

EQUALITY, DIVERSITY AND INCLUSION

ANNUAL REPORT 2021/22



“Be the Difference on our journey to equality”

June 2022

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FOREWORD

At NHS Frimley Clinical Commissioning Group (CCG), equality, diversity and inclusion for staff and our communities underpins all that we do. Working in partnership with our diverse staff and communities, we create an environment where people are valued, reach their full potential and feel included.

The unprecedented impact of Covid-19 has been felt by everyone. The CCG, as well as wider health and care services, has responded to support our staff and communities. However, data shows the pandemic magnified existing inequalities and health inequalities, with a disproportionate adverse impact on some groups of staff and communities who have been hit particularly hard. Further, the murder of George Floyd in the USA, has spurred an immediate and long-overdue global conversation about race inequality. Attention has not been so sharply focussed on this agenda for decades.

2021 has seen intensive equalities work take place across the CCG, with particular focus on our workforce. The CCG came together in April 2021 after the merger of three clinical commissioning groups – East Berkshire, Surrey Heath and North East Hampshire and Farnham. Therefore this is our first annual equality, diversity and inclusion (EDI) report for the NHS Frimley CCG. Over the last year we have built on the progress made by the predecessor CCGs.

The report highlights some of these important developments. We look forward to continuing to place EDI at the core of what we do as we move towards becoming an Integrated Care Board as part of a wider Integrated Care System. We can only be truly successful by bringing all our staff and communities with us on the journey. As articulated in our new EDI Policy Statement – *“...equality, diversity and inclusion underpins all our work and is at the heart of who we are and what we do.”*

Fiona Edwards

Chief Executive Designate, Frimley Health and Care

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EXECUTIVE SUMMARY

- The CCG has put into post two dedicated equality, diversity and inclusion (EDI) leads – one for the CCG and one for the ICS – as part of the transition to an ICB.
- The CCG has a powerful and positive EDI Policy Statement following the appointment of the EDI lead. It was endorsed by the EDI Working Group and the Governing Body.
- The Policy Statement was communicated to all staff and is available on the Staff Hub and internet for the public and our communities.
- The CCG developed five interim strategic equalities and action plan for the workforce based upon meetings, conversations and the staff survey 2020 insights.
- Significant progress has been made on the action plan and at pace. However, it is recognised there is still much to do as evidenced by the NHS Staff Survey 2021 outputs.
- The new EDI Working Group has reach across the CCG in terms of its membership and is part of the governance structure. The Group will be reviewed as part of the ICB.
- The new EHIA toolkit and guidance has been embraced by our staff and others in the health landscape. It has put equalities at the “*heart and start*” of our thinking and decision-taking. Additional training and support will be given so that focus is maintained.
- The CCG has established two staff equality networks and anticipates at least two more in the near future. They have a ‘voice’ and support is provided including Executive Allies.
- The successful celebrations and commemorations of EDI events and days involving our staff and communities. The setting up of an Events Group will advance this work.
- Equality monitoring matters to staff, those who access our services and the CCG. If the CCG does not have a complete picture, there will be a gap in any efforts to address inequalities and health inequalities. *“If we’re not counted, we don’t count.”*
- Changes have been made to the CCG’s recruitment process to address bias and barriers in order to attract diverse talent and support inclusivity.
- The CCG has equality impact assessed staff learning and development as an example. The monitoring of requests, attendance and feedback for learning and development opportunities by race/equality will be done systematically.
- The successful launch of the CCG’s induction programme includes a specific and prioritised EDI element for new and recent staff.
- The new appraisal framework for staff has taken into account the different experience of our diverse staff. It should now be one of many mechanisms to foster a greater culture of inclusion and belonging.

INTRODUCTION

Equality, diversity and inclusion (EDI) underpins the work of the CCG, and is at the heart of who we are and what we do. Our commitment is driven by the principles enshrined in the NHS Constitution and goes beyond the legal requirements of legislation such as the Human Rights Act 1998¹, the Equality Act 2010² and the Health and Social Care Act 2012 (section 14T)³.

These include:

- Given 'due regard' to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- 'Have regard' to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

The CCG plays key roles in addressing equality and health inequalities: as a commissioner, as an employer and as a local and national system leader, in creating high quality care for all.

The CCG has two separate key duties, one on equality (identified by protected characteristics) and one on health inequalities (the CCG therefore takes a whole population approach as who it covers is not defined). Both require informed consideration by decision makers, but it is important to appreciate that they are two distinct duties.

Protected Characteristics under the Equality Act, 2010



¹ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

² <https://www.equalityhumanrights.com/en/advice-and-guidance/your-rights-under-equality-act-2010>

³ <https://www.england.nhs.uk/about/equality/equality-hub/resources/legislation/>

Overview of EDI Developments

It is important to acknowledge the challenges and impact of Covid-19 to the health and social care sector, and wider society, have been unprecedented. There needs to be recognition that the CCG had no option but to actively respond to and prioritise keeping staff and communities safe and supported at this uniquely challenging time. This is likely to have impacted progress on equality, diversity and inclusion whilst, also at the same time, amplifying the need to ensure it is given early consideration and high priority to reduce inequalities and health inequalities.

EDI Professionals

The CCG has taken a significant step to invest in the appointment of a dedicated CCG lead on EDI in August 2021. They have further appointed an Executive Lead on EDI for the Integrated Care System (ICS). This has demonstrated visible senior level commitment to and in advancing equality, diversity and inclusion at the CCG in creating a positive culture, and beyond.

Given the direction of travel towards and ICB/ICS, an EDI Professionals Network has been set up. It includes membership of EDI staff from organisations across the future ICS such as Health Trusts and local councils. The Network is in its infancy with bi-monthly meetings.

EDI Policy Statement

The CCG has produced and published an EDI Policy Statement for the first time. It outlines clearly and concisely the CCG's vision on EDI for all its staff, and for the benefit of its local population. The EDI Policy Statement has been endorsed by the Equality, Diversity and Inclusion Working Group and the Governing Board.

It is a powerful and positive statement of intent, which will carry forward as part of the direction of travel towards an Integrated Care Board/ICS. The EDI Policy Statement has been published and made available to all staff on the intranet and to the public on the internet

Please read our Equality, Diversity and Inclusion Policy Statement [here](#) which gives a clear direction to all and gives definitions of the terms equality, diversity and inclusion.

Interim Strategic Equality Objectives

Leading on from the EDI Policy Statement, a number of focused priorities emerged from the conversations. From these priorities, a set of overarching Frimley CCG interim Strategic Equality Objectives⁴ were developed for the workforce only (Table 1) based on a desktop review of the three former CCGs as well as from results of the staff survey and discussion with the B.A.M.E. Network. Good progress has been made on delivering the equality objectives and activities, however the CCG acknowledges that there is still much to be done as we transition to an ICB.

⁴ Utilised existing North East Hampshire & Farnham equality action plan as a baseline

Frimley CCG Interim Strategic Equality Objectives

OBJECTIVE	
1	To create an environment where staff feel valued, respected and included
2	To improve staff awareness, understanding and implementation of EDI including their legal obligations
3	To provide equality of opportunity in our employment practices
4	To provide learning and development opportunities for staff
5	To continually improve what we do based on equality

Good progress has been made on the equality objectives including:

- The establishment of an EDI Working Group.
- Staff pledges have been reviewed and include a commitment to be inclusive.
- The integration of EDI into all aspects of the CCG as a whole organisation agenda.
Examples include: the new EHIA (Equality and Health Inequalities Analysis) toolkit, line manager training, corporate induction programme and discussion of EDI at various staff fora such as network meetings, Staff Partnership Forum, team meetings, etc.
- The establishment and support offer for staff equality networks, growing from one to two, with a further two networks in the pipeline.

The interim equality objectives are closely aligned to the CCG's vision, values and corporate objectives, as well as its statutory and regulatory obligations, and align closely to the five ICS equality ambitions which have since been developed. Progress on the CCG's equality objectives are the responsibility of the Equality, Diversity and Inclusion Working Group.

Our Ambitions as a Health and Care System



Turning the Tide

'Turning the Tide' is the South East Response to the Covid-19 BAME Mortality and Morbidity Disparities and Health Inequalities (2020) which framed the South East Region's response to Covid-19.

"There will need to be a concerted effort to ensure a focus on race and ethnicity with regard to both Health and workforce inequality as past evidence has shown once other important areas of inequality are included often action and focus on race is lost and this is in itself part of the structure of racism."

As the CCG moves to an ICB/ICS, it will need to consider and achieve the following identified areas for race/equality:

- Keep a safe space for honest discussion on Race and don't apologise for it.
- Focus on a very small number of issues at any one time for both Population Health and Workforce.
- Develop specific leadership development understanding and confidence around Race as this is crucial to making progress sustainable.
- Need all ICS leaders on board with EDI built into their personal objectives.
- On workforce build a collaborative between ICS workforce leads, etc. around the key workforce issue.

Below are the Frimley ICS five EDI strategic ambitions. They are being consulted upon with a range of stakeholders across the CCG and ICS.

Frimley ICS 5 EDI Strategic Ambitions



Equality, Diversity and Inclusion Working Group

Following the appointment of the EDI Lead, work was done to establish an EDI working group (the Group) within the CCG to address an identified gap and to ensure a renewed focus and harmonised approach on equalities work.

The Group meets on a monthly basis and has broad membership from across the CCG. In addition, the meetings are co-chaired by the Executive Director of Nursing and/or the EDI System Lead, who have overall responsibility and accountability for equalities and health inequalities. Given the direction of travel to an ICB, the work of the group, terms of reference and membership, etc. will be reviewed to ensure alignment with the new health landscape.

The role of the Group, which reports to the Quality, Performance and Finance Group and/or the Frimley CCG Governing Body, is to keep under review the CCG's progress in meeting its equality responsibilities; to provide assurance that these are being managed effectively and in accordance with statutory, regulatory and relevant guidance; and to make recommendations to the Governing Body for remediation if required.

Staff Equality Networks

The CCG have an active B.A.M.E⁵. Network co-chaired by two CCG staff.

The B.A.M.E. Staff Equality Network is a member of the EDI Working Group. They have now produced and agreed a formal Terms of Reference and Role Descriptions and, further, that the co-chairs now have protected (sometimes referred to as facility) time to carry out their duties.

The Network's objectives are:

- Building inclusive cultures.
- Supporting the development of diverse teams through learning and development of members.
- Supporting the building of an anti-racist system through education for education.

It is positive that a Carers' Staff Equality Network⁶ has recently been established. Both networks have Executive Allies whose role is to support the networks and to help address any barriers they may be facing.

There are also plans to set up an LGBTQ+⁷ Staff Equality Network and a Disability Staff Equality Network. They are in the earliest stages of formation.

⁵ The term BAME refers to Black, Asian and Minority Ethnic. In the CCG context, it means everyone who self-identified their ethnicity as other than White British, White Irish, and any other White background. It is acknowledged that there is no consensus on which term appropriately describes diverse communities, however the CCG use it in an inclusive way. Staff and communities can choose to self-identify as they so wish.

⁶ A **carer** is someone who provides **unpaid care and support** to a family member or friend due to their disability, health condition, frailty, mental health problem, addiction or other health and care need. This can include a child, including your own child, who has special physical or mental health support needs.

⁷ Lesbian, Gay, Bisexual, Transgender, Questioning +. (NB. Q can mean Queer in the USA and some other countries.)

It is anticipated that any new staff equality networks will also be invited onto the EDI Working Group so that they have a 'voice' in the formal governance structure of the CCG. There is currently a standing item on the agenda which provides for updates on their work and activities to support the integration of EDI and the wider CCG agenda.

Equality and Health Inequalities Analysis Toolkit

The CCG has taken a proactive and positive approach in designing and implementing an Equality and Health Inequalities Analysis (EHIA) toolkit⁸. The new EHIA toolkit explicitly takes account of the two distinct legal duties, as well as the values of the NHS. It has an initial and full EHIA proformas with separate guidance for managers on how to complete, and goes beyond what is required. This approach was taken to minimise the 'bureaucratic burden' upon already pressed staff as well as to maximise effort and outcome. The EHIA toolkit is both comprehensive and ambitious, and asks staff to make a reasonable assessment based upon their knowledge and experience.

The EHIA training sessions for CCG staff (and other staff from partner organisations) were successful. Over 153 staff attended which is nearly two-thirds of all CCG staff. The final training session was slightly modified to make it more interactive for participants and encourage Questions and Answers using Polls via WordCloud and Mentimeter.

Feedback on the training were given by an online evaluation survey. The main points included:

- ❖ *"The presenter explained the reasons for EHIA and reassured us that help is available if we need to complete one."*
- ❖ *"The delivery was good, the content relevant, the messages were received loud and clear, it was a good presentation."*
- ❖ Clearly presented and *"bringing the topic to life"*.

The EDI Lead continues to give support and guidance on how to complete EHIAs, and what to consider, for staff and teams. Examples of advice and support on policies and services include: ICB Constitution, Learning and Development Policy, Flexible Working Policy, Integrated Care Hubs for places, Covid-19 vaccination, GP Relocation, Covid-19 Medicines Delivery Unit, etc. (Please see Appendix A for a worked example of an initial EHIA.)

The CCG is now in a better position in conducting EHIAs and in evidencing how equalities and their impact have been considered in decision-taking including changes to policies or services. The training has increased staff confidence and technical competence on equality and how to conduct EHIAs. The EDI Lead is planning to hold further and more in-depth EHIA training using real Frimley examples.

Staff Equality Monitoring

The EDI Lead, with People and Organisation Development and HR, were in discussion with updating the equality monitoring categories on the Electronic Staff Record (ESR). However, a

⁸ <https://www.frimleyccg.nhs.uk/about-us/equality-diversity-and-inclusion>

national review of ESR 'equality categories' has paused any further discussion and review for the time being.

