

Reference: FOI.ICB-2223/034

Subject: Staff Equality, Diversity and Inclusion (EDI)

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
<p>1. I would like to request the number of employees within your Integrated Care Board whose job roles specifically require them to address issues of Equality, Diversity and Inclusion (EDI), including but not limited to all staff whose job title has 'EDI', 'Equality', 'Diversity' or 'Inclusion' in it.</p> <p>I would also like to request all remuneration costs for these roles.</p>	<p>All staff in Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) are expected to contribute to ensuring we meet our equality, diversity and inclusion objectives, and this aligns with the stated values of the organisation.</p> <p>Specific / dedicated roles are: -</p> <ul style="list-style-type: none"> • Inclusion Coordinator - Band 7* • Inclusion Officer - Band 5* • EDI Workforce Project Manager (Healthier Together system remit) - Band 8a* • Talent Development Manager – Race Equality (Healthier Together system remit) - Band 8a* <p>*NHS pay scales can be found here: https://www.nhsemployers.org/articles/pay-scales-202223</p> <p>The ICB currently has two dedicated full-time EDI officers who oversee the internal and external EDI workload. Our officers act as subject matter experts and help the organisation to meet its legal</p>

	<p>duties in relation to the Equality Act 2010 and its Public Sector Equality Duty, the Health & Care Act 2022, the Human Rights Act 1998 and NHS mandated duties including:</p> <ul style="list-style-type: none"> • Equality Delivery System – https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/ • Workforce Race Equality Standards (WRES) - https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/, and • Workforce Disability Equality Standards (WDES) - https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/wdes/ <p>Our inclusion officers report to the ICB’s Inclusion Council, who oversee the management and governance of this work.</p> <p>In addition, the ICB currently employs two one-year-fixed-term-contract staff who work across the Healthier Together system to facilitate, project manage and deliver against recruitment and race equity action plans.</p>
<p>2. Does your Integrated Care Board have an EDI strategy, a diversity strategy, or any other strategy aimed at increasing the amount of female, BAME, LGBT+, or disabled employees?</p>	<p>The ICB has adopted the existing EDI objectives contained in the previous CCG EDI strategy, which can be found attached, but will undertake a strategy refresh over a six month period which will be published in the New Year (2023). The costs of delivering this will be determined alongside the strategy refresh.</p>

<p>3. What are the costs related to the development and implementation of these strategies? E.g: research and data collection, the organisation of focus groups/forums/workshops/etc, time spent on changing structures.</p>	<p>The costs of delivering this will be determined alongside the strategy refresh.</p>
<p>4. Is your Integrated Care Board involved in any other project or initiative aimed at promoting diversity, in terms of gender, ethnicity, nationality, sexual preference or ablebodiedness, and if so, what are the costs related to these projects or initiatives?</p>	<ul style="list-style-type: none"> • Business Disability Forum (BDF) membership – provision of advice and guidance, access to resources including a Disability Smart Assessment tool, networks, staff briefing, policy review - £4750 + VAT • Membership of the Bristol Race Equality Strategic Leadership Group, £5000 annually • Public Sector Race Equity Leadership programme. Combining race education, leadership and train-the-trainer training to equip 6 staff to be able to lead race equity work, £6000 + VAT

The information provided in this response is accurate as of 25 August 2022 and has been approved for release by Sarah Truelove, Deputy Chief Executive and Chief Finance Officer & Deborah El-Sayed, Director of Transformation and Chief Digital Information Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.

BNSSG CCG Governing Body Meeting

Date: Tuesday 5th March 2019

Time: 1.30pm

Location: The Vassall Centre, Gill Avenue, Downend, Bristol, BS16 2QQ

Agenda item: 9.2

Report title: Equality, Diversity and Inclusion Strategy: latest version and progress update

Report Author:

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Report Sponsor:

Deborah El-Sayed, Executive Director Transformation.

1. Purpose

The draft Equality, Diversity and Inclusion strategy was first presented to Governing Body in January 2019. Whilst the strategy was welcomed and agreed in principle, the Governing Body had some constructive feedback about how it could be further strengthened to ensure full alignment with the extent of our ambitions in this area. This updated version reflects those discussions and provides an update on progress.

Table 1

Feedback	Actions taken to date
The strategy should be more ambitious, reflecting the CCG's strategic intent in the areas of Equality, Diversity and Inclusion.	Section 4.2 added: 'refreshing EIA core training package for all staff' to incorporate lived experience, and to mainstream inclusion across the CCG. Linking to OD plans. Section 4.3 added, audit of current engagement to inform baseline for improvement.

	<p>Bullet added under 4.3: action plan to support Time to Change pledge, with pledge signed by and action plan in implementation by June 2019.</p> <p>Section added in 5, Implementation and Review: establishing the Equality, Diversity and Inclusion Forum, chaired by an Executive Director, and as a locus for driving the strategy forward.</p> <p>Section added in APPENDIX S.3.2: expanding on the purpose and utilisation of EDS2 grading results.</p>
<p>Health inequalities, and the CCG's responsibilities in relation to reducing them, should be referenced more explicitly, with related actions to address.</p>	<p>Work is being undertaken by the insights and public engagement team currently to assess health inequalities insights and how these can be incorporated into the next iteration of the EDI strategy. This work links to the development of a robust citizen's panel.</p>
<p>The CCG should seek to partner with relevant agencies (e.g. Stonewall) to learn from best practice and strive for relevant accreditation as an inclusive employer.</p>	<p>Workstream added to action plan: to undertake an analysis of best practice organisations and accreditation schemes, in order to develop relevant partnerships. (See section 3.1)</p>

2. Recommendations

To note progress of the attached strategy and action plan and offer any feedback as part of the governance processes.

3. Next Steps

The action plan is currently being refined, and the Equality, Diversity and Inclusion Forum (EDIF) is being established to advance progress and delivery. This group will report into the Patient and Public Involvement Forum (PPIF).

4. Legal implications

The CCG is required legally to its Equality Objectives and to have in place an Equality and Diversity strategy and action plan to ensure that these are achieved.

