



# BNSSG Positive Action Framework

Version: 1  
27/05/2022

Version number	Date	Document status	Author/ modifier / reviewer	Details
1	27/05/2022	Published	Noor Nixon	BNSSG System Positive Action Framework



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## Positive Action Framework Summary

This positive action framework offers useful information for Bristol, North Somerset and South Gloucestershire (BNSSG) health and care system partner organisations to better understand positive action, why employers should use it, how to respond to common queries including questions about positive discrimination, and a framework for developing new initiatives.

Positive action is the deliberate use of proportionate measures to eliminate or reduce discrimination, or its effects to overcome disadvantage, or low participation in education, training, and welfare. The Equality Act 2010 section 158 (general) and 159 (recruitment) provides the lawful basis for developing positive action initiatives.

This framework provides explanatory notes on the key elements to justify the use of positive action and outlines the system priority areas along with links to supporting data.

A planning template is provided to support partners in scoping the development of opportunities and ensuring measures are data driven, and to consider whether the proposed opportunity is a proportionate means of achieving the aims.

The aim of this framework is to support health and care staff to build confidence in using positive action as a lawful tool to address workforce inequality. Frequently Asked Questions and standard responses are provided to support colleagues to respond to queries, such as challenges of positive discrimination.

The BNSSG Healthier Together Integrated Care System together with partner organisations are committed taking a conscious, proactive, and equitable approach by choosing to endorse and encourage the use of positive action to improve the opportunities and experience of under-represented groups.

A range of existing general guidance is available through the NHS, CIPD and more widely which are useful however, this guidance brings together the key points, provides clear guidance on how to develop data driven initiatives across BNSSG and how to respond to questions about positive action.

See appendix 2 for links to existing guidance developed by the NHS and more widely.

## Introduction to Healthier Together Integrated Care System

As part of NHS England's national long-term plan, all health and care strategic transformation partnerships in the country will become 42 Integrated Care Systems (ICS). Healthier Together is the Integrated Care System for Bristol, North Somerset and South Gloucestershire (BNSSG) which consists of ten health and care partners. ICS brings closer joined up working to break down the barriers between primary, secondary, mental health and social care and ensure everyone in the local area receives joined-up support that meets their individual needs.

Our vision:

Healthier Together is the health and care partnership for people in Bristol, North Somerset and South Gloucestershire. We work together to improve the health of our population and make sure services work for everyone.

Our vision is for people in Bristol, North Somerset and South Gloucestershire to have the best start in life, and for the places where we live to be healthy and safe.

Everyone will have the opportunity to live longer in good health. When people need support from our services, they will be high quality and easy to access. People will be better supported to take control of their own health and wellbeing, and become equal partners in care. Working alongside our communities, we'll build on strengths and tackle inequalities together.

We'll make it simple for health and care staff to work better together for the benefit of the people we care for – nurturing talent, removing barriers and acting on views and concerns.

The aims/objectives of our system are to:

- Increase the number of years people in BNSSG live in good health
- Reduce the inequality in how many years people in BNSSG live in good health, particularly improving healthy life expectancy for those with the poorest outcomes
- Become a place where wellbeing, health, and care services fit with people's lives and makes sense to the people engaging with them
- Make it easy for people working in wellbeing, health, and care to work with each other
- Ensure our workforce is healthy and fulfilled
- Reduce our adverse environmental impact in energy, travel, waste, water, food, biodiversity and land use

## Our Partner Organisations

Our Integrated Care System has a Memorandum of Understanding, or [ICS MoU](#), agreed by all partners to set out the details of our commitment to work together to realise our shared ambitions to improve the health and wellbeing of local people.

Members of the Healthier Together partnership and parties to the ICS MOU are:

### **Clinical Commissioning Group:**

- NHS Bristol, North Somerset and South Gloucestershire CCG (BNSSG CCG)

### **Local Authorities:**

- Bristol City Council (BCC)
- North Somerset Council (NSC)

- South Gloucestershire Council (SGC)

#### Healthcare Providers:

- Avon & Wiltshire Mental Health Partnership NHS Trust (AWP)
- North Bristol NHS Trust (NBT)
- Sirona care and health (Sirona)
- South Western Ambulance Service NHS Foundation Trust (SWASFT)
- University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)

#### GP Federation:

- One Care (BNSSG) C.I.C. (One Care)