Linked to Black History and Disability History Month 2021, the CCG is taking every opportunity to engage with and encourage staff to improve their declaration rates. This was emphasised, for example, at the EHIA training sessions through the Poll question on BAME staff at the CCG, as well as a specific equality monitoring presentation as part of the Black History Month 2021 delivered by the EDI Lead:

- The known BAME staff make up more than one-fifth of the CCG's workforce at 22% (57 out of 258) at 31st March 2022.
- The under-reporting of ethnicity is just over one in ten of the total workforce (11% or 29). Or put in another way, nearly nine out of ten staff (229) have self-declared their ethnicity.
- The ethnicity declaration rate has improved over the year. It was 15% who had not stated or unknown on 1st April 2021, and the workforce size has increased.

Frimley Academy approached the EDI Lead for support in reviewing their equality monitoring form. As a result a new 'Equality and Diversity Monitoring Form' was produced for candidates applying for their learning and development offer. (Please see Appendix B.)

Inclusivity in the Recruitment Process

Building on the work to create a more diverse and inclusive workplace and culture at the CCG, an identified high priority was to change the recruitment process in order to attract more diverse talent. Studies have shown that people are less likely to respond to job adverts that had words which were viewed as biased or inappropriate, which could in effect skew their potential pool of applicants and putting off talent from applying.

The change to the wording in job description and job adverts came into effect in November 2021.

Job Description (All pay bands)

We value and promote diversity and are committed to equality of opportunity for all. We believe that the best employers are those that reflect the communities they serve. We want to increase the diversity of our NHS leadership and particularly encourage applications from women, people from Black, Asian and Minority Ethnic communities, LGBT communities, younger candidates and from people with lived experience of disability, who we know are all under-represented in these important roles.

Job Adverts (All Pay Bands)

Frimley CCG and ICS are committed to promoting a fair and inclusive workplace where all our people can flourish and reach their full potential. We know diverse teams allow for a more creative and productive environment and therefore encourage applications from everyone

regardless of age, gender, gender identity or expression, religion or belief, disability, ethnicity, or sexual orientation.

Job Adverts Additional wording (for Band 7 and above)

For this role, we are particularly encouraging people from Black, Asian and Minority Ethnic communities to apply, who are currently under-represented at this level in the organisation.

Learning and Development Opportunities

Historically, staff learning and development at the three legacy CCG's had not been monitored. The CCG have in place a new Learning and Development Policy which has been equality impact assessed using the new EHIA toolkit. (Please see Appendix A.)

The action plan of the Learning and Development Policy has highlighted the following priority areas which will help to de-bias processes and address inequalities:

- Having the correct equality categories for staff on ESR.
- Continue to campaign with staff to improve self-declaration rates.
- Identify a method on ESR for recording for learning and development.
- Promotion of learning and development opportunities through the staff networks, particularly those that relate to a specific protected characteristic or relevant group.
- Monitor requests, attendance and feedback for learning and development opportunities by equality including race equality.

Frimley Academy

Frimley Academy is excited to be supporting the System focus on delivering the ICS EDI strategic ambitions, working with the Frimley ICS System Lead, to move forward Cultural Intelligence (CQ) and reciprocal mentoring programmes of work. Frimley ICS has identified CQ and reciprocal mentoring as vital requirements to cultivate a more compassionate inclusive environment and improve our effectiveness as a system. Training will commence with initial training for all newly appointed ICB and ICS board members to embed CQ at senior leadership with the subsequent development of a Train the Trainer (T3) model to expand and embed throughout the system.

Following extensive engagement Frimley Academy has launched an ambitious delivery plan, scaling up its annual schedule of leadership development offers leveraging greater accessibility and equality of opportunity to nurture the leadership potential at all levels for those committed to driving whole system leadership and culture change and tackling inequalities.

Corporate Induction Programme

Following discussions with HR, the opportunity to have a new induction programme to integrate equality, diversity and inclusion within it was an opportunity not to be missed.

A comprehensive corporate induction to support all new and recent staff members joining the CCG was launched. The first induction programme was held in March and online. The following elements of the programme include but not only:

- CCG Pledges
 - We pledge to be inclusive.
 - We pledge to support your wellbeing.
 - We pledge to be sensitive to household circumstances.
- A dedicated equality, diversity and inclusion element delivered by the EDI Lead.
- Staff equality networks element to raise awareness of their role, encourage membership and allyship, etc.
- Agile Working Model element focusing on partnership working and creating an inclusive culture which allows the CCG/ICB to deliver its objectives.



The CCG will be holding the corporate induction programme every two months. It will be held virtually for the time being. The feedback received will continue to improve the programme and to foster a culture of inclusion in the workplace.

New Appraisal Framework

The CCG has been reviewing the current appraisal framework given the experience of some staff groups and their different experiences from the staff survey. The EDI Lead was invited to be a part of the discussion and review to help ensure equality issues were considered at the earliest opportunity and responded to.

A new appraisal framework has been launched and for working collaboratively across the ICS. The intention of the framework is to foster a greater culture of inclusion and belonging.

The framework has a more explicit person-centred approach covering the individual's objectives as well as their career aspirations. This should enable and allow for a rich and meaningful conversation between the appraiser and appraisee.

The CCG has also created a new tool - the 'reflection log' – as part of the appraisal framework. The reflection log has been embedded from a national pilot in which Frimley are currently involved called 'Scope For Growth' - a framework for high quality career conversations. This piece of work has been transformative, allowing the appraisee to be in the driving seat of their personal development, which is a big focus for the CCG.

EDI Events

The CCG has marked a number of successful equality events for staff, partners and the wider community which brought different and diverse members of the community and staff together.

The appointment of a dedicated EDI Lead, and close working with Communications and Engagement and other teams, has helped to accelerate the number of staff events held and commemorative days to help build and foster an inclusive workplace and culture. The events included but not only: The South East Asian Heritage Month was celebrated in July – August 2021, Black History Month in October, Disability History Month in November - December, Holocaust Memorial Day on 27th January, LGBT+ History Month in January – February, Race Equality Week in February and International Women's Day in March. (Please see Appendix I.)

An EDI events group has been set up. The group will look at a forward calendar of events, celebrations and commemorative days for 2022/2023 and build on the successful events held to date. The future events and days will be inclusive of all staff, partners and local communities who wish to be involved. This is significant as the CCG builds an inclusive culture and as we move to an ICB as part of a wider ICS.

South Asian Heritage Month 2021



Staff and diverse local communities ate, met and explored at the South Asian Heritage Month event. A vibrant display of cultural history was celebrated.

With such a range of cultures highlighted at Eat, Meet and Explore, the event further highlights the CCG's continued commitment to equality, diversity and inclusion across all backgrounds, and, meeting the wider aims of South Asian Heritage Month.

Dhara Thacker, Frimley CCG Medicines Optimisation Care Homes Pharmacy Technician, who gave her story, said:

"I have influences from Gujarat, Mumbai and East Africa, which is reflected in my language and cuisine. The blend in cultures makes me and my family unique."

You can find out more [by visiting the South Asian Heritage website here](#).

Black History Month, October 2021

Our second of four Black History Month conversations focused on the important topic of Equality Monitoring. As many as 120 colleagues attended, which was led by Hiten Shah.

Hiten began by identifying some ground-breaking members of the BAME community in Britain, who had led the way in their particular fields, including law, healthcare and architecture.



Hiten explained what equality monitoring is and why it matters to individuals and organisations. He spoke of how important protected characteristics are when it comes to monitoring and in ensuring equality, because in an employment setting, if an organisation does not have a complete picture of its workforce, there will inevitably be a gap in any efforts to address inequality. Many of the issues causing people to withhold this information are based on a lack of trust in those collecting the information and their motivations.

Hiten summed up the importance of having complete information, by quoting the saying: *"If we're not counted, we don't count."*

Many of the sessions for Black History Month included 'curious' and interactive conversations with staff to raise their awareness and understanding of diverse lived experiences.

Disability History Month 2021

The CCG promoted, celebrated, and raised awareness of Disability History Month and invited all staff to attend a panel discussion and conversation.

The aims of Disability History Month have always been to:

- celebrate the Lives of Disabled People now and in the past;
- challenge Disabilism by exploring discrimination and disadvantage; and
- achieve Equality and Inclusion for disabled people.

The CCG were joined in the event and panel discussion by:

- Alison Cooper and Miranda Gray from [Parity for Disability](#), a locally-based community organisation for people with multiple disabilities.
- Sarah Marshall and Theresa Jones from Disability Services Advocacy Team.

- Lindsay Lippett, from NHS South, Central and West Commissioning Support Unit, to help respond to specific questions relating to workforce disability matters.
- The panel discussion was facilitated by Hiten Shah.

Alison Cooper stressed the importance of not overlooking complex needs and including this group of people in any planning and development that the NHS undertakes. She is keen to continue engaging with the CCG to ensure people with multiple disabilities are not forgotten.

“It was a great opportunity to meet people with a diverse range of responsibilities within the Frimley CCG who cared about the issues. This was encouraging and bodes well for future work. It was also a great opportunity to talk about people in a section of society that don’t often get talked about. Thank you to everyone involved and to Hiten for inviting us.”

Holocaust Memorial Day 2022



The CCG marked Holocaust Memorial Day. The annual awareness event delivers a yearly theme, **with 2022’s message of ‘One Day’** – to mark the Holocaust and other genocides.

A minute’s reflection was observed by Hiten Shah at the start of the Equality and Health Inequalities Analysis training session on the same day.

Hiten said:

“Holocaust Memorial Day is a time when we seek to learn the lessons of the past and recognise genocide doesn’t just take place on its own - it’s a steady process which can begin if discrimination, racism and hatred are not challenged and prevented. However, discrimination has not ended, nor has the use of the language of hatred or exclusion.”

You can find more resources on Holocaust Memorial Day, which include:

- [The Holocaust Memorial Day Trust website>>](#)
- [The Holocaust Educational Trust website>>](#)

Courageous conversations heard at CCG’s Let’s Talk Race event

A diverse range of voices across Frimley ICS and Frimley CCG engaged in an emotional and insightful virtual session as part of the Let’s Talk Race Courageous Conversation event.

Led by Frimley ICS Equality, Diversity and Inclusion Lead, Safina Nadeem, the one hour interactive webinar highlighted various topics regarding race and reflected on the wide range of evidence representing the experiences of people from Black, Asian and Minority Ethnic (BAME) backgrounds in both the workplace and in society.

Safina said:

“It’s really important that people feel comfortable about having conversations around race equality and understand their role in addressing the deep rooted, long-standing, systemic race inequalities that exist in the NHS and wider society.”

Avril Brohier, Frimley CCG People and Workforce Project Manager - said:

“For me, it broke down barriers. I had so many people reach out to me and I was overwhelmed by the response in what an hour of education can achieve when we start to understand each other. I am excited too for the future of ‘Team Frimley’.”

LGBT+ History Month



The CCG celebrated LGBT+ history and the contribution of the LGBT+ community to society as a whole throughout history and aims to promote equality, diversity and inclusion.

- [You can find out more about LGBT+ History Month online here>>](#)

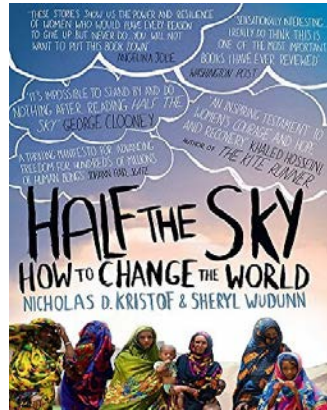
Celebrate International Women’s Day 202

The CCG celebrated International Women’s Day. The annual event’s 2022 theme is ‘Break the Bias’, which encourages people (including men) to imagine a gender equal world, including a world free of bias, a world which is inclusive and where difference is valued. While the focus is on women and women’s equality, the event is a day for everyone.

Emma Boswell, Frimley CCG Executive Director of Development and Improvement, said:

“International Women’s Day provides me with a moment to pause and reflect on the contributions and progress women have made to creating a fairer and more equal world.”

Emma has also nominated ‘Half the Sky How To Change the World’ by Nicholas D.Kristof and Sheryl Wudunn as an inspiring read to align with International Women’s Day.



Emma added:

"To help me learn and understand more about the enduring struggle for gender equality I read Half the Sky. This is an extremely powerful book that lays bare the inequalities that women face across the world, but is a book full of hope, courage, determination and inspiring stories – as well as a call to action and a set of practical steps we can take in support of change."

The CCG supported the call to action to 'Break the Bias', which is:

- **Asking yourself** if you will actively call out gender bias, discrimination and stereotyping each time you see it (will you help break the bias)?
- **Cross your arms** to show solidarity (you can strike the #BreakTheBias pose).



NHS Staff Survey 2021

The NHS staff survey is conducted on an annual basis. The statistical analysis of the results provides essential and valuable information and insights about staff experience across the NHS in England and at the CCG.

80% of staff completed the survey versus the 69% from the previous year, with the average response for a similar organisation being 79%.

The outputs from the staff survey have been shared widely and presented and discussed at different fora⁹ including: Executive Team, B.A.M.E. Network, Staff Partnership Forum, Equality, Diversity and Inclusion Working Group, team meetings, etc. There are plans to discuss at other staff equality networks recently formed or embryonic – Carers', Disability and LGBTQ+.

In summary, the key themes for improvement are:

- Appraisals and feedback from managers – quality and quantity of conversations.
- Team development – objectives, understanding each other and effectiveness, relationships at work.
- Workload – work/ life balance, level of unpaid hours worked, conflicting demands.
- Pressure to come to work when unwell.
- Morale/enthusiasm for work.

The experience of staff from B.A.M.E. communities and staff with a disability were:

- Preventing bullying, harassment and discrimination.
- Developing confidence in the organisation addressing concerns that individuals raise about themselves and clinical services.
- Respecting individual difference.
- Career progression.
- Ensuring reasonable adjustments as a result of having a disability or long-term ill health/condition.

The results have been shared and discussed with key stakeholders to develop a high level action plan to address the findings from the staff survey.

