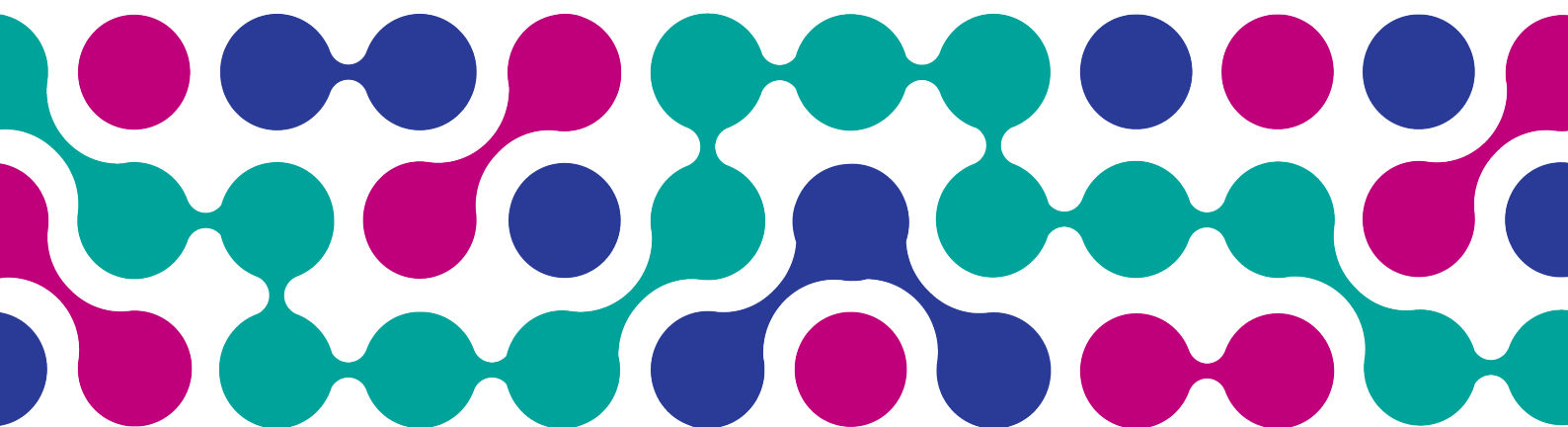


NHS Bath and North East Somerset, Swindon, and Wiltshire

2021-22 Annual Equality and Inclusion Assurance Summary Report

Clinical Commissioning Group to Integrated Care Board



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1 Executive Summary

1.1 BSW Assurance

This report provides compliance assurance (in unison with the detailed BSW Equality, Diversity, and Inclusion Strategy, as per section 3.1) that BSW ICB is meeting The Public Sector Equality Duty.

1.2 BSW Integrated Care Board (ICB) Constitution

The BSW ICB was required to publish a Constitution from 1st July as a new statutory body:

- *with the general function of arranging for the provision of services for the purposes of the health service in England and is an NHS body for the purposes of the 2006 Act'*
- *The ICB must act in a way that is consistent with its statutory functions, both powers and duties. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to ICBs. Examples include, but are not limited to, the Equality Act 2010*

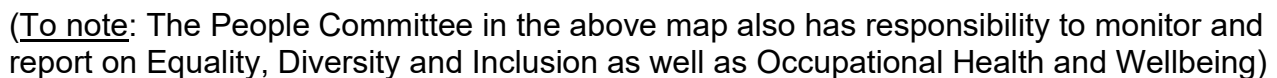
Future ICB Annual Reports (as per 6.5.1.C) will report as follows to further enhance equality reporting:

'review the extent to which the ICB has exercised its functions consistently with NHS England's views set out in the latest statement published under section 13SA (1)

(views about how functions relating to inequalities information should be exercised)'



Equality Act 2010



1.3 BSW ICB Executive Leads for Equality and Inclusion:

- Chief Executive
- ICB Executive Equality Lead (Equality, Innovation and Digital Enterprise)
- Chief People Officer
- Chief Nurse
- Locality Directors
- BSW Academy Director



1.4 Public Sector Duty and The Equality Act 2010

The Equality Act 2010 prohibits unlawful discrimination in the provision of services on the ground of the following 'protected characteristics':

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

The public sector equality duty as outlined in section 149 of the Equality Act 2010 requires ICBs to have 'due regard' (consciously consider) the need to:

- *Eliminate discrimination that is unlawful under the Equality Act 2010*
- *Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it*
- *Foster good relations between persons who share a relevant protected characteristic and persons who do not share it*

1.5 Duty Purpose

The Equality and Human Rights Commission state that:

'the broad purpose of the equality duty is to integrate consideration of equality and good relations into the day-to-day business of public authorities. If you do not consider how a function can affect different groups in different ways, it is unlikely to have the intended effect. This can contribute to greater inequality and poor outcomes. The general equality duty therefore requires organisations to consider how they could positively contribute to the advancement of equality and good relations. It requires equality considerations to be reflected into the design of policies and the delivery of services, including internal policies, and for these issues to be kept under review.'

Compliance with the general equality duty is a legal obligation, but it also makes good business sense. An organisation that is able to provide services to meet the diverse needs of its users should find that it carries out its core business more efficiently. A workforce that has a supportive working environment is more productive. Many organisations have also found it beneficial to draw on a broader range of talent and to better represent the

community that they serve. It should also result in better informed decision-making and policy development. Overall, it can lead to services that are more appropriate to the user, and services that are more effective and cost-effective. This can lead to increased satisfaction with public services.

This report is written to specifically to publish equality information and the required equality objectives (in section 10).

1.6 EDS 2022

The Equality Delivery System (EDS) is ‘a system 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.’

EDS 2022 is aligned to NHS England’s [Long Term Plan](#) and its commitment to an inclusive NHS that is fair and accessible to all. The EDS 2022 suite of documents and supporting resources are available at the bottom of this page.

Enforcement of EDS

The Equality and Human Rights Commission is responsible for assessing compliance with the specific duties, and for their enforcement. As with the Equality Duty, it has powers to issue a compliance notice to a public body that it believes has failed to comply with the specific duties and can apply to the courts for an order requiring compliance. Unlike the Equality Duty, the specific duties cannot be enforced by judicial review.

1.7 EDS 2022 Obligations on NHS Commissioners and Providers

EDS 2022 is a generic system designed for both NHS commissioners and NHS providers. As different systems apply EDS 2022 outcomes to their performance, NHS organisations should do so with regard to their specific roles and responsibilities.