5. Risk implications

If the CCG does not have an Equality & Diversity strategy as its means to achieving its Equality and Diversity objectives, it risks not meeting its obligations under the Equality legislative framework.

6. Implications for health inequalities

Ensuring compliance with Equality legislation will enable the CCG to meet its obligations in addressing health inequalities. Health inequalities are now explicitly referenced in the strategy.

7. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

The draft Equality and Diversity strategy highlights how the CCG can continue to improve on its ability to advance equality of opportunity for all protected groups.

8. Consultation and Communication including Public Involvement

The strategy has been shared with members of our PPIF (Patient and Public Involvement Forum). The draft Equality and Diversity strategy will be shared as part of our EDS2 (Equality Delivery System 2) consultation with community members.

9. Appendices

Draft Equality and Diversity Strategy.

Draft Equality and Diversity Action Plan.

Equality, Diversity and Inclusion Forum Terms of Reference (EDIF ToR)

1. Overview

1.1 What do we mean by equality?

Equality essentially means making sure that people are treated in accordance with their needs and given fair opportunities inclusive of the protected characteristics defined in the Equality Act 2010 which are: age, disability, sex, race, gender reassignment, sexual orientation, religion or belief, pregnancy and maternity status, and marriage/ civil partner status. Collectively these are known as “protected characteristics”.

We recognise that people have different needs, circumstances and ambitions and that achieving equality requires that any barriers that might discriminate and limit what people can do and the life opportunities they may have, are removed.

1.2 Vision and priorities

Our ambition at BNSSG CCG is to become a leader and best practice organisation in the field of equality, diversity and inclusion. We recognise the value that diversity brings to our organisation, and how it enriches our ability to commission services that meet the needs of the population we serve. We also recognise that we have a moral responsibility to promote equality of opportunity.

This strategy sets out how we will meet our obligations under the public sector equality duty and bring our ambition to life.

The strategy applies to all of the CCG’s functions including:

- Commissioning of services.
- Recruitment, employment, retention, training and staff development.
- Patient and Public involvement.
- Exercise of statutory powers and responsibilities.
- Communications.
- Service redesign and planning.
- Management of complaints.

This strategy outlines work that will be undertaken over the next three years to ensure an environment where diverse talent is welcome and we commission services that are aligned with the diverse needs of the communities we serve. It incorporates a supporting Action Plan (**Appendix 1**) to be delivered within organisational governance structures.

2. Context

2.1 Organisational context

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) is made up of local GPs and health professionals from our 85 practices, working together with other clinicians and patients to decide how the local NHS budget should be spent. Our members use their understanding and expertise to guide the buying and planning of the services we need to give our population the best possible care. We are responsible for shaping healthcare services for the communities we serve across Bristol, North Somerset and South Gloucestershire.

2.2 Legislative context:

In reviewing and refining our Equality Objectives to develop this strategy, the CCG has been guided by the imperative to identify, address, and remove any forms of disadvantage where evidence shows that this exists, so that our commissioning is enhanced and our talent is nurtured. This practice goes hand in hand with the fundamental importance of promoting the benefits of Equality, Diversity and Inclusion in achieving and maintaining progress in improving the health of local people, reducing health inequalities and ensuring NHS services are fit for the long term.

Implementation of the Public Sector Equality Duties 2011 forms the foundation of all equality and diversity activities for NHS organisations (**Appendix 2**).

The CCG has general responsibilities under the Public Sector Equality Duties to:

- Pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation.
- Advance equality of opportunity.
- Foster good relations between people from different protected groups.

These responsibilities are fully incorporated into this strategy, along with the **specific responsibilities** to:

- Set specific, measurable equality objectives: this is addressed through developing specific Equality Objectives.
- Analyse the effect of our policies and practises on equality and consider how they further the equality aims: this is incorporated through our plans to undertake robust Equality Impact Assessments on our commissioning plans and policies.
- Publish sufficient information to demonstrate that we have complied with the general duty on an annual basis: This is to be undertaken through an Equality and Diversity annual report. Since this is the first year of operation for the CCG, a baseline report has been produced to provide us with an opportunity to examine our actions to date and determine how we will meet our statutory, social and moral obligations as a lead public sector organisation through our Equality & Diversity strategy and action plan going forward.

2.3 The communities we serve

Bristol, North Somerset and South Gloucestershire has an estimated resident population of 915,500 people with 441,300 of this total living in Bristol which is the largest city in the South West, and currently the 8th largest city in England. Since 2001, the population of Bristol is estimated to have increased by 13.2%. This growth is double the average estimated increase for England.

The population of North Somerset at the 2011 Census was recorded as 202,600 people. This represents an increase of 13,766 (7.3%) from the 2001 Census. The current resident population of South Gloucestershire is around 271,600 people according to a 2014 mid-year estimate from the Office of National Statistics.

The CCG serves a diverse population across Bristol, North Somerset and South Gloucestershire (**Appendix 3**), with some population highlights as follows:

Age:

Bristol's Joint Strategic Needs Assessment shows that Bristol has a relatively young age profile compared to the national average with higher proportions of people aged 16-24 years and lower proportions of people aged 45 and over.

By contrast North Somerset and South Gloucestershire's population is slightly older when compared to the rest of England which currently stands at 17.6%.

Ethnicity:

BME (Black and Minority Ethnic) communities in Bristol make up 17% of the total population, with 28% of all school pupils coming from BME backgrounds. For North Somerset and South Gloucestershire, BME communities make up 2.7% and 5% of the population respectively.

Religion & Belief:

Christians represent the largest religious group in Bristol (46.8%), North Somerset (61%) and South Gloucestershire (59.6%). The second largest group stated that they have no religion making up 37.4% of the population of Bristol, 30% of North Somerset and a third of the South Gloucestershire population.

Disability:

The proportion of people with life limiting long term illness or disability make up 17.6% of the population of Bristol, 19.2% of the population of North Somerset, and 18% of the population of South Gloucestershire.