Equality Deliver System 2 (EDS2)

The EDS2 is a national tool designed to support NHS commissioners and providers to work with local partners and people to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. To find out more about the [NHS Equality Delivery System 2 \(EDS2\)](#).

There are four EDS2 goals, which are: better health outcomes; improved patient access and experience; a representative and supported workforce; and inclusive leadership.

The CCG will continue to work with our providers to ensure they fulfil their obligations to improve outcomes covering patient care, access and experience, working environments and leadership. This can go a long way to providing the information required by law to demonstrate compliance with the Public Sector Equality Duty plus Inclusion Health groups (i.e. refugees, asylum seekers, homeless, and sex industry workers).

⁹ Relevant versions of data output have been presented to different fora.

Workforce Race Equality Standard

The Workforce Race Equality Standard (WRES) programme was established in 2015. The WRES is a mandatory standard that has been put in place to help NHS organisations achieve the important goals of drawing leadership from the diverse communities they serve and ensuring frontline staff are free from discrimination.

The main purpose of the Workforce Race Equality Standard (WRES) indicators is to provide the CCG's position against the nine indicators of race equality. These aid the CCG to close the gap in the workplace experience between White and Black, Asian and Minority Ethnic (BAME) staff, supports continuous improvement through robust action planning to tackle the root causes of discrimination, and to improve BAME representation at all levels and particularly at the senior and Board level of the organisation. Working towards race equality is rooted in the fundamental values, pledges and responsibilities of the NHS¹⁰ and the new ICB/ICS.

The key messages emerging from the CCG's WRES¹¹ include:

- BAME staff were 29% of the workforce at the two former CCGs (37 out of 127).
- 21% of staff did not declare their ethnicity at the two former CCGs.
- The likelihood of white applicants being appointed from shortlisting across all posts compared to BAME applicants were higher in both former CCGs, at 1.42 at NEH&F and 2.12 at Berkshire East.
- 17% of BAME staff experienced harassment, bullying or abuse from patients, relatives or public in the last 12 month, compared to 8% for White staff for the collaborative CCG.
- 32% of BAME staff experienced harassment, bullying or abuse from staff within the last 12 months, compared to 14% for White staff for the collaborative CCG.
- 21% of BAME staff believed the organisation provided equal opportunities for career progression, whereas for White staff it was 87%.
- 21% of BAME staff experienced discrimination at work from manager/team leader or other colleagues in the last 12 months, compared to 4% for White staff for the collaborative CCG.

Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff. NHS organisations use the metrics data to develop and publish an action plan. Year on year comparison enables NHS organisations to demonstrate progress against the indicators of disability equality.

¹⁰ Staff from Black, Asian and Minority Ethnic (BAME) backgrounds are crucial to the NHS and care sectors, making up over one-fifth of the workforce.

¹¹ The WRES 2020/2021 findings are for two of three former CCGs (North East Hampshire & Farnham and East Berkshire) or for the collaborative CCG.

The WDES enables NHS organisations to better understand the experiences of their Disabled staff and supports positive change for all existing employees by creating a more inclusive environment for Disabled people working and seeking employment in the NHS.

It is a voluntary standard for national healthcare organisations. It does not apply to CCGs in 2021/2022. However, as system leaders and in the spirit of transparency and continuous improvement, the CCG/ICB intend to explore how the WDES can be applied in future years, and to report and publish data against the WDES metrics as a matter of good practice.

Gender Pay Gap

If you are an employer with 250 or more employees, then under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, you have to report and publish specific figures relating to the gender pay gap each year. We have not previously reported on the gender pay gap but we intend to do this going forward.

Ethnicity Pay Gap

As with the Gender Pay Gap, the ICB intend to report and publish data voluntarily against the ethnic pay gap metrics (sometimes referred to as the 'ethnic pay penalty') as a matter of good practice, and in line with our ambition of being an anti-racist organisation.

In calculating the ethnicity pay gap, the intention is to use the same principles that are applied to statutory gender pay gap reporting. The ethnicity pay gap will show the difference in the average pay between staff from BAME backgrounds in the workforce, compared to White staff.

It is important to note that the equality metrics above, as well as the recent CCG staff survey results, will be taken into account when developing our race/equality action plan and strategy when we become an ICB. The new organisation will be submitting its WRES and WDES data in summer 2022 for the previous reporting year and in April 2023 for gender and ethnicity pay gaps data.

Accessible Information Standard (AIS)

In June 2015 the Standardisation Committee for Care Information (SCCI) approved a new 'accessible information standard' (SCCI1605 Accessible Information). All organisations that provide NHS or adult social care must follow the accessible information standard by law (under Section 250 of the Health and Social Care Act 2012)¹².

The CCG has a legal and moral responsibility under the Equality Act 2010 to provide any of its documents, leaflets, electronic resources etc. in an alternative format if requested. The ICB will be reviewing the way we communicate and provide information to ensure that it has a clear, consistent, transparent and fair approach to the provision of accessible, inclusive information and communication support.

¹² For more information about the accessible information standard, go to:
<https://www.england.nhs.uk/ourwork/accessibleinfo/>

Engaging People

Frimley People and Communities Strategy

In looking ahead to 2022/23, the new health and care legislation will see the creation of Integrated Care Boards (ICBs). These are the statutory NHS organisations which will work with partners across the Integrated Care System (ICS) in collaboration with local people and communities, to improve health outcomes for everyone.

The ICS Design Framework, NHS England, June 2021 states that:

“ICSs must listen consistently to, and collectively act on, the experience and aspirations of local people and communities. This includes supporting people to sustain and improve their health and wellbeing, as well as involving people and communities in developing plans and priorities, and continually improving services.”

The CCG is currently developing a system-wide strategy for engaging with people and communities for the new ICB. The strategy will be under-pinned by the principles of putting the voices of people and diverse communities at the centre of decision-making, to start engagement early and demonstrate how it has influenced activities and decisions, understand our community's needs, experience and aspirations for health and care and build relationships with excluded groups, especially those affected by inequalities. The ICB will also work collaboratively and in partnership with key stakeholder such as Healthwatch, the voluntary and community sector and patient and community groups.

Reducing Health Inequalities

Impact of the COVID-19 pandemic

The impact and challenges of COVID-19 has been felt by everyone and has been unprecedented. It is important that the CCG understand the difficulties people, families and communities are facing whether they be related to health (including mental health), housing, finances or bereavement.

The health and care services have responded with the support of both staff and communities. However, there needs to be recognition that the emerging data and themes associated with the pandemic magnified existing health inequalities, and it has had a disproportionate adverse impact on some groups of staff and communities who have been hit particularly hard. For example:

- The Kings Fund highlighted the disproportionate impact of COVID-19 both in terms of prevalence, mortality and also in the context of NHS staff who have died from the pandemic, at the time 64% who had died were from an ethnic minority background.
- While people from BAME backgrounds are more likely to be affected by COVID-19, there are not always the same proportion in terms of impact. People of Black ethnicity are four times as likely to die from COVID-19 compared to people of White ethnicity.

The CCG took a proactive approach in improving access to vaccines and addressing vaccine hesitancy, as well as providing pulse oximeters, for all groups of people and to share lessons.

Focus on improving access and outcomes for people with Learning Disabilities

Utilising a wealth of population health data, the CCG has been able to understand health inequalities for people with a learning disability. Working directly with the Surrey Heath Primary Care Network and partners, the CCG has seen early achievements including (1) a bespoke database for practices to enable them to more easily access vital patient information; (2) develop a process to more accurately review antipsychotic medications; and (3) to share regular cancer screening data to ensure equality of access.

As part of the COVID-19 vaccination programme, we have ensured that people with learning disabilities, living in their own homes, are able to access vaccination service closer to home with suitable adjustments, and home visits are ongoing.

Building stronger relationships with our community

We have built up excellent relations with our Nepali Community to ensure uptake of the COVID-19 vaccination. Working with Surrey Minority Ethnic Forum and local Nepali networks information and updates have been shared via Nepali community champions and Ghurkha Radio. Additional work with our large Gypsy Roma Traveller community in Ash Vale has ensured access to vaccination via the outreach service and mobile units. Excellent relations have been built up via the PCNs Care Co-ordinator and Practice Manager, with the community now accessing health services at practice more than previously.

Mental Health postcards

We heard feedback from our Community Representatives that communities were struggling following the first year of the pandemic, and whilst there were mental health and wellbeing services available, these were not widely known about, and accessing existing directories of services could be difficult due to illiteracy, oracy issues and digital poverty. We worked with our Community Representatives to develop a postcard setting out the key adult mental health services with an icon, simple description and phone number to allow ease of access, and a mail drop to every postal code in our area.

You can access these free services directly, but you can also talk to your GP about how you're feeling

 Community Connections 1:1 support and wellbeing activities • 01276 409415 • communityconnections@catalystsupport.org.uk • Text: 07919 541 424	 Safe Haven In a crisis visit instead of Accident and Emergency • Safe Haven @ Wellbeing Centre, 121-123 Victoria Road, Aldershot, GU11 1JN • 6pm-11pm Mon-Fri • 12.30pm-11pm weekends and bank holidays
 Richmond Fellowship Employment support • 01932 910942 • www.richmondfellowship.org.uk	 All ages crisis line 24/7 • 0800 915 4644 • Textphone: 18001 0800 915 4644 • SMS text: 07717 989 024
 Hope Hub At risk of homelessness and/or unemployed • Visit the portacabin behind Camberley library • 01276 581174 - Leave a voicemail	

For more information to stay well: <https://www.healthysurrey.org.uk/>

CC2021 NHS Creative 2021

Health Inequalities Board

Following on from the successful BAME programme in Slough, to try and reduce disproportionate impact on our communities of COVID-19, we are continuing to build on the insights and learning by establishing a local Health Inequalities Board with partners and representatives across the sector. The group is identifying health inequalities with greater insights and analysis of our population health and using this to deliver improvements in physical and mental health outcomes, promoting wellbeing and reduce or mitigate these inequalities.

Asylum Seekers and Refugee Support

Slough has been host to one of a number of hotels in Thames Valley who have provided accommodation for new asylum seekers arriving in the UK whilst applications are processed and onward accommodation is organised. With East Berkshire Primary Care service we have been registering patients on arrival and providing testing, health checks and vaccinations. Slough also has many asylum seekers and refugees living in the Borough. We have been working together with voluntary sector partners to reduce the additional barriers and challenges they face to access local health and support services.

Homelessness

We have been proactive in reaching out to our homelessness population throughout the pandemic by providing primary care clinics in temporary hotel accommodation and also through a weekly drop-in clinic at the Chapel practice and the Lookahead hostel. Through our primary care services we were quick to be able to provide Covid vaccination to our homelessness population as a group that is particularly vulnerable. We have also started a one year pilot to support our homeless population with Mental Health needs through a Dual Diagnosis worker.

Community Champions #OneSlough and the support of NHS charities

During the pandemic the #OneSlough Community Champions network was established to enable residents and communities across Slough to keep up to date with latest, trusted information about COVID-19 from the Public Health team to communities across Slough. It was supported with interactive online sessions which were flexible depending on changes to guidance, COVID-19 climate and feedback from communities. We have recruited a Community Champions Coordinator to engage and share on promoting wider health and wellbeing.

There are over 2000 people registered as community champions. Recent examples are the work of #OneSlough volunteers, hypertension and blood pressure monitoring.

Covid-19 vaccination programme

The Covid-19 vaccination programme recognised the disproportionate impact that Covid-19 was having across the population of Frimley Health and Care ICS. The Covid-19 vaccination programme was therefore operationally designed to best support the communities most impacted by Covid. For this reason, [Slough has the highest number of local vaccination sites](#), as well as the only mass vaccination site in the ICS situated in its own locality, offering walk in appointments from 8am-8pm through most of the pandemic. Slough also has the most number of pharmacies offering the Covid-19 jab.

To further support local residents in taking up the vaccination offer, we piloted many new outreach mechanisms. We listened to our local community and set up pop-up vaccination clinics in 3 [local mosques](#) across Slough and Maidenhead before Ramadan.

Number of vaccinations at new pop-up sites at 3 mosques in the 2 weeks ahead of Ramadan	Number of vaccinations over the entire Ramadan period in the same 3 pop up sites
316	244

We developed an inclusive digital hashtag: #LetsTalkCovidVaccines to overcome vaccine hesitancy across the population – not just specific ethnic groups, but to pregnant women and other high-risk groups. We ensured we would ‘engage’ and not ‘target’ and produced local language content around vaccinations during pregnancy and addressing fertility concerns.

In December 2021, CCG staff were re-deployed to vaccination sites so they could call and book in patients ahead of Christmas and the New Year. This was a really positive experience and showed practical support to PCNs and the vaccination programme.

Data has consistently showed a need for engagement with Pakistani, Chinese, Black African, Black Caribbean and Eastern European communities across Frimley Health and Care. Closely working with local authorities, we mapped high transmission rates with areas of low uptake and targeted interventions accordingly. Data packs were shared via CSU and distributed to PCNs and public health teams to ensure that everyone was working with the same dataset.

A Frimley Health and Care ICS Vaccine Equalities Group was established with representation from provider organisations as well as public health teams from all local authorities. During peak vaccination and Covid pressures, the group met bi-weekly. Across our system, there have been certain ethnic and demographic groups where vaccine uptake has been consistently high or low. This group also agreed EHIA's before Steering Group approval.

Ensuring all groups have equal access to vaccination services was key, including pregnant women, those with children, people with disabilities etc. so the EHIA was regularly reflected on and updated. The communications and engagement strategy was firmly based on this EHIA, as was the vaccine bus rollout, including the locations for where the bus would vaccinate people from. These locations were key in continuing to vaccinate 1st and 2nd doses in local communities who were not coming to vaccination site.