EDS 2022 implementation by NHS provider organisations is mandatory in the [NHS Standard Contract](#). EDS 2022 implementation will continue to be a key requirement for all NHS commissioners. Detailed information on how to implement EDS 2022 is contained in the [EDS 2022 Technical Guidance](#).

A new reporting template has been published in August 2022 and the ICB will review and report in quarter 4.

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

| | |
|---|---|
| Undeveloped activity – organisations score out of 0 for each outcome | Those who score under 8 , adding all outcome scores in all domains, are rated Undeveloped |
| Developing activity – organisations score out of 1 for each outcome | Those who score between 8 and 21 , adding all outcome scores in all domains, are rated Developing |
| Achieving activity – organisations score out of 2 for each outcome | Those who score between 22 and 32 , adding all outcome scores in all domains, are rated Achieving |
| Excelling activity – organisations score out of 3 for each outcome | Those who score 33 , adding all outcome scores in all domains, are rated Excelling |

2 Bath and North-East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board

2.1 Population Overview and Health

BSW Together states that: BSW serves a combined local population of 940,000.

The combined area of B&NES, Swindon and Wiltshire has a complex and extremely varied demographic structure and geography which poses challenges to the delivery of health and social care.

The health needs of local people varies across our area. Here is a snapshot and some areas of concern.

- 180,000 people in BSW have some form of Mental Health condition.
- In BSW 5.56% of the population has diabetes yet 20% of the COVID deaths were in people with diabetes.
- 156,000 people in BSW have 3 or more long-term conditions
- 85,000 people in BSW aged 65+ are on 10 or more prescriptions. This is nearly 1 in 2.85
- The percentage of people with a learning disability living in residential care often away from home is greater than the national average increasing isolation

As per section 3.1 the current BSW Strategy includes locality population breakdown for reference within section 12 and is also included in Appendix A for ease of reference.

2.2 BSW Integrated System Evolution

On the 1st of July 2022, the organisation transferred from a Clinical Commissioning Group (CCG) into an Integrated Care Board (ICB), which means working within an Integrated Care System (ICS).

This is a very new and unique opportunity to work collaboratively and collectively to reduce inequalities for all within BSW, which has deliberately delayed this report as the tactical system and place-based development continues.

NHS England (NHSE) and BSW have launched short films to explain the ICS in simple detail:

NHSE Strong Integrated Care Systems Everywhere:

<https://www.youtube.com/watch?v=mz4FFE2y8PM&t=17s>

BSW Together:

[What is BSW Together? - watch our short film - BSW Together](#)

3 BSW: Our Vision, Values and Strategic Aims

3.1 BSW Equality, Diversity and Inclusion Strategy

The strategy was approved and published by the Board in July 2021 and set out (the predecessor CCG) equality commitment, whilst honestly recognising the changes in the organisation and the obvious impact and action required as a result of the Covid pandemic.

A new BSW Inequalities Strategy is under approval processes at that time of writing which will harness the new integrated system working model.

The 2021 Equality Strategy was arranged into 6 areas of focus:

1. *Leadership and Governance*
2. *Impact assessments (Equality and Quality)*
3. *Communication and Engagement*
4. *Our Workforce*
5. *Commissioning and Procurement*
6. *Complaints, Concerns and Compliments*

The 2021 Equality Strategy states:

'The recent merging of Bath and North East Somerset, Swindon and Wiltshire CCGs and our increasing collaboration with our stakeholders and providers is part of our journey to form a new Integrated Care System (ICS) known as the BSW Partnership.

This means that we can achieve more as we pool our resources across our three localities, including staff, skills, specialisms and finances. We will work even more closely with public health, local authorities (including housing, education and leisure), voluntary and community groups across the whole area. Integrated Care Systems have been shown to deliver the best outcomes for patients and populations.'



Strategy and Corporate Priorities

BSW corporate priorities at the point of merging all influenced equality, diversity and inclusion:

1. *Reduce inequalities in people's access to care and treatment.*
2. *Simplify an overly complex system to improve services and make efficiencies.*
3. *Improve people's journey and experience through care by putting them at the centre of everything we do.*
4. *Ensure we protect access to specialist treatment.*
5. *Supporting our communities and citizens to take better ownership of their own health and care.*

Key action examples of strategy progression assurance include: The launch of the BSW Academy with Leadership and Inclusion Pillars that works with external partners across BSW to share and unite inclusion activity with a focus on workforce

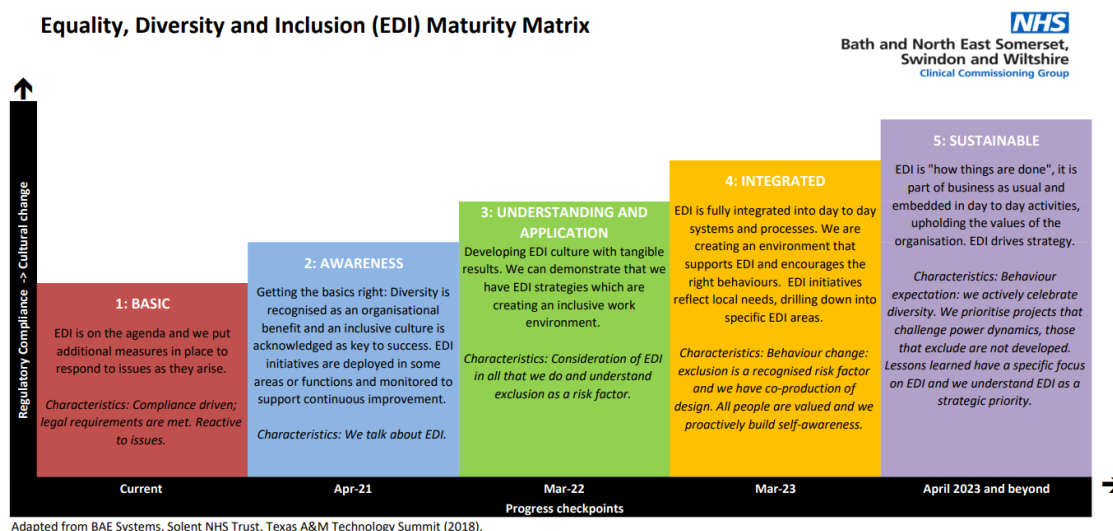
The pillars of the BSW Academy:



Improving the Covid vaccination monitoring and accessibility for protected groups such as the boating, minority ethnic and travelling communities. The LeDeR programme review of Hospital/Health Passports and Aspiration Pneumonia to improve services and reduce premature mortality

The Strategy will be reviewed later in 2022-23 as the ICB governance structures and system collaboration settles along with the progress mapped in the Maturity Matrix:

Equality, Diversity and Inclusion (EDI) Maturity Matrix



3.2 BSW Together

‘BSW Together’ values were co-created when the organisation merged as Bath and North East Somerset, Swindon, and Wiltshire Clinical Commissioning Group, and are under now further review following transfer into the BSW Integrated Care Board:

‘Our vision, the result we want to achieve for local people, informs the present and inspires the action needed to make change happen. It is underpinned by three core principles:

1. *Collective voice – working together as a collaboration and one whole system*
2. *Healthy communities – empowering people to lead on their health with their families, their communities and health professionals*
3. *Stories and strengths – holding people’s strengths, stories and experiences, and what matters to them at the heart of our system*

*Developed by colleagues across the organisation, our **five core values** underpin the way we work and help to guide our actions and the decisions we make for local people and communities.’*



Caring



Innovative



Inclusive



Accountable



Collaborative

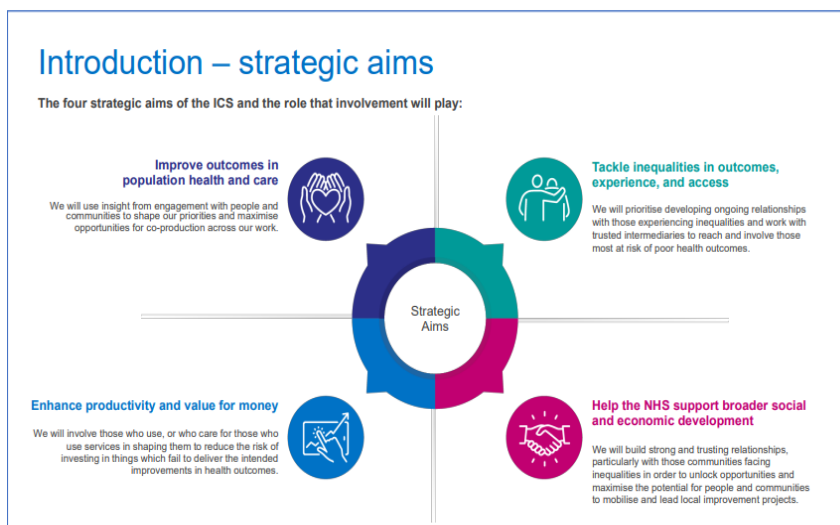
4 BSW Together: Integrated Care System

BSW Together is an integrated care system (ICS) made up of NHS and local authority organisations working together. Our ICS brings together an Integrated Care Board, three hospital trusts, private providers, a mental health trust, an ambulance trust and voluntary sector organisations.

4.1 Integrated Care System Purpose

As an ICS, BSW Together has four key purposes as set out by NHS England (NHSE) to:

1. improve outcomes in population health and healthcare
2. tackle inequalities in outcomes
3. experience and access, enhance productivity and value for money
4. support broader social and economic development



4.2 BSW Together Website:

‘Collectively, we take responsibility to improve the health and wellbeing of local people, tackle inequalities and achieve better outcomes and access for everyone, ensure that health and care services are high-quality and to make the most efficient use of our resources.’

Stephanie Elsy, Chair, Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board, said:

‘For too long, residents have spoken of a health and care system that feels overly complicated and, at times, confusing, but we now aim to change that by bringing all our various health and care partners together around a single table.

The integrated care board will make it easier for the NHS, local government and voluntary sector to work as one, which in turn should create a more seamless journey of care for patients, especially those who receive help from multiple partners, such as older people who may be visited at home, but still need to attend appointments in hospital or with their GP.”

As a sovereign statutory body, the ICB will work collaboratively to improve outcomes in population health, provide better joined-up care, reduce health inequalities, and enhance productivity and value for money, while also helping the NHS support broader social and economic development.

The board itself will sit within the Bath and North East Somerset, Swindon, and Wiltshire Integrated Care System, known as BSW Together.

This is a wider network of local health and care organisations that will plan and organise how health and care services can be delivered across the region, while also committing to give local people and communities a louder voice in how services are provided locally.

Those organisations that make up the ICS include the region's three NHS foundation trusts, 88 GP practices and three local councils, as well as the ambulance service, community caregivers, mental health providers and hundreds of local voluntary, community, and social enterprise groups.

More information about the integrated care board can be found online, either by visiting www.bsw.icb.nhs.uk, or by searching for Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board on Facebook, Twitter, Instagram, or LinkedIn.

Further BSW Together information can be found at: <https://bsw.icb.nhs.uk/>

4.3 BSW ICB Partners

BSW Together brings together the following organisations:

[Avon and Wiltshire Mental Health Partnership NHS Trust](#)

[Bath and North East Somerset, Swindon, and Wiltshire Clinical Commissioning Group](#)

[Bath & North East Somerset Council](#)

[Great Western Hospitals NHS Foundation Trust](#)

[Healthwatch: Bath and North East Somerset](#)

[Healthwatch: Swindon](#)

[Healthwatch: Wiltshire](#)

[Medvivo](#)

[Royal United Hospitals Bath NHS Foundation Trust](#)

[Salisbury NHS Foundation Trust](#)

[South Western Ambulance Service NHS Foundation Trust](#) (SWAST)

[Swindon Borough Council](#)

[HCRG Care Group](#)

[Wessex Local Medical Committees](#)

[West of England Academic Health Science Network](#)

[Wiltshire Council](#)

[Wiltshire Health and Care](#)

BSW Together also works with a wide range of Voluntary and Community Sector Organisations that help provide invaluable support to our populations and our health and care services.

5 Collaborative Commissioning; Equality and Inclusion

5.1 BSW Equality and Inclusion Monitoring

The ICB Quality Assurance Committee (QAC) was established by the ICB as a formal Committee of the Board in accordance with its Constitution.

The Terms of Reference state that:

- *‘members individually and the Committee collectively must demonstrably consider the equality and diversity implications of decisions they make’:*

The committee has decision making responsibility and seeks the assurance that Quality/Equality Impact Assessments have been undertaken and shared; to identify and mitigate known or suspected inequalities and exclusions.