2.4 Our workforce

Our current workforce profile is compared with the Bristol population is as follows:



As of July 2018, Bristol, North Somerset and South Gloucestershire CCG currently employs 343 staff compared with 382 staff employed by the three previous CCG's (Bristol: 230 staff, North Somerset: 79 staff, and South Gloucestershire: 73 staff). Comparisons with 2016-2017 data for the purpose of this report means comparing workforce data for BNSSG as of the 30th of June 2018, with 2016-2017 workforce data across Bristol, North Somerset and South Gloucestershire CCG's.

A breakdown of workforce profile (**Table 2**) is available across the following characteristics:

- Age
- Disability.
- Race.
- Religion and Belief.
- Sex.
- Sexual Orientation

Table 2

Group description		Analysis of workforce as at 30 th June 2018	BNSSG population (figures for 2011)
Characteristic	Total Workforce or Population	100% (343 employees)	100%
Age	Aged 16-64	99.4% (341)	65.3%
Disability	People that have declared a disability on Electronic Staff Record	1.7% (6)	12%
	Not declared	39.4% (135)	
Race	White British	69.1% (237)	85.5%
	Black or Minority Ethnic Origin (excluding 'White Irish' and 'Other White' groups)	7% (24)	10%

Group description		Analysis of workforce as at 30 th June 2018	BNSSG population (figures for 2011)
	White Irish or Other White Ethnic Origin	4.1% (14)	4%
	Not disclosed	19.6% (68)	0.5%
Religion or Belief	Christian	27.7% (95)	53.8%
	Other religion or belief	11.1 % (38)	4.7%
	No religion or belief	6.3% (56)	33.7%
	Unknown	44.9% (154)	7.8%
Sex	All population, all ages	70% female (240)	50.5% female
		30% male (103)	49.5% male
Sexual Orientation	Lesbian, Gay or Bisexual	3.% (10)	6% ¹
	Heterosexual	57.7% (198)	94%
	Not disclosed	49.8% (112)	

The CCG's Equality & Diversity Baseline Report identified that CCG staff are not currently representative of the communities we serve. Most noted is the underrepresentation of disabled, Black Minority & Ethnic (BME) and Lesbian, Gay & Bisexual (LGB) people in our organisation. A detailed analysis of our workforce is included in our Equality and Diversity Baseline report.

¹ 2005 Treasury estimate for the UK population, reported on Stonewall's website (2013), although local grassroots organisations estimate this number to be higher.

It should also be noted that relatively high levels of non-disclosure exist, particularly in regard to sexual orientation. Clearly, this affects overall figures. We will be seeking to improve disclosure rates and this is reflected in actions under section 4.3 below.

3 Our plans

3.1 NHS mandated initiatives

There are a series of baseline objectives around securing equality and inclusion that all NHS organisations are expected to deliver. These are NHS mandated initiatives. They are set out below and are embedded as part of our delivery plans.

We take the challenge of securing equality and inclusion for the communities that we serve seriously, and are committed to ensuring that our workforce reflects the diversity of our population. This requires us to constantly examine our culture and practices, as an individual organisation, and as part of the wider NHS family, in order to identify and address complex problems, and develop a focused approach to tackling any inequality.

The three NHS mandated initiatives are: the Equality Delivery System (EDS2), the Workforce Race Equality Standard (WRES) and the Accessible Information Standard.

3.2 Implementing the Equality Delivery System

The recently refreshed EDS2 is a framework that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

The EDS was updated in 2015, but its main purpose remains the same - to help local NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS2, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

Implementation of the EDS2 is cited in the CCG assurance framework and is mandated for all NHS organisations. It requires evidenced, baseline 'grading' for 18 statements, e.g. 'services are commissioned and delivered to meet the health needs of local communities', accompanied by an assessment of which protected characteristic groups fare well under each test.

At BNSSG, we are committed to using the EDS2 as the baseline from which we drive tangible improvement in relation to equality, diversity and inclusion. Rather than simply a data collection process that takes place once a year, we will use the subsequent analysis and results to inform staff training and development in relation to Equality Impact Assessments particularly, improving knowledge and skill across the organisation, as well as staff ownership.

We will seek to utilise our trained 'experts by experience' panel for further consultative input into our diversity and inclusion frameworks, including – potentially – the Equality, Diversity and Inclusion Forum (EDIF). We will establish a robust process, whereby the EDS2 evidence is understood and utilised across the organisation, and informs the commissioning cycle. The EDS2



grading will be used in our refreshed staff training on Equality Impact Assessments (EIAs), which will seek to mainstream equality, diversity and inclusion across the organisation.

We are currently in the process of collating evidence for our EDS2 report. A representative 'experts by experience' panel will be convened and trained to support the grading process. This is on track to be established by the end of March 2019. The panel will consist of a blend of voluntary sector representatives (from organisations for and led by protected characteristic groups), as well as people recruited directly from the communities we serve. We will be running a 2 day training programme co-led by the Diversity Trust, to ensure everyone has the requisite understanding of the relevant legislation and our local healthcare context in order to be able to engage effectively.

3.3 The Workforce Race Equality Standard

The Workforce Race Equality Standard (WRES) is a mandated NHS assessment that requires NHS organisations to provide a detailed analysis of their existing staff and board compositions as relates to their ethnic origin, using a standard template and WRES calculator.

The assessment requires organisations to submit information about their BME staff, such as their representation per pay band and access to development and promotion opportunities. The standard was launched to ensure that employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

The CCG will complete its first WRES assessment for the March 2019 deadline, harnessing the outcomes of the all-staff survey. It will then become a regular, annual assessment and one which we will use to shape and refine our strategy on an ongoing basis.

3.3 The Accessible Information Standard:

The AI Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

The standard is mandated for NHS organisations and the CCG has a responsibility to ensure it is reflected in performance management processes for every provider we commission.

We are currently developing a policy to ensure that we meet our obligations under the AIS, and that its principles are embedded across all our work, including but not limited to:

- All external facing communications output, including the website.
- All public events and engagement.
- Guidance and support for staff.

4 Equality Objectives

In addition to mandated initiatives, we are also setting a number of specific equality objectives in line with the Public Sector Equality Duty and based on our current position.