We also ensured that we secured positive media coverage on national, regional and local media channels throughout the vaccine programme with the objective to normalise vaccination and encourage people from diverse backgrounds, as well as pregnant women and other groups displaying hesitancy, to take up the offer. We did specific news stories with print and broadcast media for each cohort and an example of the 5-11 cohort media coverage which was live on Sky news is [here](#). Our wider programme media coverage is available on our website [here](#).

Reducing Health Inequalities in Summary

As demand for health and care becomes more complex, it is essential that our services are people based. We have worked across diverse stakeholder groups and through our clinical leaders to establish a culture of continual learning. We know that our clinicians feel engaged in the conversations and approach we are taking to address health inequalities and inequities. As we evolve as a CCG we will continue to work with a broader partnership of organisations to tackle inequalities effectively together. For more information about our continued work to involve people and communities please see our [CCG Annual Report](#) or the [‘Get Involved’](#) pages on our Frimley Health and Care website.

Next Steps

The report has made clear that, whilst much progress has been made on equality, diversity and inclusion across the CCG, there is still much to be done. As we move towards becoming an Integrated Care Board as part of a wider Integrated Care System, it is imperative that the new organisation is a leader on EDI and maintains its focus and momentum.

The following are some of the main messages arising from the report. They need to be prioritised, resourced and taken forward to ensure our ambition to integrate EDI into all aspects of our work with staff, partners, stakeholders and, of course, patients and diverse communities to address workplace inequalities and reduce health inequalities.

- ❖ Develop a race/equality strategy in the new organisation which align to the ICS ambitions and the new health and care landscape. As part of this, there will be an early review of the equality objectives taking into account the staff survey insights and engagement with our equality networks and other fora.
- ❖ Review of the EDI Working Group to ensure its effectiveness and focus influences and shapes the work and has oversight and implementation of our equality commitments.
- ❖ Review and enhance the EHIA toolkit as one of the key tools to integrate EDI within the fabric of the organisation. This will include the scrutiny and assurance process of signing off completed EHIAs. Training and support will continue to be prioritised.
- ❖ Continue the good progress on setting up and supporting staff equality networks and ensuring under-represented and diverse staff feel empowered and have a voice as we move into a new health and social care landscape.
- ❖ Continue the celebrations and commemorations of EDI events and conversations which have been highly successful. The work of the Events Group will be crucial to this and involve our partners, providers and communities.
- ❖ Maintain the focus on encouraging staff to have the trust and confidence to self-declare and complete their equality profiles as part of our equality monitoring campaigning.
- ❖ A refreshed approach to stakeholder engagement and communications. This includes individual contacts, involvement, conversations and input from experts - ensuring we hear from the full range of voices especially on contentious or polarised issues.
- ❖ Commitment to publish equality information and metrics on an annual basis in the interests of transparency and accountability.
- ❖ Strive to be the leader on EDI for the new ICS whilst sharing learning, understanding and information with our partners and providers.

Directors' Reports on EDI

As part of the development of the CCG's first annual EDI report, Directors¹³ are also being asked to provide a report and personal perspective on EDI within their portfolios and teams. This approach has not been done before at the CCG or its predecessors, and was supported by the Executive Lead on EDI.

The request to Directors was deliberately open, and not prescriptive, to give them every opportunity to write what they considered relevant and important on EDI. However, it was suggested to Directors to consider providing an example of work and activities on EDI, and/or how they have personally advanced EDI. This may be, for example, messages conveyed in team meetings, as part of the appraisal framework in setting EDI objectives, participating in EDI and community events, etc.

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¹³ Directors are referred to as meaning those individuals holding the title of Executive Directors or Managing Directors at the CCG. It needs to be acknowledged that the transition to an ICB has meant some roles/titles and portfolios have changed or overlap so the term is used fluidly.

EDI Report: Development and Improvement Directorate

This short report highlights the key contributions, of the people and teams which make up the Development and Improvement Directorate, to embedding the principles of equality, diversity and inclusion (EDI) in all that we do.

Our People and Organisational Development Team and the Communications and Engagement Team have played a unique role in ensuring that we have spaces for people to come together to talk about what matters to them, to raise awareness of and advancing EDI and to share and celebrate our diverse and vibrant workforce.

Key successes in 2021/22 include: hosting a CCG Governing Body inclusion seminar, supporting the establishment of the B.A.M.E. and Carers' Networks, leading a series of sessions for staff to connect, share and support each other during the pandemic and supporting our successful bid to be part of the NHSE/I reciprocal mentoring programme.

This is alongside co-designing and embedding programmes that have positively contributed to our culture of inclusion such as our Staff Pledges, people policies, wellbeing champions and activities, a revised appraisal process and wellbeing conversation framework and supporting line managers about EDI conversations.

Our Communications and Engagement Team have a key role in supporting our organisational and system work on tackling health inequalities and developing ways to hear from our seldom heard communities. Some examples include: the vaccine inequalities work, supporting community based groups through the innovation fund and partnerships with our Nepali community.

The Frimley Academy have agreed their strategic priorities in year and strengthen our commitment to being an inclusive leadership academy. In 2021/22, the Academy Team has improved our selection processes to our highly respected leadership programmes and our most recent cohort of 2022 is our most diverse yet.

As a directorate we have created space for conversations about EDI at our team briefs and have shared resources for people to learn more. Many of the people in the directorate have joined events that have been available throughout the year and the commitment of the teams is evident in the work described above.

As the executive ally for the CCG B.A.M.E Network I knew I needed to do more work to understand the issues facing our BAME colleagues. I have recently completed an 'Allies against Racism' programme and this have enabled me to feel more confident in talking about, and taking personal action to tackle racism, and being a part of making a difference to our culture of EDI.

Emma Boswell

Executive Director Development and Improvement

EDI Report: Children and Young People Directorate

Equality, Diversity and Inclusion is a key aspect of our partnership work across the CCG in relation to people with Learning Disabilities and Autism.

This year saw that launch of a nationwide programme of work to undertake 'Safe and Wellbeing Reviews' of people with a learning disability, and/or Autism who have been placed in secure accommodation. The reviews were part of a series of recommendations following the tragic and premature death of three people in their mid-30s who died whilst in secure accommodation at Cawston Park in Norfolk.

Across the CCG, we undertook 18 reviews of people we fund to receive support in a secure hospital setting. Some of the people we reviewed were funded through NHSE Specialist Commission and some from the CCG. We created an oversight panel to analyse and appraise the reviews with recommendations for each person. Our panel included people with lived experience of learning disabilities and autism. We are determined, as a CCG to ensure that people within our communities who have a learning disability and/or autism have the best opportunities to live long and contented lives, and that they have a right to live as citizens in an inclusive society.

As a directorate and portfolio team we celebrate diversity and embrace difference, taking every step we can to ensure we can accommodate any reasonable adjustments to enable our staff team to flourish. One of our staff members has recently been diagnosed with Autism. We have been working together to ensure all reasonable adjustments are made for her, these include the recruitment of a Personal Assistant and some additions to IT. The staff member shared this with colleagues during Autism Acceptance Week:

"As we build up to Autism Acceptance week starting on 28.03.22, I am writing to share some personal news with you. Some of you are already aware that I received an Autism diagnosis in June 2021. I requested an assessment when I noticed increasing challenges resulting from the sudden change in our lives since first lockdown. Having Long Covid has had a further impact on my overall resilience meaning I burn out much more easily and frequently from masking. The diagnosis itself was a confirmation of what I had strongly suspected for a long time and positively, now means that I am able to access to support."

The staff member followed this with an invitation to all her colleagues to take part in awareness training for colleagues to help us all support her further.

Tracey Faraday-Drake

Executive Director, Children and Young People. All Age Learning Disabilities and Autism.

EDI Report: Bracknell Forest Operations Team

The Bracknell Forest Team are on journey together to better represent and serve the population of Bracknell and its surrounding villages. As a team we have committed to personal development and improved understanding of equality, inclusion and diversity through open team discussions and sharing personal experiences, sharing articles and resources, experiential learning, and discussions with partners locally and across the ICS on best practice. As part of our commitment to inclusion we have taken an approach to recruitment for new members which promotes inclusion and which enables us to attract talent from across all sections of our community.

We have representation on the CCG's BAME and Carers' Network. These staff have fed back to the team on their experiences of being part of these networks and shared their learning. This has allowed them to find further support from a wider group of colleagues and made them feel valued as an employee in an organisation where compassion, respect and integrity are core values.

The leadership team promote a culture where staff feel enabled to share their experiences and opinions honestly and without judgement creating an environment that is conducive to positive changes around equality, inclusion and diversity and which will strengthen our ability to make a positive impact on the inequalities which exist for our local population.

Bracknell Forest Place Activity

Primary Care

We have been working with our Primary Care Networks, Local Authorities, and Public Health teams to agree priorities and initiatives that will address the health inequalities including those that specifically stem from the impact of the pandemic. We have identified 3 key areas of focus: cardiovascular disease, Arrhythmia and Anxiety/Depression. Our main aim is to increase the rates of detections alongside predicted prevalence particularly in underrepresented groups, improve clinical outcomes, along with working with our public health colleagues on prevention.

Mental Health

A new 'Safe-Haven' opened in East Berkshire toward the end of last year. The organisation delivering the Safe-Haven promotes equality of opportunity, dignity, and respect for all, in particular the needs of the local South Asian population.

The Safe Haven is seeking to create this inclusivity of service across three areas:

- Access - The Safe-Haven services will be advertised and promoted in line with the needs of the local community, removing barriers making it as accessible as possible.

- Experience - To create a welcoming and inclusive environment the aim is to recruit local people representative of the community it serves. Demographic profile of the employees is collected, analysed, and monitored on an ongoing basis.
- Outcomes - A comparison of numbers and percentages of service users of South Asian ethnicity against local demographics will be reviewed on a quarterly basis, working with the South Asian population to achieve the right outcomes for every individual.

Children and Young People

As part of our ambition to bring the voice of users to the forefront of service design and delivery, the CCG has continued to support the expansion of the Young Health Champions (YHC) programme, accredited by the Royal Society of Public Health. This programme is a partnership between health, education, local authorities, and the voluntary, community and social enterprise sector.

The first cohort of YHCs completed their training in 2020, and in 2021 a new cohort of eighteen Year 12 students from every secondary school in Bracknell Forest with a sixth form were recruited. YHCs attend after school sessions to complete their qualification, which includes participation in several co-production activities, such as helping to produce an information video about the new Mental Health Support Teams, and a workshop to express their views on young people's mental health as part of the development of the Health and Wellbeing strategy.

Integrated Care

Addressing inequalities within our frail residents and those with complex health and care needs can only be successfully delivered through collaboration and teamwork across a wide range of professional and voluntary sector partners. One example of improving outcomes include the opening of a new Intermediate care facility at Heathlands which will offer 24/7 care for older people who require step up or step down to avoid hospital admissions and reduce length of stay in hospital after an admission. This will enable more people locally to remain and return to their normal place of residence.

Fiona Slevin-Brown

Managing Director, Bracknell Forest

EDI Report: North East Hampshire and Farnham Case Studies

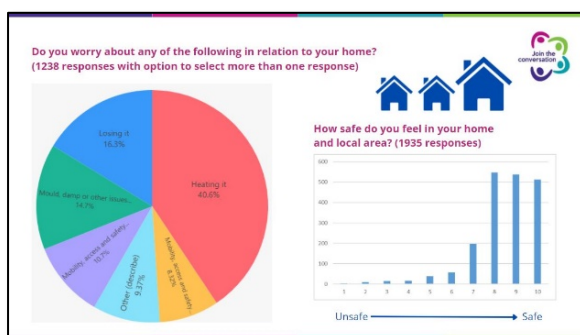
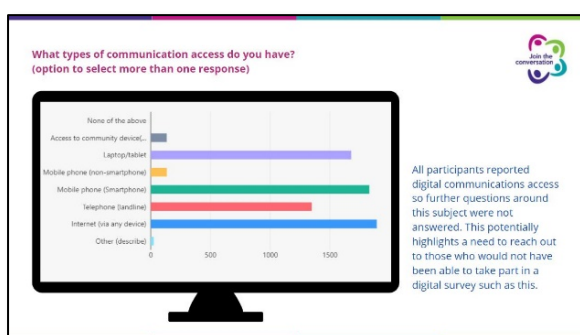
Living Well in Farnham – a partnership approach

In order to better understand the needs of people in Farnham, we teamed up with local partners, ranging from small community groups to the county council and the police. The aim was that by working together we can build stronger relationships and tackle issues that one organisation on its own cannot solve.

As part of this work we ran a survey between December 2021 and January 2022 to find out health and wellbeing needs and concerns of residents. The survey had an impressive response, with 1,937 people completing it.

The survey provided valuable insights into patient demographics, access to services, general fitness and health satisfaction, housing issues and suggestions to improve.

Most respondents were able to access the internet to obtain information about local health, care and wellbeing services, but many were using the national NHS website or search engines rather than local information and resources. The survey also highlighted cost of living worries and its impact - heating and eating.



As a result, the group created a page on our 'Insight and involvement portal' that shared the feedback received alongside a wide range of local resources and information that has been shared directly with those that took part.

Over time, this site will be used to continue to the conversation with local residents. You can access the page, including a complete summary of results, here:
<https://insight.frimleyhealthandcare.org.uk/livingwellinfarnham>

Innovation Fund: supporting communities

The Innovation Fund was established in 2017 as an idea from a volunteer member of the then NEH&F CCG Community Ambassador Programme. The Fund aims to give communities the opportunity, support, courage and seed funding to suggest and progress innovative projects that could have a big impact on the health and wellbeing of local people.