<https://bsw.icb.nhs.uk/wp-content/uploads/sites/6/2022/07/Quality-Assurance-Committee-Terms-of-Reference.pdf>

5.2 Commissioned Providers

All providers who BSW ICB contract are required (as public sector bodies) to demonstrate independent compliance with equality and inclusion legal, mandatory, and non-mandatory requirements and to publish an annual equality and inclusion report and objectives on their websites.

Our providers also provide us with reports which include equality and inclusion issues, and barriers for patients from different groups with protected characteristics.

6 Colleague Engagement; Organisational Development

BSW have maintained ongoing engagement with all colleagues with dedicated and recorded online Colleague Briefings, weekly ‘Seven Days’ newsletter updates, a Colleague Partnership Forum and line manager briefings.

Learning from the Covid Pandemic introduced a dedicated Consultation and Engagement for agile working (in 2021) and a Ways of Working Agile Handbook shared. This handbook included that:

- *'Agile working underpins and address new dimensions to diversity and equality principles*
- *Our workforce have the opportunity to lead balanced and healthy lives.*
- *Work has less of an impact on our natural environment.*

There was also an emphasis *'to recruit, retain and develop a more diverse and inclusive workforce.'* More details can be found under section 9.

7 Public Engagement

The BSW draft policy 'In Support of Engaging People and Communities' [Microsoft Word - Final DRAFT BSW ICB People and Communities Engagement Policy.docx](#) sets out a clear ambition to involve people and the communities in BSW as per The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), which states that citizens have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions affecting the operation of those services (including monitoring and review of services).

This includes transparent decision-making, involving people and communities in governance arrangements, holding meetings in public and publishing minutes and regular updates on progress. More details will be included in the 2023 report.

8 Human Resources: BSW ICB Workforce

BSW workforce is managed via Consult HR who have shared the following information for inclusion in this report.

8.1 BSW Human Resources (HR) Policy Monitoring

'Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Equality Act 2010'

BSW ICB has a comprehensive Bullying and Harassment Policy that has been publicised to all colleagues and is available on the Consult HR Portal. The policy was reviewed and commented on by the Colleague Partnership Forum, Executive Team and Governing Body.

The policy was in existence in the CCG and transferred across to BSW ICB on 1st July 2022.

The policy contains the following statement that demonstrates the ICB's commitment to eliminating discrimination, harassment, and victimisation.

“BANES, Swindon and Wiltshire (BSW) Integrated Care Board (ICB) are committed to creating a work environment free of Harassment and Bullying for all colleagues, where everyone is treated with dignity and respect and protected from harassment, intimidation and other forms of bullying at work.

Harassment and bullying at work in any form is completely unacceptable and will not be tolerated by BSW ICB so any allegation of bullying and harassment will be investigated and if appropriate disciplinary action will be taken.

This policy in place is to prevent and reduce all forms of offensive behaviour, whether it is unlawful or not.

We believe that everyone deserves to work in an environment that respects the dignity of each individual in a culture that values diversity and equality of opportunity and prevents discrimination. We regard harassment, bullying, discrimination and victimisation as unacceptable forms of behaviour that will not be tolerated.”

The ICB ensures that the following equality statement is included in all their policies:

‘BSW ICB recognises its responsibility to ensure that no-one is discriminated against, disadvantaged or given preference, through membership of any particular group, particularly including people with disabilities, people from different ethnic backgrounds or religions, or on the grounds of their gender, age, or sexual orientation.’

In response to the public sector equality duty workforce monitoring reports are produced and published and any bullying, harassment, victimisation or discrimination that is brought to the attention of HR is raised with the Chief People Officer, so immediate and appropriate action can be taken.

The profile of the Freedom to Speak Up (FTSU) Guardians has also been raised via the Colleague Briefings and information provided about what they can help with including discussing any concerns about bullying, harassment and/or victimisation.

Previously BSW CCG participated in the national NHS Staff Survey which ask specific questions about bullying and harassment. This has allowed the CCG and now the ICB to undertake actions to address any concerns raised about bullying and harassment through the survey as detailed below:

- 8.19% colleagues disagree and 15.79% neither agree or disagree that they feel safe to speak up about anything that concerns them
- 7.65% colleagues have disagreed or strongly disagreed that they have not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public.
- 5.88% colleagues disagreed or strongly disagreed that they have not experienced harassment, bullying or abuse from other colleagues.
- 7.6% colleagues disagreed or strongly disagreed that they have not experienced discrimination from manager/team leaders or other colleagues.

The ICB will be participating in the national NHS Staff Survey in the Autumn of 2022 so further analysis can be undertaken in relation to the responses received about bullying and harassment and any necessary action taken.

8.2 BSW HR Equality Progress:

“Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it. (please see information below)

And:

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. And evidence relating to the nine protected characteristics and staff engagement foster good relations between persons who share a relevant protected characteristic”

The ICB has a robust and detailed Interim Equality and Diversity Strategy and details a number of actions that will be taken in relation to Leadership and Governance, the ICB workforce and complaints, concerns, and compliments.

There are regular colleague briefings for all colleagues and a Colleague Partnership Forum that has representatives from across the organisation.

Any training or development opportunities that the ICB commissions are advertised to all colleagues regardless of protected characteristics. To date workshops regarding retirement and working remotely have been delivered to the ICB and have been well received. Additional workshops delivered include, Bullying & Harassment including Civility & Respect, Sickness Absence Management & Performance Management.

All BSW ICB policies apply to all colleagues regardless of protected characteristics and Equality Impact Assessments have been carried out on all the policies and reviewed by the Colleague Partnership Forum.

Equality Impact Assessments are carried out for major organisational change that is due to take place. Equality Impact Assessments were carried out for the consultations that took place relating to the transfers from BSW CCG to BSW ICB and when colleagues bases were changed.

BSW ICB identified through the People Strategy and Workforce Race Equality action plan that they needed to increase their understanding of Equality, Diversity and Inclusion (EDI) and look at how the culture of BSW can continue to embrace EDI. As a result of this, two interactive workshops have been offered to all BSW ICB Managers regarding EDI and the concept of unconscious bias and how this potentially impacts outcomes and decisions. A summary of the workshops is provided below.

Equality, Diversity and Inclusion Workshop (workshop 1)

- Understanding of why EDI is important
- Benefits derived from embracing EDI
- Understanding of legal and regulatory duties
- Examples of unlawful discrimination
- Confidence and competence to objectively challenge and seek solutions to address EDI issues

Unconscious Bias Workshop (workshop 2)

- Better understanding of unconscious bias and its impact
- Ability to recognise unconscious bias in own behaviour and others
- How to address unconscious bias

8.3 Workforce Race Equality Standard (WRES)

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the [NHS standard contract](#).