Our Equality Objectives have been aligned with the Equality Delivery System 2 (EDS2) goals (See 4.3.1), so that each objective is mapped against the relevant EDS2 outcomes. We have developed an Equality and Diversity Action Plan (**Appendix 1**) to provide detail on what activities will be carried out under each objective.

Objective 1: Improve the use of equality analysis data in our commissioning cycle.

Objective 2: Build strong relationships with protected groups and communities to better understand their needs and improve our equality data.

Objective 3: Promote workforce equality and improve representation through effective employment practices.

Objective 4: Develop inclusive leadership throughout the CCG.

4.1 Improving the use of equality analysis data in our commissioning cycle

We need to ensure that the data and analysis we have on equality is properly informing the commissioning cycle and embedded across all our frameworks. Understanding the impact that plans are likely to have on protected characteristic groups should be a key starting point and a collective responsibility.

Currently, Equality Impact Assessments (EIAs) form a core component of all projects, but there is more work to be done in ensuring that everyone has the tools and skills to carry them out to a consistently high standard. Work is already in progress to provide all colleagues across the CCG with the equality data that is relevant to their projects and work areas. Alongside continuing EIA training and competence testing, we will be selecting a sample of CCG EIAs to be audited by the Patient and Public Involvement Forum (PPIF) as well as the Quality Committee. We will also be bringing the EIA audit for review by the Governing Body on a quarterly basis.

4.2 Refreshing the EIA training package for all staff

If we are to achieve our stated ambitions in relation to equality, diversity and inclusion, the agenda needs to become 'everyone's business'. A key strand of our responsibilities as a CCG is to carry out robust EIAs for every project we undertake, in order to establish and consider the impacts on people from protected characteristic groups. Given its central importance to our overall performance in this area, we will refresh the core EIA training package for staff, ensuring that it:

- Incorporates direct lived experience
- Is compelling and engaging, utilising best practice
- Linked to our organisational values
- Linked to our ambitions and approach in relation to user engagement and co-production.

In order to maximise engagement, the refreshed programme will also link across to our Organisational Development work.

4.3 Building strong relationships with protected groups

It is vital that we build strong relationships and links with the communities we serve. There is a range of work taking place in this area; including the establishment of the 'expert panel' that will support us with our EDS2 grading (see section 3.2).

We are also undertaking an audit of all our engagement and outreach activity. Alongside the EDS2, this will support us in understanding current engagement levels across our multiple localities, and how we can enhance and develop key relationships going forward, addressing any gaps.

Additional key areas as stated in the action plan (appendix 5) include developing a successful Patient Leadership Programme, and developing the use of the Healthier Together Citizen's Panel.

4.3 Promoting workforce equality and improving representation

Our current recruitment and selection policy recognises the need for diversity within the workforce, and the organisation has taken a number of measures to ensure that all recruitment and selection processes are in accordance with relevant legislation:

- All personal information is removed from application forms prior to short listing and is used for monitoring purposes only.
- All employees undertaking recruitment and selection activities are appropriately trained to do so.
- We only use objective selection criteria, where the decision making process is recorded, and it can be demonstrated that appointments are met on merit.
- We are a Disability Confident employer having been awarded our "Disability Confident" status in June 2018.
- We utilise the NHS Jobs website as means to advertise any vacancies. NHS Jobs can be accessed by both internal and external staff.
- We have a range of policies in place to support our workforce such as a flexible working policy, which strengthens our position as an employer of choice.
- We have signed up the Bristol Deaf Health Charter which offers guidance on facilitating the recruitment of Deaf, Deafblind, Hard of hearing people and improving their representation in the workplace.
- We have signed up for the Bristol Manifesto for Race Equality which aims at improving BME representation across public sector in Bristol.

In order to build on this, we will focus on the following areas:



- Raising the profile of the CCG as a positive place to work in Bristol, targeting community organisations and groups with direct links to BME, Disabled & LGB&T communities.
- Developing opportunities for work experience and shadowing for potential external candidates to gain insight into the work of the CCG.
- Monitoring recruitment activity and outcomes, and produce management information to illustrate such activity in partnership with the Human Resources team.
- Utilising existing processes such as secondment opportunities and the performance development framework to improve overall job satisfaction for our staff and identify progression opportunities to improve representation at leadership levels.
- Signing up to the Time to Change (Tackling mental health discrimination) employer pledge, through the completion of an action plan by April 2019 (co-designed with staff and user groups), with the pledge taken by June 2019 and plan in implementation concurrently.

4.3.1 Building our reputation as an employer of choice

In order for the CCG to become an employer of choice, we will:

- Develop the existing job section and recruitment information available to potential candidates on our website highlighting the benefits of working for the CCG.
- Develop a “How to” guide to assist prospective applicants in completing their application form.
- Work with partner agencies, Job Centre Plus and local educational institutions to take part in recruitment events, job fairs, and open days. These will be followed up to track candidates who attend and/ or apply for vacancies so that it is possible to monitor the effectiveness of these initiatives against positive outcomes. Over time this will allow the CCG to build its own database of potential candidates who can be specifically targeted at a later date should a suitable vacancy arise.
- Work towards developing a positive working relationship with local community media securing positive public exposure to Bristol CCG and its work.
- Develop a network of local community organisations that we could collaborate with to send relevant job information should vacancies arise.
- Work with local community organisations to raise the profile of the CCG as an employer of choice. There is a common misconception amongst some communities that careers in the NHS comprise of clinical roles only, whereas there are numerous roles that are available across different staff groups. In addition raising awareness of the suitability of these roles to be carried out by people with a disability.

4.3.2 Improving our recruitment processes

The South, Central and West Commissioning Support Unit HR team supports recruiting managers within the CCG to deliver a professional and effective service, however we recognise that in order to be an employer of choice, we will endeavour to take the following actions:

- Mandate offering feedback to candidates that have declared a disability and are eligible to apply under the Disability Confident scheme.
- Establish a system to stay in touch with candidates that have been interviewed but not appointed in the first instance. If a similar position becomes available, this database of staff can be managed via a waiting list system-used before going out to advert.
- Continue to provide recruitment and selection training for managers and staff involved in the recruitment process, ensuring that our commitments under a disability symbol user organisation is highlighted.
- Utilise social media and community organisations to advertise vacancies as they arise.
- Organise an annual open day with partner organisations to publicise the work of the CCG, and opportunities within it.

