duty provides around equalities practice gives good equalities practice the gravitas that it requires – and the potential threat of legal challenge is an essential tool in ensuring maximum compliance.

Compliance with the Duty is not the primary benefit of demonstrating ‘due regard’ within our decision-making, it also makes good business sense. As a local authority, paying ‘due regard’ to our equalities communities is highly relevant for all of our major decisions and the vast majority of our services. It is critical to our organisation that our decisions are well considered and fair, and that we do not unjustifiably disadvantage our equalities communities. It is also critical that our workforce has a supportive working environment, in order to be productive and realise their potential.

In addition, neglecting to consider the needs of our equalities communities has a number of potential financial and reputational risks for us as an organisation, in addition to the risk of legal challenge.

The extension of the Duty across all Protected Characteristics has also required us to develop our understanding of our equalities communities, both through monitoring and consultation. This allows for better-informed decision-making and policy development, and ultimately this will improve our policy outcomes. The attached Annual Equalities Report (Appendix 3) provides evidence of this.

In summary, the Duty is the catalyst for paying ‘due regard’ to our equalities communities. Paying ‘due regard’ allows us to develop and provide effective services which meet the needs of our citizens.

3. How are we managing legal risk and ensuring compliance with the PSED?

We have produced an Equality Plan for 2012-2015, which sets out our objectives as required by the Specific Duties. We produce and publish regular progress reports against the plan, and are scrutinised by both Members and our equalities stakeholders. This is how we provide information of our compliance with the Duty, as required by the Specific Duties. We have attached a copy of our Plan (Appendix 4a), along with examples of 6-monthly and annual reports of our progress (Appendix 4b).

3.1 Equality Impact Assessment

Our Equality Impact Assessment process has the Public Sector Equality Duty at its centre. We have attached copies of our Equality Impact Assessment template and guidance (Appendix 5), although it should be noted that we are

currently reviewing the process to produce something more fit-for-purpose and more focused around the concept of ‘due regard’.

The Equality Impact Assessment process is an important part of fulfilling the Duty. The process we follow provides a structured and methodical approach for decision-makers within the organisation to take into account equalities considerations in an evidence-based way, prior to decision-making.

For example, we conducted an equality impact assessment process for our latest round of budget reductions – publishing these to the public, holding a specific consultation for our equalities stakeholders, and producing a cumulative equality analysis in order to identify prospective impacts of our decisions prior to the budget being set.

3.2 Consultation and engagement

A key element of compliance with the Duty is engagement with our equalities communities. Although not explicitly mentioned within the Duty, we believe that consultation and engagement with our equalities communities is a critical part of paying ‘due regard’. Our equality impact assessment process (as discussed above) is a key component in ensuring that we engage people from equalities communities in our decision-making.

We have also consulted on the development of our Equality Plan, and have 6-monthly progress updates where our stakeholders can hold us to account, recognise improvements or make suggestions.

3.3 Monitoring

Where we monitor data about our service users or staff, we consistently monitor across the full set of protected characteristics. We have attached a copy of both our full (Appendix 6a) and short (Appendix 6b) monitoring forms.

The extension of the Duty across new Protected Characteristics has been an effective catalyst for collecting and analysing data on some equalities groups that historically we have known very little about, for example sexual orientation and religion or belief. Full monitoring data allows us insight into the extent to which our equalities communities are accessing, or are satisfied with, our services – and gives us an evidence base for any action we might need to take to redress any imbalance.

4. What changes, if any, would ensure better equality outcomes (legislative, administrative and/or enforcement changes, for example)?

Any legislative changes to the Public Sector Equality Duty would have a cost burden on Bristol City Council, as it could potentially require us to reframe our priorities, practice and narrative around equalities. There is a risk that this would become disproportionately burdensome, as the Duty and the systems and processes that we have in place around equalities performance seem

proportionate and fit-for-purpose. Also, considering the relatively recent implementation of the Duty, any major changes to the legislation would seem premature at this stage.

The following things would be helpful:

1) More detailed guidance on what ‘sufficient information to demonstrate compliance’ is. A lack of information and enforcement around the Specific Duties has left the interpretation of these vague.
2) More detailed guidance on how the Duty can be used within procurement

Bristol City Council – Response to Government Review of the Public Sector Equality Duty

Commissioning health and social care services – Case Study

Care Home specification:

Bristol City Council's Health and Social Care's care home specification defines the services and service user outcomes BCC & NHS Bristol require Care Home Providers to deliver as part of the Care Home Contract. In 2012 the directorate, in partnership with NHS Bristol, undertook to update the specification for care home services, originally issued in 1997, as the regulatory system for social care has gone through significant change and key health and social care and equalities legislation have been introduced.

As part of giving due regard under the Public Sector Equality Duty, to ensure that the service would meet the needs of a diverse range of services users, now and in the future, and in line with good practice, HSC consulted on a draft version of the specification. A mixture of health and social care professionals, care home providers, service users / carers and representatives from partnership boards participated in the consultation.

The main themes fed back from equalities groups related to communication and language barriers; cultural issues around openness; respect from staff and other residents for Lesbian, Gay and Bisexual people; fear of age discrimination; training of staff to meet specialist needs, such as autism and dementia; choice of the gender of person providing personal care.

These issues and others formed part of the equality analysis undertaken for this piece of work and were incorporated into the specification. Some have been included in a specific equalities section in the specification, others have informed specific standards. The updated specification was rolled out with providers in December 2012.

We have attached a copy of both the equality impact assessment and the final specification as evidence.

Dementia care homes specification

Health and Social Care is about to tender for a strategic partner(s) to build and run three new dementia care homes. A service specification is being developed that defines the service and service user outcomes. Building on good practice, the directorate held an equalities workshop on 9th April. A sample of the issues that arose are: meeting cultural needs when planning for meals and food preparation, meeting the needs of those with learning disabilities, life stories including same-sex couples, Black and Minority Ethnic and Lesbian, Gay, Bisexual and Transgender representatives to be part of the selection panel, meeting spiritual and religious needs, safeguarding LGB residents; gender and cultural specific provision; providing for diverse needs throughout the lifetime of the contract, meeting the health needs of

transgender residents. These points and others will inform the equality analysis and the resulting service specification.

Staff Survey – Responding to Staff Satisfaction data

Bristol City Council has a bi-annual staff survey, which measures staff satisfaction and disaggregates this information by protected characteristic.

In the last 4 years we have seen a step-change in the satisfaction some staff from BME communities engage with and feel supported by the Council.

In 2009 following on from the disappointing satisfaction levels BME staff were asked what they felt needed to be done to address these poor levels and as a result a 25 Point Action Plan was developed and is currently being implemented.

Whilst response rates are relatively low the picture is one whereby the majority of BME staff have seen an overall improvement within the Council with more staff reporting more opportunities to influence the recruitment and retention of staff with the organisation.

Bristol City Council Health and Social Care and Bristol NHS Clinical Commissioning Group

Joint specification for residential and nursing care services

Issued December 2012

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1. Introduction

This document is the Bristol City Council, Health and Social Care and Bristol NHS Clinical Commissioning Group joint specification for Care Home services for Adults. It relates to all Service User groups.

The specification forms Schedule 7 to the Bristol Contract for the Provision of a Care Home Service 2007 and specifies how services will be provided. All Providers are expected to provide the service in line with the service specification.

This specification will apply until further notice. The views of Service Users, Carers, Providers and professionals will be taken into account in any review of the specification during that time, and their views will be welcomed at any time.

This specification does not replace the legislative and quality requirements which are placed upon Providers by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; the Care Quality Commission (Registration) Regulations 2009 and Essential Standards of Quality & Safety. Each outcome defined in this service specification has been aligned, as far as possible, to the outcomes defined by the Care Quality Commission.

The Commissioning Organisation requires that all Providers are registered with CQC and compliant in all outcome areas under the Essential Standards of Quality & Safety (Section 20 regulations, HSCA 2008).

Further information can be obtained from:

Strategic Planning & Commissioning,
Amelia Court,
P.O.Box 30,
Pipe Lane
BRISTOL
BS99 7NB

2. Definitions

Throughout this Specification, except where the context otherwise requires, the following expressions shall have the meanings shown:

Abuse	Abuse is a violation of an individual's human and civil rights by other person or persons. Abuse may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm, or exploitation of, the person subjected to it. [Based on *No Secrets*, DoH and Home Office guidance 2000].
Advocate	Someone who speaks on behalf of the Service User.
Assessment	An assessment of Service Users needs co-ordinated by the Commissioning Organisation according to *Prioritising need in the context of Putting People First* [DoH policy guidance 1/4/10]
Assistive Technology	Assistive technology or adaptive technology (AT) is an umbrella term that includes assistive, adaptive, and rehabilitative devices. AT promotes greater independence by enabling people to perform tasks that they were formerly unable to accomplish, or had great difficulty accomplishing, by providing enhancements to, or changing methods of interacting with, the technology needed to accomplish such tasks.
Best Interests decision	A decision made on the behalf of someone who has been assessed as lacking the mental capacity to make a decision relating an aspect of their life due to an inability to understand, retain and weigh up information and/or to communicate their decisions to others.
Care Home	A Care Home without Nursing - A place where personal care and accommodation are provided together.

	A Care Home with Nursing - A place where personal care and accommodation are provided together with additional care being provided by qualified nurses in order to ensure that the full needs of those using the service are met.
Care & Support Plan	The details of the care/support required and the way the Service User's assessed needs are to be met – Provider documentation
Care Quality Commission	(CQC) The independent regulator of health and adult social care services in England, whose responsibilities include the registration and inspection of services such as care homes.
Commissioning Organisation	Refers to Bristol City Council and/or NHS Bristol
Conditions	These conditions of Contract (including the Schedules).
Contract	The agreement entered into between the Commissioning Organisation and the Service Provider incorporating all the Contract Documents.
Continuing Health Care	NHS continuing healthcare is a package of continuing care provided outside hospital, arranged and funded solely by the NHS, for people with ongoing healthcare needs
Deprivation of Liberty Safeguards [DoLS]	The process that must be followed if an incapacitated person is to be deprived of their liberty in a lawful manner
Equipment	Equipment referred to under the specification comprises aids to daily living, nursing aids and rehabilitation equipment. Items fall into the following categories: bathing equipment, beds and accessories, chair raising equipment, mobility aids, patient handling / lifting / transfer, pressure care, seating and toileting. Wheelchairs and telecare / assistive technology are mentioned, although they are not provided by Bristol Community Equipment Service (BCES).
Gold Standard Framework	The Gold Standards Framework (GSF) is a systematic evidence based approach to optimising the care for patients nearing the end of life delivered by generalist providers. It is concerned with helping people to live well until the end of life and includes care in the final years of life for people with any end stage illness in any setting.

Health Service Ombudsman	The Health Service Ombudsman (LGO) looks at complaints about the NHS in England where they may not have acted appropriately or fairly or provided a poor service.
Homely Remedies	A homely remedy is a product that can be obtained, without a prescription, for the immediate relief of a minor, self-limiting ailment.
Liverpool Care Pathway	A model of care which enables health care professionals to focus on care in the last hours or days of life when a death is expected. It is tailored to the Service User's individual needs and includes consideration of their physical, social, spiritual and psychological needs.
Local Government Ombudsman	The Local Government Ombudsman (LGO) looks at complaints about Local Authorities and Adult Social Care Providers and investigates complaints as an independent organisation.
Moving and Handling	When providing care and support to vulnerable adults, staff may need to support them to move around. It is essential that staff know about and can deliver safe moving and handling which upholds the dignity of Service Users so they don't hurt themselves or Service Users.
Mental Capacity	A persons ability to make their own decisions.
Nursing Care	The care and support provided / overseen by a qualified nurse to promote the health and well being of Service Users.
Outcomes	Goals Service Users wish to achieve
Personal Care	The provision of assistance to enable an individual Service User to carry out personal hygiene tasks and to assist with bodily functions.
Personalisation	Putting people at the centre of the process identifying their needs
Person Centred Care	Person-centred care sees Service Users as equal partners in planning, developing and assessing care to make sure it is most appropriate for their needs. It involves putting Service Userrs and their families at the heart of all decisions
Placement Agreement	An agreement relating specifically to an individual, the service to be provided and its costs

Polypharmacy	Polypharmacy is defined as the practice of prescribing four or more medications to the same person (Department of Health, 2001). This often occurs with older people who have concurrent disease processes, each needing a specific treatment regime
Provider	The Care Home, it's Registered Manager and staff group
Reablement	Reablement is defined as social care services provided to a person with poor physical or mental health over short period to enable them to learn or re-learn skills for daily living.
Review	The process, including a meeting, and outcomes by which the Authority and the Provider evaluate and record the adequacy of their respective current care/support plans to meet Service User need and achieve desired outcomes.
Safeguarding Adults [No Secrets in Bristol]	The process by which abuse is reported, investigated and harm to vulnerable people is prevented
Self-Directed Support	A process which gives people choice and more control over their social care support
Service Outcomes	Outcomes the Provider must achieve in order to demonstrate contracted care is being delivered
Service Provider	The person or agency responsible for providing the service.
Services	All the services to be provided by the Service Provider under this Contract.
Service Specification	This document
Service User	Those who are eligible to access health and social care services.
Service User Outcomes	Outcomes the Service User will experience if their care and support is provided as planned
Social Capital	An idea that refers to the connections between individuals and entities that can be economically valuable. Social networks that include people who trust and assist each other can be a powerful asset. These relationships between individuals and organisations can lead to a state in which each will think of the other when something needs to be done

Support Network	This may refer to a Service User's relative, carer, partner, friend or advocate.
Staff	Within the context of this specification the staff is the group of people, working under the direction of the Registered manager that is responsible for delivering care and support to deliver Service User specific outcomes
Stakeholders	In the context of this service specification, stakeholders is an all encompassing term which may refer to Service Users and their support network, Care Home Providers, the Local Authority, NHS Bristol, Social Workers, General Practitioners and other health professionals.
Whistle Blowing	Whistle Blowing involves a person or group of people who tell someone in authority (i.e. the Local Authority, NHS Bristol, the Care Home Manager or the Care Quality Commission about alleged dishonest or abusive practices occurring in a care setting.

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3. Vision and Principles for Bristol City Council, NHS Bristol and Bristol Clinical Commissioning Group

3.1 The Vision for Health & Social Care, Bristol City Council:

People who need care and support in Bristol will have access to community based support and services, real choice in the help they receive and maximum control over the way they live their lives. Arrangements will be in place to move people appropriately between home, hospital and care homes as their needs change. [1]

3.2 The Principles of Health & Social Care, Bristol City Council:

In order to achieve this vision, the department has set 11 key principles we will work in partnership to deliver. These are:

1. Prevention and early intervention will be readily available
2. Information, advice and signposting will be available to all and aligned with our partners
3. We will aim to resolve as many contacts as early as possible in the process
4. Make the best use of universal/mainstream services in the community, social capital and other resources
5. Our intervention in peoples lives will be short term where ever possible, with the intention to support users to achieve their maximum level of independence and functionality
6. Manage resources to deliver greater choice and control for Bristol citizens, supporting risk and choice
7. Investment in technology to deliver efficient processes to ensure that people “tell their story once” and ensure equality of access
8. Self-directed support will underpin and determine core planning and service development
9. Services and functions will be provided through the best network of Providers, ensuring quality and value for money

[1] ‘Delivering an effective social care system’, Bristol City Council cabinet report, 26th July 2012.

10. Where appropriate, we will deliver services in partnership, based upon value for money and quality, which supports a ‘whole family’ approach
11. We will use a risk versus choice approach

3.3 The purpose and duties of Bristol Clinical Commissioning Group (CCG) are:

1. Upholding **highest quality** in clinical outcomes, patient experience and patient safety
2. Ensuring a strong **clinical focus** in decision making
3. Promoting **integrated care**
4. Promoting strong **public and patient involvement**
5. Encouraging continuous improvement in **primary care** services
6. Securing **expert advice** for its work
7. Supporting **innovation, education and research**

3.4 The values of NHS Bristol to create a Health Community are:

1. Improving the health of the local population and reducing inequalities in health
2. Improving the quality of health services and the experiences of patients
3. Involving the local population and NHS Staff in the development of services
4. Supporting improvements in the efficiency and sustainability of services

4. Aim, Vision and Principles for Care Home Services

4.1 The Aim of the service is:

- To provide a high quality, safe and personalised care home service that promotes choice, dignity, control and quality of life for all Service Users
- To provide modernised care and support services that deliver value for money.

4.2 The Vision for Care Home services

Each resident in a care home, whether staying for a time-limited period, staying as a stepping-stone to independence or for a longer period must feel valued. The home will enable individuals to feel:

- **A sense of security**- you feel safe and secure, feel free from threat or harm, but not to the extent that positive risks are denied
- **A sense of belonging** – you feel 'part of things', both within the home and the wider community, and are able to maintain existing relationships and form new ones
- **A sense of continuity** – your individuality and life history are recognised and valued, and your interests, hobbies, passions and social networks are brought into the home
- **A sense of purpose** – you are supported to have valued goals to aim for and lives that are valuable
- **A sense of achievement** – you are able to set and achieve your goals and feel satisfied with your efforts
- **A sense of significance** – you feel that that you 'matter', that your life has importance, and that other people recognise you and who you are. [2]

[2] 'Delivering Dignity', Local Government Association, NHS Confederation, Age UK, 2012.

4.3 Principles for Care Home Providers to work to

- Providers of care home services will promote high quality of life for residents as paramount
- Providers of care home services will recognise that residents are individuals, not defined by their health care condition or disability
- Providers of care home services will recognise and uphold the diversity, values and human rights of people using the service
- Providers of care home services will uphold Service Users privacy dignity and independence
- Providers of care home services will provide information that supports Service Users and their support network, to understand the care, treatment and support and to make decisions about it
- Providers of care home services will enable Service Users to care for themselves where possible, maximising their independence, working with a reablement approach wherever possible
- Providers of care home services will encourage Service Users and their support network to be involved in how the home is run and to ensure the service feels homely

5. Partnership

Bristol City Council, NHS Bristol and Bristol Clinical Commissioning Group in partnership with Service Users and Providers aims to move towards an outcome based approach to the commissioning and provision of service. This document reflects this strategic objective.

Bristol City Council, NHS Bristol and Bristol Clinical Commissioning Group wishes to work in partnership with Providers in delivering high quality care home services to its Service Users. The aim is to maximise the use of available resources by establishing longer-term, more integrated relationships with service Providers.

By signing up to a “partnership approach”, Bristol City Council, NHS Bristol and Bristol Clinical Commissioning Group and service Providers are making a commitment to:

- Share key objectives.
- Collaborate for mutual benefit.
- Communicate with each other clearly and regularly.
- Be open and honest with each other.
- Listen to, and understand, each other's point of view.
- Share relevant information, expertise and plans.
- Avoid duplication wherever possible.
- Monitor the performance of both/all parties.
- Seek to avoid conflicts but, where they arise, to resolve them quickly at a local level, wherever possible.
- Seek continuous improvement by working together to get the most out of the resources available and by finding better, more efficient ways of doing things.
- Share the potential risks involved in service developments
- Promote the partnership approach at all levels in the organisations (e.g., through joint induction or training initiatives).
- Have a contract that is flexible enough to reflect changing needs, priorities and lessons learnt, and which encourages Service User participation.
- Supply information as requested by the Commissioning Organisation to make performance indicator returns as required by the Government and Department of Health.

6. Eligibility

6.1. Bristol City Council Self-Directed Support

Care home services funded by Health & Social Care, Bristol City Council are for Adults aged 18 and over, for those with 'Critical' or 'Substantial' needs assessed under *'Prioritising need in the context for Putting People First: A whole system approach to eligibility for social care'*, February 2010.

Once eligible needs are identified, Bristol City Council will take steps to meet those needs in a way that supports the individual's aspirations and the outcomes that they want to achieve. This is referred to as personalisation. Throughout the process of a self-directed support assessment, Service Users will be supported and encouraged to think creatively about how their needs can best be met and how to achieve the fullest range of outcomes possible within the resources available to them.

6.2. NHS Funded Care

NHS funding for care is considered under the *NHS Continuing Healthcare Framework 2007, revised 2009*. The purpose of the National Framework is to provide for fair and consistent access to NHS funding across England, regardless of location, so that individuals with equal needs should have an equal chance of getting their care funded by the NHS. Where an individual is found to be eligible for Continuing Healthcare funding their care needs will funded by the NHS for the period of eligibility.

By law, Local Authorities cannot directly provide registered nursing care. For individuals in care homes with nursing, registered nurses are usually employed by the care home itself and, in order to fund this nursing care, the NHS makes a payment directly to the care home.

Registered nursing can involve many different aspects of care. It can include direct nursing tasks as well as the planning, supervision and monitoring of nursing and healthcare tasks to meet your needs. You will receive NHS-funded nursing care if:

- you are resident within a care home that is registered to provide nursing care, and
- you do not qualify for NHS continuing healthcare but have been assessed as requiring the services of a registered nurse.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_106230

7. Service specific outcomes and standards

7.1. Access to the care home	CQC Outcome 1, 2, 3

Service User Outcome:

Service Users and their support network are able to make an informed decision about the homes ability to meet their needs and achieve desired outcomes on the basis of information provided by the home. Assessments and admissions procedures are completed in a timeframe agreed by Service Users.

Service Outcome:

All stakeholders that have an interest in the care and well-being of a Service User contribute to the assessment process which determines whether the home can meet the individual needs and outcomes.

No	Standard
1.	The Commissioning Organisation, the Provider, the Service User and their support network must be satisfied that the Service User could have their needs met and their agreed outcomes achieved when living in the care home. The Provider will have a robust pre-admission procedure as part of this process.
2.	The Provider will enable the Service User and their support network to visit the care home prior to admission and to talk to existing residents and view the homes facilities.
3.	The Provider will make available a brochure for prospective Service Users detailing the services they can expect from the home, regardless of whether they are self-funding, or funded by the Commissioning Organisation. The brochure should be available in variety of accessible formats to ensure that all potential Service Users are able to understand them. The service will directly provide or organise the necessary support to Service Users to ensure this standard is met, for example, by utilising British Sign Language / Community Language interpreters.
4.	For Local Authority funded residents, using the Self Directed Support process (SDS), the care manager, Service User and their support network will together draw up and agree a SDS Plan, which will be sent to the Provider prior to admission. In the case of emergency admissions, the plan will be sent on the next working day. This SDS Plan will identify the Service User outcomes to be achieved by the care home service.
5.	For Continuing Health Care (CHC) funded residents the CHC Nurse assessor, Service User and their support network will together draw up a CHC Care Plan, which will be forwarded to the Provider prior to admission.
6.	For self-funding residents the Provider will draw up a Care and Support plan as detailed in standard 8. The Provider will ensure that as part of the admission procedure, a CHC checklist is completed for new admissions to Nursing Care beds.