The aim of the WRES is to help NHS organisations ensure that colleagues from BME backgrounds have equal access to career opportunities and that they receive fair treatment in the workplace.

As stated in the WRES report: Equality, diversity and inclusion is at the forefront of the culture BSW ICB is trying to develop and foster whilst achieving the organisations vision of “working together to empower people to lead their best life.”

One of the ICB’s five values is inclusion, and it is highlighted that this is shown through colleagues continually ensuring their own behaviours support equality of opportunity and diversity.

The WRES came into effect on 1st April 2015 however CCGs were not required to submit their annual WRES data to NHS England for analysis and publication until 2019. The standard is designed to improve the experience and representation of BME colleagues at all levels across the organisation, particularly at senior management level.

The 2021 NHS Workforce Race Equality Standard (WRES) report for BSW CCG was based purely on BSW CCG. The information used was taken from data collected as of 31 March 2021. One report and action plan was produced for the organisation to take forward over the next 12 months.

An action plan has been developed which identifies leads to focus on key areas to improve support and experiences for Black and Minority Ethnic (BME) colleagues. It was however acknowledged that BSW CCG would only be in existence until 1st July 2022 and following transition to an Integrated Care Board (ICB). Due to this, the action plan transferred across to the ICB on 1st July 2022.

Following the creation of the ICB the WRES action plan continues to be reviewed and updated as appropriate to ensure all the actions are still relevant. The ICB will explore with the EDI Leads network to ascertain if a combined action plan will be developed to support a system approach to WRES and to explore if some of the actions could be completed as a system.

The report provides details of the ICB’s position against indicators 1-4, and indicator 9 of the WRES indicators for the year 2020/2021 and is taken from data collected as of 31st March 2021:

- **The WRES indicator 1** - the headcount and percentage of clinical and non – clinical staff in each of the AfC Bands 1-9 or medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce:

Non-Clinical Workforce as at 31 March 2021 – based on headcount of 293

| AfC Pay Band | White | BME | Ethnicity Unknown |
|--------------------------|-------|--------------------------------|-------------------|
| Band 1-4 | 102 | Redacted to maintain anonymity | 0 |
| Band 5-7 | 82 | Redacted to maintain anonymity | 1 |
| Bands 8-9 and VSM | 95 | Redacted to maintain anonymity | 2 |

Clinical Workforce as at 31 March 2021 – based on headcount of 87

| AfC Pay Band | White | BME | Ethnicity Unknown |
|--------------------------|-------|--------------------------------|-------------------|
| Band 1-4 | 2 | 0 | 0 |
| Band 5-7 | 42 | 6 | 2 |
| Bands 8-9 and VSM | 33 | Redacted to maintain anonymity | 1 |

Medical and Dental ad hoc pay scales as at 31 March 2021 – based on headcount of 32

| Medical and Dental ad hoc salary | White | BME | Ethnicity Unknown |
|----------------------------------|-------|--------------------------------|-------------------|
| | 20 | Redacted to maintain anonymity | 7 |

- **The WRES Indicator 2** – the relative likelihood of staff being appointed from shortlisting across all posts.

| 2 | BSW WRES Data 2021 | | | BANES WRES Data 2020 | | | Wiltshire WRES Data 2020 | | | Swindon WRES Data 2020 | | |
|--|------------------------|--------------------------------|-------------------|------------------------|--------------------------------|-------------------|--------------------------|--------------------------------|-------------------|------------------------|--------------------------------|-------------------|
| | White | BME | Ethnicity unknown | White | BME | Ethnicity unknown | White | BME | Ethnicity unknown | White | BME | Ethnicity unknown |
| Number of shortlisted applicants | 212 | 35 | 4 | 72 | 7 | 2 | 149 | 13 | 4 | 144 | 33 | 6 |
| Number appointed from shortlisting | 36 | Redacted to maintain anonymity | 1 | 18 | Redacted to maintain anonymity | 0 | 33 | Redacted to maintain anonymity | 2 | 42 | Redacted to maintain anonymity | 5 |
| Relative likelihood of appointment from shortlisting | 16.98 % | 8.57 % | 25.00 % | 25.00 % | 42.86 % | 0 % | 22.15 % | 23.08 % | 50.00 % | 22.22 % | 9.09 % | 83.33 % |
| Relative likelihood of White staff being appointed from shortlisting compared to BME staff | 1.98 times more likely | | | 0.58 times more likely | | | 0.96 times more likely | | | 2.44 times more likely | | |

- **The WRES Indicator 3** – The relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

| 3 | BSW WRES Data 2021 | | | BANES WRES Data 2020 | | | Wiltshire WRES Data 2020 | | | Swindon WRES Data 2020 | | |
|--|-----------------------|-----|----------------------|-------------------------|--------------------------------|----------------------|--------------------------------|--------------------------------|-----------|---------------------------|--------------------------------|----------------------|
| | White | BME | Ethnicity Unknown | White | BME | Ethnicity Unknown | White | BME | Ethnicity | White | BME | Ethnicity Unknown |
| Number of staff in workforce | 376 | 23 | 13 | 87 | Redacted to maintain anonymity | 5 | 150 | Redacted to maintain anonymity | 8 | 120 | Redacted to maintain anonymity | 7 |
| Number of staff entering the formal disciplinary process | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Likelihood of staff entering the formal disciplinary process | 0.27% | 0% | 0% | 0% | 0% | 0% | 0.67% | 0 | 0 | 0% | 0% | 0% |
| Relative likelihood of BME staff entering the formal disciplinary process compared to White staff | | 0% | | | 0% | | | 0% | | | 0% | |

- **The WRES Indicator 4** – the relative likelihood of staff accessing non-mandatory training and CPD.

| 4 | BSW WRES Data 2021 | | | BANES WRES Data 2020 | | | Wiltshire WRES Data 2020 | | | Swindon WRES Data 2020 | | |
|---|--------------------|--------------------------------|-------------------|----------------------|--------------------------------|-------------------|--------------------------|--------------------------------|-------------------|------------------------|--------------------------------|-------------------|
| | White | BME | Ethnicity unknown | White | BME | Ethnicity unknown | White | BME | Ethnicity unknown | White | BME | Ethnicity Unknown |
| Number of staff in Workforce | 376 | 23 | 13 | 87 | Redacted to maintain anonymity | 5 | 150 | Redacted to maintain anonymity | 8 | 120 | Redacted to maintain anonymity | 7 |
| Number of staff accessing non-mandatory training and CPD | 61 | Redacted to maintain anonymity | 1 | 1 | 0 | 1 | 6 | Redacted to maintain anonymity | 0 | 0 | 0 | 0 |
| Likelihood of staff accessing non-mandatory training and CPD | 16.22 % | 13.04 % | 7.69 % | 1.15 % | 0% | 20% | 4.00 % | 16.67 % | 0% | 0% | 0% | 0% |
| Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff | 1.24 | | | | | | 0.24 | | | | | |

- **The WRES Indicator 9** – the percentage difference between the organisations 'Board voting membership and its overall workforce.