4.3.3 Developing a work experience / volunteering programme

In light of the launch of national programmes such as the Chartered Institute of Personnel & Development (CIPD) "Steps ahead" programme in partnership with local Job Centre Plus, we will work with Job Centre Plus to develop a programme of activity that will allow us to support future placement requests.

4.3.4 Supporting applicants in the pre-application stage

At present it is our practise to include a named contact for some of our vacancies, we shall endeavour to ensure that this is standard practise to encourage requests from prospective candidates and enable them to develop an understanding of the CCG's commitment to fostering a positive working environment.

4.4 Developing inclusive leadership

*Developing People, Improving Care*², the national framework for improving leadership in the NHS, defines inclusive leadership as 'progressing equality, valuing diversity and challenging power imbalances.' In order to continue to develop an inclusive leadership culture we will:

- Establish an Equality & Diversity Forum which be chaired by an Executive Director. The Forum will meet regularly and in line with the PPIF to review progress on implementation of

² Developing People, Improving Care, NHS Improvement, 2016 <https://improvement.nhs.uk/resources/developing-people-improving-care/>

the Equality and Diversity action plan which in turn will continue to evolve to reflect that activities that we are undertaking.

- Deliver equality & diversity training sessions to raise awareness on how the public sector equality underpins our activities in the CCG.
- Develop strong staff support networks to act as forums for staff members from underrepresented groups and to support the organisation in its engagement with these staff. Due to small numbers currently, the CCG and its public sector partners are in discussions to launch three joint staff support groups for Disability, LGB&T and Race. In addition, we have developed a Staff Support Network Policy to facilitate the formation of these groups and empower our staff to form or join a group should the need arise.
- Explore the potential benefits of unconscious bias training and its applicability to the CCG.
- Utilise exit interviews to determine what causes staff to leave and gain a better understanding of why people leave the CCG.
- Explore approaches to improving non-disclosure rates.
- Maintain staff involvement and engagement as per our organisational development strategy.

5 Implementation and Review

Once this draft strategy is agreed in principle, we will undertake a financial assessment, although it is anticipated that the majority of this work can be undertaken in-house and within existing resources.

As stated in section 4.4, we are establishing an Equality, Diversity and Inclusion Forum (EDIF) to drive the strategy forward and assess progress on an ongoing basis. The EDIF Terms of Reference have been agreed by the Patient and Public Involvement Forum (PPIF), and the EDIF will report into the PPIF for accountability purposes. Other key strands of related work (including, for example, the 'Attracting Diverse Talent' working group which forms part of the CCG's Organisational Development plans) will link across to the EDIF as the locus for change and decision-making in relation to equalities. This also gives the EDIF a clear link to the GB via the PPIF. The draft EDIF ToR is appended to this paper.

APPENDIX 1

Equality Impact Assessments (EIA's):

An EIA is a tool for undertaking analysis of a proposed development or a change to an existing policy, procedure or practice, which assesses whether the policy/ procedure/ practice has a disparate impact on persons with protected characteristics; i.e. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race; religion or belief, sex, sexual orientation.

An EIA can assist in identifying any interdependencies between projects, and where appropriate an EIA can cover multiple projects to determine the cumulative impact. Guidance is clear that



having due regard may involve “analysing the effect on equality of a number of decisions that are made together, for example when conducting a major review of services”.³

The Equality & Human Rights Commission (EHRC) has provided the following guidance for carrying out EIAs:

Assessing the impact on equality of proposed changes to policies, procedures and practices is not just something the law requires, it is a positive opportunity for public authorities to ensure they make better decisions based on robust evidence.

The assessment does not necessarily have to take the form of a document called an EIA but when completed fully, it will help the CCG to demonstrate compliance by:

- Ensuring that the CCG has a written record of the equality considerations that have been taken into account.
- Ensuring that decision-making includes a consideration for the actions that would help to avoid or mitigate any negative impacts on particular protected groups.
- Demonstrating that decisions were based on evidence
- Making the decision-making process more transparent

Both guidance and case law have established that equality analysis should start before a development or at very early stages. This duty to “have regard” to the needs set out in the Equality Act 2010 must be met before or at the time any change is being considered. Courts talk of it being an “essential preliminary” and not a “rear-guard action”.⁴ **It is not a one-off and is “ongoing and cyclical”**. Analysing at an early stage means thinking about the likely or possible effects, and then later on monitoring what actually happens. Waiting to complete an EIA at the end of the process risks leaving us open to legal challenge.⁵

The benefits of carrying out an Equality Impact Assessment:

- Helps us develop proposals which meet the needs of the communities we serve
- Demonstrates that we are complying with the Public Sector Equality Duties 2011 (as prescribed by the Equality Act 2010)
- Mitigates the potential risk of legal challenge around the Public Sector Equality Duties 2011.
- Informs the Patient & Public Involvement (PPI) Plan
- Helps to identify which equality communities/protected groups should be particularly targeted for PPI/engagement

³ ‘Equality analysis and the Equality Duty: A guide for public authorities’, Equality and Human Rights Commission, January 2011, p. 9.

⁴ ‘Reconfiguring services: when must NHS bodies consult the public? How do they go about doing it? And how can they protect themselves from legal challenge?’, Mills and Reeve, October 2013, p. 7.

⁵ ‘Equality Analysis and the Equality Duty’, p. 9.

- Helps a project or policy to progress smoothly through the milestones/gateways stipulated by the Verto project management tool

To support EIA activity, the CCG has:

1. Developed bespoke templates, guidance documents, briefings and tools to ensure that equality information is captured in a consistent manner across both the Programme Management Office (PMO) and the STP (Sustainability and Transformation Plan). The EIA process is outlined in **Appendix 4**.
2. Offered one to one support and advice to project managers on how to integrate good equality practice into project development.
3. Offered contextualised advice to the PMO on how to assess the cumulative equality impact for the totality of the activity.