## NHS and BNSSG EDI Priorities

### Background and context

'The NHS Long Term Plan Chapter 5. Supporting our current NHS staff' makes clear that 'Growing the NHS workforce will partly depend on retaining the staff we have' and 'One of the top reasons for people leaving is that they do not receive the development and career progression that they need'. To address this, the plan states 'To make the NHS a consistently great place to work, we will seek to shape a modern employment culture for the NHS, promoting career development, and redoubling our efforts to address discrimination'  
Source: [NHS Long Term Plan](#)

With strong evidence and clear links between staff wellbeing, care quality and retention, steering health and care organisations towards the vision set out within the [We are the NHS: People Plan 2020/21](#) is key to shaping the future.

[The future of NHS human resources and organisational development](#) report (Nov 2021) published by the NHS England and NHS Improvement outlines a vision and actions that support the delivery of the four pillars of '[We are NHS: People Plan for 2020/2021 – action for us all](#)' and embeds the seven elements of our People Promise. One of the key visions makes clear the importance of equity:

**'Ensuring inclusion and belonging for all;** We use our expertise and influence to create an inclusive culture, which values and celebrates our diversity. We listen to our people and take action to ensure there is equity for everyone'.

Action 3 of the same report states that; organisations and systems need to develop a representative talent pipeline, using their position in anchor networks. Organisation and ICS CPOs should: 'Provide clear and inspiring pathways to address the under-representation of our NHS people with protected characteristics, through improving development support, talent management, recruitment and promotion'.

Positive action is a useful tool to address workforce inequalities and to provide more equitable approaches for recruitment and progression to level the playing field.

## Disparities and barriers for black, Asian and minority ethnic staff

### Why is race a focus for EDI priorities?

“Inequalities in any form are at odds with the values of the NHS – the fair treatment of our staff is directly linked to better clinical outcomes and better experience of care for patients”.

Source: [WRES 2021](#)

This positive action framework will support all protected characteristic groups. NHS Data and evidence in recent years has highlighted significant disparities in recruitment and progression between black, Asian and minority ethnic staff compared and their white counterparts. This has resulted in EDI priorities having a focus on race, however other underrepresented and disadvantaged groups are also considered and disparities addressed where data and evidence are available.

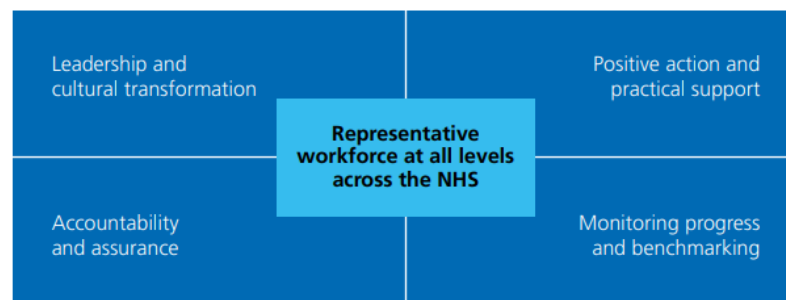
In 2019 NHS Improvement published a report as part of Workforce Race Equality Standard leadership strategy titled ‘[A Model Employer](#)’. The strategy highlights the increasing diversity of the NHS workforce and yet leadership of organisations do not reflect the workforce, it focuses on increasing black and minority ethnic representation at senior levels across the NHS.

“We cannot afford the cost to staff and patient care that results from unfairness in the way we appoint, treat and develop a large section of the NHS workforce. The “business case” for race equality in the NHS is a powerful one and it’s the right thing to do.

NHS England and NHS Improvement, with their partners, are committed to tackling race discrimination and creating an NHS where the talents of all staff are valued and developed – not least for the sake of our patients.”

The report provides a model for improving BAME representation across the NHS workforce, including the use of positive action and practical support.

**Figure: Evidence based model for improving BME representation across the NHS workforce**



Source: [A Model Employer, NHS Improvement](#)

### Workforce Race Equality Standard (WRES)

“The NHS is committed to tackling racial discrimination to bridge the gaps in experience, opportunity and differential attainment in this diverse workforce. Central to the correction of these inequities is the presentation of detailed data to organisational leaders to allow them to identify the targets for action”. [WRES 2021](#)

The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. Studies shows that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety.