7.	The Provider will ensure all Service Users are registered with an appropriate General Practitioner within 7 days of admission. In the event that this is not possible, the Provider will evidence that attempt has been made within this timescale and detail the reasons for any delay occurring (which may as a result of a delay by the Provider, the Service User, their Support Network or by the GP Surgery).
8.	The Provider will draw up an initial Care and Support Plan within the first day of admission. A full person centred Care and Support Plan will be drawn up by the Provider not more than 2 weeks after admission with the following requirements: - The plan will be drawn up with the Service User and their support network so they are encouraged to determine their own needs - The plan will include the outcomes from the Commissioning Organisation's SDS / CHC Care Plan and will describe in detail the way they are to be achieved with the Service User. - Attention will be given by the Provider to ensure the plan is person centred on the needs of the Service User, reflecting their background, qualities, abilities, interests and preferences (i.e. dietary needs). The plan will also include risk assessments, risk management plans and mental capacity assessments as required.
9.	Where the Service User has a cognitive impairment, every effort will be made to engage with them in the best way possible to discover their views and preferences in accordance with the Mental Capacity Act Code of Practice.
10.	Service Users will be made aware of, and their right to access formal advocacy services at time of admission. Details of advocacy organisations who support care homes can be found at http://www.wellaware.org.uk
11.	The Provider will have a clear policy for handling and safeguarding Service User finances. The Provider will not be responsible for the administration of Service User's finances unless the Service User or a nominated person from their support network requests this.

Examples of evidence		
Care home brochure / welcome pack / website Admissions policy Notice boards Service User Care and Support plan Pre-admission assessment	Risk assessments Mental Capacity Act assessments Best interest assessments Deprivation of Liberty Safeguard paperwork Service User finance policy / records	Staff interviews Management interviews Service User feedback / interviews Support network feedback / interviews

7.2. People are safe and care is always delivered in their best interests	CQC Outcome 7, 21

Service User Outcome:

Service User's lives are free from fear, abuse and neglect.

Service Outcome:

The service protects Service Users from abusive practices and ensures Service User safety.

No	Standard
1.	The Provider has a clear, accessible, workable, promoted and regularly reviewed whistle-blowing policy that is shared with Service Users. The Provider will promote Bristol's whistle-blowing best practice guidance to staff, a copy of which is attached as appendix 2.
2.	The Provider has a clear process and associated documentation for recording allegations of abuse.
3.	The Provider follows Bristol's Safeguarding Adults protocol 'No Secrets in Bristol' reporting procedures, by: - Ensuring that alerts are made in a timely way, appropriate to the level of urgency and risk - Ensuring that alerts contain all relevant information with regard to any allegation made to ensure that any investigation can be conducted comprehensively - Ensuring that alerts are made to the relevant agencies - Ensuring that the Care Quality Commission is informed - Ensuring that Service Users are asked to consent to an alert being made, where they have capacity to do. Reasons for over riding consent, e.g. that others may be at risk, must be explained to the Service User. - Ensuring dignity, choice and respect for the Service User is maintained throughout any investigation and they are informed of the outcome. - Ensuring engagement with the safeguarding process, which may include participation in safeguarding strategy meetings and producing written reports of safeguarding investigations
4.	The Provider will ensure that policies and procedures are covered in induction and fully understood by staff. All staff will have an initial understanding of 'No Secrets in Bristol' within their first week of employment. Comprehensive training on awareness and prevention of abuse is given to all staff as part of their core induction within 3 months and updated at least every 2 years. In addition, update training will be provided in light of new policies and procedures introduced either locally or nationally.
5.	The Provider agrees to be bound by any decision made by the lead Commissioning Organisation with regard to restrictions on, or the cessation of, placements at the home. The decision will be time limited and taken as a consequence of a risk assessment using information which indicates that all Service Users at the home are at risk of significant harm. The Provider agrees to also consider a voluntary ban on all placements in such circumstances in order to minimise risk to service users and support a focus on actions to resolve any issues of concern.

6.	The Provider will ensure that due regard and promotion of Service User choice and control is given to residents at all times to avoid abusive and disrespectful practice.

Examples of evidence		
Service User Care and Support plans Safeguarding / Whistle-blowing policies (clear and visible) Reporting in line with 'No Secrets in Bristol' Safeguarding log / folder Accident / Incident forms	Staff induction plan Staff training matrix Staff meeting minutes Observation of practice (internal provider quality assurance)	Observation of practice (commissioning organisation quality assurance) Staff interviews Management interviews Service User feedback / interviews Support network feedback / interviews

7.3. Mental Capacity Act and Deprivation of Liberty Safeguards	CQC Outcome 2, 7, 21

Service User Outcome:

Each Service User makes their own decisions about the service they are part of, and the desired outcomes so far as they are able. Outcomes experienced by Service Users who lack capacity service their best interests.

Service Outcome:

Service Users are supported as much as possible to make their own decisions, anything done for or on behalf of people without capacity is the least restrictive to their basic human rights and done in their best interests

No	Standard
1.	The Provider will ensure that assessment of capacity relating to making specific decisions is based on a functional test of capacity.
2.	The Provider will ensure that decisions taken by staff on behalf of a Service User are demonstrably in the Service User's best interests and have taken into account: - The individuals past and present wishes and feelings - Any belief and values which would have influenced their decision - The view of their support network and other professionals
3.	The Provider will ensure that an Urgent Deprivation of Liberty authorisation is taken out, and at the same time an Application for Standard authorisation, is made to the Supervisory body (the Local Authority) when the care home (Managing Authority) believes that it is in the Service Users best interest to deprive them of their liberty.
4.	The Provider will ensure that all staff have been trained in and are able to demonstrate knowledge and practice of the Mental Capacity Act and Deprivation of Liberty Safeguards.
5.	The Provider will ensure there is a clear procedure which is followed setting out the actions required of staff in relation to Service Users who do not have capacity to make decisions
6.	The Provider will ensure that where Mental Capacity Act assessments are in place for residents these are reviewed on at least a monthly basis.

Examples of evidence		
Service User Care and Support plan Reviews of Service User Care and Support plan Mental Capacity Act policy / procedure Mental Capacity Act assessments	Best interest assessments Deprivation of Liberty Safeguard paperwork Risk Assessments Staff training matrix	Staff interviews Management interviews Service User interviews and feedback Support network interviews and feedback

7.4. People are treated with dignity and respect	CQC Outcome 1, 2, 4, 21

Service User Outcome:

Service Users feel they are respected, their dignity and privacy is upheld in the way they feel is right. Service Users are supported to achieve and maintain their maximum level of independence.

Service Outcome:

The service actively promotes dignity, respect and independence.

No	Standard
1.	Service Users receive the assistance they need to maintain a standard of hygiene they are satisfied with and comfort and dignity in a manner that complies as far as possible with their wishes, regardless of any mental impairment that may lead to the Service User being less aware of their preferences.
2.	The Provider will ensure that Service Users receive appropriate 'moving and handling' practice from care staff which is delivered in a way where staff communicate with the Service User throughout, and uphold the dignity, privacy and safety of the Service User.
3.	The Provider will ensure that all staff are competent in respectful communication with all Service Users. Communication refers to conveying information through the exchange of thoughts, messages, or information, as by speech, visuals, signals, writing, or behavior.
4.	Service Users are enabled to build and maintain independent daily living skills.
5.	The Provider will ensure Service Users wishes with regard to daily living activities and routines are addressed.
6.	Service Users will be given the choice of which gender staff they require and the provider will ensure all efforts are made to accommodate these wishes. Service User choice will be evidenced as part of the Care and Support Plan.
7.	Service Users will be treated with respect, which includes appropriate use of language, tone and body language that will vary depending on the individual.
8.	Where required, Service Users will be assisted with eating and drinking in a dignified and safe manner, ensuring Service Users are positioned appropriately and have access to appropriate eating / drinking aids to promote independence.
9.	The Provider will ensure that every Service User has a Care and Support plan that refers to their personal wishes, preferences and priorities and to the support they need in order to retain and develop their sense of dignity and personal identity.

10.	The Provider will work with the Service User, their support network and Health and Social Care professionals to identify triggers which may lead to distress by the Service User and other residents, and ensure that these are reflected in care planning and delivery to avoid escalation of challenging behaviour.
11.	Service Users are assisted to develop acceptable behaviour through encouragement and constructive staff response to any inappropriate behaviour. Staff understand the correct and approved ways of responding to such behaviour and the Service User experiences the positive benefits of these techniques.
12.	Where de-escalation techniques have proved unsuccessful, the Provider will ensure that: - Any restrictive practices used are proportionate to the likelihood and seriousness of the harm that may result if no restrictive practice was used and is the least restrictive practice possible - If the person does not have capacity to agree the decision to use restrictive practices must be in their best interests and informed by a best interests decision made by the care home and involving all relevant parties (e.g. the home manager, social worker, the Service Users representatives and where possible, the Service User) - If the person does have capacity they must give permission for restrictive practices to be used - The decision to use restrictive practices must be recorded and regularly reviewed as part of the Service User Care and Support Plan - Staff may only employ restrictive practices after they have received training from appropriately accredited and skilled professionals.
13.	Service Users shall be protected from excessive or frequent noise and disturbance, particularly at night. Levels of noise and lighting will be appropriate to the setting and time of day.
14.	Service Users personal possessions, including clothing, furniture and jewellery are respected, safe and accounted for by the Provider.

Examples of evidence

Service User Care and Support plan Daily recording in Care and Support plan Accident / Incident forms Risk assessments Service User inventory of belongings Staff meeting minutes	Service user meeting minutes Support network meeting minutes Staff training matrix Observation of practice (internal provider quality assurance) Handover / staff communication records	Observation of practice (commissioning organisation quality assurance) Staff interviews Management interviews Service User interviews and feedback Support network interviews and feedback

7.5. Person centred care	CQC Outcome 1, 2, 4, 21

Service User Outcome:

Service Users are treated as individuals with unique backgrounds, qualities, abilities, interests, preferences and needs.

Service Outcome:

The service promotes and embeds person centred care as standard practice in care planning and delivery.

No	Standard
1.	The Provider ensures that Service User care and support is person centred, tailored to the individual needs of each Service User.
2.	The Provider ensures that each Service User is allocated a key worker, who understands their individual needs and preferences and regularly liaises with the Service User's support network.
3.	The Provider ensures that clear Care and Support plans are kept and maintained reflecting the changing needs and preferences of Service Users and the care provided to meet their needs.
4.	The Service User and their support network are given the opportunity to input in to care plan reviews.
5.	The Provider ensures that meaningful activities within / outside the home are available to meet social needs. Activities will provide intellectual stimulation, focus on life stories, enable Service Users to re-establish lost skills and to develop new skills.
6.	The Provider will ensure that Service Users are able to exercise choice and control with regard to their care and time at the home, recognising what Service Users would like to and can do for themselves.
7.	Through gathering the Service User's life story, the Provider will ensure that the habits and routines that the Service User had before admission to the home continue as far as practicable in the Service Users best interests. In achieving this standard, this will add to the sense of familiarity and continuity for the Service User. This may include waking / sleeping times.

Examples of evidence		
Service User Care and Support plan Daily recording in Care and Support plan Service User Life Story / Map of Life Key Worker allocation	Activities timetable / log / record of involvement Service user meeting minutes Support network meeting minutes Handover / staff communication records	Staff interviews Management interviews Service User interviews and feedback Support network interviews and feedback

7.6. Respite and short breaks	CQC Outcome None

Service User Outcome:

Service Users and carers receive a break, which benefits their health and wellbeing.

Service Outcome:

Respite care is a positive experience for both the Service User and their carer.

No	Standard
1	Service Users receiving respite care receive the same high quality service as permanent residents.
2	Service Users and their support network receive all the necessary information about the service in order to jointly make an informed choice about receiving respite care in the setting.
3	Service User's right to privacy and dignity is maintained during their respite break. Service Users preferences are documented in their records and are taken account of by all staff.
4	Carers will be kept informed of the Service User's wellbeing and progress during their respite break. The Provider will work with carers in advance of the respite stay to decide and agree on the level of communication the carer would like during the stay.
5	The Provider will draw up an initial Care and Support plan within the first day of admission. A full person centred Care and Support Plan, proportionate to the length of stay and needs of the individual, will be drawn up by the Provider not more than 2 days after admission with the following requirements: - The plan will be drawn up with the Service User and their support network so they are encouraged to determine their own needs - The Plan will include the outcomes from the Commissioning Organisation's SDS Plan / CHC Care Plan and will describe in detail the way they are to be achieved with the Service User. - Attention will be given by the Provider to ensure the plan is person centred on the needs of the Service User, reflecting their background, qualities, abilities, interests and preferences. - The plan will also include risk assessments, risk management plans and mental capacity assessments as required.
6	The Provider ensures that Service Users staying for a time-limited period have the same opportunities as permanent residents to inform and influence service design and delivery.

7	Service Users continue to be registered with their usual GP during the period of their respite stay. Where this is not possible, the home has an agreement in place with the local GP surgery to provide GP care for respite Service Users.

Examples of evidence		
Welcome pack / brochure / website Pre-admission assessment Service User Care and Support plan Daily record of Care and Support plan Communication plan between Service User's Support Network and Provider	Risk assessments Mental Capacity Act assessments Best interest assessments Deprivation of Liberty Safeguard paperwork	Staff interviews Management interviews Service User feedback / interviews (where possible) Support network feedback / interviews

7.7. Equalities — *CQC Outcome 1*

Service User Outcome:

Service Users confirm that their specific equalities needs* and desired outcomes are recognised, valued and met. Service Users do not experience direct or indirect discrimination, harassment or prejudice in the way services are provided or in the way they are treated by staff, other Service Users, visitors, family and friends.

**Defined as any additional needs arising from their age, disability, race, sex, gender reassignment (transgender), sexual orientation and religion and belief (including those with no religion and belief).*

Service Outcome:

Commissioned Providers and their staff will work from an equalities perspective with Service Users and others. Equality of opportunity is advanced by meeting Service User needs arising from their age, disability, race, sex, gender reassignment (transgender), sexual orientation, religion and belief (including those with no religion and belief).

No	Standard
1.	Criteria for services are clearly stated and can be made available in a variety of accessible formats to ensure that all potential Service Users are able to understand them. The service will directly provide or organise the necessary support to Service Users to ensure this standard is met, for example, by utilising British Sign Language / Community Language interpreters.
2.	Providers will ensure that staff understand and are able to meet the specific equalities needs of Service Users. Staff will receive equalities training to ensure that care, support and activities are provided in a way that meets any Service Users identified need.
3.	Provider equalities policies must be in place. This must be up to date and make reference to the Equalities Act 2010. Providers must comply with the Equalities Act 2010 (and any subsequent amendments).
4.	All staff induction will include equalities training and be updated every 2 years or following new guidance and legislation. Staff knowledge around equality groups and their practice in delivering care and support is actively monitored through staff supervision and appraisal. Any ongoing learning and development needs will be identified through supervision and appraisal and the service will ensure identified staff learning needs are met.
5.	Language that Service Users find demeaning, offensive or unacceptable must always be seen as unacceptable practice. The home will promote the use of inclusive language that makes no assumptions about a Service User's background, belief or relationships with others.

6.	The Provider will ensure that care and support is provided in a way that meets an individuals need which may arise from their age, disability, race, sex, gender reassignment (transgender), sexual orientation and religion and belief (including those with no religion and belief). For example: - this may be adjusting meals as a result of a Service User religious views - ensuring that no assumptions are made about an individual's sexuality and that the culture of the home is such that Service Users feel their sexuality is respected.

Examples of evidence		
Equalities policy Care home brochure / welcome pack / website Service User Care and Support plan Daily recording in Care and Support plan Risk Assessments	Staff induction plan Staff code of conduct Staff training matrix Staff meeting minutes Observation of practice (internal provider quality assurance)	Observation of practice (commissioning organisation quality assurance) Staff interviews Management interviews Service User feedback / interviews Support network feedback / interviews

7.8. Person centred reviews (by the Commissioning Organisation and Provider)	CQC Outcome 1, 2, 21

Service User Outcome:

Regular review ensures that plans made in agreement with Service Users and their support network are put into effect in order to achieve their desired outcomes and are amended whenever necessary so that outcomes continue or begin to be achieved.

Service Outcome:

Regular review ensures that there is a dynamic process in place involving the Service User, their support network, the Commissioning Organisation and the Provider so that needs are assessed, regularly reviewed and Care and Support Plans made to achieve Service User outcomes.

No	Standard
	Commissioning Organisation Review
1.	The Commissioning Organisation will lead and co-ordinate an initial review, normally within the first 3 months of a placement. Following that the Commissioning Organisation will lead reviews as appropriate for each funded Service User, depending on outcomes, risk and need. Where reviews are not annual, the Commissioning Organisation may require the Provider to forward a copy of the annual review of the Service Users Care and Support plan, or respond to other information requests.
2.	A review by the Commissioning Organisation to ascertain whether a Service Users placement in a home remains appropriate may be requested by the Service User, their support network, the Commissioning Organisation, or by the Provider. All parties will work together to ensure that a review of Service User need takes place within an agreed timescale which should be on the basis of risk.
3.	The Commissioning Organisation's review will involve the Service User, their support network where appropriate or requested by the Service User, the Provider, the Commissioning Organisation's representative and other health professionals as required.
4.	The review will address the extent to which the outcomes required of the placement are being met. The Service User's SDS Plan / CHC care plan will be amended as appropriate following the review. Any such amendments will also lead to similar adjustments by the Provider to the Service Users' Care and Support plan.
	Provider Review
5.	The Provider will be responsible for carrying out their own assessment of the Service User needs and putting a Care and Support Plan in place to achieve person centred outcomes. The Care and Support Plan will correspond to the outcomes identified in the SDS Plan / CHC Care Plan.

6.	A holistic review of the outcomes stated in the Service User's Care and Support Plan will take place by the Provider on an annual basis. In addition a review of outcomes expressed in the Care and Support plan will take place on a monthly basis. Review of Care and Support Plans will involve such other people that appear necessary to contribute to this process; this may include other health professionals and others who the Service User wishes to invite from their support network.
7.	Service Users must be involved in the review process and supported to attend review meetings.
8.	The Care and Support Plan will be amended as appropriate. This may be as a consequence of ongoing monitoring of specific outcomes, re-assessment following a change in Service User circumstances or the annual review process. Care and Support Plans must also address needs and outcomes relating to the Service Users' emotional, psychological, social and cultural needs, paying particular attention to their quality of life, their life history and their dignity.
9.	The Commissioning Organisation, at any time, may request a copy of the Care and Support Plan. The Provider will make this available within 2 working days of the request.
10.	Service Users must have an active role in specifying preferences in the way their care and support is delivered and their rights in law must be upheld, including their rights under the Mental Capacity Act 2005 and its impact on assessment and Care Planning practices.

Examples of evidence		
Service User Care and Support plan Reviews of Care and Support Plan Provider Referral log for review of Service User by Commissioning Organisation Commissioning Organisation Reviews performance	Risk assessments Mental Capacity Act assessments Best interest assessments Deprivation of Liberty Safeguard paperwork Support network meeting minutes Service User meeting minutes	Staff interviews Management interviews Service User feedback / interviews Support network feedback / interviews

7.9. Management of health and wellbeing needs — *CQC Outcome 5, 9, 21*

Service User Outcome:

Service Users reach their potential for independence, good-health and wellbeing by receiving the health care and medication they need in a pro-active way to manage their health, delivered by experienced and qualified health care professionals.

Service Outcome:

The service ensures that the health needs of each Service User are proactively managed through regular review of needs, liaison with external health professionals and delivery by competent health care staff. Unnecessary hospital admissions are avoided through management of health and wellbeing needs.

No	Standard
	Hydration & Nutrition
1	Service Users are weighed and screened for risk of malnutrition on admission using a validated tool such as MUST (Malnutrition Universal Screening Tool). Subsequently, Service Users are weighed and screened for risk of malnutrition on a monthly basis or where there is cause for concern.
2	The Provider will take appropriate actions following screening with MUST i.e. provision of high protein/high energy snacks/drinks, food fortification and appropriate meals. Where required, referral to Dietician / GP should be made promptly.
3	The Provider will ensure that food and drink intake is monitored and recorded for those identified as malnourished or at risk of malnutrition and actioned appropriately and promptly.
4	The Provider will ensure that staff have access to training on the identification of dehydration, malnutrition, and obesity, using MUST and taking appropriate actions in terms of appropriate food and drink provision which may include modified texture diets.
5	Service Users have access to a range of foods and drinks that meet their nutritional, cultural and ethical requirements, and reasonable adjustments are made where necessary.
6	The Provider will ensure that staff have training and are able to demonstrate understanding of the signs and symptoms of swallowing difficulties and when / how to refer to a speech and language therapist.
	Health and wellbeing needs
7	The Provider ensures that the care home is a physical and mental health promoting environment enabling Service Users to optimise their health and wellbeing e.g. by enabling activities, exercise and adopting a healthy living lifestyle.

8	The Service User, General Practitioner and Provider will work in partnership to develop a Health Action Plan (part of the Care and Support Plan) for the Service User, which outlines the management of their condition and how they will be supported by other healthcare providers.
9	The Provider ensures that where changes in a Service User's health or condition are identified, these are documented in the Care and Support plan and action is taken to address these.
10	Service Users who wish to continue wellbeing therapies (e.g. massage) they are supported in doing so.
11	Service Users with long term conditions are supported in self-managing their condition (where appropriate) and are involved in decisions about their care.
12	The Provider ensures that provision is made to support all Service Users in attending their screening and clinic appointments at the GP practice or hospital (e.g. eye screening, hearing tests, mammography or annual health checks). In order to ensure equality of access to Health provision, in the event of support being otherwise unavailable, the Provider will ensure that a staff escort is provided on request to enable Service Users to attend appointments relating to their Health Care. The provision of staff will fall within the care package commissioned by the Commissioning Organisation.
13	Service Users that require inpatient admission to hospital are accompanied by staff for detailed handover, including necessary documentation, appropriate to their health needs (e.g. Traffic Light Assessments or Communication passports). It is not expected for staff to remain with the service user during their inpatient admission.
14	Service Users who require routine blood monitoring have this done at the appropriate frequency.
15	The Provider ensures that all recommendations from health appointments are recorded within the Service Users Care and Support plan and actioned as appropriate.
	Pain Management
16	The Provider ensures that staff are trained to recognise the verbal and physical signs of pain.
17	Service Users who may present with communication difficulties are assessed for pain on admission and when signs of pain are present, using a validated pain assessment tool.
18	The Provider ensures that where pain of a Service User is recognised, a plan for managing it is recorded in the Service Users Care and Support plan.
19	The Provider ensures that any change in health status or behaviour (e.g. hitting self or others) of a Service User is recorded. Health appointment/referral for specialist advice is evidenced.