It is envisaged that EIA's will continue to be an area of intense activity for the CCG, and support will continue to be offered to ensure that the CCG meets its statutory requirements in this area.

APPENDIX 2: The Public Sector Equality Duties 2011:

The main PSED, set out in section 149(1) (Appendix 3) of the Equality Act 2010 ("the Act") applies in three ways:

- 6 it applies to "public authorities" including the National Health Service in respect of all of their functions, unless the authority is specified in respect of only certain functions;
- 7 where a public authority is specified in Schedule 19 of the Equality Act 2010 in respect of only certain functions, the Duty applies to the authority in respect of only those functions;
- 8 where persons are not public authorities but exercise public functions, the Duty applies in respect of the exercise of those functions.

The Duty is comprised of three aims:

A public authority must, in the exercise of its functions, **have due regard to the need to:**

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act, but not age, so far as relating to persons who have not attained the age of 18, or marriage and civil partnership.
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; in particular, to the need to:
 - remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;

- encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. In the context of this limb, public authorities need to: tackle prejudice, and promote understanding between person who share a relevant protected characteristic and persons that do not share it.

These are known as the three sections of the “general duty”

Courts take into account case law when interpreting section 149 and the term ‘due regard’, and the following six principles have been established, known as the ‘Brown Principles’:

- decision-makers must be made aware of their duty to have due regard to the identified needs;
- the Duty must be fulfilled both before and during consideration of a particular policy, and involves a “conscious approach and state of mind”;
- **it is not a question of ticking boxes**, the Duty must be approached in substance, with rigour and with an open mind, and a failure to refer expressly to the Duty whilst exercising a public function will not be determinative of whether due regard has been had;
- the Duty is non-delegable;
- the Duty is continuing;
- it is good practice for an authority to keep a record showing that it has considered the identified needs.

In addition to the “general duty”, NHS organisations also need to evidence compliance against the specific equality duty, and under this section of legislation, NHS organisations are required to:

- (a) Set specific, measurable equality objectives;
- (b) Analyse the effect of our policies and practises on equality and consider how they further the equality aims;
- (c) Publish sufficient information to demonstrate that we have complied with the general duty on an annual basis.

APPENDIX 3: Population Profile for BNSSG:

Population Profile for BNSSG (Census 2011)

NB: “Working age”, for the purposes of this table, means 16-64



Group description		Bristol population (2011 Census)	North Somerset population (2011 Census)	South Glos population (2011 Census)
Characteristic	Population	100% (428,100 people)	100% (203,100 people)	100% (263,400 people)
Ethnic origin	Black or Minority Ethnic Origin (excluding 'White Irish', 'Other White' and "Gypsy, Traveller or Irish Traveller groups)	16.0% (all ages) 14.9% (working age)	2.7% (all ages) 2.9% (working age)	5.2% (all ages)
	White Irish, Other White, Gypsy, Traveller or Irish Traveller Ethnic Origin	6.1% (all ages) 7.2% (working age)	3.2% (all ages) 3.8% (working age)	3.1% (all ages)
	White British Ethnic Origin (including English, Welsh, Scottish, Northern Irish)	77.9% (all ages) 77.9% (working age)	94.1% (all ages) 93.3% (working age)	91.9% (all ages)
	Unknown	0	0	0
Disability	People with a limiting long term illness (day-to-day activities limited a little or a lot)	16.7% (all ages) 12.4% (working age)	19.2% (all ages) 13% (working age)	15.6% (all ages)
	Unknown	0%	0%	
Sex	All population, all ages	49.8% male 50.2% female	49% male 51% female	49.5% male 50.5% female
Gender identity	Transgender population	Information not available	Information not available	Information not available
Sexual Orientation	Lesbian, Gay or Bisexual	6.0%*	6.0%*	6%*
	Heterosexual	94%*	94%*	94%*
	Unknown	0%	0%	0%
Religion or Belief	Christian	46.8%	61%	59.6%
	Other religion or belief	7.7%	1.5%	2.3%
	No religion or belief/ Atheism	37.4%	30%	30.7%
	Unknown	8.1%	7.5%	7.4%
Age	Aged 0-15	18.4%	18.1%	18.6%
	Aged 16-64	68.5%	60.9%	63.5%
	Aged 65+ (85+)	13.1% (?%)	21.0% (3.2%)	17.9%

Estimated populations in 2011 and 2013

	Bristol population (Census)	North Somerset population (Census)	South Gloucestershire population (Census)
Table above	100% (428,100 people)	100% (203,100 people)	100% (263,400)
Mid 2011 ests (ONS 2017)	428,074	203,091	263,417
Mid 2013 ests (ONS 2017)	437,492	206,135	269,107

Data sources:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/middlesuperoutputareamidyearpopulationestimates>

Bristol, North Somerset and South Gloucestershire

Appendix 5: Draft Equality & Diversity Action Plan 2018-2021 Clinical Commissioning Group

Objective	Related to EDS2 Outcomes	Action Required	RO	Deadline	Update
Objective 1: Improve the use of equality analysis data in our commissioning cycle.	1.1 & 1.2	Success measure: Equality data routinely used in commissioning work and equality impact assessment library populated accordingly.	DES/ LM	Mar 2020	
1.1: Improve quality of equality impact assessments and embed into core steering group activities and programme boards.		EIA training and competence testing EIA samples assessed/ audited by PPIF in addition to Quality Committee EIA audit formally reviewed on a quarterly basis by Governing Body.	NB DES / AM DES / AM	Mar 2019	EIA's currently constitute a core element of all projects.
1.2 Ensure that equality data is relevant and available to project		Develop a BNSSG population breakdown.	NB	Dec 2018	In progress: BNSSG population data compiled and



leads, steering groups leads and programme directors.					distributed to colleagues currently working on EIA's.
Objective 2: Build strong relationships with protected groups and communities to better understand their needs and improve our equality data.	2.1, 2.2, 2.3, & 2.4	Success measure: Improved engagement with protected groups through PPI and visibility of the CCG at key community events.		March 2021	
2.1 Develop Representative Patient and public involvement forums across the new organisation in line with GB Terms of Reference		<p>BNSSG wide strategic group to assure EIAs/ Engagement Plans and Equality and Diversity</p> <p>Locality based PPIGs are in place</p> <p>Public Reference Groups aligned to specific projects: e.g. Healthy Weston; Community services procurement</p> <p>Develop the use of the Healthier Together Citizens panel</p>	DES/ Sarah TW	<p>Dec 2018</p> <p>Dec 2018</p> <p>Dec 2018</p> <p>On going</p> <p>April 2019</p>	All groups in place; representation is developing to align with local population and protected groups.