Note: Only voting members of the Board should be included when considering this indicator:

| Ethnicity | White | BME | Ethnicity unknown |
|---|-------|--------------------------------|-------------------|
| Total Board Members | 23 | Redacted to maintain anonymity | 2 |
| Of which: Voting Board | 17 | Redacted to maintain anonymity | 2 |
| Of which: Non-Voting Board members | 6 | 0 | 0 |
| Of which: Exec Board members | 11 | 0 | 0 |
| Of which: non-Executive Board members | 12 | Redacted to maintain anonymity | 2 |
| Number of staff in overall workforce | 376 | 23 | 13 |
| Total Board members - % by Ethnicity (a) | 88.5% | 3.8% | 7.7% |
| Voting Board member - % by Ethnicity | 85.0% | 5.0% | 10.0% |
| Non-Voting Board Member - % by Ethnicity | 100% | 0% | 0% |
| Executive Board Member - % by Ethnicity | 100% | 0% | 0% |
| Non-Executive Board Member - % by Ethnicity | 80.0% | 6.7% | 13.3% |
| Overall workforce - % by Ethnicity (b) | 91.3% | 5.6% | 3.2% |
| Difference (Total Board (a) – Overall workforce (b)) | -2.8% | -1.7% | 4.5% |

The report also highlights areas of the NHS People Plan 2020/2021 that directly relates to actions regarding Equality, Diversity and Inclusion (EDI). It should be noted that BSW ICB are committed to further develop ourselves and to promote better understanding of equality, diversity and bias and that the WRES action plan to support this is an ambitious plan.

The main purpose of the NHS Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) are to: -

- Help local and national NHS organisations (and other organisations providing NHS services) to review their data against the relevant indicators.

- To produce action plans to close the gaps in workplace experience between relevant groups of staff, and
- To improve BME/Disabled people representation and gender balance at the Board level of the organisation.

BSW ICB are only required by law to report their WRES data and publish their report and action plan. Currently there is no legal requirement to report on WDES data, publish a report or develop an action plan. However, BSW did publish a WDES report and action plan as it is recognised the importance of closing the gaps in workplace experience between relevant groups of staff and improving the representation of disabled employees at the Board level of the ICB.

8.4 BSW CCG 2021 Staff Survey Results and Actions

This colleague engagement survey ran from 28 October to 26 November 2021 inclusive and was open to all 433 colleagues

- 171 colleagues completed the survey, representing 39.5% of the workforce.
- More than 300 verbatim comments were provided in addition to the multiple-choice questions.
- The survey captured feedback in four key areas:
 - Health and wellbeing
 - Work/life balance
 - Equality, diversity and inclusion
 - Bullying and Harassment
- Information was also gathered regarding support colleagues would like during the transition.

Completing the survey was not mandated, but colleagues were strongly encouraged to complete it, with reminders also sent.

The results include that:

- 92.98% colleagues agreed or strongly agreed that they have heard about the development of the ICS as part of the proposed NHS Reforms and 78.36% colleagues agreed or strongly agreed that they know about the BSW Partnership.
- 17.54% colleagues neither agreed or disagreed about knowing about the BSW Partnership.
- 11.70% colleagues disagreed that the information provided by BSW about the CCGs / ICB transition has been helpful.
- 15.98% colleagues disagreed that their line manager has talked to them about the CCG transferring to the ICB.
- 8.19% colleagues disagree and 15.79% neither agree or disagree that they feel safe to speak up about anything that concerns them in the BSW.
- 3.53% colleagues have disagreed or strongly disagreed that they have not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public.
- 5.88% colleagues disagreed or strongly disagreed that they have not experienced harassment, bullying or abuse from other colleagues.
- 7.60% colleagues disagreed or strongly disagreed that they have not experienced discrimination from manager/team leaders or other colleagues.

The results from the colleague engagement survey were shared with the CCG Executive Team, the Colleague Partnership Forum and colleagues. As a result of data collected from the survey actions were taken to provide colleagues with more information about the transfer to the ICB. This was done in the form of written updates and regular face to face meetings. A workshop was also commissioned to inform colleagues and managers about how to deal with any incidences of bullying and harassment. The workshop also focused on civility and respect. The CCGs zero tolerance approach to bullying and harassment was also discussed during the colleague briefings.

The data gathered from the 2021 survey will continue to inform the actions that the ICB now takes and will also provide a base line for comparison regarding some areas within the national NHS survey, which will be completed during October/November 2022.

8.5 Value Based Recruitment Workshops

Value based recruitment workshops have been delivered as an alternative approach to help managers identify candidates whose personal values match with those of the organisation

The training focused on supporting and developing managers through their recruitment campaigns and covered key aspects to assist with attracting, selecting and retaining candidates

8.6 BSW Workforce Performance Review Documentation

BSW ICB's performance review documentation highlights the need for check in conversations about wellbeing at induction and at least annually. It is detailed that these conversations cover health and wellbeing and any issues in relation to equality, diversity, and inclusion.

BSW ICBs values are also detailed and provides a description of the behaviour associated with each value. The value related to inclusive, details that "colleagues continually ensuring their own behaviour support equality of opportunity and diversity."

8.7 BSW Workforce Health and Wellbeing Induction

All new colleagues have a health and wellbeing induction whilst being mindful of protected characteristics and offering the right support from the outset of an individual's employment with the ICB.