	Foot Care
20	The Provider ensures that the foot care needs of Service Users is assessed by an appropriately trained person within the first four weeks of admission, and recorded in the Care and Support plan.
21	Service Users who require assistance have their finger and toe nails maintained to an acceptable level on a regular basis.
22	Service Users who have a condition requiring specialist foot care (e.g. diabetes) or who require assistance with foot care are referred to a podiatrist where appropriate, and NICE guidance is followed.
23	The Provider ensures that all recommendations made by a Health Professionals Council (HPC) registered podiatrist / chiropodist are acted upon and incorporated into Service Users' Care and Support plan
	Dental Hygiene
24	The Provider is proactive in maintaining the oral comfort and hygiene of Service Users
25	Service Users with dental problems are referred to a dentist as soon as possible.
26	The Provider ensures that Service Users' dentures are cleaned daily and well maintained.
27	The Provider ensures that staff make arrangements for getting lost or damaged dentures replaced as soon as possible.
	Wound Care *For resources relating to wound care, please visit http://www.briscomhealth.org.uk/our-services/item/40-wound-care-and-tissue-viability?sid=40*
28	Service Users have their tissue viability assessed by a registered nurse within 24 hours of admission. The Registered Person ensures that all recommendations are incorporated into the Care and Support plan and actioned in a timely manner.
29	The Provider ensures that all Category 3 and 4 wounds are referred to the NHS tissue viability service.
30	The Provider ensures that any wounds that are non-healing or non-progressing after six weeks will be reported to a tissue viability nurse for urgent assessment.
31	Service Users requiring pressure-relieving equipment/mattresses are provided with the correct equipment.
	Falls
32	The Provider ensures that service Users are assessed for risk of falls within 24 hours of admission and the outcome recorded in their Care and Support plan. Those Service Users who are vulnerable to falls are actively supported by their key worker or equivalent member of care / nursing staff to reduce / prevent the risk of a fall occurring and thereby supporting a reduction in unnecessary emergency admissions related to falls.

33	The Provider maintains a falls register recording such information as the causes of fall (injurious or otherwise) and this register is regularly audited to ensure that necessary actions are taken to reduce falls within the home.
	Medicines Management
34	The Provider ensures that prescription-only medicines are administered in accordance with a valid prescription. All administration errors are recorded as a clinical incident and reported to CQC and advice is sought from the GP or pharmacist.
35	The Provider ensures that Service User refusal or omission of any prescribed medicine is documented and any concerns are reported to the GP.
36	The Provider ensures that where there may be risk of harm to the Service User, medication is withheld by the Provider when instructed by the Service Users' GP.
37	The Provider will make every attempt to encourage Service Users to take their medication by usual means.
38	The provider ensures that if a Service User is deemed as not having capacity, a Mental Capacity Assessment is undertaken and where appropriate, a Best Interest decision is made by the multidisciplinary team.
39	The Provider will ensure that any decision to covertly administer medication is documented in the Service Users' Care and Support Plan, including information on: • Decision specific Mental Capacity Assessment • Best Interest decision and reason for convert administration of medication • That the suitability of administering the medicines with food and drink has been checked with a pharmacist • Whether the Service User is likely to recover so as to be capable of making their own treatment decisions in the near future The Provider will ensure regular reviews are undertaken to assess the continued appropriateness of covert administration where this occurs.
40	The Provider ensures that where Service Users' self-administer their medication, it is presented in a form that is accessible and takes into account any disability or compliance problems.
41	Service Users have access to information about their medicines which is presented in an accessible format (e.g. medication information leaflets)
42	The Provider is proactive in checking that Service Users' medication records are the same as those recorded at the GP practice and pharmacy.
43	The Provider is proactive in reducing polypharmacy and informs the GP if any medicines are no longer needed / being given.
44	The Provider ensures that where staff or a Service User have concerns about any medication prescribed, this is raised with the Service Users' GP or a pharmacist.
45	The Provider proactively seeks 6-monthly medicines reviews for all Service Users by the GP

46	The Provider holds a Homely Remedies policy that outlines the safe administration of medicines without a prescription (e.g. NHS Bristol Homely Remedies Guidance).
47	The Provider, in partnership with GPs and other health professionals, will have a strategy for reducing the inappropriate use of anti-psychotic medication.

Examples of evidence		
Service User Care and Support Plan Daily recording in Care and Support plan MUST score and review Food / fluid record Menu (meals, snacks, drinks) Body Maps / Photograph (with consent) Falls Register and audit Accident / incident log / form Handover / staff communication records	Feedback from GP's and other health and social care professionals MAR sheet Risk assessments Mental Capacity Act assessments Best interest assessments Deprivation of Liberty Safeguard paperwork External professional recording	Homely remedy policy Hospital admission rates Notice boards promoting health / wellbeing activities Health action plan or equivalent Observation of practice (internal provider quality assurance) Observation of practice (Commissioning Organisation quality assurance)

7.10. Assistive technology and equipment — *CQC Outcome 11*

Service User Outcome:

Service Users are able to use assistive technology and equipment to maintain independence and maximise the choices available to them within the home.

Service Outcome:

Staff understand the use and benefit of assistive technology and equipment provision and how to enable and support Service Users in their use

No	Standard
1	The Provider will ensure that staff receive training in the use of assistive technology and equipment in order that they can advise and support service users to use them appropriately, safely and comfortably.
2	The Provider will make sure that aids, adaptations and equipment are suitable, available and properly maintained and will ensure that appropriate care is given safely, according to the individually assessed needs of each service user in order to maintain and promote service users' independence.
3	The Provider will carry out pre-admission assessments in order to identify potential service users' current and likely future need for equipment which will be met by the Provider and may include equipment not normally provided by the home. The Provider will not accept potential service users whose assessed needs they are unable to meet.
4	The Provider will ensure that they comply with the provisions set out in the Bristol Community Equipment Service Policy for the Provision of Equipment in Care Homes (**appendix 3**). This policy explains the circumstances under which equipment may be loaned to a provider.

Examples of evidence

Service User Care and Support Plan Pre-admission assessment Equipment maintenance log	Staff training matrix Staff interviews Management interviews	Service User interviews / feedback Support network interviews / feedback

7.11. Moving on

CQC Outcome - None

Service User Outcome:

Service Users will feel moving on is a positive experience, meaning they are able to exercise choice where they move to, feel supported before and after the move and are confident to use the knowledge and independent living skills developed whilst living in the home. Each individual has the potential for greater independence, for some Service Users, the home may be a stepping stone to enable greater independent living skills and to move on to a new supported living based environment or to their own home. In some cases, where the level of need changes, the home may not feel able to provide the appropriate level of care and support to meet the individuals need.

Service Outcome:

The Provider will ensure that moving on is a positive experience, involving the Service User, their support network and social worker / nurse assessor in planning and discussion on the best way to prepare for the move. The planning and discussion also involves staff at the home. Risk is minimised through careful person centred planning and risk assessment.

No	Standard
1	The Provider will ensure staff support the Service User in planning for their future from the time they start using the service. This will form part of the Provider Care and Support plan and SDS Support plan / CHC Care Plan. In doing so, the Provider will ensure the Service User is involved in all meetings to discuss their future move. The Service User is encouraged by the staff to use all the experience and daily living skills they have gained while using the service in deciding on their next move.
2	Service Users can visit the place they are moving to and keep their current accommodation while they make a decision about moving. The Provider will facilitate this process to ensure it happens smoothly.
3	Service Users who move on must have the opportunity to keep up friendships made during their time at the home. The Provider will facilitate this process, where practicable to ensure it happens smoothly.
4	Service Users are involved in assessing the possible risk for them or others if they move.
5	Where the move is because the home can no longer meet the Service User needs or has to close, the Provider will ensure the move will involve the least amount of risk and disruption to the Service User and will involve the Service User's Support Network at the earliest possible opportunity.
6	The Provider will ensure the Service Users records are passed on quickly their new home. They will be complete and up-to-date, and will have been put together with the involvement and agreement of the Service User.

7	The Provider will ensure Service Users have a representative and someone from their support network to help the Service User make the transition to their new home, providing social and emotional support during this period. For those without capacity, the Provider will ensure that an Independent Mental Health act Advocate (IMCA) is appointed.
8	The Provider will arrange a discharge meeting with the Service User and their support network, the social worker and other agencies involved, at least seven days before the planned move date, to ensure that all arrangements are in place.
9	The Provider will ensure that within two days of the planned move, staff send a discharge summary letter and progress report to the Service Users allocated social worker and other key agencies involved in the Service Users care and support package.
Unplanned Move Ons	
10	The Provider will ensure that in the event of a move in an emergency or in an unplanned way, the move will be with the minimum of risk to the Service User or others. The reasons will be consistent with the Providers clear written policy on moving on. The policy will clearly outline the circumstances in which a Service User may be asked to leave and the circumstances in which they may be eligible to re-apply for admission.
11	The Provider will ensure that key professional staff, including the social worker, GP and Commissioning Organisation will be notified within 24 hours of any emergency or unplanned discharge. The Provider will ensure professionals are provided with the reason for the notice given, any potential risks identified, medication records and the progress of the Service User during their stay.
12	Any unplanned move on must comply with the notice periods outlined in the Bristol City Council Provision of a Care Home Service Contract 2007: - 1 week notice: By either the Commissioning Organisation or the Provider for placements which have been made for a trial period. - 28 days notice: If the commissioning authority considers their to be serious risk to life, health or wellbeing of a Service User, either because of the Service Users circumstances or because of any issues relating to the running of the home. *In exceptional circumstances, the Commissioning Organisation may take action with immediate effect.* If the Provider is unable to provide the service as a result of changes to Service User circumstances, i.e. a significant change in their level of need. - 3 months notice: In the event of closure of the home or a change in registration status which would result in any existing Service User's falling outside of the category of person who may be accommodated within the home - 6 months notice: If the Provider forms the view that because of personal incompatibility it is no longer willing to accommodate an individual Service User. *In such event the Commissioning Organisation will aim to try and find alternative accommodation before the 6-month period ends.*

Examples of evidence		
Service User Care and Support plan Daily recording in Care and Support plan Reviews of Care and Support plan Risk assessments Audit of unplanned move-ons	Service User exit questionnaire Discharge meeting minutes Referral records for advocacy and other agencies Move on notifications to Commissioning Organisation	Management interviews Service User interviews and feedback Support network interviews and feedback

7.12. End of life care | *CQC Outcome 21*

Service User Outcome:

Service Users are as comfortable as possible in the period leading up to their death. Their physical, emotional and spiritual needs are met so that they live out their lives in as dignified and peaceful a manner of their choosing. Where possible services users are involved in the assessment and planning of their End of Life Care.

Service Outcome:

Care and Support provided minimises the pain, discomfort and distress experienced by Service Users at the end of their life. Service User's family and friends are given general and bereavement support by staff and treated with sensitivity. End of Life care planning will assist the Service User, their support network and the Provider to understand the choices being made about levels of intervention, location of death, and access to other services in the final stage of life.

No	Standard
1	The Provider will work with the national standards for end of life care, details of which can be found at the following link http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_101684.pdf
2	Staff are appropriately trained and supported to cope with death, dying and bereavement; and to manage the processes and procedures sensitively to ensure the Service User receives the appropriate care and symptom relief.
3	Staff have access to and are trained in the use of equipment associated with the provision of palliative and are competent and confident in its use.
4	An Advanced Care Plan to meet the Service User's wishes in the event of death is place. Care delivery must be managed in accordance with Liverpool Care Pathway or a recognised equivalent. The Advanced Care Plan will be linked to the GP notes and clearly documented within the individuals Care and Support plan.
5	The Provider will use the local Advance Decision to Refuse Treatment (ADRT) and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) policies ensuring Service Users are able to express their treatment / resuscitation wishes and that treatment / resuscitation decisions are documented and shared with those who need to know, and that relevant signed, original documents are available immediately to clinicians in a time of crisis.
6	Spiritual needs are identified and appropriate support is provided.
7	The Service User's support networks are able to spend as much time with the person as they wish in line with the individual's preferences.

9	Policies, procedures guidelines and support materials to support the provision of excellent end of life care are in place and draw on national clinical guidelines and good practice i.e. 'Gold Standard Framework', anticipatory prescribing, and involvement of specialist services where appropriate, e.g. St. Peter's Hospice.
10	Nursing staff employed by the care home are trained in verification of death according to Bristol's policy (Bristol only).
11	Relatives are involved in end of life care decisions especially where capacity is lacking through using "Advance Wishes – on behalf of someone else".
12	Nursing homes take advantage of local GP enhanced service agreements (where they are in place) to ensure that Service Users routinely receive medical oversight of their end of life care. All nursing homes will ensure that care plans relating to end of life care are in place and compatible with current Department of Health guidance.

Examples of evidence		
Service User Care and Support Plan DNACPR form Advanced Care Plan	Staff training matrix Staff interviews Management interviews	Feedback from GP's and other health and social care professionals

7.13. Management and leadership of the care home	CQC Outcome 6, 15, 22, 24, 25, 26

Service User Outcome:

Service Users receive a consistent, safe and high quality service to meet their desired outcomes.

Service Outcome:

There is strong leadership and management that ensures the service has a strong care and support focus that is person centred and affords dignity, respect and independence for all Service Users. The service develops their management staff that take responsibility for delivery a high quality service and retains high quality staff.

No	Standard
1	The provider management are able to demonstrate effective leadership through evidence of a performance culture that inspires staff to achieve and deliver safe, high quality and person centred care.
2	The Provider management ensures there are workable, fair and published disciplinary, grievance, appeals and sickness absence policies and procedures in place and these are used effectively to manage staff performance.
3	The Provider management ensure that systems for supervision and staff appraisal are clear, appropriate and in place and these are consistency applied in all units.
4	The Provider management offers development opportunities to qualified staff and managers to improve their skills and move to the next level.
5	The Provider management works proactively to retain good quality managers and staff, in the event of change in management, succession planning is robust and evident.
6	The Provider has in place a business continuity plan to ensure that the service continues to be provided and, as far as practicable, meet Service Users desired outcomes in the event of circumstances that could adversely affect the service. This may be in the event of cold weather, extended heat waves or floods.
7	The Provider will comply with all Health & Safety regulations and legislation and make their policy and procedures available to the Commissioning Organisation on request.
8	The Provider will ensure that Service Users are involved in formal risk assessments for everyday service activities, carried out by suitably experienced and trained staff.

9	The Provider management ensures that all new managers in Health and Social Care must undertake the Qualifications and Credit Framework (QCF) level 5 Diploma in Leadership and Management within one year of being appointed, if they do not already have a relevant transferable management qualification.
10	The Provider management will engage with the Local Authority and other organisations such as schools and other education establishments to ensure employment opportunities for younger people through an appropriate apprenticeship frameworks.
11	The Provider management must ensure that the quality of life of Service Users is embedded throughout the home. Providers will have a clear, visible and regularly reviewed wellbeing policy that addresses staff practice, culture and the environment in relation to maximizing the quality of life of residents.
12	The Provider management will promote maximising independence and promoting positive occupation within care home settings to increase residents feeling of security, belonging, continuity, purpose, achievement and significance.

Examples of evidence		
Staff performance management policy Risk assessments for care home, i.e. Fire risk assessment / evacuation plan Health and safety log / policy	Staff meeting minutes Support network meeting minutes Service User meeting minutes Feedback from health and social care professionals	Staff interviews Management interviews Service User feedback / interviews Support network feedback / interviews

7.14. Care home staffing	CQC Outcome 12, 13, 14

Service User Outcome:

Service User's health, care and wellbeing needs are met in a timely, pro-active and person centred way. Service User's health and wellbeing needs are effectively managed and reviewed.

Service Outcome:

The service ensures there are sufficient staff with the right skill mix, training and practice of person centred care to meet Service Users needs.

For Nursing Homes, the service has competent nursing staff that proactively meet Service Users health needs.

No	Standard
	Staffing Levels and Interaction
1	The Provider ensures the homes staffing establishment in terms of staff: to resident ratio and skill mix reflect dependency levels of Service Users in the home, not simply occupancy levels. Staffing rotas will provide appropriate cover at all times to ensure that Service User needs are met in a timely and person centred way.
2	The Provider ensures that the use of agency staff is minimised by ensuring permanent staffing levels are appropriate and regularly reviewed. Where agency staff are utilised, the Provider ensures that agency staff are subject to robust screening ensuring they are qualified to work in the care home and that their training is in date.
3	The Provider ensures that staff vacancies across the home including managerial, nursing staff, care staff and auxiliary staff are kept to a minimum through firm recruitment and selection processes, opportunities for professional / career progression and consistent management and development practices.
4	The Provider ensures that staff groups work coherently and supportively as a team to ensure that Service User needs are met in a timely and person centred way.
5	The Provider ensures that staff handovers between day and night shifts include discussion on changes to Service User needs between care and nursing staff and ensure a strong focus on continuity of care.
6	The Provider will ensure that staff are encouraged to build in positive interaction with Service Users during the running of the home and routines, i.e. discussions and conversation during personal care routines enhancing the quality of life for residents.

	Staff Recruitment and Selection
7	The Provider will have a written recruitment and selection procedure including: - Job description - Personal Specification - Application Form (to be completed by all applicants) - Records of interviews for short-listed candidates - References to be obtained from previous employers - Induction period - Statement of terms and conditions of employment - Checks to ensure candidates are legally entitled to work in the UK (Asylum and Immigration Act) - Evidence that equality considerations are applied to recruitment, selection and promotion.
8	All staff, employees or volunteers working with Service Users must undergo a Criminal Records Bureau check. The decision rests with the employer as to whether to employ a person whose CRB disclosure reveals a conviction or other information. Any decision taken in this instance must be based on a risk assessment that ensures the safety and welfare of Service Users. The Provider will ensure that Professional registration of qualified staff on appointment and annually reviewed e.g. NMC, HPC.
9	The Provider will involve Service Users in recruitment processes as far as practicable. For example, in helping to set interview questions or involvement in selection / decision making on potential candidates.
	Staff Induction, Supervision and Appraisal
10	The Provider will ensure that regular appraisal is an essential part of staff development and quality improvement. The Provider will seek to include feedback from Service Users and their support network in reviewing staff performance.
11	The Provider will ensure that all staff, regardless of their position in the home receive comprehensive induction in to the home, covering at minimum: - All policies and procedures relevant to the staff group - Safeguarding, using 'No Secrets in Bristol' (inc. Whistle Blowing) - Person Centred Care and Support - Relevant and targeted training for the Service User group the home supports (i.e. Autism, Dementia, Sensory Impairment) - Care Planning - Health & Safety - Moving and Handling - Mental Capacity Act & Deprivation of Liberty - Equalities

12	The Provider will ensure that all staff receive one to one supervision sessions on a regular basis, the frequency of which will depend on the complexity of their work. Supervision notes should be documented, signed by both both parties and any actions followed up at a subsequent meeting. Supervision should be used as a forum to identify staff development needs, manage performance and act as a supportive environment where staff are able to express any concerns they may have and feel confident that they are acted upon. For nursing homes, this must include clinical supervision.
Staff Training	
13	The Provider has an appropriate and deliverable training matrix in place that clearly identifies and timetables the training and development needs of nursing, care and ancillary staff within the home.
14	The Provider ensures that individual training records for staff are in place and kept up-to-date.
15	The Provider ensures that training needs are discussed, identified and timetabled in induction and subsequent supervision sessions with essential focus on: - All policies and procedures relevant to the staff group - Safeguarding, using 'No Secrets in Bristol' (inc. Whistle Blowing) - Whistle blowing - Person Centred Care and Support - Relevant and targeted training for the Service User group the home supports - Care Planning - Health & Safety - Moving and Handling - Mental Capacity Act & Deprivation of Liberty - Equalities.
16	The Provider will ensure that staff understanding of training given is checked regularly through supervision and observation including discussion at staff meetings, ensuring knowledge is embedded so that staff are confident to apply learning in their areas of work.
17	The Provider shall pro-actively seek external training Providers where necessary to ensure all training needs can be satisfactorily met to meet all Service Users needs. The Commissioning Organisation will offer information and advice to support this. This may be in the case where in-house training provision does not provide the specialist courses available through external Providers.
Healthcare Staff Delivery, Competence and Development	
18	The Provider will ensure that Registered Nurses or Senior Carer ability and practice in taking charge of, and leading the shift is evident.
19	The Provider will ensure that Nurses ability and practice in giving appropriate nursing care to Service Users is evident and documented.

20	The Provider will ensure that Nurses ability and practice in liaising with professionals, including GP's and other allied health professionals is evident, documented and effective.
21	The Provider will ensure that Nurses competence and knowledge is checked, developed and evidenced (Preceptorship).

Examples of evidence		
Staff rotas Dependency assessment of Service Users Proportion of permanent / bank / agency staff Vacancy rate Recruitment and selection policy Staff induction plan Staff training matrix	Supervision / appraisal policy Clinical staff supervision policy Feedback from GP's and other health and social care professionals Service User Care and Support plan External professional recording Handover / staff communication records	Service user meeting minutes Support network meeting minutes Staff interviews Management interviews Service User interviews and feedback Support network interviews and feedback

7.15. Quality assurance

CQC Outcome 8, 16, 21

Service User Outcome:

Service Users receive a high quality and continually improving service that promotes their health, wellbeing, safety and quality of life. Service Users are involved in the quality assurance of the care home to ensure the service is shaped to meet their needs.

Service Outcome:

The service proactively manages a quality assurance process that identifies and remedies any failure in service delivery.

No	Standard
1	The Provider ensures that they have a clear quality assurance process in place, which is effective, and under regular review.
2	The Provider ensures that feedback on the quality of the service is obtained through a workable mechanism from staff, Service Users and their support network and CQC that directly informs service improvement plans and actions to improve the experience of Service Users.
3	The Provider ensures that as part of the quality assurance process, current and future risks are identified, accountability is assigned and risks are routinely monitored and managed for the well-being and safety of residents in a timely manner.
4	The Provider ensures that where the Commissioning Organisation or CQC have issued compliance actions or recommendations for service improvement, these are incorporated within a service improvement plan and actioned as per the timescales agreed with the Commissioning Organisation / CQC. This may include an improvement plan arising from the safeguarding process in Bristol. The service improvement plan will be shared with the Commissioning Organisation.
5	The Provider will facilitate unannounced quality assurance visits from the Commissioning Organisation. The Commissioning Organisation will issue a draft report to the Provider within 10 working days of the completion of the visit. The Provider is given 10 working days to respond to the report, providing additional evidence as required where there are challenges to information within the report. The final report will be issued by the Commissioning Organisation within 5 working days.
6	The quality assurance staff from the Commissioning Organisation will feedback to the home manager on the day of visit where practicable and will ensure Providers have the opportunity to feedback on any quality assurance report prior to the reports final sign-off.
7	The Commissioning Organisation will deal with any outstanding compliance actions as per the terms and conditions of the Bristol 'Provision for a Care Home Service Contract' 2007.

8	The Provider will utilise forums such as the Care Home Provider Forum to develop their quality assurance process and service delivery through sharing of best practice with peers.

Examples of evidence		
Quality Assurance policy Service improvement plan Internal audit process and log Staff meeting minutes Service User annual survey / audit Support network annual survey / audit	Engagement with Commissioning Organisation on service improvement Complaints / compliments audit Risk assessments Accident / Incident audits	Commissioning Organisation audit of quality assurance report timescales Management interviews Staff interviews Service User feedback / interviews Support network feedback / interviews

7.16. Complaints and compliments — *CQC Outcome 17*

Service User Outcome:

Service Users and/or their support network agree that their complaints and concerns have been thoroughly investigated and that decisions made and actions taken as a result have been discussed with and explained to them.

Service Users are aware of their right of complaint to Bristol City Council and/or the Care Quality Commission if they do not agree that the Provider has addressed their complaint in a satisfactory manner.

Service Outcome:

The home has a process in place that ensures that all concerns and complaints are thoroughly investigated and an appropriate response is given to complainants within a specified time frame.

Appropriate action is taken when concerns / complaints are upheld or partially upheld. The Provider regularly analyses the number and nature of complaints and compliments to establish trends, and takes action to implement service improvements as a result of the learning from complaints.