		Develop a Patient Leadership Programme			
2.2 Undertake EDS2 Assessment for BNSSG CCG evidence data.		Collate Evidence data A representative sample of the work across the CCG is made available for the Assessment. Convene a representative 'expert' panel; trained and engaged to assist in the grading of our EDS2 goals.	NB	Mar 2019	Raising awareness about EDS2 and the evidence collation has commenced (Dec 18) Contact established with "expert panel" members.
2.2. Continue engaging with the Deaf Community through the Deaf Health Partnership Group		Continue to be active members of the Deaf Health Partnership Group.	Locality Engagement and Partnership Leads	Ongoing	
2.3 Develop a sustainable approach to engaging communities in commissioning projects.		PMO and Engagement teams to develop a sustained approach to involve communities through ongoing dialogue.	MS	Mar 2019	
2.4 Develop a calendar of community based events.		Social media campaigns prepared for	Comms team	Jan 2019	

		events such as Chinese New Year, February LGB&T History month, October Black History month and Ramadan.			
2.5 Sign the Bristol Equality Charter.		The CCG becomes a signatory of the Charter.	DES	Nov 2018.	
2.6 Continue to be involved in the Bristol Manifesto for Race Equality Group.		The CCG continues to have representation at the group.	Locality Engagement and Partnership Leads	On going	
2.7 Continue to be involved in the South Gloucestershire Equality Forum		The CCG continues to have representation at the group.	Locality Engagement and Partnership Leads	On going	
Objective 3: Promote workforce equality and improve representation through effective employment practices.	EDS 3.1, 3.2, 3.3, 3.4, 3.5 & 3.6	Success measure: Better representation of protected groups in the workplace as a result of inclusive recruitment & retention practices and better staff engagement and good employment practices. We attract the right people for the right		March 2020	



		posts at the right time.			
3.1 Raise the profile of the CCG as a positive place to work in Bristol, targeting community organisations and groups with direct links to BME, Disabled & LGB&T communities.		Develop the existing job section and recruitment information available to potential candidates on our website highlighting the benefits of working for the CCG.	HR	Mar 2018	
		Undertake an analysis of protected characteristic focussed, best practice organisations running accreditation schemes (e.g. Stonewall), and formulate a partnership plan to inform CCG work.	Inclusion Co-ordinator	May 2019	
		Work with partner agencies, Job Centre Plus, local educational institutions to take part in local recruitment events/ job fairs, and open	HR/ Comms	Mar 2020	

		days specifically those that link to equality and diversity			
		Utilise social media to publicise any current vacancies.	HR/ Comms	Mar 2020	
3.2 Develop opportunities for work experience and shadowing for potential external candidates to gain insight into the work of the CCG.		Develop a work experience policy. Outline approach to future work experience initiatives, including 'pathways to work' placements for people with disabilities Continued working with CASS in South West	HR/ Comms DES/ Sarah T		
3.3 Monitor recruitment activity and outcomes, and produce management information to illustrate such activity in partnership with the Human Resources team.		Baseline current recruitment activities.	HR/ Comms		
		Mandate offering feedback to candidates that have declared a	HR/ Recruitment managers.	Mar 2019	

		disability and are eligible to apply under the "Disability Confident" scheme.			
		Deliver recruitment and selection training for managers and staff involved in the recruitment process, ensuring that our commitments under as a disability symbol user organisation is highlighted	HR/ NB	Mar 2019	
3.4 Utilise existing processes such as secondment opportunities to improve overall job satisfaction for our staff and identify progression opportunities to improve representation at leadership levels.		Develop strong staff support networks to act as forums for staff members from underrepresented groups and to support the organisation in its engagement with these staff.	NB	Mar 2019	Staff support network policy developed.
		Utilise exit interviews to determine what causes staff to leave and gain a better understanding of	HR	Mar 2019	

		why people leave the CCG			
		Maintaining staff involvement and engagement as per our organisational development strategy.	ST	On going	
3.5 Sign up to the "Disability Confident" scheme.		The CCG achieves the Disability Confident status.	NB	June 2018	Action Complete.
3.6 Undertake the Work Force Race Equality Standard assessment and submission		The CCG undertakes its first WRES assessment.	NB	Mar 2019	Activity in place to complete assessment in by March 2019, following securing the outcomes from the staff survey.
3.7 Sign up to the "Time to change" Charter.		The CCG signs up to the charter and develops an associated action plan.	DES	Mar 2019	Contact established with Mind UK and awaiting to clarify governance processes.
3.8 Deliver contextualised Equality and Diversity training across the CCG.		100% of CCG staff require contextualised Equality & Diversity training customised for their role.	NB	Mar 2020	Currently some teams across the CCG have received training customised to the needs of the training. This is in addition to delivering EIA training.
3.9 Develop an organisation wide process to ensure that the CCG ensures the Accessible Information Standard is met.		Inclusion of AIS principles embedded in CCG web site Ensure that all CCG run events	MS	Ongoing	



		have considered the specific communications needs people have Development of policy and training for all staff		April 2019	
3.10 Develop processes to encourage staff to declare Equality Monitoring Information.		Improved Equality Monitoring Data available.	HR/ OD Team	Dec 2019	At present Equality Monitoring Data is captured as part of the recruitment via NHS jobs, however not all recruitment is done this way.
3.11 Continue to support and contribute to the Bristol 'Stepping Up' programme (mentoring)		Staff development	DES	Ongoing	
Objective 4: Develop inclusive leadership at governing body level.	4.1, 4.2 & 4.3	Success measure: Governing Body proactive about the integration of equality into core business			
4.1 Develop governance processes for Equality & Diversity reporting.		Processes for reporting Equality and Diversity progress against objectives are established.	DES	January 2019	The Equality & Diversity Forum will be set up and will be chaired by an Executive Director. The Forum will meet on a monthly basis to review progress on implementation of the Equality and Diversity action plan.
4.2 Liaise with Health Education England on		Stakeholder engagement	DES		

national leadership programmes relating to diversity and inclusion, ensuring alignment.					
4.3 Continue to support Leadership development opportunities across the organisation.		Improved uptake of leadership programmes from underrepresented groups.	Exec / OD Team	Dec 2019	Current opportunities advertised using internal communications channels.