NHS providers are expected to show progress against a number of indicators of workforce equality, including a specific indicator to address the low numbers of BME board members across the organisation.

The first WRES report was published in June 2016 and the recent 2021 report is the seventh to be published. NHS England and NHS Improvement publish a report providing an overall national picture but individual organisations will get their own data in detail in order to help inform their action plan for the year ahead.

### **BNSSG People Programme and EDI Priorities**

The People Programme within Healthier Together has established some key priorities which include:

1. System wide, robust workforce planning and resourcing developing a comprehensive, system wide workforce 1,3 and 5 year workforce plan to address urgent and longer term workforce shortages
2. New ways of working “one workforce” approach to maximise our staffing resources and support new care models, with new roles and workforce transformation
3. Develop our supply pipeline through our Learning Academy, collaboratively building our system supply pipeline through our Learning Academy
4. Looking after our people, equality, diversity and inclusivity, supporting and retaining though staff health and wellbeing, building a more inclusive workforce through more inclusive recruitment and progression.

As part of the BNSSG ICS People Programme, EDI Leads from partner organisations meet regularly to set a coordinated and collaborative approach to equality, diversity and inclusion, agree and deliver priorities which have been agreed with Chief Executives and the People Steering Group.

For 2022 the BNSSG EDI leads have prioritised three workstream areas based on national and regional guidance from the NHS Long Term Plan, NHS People Plan and specific recommendations from NHS England and NHS Improvement EDI Team, and have also taken into account the BNSSG Workforce Race Equality Standards outcomes. The three priority areas are;

- Fairer recruitment
- Race equality talent development
- Improved support for staff networks

Positive action can be used to support inclusive recruitment and equitable approaches to talent development programmes.

The BNSSG Healthier Together Integrated Care System together with partner organisations are committed taking **a conscious, proactive, and equitable approach by choosing to** endorse and encourage the use of positive action to improve the opportunities and experience of under-represented groups.



## Introduction to Positive Action

### What is Positive Action?

Positive action is the deliberate use of proportionate measures to eliminate or reduce discrimination, or its effects to overcome disadvantage, or low participation in education, training, and welfare.

The Equality Act 2010 [section 158](#) (general) and [section 159](#) (recruitment) allows education providers and employers to take action where persons who share a [protected characteristic](#) suffer a disadvantage, have particular needs or are disproportionately under-represented.

The protected characteristics are [age](#), [disability](#), [gender reassignment](#), [marriage and civil partnership](#), [pregnancy and maternity](#), [race](#), [religion or belief](#), [sex](#) and [sexual orientation](#).

Proportionate measures may be voluntarily put in place where there is evidence of disadvantage, different needs or under-representation. Service providers and employers may wish to take action that may involve treating one group more favourably where this is a proportionate way to help members of that group overcome a disadvantage or participate more fully, in order to meet the needs they have that are different from the population as a whole. You must reasonably think that one or more of the following applies:

1. Enabling or encouraging persons who share the protected characteristic to overcome or minimise the disadvantage identified.
2. Meeting the needs identified; or
3. Enabling or encouraging persons who share the protected characteristic to participate in that activity.

**'Reasonably think'** means that you believe positive action is the right approach to address disadvantage, address needs or address low participation. For this to be 'reasonable' it must be supported by evidence. Complex data and evidence are not required as basic local or national statistical data is available for most health and care employers.

Those with a protected characteristic may face disadvantage for social or economic reasons connected to their protected characteristic/s or based on past or present discrimination, including structural barriers.

Employers and education providers are not required to take positive action however, may have a duty under the [Public Sector Equality Duty](#) to make reasonable adjustments. Using positive action helps employers to meet the Public Sector Equality Duty (s.149) under the Equality Act 2010.

The NHS People Plan sets out strategic priorities including:

[“employers, in partnership with staff representatives, should overhaul recruitment and promotion practices to make sure that their staffing reflects the diversity of their community, and regional and national labour markets.”](#)

Both in recruitment and progression, positive action is a tool that can be considered to improving the opportunities for disadvantaged and underrepresented staff or applicants. Nationally and across Bristol, North Somerset and South Gloucestershire (BNSSG) there are notable disparities in workforce representation of specific protected characteristic groups overall, and also across specific pay bands/grades and roles. This includes race, disability, and gender.