No	Standard
1	The Providers complaints and compliments procedure must be simple, well publicised and available in a format accessible to all Service Users to enable an individual or someone acting on their behalf to make a complaint or express a concern regarding the service provided. This procedure must allow for complaints to be made on equalities grounds.
2	The Provider complaints procedure will contain the information necessary to enable the Service User to make a complaint to the local Commissioning Organisation and the Local Government Ombudsman / Health Service Ombudsman.
3	The Providers complaints procedure must set out time scales for complaint investigation and provide for a written response to the complaint, which clearly states the outcomes of the investigation. Timescales, date of response letter and a summary of outcomes will be recorded in the response section of the Providers log.

4	Providers will maintain a log of complaints, concerns and compliments showing: o Date complaint / concern is received. o The name and address of the Service User. o The name and address of the complainant (where different). o The nature of the complaint / concern / compliment. o The response to the complaint / concern / compliment. o The complainant's level of satisfaction with the outcome of the complaint and the way in which it is investigated. o The date when the commissioning organisation was informed of the complaint.
5	Where the Service User remains dissatisfied following a complaint investigation the Provider will draw the Service User's attention to the Commissioning Organisation's complaints procedure and offer any assistance required in enabling the Service User to make a complaint to the Commissioning Organisation.
6	The log of complaint and copies of the Providers letter of response to complainants must be made available for inspection by the Commissioning Organisation at anytime. The log of the complaints and an analysis of the complaints and their outcomes must be provided to the Commissioning Organisation on request.
7	Providers to notify the Commissioning Organisations Complaints Team of complaints and response within 5 working days of finalisation of complaint.
8	Providers will co-operate fully in any investigation conducted by the Commissioning Organisation under its complaints procedure* **Health and Social Care retains a duty of care in relation to service users receiving services commissioned from independent sector providers. This means that complainants have a continuing statutory right to make a complaint to the Local Authority under the Health & Social Care complaints procedure regarding the exercise of that duty of care. Whilst it is expected that in the first instance complaints should be addressed to the provider for a response under their own complaints procedure, there will be occasions when complainants remain dissatisfied with the response they receive and address their concerns to HSC who may decided to conduct their own investigation.*

Examples of evidence		
Complaints and compliments policy Complaints and compliments log Complaints response letters Welcome pack / brochure / website	Notice board displaying complaints and compliments process Service User meeting minutes Support network meeting minutes	Commissioning Organisation audit of complaints Staff interviews Management interviews Service User feedback / interviews Support network feedback / interviews

7.17. Working with the local community and the Service User's Support Network	CQC Outcome 1

Service User Outcome:

Service Users are able to maintain relationships with families, friends, carers and advocates (support network) and are supported in a way that allows these relationships to enhance the Service Users' quality of life.

Service Users are able to access and feel part of the local community, in an inclusive way that recognises their individual needs and preferences.

Service Outcome:

The service will actively work with Service User's families, friends, carers and advocates (support network) so they are seen as partners in care.

The service will establish and continually seek to build links with the local community, promoting social inclusion and placing the care home as an active part of the community, utilising local services to enhance the quality of life of residents.

No	Standard
1.	The Provider will work with local advocacy groups to provide access to independent advocates or 'voice of the resident' for Service Users and their support network.
2.	The Provider will be knowledgeable of the services available in the local community and where identified in the SDS Support plan / CHC Care plan will ensure the Service User is enabled to access these services. The Provider will make use of relevant community groups and services to ensure that Service Users enjoy a good quality of life, a range of activities and achieve a sense of belonging in their local community.
3.	Service Users are given the opportunity and support they may need to practise their beliefs, including keeping in touch with their faith community.
4.	The Provider will work with Service Users and their support network in recognising any barriers, which may have a detrimental effect on the quality of life of the Service User and take action to address these.
5.	The Provider will work with the Service Users and their support network, which may include volunteers, in developing a life story for the Service User including relevant background, preferences, habits and routines which will form part of care planning and delivery. The resident's life story will be known by staff to enable them to develop meaningful relationships with Service Users.
6.	The Provider will ensure Service Users can maintain relationships with their support network and links with their own community.

7.	The Provider will facilitate regular pro-active engagement with Service User and their support network to talk through concerns and generate new ideas for service improvement, through relatives forums and 1:1 time where required.

Examples of evidence		
Service User Care and Support plan Service User Life Story / Map of Life Leaflet / information on advocacy services Service User / Relatives newsletters / notice boards	Evidence of community engagement, i.e. community groups providing in-reach / out-reach to care home. Support network meeting minutes Service User meeting minutes	Staff interviews Management interviews Service User feedback / interviews Support network feedback / interviews

7.18. The environment of the care home	CQC Outcome 8, 10

Service User Outcome:

Service Users daily life and overall quality of life is enhanced by an environment that supports greater independence, promotes a feeling of safety and calm, minimises confusion and complies with health and safety legislation.

Service Outcome:

The service carefully considers the personal space for individuals and also the overall environment to ensure it is conducive to the care being provided. The service provides a safe, therapeutic and psychologically informed environment allowing for individuals to wander in a meaningful way and not feel 'trapped'. The service complies with health and safety legislation.

No	Standard
1	The Provider will ensure Service Users are able to move around easily in the home and its grounds regardless of any physical, sensory or cognitive impairment. The Provider will routinely review best-practice in care home layout and implement environmental cues specific to the service user group the Care Home supports. For example, this may include coloured signage to ensure people with Dementia able to find their way around the home independently.
2	The Provider will ensure the home is run in a way that protects Service Users from any avoidable risk or harm, including physical harm and infection.
3	The Provider will ensure the home is kept clean, hygienic and free from offensive odours and intrusive sounds throughout and ensures use of appropriate waste management and recycling facilities.
4	There are systems in place to control the spread of infection, in line with relevant regulation and published professional guidance. (see legislation at back of document).
5	All Service Users bedrooms and public rooms must have windows. Service Users can expect to be able to sit somewhere and have a view out of a window.
6	The design and layout of the home will: - Reflect the lifestyle, cultural and social needs of the Service User group the home supports - Have space for social, therapeutic, cultural, faith and educational activities that meet the needs of the Service Users - Have access to outdoor space.
7	The Provider will ensure access to communal rooms that are of sufficient size, and that provide opportunities to comfortably participate in social, therapeutic, cultural, daily living or educations activities either individually or with others.

8	Service Users must be given the ability to personalise their rooms and contribute to the design of communal areas, e.g. possessions, photos and other objects that give a sense of identity for each Service User.
9	The Provider will encourage the interaction of residents through careful design and layout of the home. Communal areas will be carefully designed to promote spaces and ways for residents to have meaningful interaction with each other (if they choose to) on a daily basis. Service Users interaction with each other in terms of companionship and meaningful dialogue and relationships is recognised by the Provider as a key component of quality of life.
10	Service Users who wish to smoke must be able to do so in a designated smoking area that will be easily accessible from the home. The designated area must be outdoors in order to protect other service users and staff from the dangerous effects of second hand smoke.
11	The provider will comply with all Environmental regulations and legislation and make policy and procedures available to the Commissioning Organisation upon request.

Examples of evidence		
Service User Care and Support plan Risk assessments Incident / accident forms / audits Handover / staff communication book Home environment improvement plan	Health and safety policy / log Audit of home environment (provider) Audit of home environment (Commissioning Organisation)	Staff interviews Management interviews Service User feedback / interviews Support network feedback / interviews

Appendix 1 - Legal and Policy Framework (Please note this list is not exhaustive)

Equalities Act 2010
The Equalities Act 2010 is law that bans unfair treatment and helps achieve equal opportunities in the workplace and wider society. The act replaced previous anti-discrimination laws with a single act to make the law simpler and to remove inconsistencies.

The act covers nine protected characteristics, which cannot be used as a reason to treat people unfairly. Every person has one or more of the protected characteristics, so the act protects everyone against unfair treatment. The protected characteristics are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

The Equality Act sets out the different ways in which it is unlawful to treat someone, such as direct and indirect discrimination, harassment, victimisation and failing to make a reasonable adjustment for a disabled person.

The act prohibits unfair treatment in the workplace, when providing goods, facilities and services, when exercising public functions, in the disposal and management of premises, in education and by associations (such as private clubs).

The Mental Capacity Act 2005
The MCA is designed to protect people who lack the ability to take decisions for themselves due to mental capacity difficulties. It covers:

- How and when a person's ability to take a decision – their capacity' to do so – should be assessed.
- The responsibilities and duties of people who take decisions on other people's behalf.
- Independent support arrangements for people who lack the capacity to take a decision.
- What people can do if they disagree with a decision.

There are five main principles:

- We must begin by assuming that people have capacity.
- People must be helped to make decisions.
- Unwise decisions do not necessarily mean lack of capacity.
- Decisions must be taken in the person's best interests.
- Decisions must be as least restrictive of freedom as possible.

The Deprivation of Liberty safeguards (DOLS) code of practice. (2009)
This is part of the MCA but did not come into force until April 2009. It relates to when and how some health and social care services can deprive people of their liberty.

National Assistance Act 1948 S.30
Enables the local authority to provide a service by employing as its agent any voluntary organisation or any persons carrying out professionally or by way of trade or business, the provision of service, provided the organisation or person appears to the Authority to be capable of providing the service.

NHS and Community Care Act 1990
Under this Act, It is the responsibility of the local authority, and its agents where agreed, to decide what services a disabled person needs as soon as it is apparent that the person has an impairment and to inform the disabled person of their rights in relation to community care services. The local authority has a duty to (1) carry out assessments;
(2) make a decision as to the services required; (3) inform the individual that they will be doing so and of the individual's right under the Act and (4) where health or housing needs are identified, refer to the appropriate agency.

Health & Social Care Act 2008
This act:

1) Establishes the Care Quality Commission, a health and adult social care regulator with powers to inspect, investigate and intervene where care Providers are failing to meet safety and quality requirements, including hygiene standards. In performing its functions, the main objective of the Care Quality Commission is to protect and promote the health, safety and welfare of people who use health and social care services using section 20 regulations defined under the essential standards of quality and safety, March 2010.

2) Reforms professional regulation, to give patients and the public more confidence in the care they receive from health professionals. This includes creating a new adjudicator to make independent decisions about whether individual health professionals should remain in practice so the public can have full confidence in the transparency and independence of medical regulation. In addition, Responsible Officers will be appointed to oversee the conduct and performance of doctors at a local level

3) Updates existing public health protection legislation, to provide a comprehensive set of public health measures to help prevent and control the spread of serious diseases caused by infection and contamination;

4) Strengthens the protection of vulnerable people, using residential care by ensuring that any independent sector care home that provides accommodation together with nursing or personal care on behalf of a local authority is subject to the Human Rights Act.

Data Protection Act 1998
The Act requires organisations to be registered with the Data Protection Registrar. Organisations should only give out information in line with their registration. Personal information should be,

1. Obtained and processed lawfully.
2. Accurate, relevant and not held longer than is necessary.
3. Kept securely

Unauthorised disclosure is a criminal offence under the Act although it allows for sharing information without the consent of the subject in certain circumstances. The Data Protection Registrar has produced a checklist for setting up information sharing arrangements, which may be helpful, as is the model policy on confidentiality “In Confidence” produced by Bristol Social Services and Health.

Mental Health Act 1983
This Act includes a duty placed on health and social services, and agents where agreed, to provide aftercare to certain people who have been detained in hospital under the Provisions of the Act.

Employment and anti discriminatory legislation

- The Employment Act
- Fairness at Work Legislation
- Working Time Directive
- National Minimum Wage Regulation

Human Rights Act 1998
In the provision of services the Provider shall at all times have due regard to and provide services in ways which are consistent with the principles of the European Convention of Humans Rights and shall in the performance of its functions under this Agreement act in a manner which is compatible with the Human Rights Act 1998.

Asylum and Immigration Act 1996 (Employment Provisions) - Section 8
The Act places a duty on employers in employing new staff not to contravene the conditions under which people's leave to enter or remain in the UK has not expired and does not prevent them working in the UK. The Act therefore places a duty on employers to ensure that specific documentary evidence is obtained before the first day of a new employee's engagement, to prove their "employment status" in the UK. Asylum and Immigration Act 1996 (Employment provisions)

Health and safety legislation

Health & Safety at Work Act 1974
This Act is an umbrella act for many of the regulations below.

Management of Health & Safety at Work Regulations 1999,
The duties of the Management regulations overlap with other regulations because of their wide-ranging general nature. Where duties overlap. Compliance with the more specific regulation will normally be sufficient to comply with the corresponding duty in the Management Regulations.

Health & Safety at Work Regulations 1992
These regulations are made up of sets of directives. There is a framework, which hinges all the directives together.

Personal Protective Equipment Regulations
Personal Protective equipment is designed to be worn or held by the worker to protect him against hazards encountered at work.

Electricity at Work Regulations
These regulations require employers to ensure the safety of their employees from electricity while at work.

Manual Handling Operations Regulation
These regulations establish a clear hierarchy of measures that employers must take in order to try and reduce the number of back

injuries sustained by its workforce.

Control of Substances Hazardous to Health Regulations 2005
These regulations require employers to assess the risks from exposure to substances hazardous to health.

The Fire Precautions (Workplace)(Amendment) Regulations 1999
These regulations directly require employers to take account of their general fire precautions requirements, concerning fire fighting, fire detection, emergency routes and exits and their maintenance in their assessments. There are also requirements for a competent assistance to deal with general fire safety risks. A requirement to provide employees with information on fire provision and a requirement on employers in shared workplace to co-operate and co-ordinate with others in fire provisions.

Provision & Use of Workplace Equipment Regulations 1989, (PUWER)
This regulation places responsibilities on employers to ensure the safety of its employees when using equipment in the workplace.

Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
The aim of this regulation is to reduce risks to people's health and safety from lifting equipment provided for use at work.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.
The regulations require that work related accidents, disease and dangerous occurrences are reported to the health and safety executive.

Food Safety Act 1990
These regulations set out the basic hygiene principles that any food businesses must follow in relation to staff, premises and food handling. Food must be produced safely and the health of your customers must not be put at risk. Food safety management is about identifying how and when things could go wrong and introducing checks to stop that happening. Staff will need instruction suited to the type of work they do.

Bristol City Council Equality Impact Assessment Form

Bristol City Council and NHS Bristol Joint Service Specification for Care Home Services 2012

Directorate and Service: Health and Social Care - Strategic Planning and Commissioning

Lead officer (author of the proposal): Matthew Areskog – Commissioning Manager
Additional people completing the form (including job title**)**

Start date for EqIA: 8th October 2012
Completion date: 6th November 2012 (V2)

Step 1 – Use the following checklist to consider whether the proposal requires an EqIA			
To update the specification for care home services that defines the service and service user outcomes BCC & NHS Bristol require Care Home Providers to deliver as part of the Care Home Contract.			
	High	**Medium**	**Low**
2. Could this be relevant to our public sector equality duty to: a) Promote equality of opportunity b) Eliminate discrimination c) Promote good relations between different equalities communities?		 ✔ ✔ 	 ✔
3. Could the proposal have a positive effect on equalities communities?			
This proposal will help to ensure that care home providers are commissioned to work with equalities communities in a far more inclusive manner than in the past.			
4. Could the proposal have a negative effect on equalities communities? It is highly unlikely that this proposal will have a negative impact on equalities communities. In fact, the opposite outcome is anticipated, it will increase the positive impact on equalities communities.			

Service director…… …Equalities officer
Date

Step 2	**Describe the Proposal**
2.1	**Briefly describe the proposal and its aims?** **What are the main activities, whose needs is it designed to**

Services* is used as a shorthand for services, strategies, policies, procedures, contracts, reviews, programmes or projects

	meet, etc. The current service specification, schedule 7 to the BCC 'Provision of a Care Home Service' Contract 2007 was issued 1997 and has not been updated since. Since then, the regulatory system for social care has gone through significant change and key health and social care and equalities legislation have been introduced. The new service specification applies for all adults aged 18 and over who are assessed as requiring residential and nursing care. It relates to all service user groups that HSC commission care home services for. The specification is person centred, outcome focussed and reflects the requirements of the Equalities Act 2010. Existing and new providers will be expected to meet the quality outcomes and standards defined in the specification. BCC QA Team will use the specification as a template for quality assurance visits and will take the necessary action to ensure providers who fail to meet these standards comply within agreed timescales.
2.2	**If there is more than one service* affected, please list these**: - Commissioned and BCC provided residential care - Commissioned nursing care
2.3	**Which staff or teams will carry out this proposal?** - HSC and NHS Bristol Commissioning - Providers of Care Home Services - HSC Quality Assurance Team - Care Management

Step 3	**Current position: What information and data by equalities community do you have on service uptake, service satisfaction, service outcomes, or your workforce (if relevant)?**
3.1	**Summarise how equalities communities are currently benefiting from your service* here (& add an electronic link to the information if possible).** Please note that service users in HSC are not reflective of the general population. The health and social care needs of this group are higher, the group must meet the eligibility criteria for services and receive a financial assessment in order to be supported by BCC. **Commissioned Residential and Nursing Care**

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	During 2011/12, there were 3118 residential and nursing placements (excluding respite) provided or commissioned by BCC. The equalities breakdown of these service users is summarised below:
	
	• 30% of service users are 18-64, 70% are aged 75 and over
	
	• 63% of service users are female, 37% are male
	
	• The majority of service users (57%) have a physical / sensory impairment or are frail, this is strongly linked to the age profile of the population in residential and nursing care. 17% of service users have a learning disability, 25% have a mental health need (this includes service users with dementia).
	
	• 83% of service users are Christian, 15% state they have no religion. The numbers of service users who state they are Buddhist, Muslim or Sikh are very low (10 or less).
	
	• Less than 1% of service users state they are Lesbian / Gay or Bisexual. However, information relating to the sexual orientation of over 40% of residents in residential and nursing care is unknown.
	
	• 4.8% of service users are from BME groups:
	  o 3.3% are black
	  o 0.5% are dual / mixed race
	  o 0.6% are Asian
	  o 0.5% are from other BME groups (including Chinese)

3.2	**Then compare to the relevant benchmark (eg. the % of people from each community who use your services* with the % of people within the relevant equalities community who live in your local area or in the city of Bristol).** It is important to note that the information in this section (except for gender / age) is sourced from 2001 census and therefore the reliability of this information is questionable. **Gender:** Population of Bristol aged 18+ : 50/50 males / female Population of Bristol is 39% male and 61% female in the 75+ age group. **Ethnicity:** 11.1% of the Bristol population are from a BME background. This proportion decreases significantly amongst the older population where 4% of over 60 population of Bristol is from a BME group. **Disability:** 54% of over 60 population in Bristol are disabled **Sexuality** Stonewall indicates 6% of the population are estimated to be lesbian, gay or transsexual.

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	Religion: 62% of the Bristol population are Christian, 2% are Muslim, and approximately 0.5% Hindu and Sikh, 0.2% are Jewish.
	Evaluate what the data in 3.1 & 3.2 tells you about how the current position affects people from equalities communities **Gender:** Analysis shows that there are slightly more males than females than would be expected in the 18-74 age groups. However, there are significantly fewer males than would be expected in the 75+ age group. The prevalence of dementia amongst elderly women is higher than that of men, many of the care home placements for the population aged 75+ are for people with dementia. This is one potential explanation for the pattern. **Ethnicity:** The proportion of service users from a BME group in residential and nursing care is generally higher than expected (based on 2001 census data). There is a slight under representation of Asian service users, although numbers are small, therefore this should be treated with caution. **Disability:** Services provided by HSC are predominantly for people with limiting long term illnesses or a disability and therefore it is very difficult to compare with the general population. **Sexuality:** There is an under representation of service users stating they are Gay / Lesbian or Bisexual. However, the sexual orientation of a large number of individuals in these services is unknown and therefore it is difficult to confidently compare the service user group with the general Bristol population. **Religion:** The population of the service users show a higher percentage of people who state they are Christian than the Bristol average. There is an under representation of other religious groups, however this is benchmarked against the Census 2001 data and therefore comparisons are questionable.

Step 4	**Ensure adequate consultation is carried out on the proposal and that all relevant information is considered and included in the EqIA**
4.1	**Describe any consultations that have taken place on the proposal. Please include information on when you consulted, how many people attended, and what each**

Step 4	Ensure adequate consultation is carried out on the proposal and that all relevant information is considered and included in the EqIA
	equalities community had to say (& provide a web link to the detailed consultation if possible). There was not a formal consultation for this proposal. This is because it is not a new service or a commissioning strategy; it is an update to the specification of an existing commissioned service. HSC has engaged with a wide variety of stakeholders during September / October 2012 on a draft version of the specification to obtain feedback. A specific engagement day was held on October 10th which is attracted some interest. Approximately 35 people attended on the day, a mixture of health and social care professionals, care home providers, service users / carers and representatives from partnership boards. In addition to those attending on the day, HSC received 18 feedback forms via the post / email. Equalities data was collected on those that responded via the feedback form: 7 of the 18 respondents did not fill in the equalities form. Of those that did: Age: 55% are 18-65 and 45% are over 65 Gender: 66% are female / 33% are male Trangender: 100% No Ethnicity*: 80% White British, 20% Other White Religion / Belief: 50% Yes, 40% No, 10% Prefer not to say Disability: 11% Yes / 89% No Sexual Orientation: 22% Lesbian, Gay, Bisexual, 66% Straight, 11% prefer not to say. **It is noted that there were no respondents via the feedback form from a BME group. However, it should be noted that there was representation at the engagement day from 2 members of Bristol Avon and Chinese Women's Group and a BME carer representative.* The main themes feedback from equalities groups were: 1) Service users sometimes experience communication difficulties with staff for a variety of reasons: - Where there are language barriers between service users and care staff - Where there are difficulties as a result of the physical, cognitive or sensory impairment of the service user - Where the culture of particular groups mean that service users are less willing to talk / open up to others about problems or issues they might experience (this was seen as a particular concern for the Asian community) 2) People who are Lesbian, Gay and Bisexual had concerns that their sexuality would not be respected in a care home setting either by staff or other residents. This has been backed up by national research by the

Step 4	**Ensure adequate consultation is carried out on the proposal and that all relevant information is considered and included in the EqIA**
	Equalities and Human Rights Commission. 3) People felt that service users were not always given choice on the gender of staff they would prefer to assist them with intimate personal care routines and that this would compromise their sense of dignity and respect. 4) People from the Older People Partnership Forum had some concerns that older people sometimes face a form of age discrimination in care home settings where their views and opinions are not respected and their identity can be lost. 5) There was a general concern around a lack of staff training and understanding in dealing with service users with specialist needs, e.g. Autism or behaviour that may challenge staff as a result of their dementia.
4.2	**Please include when and how the outcome of the consultation was fed back to the people whom you consulted.** All delegates who attended on the engagement day were sent typed up notes w/c 22nd October that were made on the day by the facilitators. The final version of the care home service specification, once signed off by BCC and NHS Bristol management teams will also be circulated to those involved during the engagement period.

Step 5	Giving due regard to the impact of your proposal on equalities communities

The main areas of feedback in Step 4 have been reflected in a final draft version of the service specification. Some of these areas have been covered by ensuring an equalities focus for care homes under the requirements detailed in outcome 7.7 (Equalities), others have informed specific standards.