In 2021, 17 projects were funded across NEH&F and Surrey Heath. The following projects have helped to address equality, diversity and inclusion in the community:

1. Translated 111 video: an educational video in Nepalese was created on how to access and use 111. To find out more go to [Supporting the Nepali community - Citizens Advice Rushmoor | Frimley Health and Care](#)
2. Singing for health and wellbeing: VokSkool Community social group brings local communities together through music and song, to contribute to improving their health and wellbeing. Members include: single parents, new mums, the elderly (those living alone and those in care homes), people whose first language is not English, carers and also those who are recovering from 'Long Covid', to help in their recovery.
<https://www.frimleyhealthandcare.org.uk/get-involved/innovation-fund/north-east-hampshire-farnham-and-surrey-heath/voxskool-community-singing-for-health-and-wellbeing/>

Keep well stay connected

Many of the Gurkha veterans and their wives/widows are of vulnerable age with most having no family or relatives in the UK to help them. Many were already suffering from loneliness, social isolation, and mild forms of mental health issues. The pandemic exacerbated their situation with many having limited English or no English, digitally excluded and not able to connect with other Nepali locally or back in Nepal.

Project Together (PT) is an independent volunteer-based group integral to the Greater Rushmoor Nepalese Community. Their principle aim is to tackle loneliness, social isolation and mental health of the most vulnerable Nepalese people living in Rushmoor through digital education and training to access online social platforms.

Daryl Gasson, Managing Director

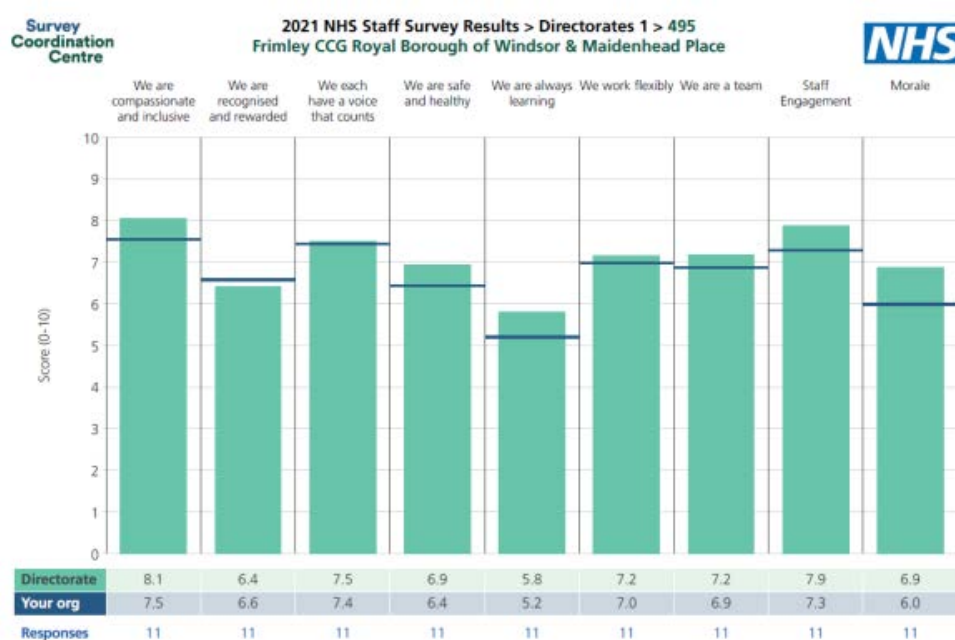
North East Hampshire and Farnham

EDI Report: Royal Borough of Windsor and Maidenhead line managed team

We have worked hard to develop a diverse team that reflects the communities we serve. This has been very successful and is reflected in the data on the composition of the team by gender and ethnicity, including senior roles. Three members of the team with protected characteristics have been given opportunities where they did not fully meet the person specification for a role to enable their successful development into that role, with appropriate learning and development support.

I led a series of conversations on race and religion including the impact of prejudice, discrimination and structural racism in our society and our work as a team. Team members shared many difficult personal experiences openly and those who had not had these experiences responded with warmth and empathy. The staff survey results show a score of 8.1 for “We are compassionate and inclusive” for the RBWM team, against a best national score of 8.6 and a Frimley CCG score of 7.5.

Our recruitment to the team is broadly complete, and we will continue to work on building an inclusive culture in 2022/23.



RBWM place

During 2021/22 we continued our focus on ensuring those groups with the worst health outcomes received appropriate care and were prioritised in catch-ups of backlogs such as long-term conditions and annual health checks.

Our achievement of SMI health checks was 59.2% (just missing the target of 60%) and LD health checks was 84.4% and this work was championed throughout the year by the RBWM team, and the place-based Clinical Lead, Dr Huw Thomas.

Dr Thomas's practice completed 100% of its LD health checks and 75% SMI health checks. Dr Thomas also personally championed ensuring practice front doors were re-opened across our 20 practices in RBWM, so that those who experience the most difficulty in gaining access to general practice were not discouraged or unable to get the support they needed.

A wide range of work was undertaken to increase Covid and flu vaccination uptake among hesitant and marginalised communities including Gypsy, Roma and Traveller communities, Black, Asian and Minority Ethnic communities, people with learning disabilities and severe mental illness, care home residents and housebound people, and our homeless population.

Our work in 2022/23 will include building and developing our population health management approach together with our partners around our PCNs, including engaging communities to support them with improving healthy behaviours and to tackle our most entrenched health inequalities.

Primary care portfolio

EDI formed a key part of a number of workstreams throughout the year in primary care, across all our programmes of work. Particular highlights include:

- Our response to Covid-19 including the development and embedding of pulse oximetry monitoring to support those at highest risk of a poor outcome from infection.
- Supporting the delivery of the PCN-led Covid vaccination programme, including increased uptake of Covid and flu vaccinations among hesitant and marginalised communities.
- Using funding opportunities to improve access to primary care services through improving telephone systems and websites, reducing telephone waiting times and making websites easier to use and navigate.
- Aligning funding opportunities for PCNs to support important EDI initiatives including improving the coding of ethnicity in GP records and supporting backlog recovery work, and well as specific PCN and place-based projects.

An important underpinning enabler to all this work was the participation of the system in the national Population Health Management Development Programme, which is now underway and providing a key focus on health inequalities and wider determinants. This will form the bedrock of our work in 2022/23, bringing together wider partners and providers in each of our five places to work differently with communities on the ground around our primary care networks.

Caroline Farrar, Managing Director

Royal Borough of Windsor and Maidenhead

EDI Report: Slough Place

Slough is a unique area, and as such, faces unique challenges:

- This population is relatively young, with Slough's average age estimated to be only 34.8 years.
- Healthy life expectancy for both men (78 years) and women (83 years) is significantly lower than England's and the worst in the South-East.
- Slough has one of the most ethnically diverse populations in England, with approximately 55% of Slough residents coming from a BAME group.
- A BAME Health Needs Assessment found that Slough's BAME communities lived in more deprived and densely populated areas, had higher levels of conditions associated with more serious illness and death from Covid-19 (such as diabetes and hypertension), were over-represented in occupations where exposure to Covid-19 was more likely (such as transport work, retail and health/care occupations)
- The analysis of Covid-19 deaths in the first wave indicated that deaths among BAME groups (aged 50 and over) were also higher than white ethnic groups. Larger differences were noted in the 60-69 age group and diabetes group.
- There is a large refugee and asylum-seeking population, which has largely opted out of the formal 'dispersal' system, creating a need for key services.

The impact of Covid further highlighted some of the existing inequalities that impact on our communities, and we have been working on how we start to address these, through closer engagement with our community and voluntary sector.

Examples of work we have gone onto champion include:

Multi-generation vaccine work

Many households in Slough are multi-generational which exposed greater risk to spread of Covid and local GPs and services were seeing higher rates of transmission. Some households were hesitant to have vaccination whereas some were just worried about leaving the house and travelling to vaccination centres. The CCG commissioned a Wellness on Wheels service to deliver a mobile testing and vaccination service.

- [SE-Covid-19-vaccination-equality-stories.pdf](https://southeastclinicalnetworks.nhs.uk/SE-Covid-19-vaccination-equality-stories.pdf)
(southeastclinicalnetworks.nhs.uk)

Delivery of vaccine in Mosque/ temples and to faith communities

As part of the vaccination outreach work we were quick to connect with faith communities to engage and discuss vaccinations to dispel misinformation and reassure that it was safe and effective.

Working with local partners and the East Berkshire Primary Care service we were able to provide outreach sessions of vaccination clinics directly into local mosques. The mobile bus was also making regular visits to churches and other faith settings once some of the restrictions had been lifted to help increase take up.

Care home staff and offer of vaccines in care homes

Slough was one of the first areas in the country to complete vaccinations of all its care home residents and was recognised by the then Secretary of State. It was early recognition of this vulnerable group that led to clinical leads supporting each care home started providing vaccines on site. Care home staff were also being offered and encouraged to take up their vaccine prior to this becoming mandatory.

[Microsoft PowerPoint - Vaccine Uptake 50 examples shared \(strategyunitwm.nhs.uk\)](https://strategyunitwm.nhs.uk/Microsoft-PowerPoint-Vaccine-Uptake-50-examples-shared)

Mobile vaccination bus and timetables / locations based on areas of high needs/ inequity

Together with the vaccinations being provided through the Salt Hill and Langley sites we also offered a mobile vaccination service which has been out and about in community locations across the borough providing easy and convenient access to people who may not otherwise travel to a vaccination centre. Locations included supermarket car parks, high streets, community centres, leisure centres, places of worship and care homes.

Asylum seeker population and support for this population

Slough is one of several areas across the region host to a hotel supporting new arrivals as arrangements are made for onward dispersal into communities. Clinical support to the hotel is provided through our Primary Care services providing health checks, Covid tests and other screening to new arrivals along with vaccinations, access to primary health care and mental health support.

Slough also supports its homeless population with primary care services delivered out in the community at hostels and drop-in centres. During the lockdown we were able to offer this service to those in temporary hotel accommodation along with meals and welfare support. The outreach work with this group meant that we were also able to identify, engage and deliver vaccinations to all our homeless at an early stage. We have gone on to develop and strengthen the Slough HOLT (homeless outreach and liaison team) which the addition of a dual diagnosis mental health worker offering mental health support directly to people who are homeless alongside the primary care and housing outreach services.

Sangeeta Saran, Acting Locality Manager

Slough

EDI Report: Surrey Heath

People living with Learning Disabilities

Surrey Heath place has committed to improve the support and care received by people living with Learning Disabilities and to reduce inequalities in access and outcomes. Work is currently underway to achieve this by the following:

- Increasing the offer and uptake of annual LD Health checks and personalised plans
- Standardise health check and resources across the Primary Care Network (PCN) with a key focus on cancer screening, epilepsy and prescribing
- Developing health action plans to include a collection of easy read resources, links and videos
- Increasing the uptake and access to cancer screening
- Working with system partners to gain insights to patient experience
- Improved access and uptake in diet and weight management programmes
- Development of data capture system to address inequalities in access to health checks
- Seeking feedback from practice patients with LD regarding the changes and support offer

Ethnic minorities and ethnic groups

Continued to build excellent relations with groups within our community to support COVID-19 vaccination and access to services.

- Worked with Surrey Minority Ethnic Forum and local Nepali networks. Information and updates have been shared via Nepali community champions and Ghurkha Radio.
- Additional work with our large Gypsy Roma and Traveller community in Ash Vale has ensured access to vaccination via the outreach service, Lakeside Vaccination Centre and mobile units. Excellent relations have been built up via the PCNs Care Co-ordinator and Practice Manager, with the community now accessing health services at practice more than previously.
- Targeted access to Blood Pressure measurement and diagnosis of hypertension and Atrial Fibrillation at the Lakeside vaccination site run by our PCN.
- We have collectively stressed the importance of recording ethnicity information and our Practices have focused on improving the coding of ethnicity and taking all opportunities to ensure that coding is correct.

Old Dean Community Group

The Old Dean Community Group works with and supports those living in areas which are among the worst scoring on both the National and Surrey Multiple Deprivation index.

- Through the Frimley ICS Innovation Fund and in response to the pandemic, the group created free food stalls, entirely in the open air, with a simple setup utilising public car parks etc. and offering deliveries of food parcels to those unable to come to the stalls.
- Our project focuses on providing more advice and support on diet and health - impacting on physical health, mental wellbeing, loneliness, social isolation and anxiety.
- The group has now established a relationship with the Mental Health Support Team and through this expanded the support offer.
- The stall encourages people to talk about their health, consume more fresh fruit and vegetables and shows them there are people who care about them.

Hope Hub

The Hope Hub in Camberley supports those in poverty and people who are homeless or at risk of becoming so.

- Innovation funded project to support 'Cooking on a Budget' to improve key life skills, belief and desire to cook healthily. Created a 'pop up kitchen' using it in a local park and even in the middle of a church to ensure courses could be delivered during the pandemic.
- We have funded in collaboration with Surrey Heath Borough Council a Mental Health Outreach worker at the Hope Hub, this role works closely with clients and provides support to people who have a mental health need.
- The case worker is able to support, empower and encourage people by listening, coaching as well as assist with access to appointments, activities and communicating with other agencies such as employment or housing.

Initial Accommodation Site and support for asylum seekers

- We have collaboratively supported individuals who have been transferred to an initial accommodation hotel in Surrey Heath during March.
- The local practice has registered these individuals as new patients and undertaken training to be able to best support the health needs of these people whilst in Surrey Heath.

Tom Lawlor, Director of Operations.