APPENDIX 6 – DRAFT terms of Reference (EDIF)

BNSSG CCG: Equality, Diversity and Inclusion Forum (EDIF) Terms of Reference - DRAFT

1. Overview

BNSSG CCG is ambitious about equality, diversity and inclusion. We want to become a best practice organisation in the field; in terms of the communities we serve and as an employer.

Following oversight at both PPIF and the Quality Committee, the CCG’s draft Equality and Diversity Strategy was presented to the Governing Body (GB) meeting on January 8th 2019. Following a constructive discussion, the GB approved the strategy in principle. It will now be further refined, and the accompanying action plan ‘built out’ to properly reflect resource requirements and activity.

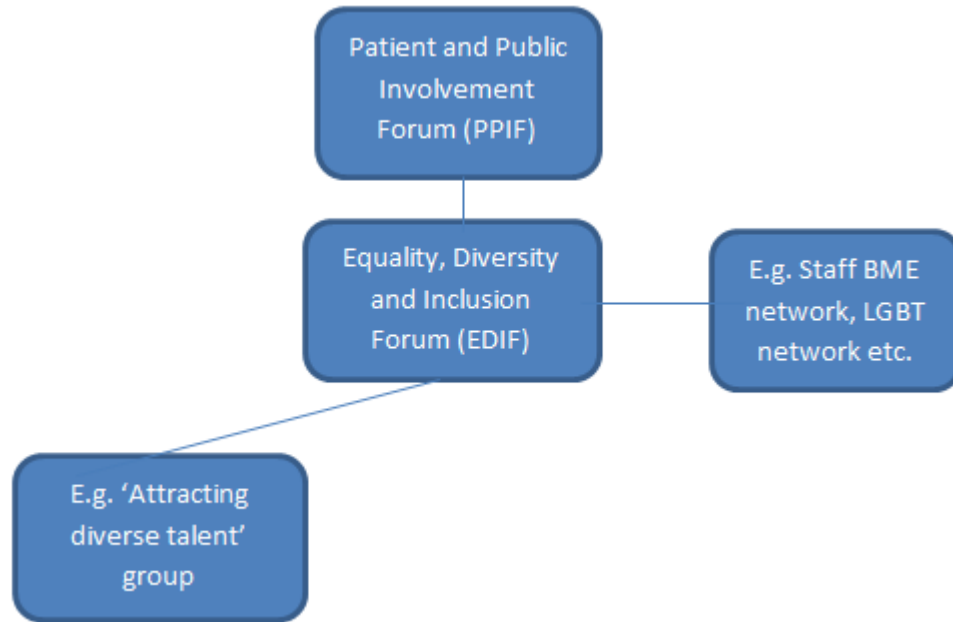
2. Purpose

A key element of the strategy is assuring significant progress and focus on delivery, in relation to the meeting of statutory obligations and taking our ambitions further. In order to do that, we have recommended the establishment of an executive –sponsored Equality, Diversity and Inclusion Forum (EDIF). The primary role of the EDIF is to ensure oversight and delivery of the strategy within our governance structure. Under this proposal, the EDIF would report into the PPIF. It would also be the place for any CCG inclusion activity leads to report into and share details of their work. Critically, the EDIF also has a role in promoting and sharing equality, diversity and inclusion initiatives and practice across the organisation; with members acting as ambassadors for the work.

3. Structure



An energised approach to ED&I within the CCG, linking strongly to our overall approach to Organisational Development (OD), will naturally mean that more activity will be undertaken in these areas. The EDIF will offer strategic oversight to the breadth of ED&I work taking place, and will have a role in highlighting any gaps or concerns to the PPIF.



4. Draft Terms of Reference

a. Purpose

The purpose of the Equality, Diversity and Inclusion Forum (EDIF) at Bristol, North Somerset and South Gloucestershire CCG (BNSSG CCG) is to:

- Champion equality, diversity and inclusion across everything the CCG does: for our patients, public and employees.
- Maintain oversight and provide advice regarding the CCG's statutory responsibilities with regard to equality and diversity.



b. Responsibilities

The EDIF will be responsible for:

- Ownership of the Equality and Diversity Strategy, which sets out the plan for delivery.
- Ensuring oversight of progress on key areas of equality compliance, such as implementation of the Equality Delivery System 2 (see strategy).
- Providing advice, recommendations and guidance across the CCG, acting as ambassadors for inclusive practice, and highlighting opportunities for positive change.
- Providing assurance to the PPIF that the strategy is being implemented, and to escalate risks where this is not happening.
- Reviewing initiatives and plans in relation to national equality, diversity and inclusion policies and best practice; staying abreast of innovative developments and seeking to apply these to the CCG where appropriate.
- Working closely with the PPIF to promote involvement and engagement across the diverse communities we serve, especially those from protected characteristic groups.
- Acting as a collective voice for our staff, working closely with the OD team, to promote involvement and engagement within BNSSG CCG, especially with those from protected characteristic groups.

c. Membership

The membership of EDIF will comprise:

- The Director of Transformation
- The Deputy Chief Executive Officer (OD link)
- The Associate Director of Communications and Engagement
- The Inclusion Coordinator
- Reps from commissioning, the 3 locality teams and HR
- 3 staff places (self-nominated)
- At least one lay member of the Governing Body
- PPIF member

d. Meetings



The EDIF will meet quarterly, and ahead of the PPIF meetings in order that actions and notes can be shared for discussion.