## Benefits of using positive action

Diversifying your workforce and removing barriers is the right thing to do, and it also makes business sense. Diverse, inclusive workforce can bring economic and strategic advantages.

A diverse workforce offers:

- Wider pool of talented, skilled and experienced people from which to recruit.
- Dynamic and challenging workforce able to respond to changes.
- Better understanding of the needs of a more diverse range of patients and staff.
- A more diverse workforce will help to reduce health inequality and improve staff and patient experience.
- Diversity of thought brings more value to the organisation.

Read about why diversity is business-critical:

The King's Fund - [Inclusion and diversity in the NHS: let's be bigger and bolder](#)

McKinsey's – [Diversity wins - How inclusion matters](#)

NHS England - [A Model Employer](#)

## Positive Action vs Positive Discrimination

Positive action is sometimes confused with positive discrimination which is generally unlawful (apart from reasonable adjustments).

Positive discrimination involves preferential treatment to benefit members of a disadvantaged or under-represented group who share a protected characteristic to address inequality. Positive discrimination favours someone by treating them in a positive way. This includes the use of quotas for recruitment or progression and preferential treatment, which is generally unlawful.

In contrast, positive action is separate and a distinct form of encouragement and development to facilitate people that share a protected characteristic to apply for or take advantage of short-term opportunities to level the playing field based on past discrimination or disadvantage.

The Equality Act does permit some circumstances where preferential treatment is allowed for example, where a protected characteristic is an occupational requirement or reasonable adjustments for disabled staff or patients.

An example of this is [Disability Confident Employer Scheme](#) that many BNSSG organisations are signed up to.

Employers who have signed up to Disability Confident commit to encouraging applications by offering an interview to an applicant who declares a disability, if the person meets the minimum criteria for the job as defined by the employer.

See the 'Guidance on developing positive action initiatives' for guidance on proportionate measures.

See FAQs on how to respond to queries about positive discrimination.

## Deficit model in relation to positive action

“The notion that there are inherent weaknesses or deficits amongst BME staff themselves, rather than deep-rooted issues within organisations.”

Source: [A Model Employer](#), NHS Improvement

A deficit model assumes black, Asian and minority ethnic staff are lacking skills, knowledge or experience. It ignores societal or institutional structures and the discrimination that exists within them, thereby placing ownership and responsibility for inequalities in representation on the individual and not the NHS employer.

The root cause of disadvantage and barriers is multifaceted, there is no single answer to eliminating barriers and staff are encouraged to take a whole organisation approach in transforming culture and behaviour change, offering a range of support and opportunities together with reviewing structural barriers and organisation / workforce / role design.

Positive action measures should be developed with consideration that institutional barriers are key factors to disadvantage and under-representation. This may be a result of the design and delivery of recruitment activities and progression offer, which may not meet the needs of disadvantaged groups or may exclude them.

When developing positive action measures, it is not sufficient to simply offer more generic existing support or opportunities to staff who share a protected characteristic; initiatives must be tailored and targeted to protected characteristics groups.

## Intersectionality

Some staff and applicants will identify with more than one protected characteristic, and it is important to recognise that people within the same group will have different experiences. However, our insight work indicates that there are common factors affecting many staff within these protected characteristic groups and Healthier Together ICS is working towards addressing these and providing guidance to BNSSG health and care employers.

Within protected characteristic groups there may be subgroups of individuals that are more disadvantaged and underrepresented than others. Where possible, intersectional analysis should be carried out considering barriers through multiple lenses to support meaningful and impactful positive action initiatives.

Intersectionality means that some people will face multiple barriers and staff should be encouraged to take advantage of all opportunities open to them.

## Positive Action in Recruitment and Progression

Recruitment practices and processes are generally designed to ensure applicants are treated fairly. Everyone is treated the same (apart from reasonable adjustments)

The legislation concerning positive action for the recruitment of staff (Equality Act 2010 section 159) may include measures to encourage staff diversity.

In recruitment, positive action is legal where it is a proportionate way of addressing the under-representation or disadvantage. The gravity of the under-representation or disadvantage should be balanced against the impacts that the proposed action may have on other groups.

For example, the NHS workforce comprises of 77% women, general recruitment activities targeting women would not be proportionate however, where there is under-representation of women in particular job groups or leadership roles, targeted promotion or opportunities would be appropriate.