9 BSW Workforce Development and Training

9.1 Equality Principles

The BSW Academy has launched Equality, Diversity, and Inclusion (EDI) Principles as follows which were developed in partnership with the BSW EDI Leads Network:



BSW Academy
Unlocking potential, developing together

Listening: Create a fair and inclusive organisation culture through engagement with internal and external stakeholders

We Will:

- Listen to and engage with our employees and communities in order to open up in the ED&I discussions to a wider range of voices (e.g., Staff / service user equality networks are set up to hear the experiences of diverse stakeholders, and develop improvement plans as a result)
- Listen to the lived experiences of our employees, communities, patients, families, and carers prioritising actions that make a meaningful difference to

achieving the aims of the Public Sector Equality Duty (Eliminate discrimination, promote equal opportunity, and Foster good relations).

- Develop stronger community and service user engagement to reduce health inequalities

Accessibility: Provide accessible environments where our staff can do their best work and service users receive the best service

We will:

- Develop an efficient and effective Equality Impact Assessment process to equality impact services, buildings, equipment, and technology to ensure inclusiveness and create an accessible physical and cultural environment.
- Not tolerate discrimination, harassment, bullying or victimisation within the workforce or the community.
- Bridge the gap between the lived experience of our communities and our priorities.
- Get the right kind of information for individuals who need communication in a different format or different language.
- Communicate in plain English to ensure maximum engagement.
- Support people to have the confidence to constructively challenge and be themselves

Leadership: Developing leadership to drive inclusion and a fair culture

We will:

- Develop and empower EDI leadership allies,
- Prioritise actions that make a meaningful difference,
- Raise management awareness of EDI issues and facilitate training for managers to understand their EDI responsibilities.
- Undertake annual leadership EDI objective setting within annual appraisals or personal development plans

Attraction: Attract and retain a diverse workforce, investing in and developing our talent to embed diversity at the heart of our services

We will:

- Attract and retain a diverse workforce,

- Ensure that everyone is treated honestly with dignity and respect,
- Ensure that our workforce is productive, feels valued, is able to contribute their best, fulfil their full potential.
- Create a fair and inclusive organisation culture through engagement with internal and external stakeholders.

Case studies and evidence illustrating application of principles into practice are being collated as part of sharing best practice and raising awareness of the principles.

9.2 Academy Inclusion Pillar Lead

The Inclusion pillar working closely with the Leadership pillar in the Academy is responsible for enabling external workforce development and transformation. The inclusion pillar acts as both a vertical and horizontal theme driving forward specific priorities whilst ensuring inclusion is explicit in all Academy priorities and work programmes.

The Academy reports into the ICB governance of the Strategic Workforce Group and People Committee. Therefore, the Academy will be a core part of driving forward collective priorities, monitoring and assurance. The voice of staff networks and growing inclusion ambassadors will also inform and influence the activity of the inclusion pillar.

9.3 BSW Academy Inclusion Priorities

The priorities of the inclusion pillar are:

- Develop BSW system approved equality, diversity, and inclusivity (EDI) principles with an assurance and sharing process of how the principles are being achieved in practice.
- Maintain system-wide staff networks and a community of practice for EDI leads.
- Build a staff EDI development pathway that improves succession planning and capacity and capability of EDI expertise.
- Review and benchmark workforce data across the system with corresponding collaborative recovery and mitigation plans.
- Implement and evaluate a BSW reverse and reciprocal mentoring model and a career mentoring scheme.
- Identify and develop EDI leadership development opportunities and enhanced integration of EDI into all existing leadership programmes.
- Establish the inclusion pillar as an expert resource for EDI.

- Implement methods that improve inclusive employment and work experience opportunities with participation representative of local communities.
- Increase the diversity of learners on training programmes with a focus on the applicants facing the greatest structural barriers accessing education and employment.
- Implement raising awareness training for health inequalities

10 BSW Equality Objectives 2022-2026

10.1 Public Sector Duty:

As per the Public Sector Duty (see 'Start Guide' in the references in section 12) the specific duties require:

'public bodies to prepare and publish one or more specific and measurable equality objectives which will help them to further the three aims of the Equality Duty. All public bodies subject to the specific duties must publish their first equality objectives by 6 April 2012. Subsequent objectives must be published at least every four years'

Setting equality objectives

'When deciding what equality objectives to set, a public body should take into account evidence of equality issues across all its functions; consider issues affecting people sharing each of the protected characteristics; and think about each of the three aims of the Equality Duty'

The following tactically flexible objectives reflect that the BSW ICB is a new statutory body, and therefore will grow with the ongoing integrated system development opportunities and the 2023 annual equality report will provide a progress position and further objective review as the organisation settles along with an accompanying system EDS report:

| Number | BSW ICB Objectives 2022-2026 |
|--------|---|
| 1 | <p>Approve and mandate the use of a BSW ICB and ICS standard Equality and Quality Impact Assessment (EQIA) format process; to ensure that quality, equality, and the 9 protected characteristics are considered in all ICB business.</p> |
| 2 | <p>Develop and deliver on targeted system and locality 'place-based' equality priorities, with formal Board reporting and action evidence of the Core20PLUS5 to:</p> <ul style="list-style-type: none"> • reduce health inequalities • make reasonable adjustments • remove barriers to accessing care and support within BSW <p>https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/</p> |
| 3 | <p>Improve the accuracy of health and social care demographics and coding; to ensure that the population data and associated health needs are precisely collated and responded to.</p> |

11 Appendix A: BSW Localities Populations

BSW Localities Information (BSW Equality Strategy Extracted)

Bath and North East Somerset (BaNES) population

Bath and North East Somerset (B&NES) is less ethnically diverse than the UK as a whole with 94.6% of residents defining their ethnicity as being from white groups.

5.4% of the population is from Black, Asian or Minority Ethnic groups, the largest group being Chinese (1.1%).

2.4% of respondents live in households where there is no-one over 16 who has English as their main language.

The local population's age structure is similar to the UK's population however, there is higher number of people aged between 20 - 24 mainly as a result of a high student population. Between 2001 and 2017, the growth in the 20-24 age range accounted for nearly 50% of the area's population growth.

In the last 2011 Census, 16% of BaNES residents reported that their day-to-day activities were limited through a long-term illness or disability and 10% of the population stated that they spent a substantial portion of their time caring for a friend or relative. •

Deprivation within BaNES is substantially less than the England norm.

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

The 2011 Census identified that residents reported their religion as follows: Christian 56.5%, Muslim 0.7%, Buddhist 0.5%, Hindu 0.3%, Jewish 0.1%, Sikh 0.1%, Other 0.5%, not stated 8.5% and 32.7% reported having no religion. The Joint Strategic Needs assessment for BaNES estimates that approximately 7% of the population are Lesbian, Gay or Bisexual. The Transgender population is not known but estimated nationally to be 0.5% to 1%.