The service specification requires providers to ensure that:

- The management of the home embed and promote an culture that is inclusive and recognises the diversity of the service users
- Staff induction covers the needs that may arise from a diverse group of service users through equalities training which is then refreshed
- That the interaction and language between staff and service users is always appropriate and makes no assumptions about service user's background, beliefs or relationships with others.

Specific requirements in the service specification relating to equalities groups have been detailed below.

Possible Impact on Equalities Communities, whether or not you will address the impact	**Actions to be included in the proposal**
Age – Positive Impact	Ensure that older people do not face age discrimination and that their views and opinions are respected and their identity is protected.
Disability – Positive Impact	Ensuring that staff are trained and competent in communication with service users. This relates to service users who have communication difficulties as a result of their physical, cognitive or sensory impairment. The service specification will not have separate addendums for specific service user groups. The rationale is that each individual is entitled to dignity, respect and the same standard of care and support, in line with' their needs arising from their physical, cognitive or sensory impairment. Ensuring that staff have good training and are competent in supporting service users with more specialist needs, e.g. Autism.

Possible Impact on Equalities Communities, whether or not you will address the impact	**Actions to be included in the proposal**
Ethnicity – Positive Impact	Ensuring that staff are trained and competent in communication with service users. This relates to ensuring any language barriers are minimised. Ensure that the management and staff understand the cultural background and needs of service users, e.g by making use of advocacy or other available community groups where service users may be reluctant to talk to staff openly about their feelings / needs.
Gender – Positive Impact	Ensure that service users have the right to the same gender staff for intimate personal care routines.
Religion and Belief – Positive Impact	Ensure that service users with a religion or belief (or no religion / belief) are able keep in contact with their faith community and practice in manner that complies with their wishes.
Sexual orientation & Transgender – Positive Impact	Ensure that no assumptions are made about the sexuality of service users, i.e. that all service users are heterosexual. Ensure the sexuality of LGB service users will be respected by the care home, staff and other service users. Also ensuring links with their support network can remain. Ensure that the service user's support network refers to partners and friends, not just relatives.

5.2	Next Steps

So that we can more clearly demonstrate what has changed as a result of this equalities impact assessment, please list below new actions identified and say when and how you will put these new actions into practice.

Actions that have taken place:

There is a specific outcome in the specification through outcome 7.7.

Equalities standards are covered throughout the specification and re-inforced through the requirements relating to person centred care, recognising each service user as an individual and tailoring the care and support around this.

All of the actions for each equalities group in step 5.1. have been included in the service specification either as updated outcomes or specific standards.

Ongoing actions:

HSC Commissioning and Quality Assurance functions will work with care homes to ensure that where a service does not meet the outcomes for any equalities group or for the service as a whole, improvement actions, advice and support are provided.

The care home service specification will be revised as part of the commissioning cycle on an ongoing basis. By using intelligence gathered through Quality Assurance visits, HSC will identify the key themes where care homes are not meeting equalities outcomes and ensure the specification is further focussed in these areas to drive improvements.

Step 6	Meeting the aims of the public sector equality duty
6.1	**Describe how, in completing steps 1-5, you have given due regard to the three aims of the public sector equality duty (a-c above).** - The service specification for care homes outlines the outcome and standards that BCC and NHS Bristol require commissioned care home services to meet for all service users. The services, through the specification, are required to meet service user's care and support needs, some of which may arise due their age, disability, gender, ethnicity, sexual orientation or religion. - Commissioned providers will operate inline with human rights legislation, comply with equalities act requirements and remove discrimination. - Expectation that provider ensures a positive interaction and relationship between service users who may be from different protected characteristics

Step 7	Monitoring arrangements
7.1	**If your proposal is agreed, how do you plan to measure whether it has achieved its aims as described in 2.1. Please include how you will ensure you measure its actual impact on equalities communities?** The HSC Quality Assurance function will provide visits to providers to ensure they are compliant with the outcomes and standards set out in the service specification. Where non-compliance is evident, improvement actions will be issued to providers with clear timescales for achievement. HSC Commissioning will also undertake audits of the common reasons for non-compliance in relation to equalities groups and use this intelligence to drive service improvement.

Step 7	**Monitoring arrangements**
Step 8	**Publish your EqIA**
8.1	Ensure the EqIA is signed off by a Service Director and the directorate equalities officer. Signed Signed Service Director Equalities officer Date Date
8.2	Can this EqIA can be published on the web. Yes/No If no, please explain why the proposal is confidential and cannot be published

PQQ Template Notes

Please note that this is a TEMPLATE and MUST NOT be sent out without being amended/adapted to suit the requirement.

('Requirement' means the goods, works or services that we intend to buy)

There are a number of types of section within the pre-qualification which have been colour coded as follows:
Red - Areas to be considered and drafted by us – replace with black text details
Black – mandatory questions for all tender processes
Blue – guidance that must be provided to the bidder
Purple – optional questions which will be dependant on the requirements and must be relevant and proportionate. Only use questions that form part of your evaluation process – do not ask questions 'out of interest'.

PQQ Design:
Please refer to the Procurement Manual for a more detailed explanation. A summary is provided below. For EU tenders, this approach is a legally required, i.e. it is mandatory, not optional. For non-EU tenders, it is good practice/ guidance only.

Backward looking – about the organisation, not the offer:
Questions ***must*** relate to current/previous experience, ***not*** what an organisation may offer to do for the Council in the future.

Relevant and proportionate:
It is essential that whatever questions you choose to ask, and whatever criteria you set to evaluate answers, they must be relevant and proportionate to the contract value and requirements.

The types of information you can ask organisations to provide:
The Public Contract Regulations include a list of organisation information that can be investigated and used to short-list candidates via the PQQ. A copy of this list, together with examples of the kinds of information you might ask for, can be found in an Appendix of the Procurement Manual.

Absolute requirements ('levels'):
Any absolute requirements – known as a 'level' (e.g. an essential licence required to deliver a service) must also be stated in the OJEU Notice (if applicable).

Your OJEU Notice, draft specification, PQQ and PQQ evaluation model must all work in harmony and therefore be completed before you advertise. For example, for every criteria you set to assess an organisation's technical capability, you must ask a question in the PQQ that will give you the right information and/or evidence to enable you to apply your criteria. A sample evaluation and supporting guidance are also provided.

Finally – this page is for guidance in preparing the questionnaire and must be deleted before the final version is made available to potential providers. Don't forget to change retained purple text to black, and delete red text.

BRISTOL CITY COUNCIL

{ENTER NAME OF DEPARTMENT}

PRE-QUALIFICATION QUESTIONNAIRE

APPLICATION FOR INCLUSION ON THE COUNCIL'S TENDER LIST FOR

{ENTER NAME OF CONRACT}

NAME OF ORGANISATION	

To Be Returned By: **12 Noon on {ENTER CLOSING DATE}**

Please Return Via the Proactis Supplier Protal.

Link: https://www.proactisplaza.com/SupplierPortal/

FOREWORD

Every year Bristol City Council spends millions of pounds on various works, goods and services, the majority of which are carried out by private contractors.

The Council wishes to use that spending power to select the people best able to deliver its requirements, and to promote the best possible standard within the contracting industries.

It is looking to secure best value for money, not just in the short-term, but also for longer term benefits for the City and Council Tax payers.

The Council requires that a contractor demonstrates its ability to carry out the work applied for, and recognises its responsibilities in respect of:

- Standards of Work - that it will be done well and both supervised and carried out by suitably qualified, competent personnel.
- Health and Safety - commitment including the safety policy statement of intent, organisation and arrangements to meet the policy and agreement to comply with legislation, codes of practice and safe working systems. Your previous record will also be taken into account.
- Business Continuity - The Council is required under The Civil Contingencies Act 2004 to ensure that contractors providing essential services are able to maintain service in the event of a major emergency. A summary of the Council's requirements and details of how to obtain further assistance is available at "Business Continuity - the Council is required under the Civil Contingencies Act 2004 to ensure, on a risk basis, that it's services, including those provided by contractors and commissioned partners, are resilient to emergencies and disruptions, as far as reasonably practicable. More information regarding the Civil Contingencies Act and business continuity is available at: http://www.cabinetoffice.gov.uk/ukresilience
- Sustainability - The Council is committed to improving the environment and quality of life in the work it does and the services it provides whether itself or through others.
- Equalities - The Council is committed to ensuring that our service users and employees are not discriminated against because of age, disability, sex, sexuality, race, colour, ethnic origin or religion.

This commitment extends to contractors working on our behalf and we expect contractors to promote equality and remove discrimination, providing goods and services for all. If you work with the Council you will be expected not to discriminate and to comply with all statutory obligations such as under The Equality Act 2010, or equivalent legislation if you employ staff in any other country

You should complete the answers using the questionnaire. You should not refer to general promotional literature or policies. Nor should you include these unless the Council has specifically asked you for them.

GUIDANCE NOTES

The information disclosed in this form will be used in the selection of tenderers.

- Please note that whenever used in this questionnaire, the term organisation refers to a sole practitioner, partnership, incorporated company, co-operative, charity or analogous entity operating outside the UK, as appropriate, and the term 'officer' refers to any director, company secretary, partner, associate, trustee or other person occupying a position of authority or responsibility within the organisation.

- Answer the questions specifically for your organisation not for the group if you are a part of a group of companies. Where, however, group policies, statements etc. are normally used in your organisation, please answer accordingly.

- Where a question requests a YES/NO answer please make it clear which answer is indicated and include further information necessary to clarify that answer. The Council is entitled to interpret any ambiguous replies in its favour.

- If you are proposing to tender as part of a consortium, you will need to lodge a statement explaining the corporate or other structure under which the consortium will tender, and which organisation will. Each participant must complete a questionnaire and you must demonstrate which participant will be responsible for which part of the contract. You should also note that the Council will only accept bids from consortia where all participants accept full joint and several liability for the whole contract.

- Where the space given for any answer is insufficient please expand the reply box size, but observe any word count limits imposed on that question.

- This questionnaire must be fully completed even if you have previously submitted a questionnaire to the Council. It is not acceptable to cross reference to earlier or other questionnaires.

- Applicants should note that they may be asked to clarify or provide additional information before the Council is able to determine its select list of tenderers, and that the provision of false information may disqualify an

applicant from inclusion. Also, that in accord with the provisions of the Data Protection Act 1998, the name of a person dealing with an application will be a matter of record.

- Non UK based organisations should attempt to answer each of the questions in this questionnaire substituting where relevant the appropriate legislation, code of practice or professional qualifications which are applicable within their domestic jurisdiction.

- The Council does not bind itself to complete this tender process and shall not be liable for any loss or expense incurred by any applicant as a result of its decision not to proceed to the award of the contract.

- Applicants are advised to read the specification or information pack sent out with this questionnaire. All queries regarding this contract should be made in writing via the Proactis E-Procurement System via the 'Messages Tab'.

- The completed questionnaire must be returned, together with supporting documents, **no later than [TIME] on [DATE] via:**

https://www.proactisplaza.com/SupplierPortal/

INSTRUCTIONS AND EVALUATION

The evaluation of the pre-qualification questionnaire has been split into the following four stages:

Stage One: ORGANISATIONAL INFORMATION AND ELIGIBILITY

- To provide information regarding the organisations identity
- To exclude firms that are ineligible because they have been convicted of certain specified offences, or who have been declared bankrupt or insolvent (in accordance with regulation 23 of the Public Contract Regulations 2006);

Stage Two: ECONOMIC AND TECHNICAL CAPABILITY - LEVEL

- Firstly, if a level has been stated in relation to economic or technical capability (e.g. if a licence/permit is required to deliver the contract requirements), any organisation that has not met the stated level will be eliminated.

Stage Three: STANDARDS OF ECONOMIC AND TECHNICAL CAPABILITY

- For those organisations that pass the level(s), set they are then evaluated against standards:-
    - Economic and Financial Standing (regulation 24 of the Public Contract Regulations 2006)
      This is a pass or fail assessment based on professional judgement of the degree of risk to which the Council would be exposed (see process for evaluation attached at Appendix A) and

    - Technical and/or Professional Ability (regulation 25 of the Public Contract Regulations 2006). This is a pass or fail assessment based on weighted marking system and generic evaluation scoring matrix detailed in Appendix B**.** **XX%** of the total marks available in the scoring matrix must be achieved in order to pass this stage.

Stage Four: REDUCING NUMBERS FURTHER

- The scores achieved in Stage 3 will be used if necessary to rank the remaining applicants to identify the top **X** scoring applicants that will be invited to tender.
- This stage will not be required if 5 or fewer organisations pass Stages 1, 2 and 3.

At the end of the pre-qualification assessment, the contracting authority will have rejected those bidders that are not eligible to tender or do not meet the minimum financial/technical requirements, and will have selected from those that remain the most qualified organisations that will be invited to tender.

STAGE 1 – ORGANISATIONAL INFORMATION AND ELIGIBILITY

ORGANISATION IDENTITY INFORMATION

Name of the Organisation making the application:	
Contact name:	
Address:	
Telephone number:	
Fax number:	
E-mail address:	
Website address (if any):	
Date of registration or incorporation:	
Company/Charity Registration number (if applicable):	

Is your organisation?

a) a sole trader	Yes/No
b) a partnership	Yes/No
c) a limited company	Yes/No
d) a public limited company	Yes/No
e) a charity	Yes/No
f) other (please specify)	

Is your company a subsidiary of another company?	Yes/No
If yes, provide details of the ultimate holding company name and address	

Please upload

- a summary of your organisational structure
- copy of constitution or memorandum and articles of association
- proof of registration as a charity or company
- copy of most recent annual report containing a report on the AGM
- (charities) full list of Trustees/management committee members
- (companies) full names and job titles of your Executive Directors/Partners (including non-executive where applicable)

Full details provided? **Yes/No**

PRIME/MAIN CONTRACTOR

Does your organisation propose to tender to provide the (Goods/Works/Services)

required itself? **Yes/No**

(IF THE USE OF SUB CONTRACTORS OR CONSORTIUM BIDS CREATE AN UNACCEPTABLE LEVEL OF RISK FOR THIS PARTICULAR CONTRACT – STATE THIS HERE – AND AMEND/DELETE THE SECTIONS BELOW)

Does your organisation intend to use partners, third parties or sub-contractors to provide some or all of the service? **Yes/No**

If your answer is ***yes*** please identify the intended sub-contractors or partners for the bid below (if currently known):

Organisation name	Organisation address and contact details	Service provision responsibility

Sub-Contractors:
Please note that **if** the Council is willing to agree to sub-contract any element of the service, it will only be on the basis that your organisation will accept full liability for the performance of any sub-contractor. The Council will not consider sub-contracting appropriate, where there is a possible contact with children or vulnerable persons and there is a potential loss of control or increased risk to the individuals.

Consortium Applicants:
If you are proposing to tender jointly with other organisation(s), each organisation must complete a separate copy of this questionnaire and you may only tender on the basis that each organisation will accept full responsibility for each other's performance. One applicant must be identified as the 'lead applicant' for ease of communication with the Council. The lead applicant will be responsible for providing all information required of all consortium members.

Please give a brief outline of your policy regarding the use of sub-contractors and if applicable, the extent to which you might envisage using them for this requirement.

Consortium Bids ONLY: Please list the consortium members, clearly identifying the ‘Lead’ applicant.

COMPLIANCE WITH EC/UK PROCUREMENT LEGISLATION

Do you know of anything that might bar you from tendering or make you an unsuitable applicant to be considered? *Please consider the notes on Regulation 23 below before responding.*

Yes/No

If yes, please provide details:

In confirmation of your answer, the Authority may seek evidence at a later date.

SUMMARY OF INELIGIBILITY CONDITIONS PROVIDED BY REGULATION 23 OF THE PUBLIC CONTRACTS REGULATIONS 2006 (SI 2006 NO. 5)
This summary is not an exhaustive list and is offered only as an indication for the convenience of bidders. Regulation 23 sets out the grounds on which a services provider may be deemed ineligible to tender for or be awarded a public contract. Rejection is permissible when a Service Provider:

- Has been convicted of any of the following offences: conspiracy, corruption, bribery, fraud, money laundering or any other offence within the meaning of Article 45(1) of the Public Sector Directive,
- Is in a state of bankruptcy insolvency compulsory winding up, administration, receivership, composition with creditors or any analogous state, or subject to relevant proceedings;
- Has been convicted of a criminal offence related to business or professional conduct;
- Has committed an act of grave misconduct in the course of business;
- Has not fulfilled obligations relating to payment of social security contributions;
- Has not fulfilled obligations relating to payment of taxes;
- Is guilty of serious misrepresentations in supplying information required by the Authority under the Regulations
- Is not in possession of a licence or not a member of the appropriate organisation where the law of that State requires it;
- Is not registered on the professional or trade register of the relevant State in which established

Some of the above criteria also refer to directors, or any other person with powers of representation, decision or control of the organisation. **Bidders should refer to the Regulations and satisfy themselves that they are not ineligible.** These can be accessed at http://www.bristol-city.gov.uk/procrules or obtained from the person issuing this questionnaire.

Applicants should note that the **Bribery Act 2010** came into effect on 1st July 2011(http://www.legislation.gov.uk/ukpga/2010/23/pdfs/ukpga_20100023_en.pdf

STAGE 2 – ECONOMIC AND TECHNICAL CAPABILITY

INSURANCE

If you are selected, the Council will require you to demonstrate that you have the following levels of Insurance cover in place. These must not contain any exclusions or excesses, which affect the Council. By completing this questionnaire you are warranting to the Council that you can and will do this. If you cannot meet this requirement, or do not know if you can, please do not complete this questionnaire and do not apply to be considered for this work.

Can you confirm that the insurance levels listed below will be in place before a contract is signed? **Yes/No**

- Employers Liability being not less than £10 million
- Public Liability being not less than £5 million
- {CONSIDER OTHER INSURANCES - EG PROFESSIONAL INMEMNITY}

FINANCIAL (NB MUST BE INCLUDED IN ALL PTQ'S)

Please provide the name and address of your banker:

For this particular contract the Council {REQUIRES / MAY REQUIRE } a bond, of performance and financial standing. Do you confirm that your organisation is willing to provide this? {CONSIDER RELEVANCE}

Yes/No

Council may require a parent company guarantee and/or other guarantees of performance and financial standing if considered appropriate. Do you confirm that your organisation is willing to provide if required?
{CONSIDER RELEVANCE}

Yes/No

The following financial information must be returned with this questionnaire:

a) A copy of the most recent audited accounts for your organisation that cover the last two years of trading or for the period that is available if trading for less than two years.

b) A statement of the organisation's turnover, Profit & Loss and cash flow position for the most recent full year of trading (or part year if full year not applicable) and an end period balance sheet, where this information is not available in an audited form at (a).

c) Where (b) cannot be provided, a statement of the organisation's cash flow forecast for the current year and a bank letter outlining the current cash and credit facility position.

d) If the organisation is a subsidiary of a group, (a) to (c) are required for both the subsidiary and the ultimate parent. Where a consortium or association is proposed, the information is requested for each member company.

e) A separate statement of the organisation's turnover that relates directly to the supply of this service for the past two years, or for the period the organisation has been trading (if less than two years).

QUALITY ASSURANCE

Please provide details of any quality assurance certification that your company holds e.g. ISO 9001:2000 or equivalent standard. Please include a copy of any certificate. If no accreditation held, please attach an outline of your quality assurance policy.

Please provide details of any quality assurance certification which you have applied for or that you are working towards accreditation, including relevant dates:

Outline measures your organisation has in place to deliver continuous improvement and briefly describe any improvements that have been made in the last **X** years."

BUSINESS CONTINUITY

Does the organisation have the following:

A risk register which identifies the main operating risks to your business	Yes/No
A business continuity plan	Yes/No
Does the plan detail how the risks identified will impact on your business and how you will mitigate their impact should they occur.	Yes/No
Have you tested your plan.	Yes/No

Please upload a copy of your organisation's business continuity plan for assessment. More detailed, contract specific plans may be required at the tender stage.

If you have answered ***no*** to any of the above questions please provide details below of:
Any progress you have made in preparing the above
Any time scales in place to undertake these processes
Any circumstances which would render above unnecessary

HEALTH AND SAFETY

Please Note:- An organisation of less than 5 employees is not required by law to have a written health and safety policy this will therefore be taken into account during the evaluation process.

Suggested Questions:

1. Does the organisation have a Health and Safety Policy which includes a General statement of Policy or where the organisation employs less than 5 a Health and Safety Policy Statement?

2. Does the organisation have a Health and Safety Policy, which includes an Organisational chart showing Health and Safety responsibilities?

3. Does the organisation have a Health and Safety Policy, which includes arrangements for carrying out the work, paying particular attention to the managing of contractors, and other health and safety legislation?

4. Does the organisation have a Health and Safety Policy, which includes clear information on how the policy will be communicated to the work force?

5. Has your organisation, during the last 3 years, been prosecuted for contravention of the Health and Safety at Work Act 1974, or equivalent legislation or been subject of a formal investigation by the Health and Safety Executive, or similar national body charged with supervision of health and safety standards:

6. If YES, provide details of the incidents and what action has been taken since the event and what precautions are now in place to prevent re-occurrence:

7. Please upload a full copy of your organisation's Health and Safety policy (Policy Statement, Organisation and Arrangements) for assessment. Details regarding the practical application of your health and safety policy may be required at the tender stage:

PROCESS TO FOLLOW:
1) All proposed contract titles need to be sent to Neal Alldred (copying in Paul Fudgell & Simon Hayward) with as much notice as possible, to assist us with improving work resource / allocation for Safety Team.
2) All contract types are to be asked questions 8.01 - 8.06 at Pre-tender Questionnaire stage.
3) Answers to questions 1 - 6 checked by Officer leading the Tender process. If they answer 'yes' to 1 - 4 and 'no' to 5 they can pass through to the next stage. Any which answer 'Yes' to 5, contact H&S section for further advice.
4) For all high risk and Service type Contracts (determined in No1) as 1-3 above, but with Q7 as an addition. Where a full copy of the Full Policy (Policy Statement, Organisation and Arrangements) to be sent / uploaded for checking by Safety Team.
5) The suggested scoring is Pass / Fail for the Safety Section questions.
6) If Failed, further discussion with Procurement Team regarding repeating questions / asking for further clarification from all prospective contractors.

Consider additional contract specific questions where relevant and proportionate.

SUSTAINABILITY/ENVIRONMENTAL CONSIDERATIONS

Client Officers – it is essential that you consult your departmental Environment Advisor and select relevant and appropriate questions – examples below:

Please provide details of any environmental management systems (e.g. ISO 14001 or Eco Management and Audit Scheme) that your organisation has completed or are undertaking.

Have any prohibitions, improvement notices and enforcement orders been used, or prosecutions made under environmental law in the last 5 years?

Does your company have an environmental or sustainability policy? If YES, please provide a copy of this policy.

Are you registered as a waste carrier by the Environment Agency? If YES please state registration number and expiry date (may be a 'level' for some contracts)

Do you have all relevant environmental consents, permits, and licences associated with the processes carried out (give relevant examples) if YES, please state registration number and expiry date. (may be a 'level' for some contracts)

Please provide details of any actions taken to reduce the environmental impact of waste disposal, reuse, and recycling within the last five years.