Recruitment activities can be categorised into three areas:

- Training
- Encouragement
- Recruitment and promotion

Good practice examples of positive action in recruitment and progression can be found in the [EHRC Employer Code](#) (Page 159 onwards).

Examples of positive action measures in recruitment include:

- An **inclusive statement** in job adverts to encourage applications from under-represented groups.
- Placing **job adverts** to specific target groups to increase applications from that group.
- Offering targeted **recruitment activities** such as open days specifically for under-represented groups to encourage them to get into a particular field.
- Offering fixed term **training or internship** opportunities to help those from disadvantaged groups to gain skills and experience to be able to compete on a level playing field.
- Offering **shadowing or mentoring** for disadvantaged groups with specific needs.
- **Leadership programmes** to support progression.
- Using **Equal Merit to recruit** a candidate (see details below).

Examples of unlawful positive discrimination in recruitment:

- Use of quotas for recruiting specific number of people from protected characteristic groups
- Guaranteed interviews for protected characteristic groups (other than disability) using positive action.

Guaranteed interview schemes may be developed for disadvantaged groups where essential criteria for the role is met. For examples, guaranteed interview scheme for care leavers as part of the [Care Leavers Covenant](#).

Given the nature of interpreting positive action and the potential for challenge, there needs to be clear evidence to justify the use of positive action. Colleagues considering the use of positive action in recruitment and progression should fully review this BNSSG framework and speak to their HR Resourcing Team and ensure plans are incorporated into the organisation's Equality, Diversity and Inclusion strategies or action plans.

### **Positive action in appointment - Tie-break provision**

Where there is a tie-break and two candidates are of equal merit to be appointed, you may appoint the candidate from an underrepresented group, in line with the following guidance.

Appointing a candidate who either shares a protected characteristic which is disproportionately under-represented, or suffers a disadvantage connected with a protected characteristic, when they are of 'equal merit' to the other best candidate(s).

### **Equal Merit (section 159 Equality Act 2010)**

'Equal merit' is where two or more candidates are considered equally appointable. This does not just mean qualifications – it is considering the candidates' overall ability and experience as well as specific qualities required for the role, using fair and objective selection criteria.

In a tie-break situation, recruiting managers should familiarise themselves with the diversity profile of the staff in their department or in the type of role being recruited to.

The use of equal merit has specific criteria under section 159 of the Equality Act and should be undertaken with care and in a way that provides a clear justification for the outcome, and the selection criteria should be transparent. Judgement on merit can be subjective and open to interpretation, and treating the candidate more favourably by recruiting them must be a proportionate means of achieving the aims. Meeting the minimum criteria for a role is unlikely to measure up as adequate threshold for equal merit.

Tie-break requires three criteria to be met:

- Candidates must be of equal merit for the specific post: the tie-break provision could not be used to favour a less qualified candidate (taking into account candidates' overall ability and experience as well as specific qualities required or any relevant academic or formal qualifications), highlighting the importance of using objective selection criteria.
- There must not be a policy of automatically treating people who share the under-represented protected characteristic more favourably (even where employers have evidence of disadvantage or under-representation) to ensure each candidate is considered on their individual merits.
- Treating the candidate more favourably by recruiting them must be a proportionate means of achieving the aims specified by section 159 Equality Act 2010. These aims are encouraging people who share the protected characteristic to overcome or minimise the disadvantage or participate in that activity.

## Differences between Positive Action and Inclusive Support

Inclusive support for disadvantaged groups such as care leavers, refugees or those living in areas of high deprivation should not be described as positive action. The term 'Positive Action' is set out in law for specific protected characteristic groups, and particular criteria must be met when developing initiatives. Using the correct terms will help to clarify the basis for the opportunity.

Inclusive support for disadvantaged groups can be developed referencing the [Public Sector Equality Duty](#) and with supporting data and evidence indicating the disparities.

## Data Driven Positive Action Opportunities


A planning document is available as part of this framework as a guide to ensuring key aspects are considered and criteria met when scoping the opportunity. You will need to demonstrate disadvantage or under-representation by referencing data and evidence.