Surrey Health

APPENDICES

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Appendix A

Initial Equality and Health Inequalities Analysis (EHIA) Tool

Title of policy or service:	Learning and Development Policy
Name and role of officer/s completing the analysis:	Viki Wadd
Date of analysis:	29 December 2021
Type of EHIA completed:	Initial EHIA

1. Outline	
Give a brief summary of your policy or service <ul style="list-style-type: none"> including partners, national or regional 	<p>This Policy relates to all CCG staff and the process for securing learning and development opportunities to support their and the organisation's objectives. This policy sets out our approach and organisational commitment to learning and development. It outlines the support available to staff and the procedures for requesting, approving, and managing applications for internal and external training.</p> <p>This Policy relates to all CCG staff from and across all the protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion/belief, sex and sexual orientation).</p>

	<p>This Policy sets out the ways in which equality of opportunity is available for staff to undertake learning and development and equality of access to all programmes for all staff. The ethos of learning and development within the CCG is one of continuous self-improvement in line with organisational needs</p> <p>This is a new policy for Frimley CCG, building on policies from predecessor organisations and a review of policies from neighbouring CCGs.</p> <p>This is the first year that the CCG (or predecessor CCGs) has had a dedicated budget for learning and development. Previously learning and development had been funded on an ad hoc basis and this policy is intended to ensure a fair and equitable approach to learning and development for all employees across the CCG.</p>
What outcomes do you want to achieve?	<p>The anticipated outcomes of the policy are to:</p> <ul style="list-style-type: none"> • Increased awareness of learning and development opportunities and how to access them. • A good uptake of a variety of learning and development opportunities which support individuals to develop in their roles, support their progression and retention and improve the delivery of organisational objectives. • Equality of opportunity and consistent approach across the CCG. • Specific consideration of needs of employees who may be disadvantaged in their ability to engage in traditional learning programmes. • Equity of access to learning and development across all employees in line with the CCGs equality objectives. • Improved experience of employees from B.A.M.E. backgrounds and those with a disability/ long term health condition with regards to progression (measured via the annual staff survey)

<p>Give details of evidence, data or research used to inform the analysis of impact</p>	<p>Initial reporting of the Staff Survey 2021 indicates the following for these two questions in relation to learning and development. This information is limited due to the small numbers (either actual or self-reported) in some of the categories but indicates the following. Due to current limitations in ESR and data capture it is not possible to see what learning and development people have accessed.</p> <p>q20c I have opportunities to improve my knowledge and skills - % either disagree or strongly disagree</p> <ul style="list-style-type: none"> • there is a higher percentage of employees in the 41 – 50 age bracket (compared to 8% in the 31-40 and 51-65 age groups who either disagree or strongly disagree. Numbers were too small to report in the other age groups) • there is a higher percentage of employees from Mixed, Multiple, Asian, Asian British, Black, African, Caribbean, Black British and Other Ethnic Groups (these have been reported together due to inability to report on most categories due to small numbers) (11%) vs white (7%) who either disagree or strongly disagree • there is a higher % of people identifying as having a disability (11%) compared to without a disability (8%) who either disagree or strongly disagree • there is a higher percentage of female (9%) vs male (6%) with numbers too small to report for non-binary, prefer to self describe and prefer not to say who either disagree or strongly disagree. • The numbers of Gay, lesbian, bisexual were too small to report. • There is a higher percentage of people of Christian belief (9%) than no religion (3%). The numbers for all other belief choices were too small to report. <p>This identifies groups of staff who believe appropriate opportunities for them do not exist or there are barriers to them accessing them.</p>
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	<p>q20e I am able to access the right learning and development opportunities when I need to.</p> <ul style="list-style-type: none"> • In this question the % of employees in the 31-40 age band (20%) and the 21-30 age band (18%) was higher than the 51-65 (9%) % either disagree or strongly disagree • there is a higher percentage of employees from Mixed, Multiple, Asian, Asian British, Black, African, Caribbean, Black British and Other Ethnic Groups (these have been reported together due to inability to report on most categories due to small numbers) (20%) vs white (10%) either disagree or strongly disagree • there is a slightly higher percentage of people with a disability (15%) compared to without (13%) either disagree or strongly disagree • there is a higher percentage of female (14%) vs male (9%). With numbers too small to report for non-binary, prefer to self describe and prefer not to say. % either disagree or strongly disagree • The numbers of Gay, lesbian, bisexual were too small to report. • There is a higher percentage of people of Christian belief (9%) than no religion (14%). The numbers for all other belief choices were too small to report. % either disagree or strongly disagree <p>This identifies groups of staff who believe appropriate opportunities for them do not exist</p> <p>Whilst small numbers and lack of reporting make these conclusions not statistically significant, they do provide a clear indication to populate the below. Although the differences in %s in some cases are small, it does point to the compounding factors faced by people with intersectionality, and are in line with themes we have heard from other sources. E.g. People from B.A.M.E. groups</p>
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	feel disproportionately affected by not having opportunities to improve their knowledge and skills compared to white employees and particularly to access the right opportunities (previously ascertained in discussions with the B.A.M.E Network) However we do need a sustained campaign on data reporting with employees (this may still not make a difference to reporting if the numbers in the categories are genuinely low). The Staff Partnership Forum has also reviewed this policy
Give details of all consultation and engagement activities used to inform the analysis of impact	Discussions with the B.A.M.E Network about talent management have raised questions about the consistency of approach to learning and development opportunities as there was no clear framework and budget for teams to draw on. Line Managers have been asked to have wellbeing and aspiration conversations with all members of their teams and take account of how they might be approaching these conversations with bias.

Identifying impact:

- **Positive Impact:** will actively promote the standards and values of the CCG;
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** if such an impact is identified, the EHIA should ensure, that as far as possible, it is eliminated, minimised or counter balanced by other measures. This should usually result in a 'full' EHIA process unless there are clear and justifiable reasons given as to why this has not been conducted.

2. Gathering of Information

This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the Public Sector Equality Duty and Health and Social Care Act.*

	What key impacts have you identified?	For the impacts identified (either positive or negative) give details below:
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(Please complete each area)	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	<input type="checkbox"/>	x	<input type="checkbox"/>	The policy does not discriminate.	NHS Frimley CCG considers Human Rights in all our actions and evidences what we do to ensure we improve our Human rights focus and outcomes. For example, the right not to be discriminated against is addressed in the EHIA evidence, consultation and action plan. There is a family friendly policy and a policy on flexible working which may affect particular groups of employees/ age groups. see KIT where employees on maternity/paternity can access training, etc.
Age	x	<input type="checkbox"/>		Opportunity to improve knowledge and skills - there is a higher percentage of employees in the 41 – 50 age bracket (compared to 8% in the 31-40 and 51-65 age groups. Numbers were too small to report in the other age groups)	It is unclear as to why the different age groups have these experiences. This policy and underpinning training on career aspirations conversations, appraisals, first line managers training etc. should contribute

				<p>Opportunity to access the right learning - In this question the % of employees in the 31-40 age band (20%) and the 21-30 age band (18%) was higher than the 51-65 (9%)</p>	<p>to individual needs being met. It would be worth exploring as part of the training needs analysis why experience might be different within the early, mid, later career sections (this seems more meaningful than age groups)</p> <p>The training needs analysis referenced in the policy so identify specific needs</p>
Disability	x	<input type="checkbox"/>	<input type="checkbox"/>	<p>Opportunity to improve knowledge and skills - there is a higher % of people identifying as having a disability (11%) compared to without a disability (8%)</p>	<p>The opportunity for people living with a disability/ those with a long term health condition to progress, supported by Access to Work, where relevant. NHS Frimley CCG to gain with the talents</p>

				<p>Opportunity to access the right learning - there is a slightly higher percentage of people with a disability (15%) compared to without (13%)</p>	<p>people living with a disability offer. This is compliant with the equal inclusive workforce offering opportunities to all employees. This will dovetail the wellbeing workforce culture the Frimley CCG aims to achieve, bringing work/life balance to employees.</p>
Sex	x	<input type="checkbox"/>	<input type="checkbox"/>	<p>Opportunity to improve knowledge and skills</p> <p>Opportunity to access the right learning</p>	<p>The learning and development policy does not discriminate against either sex and is open to everyone.</p>
Race	x	<input type="checkbox"/>	<input type="checkbox"/>	<p>Opportunity to improve knowledge and skills - there is a higher percentage of employees from Mixed, Multiple, Asian, Asian British, Black, African, Caribbean, Black British and Other Ethnic Groups (these have been reported together due to inability to report on most categories due to small numbers) (11%) vs white (7%)</p>	<p>The policy does not discriminate against race or ethnicity and is open to every member employed by the Frimley CCG. This reinforces an inclusive Frimley CCG</p>

				<p>Opportunity to access the right learning</p> <p>- there is a higher percentage of employees from Mixed, Multiple, Asian, Asian British, Black, African, Caribbean, Black British and Other Ethnic Groups (these have been reported together due to inability to report on most categories due to small numbers) (20%) vs white (10%)</p>	
Religion or belief	x	<input type="checkbox"/>	<input type="checkbox"/>	<p>Opportunity to improve knowledge and skills</p> <p>Opportunity to access the right learning</p>	<p>It is not considered that the policy will have potential for impact on this protected group. The policy does not discriminate against religion or beliefs and is open to every member employed by the Frimley CCG. This reinforces an inclusive Frimley CCG</p>
Sexual orientation	x	<input type="checkbox"/>	<input type="checkbox"/>	<p>Opportunity to improve knowledge and skills there is a higher percentage of female (9%) vs male (6%) with numbers too small to report for non-binary, prefer to self describe and prefer not to say.</p>	<p>It is not considered that the policy will have potential for impact on this protected group. The policy does not discriminate against sexual orientation and is open to every member employed by the Frimley CCG. This reinforces an inclusive Frimley CCG</p>

				<p>Opportunity to access the right learning there is a higher percentage of female (14%) vs male (9%). With numbers too small to report for non-binary, prefer to self describe and prefer not to say.</p>	
<p>Gender reassignment</p>	x	<input type="checkbox"/>	<input type="checkbox"/>	<p>Opportunity to improve knowledge and skills - The numbers of Gay, lesbian, bisexual were too small to report.</p> <p>Opportunity to access the right learning The numbers of Gay, lesbian, bisexual people were too small to report.</p>	<p>It is not considered that the policy will have potential for impact on this protected group. The policy does not discriminate against any employee, and there is an equal opportunity for all.</p>
<p>Pregnancy and maternity</p>	x	<input type="checkbox"/>	<input type="checkbox"/>	No data available	<p>There is a potential positive impact for women who are on maternity/ paternity leave as they can access virtual learning remotely. They will need to continue to be aware of this opportunities through Keeping in Touch arrangement.</p> <p>Unknown position as no data</p>

					but the policy will apply to those on maternity and paternity leave
Marriage and civil partnership (only eliminating discrimination)	x	<input type="checkbox"/>	<input type="checkbox"/>	No data available	It is not considered that the policy will have potential for impact on this protected group.
Other relevant groups: <ul style="list-style-type: none"> • Looked after Children and Young People • Carers • Homeless people • Communities disproportionately affected by COVID • Those involved in the criminal justice system • People on low incomes. • People who have poor literacy. 	x	<input type="checkbox"/>	<input type="checkbox"/>	No data available	<p>The Learning and Development policy amongst other HR policies, has the potential benefit of making the CCG a more attractive place to work for all people from Protected Characteristic and other equality groups from the community, helping to create a more welcoming, diverse and inclusion environment and workplace.</p> <p>Potential for timings of I and d sessions to be unsuitable for carers and for those on flexible working patterns such as part</p>

<ul style="list-style-type: none"> • People living in deprived areas • People who do not have access to digital tools • Armed Services (e.g. Nepali) • People in other groups who face health inequalities. 				<p>The policy does not discriminate against employees living in deprived areas.</p> <p>Does the NHS help employees who do not have access to digital tools? i.e. do we have anyone who cannot afford the internet?</p>	times, compressed hours, job share, etc.
HR and related Policies only (i.e. recruitment, CPD, talent management, etc.): <ul style="list-style-type: none"> • Could the policy / proposal have 	x	<input type="checkbox"/>	<input type="checkbox"/>		

				with the “Our Future Working Lives Programme/Agile Working”	
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IMPORTANT NOTE: If any of the above results in ‘**negative**’ impact, a ‘full’ EHIA which covers a more in-depth analysis on areas/groups impacted must be considered and may need to be conducted. If you decide not to conduct a full EHIA, please state the reasons why.

Consider the fundamental questions:

- Does the policy unlawfully discriminate? The policy covers all employees across the organisation and aims to treat everyone fairly regardless of any protected characteristic. It seeks to ensure that there are no barriers to anyone accessing and making use of the policy and related procedures.
- Does the policy advance equality of opportunity? The policy as a whole seeks to advance equality of opportunity for and between different protected groups. Actions have been included to advance equality of opportunity including equality monitoring of who accesses learning and development.
- Does the policy seek to foster good relations? The purpose and intended outcomes of the policy do not seek to foster good relations between and across protected groups, however they also do not hinder this aim. The policy, in alignment with other CCG policies, seeks to create a welcoming and inclusive culture for all employees in the workplace.

Having detailed the actions, please transfer them to an action plan. (An example action plan is given below.)

3. Action plan				
Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible
Lack of robust data to monitor	Ensure correct categories are available on ESR	When national changes emerge these will be in line with recognised categories	Dependent on national changes	Sue Lowe

	<p>Campaign with employees to complete equality monitoring data</p> <p>Campaign with employees to ensure equality monitoring data is declared as part of the annual employees survey</p>	<p>Monthly monitoring of numbers of employees having reported</p> <p>Higher % reporting year on year</p>	<p>Ongoing from Jan 22</p> <p>Sept annually</p>	<p>Avril Brohier</p> <p>Avril Brohier</p>
Potential for the learning and development needs analysis to not include needs of specific groups of staff	<p>Consultation with Employees Networks as part of the analysis</p> <p>TNA to take into account all grades to ensure those in low income groups are included</p> <p>Promotion of I and d opportunities through employees networks,</p>	<p>Identify method on ESR for recording L and D activities</p> <p>Analysis documents how these groups have been consulted and what needs had been identified/ specific considerations taken into account</p> <p>Evidence of greater take up in these groups</p>	<p>Asap</p> <p>June 2022</p>	<p>Sue Lowe</p> <p>Sue Lowe</p>

	particularly those that relate to a specific employees group		When monitoring arrangements are in place April 2022	Sue Lowe
Potential for the policy to be applied inequitably	<p>Advertise the policy to all employees so they are aware it can be accessed</p> <p>Training for line managers on fair application of policies and EDI run as a golden thread through all learning and development</p>	<p>Monitor uptake of learning and development opportunities</p> <p>Monitor requests for learning and development</p>	<p>Monthly</p> <p>When ESR module available</p>	<p>Sue Lowe</p> <p>Sue Lowe</p>

Learning and Development Needs not identified by Line Managers	Wellbeing and Aspiration conversations undertaken for all employees	Monitoring of wellbeing and aspiration and appraisal uptake when available on ESR	June 2022	Sue Lowe
Potential for carers and part-time workers to be disadvantaged by times of meetings	Sessions that are provided more than once to be run at different timings and days of the week. Early mornings, late afternoons and lunchtimes to be avoided	Monitoring of uptake of sessions	February 2022	Sue Lowe

4. Monitoring, Review and Publication				
When will the policy/proposal/service be reviewed and by whom?	SRO name:	Viki Wadd	Date of next review:	Updated for adoption by ICB July 2022. Full review using improved monitoring information and discussion with

				employees networks - February 2023
If the SRO decides a full EHIA is not required, this form must be sent to the Equality Lead for sign off.	SRO signature:		Date	

Frimley Academy Equality and Diversity Monitoring Form

Frimley Academy is committed to promoting fairness and equality of opportunity for the diverse people we work with. We want to ensure that everyone can access the learning and development opportunities we offer at Frimley Academy and that we have diverse representation.