Please provide details of any action taken to reduce the environmental impact through energy management within the last five years.

Please provide details of any action taken to reduce environmental impact through your approach to supply chain management within the last five years.

Please provide details of any action taken to reduce the environmental impact of staff travel and delivery of goods within the last five years.

EQUAL OPPORTUNITIES

In the last three years has your organisation had any findings of unlawful discrimination made against them, by any court or industrial tribunal, or been the subject of formal investigation by the Commission for Equality and Human Rights?

Yes/No

Please provide details of each occasion and detail what corrective action has been taken as a consequence of each finding:

Date	Unlawful finding/area	Corrective Action Taken

Please provide a copy of your equalities policy and supporting evidence. We are looking for you to demonstrate your commitment to equalities in both employment and service provision in:

(a) Managerial instructions for recruitment, selection, remuneration, training and promotion.
(b) Information for employees, trade unions and other representative groups.
(c) Recruitment advertisements and recruitment literature.
(d) Instructions and training of staff

Where relevant and proportionate, seek evidence of proactive application of equalities in terms of service provision, two examples below, consider different or more questions where appropriate.

Please provide evidence of your approach to equalities in terms of access to your services by service users.

Please provide data demonstrating how your approach to equalities has impacted in how services are delivered (and/or) who uses your services, and how these have developed overtime to become a more equitable service.

DISPUTES

Has your organisation undertaken any contracts, in the past three years, where there has been:

- A failure to complete the contract on time or at all Yes/No
- Where there have been claims for damages Yes/No
- Where damages have been deducted or recovered Yes/No
- Where a contract has been terminated Yes/No

If yes, to any of the above, please provide details in the table below:

Customer name and address	Contract reference and brief description of goods and services provided	Date of claim/ contract termination	Reason for claim/ contract termination

Are there any court actions outstanding against your organisation?

Yes/No

If yes, please provide details:

Has your organisation been involved in any court action over the past 3 years?

Yes/No

If yes, please provide details:

BUSINESS CAPACITY AND CAPABILITY

The following questions are intended to indicate your organisation's general technical capability and ability.

Please provide details of the principal areas of your business activity:

{CONTRACT SPECIFIC QUESTIONS}
ALL THESE QUESTIONS MUST BE ABOUT THE ORGANISATION'S TECHNICAL CAPABILITY AND CAPACITY – THEY MUST **NOT** LEAD APPLICANTS TO STATE WHAT THEY WOULD OFFER IF AWARDED THE CONTRACT. Think backward looking – never forward looking at this stage. The questions below **are examples only** – delete/amend as appropriate. All questions must be relevant and proportionate to the contract.

Please confirm which outputs/outcomes listed below, and detailed in the specification, that your organisation routinely delivers to current and/or past customers:

1	**Yes/No**
2	**Yes/No**
3	**Yes/No**
4	**Yes/No**

Please develop your response with additional information to support your experience and capability below. And/or ask for reference sites/case studies.

Which professional or trade bodies does your organisation belong to?

Please provide details of the number of employees/volunteers**(client officer: delete as appropriate)** and their job professions who are engaged in the specific type of work for which you are applying. (Permanent employee numbers, full time equivalents):

Type of staff	No of Employees	
	Permanent staff	Sub-contracted or agency employee staff

Please describe in a maximum of 1000 words, your previous experience of providing Services similar to those required by the Council, and relate how your experience and current capacity meets the requirements of the Contract.

Please provide the following evidence of your organisation's employment practices:

- Job descriptions (relevant to this service)
- Personal specifications
- Generic employment contracts
- Volunteer agreements (charities)
- Code of Conduct
- Disciplinary procedure
- Induction, training and development policies

Information above uploaded: **Yes/No**

Please provide details of what facilities, equipment and systems are available to your organisation which have enabled you to deliver contracts of a similar nature to this tender.

REFERENCES

Please provide details of any similar contracts for the {ENTER SERVICE REQUIRED} during the past three years (Local/Public Authority preferred):

A minimum of {ENTER NUMBER REQUIRED – and provide the correct number of 'boxes' below} referees are required for the application of this contract.

Customer Name	
Contact Address, Telephone No.	
Email address	
Contract Title	
Contract Price (£)	
Price Basis, e.g. Lump Sum	
Description of Service Undertaken	
Names of any sub-contractors and/or consortium members and	

their role	
Start date of contract and duration	

NB. The Authority may elect to contact any of the given referees to establish your reputation and previous/current performance. Your permission to do so will be assumed unless you explicitly state any objections.

CASE STUDIES **Client Officers: be selective about whether/which of these are used – some duplicate previous optional questions above, so choose ONE approach carefully – it will rarely be a good idea to duplicate a question by asking for the same information again in a case study format. NB As with the questions, the information you ask for here must be proportionate and relevant to this contract.**

Relevant Experience: By reference to these reference sites/case studies, in no more than 1500 words in total describe your experience in providing the services listed in part 1,section 2 (page 5) and what have been the key issues you have faced and how have these been addressed? Indicating how this experience has directly led to more value for money without compromising the quality of service.

Contract Monitoring and Reporting: By reference to any one or more of the reference sites/cases studies identified above, and in no more than 500 words, please provide details of how you monitored and reviewed performance through the life of a specific client case(s), including the outcomes of that performance review.

Achievement of Agreed Services Levels: By reference to any one or more of the reference sites/case studies identified above, and in no more than 500 words, describe how you have worked with the client, and other stakeholders, if appropriate, to achieve joint overall agreed service levels used to measure the success of the specific client case. Describe the agreed service levels, how they are measured and explain:-

- your role in achieving or exceeding the agreed service levels; or
- if the agreed service levels have not been achieved, the reasons why, and the steps you have taken or are taking to rectify this.
- any early exits, legal challenges or disputes

Managing Client and Stakeholder Relationships: By reference to any one or more of the of the reference sites/case studies identified above and in no more than 1500 words, describe:-

- as part of that process how you managed the expectations of stakeholders to provide them with a sense of ownership and involvement;
- how you achieved a cultural fit with the client and stakeholders; and
- how you established, maintained and developed the client side relationship, especially in relation to contract management.

Managing Subcontractors: By reference to any one or more of the reference sites/case studies identified above, and in no more than 1000 words, describe how you have managed and delivered long term value for money through continuing relationships with subcontractors and resolved any issues between those members of the supply chain.

Managing Transition: By reference to any one or more of the reference sites/case studies identified above, and in no more than 1000 words, please explain how you have managed a transition/handover from one contract expiring to implementation of a new contract. Please identify the key issues that had to be addressed and how they were resolved (with reference to the mobilisation period prior to contract start and TUPE issues where relevant).

Service Changes and Flexibility: By reference to any one or more of the reference site/case studies identified above and in no more than 1000 words, please describe how you have effectively managed service improvement changes or have planned to manage them during the life of a contract.

Innovative Solutions: By reference to one or more of the reference sites/case studies identified above, and in no more than 1000 words please give details of any innovative solutions you provided to another client, referring where possible to the methodologies employed to deliver specific service areas associated with this contract.

Information Technology: By reference to one or more of the reference sites/case studies identified above, and in no more than 1000 words please give details of your organisation's experience in delivery (list technologies that would assist in, and/or are fundamental to, the delivery of this contract)

Resource Planning/Optimisation: By reference to one or more of the reference sites/case studies identified above, and in no more than 1000 words please give details of please give details of how you have managed, controlled and optimised

resources at your disposal (within any contractual constraints) to ensure overall, a more efficient and value for money service.

Service User Involvement and Participation: By reference to one or more of the reference sites/case studies identified above, and in no more than 1000 words please provide evidence that demonstrates your organisation's commitment to the participation of service users in service design, development and delivery. Please include such evidence as your participation strategy (or similar procedure), and evidence of actions taken to implement that strategy.

Complaints Procedures: By reference to one or more of the reference sites/case studies identified above, and in no more than 1000 words please give details of application of your complaints procedure, in particular specific measures in place to deal with (**Client Officer**: **select as appropriate to service**) service delivery failure, allegations of discrimination/harassment, allegations of theft/substance abuse, allegations of fraud/corruption. Please also upload your complaints policy/procedure and any documentation used to publish your complaints procedure and evidence of where this is published.
Supporting evidence uploaded? **Yes/No**

Safeguarding: Organisations that provide services that involve having access to, or having contact with children and/or vulnerable adults must meet the statutory safeguarding requirements. By reference to one or more of the reference sites/case studies identified above, and in no more than 1000 words please give details of processes, procedures and policies that ensure that your statutory duties are met. Please upload any documented policies and procedures.
Supporting evidence uploaded? **Yes/No**

Environment: Client Officers – consider designing a really pertinent question with your departmental Environment Advisor.

Health and Safety: Client Officers – consider designing a really pertinent question with your departmental H&S Officer.

FORM COMPLETED BY:

Name	
Position	
Date	
Telephone number	
E-mail address	

Before uploading this application form onto the Proactis Supplier Portal, please ensure that:

i) all questions have been answered;
ii) all relevant/requested documents have been uploaded;
iii) the named person above is an individual with the authority to make these statements on behalf of the applicant. Uploading of this document onto the Proactis Supplier Portal will be taken to mean that this application has been made on behalf of and has been authorised by, the orgnanisation.

Appendix A

APPENDIX 2. FINANCIAL EVALUATION METHOD

The key objective of financial appraisal is to analyse applicants financial position and determine the risk that it would represent to the Authority. A range of factors needs to be considered as part of the appraisal and various financial statistics, ratios and figures analysed. Once the appropriate data has been obtained a professional judgement must then be applied to the issues.

When undertaking the financial vetting the Authority looks at the bidders most recent accounts along with those of any ultimate parent company (if applicable). These would be checked for general audit issues and then analysed to give an indication of profitability, liquidity, net worth, asset/debt position, capacity and general stability.

The Authority recognises that the accounts submitted often relate to an accounting period that finished several months earlier. Where appropriate it will consider other information that it considers reasonable to use in determining the risk represented by a bidder.

The Authority will also consider any additional information submitted by the applicant should the applicant consider this necessary for the Authority to have a fuller understanding of its financial position. This may be appropriate, for example, to obtain a fuller understanding of an applicant's financial structure or funding arrangements. The Authority would expect any such information to be verified by an independent source, for example, the applicant's auditors.

Initially basic checks are made on a bidder's title and any relevant registration details (e.g. registered number at Companies House). The Authority would check whether the bidder is trading or dormant and whether it has a parent company. The status of the accounts is also determined to check whether accounts submitted are for the last accounting period for which statements have been filed and whether there are later accounts that are overdue.

When considering profitability the Authority looks at the gross profit margin and operating profit margin. These ratios indicate the efficiency of the organisation. A loss in the year would be looked at in conjunction with the balance sheet resources available to cover this loss.

When looking at liquidity the Authority uses the current ratio and the acid test ratio. The current ratio is a measure of financial strength and addresses the question of whether the bidder has enough current assets to meet the payment schedule of its current debts with a margin of safety for possible losses in current assets. The Acid Test ratio measures liquidity and excludes stock to just really include liquid assets.

The Authority would look at the bidder's balance sheet and determine the net worth of the organisation and that element that can be mobilised in a financial crisis. The Authority would look at the net assets and also the net tangible worth (excluding intangible assets). The Authority would also look at the proportion of total debts against total assets.

Contract limit is the size of contract that is considered 'safe' to award to a bidder, based on a simple comparison of the annual contract value to the annual turnover of the organisation. This gives the Authority an idea of financial strength to ensure that the bidder can cope financially with this size of contract. The Authority assesses the capacity issue of whether the bidder has the resources to carry out the work.

The Authority would consider all of the above in relation to the bidder and that of any ultimate parent company and then a judgment would be made as to the risk that the organisation would represent to the Authority. The final decision regarding the acceptability of the bidder's financial standing relies on a degree of professional judgment from the Authority. If the Authority decides that the financial standing of the bidder represents an unacceptable risk to the Authority then the bidder will be excluded from further consideration in this process.

Appendix B

Technical Capacity and Capability Evaluation Model

Generic Scoring System

Consider the following as a starting point to develop a scoring template.

0 - No information provided or response does not address question / is demonstrably deficient / totally fails to meet expectations.
1 - Major concerns that the organisation has not met a reasonable standard or has failed to demonstrate it has the potential to deliver.
2 – Minor concerns that the organisation has not met a reasonable standard or has failed to demonstrate it has the potential to deliver.
3 - The organisation has the potential to deliver and there are no concerns of any significance.
4 - The organisation has the potential to deliver and has clearly met an acceptable standard.
5 - Well evidenced submission clearly demonstrating the organisation has achieved a high standard.

Develop a weighted evaluation matrix for each section/question in the PQQ

Develop a scoring matrix for references

Equalities in commissioning – equalities policy checklist

To propose a standard set of criteria and a scoring system that can be used by all commissioners when evaluating the quality of an equalities policy.

Equalities Policy Checklist and scoring framework

Criteria:

Content	Evidence	Rationale	Scoring
1. Legislation:	Accurate reference to the Equality Act 2010 and all protected characteristics	Demonstration of an up to date understanding of equalities legislation and its implementation	0-5
2. Covers all areas:	Evidence that the policy relates to: Staff, Service users, Volunteers	Commitment to applying equalities considerations to staff, service users and volunteers, in the way services are provided	0-5
3. Discrimination etc.	Makes reference to tackling: Discrimination, Harassment, Duty to make reasonable adjustments	Demonstrates a commitment to eliminating direct and indirect discrimination; to dealing with harassment of staff, service users and volunteers; to ensuring that disabled people are not disadvantaged as a result of their impairment and in ensuring buildings and facilities are accessible	0-5
4. Complaints:	How complaints under the equalities	Evidence that complaints of	

	policy will be dealt with.	discrimination and harassment under the Equalities policy are dealt with effectively.	0-5
5. Recruitment:	Arrangements for recruitment and selection (and promotion)	Evidence that equality considerations are applied to recruitment and selection and promotion	0-5
6. Advertising:	A commitment to advertise widely and recruit from a wide pool of applicants	Demonstrates a commitment to achieving a representative workforce	0-5
7. Monitoring:	Monitor the profile of employees, volunteers, service users etc.	Evidence of monitoring to understand make up of current service users and staff with a view to taking action to redress under-representation	0-5
8. Training:	Arrangements for equality training, including a commitment to providing access to training for all employees	Staff are up to date, understand how equalities considerations impact on service delivery and staffing issues; how to meet the needs of service users from equalities groups,	0-5
9. Communication, responsibility and review:	How the policy is communicated; where responsibility for the policy lies; the date when the policy was adopted and details of review.	Ongoing commitment to ensuring policy is communicated to all staff, is reviewed regularly to ensure it is kept up to date and who is responsible for this in the organisation.	0-5

Scoring framework:

Score	**Guidance**
0	No information provided

1	Insufficient, inadequate or inaccurate information provided
2	Achieves a basic minimum standard
3	Satisfactory and acceptable information provided (this should reflect the size and nature of the organisation being assessed. A large national organisation for example would be expected to provide good quality information.)
4	Good, full and robust information (this should reflect the size and nature of the organisation being assessed. A large national organisation for example would be expected to provide good quality information.)
5	Very good, exceeds expectations and adds value

Bristol City Council – Annual report on Equalities and Community Cohesion
Purpose: To demonstrate how the council meets the Public Sector Equality Duty

1 Context

1.1 This report fulfils the council's legal duty to publish information on how we (the council) have given due regard to the three aims of the public sector equality duty:

- To eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act;
- To advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- To foster good relations between people who share a protected characteristic and people who do not share it.

The protected characteristics covered by the Equality Act are sex, marriage and civil partnership (in respect of eliminating discrimination), race, disability, sexual orientation, religion or belief (including those with no religion or belief), gender reassignment, age and pregnancy and maternity.

1.2 This report summarises work which has taken place over the past 12 months to meet our Duty, and the report is organised in line with our strategic objectives as published in our Single Equality Scheme 2010-13, namely:

- To improve the diversity of the workforce at all grades
- To narrow the gap of disadvantage for equalities communities
- To make sure the council's services and contractors deliver accessible and appropriate services to equalities communities
- To ensure BCC's Transformational programmes promote equal opportunities and reduce discrimination

Background information

1.3 This report is supported by detailed statistical analysis of equalities data, by our equalities impact assessments published on our website, by our Equal Opportunities and Anti-Harassment Policy, our Community Cohesion Strategy and our Single Equality Scheme 2010-13. In November 2011 we undertook a Diversity Peer Review with the Local Government Association, and were assessed as achieving at an Excellent level in the Equality Framework for Local Government. The peer assessors' feedback has also informed this annual report. For copies of these documents see www.bristol.gov.uk/equality or contact the Equalities and Community Cohesion Team at equalities.team@bristol.gov.uk or on 0117 922 2329 for a copy.

*The report uses plain language guidelines where possible, and when using the terms 'we' and 'our', the report is referring to the response of the council.

2.0 Achieving a diverse workforce.

2.1 In 2010 our Extended Leadership Team and our Black And Minority Ethnic Employees Group agreed and initiated a BME workforce action plan including 25 projects to promote equality of opportunity. In 2011 this was supplemented by Managing Diversity training for all 1st to 3rd tier staff to ensure leadership on promoting equalities in the workplace. In our 2011 Employee Survey we noted that BME staff satisfaction on a majority of indicators was now close to that of the whole workforce. Therefore, whilst we acknowledge the percentage of BME staff at 8.48% is still lower than the percentage of economically active BME people within the local population (the ONS estimate this to be above 11%), we believe we have built a solid foundation for sustained improvements in both the percentage of and positive experiences for BME staff.

2.2 We have worked with the Rainbow Group (our self-organised employees group for lesbian, gay, bisexual and transgender staff), using the Stonewall Workplace Equality Index as a framework, to implement a programme of work to promote lesbian, gay and bisexual equality. In 2010-11 we promoted "Out in the Workplace" team discussions to enable staff to identify homophobia and heterosexism in the workplace and to encourage positive working environments where lesbian, gay and bisexual (LGB) staff feel safe to be out at work. In the July 2011 staff survey 78% of LGB staff were out in the workplace (compared with 62% in 2007). In January 2012 we came 41st out of 363 employers in the Stonewall Workplace Equality Index, an improvement from 76th place in 2011 and 125th in 2010. The 2011 employee survey noted that, on a majority of indicators, there was not a significant gap between satisfaction or outcomes for LGB staff and the whole workforce. 1.8% of the overall workforce are LGB, however the % of LGB staff increases to 4.1% if we only consider the staff group who have declared their sexual orientation. We are confident that the training and resources we have in place and our planned future work to profile LGB issues for staff and service users will sustain the positive improvements in numbers and satisfaction levels of LGB staff.

2.3 Growing and nurturing the younger workforce is a corporate priority within our People Strategy and since 2009 the council has been running an apprenticeship scheme and a scheme of subsidised internships. A dedicated team works with partner organisations; BOSS, Remploy, Ujima Radio, to promote the scheme to equalities communities and we have recruited BME young people, young people with learning difficulties, people with support workers, and have just advertised for a BSL user. We also work with our regeneration team to ensure that we reach those who have the fewest opportunities. Since the scheme began in September 2009 the Council has taken on 115 apprentices. Of these, 14 have secured permanent posts with the Council, a further four have obtained jobs outside of the Council and two have returned to full time education. As at 31 March 2011, 73 apprentices were employed on this scheme.

We continue to work to improve the representation of young people within our workforce. 3.4% of our workforce are aged 16-24 compared with 16.6% who are 16-24 and economically active in Bristol. We are pleased to note that 25% of job

applicants (from Sept 2010-Sept 2011) were aged 16-24 and 64 young people were offered positions. We recognise that we need to do more to improve the employment of young people, over and above our award winning apprenticeship scheme. On-Site Bristol has 201 apprentices this current year (starting Sept 11) on programmes for two - four years, depending on trade and level of apprenticeship. We are also supporting Backing Young People in Bristol, which aims to achieve 2012 new apprenticeship starting in 2012.

2.4 It is positive to note that disabled staff are proportionately represented at different levels of seniority throughout the organisation, however we have a declining percentage of disabled staff. In 2009 6.9% of staff declared themselves as disabled but by September 2011 this had reduced to 5.8%. We also note that disabled staff's responses in our 2011 staff survey indicated poorer outcomes and satisfaction levels in comparison with other employees' responses. Human Resources and the Senior Leadership champion for disabled staff have been working closely with the Disabled Employees Group to agree an action plan to improve employment opportunities for disabled staff.

2.5 We recognise we have a duty to meet the needs of people who come from equalities communities whose needs may be different from the needs of people who do not come from that equalities community. We have updated our Religion and Belief guidelines for Manager and Employees. This clarifies changes to work place arrangements which can be made if staff request changes on account of their religion or belief. The Good Practice Guide for the Recruitment and Retention of Disabled Staff has been updated and is well-used both by managers and disabled employees. Following specific queries from transgender staff and their managers about managing the transition process, we produced "Transgender Guidelines for Managers" and a transgender employee produced responses to "Frequently Asked Questions" on Transgender issues. Training was also provided across the council, bought in from Gendered Intelligence. This course has been run five times over the last three years, with just under 200 people attending.

2.6 We are pleased to note the progress in moving to better reflect the diversity of our customers with BME and LGB staff and apprentices, and that these improvements have been sustained despite the need for budget savings. By March 2011 our workforce had reduced by over 350 full-time equivalent posts, however only 50 of these were achieved through compulsory redundancies. In 2010-11 we saved £400k in senior management costs, with an overall saving of £1m in senior management costs since 2009.

2.7 Human Resources are committed to inviting all staff who have not fully completed their equalities monitoring forms, to give us their full equalities monitoring data. We offer an option of 'prefer not to say' for all our equalities monitoring data (for employees and service users) but a significant percentage of staff may have been recruited prior to full equalities monitoring, or have not understood why we need to gather the data at the previous time of asking, and we do anticipate a significant improvement in our monitoring information after this exercise is completed. This is particularly relevant for monitoring data on sexual orientation and religion and belief where non-completion of full equalities data is over 50%.

*The report uses plain language guidelines where possible, and when using the terms 'we' and 'our', the report is referring to the response of the council.

2.8 We are confident that our diverse workforce priorities will be sustained within the current financial situation facing all public authorities. We are also confident that the Managing Diversity training for middle managers which was launched in December 2011, with the aim that it be delivered to all managers by April 2013, will equip and develop staff to deliver the requirements of the public sector equality duty, improve their understanding of the needs of diverse communities and how to manage diverse staff teams effectively.

3 Delivering accessible and appropriate services to equalities communities and narrowing the gap of disadvantage

3.1 In our 2011 self-assessment for the peer diversity review, we identified 145 case studies of how the council promotes equal opportunities throughout our service provision, our employment practices and in our engagement with communities. For the purposes of this report, we are reporting on progress on issues where there are long-term, differential outcomes for people from equalities communities.

3.2 There has been a significant improvement in school attainment in the last five years for all pupils. Over the last five years, the percentage of students at Bristol schools and academies gaining five or more GCSEs at grade A* to C has increased from 47% to 77%. For the same period, the percentage of students in Bristol gaining five or more GCSEs at grade A* to C including English and Maths has increased from 31% to 50%. Levels of improvement are similar across all protected characteristics. Nevertheless there remains an achievement gap, for example for those attaining 5 A*-C including English and maths, there is a 5% percentage gap between BME pupils and all pupils and a gap of 3% between boys and girls.