Positive action measures can be based on national, regional or local data with evidence that indicate inequality or under-representation. The following may be used to justify targeted positive action opportunities:

- NHS workforce disparities (Workforce Race Equality Standard and Staff Survey)
- BNSSG Workforce disparities (Workforce Race Equality Standard, Staff Survey and organisation specific data collection)
- National profession or staff group specific disparities (for example Midwifery, Care Support Workers, IT, HR or senior leadership)

BNSSG priority protected characteristic areas are highlighted below along with possible supporting data to justify the means of using positive action. Intersectionality is covered in the framework, and it is worth noting that staff and applicants that identify with multiple protected characteristic groups will face additional barriers.

Protected Characteristics	Target Areas	Supporting Data
Race	Recruitment and Progression, particularly to higher bands / grades and board membership	<p><b>National data</b>  <a href="#">Workforce Race Equality Standard 2021 data analysis</a> for trusts (WRES)  <a href="#">National 2021 Staff Survey briefing</a>  <a href="#">Race and Health Observatory – Ethnic inequalities in healthcare</a></p> <p><b>BNSSG data</b>                      WRES 2021 report (available in June 2022)                      2020 BNSSG WRES outcomes</p>

		 <p>BNSSG_WRES_2021_v2_CH.pptx</p> <p><b>Local data</b> Your organisational WRES report (sent directly to trusts by NHSE/I) <a href="#">Staff Survey results</a> (search for your organisation) Local staff survey report (including demographic questions, full list of survey questions can be found <a href="#">here</a>)</p> <p>Any other local data and evidence to demonstrate under-representation or disadvantage. This may include consultation with black, Asian and minority ethnic staff networks.</p>
Disability	Recruitment and Progression	<p><b>National data</b> <a href="#">Workforce Disability Equality Standard 2020 report</a> (2021 report is being finalised) <a href="#">ONS Disability Pay Gaps</a></p> <p><b>BNSSG data</b> – Not yet available</p> <p><b>Local data</b> <a href="#">Staff Survey results</a> (search for your organisation) Local staff survey report (including demographic questions, full list of survey questions can be found <a href="#">here</a>)</p> <p>Note – most employers adopt the <a href="#">social model of disability</a>. Positive action can only be applied to disability as <a href="#">defined in the Equality Act 2010</a>.</p> <p>Any other local data and evidence to demonstrate under-representation or disadvantage. This may include consultation with Disabled Staff networks.</p>
LGBTQ+	Recruitment and progression	<p><b>National data</b> Stonewall – <a href="#">Unhealthy Attitudes; The treatment of LGBT people within health and social care services</a> LGBT Foundation – <a href="#">Hidden Figures; The impact of covid 19 pandemic on LGBTQ communities in the UK</a> British Medical Association – <a href="#">LGBTQ+ equality in medicine</a> CIPD - <a href="#">Inclusion at work: perspectives on LGBT+ working lives</a> Government report – <a href="#">LGBTQ Action Plan</a></p>

		<p>House of Commons Women and Equalities Committee – <a href="#">Health and Social Care and LGBTQ communities</a></p> <p>Government report – <a href="#">National LGBTQ survey 2019</a></p> <p>Public Health England - <a href="#">Producing modelled estimates of the size of the lesbian, gay and bisexual (LGB) population of England</a></p> <p><b>BNSSG data</b> - Not yet available</p> <p><b>Local data</b>  <a href="#">Staff Survey results</a> (search for your organisation)  Local staff survey report (including demographic questions, full list of survey questions can be found <a href="#">here</a>)  Any other local data and evidence to demonstrate under-representation or disadvantage. This may include consultation with Disabled Staff networks.</p>
Gender	<p>Progression (including recruitment to very senior manager roles and boards)</p> <p>Recruitment to specific staff groups where specific gender is under-represented.</p>	<p><b>National data</b>  <a href="#">Gender Pay Gap Report</a>  NHS Employers – <a href="#">Gender in the NHS infographic</a>  NHS Confederation - <a href="#">Health and Care Women Leaders Network; response to the DHSC Women's Health Strategy call for evidence.</a></p> <p><b>BNSSG data</b> – Not yet available</p> <p><b>Local data</b>  <a href="#">Staff Survey results</a> (search for your organisation)  Local staff survey report (including demographic questions, full list of survey questions can be found <a href="#">here</a>)  Any other local data and evidence to demonstrate under-representation or disadvantage. This may include consultation with Disabled Staff networks.</p>
<p><b>*NB</b></p> <p>1. Priority areas for other protected characteristics will be added to the list in the future. Partners can use positive action for any protected characteristic group, where there is national or local data and evidence that demonstrates under-representation or disadvantage.</p> <p>2. These priority areas are specifically for protected characteristics as set out in the Equality Act 2010, inclusive practice for other disadvantaged groups not included in the Equality Act may be covered as part of the Public Sector Equality Duty but should not be described as positive action.</p>		



## Other documents related to this framework

### Positive Action Initiative Planning Template

Use this template as a guide to answering some key questions to support your planning.