Swindon population

Swindon as a town continues growing and developing at one of the fastest rates in England. Between 2001 and 2011 the last national census data showed that our population expanded by 17% to 210,000.

We now have a very diverse community with at least 117 languages being spoken in Swindon schools. Even though Swindon, the largest town in the area, has around 87% of the population, about 75% of the area of the borough is rural.

The rural areas, including the villages of Wroughton, Blunsdon and the market town of Highworth, have also seen an increase in population over the last 10 years due to ongoing housing development.

The 2011 Census highlighted the following:

- Our overall population growth is faster than the average in England
- The growth in the over 75 and over 85 age groups has continued at a faster rate than any other age group (4-5% per annum)
- The proportion of our population with a long-term condition has remained static at 15%
- The proportion of our population from minority groups has nearly doubled in ten years
- The gap in life expectancy between the most and least deprived has decreased
- Life expectancy overall is better than the English average, BUT the potential years of life lost for our female population is amongst the worst in England Swindon is classified as a prospering town and has benefited from a strong economy with above average growth in our total population.

The 2011 census showed an increase in both the 0-9-year-olds and working age adult population approaching retirement, but Swindon was below both regional and national averages for those over 60.

The 2011 Census also identified a significant increase in non-White British population to 15% and in those in schools for whom English was not the main language, up to 13%. The Census also identified that residents reported their religion as follows: Christian 57.5%, Muslim 1.7%, Hindu 1.2% and 31% reported having no religion.

In the population of Swindon (aged 16 years or more), it is estimated that 93.4% would self-identify as Heterosexual or straight, 1.2% would self-identify as Lesbian or Gay, 0.8% would self-identify as Bisexual, 0.5% would self-identify as Other, 4% would not provide a response. The Transgender population is not known but estimated nationally to be 0.5% to 1%.

Wiltshire population

The population of Wiltshire based on Wiltshire CCG's Joint Strategic Assessment 2018 (JSA) is estimated to be 490,018 – an increase of 4.7% since 2013 with the greatest growth of 7.6% seen in those aged 65 and over.

The 2011 Census identified that 96.6% self-identify as white, the majority being White British. 3.4% of respondents self-identified as being from Black, Asian or Minority Ethnic backgrounds with less than 0.5% in each ethnic group.

The 2011 Census also identified that residents reported their religion as follows: Christian 64%, Muslim 0.7%, Buddhist 0.3%, Hindu 0.3%, Jewish 0.1%, Sikh 0.1%, Other 0.5%, not stated 7.7% and 26.5% reported having no religion.

The following are headline figures for different sections of the community in Wiltshire taken from information published by Wiltshire Council:

- 20% of those registered in Wiltshire are aged 19 or below (23% in England).
- 58% of those registered in Wiltshire are between 20-64 years (60% in England).
- 22% of those registered in Wiltshire are aged over 65 years (17% in England).
- 5% of Wiltshire residents live in some of the most deprived areas nationally. 29% of Wiltshire residents live in some of the least deprived areas nationally.
- There is a 0.8% registered prevalence of Mental Health conditions in Wiltshire, compared to 0.9% for England
- 14.1 people per 1,000 of the population in Wiltshire are receiving carers' allowance, compared to 20 per 1,000 in England.
- There is a near equal split between males and females.
- Wiltshire's minority ethnic population has changed from a largely Asian or Asian British grouping since 2001 to an Eastern European grouping where Polish migrants feature prominently. The number of those classifying themselves as from a 'mixed' background increased by just over 0.5% from 2001-2011 with the Black African population growing significantly over this period also.

We also know that 2.5% of those aged three and over do not have English as a first language.

The Integrated Household Survey data collected from January 2012 – December 2012 indicated that 1.1% of those that were surveyed identified themselves as Gay or Lesbian with 0.4% as Bisexual.

The Gender Identity Research and Education Society, GIRES, estimate (in 2011) that 1% of the population (16+) experience some degree of gender variance, which in Wiltshire (based on 16+ population of 400,680) would equate to approximately 2,404 - 4,007 people.

12 References, Resources, and Information Links

Equality and Human Rights Commission Guidance:

<https://www.equalityhumanrights.com/en/publication-download/technical-guidance-public-sector-equality-duty-england>) 'should result in:

- *better-informed decision making and policy development*
- *a clearer understanding of the needs of service users, resulting in better quality services which meet varied needs*
- *more effective targeting of policy, resources, and the use of regulatory powers*
- *better results and greater confidence in, and satisfaction with, public services*
- *a more effective use of talent in the workforce*
- *a reduction in instances of discrimination and resulting claims'*

Public Sector Duty 'Quick Start Guide':

[Equality Act 2010: specific duties to support the equality duty. What do I need to know? A quick start guide for public sector organisations \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/614441/equality-act-2010-specific-duties-to-support-the-equality-duty-what-do-i-need-to-know-a-quick-start-guide-for-public-sector-organisations.pdf)

EDS 2022

[NHS England » Equality Delivery System 2022](#)

[EDS-2022-reporting-template.docx \(live.com\)](#)

- [EDS 2022 Technical Guidance](#)
- [EDS 2022 Reporting Template](#)
- [EDS 2022 Domain 1 Case Study Template](#)
- [EDS 2022 Domain 2 Case Study Template](#)
- [EDS 2022 Ratings and Score Card guidance](#)

BSW ICB Website: [Bath and North East Somerset, Swindon, and Wiltshire ICB](#)

BSW ICG Governance and Constitution:

<https://bsw.icb.nhs.uk/about-us/governance/our-constitution-and-governance-handbook/>

BSW ICB Community Engagement Committee Terms of Reference:

[BSW CCG Terms of Reference \(icb.nhs.uk\)](https://www.icb.nhs.uk/terms-of-reference)

BSW Equality, Diversity and Inclusion Strategy:

[Equality-Diversity-Strategy-FINAL-v1-1 \(2\).pdf](#)

Equality and Human Rights Commission: Public Sector Duty and Technical Guidance:

<https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty>

<https://www.equalityhumanrights.com/en/publication-download/technical-guidance-public-sector-equality-duty-england>

UK Government Guidance on writing about ethnicity:

<https://www.ethnicity-facts-figures.service.gov.uk/style-guide/writing-about-ethnicity>

2021 Census Ethnicity Information:

<https://www.ethnicity-facts-figures.service.gov.uk/style-guide/ethnic-groups>