3.3 In 2006, disabled young people identified lack of out of school activities as a key issue they wanted the council to address and this has significantly improved. Between 2009/10 - 2010/11 there has been a 40% increase in young people attending youth activities. Access to short breaks and out of school activities for younger disabled children has improved significantly and the improvement in Bristol has received national recognition. However, due to the national economic downturn, the numbers of young people who are not in employment, education and training (NEET) is increasing and disabled young people are over represented; 13% of all NEETs are disabled, compared with 10% in 2009/10. This is a priority within our Single Equality Scheme and we are working with Connexions to promote opportunities to disabled young people.

3.4 Access to housing and rehousing is a key issue for low-income families and individuals. HomeChoice Bristol creates opportunities for people to bid for homes using the Internet or via adverts in the local press and, when the system was introduced, disabled and older people were concerned lack of digital access for these communities would limit access. The % of older and disabled people who use HomeChoice to bid for housing has increased slightly in 2011. It is positive to note that over 18% of people on the Bristol Housing Register who have been let homes in the past 12 months are disabled and over 9% are over 65. This indicates that, although bidding levels are lower than expected, in terms of the desired outcomes (being let a new property) disabled and older people are not

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disadvantaged. BME tenants' satisfaction has improved by 13% from 2009/10, but BME tenants remain less satisfied with our services than non-BME tenants.

3.5 We recognise that it is important for communities to be part of decisions that affect them; one measure of this is representation on decision-making bodies. Women and people from BME communities remain under represented as councillors. We have supported councillor-shadowing schemes for three years and in 2011 10 BME candidates ran for election, three were elected, two of whom were standing councillors. In 2011 we supported a democracy event to encourage young women to become involved in local democracy. Neighbourhood Partnerships are increasingly important for local decisions; LGB and older people are well represented but BME communities, disabled people and women are still under represented. We have also improved BME, LGB and disabled governor representation.

3.6 In tackling hate crime and harassment the council has well established reporting systems and support agencies. In 2010 -11, our Strategic Partnership Against Hate Crime recorded 2,454 hate crime reports to the police, the council, voluntary sector support agencies and to schools, 79% of which were reports of racist incidents. In 2011 we came 7th in the Stonewall Education Index in recognition of positive action in schools to tackle homophobia.

3.7 In 2011 repeat victimisation of women experiencing domestic violence and abuse has reduced from 41% in 2009 to 25% in 2011, and we are confident of providing protection for BME women who are 23% of those supported at MARACs (multi-agency priority for those at risk of significant physical harm or death). We have updated our Violence Against Women and Girls Strategy in 2011 and undertaken an equality audit of MARAC casework, investigating low levels of referrals for disabled people (2%), men (2%) and people who are LGB (1%).

Overview of service uptake for people sharing protected characteristics

3.8 Services where uptake of generic services by disabled people is good includes our Customer Services (by phone and face to face), access to drugs services, the computer reuse scheme and the Ways 2 Work employment support projects. We have reviewed our Home Adaptations services as part of a whole systems review, and the new systems being introduced will both speed up the process and ensure more people get their needs met through a range of solutions. This is a good example of re-designing services (working alongside a customer focus group of disabled people) that will better meet the needs of this group. However, overall disabled people are under represented in uptake of generic services, such as leisure centre, libraries and museums.

3.9 People from BME communities are 13.5% of our local population (ONS mid-term estimates 2009). Most generic services are well used by BME people and, as an overall picture, services appear to be relevant and accessible to BME communities and we are confident that we are improving on our public sector equality duty. We do note that BME people are over represented in some of our enforcement actions, such as benefit fraud, custodial sentencing for young offenders and sanctions for

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rent arrears. On a positive note we are decreasing the % BME people with anti-social behaviour orders.

3.10 Over 50% of service users across most service areas are women, and due to socio-economic disadvantage and social roles experienced by women, we would anticipate a greater reliance on social housing, health and social care and other support services for women. Overall, 62% of people using Health and Social Care services are women and this is more pronounced in the older age bandings (71% in the 75+ band and 75% in 85+ band). One reason for this is the higher life expectancy for women, but this alone does not account for the big difference and points to other factors such as the traditional role of women as the main carer and the impact this has on their health. The implementation of the Carers Strategy is addressing this, with progress made throughout 2011 to; integrate the approach to carers of disabled children and carers of adults, pooling resources in BCC and NHS Bristol to support carers and delivering greater opportunities for carers to exercise choice and control in the support they receive. We also recognise there may be implications for young carers, some of whom are not in contact with support services, and we will continue to promote outreach and support for these young people.

3.11 Two services show a service uptake similar to the % of lesbian, gay and bisexual people estimated to be in the local population; 6% of drugs services users and 5% of those using our Customer Services centre are LGB. LGB young people continue to remain a priority for the Bristol Youth Links project. Most council services have only recently introduced sexual orientation monitoring and have still to embed such monitoring. For this reason we do not know whether LGB communities are truly underrepresented and cannot yet reach any conclusions as to whether we are meeting our public sector equality duty for LGB people. However, in 2011 we introduced a new comprehensive monitoring system and anticipate that the data return for 2011-12 will be fuller in the future.

3.12 Nearly 17% of the local population are young people. We have over 17% service uptake by people aged 16-24 for the following services: housing advice, private renting services, people on the Bristol Housing Register, people bidding for housing and people getting housing lettings, Ways 2 Work and Fresh Start regeneration programmes. We have under usage by 16-24 year old people for a number of our generic services. We have identified that young people aged over 16 are increasing as a % of children in care, primarily because of the Southwark judgement*. On a positive note, as of November 2011, we did not have any anti social behaviour sanctions against people aged 16-24.

3.13 The council provides some services where, because of the nature of the service, the majority of service users are aged over 65. Services where over 12.5% of the users are over 65 include: most Health and Social care (HSC) services (65% of users are over 65), home adaptations, adult learning, blue badge and disabled parking bay applicants, supported housing, using libraries and museums, getting energy efficiency grants, receiving a caretaking service and using Welfare Rights and Money Advice. Customer services and advice services are well used by older people. Older people are under represented as tenants (11.5% compared with 12.5% of the local population).

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3.14 Where we monitor services for people with a religion and belief we find a proportionate number of people of faith use our services, however we do not have information on religion and belief for a number of services. People with a religion and belief are under represented as users for drugs services where the majority of users are people without a religion or belief.

3.15 In 2011 we have included transgender within our monitoring forms for all services, but we have very limited data on service usage by people who are transgender. 18 staff declared themselves as transgender in our 2011 staff survey.

4.0 Transformational programmes promote equal opportunities and reduce discrimination

4.1 In order to meet our Public Sector Equality Duty we undertake equalities impact assessments (EQIAs). This ensures we consider equality issues when undertaking decisions. These are published on our website www.bristol.gov.uk/equality . In 2011 we completed 62 EQIAs as a part of our medium term financial plan and published a narrative on the cumulative impact of budget proposals on equalities communities. In 2010-11 we consulted with equalities communities in 68% of our EQIAs (compared with 18% in 2009-10).

4.2 We recognise that within equalities communities, there are some particularly vulnerable people. We have developed a project to map vulnerability factors to ensure that our customer services are accessible to everyone as we increasingly 'channel shift' to web and telephone contact. Our Modernising Customer Services programme is changing the way we deliver services and we are developing targeted services to meet the needs of our most vulnerable customers, most of whom are from equalities communities. Safer Bristol has recognised that vulnerable and socially isolated individuals can be disproportionately affected by crime and ASB. The Partnership has now developed and rolled out a vulnerable and repeat victim/witness matrix which has significantly improved the partnership's ability to identify and support those victims who are most in need.

4.3 We have a strong partnership between the council and VCS advice services which has helped our communities cope with the impact of the recession and multiple changes to benefits. The Joint Planning Board Advice Services and the Advice Network Project drive this joint working.

5 Public Sector Equality Duty to foster good relations

5.1 In 2011 we endorsed Bristol's application to become a City of Sanctuary in recognition of strong partnership working to support refugees and asylum seekers. In 2010 our Building the Bridge (PREVENT) partnership programme won a national Award for Bridging Cultures for our Building the Bridge partnership to tackle the social exclusion of Muslim communities. We also recognise the need to undertake additional work with the White community living in areas where local demographics may be changing significantly, especially at a time of heightened scrutiny of limited resources.

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5.2 In 2009 the Institute for Community Cohesion published a commissioned report into the impact of pupil population change on our schools, identifying the key issues that needed to be considered in planning schools, education and young people's services and in responding to the duty to promote community cohesion. In October 2011 a follow up 'sharing good practice' conference was organised where the Executive Chair of the Institute for Community Cohesion, Professor Ted Cantle, stated: "We've found that Bristol schools have made striking progress in their efforts to promote community cohesion and that confidence levels have been strengthened."

5.3 The projected growth of numbers of children in Bristol is one of the highest in the country, especially for children aged under 10. In 2011 26% of children in Bristol schools were BME and in 2010 27% of newborns were born to mothers who were born outside Britain. These children will attend settings and schools in the future, and the council will work with those settings to ensure the differing needs of equalities communities remains a priority.

5.4 In 2010, OFSTED rated Bristol's work on female genital mutilation (FGM) as excellent and we have continued to work to prevent FGM in the city. In 2011 the police undertook their first arrest in an FGM case. We have also been working to prevent forced marriages and in 2011, we undertook our first criminal proceedings to protect a child at risk of forced marriage.

5.5 The Peer Diversity Review in 2011 reported that our local partners consider the council has done well on the PREVENT strategy, managing the Stokes Croft riots, eliminating female genital mutilation, our Muslim burial ground extension, planning applications for mosques, the Rroma community (Romanian and Czech) and in its work with faith communities. The Peer Challenge Team also considered our work with gypsies and travellers to be excellent.

5.6 We have also initiated new work areas in 2011 which includes supporting the establishment of the Jewish/Muslim network and further development of the Tension Monitoring Group, particularly about reporting and action. We undertook a series of actions to support provision of English for Speakers of Other Languages (ESOL) including a Scrutiny Inquiry Day, the work of the ESOL sub-group in developing a new approach to ESOL provision and commissioned projects funded through the Migrant Impact Fund (supporting a range of ESOL provision and work with Migrant communities). We have also developed projects in six wards across Bristol using Connecting Communities Funding to promote cohesion and prevent alienation in economically deprived areas.

5.7 The council has an in-house Translating and Interpreting Service, which covers its own costs as a business unit. In 2011, the most requested languages for translation and interpreting in Bristol are Somali, British Sign Language, Polish, Romanian and Chinese, 40% of users are council customers and 60% are external agencies, with a high demand from health services.

5.8 Lesbian, gay, bisexual and transgender business owners were concerned that there was friction in the Old Market area of Bristol between the LGBT owned businesses and the local Community Association. The council worked with

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representatives from the LGBT owned businesses helping them to set up their own organisation, the Village Business and Residents Association (VBRA) - this organisation is now running independently and working closely with the local Community Association, Destination Bristol and council officers. The Old Market area will be promoted as a Gay Village.

6 Engagement and Participation

6.1 The council has developed community engagement mechanisms, enabling equalities communities to raise issues with us that are not necessarily evidenced through data. We have annual meetings with equalities stakeholders and work with consultative groups on a regular basis to inform our equalities impact assessments and the design of services. Consultative groups include:

- The Disability Equality Forum
- Bristol Physical Access Chain
- The Bristol Older People's Forum
- Bristol Multi-Faith Forum
- LGBT Bristol
- Bristol Women's Forum was an internal structure that closed in June 2011 in response to the findings of commissioned research that showed women in the city favoured a new independent model, provisionally called Women's Voice and Influence.
- Bristol Race Forum has undergone a similar transformation and we are supporting a BME Voice and Influence Steering Group to identify the best way of harnessing BME voices to impact on the council and other providers.
- Health and Social care support five equalities forums; Bristol Carers Voice, the Physical and Sensory Impairment Improvement Group, the Mental Health Partnership, the Learning Difficulties Partnership and the Older People's partnership Board.
- Children and Young People's Services support our participation in the Youth Parliament and forums of young BME, LGBT and Disabled people and a Children in Care Council.
- Our Tenant Participation Team works to ensure that our diverse tenants have a voice within landlord services.
- Service 'User Feedback Organisations (UFOs)', developed by Safer Bristol's Substance Misuse team, sit on several of the strategic groups in Bristol and have one vote on the Joint Commissioning Group. There is a UFO for BME people and a new UFO for people who are LGBT.
- There are five (BME, LGB and T, Women, Disabled people and Young people) self-organised employee groups within the council that challenge us to improve our employment practice and give direct support to employees from equalities groups.

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7 Satisfaction

7.1 Between January 2010 and December 2011 there were 22 discrimination cases from members of staff where cases went to tribunal, two were upheld and seven are still ongoing. We fund an external organisation to support discrimination cases from members of the public relating to any employer or service provider in the city. Between April 2010 - March 2011, the organisation (SARI) received 130 referrals, of which 16% of the allegations related to the council, and SARI has worked with the council to resolve eleven casework referrals. We have equalities data on our statutory complaints process for Children and Young People's Services and Health and Social Care.

7.2 Overall satisfaction rates for services used by BME, older people, women, people with a religion or belief and women communities are reasonable when compared with the overall satisfaction rate and the Quality of Life survey reports levels of satisfaction similar to those of the overall Bristol populations.

7.3 The Quality of Life 2010 survey has identified lower satisfaction of disabled people for cultural activities such as outdoor festivals, museums, concert halls, libraries and also lower satisfaction with their local neighbourhood and jobs in their local neighbourhoods.

7.4 Customer satisfaction surveys relating to services for the Customer Service Centre and Customer Service Points have similar satisfaction levels for women, men, older people, BME people and disabled people however LGB people and young people aged between 16-24 are less satisfied with customer service centres and customer service points.

8. Conclusion

8.1 This annual report demonstrates what we are doing to comply with our public sector equality duty. In common with other public authorities, we need to meet the challenge to continue to provide services, particularly to vulnerable people, with shrinking resources. We use equality impact assessments to ensure we **anticipate** the impact of our budget proposals and change projects /programmes on people who share protected characteristics, and plan mitigating actions where we find that people with particular protected characteristics could be unduly impacted upon. We **monitor** the impact of our decisions through equalities monitoring data. This annual report highlights areas where we perform well and areas where we need to improve in the future to ensure equal outcomes for equalities communities.

8.2 The Public Sector Equality Duty (section 149 of the Equality Act 2010) is supported by specific duties, which require us to set ourselves specific, measurable equality objectives by April 2012. We will use our findings from this annual report to inform our equality objectives and priorities for 2012-15.

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Bristol City Council's Equality Plan 2012-15.

Our Vision is :

To eliminate discrimination, harassment, victimisation, advance equality of opportunity between people from different groups and foster good relations between people from different groups.

This is the essence of the duty that all public bodies must meet and it is our aim to actively deliver this duty through all of our services, functions and decision-making processes and through the power we have to influence partners.

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1 Background

In 2010 the city council adopted a Single Equality Scheme 2010-13 (SES). This set out our equalities priorities and a range of equalities indicators that were used to measure progress and improvement.

At the time the SES was adopted, public bodies, including the city council, had public sector equality duties on gender, race and disability. We developed our SES to demonstrate compliance with these duties, replacing and building on our previous gender, race and disability equality schemes. We also covered all equality strands to reflect our policy commitments across all strands.

We are now replacing the SES with this Equality Plan 2012-15. There are a number of drivers for developing a new plan :

- The Equality Act 2010 has been enacted and introduced a public sector equality duty across all 'protected characteristics' and a specific duty to develop and adopt equality objectives by April 2012

- The deletion of some national indicators which has affected the measurement of some equalities issues

- Feedback from the Local Government Association who assessed the city council as being at the 'excellent' level of the Equality Framework for Local Government in November 2011

- Our own equalities monitoring data which shows areas where we have reduced inequalities but also areas for further work

2 Purpose of the Plan

The Plan sets out our equality objectives which have been developed on the basis of evidence, prioritisation and consultation. Our Equalities Policy will be updated in 2012. The current policy sets out our key commitments as follows:

This equalities policy is a statement of how we intend to promote equalities, and tackle discrimination and harassment.

- We will work towards ending discrimination, including stopping victimisation and harassment because of:
  - being looked after by the council;
  - having responsibilities as a carer;
  - being lesbian, gay, bisexual or transgender;
  - being married or in a civil partnership;

  or on the grounds of someone's:
  - age;
  - economic or social background;
  - gender;
  - HIV status;
  - impairment and emotional distress (disabled people);
  - pregnancy or maternity status
  - race or ethnic background; or
  - religion or belief.

- We recognise and accept that particular individuals or groups (black and minority ethnic members of the community, lesbians and gay men, disabled people, young people, older people, women or transgender people) are denied equality through intentional and unintentional discrimination.

- We recognise that the varied backgrounds of people in Bristol are an asset to the city.

- We will make services relevant, of the highest possible quality and accessible as a right to all children and adults who use our services.

- We are working towards making sure that our employment policies and opportunities are of the highest possible quality. There will be equality, equity and consistency in working practices, pay and conditions.

- We recognise that carers face barriers to employment and services and will work to meet our duty to inform carers of their rights to assessment and will consider their needs and wishes to work or undertake education, training or leisure.

- We will achieve equal opportunities by making sure that we give equal consideration to people's needs and develop flexible and responsive services and employment opportunities to tackle those needs.

- We will encourage our staff to use positive action to overcome disadvantage, discrimination, and deprivation. Our workforce will better represent the varied communities of Bristol.

- We will value our staff from equalities groups and create an environment where staff from equalities groups feel valued and supported and where discrimination is eliminated.

- We will need to show the people and communities of Bristol that we are working well on their behalf. We will develop and fund effective ways of asking for and including the views of equalities groups.

- Our funding to voluntary and community groups will provide support to equalities groups to enable them to help themselves.

- We will review how accessible and effective our complaints procedures are for children and adults who use our services and staff from equalities communities.

- We will develop a corporate Hate Crime Strategy, which tackles racial harassment, homophobic and other types of harassment. We will implement a corporate harassment reporting system that will be used across all departments. This will support the reporting and monitoring of harassment and enable us to monitor all forms off harassment.

- We are a leading partner in the city as a major employer, service provider, and community leader. We will encourage other partnership agencies to sign up to a commitment to equalities, which is already supported by the Bristol Partnership.

These policy commitments remain and the Equality Plan sets out how we will meet the commitments in practice.

3 Legislative Responsibilities

Equality Act 2010 – new duty.
The new public sector equality duty came into force on 6 April 2011.

Protected characteristics.
The Act covers nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The new Equality Duty applies to all the protected characteristics except marriage and civil partnership which need only be considered in respect of the need to eliminate discrimination and harassment.

New Equality Duty.
S.149 requires public bodies to have **due regard** to the need to :

- eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Act;
- advance equality of opportunity between people from different groups; and
- foster good relations between people from different groups.

Advancing equality of opportunity.
S. 149(3) states that this involves considering the need to:

- remove or minimise disadvantage
- take steps to meet people's different needs
- encourage participation by people from groups whose participation in public life or other activity is disproportionately low.

S.149(4) states that the steps involved in meeting the needs of disabled people includes taking steps to take account of disabled people's disability.

Fostering good relations.
S.149(5) states this involves considering the need to tackle prejudice and promote understanding.

When does the duty apply?
It applies to everything the council does, including employment practices, spending and other decisions, procurement and commissioning, policy development and service delivery. It also applies to people and organisations who are not public authorities but who exercise public functions (eg. some contractors, housing associations).

The council should make sure that contractors can demonstrate, both during the tender process and the contract period, that they can contribute to delivering the duty.

Under the specific duties of the Equality Act 2010, Bristol City Council (as a public body that is covered by the specific duties) must prepare and publish, **by 6 April 2012**:

- **Objectives** that it reasonably thinks it should achieve to meet one or more aims of the general equality duty.
- **Details of the engagement that it undertook, in developing its objectives** with people whom it considers to have an interest in furthering the aims of the general equality duty.

It must also:

- Consider any information that it published before preparing its objectives.
- Ensure the objectives are specific and measurable.
- Set out how progress will be measured.

Publication.

The information on equality objectives must be published at least every four years.

The above information and equality objectives must be published in a manner that is reasonably accessible to the public. The objectives are published as part of this Equality Plan.

4 Links to Other Plans

The Equality Plan links to the **Bristol 20:20 Plan**, our high level partnership plan for the city. This has a number of themes relevant to tackling inequalities and building community cohesion. Specifically Outcome 3 'a city of strong and safe communities', Action 1 that states: 'Empower and sustain resilient, cohesive communities that influence local decisions and shape public services. Strengthen volunteering and the voluntary and community sector. Promote equalities and reduce the gap created by historic inequality', describing the partnership vision for equality and community cohesion in Bristol.

A number of other strategies and plans link to this Plan and are complementary to it, including:

The **Children and Young People's Plan 2011-2014** which has four themes:

- Keeping our children and young people safe
- Tackling the causes and effects of child poverty
- Ensuring that all our children and young people achieve to their full potential
- Improving our shared understanding and planning for the needs of our children and young people

This is linked to the **Child Poverty Strategy 2011-2020** which identified that Bristol has an unusually high proportion children who are living in poverty (75.5%) in lone parent families. It also identified that households where the youngest child is under the age of five are at particular risk of poverty and that Bristol has more children in this category than any of its comparator areas.

The **Community Cohesion Strategy 2010-13**, which is aligned to the 20:20 plan and outlines our vision to deliver:

- Stronger, resilient and more cohesive communities across Bristol
- Safer communities for all residents of Bristol
- Raising the aspiration and achievement of children and young people
- Reducing inequality – narrowing the gap of disadvantage

Improving the Quality of Life of Older People Strategy, based on ideas and views put forward by older people and strongly influenced by Bristol Older People's Forum's "Pensioners Charter" which laid out what matters to older people.

Violence and Abuse: A Strategy against violence and abuse against women and girls and domestic and sexual violence against men 2012-15.

The Hate Crime Strategy 2010-14 which aims to: improve service providers' responses to hate crime; increase reporting and the number of offenders bought to justice; improve victim safety; reduce the tolerance of hate crime; and prevent hate crime

Housing Strategy 2010-15 which acknowledges the link between people's housing situation and their life chances.

People Strategy 2010-15 which relates to the council workforce, including workforce diversity.

5 Responsibility for the Plan

Cabinet

The Plan will be considered and approved by Cabinet on 29 March 2012. The Cabinet has the ultimate responsibility for delivery of the Plan, with the Executive member with portfolio responsibility for Equalities and Community Cohesion receiving regular reports, including an annual report on the council's equalities progress.

Overview and Scrutiny

The Overview and Scrutiny Management Committee (OSM) has the role of scrutinising and challenging performance against the SES and now the Equality Plan on a six monthly basis. This ensures cross-party scrutiny and will continue once the Equality Plan is adopted.

Officer Responsibilities

The Senior Leadership Team is responsible for the Equality Plan and is alerted to any under-performance.

The Strategic Equalities Group has responsibility for ensuring there is directorate and service ownership of the Equality Plan and that under-performance is addressed. The group gives strategic direction and oversight to the delivery of the Plan.