We understand that some of this information is personal and sensitive in nature. However, gathering this data helps us understand who is under-represented in the take up of our offers, which can then help us to implement appropriate actions and interventions. The information you give us will only be seen by a single authorised person in the Academy and once your data has been uploaded to our database, all your information will be deleted. This means that it cannot be linked to your name.

Data protection

The information you provide is anonymous and will not be stored with any identifying information about you. We may use anonymised statistics and data to inform discussions about improving the diversity and inclusivity of development and participation opportunities and may be used for wider reports produced by the organisation, but no information will be published or used in any way which allows an individual to be identified. All details are held in accordance with the Data Protection Act 1998.

The information that we are asking you to provide is informed by our duties under the Equality Act 2010 and includes information about your protected characteristics (such as race, sex and sexual orientation etc.), or any other characteristic.

If you would like this information in an alternative format, or would like help in completing the form, please contact us [frimley.academy@nhs.net].

Gender

Man ☐ Woman ☐ Intersex ☐ Non-binary ☐ Prefer not to say ☐
If you prefer to use your own term, please specify here:

Is your gender identity the same as the one you were assigned at birth? For the purpose of this question 'gender identity' is defined as an individual who lives, or wants to live, in the gender opposite to that they were assigned at birth.

Yes ☐ No ☐ Prefer not to say ☐

Age	18-24 <input type="checkbox"/>	25-29 <input type="checkbox"/>	30-34 <input type="checkbox"/>	35-39 <input type="checkbox"/>	40-44 <input type="checkbox"/>	45-49 <input type="checkbox"/>
	50-54 <input type="checkbox"/>	55-59 <input type="checkbox"/>	60-64 <input type="checkbox"/>	65+ <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ Irish ☐ British ☐
Gypsy or Irish Traveller ☐ Prefer not to say ☐ Any other white background, please write in:

Mixed/multiple ethnic groups

White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐
Prefer not to say ☐ Any other mixed background, please write in:

Asian/Asian British

Indian ☐ Pakistani ☐ Bangladeshi ☐ Nepali ☐ Chinese ☐ Prefer not to say ☐
Any other Asian background, please write in:

Black/ African/ Caribbean/ Black British

African ☐ Caribbean ☐ Prefer not to say ☐
Any other Black/African/Caribbean background, please write in:

Other ethnic group

Arab ☐ Prefer not to say ☐ Any other ethnic group, please write in:

Do you consider yourself to have a disability or a long-term health condition?

Yes ☐ No ☐ Prefer not to say ☐

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process for this Frimley Academy programme.

What is your sexual orientation?

Heterosexual/Straight ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Prefer not to say ☐
If you prefer to use your own term, please specify here:

What is your religion or belief?

No religion or belief ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐
Muslim ☐ Sikh ☐ Prefer not to say ☐ If other religion or belief, please write in:

What is your current working pattern?

Full-time ☐ Part-time ☐ Prefer not to say ☐

What is your flexible working arrangement?

None ☐ Flexitime ☐ Staggered hours ☐ Term-time hours ☐
Annualised hours ☐ Job-share ☐ Flexible shifts ☐ Compressed hours ☐
☐ Homeworking ☐ Prefer not to say ☐ If other, please write in:

Do you have caring responsibilities? If yes, please tick all that apply

None ☐ Primary carer of a child/children (under 18) ☐
Primary carer of disabled child/children ☐ Primary carer of disabled adult (18 and over) ☐
Primary carer of older person ☐ Secondary carer (another person carries out the main
caring role) ☐ Prefer not to say ☐

Thank you for completing this form.

Kind regards

Frimley Academy.

Equality Staff Report

Staff numbers or Headcount (1st April 2021 – 31st March 2022)

Frimley CCG had 226 employees on 1st April 2021. There were a number of staff who left the CCG during this period (43) but there was also active recruitment as well as staff joining from partner organisations. The CCG staff increased to 258 employees by the end of March 2022.

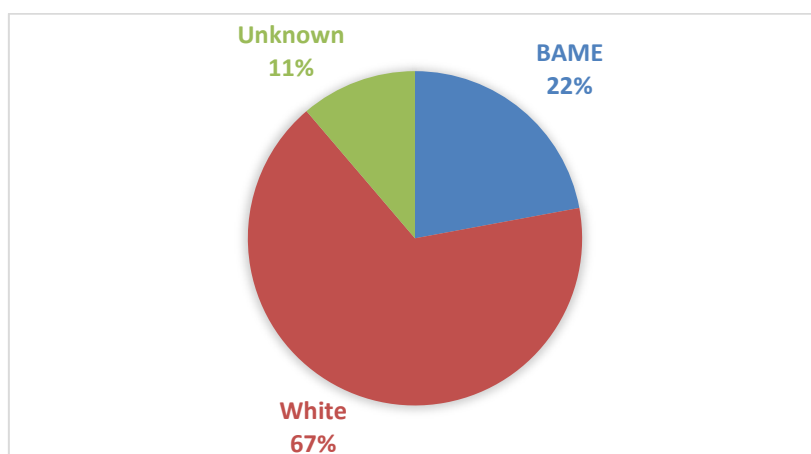
Please note that very small numbers have been excluded from the data provided to ensure the individuals cannot be identified. Where it is possible, the small numbers may be aggregated together to give a larger number to maintain anonymity.

Staff composition by equality profile

Ethnicity

In terms of ethnicity, the current position by the end of March 2022 is shown below

Ethnic Group	Headcount	%
BAME	57	22.09%
White	172	66.67%
Unknown	29	11.24%
Grand Total	258	100.00%



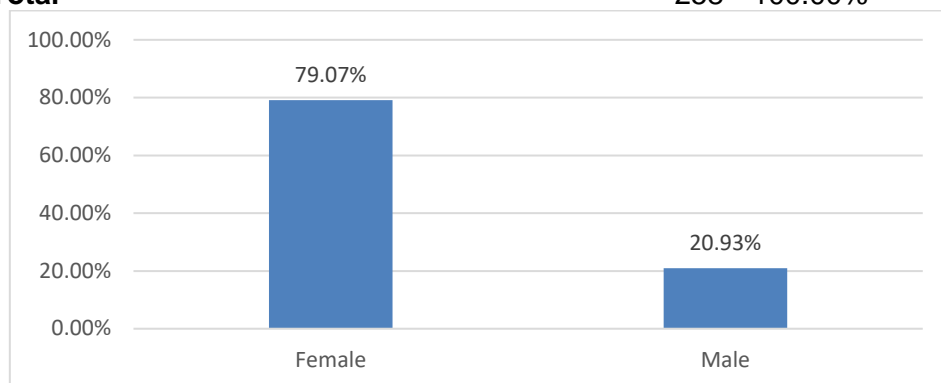
Key Points

- The known BAME staff make up more than one-fifth of the CCG's workforce at 22%.
- The under-reporting of ethnicity is just over one in ten of the total workforce (11% or 29). Or put in another way, nearly nine out of ten staff (229) have self-declared their ethnicity.
- The ethnicity declaration rate has improved over the year. It was 15% who had not stated or unknown on 1st April 2021, and the workforce size has increased. This may indicate that the work to encourage self-reporting has had an impact although there is still more to be done.
- Although the numbers are relatively small given the workforce size, in terms of breakdown by BAME in highest order first it is: Indian (20), Pakistani (15) and Black African (10).

Gender

In terms of gender, the current position by the end of March 2022 is shown below:

Gender	Headcount	%
Female	204	79.07%
Male	54	20.93%
Grand Total	258	100.00%



Key Points

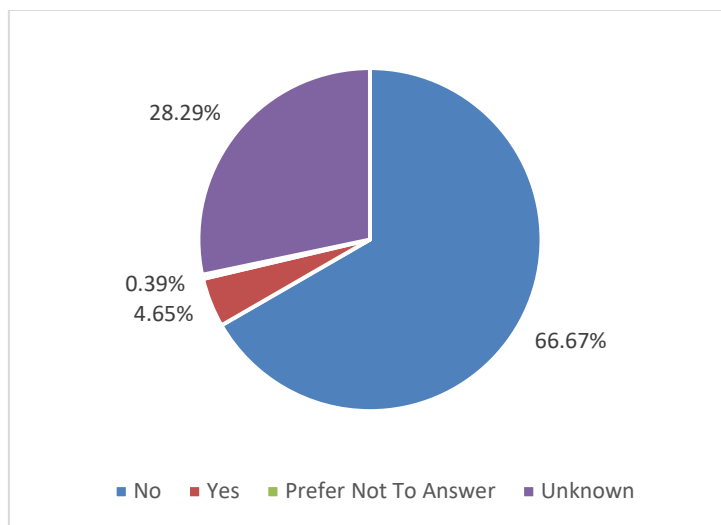
- Almost four-fifths of the CCG's workforce were female. This is not unexpected given the health and care sector tends to be predominantly female.

- This is broadly similar to the gender composition at 1st April 2021 (78%) although there has been a slight increase over the year.

Disability

In terms of disability, the current position by the end of March 2022 is shown below:

Disability	Headcount	%
No	172	66.67%
Yes	12	4.65%
Prefer Not To Answer	1	0.39%
Unknown	73	28.29%
Grand Total	258	100.00%



Key Points

- The known disabled staff population is almost one in twenty (4.7%) of the total workforce compared to two-thirds who have declared they do not have a disability.
- There are a significant number of staff who have not stated their disability status or prefer not to answer, which is almost three out of ten staff.
- The disability declaration rate has improved over the year. It was 2.7% on 1st April 2021, whilst the workforce size has increased. This may indicate that the

work to encourage self-reporting has had an impact although there is still more to be done to give staff the confidence to do so. The development of the Disability staff network, which is work in progress, will help us in this approach.

Sexual Orientation

In terms of sexual orientation, the current position by the end of March 2022 is shown below:

Sexual orientation	Headcount	%
Bisexual		0.39%
Gay or Lesbian		1.16%
Heterosexual or Straight	163	63.18%
Not stated (person asked but declined to provide a response)	91	35.27%
Grand Total	258	100.00%

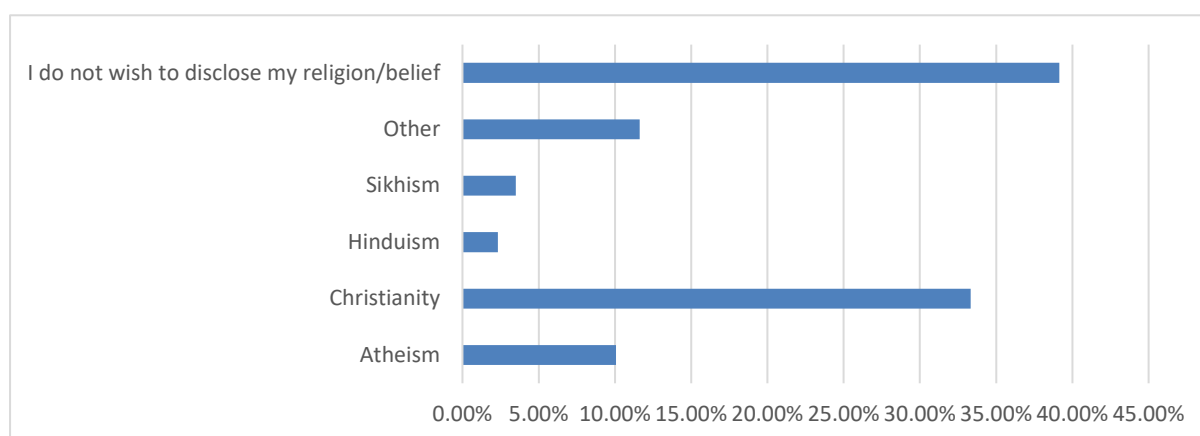
Key Points

- Nearly two-thirds (63%) of the workforce declared that they were heterosexual or straight, an increase from the previous year of 54%.
- Only 1.5% declared that they were Lesbian, Gay or Bisexual. This is broadly the same number of staff from the previous year although the workforce size has grown. Very little can be drawn from this information given the small numbers.
- There are a significant number of staff who have not stated their sexual orientation status. The figure was 45% who had not stated or not known in 2021 and 35% in 2022.
- The improvement in the declaration rate over the year may indicate that the work to encourage self-reporting has had an impact although this cannot be known for certain and there are likely to be others factors to consider.
- There is still more to be done to give staff the confidence to declare their sexual orientation status as it is with disability. The development of the 'LGBTQ+' staff network, which is work in progress, will help us in this approach.
- There is no graph provided due to the very small numbers.