### Positive Action FAQs

The frequently asked questions document provides answers to common questions about positive action. Organisations are encouraged to use these responses if they are unsure how to respond. If questions are not covered in this document and advice is required, please e-mail the [noor.nixon@nhs.net](mailto:noor.nixon@nhs.net)

## Appendix 1: Good Practice Examples and Case Studies

### **BNSSG Healthier Together Integrated Care System Believe Programme (for black, Asian and minority ethnic staff)**

[Believe](#) is a race equality positive action talent development programme for Black, Asian and Minority Ethnic (BAME) staff across Bristol North Somerset and South Gloucestershire (BNSSG) in health and social care to increase diversity in middle to senior management & leadership roles.

Health and social care staff who identify as BAME includes the following ethnic origins: Asian and Asian British people, Black and Black British people, people of mixed heritage, and other minority ethnic groups (who are not white minority ethnic groups).

BAME staff with an aspiration for career progression, working at a salary point between £25k - £47k (or NHS Agenda for Change Bands 5 to 8a) are eligible. Expressions of interest are particularly welcome from nurses & midwives as well as other clinical and non-clinical staff.

Believe participants will be part of a BAME talent database and receive signposted opportunities as well as being supported through a range of activities e.g. workshops, small group work, courses, mentoring, coaching, training and volunteering. Development opportunities will be explored for selected participants to gain work experience at a higher level.

The programme will work with local BNSSG health and care employers to create practical work experience development opportunities, to which relevant participants of the programme will be eligible to apply through a selection process.

Line Managers and employers are expected to support their staff members who have applied to join this programme – as well as signposted opportunities - and include it formally as part of the staff members appraisal.

If you have any questions about the Believe Programme, please contact Collin Salandy (BNSSG Talent Development Manager) [collin.salandy@nhs.net](mailto:collin.salandy@nhs.net)

### **North Bristol Trust EDI Team**

Positive Action fixed term training opportunity  
EDI Project Officer (secondment band 6)

Currently under development, NBT are considering developing a fixed term post into a positive action opportunity which will support the post holder to improve their understanding of equality, diversity and inclusion and to gain project management skills.

The position is open to protected characteristic groups currently under-represented at NBT and open to participants in the Believe Programme. The BNSSG EDI Team will support NBT with the development of the post. The draft promotional poster can be found below.



Draft\_NBT EDI  
Secondments Poster

### **NHS Leadership Academy**

'Ready Now' is a positive action programme designed to improve patient care by utilising and unleashing the talents of BAME leaders at the most senior levels.

For Black, Asian or Minority Ethnic staff, in Band 8a or above, working in NHS or providing NHS funded service.

<https://www.leadershipacademy.nhs.uk/programmes/the-ready-now-programme/whos-it-for/>

### **NHS Stepping Up Programme**

The NHS 'Stepping Up Programme' is a leadership development programme for aspiring Black, Asian and Minority Ethnic colleagues (BAME) who work within healthcare.

The NHS states 'it aims to create greater levels of sustainable inclusion within the NHS by addressing the social, organisational and psychological barriers restricting BAME colleagues from progressing'.

<https://www.leadershipacademy.nhs.uk/programmes/the-stepping-up-programme/>

### **Nottingham University Hospitals (NUH) NHS Trust**

Workforce Race Equality Standard Initiative:

Positive Action Scheme to help achieve greater diversity and improve workforce equality at all levels of the organisation and to provide opportunities for career progression within the trust for BME members of staff.

<https://www.england.nhs.uk/wp-content/uploads/2019/08/sharing-good-practice-nottingham.pdf>

### **NHS South East**

BAME Women's Leadership Development Programme, to improve and or reduce career progression barriers faced by minority ethnic (non-white) staff as depicted by data and other documented experiences.

<https://www.england.nhs.uk/south-east/health-equalities/workforce-equality-and-diversity/advancing-race-disability-and-lgbtq-equality/advancing-race-equality/womens-leadership-development-programme-minority-ethnic/>

### **Examples of good practice outside of the NHS**

#### **Scottish Fire and Rescue Service Women Only Recruitment Days**

Scottish Fire and Rescue Service (SFRS) is holding women only open days in Glasgow. Only 5% of Scotland's firefighters are women – a figure bosses want to increase in the latest recruitment round. Around 300 new firefighters are to be trained to join the already 3,000

strong Scottish Fire and Rescue Service, and SFRS are keen to actively promote these opportunities to women.

<https://www.heraldscotland.com/news/17523267.scottish-fire-rescue-service-recruiting-women/>

### **Lloyds TSB Ethnic Minority Mentors Programme**

Lloyds became the first FTSE 100 firm to set an ethnic diversity target.

The Bank aims to have 8% of senior management from a Black, Asian or minority ethnic background by 2020. Lloyds implemented an Ethnic Minority Mentors programme to increase representation at a Senior Management level. As a result, the number of minority ethnic managers has trebled.

<https://www.lloydsbankinggroup.com/who-we-are/responsible-business/inclusion-and-diversity/ethnicity.html>

### **Share your positive action opportunity and inspire other employers**

Are you developing a positive action opportunity or have offered an opportunity? Share the details as a case study and inspire health and care employers across BNSSG? E-mail

[noor.nixon@nhs.net](mailto:noor.nixon@nhs.net)

## Appendix 2: Existing Positive Action Guidance

NHS Employers - [Using positive action to create a fairer recruitment process](#)

NHS Employers – [Inclusive Recruitment Leading Positive Change](#)

Equality and Human Right Commission - [Employers: what is positive action in the workplace?](#)

ACAS - [When an employer may make a decision based on age, race or another protected characteristic](#)

NHS Employers - [How to recruit and support disabled staff in the NHS](#)

NHS Improvement – [A Model Employer](#)

NHS People Plan [Inclusive recruitment – opening the door to diverse communities](#)

Police positive action guidance: <https://paas-s3-broker-prod-lon-6453d964-1d1a-432a-9260-5e0ba7d2fc51.s3.eu-west-2.amazonaws.com/s3fs-public/College-of-Policing-Positive-Action-Guidance.pdf>

Equality and Human Right Commission - [Employment Statutory Code of Practice](#) (page 128 & 159)

Skills Development Scotland - [A Guide to Positive Action 2020/21](#)

## Appendix 3: Other Useful Links

[Equality Act 2010 Explanatory Notes](#)

[Equality Act 2010 section 158 \(general\)](#)

[Equality Act 2010 section 159 \(recruitment and promotion\)](#)

[Government guidance on positive action in recruitment and promotion](#)  
[Race in the workplace - McGregor Smith Review](#)

NHS Employers - [Attracting, supporting and retaining a diverse NHS workforce](#)

Equality and Human Right Commission  
[https://www.equalityhumanrights.com/sites/default/files/what\\_equality\\_law\\_means\\_for\\_you\\_as\\_an\\_employer\\_-\\_recruitment.pdf](https://www.equalityhumanrights.com/sites/default/files/what_equality_law_means_for_you_as_an_employer_-_recruitment.pdf) (page 38 onwards)

NHS Employers  
<https://www.nhsemployers.org/articles/using-positive-action-create-fairer-recruitment-process>

NHS People Plan

[https://www.england.nhs.uk/wp-content/uploads/2021/11/B0659\\_The-future-of-NHS-human-resources-and-organisational-development-report\\_22112021.pdf](https://www.england.nhs.uk/wp-content/uploads/2021/11/B0659_The-future-of-NHS-human-resources-and-organisational-development-report_22112021.pdf)

# Healthier Together

Improving health and care in Bristol,  
North Somerset and South Gloucestershire



## Contact us:

Healthier Together Office, Level 4, South Plaza, Marlborough Street,  
Bristol, BS1 3NX

0117 900 2583

[bnssg.healthier.together@nhs.net](mailto:bnssg.healthier.together@nhs.net)

[www.bnssghealthiertogether.org.uk](http://www.bnssghealthiertogether.org.uk)