6 How the council decided its equalities priorities.

6.1 Our equalities data and existing performance data.

Our annual report 2012 sets out the key findings from our own equalities data and gives an overview of our performance across the equalities strands and across our services.

The performance report on the SES for the six months ending September 2011 that was presented to OSM in October 2011 shows where there are weaknesses in performance and the national indicators that have been discontinued nationally and locally.

Equalities impact assessments are our methodology for identifying impacts on equalities communities and mitigating and addressing these wherever possible.

6.2 Equality Framework Self-Assessment and Feedback

The summary recommendations of assessors were that, in order to improve further, we should :

1. Consider more fully the impact that decisions being made for some communities may have on the vulnerable and poorer white communities and communicate this effectively.

2. Be clear about our strategic equalities priorities which need to relate to our overarching priorities. These should be built into directorate/service plans.

3. Consider the allocation of equality resources (both internal and external) and how best to ensure they are deployed to deliver the required outcomes.

4. Continue to develop Service Managers to be confident to own and drive the equality agenda in their service areas.

5. Continue to recognise the need for a diverse workforce. The focus on Black and Minority Ethnic (BME) employees should be replicated across other protected characteristics whilst recognising that the priorities and interventions will vary for different groups. Ensure that all positive action initiatives are fully implemented and evaluated.

6. Draw out better intelligence from equalities data. Consider not just service take-up and need but also the quality of the service being received by different sections of the community.

7. Develop mechanisms to allow our equalities work to be externally challenged by the community and partners in a more formal setting.

6.3 Consultation with Equalities Stakeholders

We have consulted annually with stakeholders on the SES to gather views about priority areas for action and to feed back on our performance.

We have recently commissioned two research projects which have provided data about the views and priorities of women across the city and of people from BME communities.

We have held annual conferences in December 2010 and December 2011 to consult on the impact of budget cuts and these provided a great deal of material about people's key issues and concerns.

In February 2012 we consulted specifically on the draft equality objectives to gain input and views about priorities for inclusion in the plan. The main themes and issues that emerged at the consultation were:

- That there is a need for wider objectives that cover more organisations than the council in order to effectively promote equalities and narrow the gap between different communities.
- There is a need to put forward the business case for good equalities practice more strongly.
- People's needs should be considered as a whole, not just by equalities strand, ie. Disabled women or BME young people. To achieve this equalities monitoring needs to be disaggregated further than it is at the moment.
- The needs of the lesbian, gay, bisexual and transgender population of Bristol will be better met when better monitoring as carried out across all services.
- Some of the barriers to services are coming about as a result of cuts, for instance the closing of customer service points and the automated switchboard.
- Consultations are not accessible enough and not publicised widely enough.
- Need to ensure that the workplace is safe and fair for everyone.

6.4 Consultation with Officers

Each of the equality objectives has a number of performance indicators that will be used to measure and track performance. These are owned by service managers and officers who have responsibility for co-ordinating actions to deliver improvement. We have consulted across services to ensure that indicators are owned and are meaningful in terms of the change we want to effect.

7 Publishing the Plan

The Plan is published on the council website from April 2012 and will be available in alternative formats and languages on request.

Any queries or requests in relation to the Plan should be addressed to the Equalities Team e-mail equalities.team@bristol.gov.uk telephone 0117 922 2664 or 0117 922 2329.

To be read in conjunction with this plan :

Equalities Annual Report 2012
Equalities Self-assessment Document 2011
Equality Framework for Local Government Assessors Report 2011

Appendix 1 : Our Equality Objectives

Theme 1 : Transforming and developing a diverse workforce that is able to deliver effective services to diverse communities.

We recognise that although our workforce diversity has improved in recent years progress has been slow and we still do not have a workforce that reflects our local community, particularly at senior levels. This is a particular challenge in the current economic climate and the context of a shrinking workforce.

Our aspiration is to develop a workforce that reflects the city population and gives all groups access to employment opportunities and upward mobility within the organisation. Our corporate commitment to taking action to achieve an ethnically diverse workforce remains and there is an action plan to deliver this.

We have also identified a marked differential between the experiences of disabled employees and other employees through the staff survey 2011. Disabled employees feel more vulnerable and less satisfied with their experiences at work.

We want to ensure our employees have a strong understanding of equality, diversity and community cohesion and are able to deliver the public sector equality duty and our equalities responsibilities through their job roles. This means not only offering equalities training and development but embedding this priority in other learning and development initiatives.

Objective 1 : Improve the diversity of the workforce by increasing the number and representation of Black and minority ethnic employees /managers and Disabled employees/managers, by developing a younger workforce and a workforce that is gender-balanced at the most senior levels.

- Measure : CS366a Increase the % of BME senior managers earning £40-49k

- Measure : CS366b Increase the % of BME senior managers earning £50k+

- Measure : CS368 Increase the % of BME employees

- Measure : CS369 Increase the % of employees who are disabled people

- Measure : CS367 Increase the % of top 5% of earners who are disabled people

- Measure : CS370 Increase the % of staff aged 16-24

- Measure : CS365 increase the % of top 5% of earners who are women

Objective 2 : Promote a safe and fair working environment for all employees, particularly employees from equalities groups who are more likely to experience harassment and discrimination.

- Measure : NH601 Increase the % LGB staff who are out in the workplace as measured in a biennial staff survey

- Measure : NH602a/b Deliver actions that sustain and improve position (a) and points (b) in Stonewall index (biennial)

- Measure : Record incidents of harassment at work (a) and improve follow up actions/outcomes (b)

- Measure : Narrow the gap for disabled employees – in specific areas (from staff survey 2011)

- Measure : CS377 Reduce number/% of BME staff subject to disciplinary proceedings

Objective 3 : Equip and develop the workforce to deliver the requirements of the Equality Act 2010 through excellence in service delivery and employment. Improve the workforce's understanding and awareness of the needs of diverse communities and how to overcome barriers to access.

- Measure : Number and % of 4th tiers that complete the equalities e-training module

- Measure : Number and % of 4th tiers that complete the Managing Diversity development day

- Measure : Number of new employees completing the equalities e-training module within 6 months of joining the council – from 2013

- Measure : Number of Employment Tribunal discrimination cases brought against the council and the % that are upheld (and identify the learning from all cases)

Theme 2 :
Effective services that are accessible, reduce inequalities and meet the needs of our most vulnerable communities.

In many areas we are collecting equalities monitoring information about who is accessing our services and what outcomes are being achieved for customers. We need to take action to find out why these inequalities exist and to close the gap where we identify poorer access/outcomes for some groups.

In some areas we are no longer able, because of limited resources, to provide universal services. We need to ensure that the people who do receive priority are those most in need.

We provide a range of statutory services and also have a number of statutory enforcement responsibilities that we need to apply fairly and consistently. Equalities monitoring is important in enabling us to hold ourselves to account and identify where there may be a need for improvement actions.

Objective 1 : Increase access to and usage of services where equalities communities are currently under-represented and not accessing services that would deliver community benefit or where some groups are not enjoying equal outcomes.

- Measure : NH551a/b Increase % of disabled people and older people bidding on Home Choice as a % of the total number of people bidding.

- Measure : Increase access to and unplanned usage of leisure centres by Disabled people

- Measure : Sustain the numbers of Disabled children and young people accessing out of school activities

- Measure : Increase the accessibility of short breaks for parents of disabled children

- Measure : CD604 % of Blue Badge applications processed within 30 working days

- Measure : % of service users who receive direct payments

- Measure : % of service users who feel that they have control over their daily life

- Measure : NI 130 % of service users who receive self-directed support

- Measure : KPI 170 % of service users living in the community (social care)

- Measure : improve sexual orientation monitoring in service areas where there are data gaps (action plan)

Objective 2 : Improve the safety of equalities communities that are subjected to hate crime.

- Measure : NH603/604 Hate crime incidents : racist/disablist/homophobic, street sexual harassment and harassment of older people - incidents recorded and followed up to resolution

- Measure : NH606 Increase the % of people who identify as belonging to one or more equalities groups, who access MARAC support in Bristol, where there is under-reporting (Multi-Agency Risk Assessment Conference)

- Measure : Increase the uptake of specialist sexual violence services

Objective 3 : Improve wellbeing, inclusion and educational achievement levels for children and young people from equalities groups who experience poorer outcomes.

- Measure : NI104/CY105 The SEN/non-SEN achievement gap @KS2 and GCSE

- Measure : CY107/108 Attainment of BME pupils – focussed on ethnic groups by gender that have lower attainment levels than the average

- Measure : CY416 Proportion of children in poverty

- Measure : CY203a/b SEN % of final statements issued within 26 weeks

- Measure : CY302 % of disabled 16-18 year olds NEET

- Measure : CY115 fixed term exclusions of BME pupils

Objective 4 : Improve transport, council buildings and the wider built environment to ensure disabled people and others who face environmental barriers are able to access services and activities.

- Measure : CD165 % of pedestrian crossings with facilities for disabled people

- Measure : NH008 Increase the number buildings open to the general public which are accessible

- Measure : Number of developments that BPAC are involved in to maximise access to wider built environment

- Measure : CD605/606 % of disabled bay applications/installations processed within 25/30 working days

- Measure : Number of taxi/private hire drivers (new or renewing their license) trained in customer care including disability equality

Theme 3 : Engagement and participation of equalities communities.

We have identified that we need to do more to enable equalities communities to engage in forums and decision-making structures where people can have a voice and can influence service design and delivery. This includes bodies that we commission and invest in as external voice and influence structures.

Lack of participation is a risk to community cohesion .We need to address these risks and sustain activity that builds cohesion.

We will develop better measures to demonstrate where voice and influence is making a difference, being acted upon by the city council and partners and delivering the change that communities want.

Objective 1 : improve access to and representation of equalities communities in decision-making structures

- Measure : SES22 Effective involvement of equalities communities in Neighbourhood Partnerships

- Measure : Representation on decision-making bodies and panels and in public life – councillors, school governors, service related panels

- Measure : N001/002/004 Quality of Life (QoL) survey indicators – community cohesion, belonging and influencing decisions

- Measure : SES21 Improving equalities stakeholder involvement in Equalities Impact Assessments

Objective 2 : improve attendance at events that promote equality and cohesion

- NH605 Increase the numbers of people attending nationally celebrated annual equalities events

Theme 4 : Improve the satisfaction levels of people from equalities communities where satisfaction is below the average.

In many service areas we are measuring satisfaction through surveys and other methods and using this to identify areas where we need to raise customer satisfaction. We are also measuring satisfaction in areas where we previously did not collect customer feedback.

This feedback gives us important intelligence that we can use to diagnose problems and take action to raise satisfaction.

- Measure : TR008a/b/c Improve customer satisfaction – all/BME/Disabled people

- Measure : NH302a Reduce the disparity between satisfaction of BME tenants and satisfaction of all tenants

- Measure : Improve the satisfaction of Disabled people with the local neighbourhood as a place to live

- Measure : Improve the satisfaction of Disabled people and BME people with museums

- Measure : Establish equalities monitoring of complaints and outcomes of complaints (Fair Comment and directorate specific complaints processes)

- Measure : CD353 Satisfaction with bus services, public transport information – by equalities group, especially Disabled people and women

Definitions :
EFLG – Equality Framework for Local Government
SES – Single Equality Scheme
SEN – special educational needs
BME – Black and minority ethnic
NEET – not in education or employment
LEP – Local Enterprise Partnership
BPAC – Bristol Physical Access Chain

FOR STAKEHOLDERS

Bristol City Council Equality Plan 2012-15

Performance Report, November 2012 (covering the period April to September 2012)

1. Background

The councils Equality Plan 2012-15 was adopted by Cabinet 29/3/12 and replaces the previous Single Equality Scheme. Implementation began 1/4/12. This report details our performance in the first 6 months of implementation.

The Plan sets out our equality objectives as required under the Equality Act 2010. The measures (or 'indicators') set out under each objective are the areas where we are aiming to improve and develop and do not cover every aspect of the council's equalities activity.

The purpose of the stakeholder meetings on 19 and 22 November is to :

- Report back on performance, highlighting what is going well and where we need to do better
- Seek feedback and ideas from stakeholders about how we can improve, particularly by listening to equalities stakeholders and by working in partnership
- Give stakeholders an opportunity to identify other equalities priorities that should be considered and responded to

2. Performance Areas

Workforce Representation and Inclusion

We have measured and tracked the diversity of the workforce for many years and our aspiration is to develop a workforce that reflects the diversity of the city population and is best placed to deliver effective services to diverse communities.

One of our corporate priorities is to improve the recruitment, representation and retention of Black and minority ethnic employees and there has been a number of strands of work delivered to help achieve this e.g. annual graduate recruitment programme, diverse recruiters (a commitment to a diverse panel in all recruitment processes), reverse mentoring of managers by BME employees and mandatory Managing Diversity training (with a focus on race equality) for all senior managers.

BME representation in the workplace has increased gradually to a current level of 8.77%. However this is still below the economically active BME population in Bristol (11.1%, 2009 ONS estimate).

BME employees are concentrated in lower grade posts with only 5.56% of employees earning £40-49k being BME and only 0.79% of those earning £50k+. In order to address this long-standing deficit at senior management level we are developing a talent scheme that will aim to mobilise BME employees upwards in the organisation over the next 5 years.

The representation of women in management has improved slightly to 61%, in line with overall representation in the workforce at 62%. We retain this as an indicator as we know that progress is not always continuous and figures can drop as well as increase.

The % of top 5% of earners who are disabled people is 5.6%, up from 4.6% 18 months ago. However the key issues for disabled employees were highlighted in the results of the staff survey in 2011 which showed that disabled employees felt less involved in change processes, more likely to be seeking to leave the council, less supported by management, less likely to be treated with dignity and respect and more likely to have experienced harassment. This resulted in an action plan being developed by Human Resources (HR) and the Disabled Employees Group (DEG). The Plan identifies the need for consultation with disabled employees and learning from previous change programmes to be used to inform new programmes such as Bristol Workplace and the People Programme. We are also working to improve the process for putting in place reasonable adjustments at work and ensuring that managers understand their role and responsibility for adjustments. Progress against the action plan is :

- Following the roll out of the reverse-mentoring scheme, we have 2 disabled employee mentors, who hold regular information-sharing sessions with managers across the organisation.
- Our Disabled employee workforce profile as at September 2012 has increased.
- Both Occupational Health and DEG representatives attended briefing sessions for HR Advisers in April 2012, to discuss issues directly relating to disabled staff, including reasonable adjustments.
- Members of the Occupational Health, Health and Safety and Corporate HR teams attended the DEG AGM to discuss both the 'People Programme' and Bristol Work Place programme' in respect of disabled employees.
- DEG members have attended a focus-group on November 5th to discuss the effectiveness of current 'employee Involvement' activities. A further session is due to be held with Deaf employees in December 2012.

Young people continue to be markedly under-represented and the trend is downwards.

The proportion of employees who have been subjected to disciplinary action who are BME fluctuates because of the low numbers of cases but at 15% is an overrepresentation and we need to continue to track this measure and investigate the reasons behind the figure.

We have made good progress against the Stonewall Equality Index which measures how well we are doing in creating a safe and inclusive environment for Lesbian, Gay and Bisexual (LGB) employees. It remains to be seen whether we will rise up the index table following our submission of evidence in September 2012 and survey of LGB employees undertaken by Stonewall. The result will be known in January 2013.

Workforce Equipped to deliver the Equality Act 2010

In 2010 we made equalities training mandatory for all managers at the top 3 levels of the organisation. The 2 day course focussed on race equality outcomes and included an engagement project between days 1 and 2. There were spin off projects from this training e.g. reverse mentoring which seeks to develop managers'

understanding of the experiences of BME employees and challenge managers to be more proactive in promoting a diverse workforce.

The next phase has been to rollout mandatory equalities e-learning to middle managers (82% coverage to date) followed by a day's face to face training (49% coverage). From this month we roll out to employees generally through e-learning. This represents a significant investment and gives us an opportunity to also reach headteachers through e-based learning.

In addition to this positive rollout there is now a commitment from each of the political parties represented on the council to rolling out equalities e-learning to all councillors.

We are also aiming to learn from Employment Tribunal cases brought by employees and are tracking these systematically and feeding back though Strategic Equalities Group and directorates. There have been 10 cases in this time period and no finding against the council in that period.

Service uptake

The proportion of disabled people registered on Homechoice who have bid for a property shows a positive trend as does older people's engagement with Homechoice. This provides evidence that the support offered to people who cannot access the on-line system is paying dividends and is a necessary part of the service.

As we move to personal budgets and more people being supported to live independently in the community we are conscious of the need to ensure that our mainstream services are fully accessible and inclusive. We have started to analyse data from SLM who run the majority of our leisure centres – to ascertain what the usage of these facilities is by disabled people. However we are only capturing people with membership status or an everyone active card and missing the casual user or people who come through group bookings. On the positive side we have a programme of consultation activities with disabled people to find out what we can do to address barriers, providers' staff have undertaken equalities training and we are working with the providers to improve data capture.

Blue badge processing times are of major concern. Administration of the Blue Badge scheme (statutory) was changed nationally by the Government in January 2012 and now requires all councils to use a central computer database. All badges are produced centrally by a single company. The process now probably takes twice as long as previously as it is more involved and more technical. The application form was also changed so there is more information required as well as a requirement for additional identity checks and the processing of the new £10 payments and in addition to this the contractor takes ages to produce the badges required.

In Health and Social Care we have new indicators in the Plan and will set targets in June 2013 once the first year's data is known. 13.4% of our service users are currently on direct payments which means they hold some or all of their care budget and can purchase services directly (e.g. a support worker). We are at a relatively low level compared to other councils and are working to drive this up. 51% of service users receive self-directed support which means they have some input and control over their care plan but are not necessarily in receipt of direct payments. Again we are aiming to increase this figure.

Our focus to try and increase sexual orientation monitoring returns has been in Health and Social Care where we are starting from a low base in terms of seeking this data from service users. There is a strong commitment to gathering this data by ensuring staff are confident about why we are doing it and that we explain to service users what the purpose of the data is. We have developed a Guide to providing appropriate and discrimination free services and promoting and respecting the needs of lesbian, gay and bisexual service users, for Health and Social Care Services. The purpose is to be sure that we are meeting the needs of lesbian, gay and bisexual service users and we need to have a culture where people can be open about their sexual orientation if they want to be.

Over 500 people each year are referred to the Multi-Agency Risk Assessment conference because of domestic violence and abuse. However, our monitoring has shown an under-representation of some equalities groups. We are aiming to improve access to this process e.g. for LGBT people. The trend is in the right direction.

497 people, mainly women, have presented to services in the 6 month period because of their experience of sexual violence including rape. We need to review this data at year end and benchmark against other cities before setting targets or expected levels for future years.

There are still significant differentials in the attainment levels for pupils with SEN and those who do not have SEN. We will be reviewing SEN strategy and support and continuing to work with schools to raise achievement. Bristol has a good track record of completing SEN statements within the statutory deadline of 26 weeks.

The % of BME pupils achieving level 4 or above in math and English (KS2) has increased to 69%. However exclusions have increased. A high proportion of BME exclusions are in a small number of schools, and both our school inclusion service and our EMAT (Ethnic Minority Achievement Team) are continuing to work closely with these settings as our relationship with new academies develops.

Bristol has a higher than average proportion of children living in poverty and there is a risk of this increasing in light of welfare reform and worklessness. The council is committed to maintaining investment in voluntary sector advice services and to impact assessing changes e.g. in council tax discount to ensure the most vulnerable are protected wherever possible. There is no sign that young disabled people NEET (not in education or employment) has increased but again this is a risk area.

Improving Access to Transport and the Built Environment

We are at maximum levels for achieving accessible pedestrian crossing that include audio signal. This has been done through a programme of new installations. The remaining crossings are unlikely to be done because of the disproportionate costs involved.

BPAC continues to be active and largely self-organised but with support from the council. BPAC has made valuable contributions to 15 schemes, advising on access and where improvements should be made to ensure inclusion. Examples : Junction 3 (new community and library facility on the M32 at Easton), Hengrove

Leisure Centre, South Bristol Community Hospital and Jubilee Pool in Knowle.

There is a substantial drop in performance related to the processing of disabled bay applications. This is attributed to gaps in staffing which has resulted in a backlog. It is being addressed through overtime and moving staff from another team.

There has been successful and sustained work by Licensing to develop and roll out disability equality training to taxi and private hire drivers and 289 drivers in total have been trained. The training will be made mandatory so that in future it will be a requirement for new licence applicants.

Access to Decision-Making

We have work to do to attract and retain equalities representatives on to our 14 Neighbourhood Partnerships. There are 28 positions but only 46% of these are filled. Equalities reps raise equalities issues, hold the NP to account and raise awareness among other members of the NPs. The Equalities Team will be running a recruitment campaign over the next few months including looking at what the offer is to reps who make a voluntary contribution to NPs.

A further aim is to increase the diversity of community members on a number of panels run by the council. There has been progress in improving the diversity of school governors and we have identified a range of panels where we will monitor the equalities profile and take positive action where necessary (e.g. Fostering and Adoption Panel, School Appeals Panel, Learning Difficulties Partnership and Bristol Carers Voice).

Equalities stakeholder engagement in EQIAs has decreased. However there are reasons for this. We have a number of EQIAs in development that will go on to wider consultation and a number where screening have been done on the basis of low relevance.

We continue to support equalities related events that increase awareness of equalities issues and build cohesion. We are achieving higher attendance levels by working with partners, particularly equalities led voluntary organisations.

Satisfaction with Services, Neighbourhoods and Facilities

Satisfaction with customer service points and the customer service centre is good, particularly among BME customers. Part of this might be attributed to the delivery of cultural competence training for staff and effective interpreting services where these are required by customers. Attention needs to be given to the satisfaction of disabled people with CSPs (76% compared to 90% for all customers).

Overall tenant satisfaction has been rising and the gap between BME satisfaction and non BME has been closing. This has been the trend over the last 3 years.

It is difficult to identify what has made a difference but the improvement is probably a combination of Landlord transformation improving access to services and targeted action. For example, there have been some changes in the way Landlord Services communicates with customers - plainer, cleaner language in letters and using other media such as texts when dealing with rent arrears, where Somali young people are over represented. We have also delivered workshops around rent arrears with Somali community groups.

Access to repairs and maintenance has improved e.g. more channels to book a repair, easier to engage with call centre around this and more certainty around when operatives will call. Disabled people's satisfaction with museums is still significantly lower than for customers generally but this indicator does not just relate to city council museums, it includes all museums that people may visit in Bristol. MShed is a new accessible facility and the work to make the city museum fully accessible is nearing completion so that customers will have access to all levels including mezzanine levels.

Equalities complaints provide a valuable source of intelligence about where customers believe discrimination is occurring or where equalities communities are particularly affected by the actions of the council. The Equalities Team receive complaints directly or via the corporate Fair Comment system. H&SC and CYPS also have their own complaints procedures and a small number of their complaints are on equalities related issues.

Satisfaction with bus services and public transport information is similar across equalities groups and needs to increase generally. The experience of a disabled stakeholder on local buses highlighted the need for clear policy and driver understanding of disabled people's right to use buses.

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Gillian Douglas