Religion or Belief

In terms of religion or belief, the current position by the end of March 2022 is shown below:

Religion or belief	Headcount	%
Atheism	26	10.08%
Buddhism		0.39%
Christianity	86	33.33%
Hinduism		2.33%
Islam	13	5.04%
Jainism		0.39%
Other	15	5.81%
Sikhism	9	3.49%
I do not wish to disclose my religion/belief	101	39.15%
Grand Total	258	100.00%



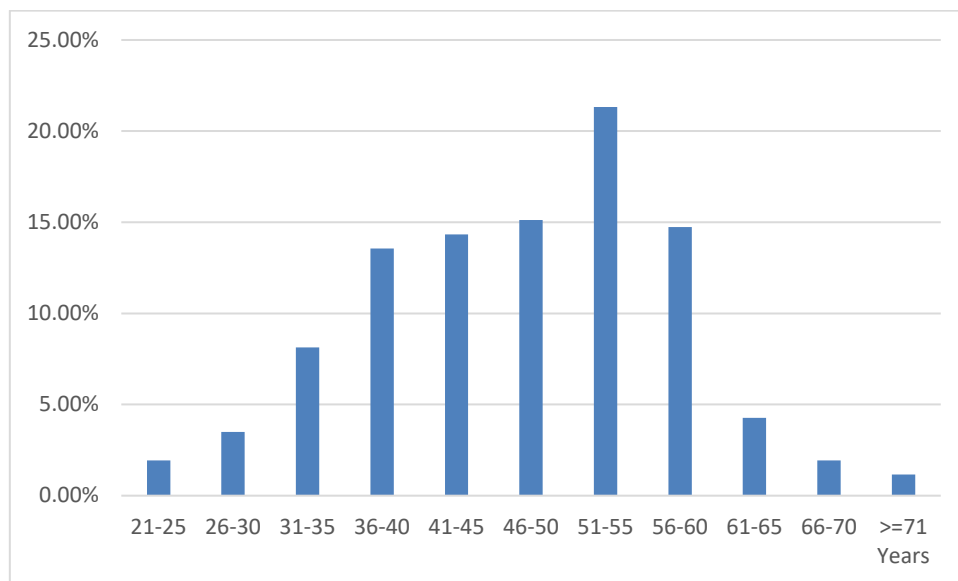
Key Points

- One third of the workforce have declared their religion or belief as Christian.
- The next biggest group is Atheism (10%) followed by Other (6%), Islam (5%), Sikhism (3.5%) and Hinduism (3.3%).
- Nearly 4 out of ten staff did not declare their religion or belief (39%). There is still more to be done to give staff the confidence to declare their religion or belief status as it is with disability and sexual orientation.

Age

In terms of age, the current position by the end of March 2022 is shown below by the following age ranges:

Age Band	Headcount	%
21-25	5	1.94%
26-30	9	3.49%
31-35	21	8.14%
36-40	35	13.57%
41-45	37	14.34%
46-50	39	15.12%
51-55	55	21.32%
56-60	38	14.73%
61-65	11	4.26%
66-70	5	1.94%
>=71 Years		1.16%
Grand Total	258	100.00%



Key Points

- Just slightly over one in five staff are in the 51-55 age range. This is closely followed by 46-50, 56-60 and 41-45 age bands.
- One in twenty staff (5.4%) are in the younger age range 21-30 and just over 7% (19) in the 61 and over age ranges.

Pay Band by Ethnic Group

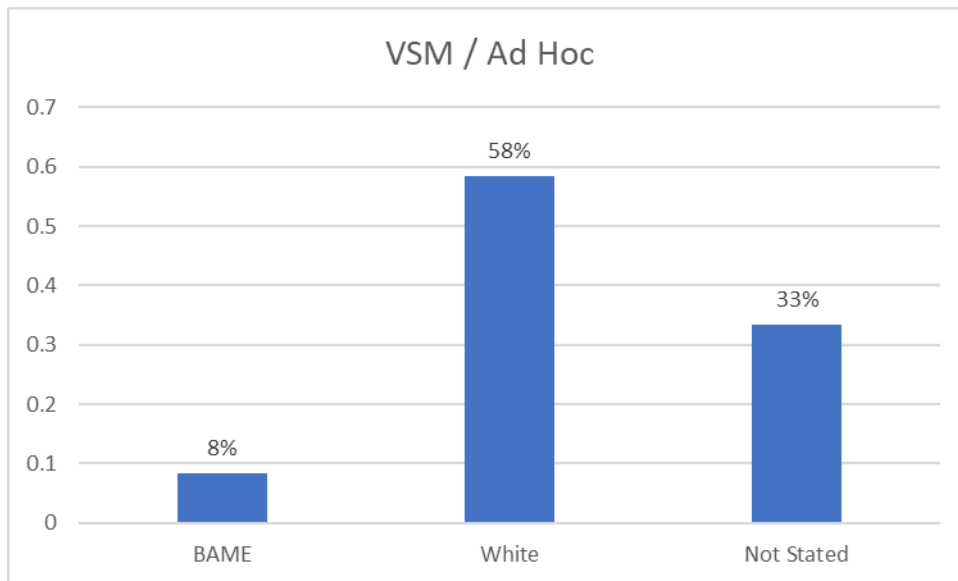
Given the direction of travel to an ICB, it is the intention to report on various metrics including the 'ethnic pay gap/penalty'. The table below shows the NHS pay bands at the CCG by BAME and White staff as at 31st March 2022.

Pay Band & Ethnic Group	BAME		White		Not Stated		Total Headcount	Total %
		%		%		%		
Band 4		7.02%	6	3.49%	2	6.90%	12	4.65%
Band 5	6	10.53%	18	10.47%	0	0.00%	24	9.30%
Band 6	6	10.53%	22	12.79%	3	10.34%	31	12.02%
Band 7	13	22.81%	20	11.63%	5	17.24%	38	14.73%
Band 8A	11	19.30%	36	20.93%	3	10.34%	50	19.38%
Band 8B	7	12.28%	19	11.05%	1	3.45%	27	10.47%
Band 8C		7.02%	15	8.72%	1	3.45%	20	7.75%
Band 8D		1.75%	13	7.56%	1	3.45%	15	5.81%
Band 9		3.51%		1.16%	1	3.45%	5	1.94%
VSM ¹⁴ / Ad Hoc		5.26%	21	12.21%	12	41.38%	36	13.95%
Total	57	100.00%	172	100.00%	29	100.00%	258	100.00%

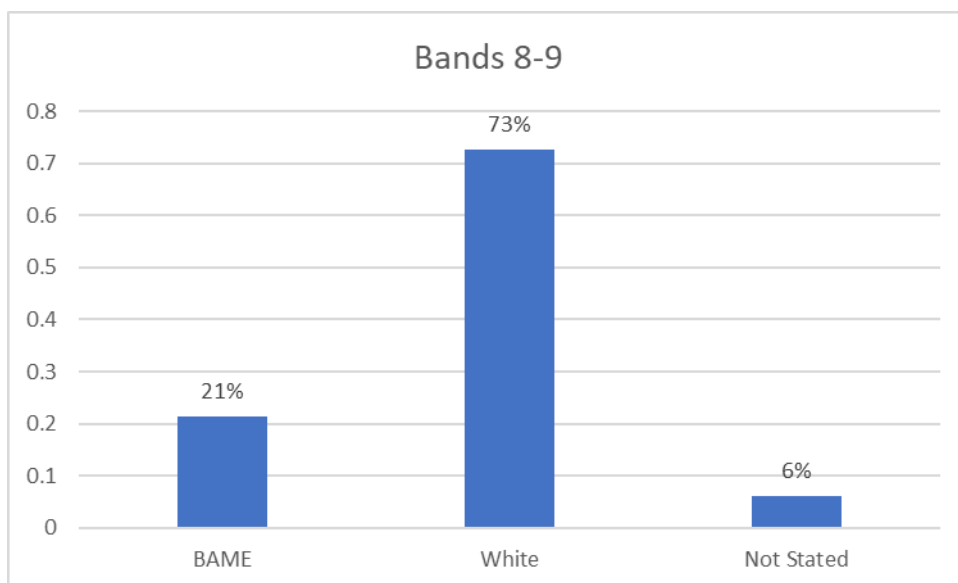
Key Points

- Eleven per cent of staff (29) did not declare their ethnicity for the pay bands.
- For VSM/Ad hoc, there were 36 staff in total. One third did not declare their ethnicity. The remaining staff were 58% White and 8% BAME.

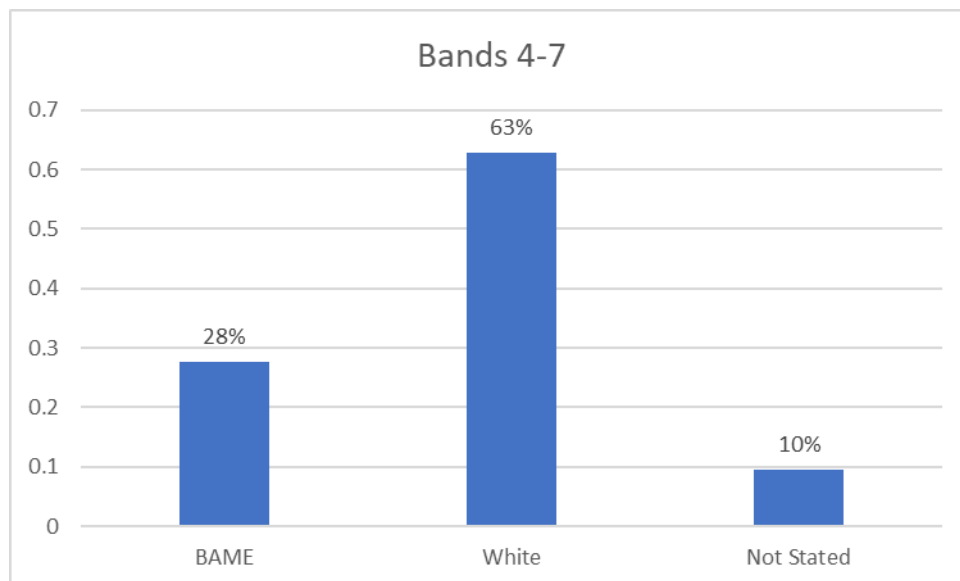
¹⁴ Very Senior Manager



- For senior managers (Bands 8-9), there were 117 staff in total. 6% did not declare their ethnicity. The remaining staff were 73% White and 21% BAME.



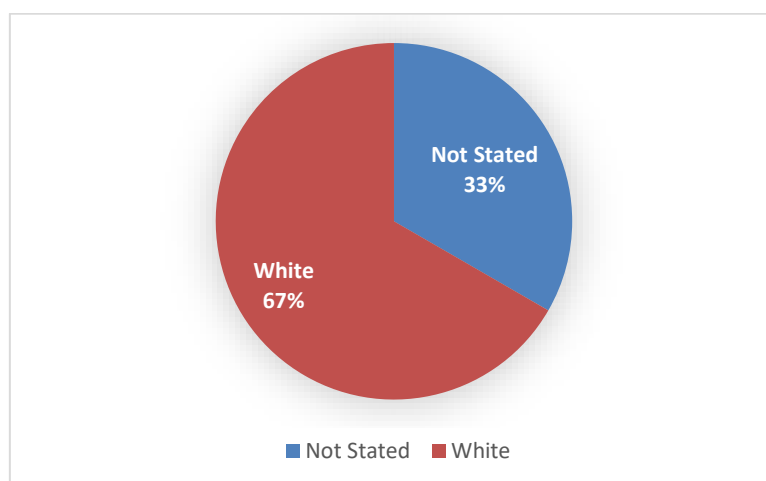
- For staff in the remaining pay bands (Bands 4-7), there were 105 in total. 10% did not declare their ethnicity. The remaining staff were 63% White and 28% BAME.



Governing Board membership by ethnicity profile

In terms of ethnicity, the current position on the Governing Board by the end of March 2022 is shown below:

Ethnic Group	Headcount	%
Not Stated	6	33.33%
White	12	66.67%
Grand Total	18	100.00%



Key Points

- Two thirds of the Governing Board members have declared that they are of White ethnicity. No Governor has declared they are BAME.
- One third have not stated their ethnicity. This is a relatively high not known figure. Appropriate steps need to be taken to understand the reasons for this and to encourage higher self-reporting of ethnicity at senior leadership levels. A 100% declaration rate would assist in the equality monitoring campaign to encourage those staff, who have not yet done so, to self-report their equality profiles on ESR¹⁵.

¹⁵ The Electronic Staff Record (ESR) is the workforce solution for the NHS, which supports the delivery of national workforce policy and strategy including self-reporting of equality profiles.

Abbreviations Jargon Buster

AIS	Accessibility Information Standard
BAME	Black, Asian and Minority Ethnic
CCG	Clinical Commissioning Group
CPD	Continuous Professional Development
CQ	Cultural Intelligence
CSU	Commissioning Services Unit
DHM	Disability History Month
EDI	Equality, Diversity and Inclusion
EDIWG	Equality, Diversity and Inclusion Working Group
EDS2	Equality Delivery System 2
EHIA	Equality and Health Inequalities Analysis
EPG	Ethnicity Pay Gap
ESR	Electronic Staff Record
GB	Governing Board
GPG	Gender Pay Gap
GRT	Gypsy, Roma, Traveller
HMD	Holocaust Memorial Day
HR	Human Resources
ICB	Integrated Care Board

ICS	Integrated Care System
IWD	International Women's Day
IT/ICT	Information Technology/Information Communication Technology
LD	Learning Disability/ies
LGBTQ+	Lesbian, Gay, Bisexual, Transgender and Questioning/Queer
MAG	Multi-Agency Group
NHS/E	National Health Service/England
ONS	Office for National Statistics
PCN	Primary Care Network
PHE	Public Health England
P&OD	People and Organisation Development
PSED	Public Sector Equality Duty
QandA	Questions and Answers
VSM	Very Senior Manager
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard