

ICB EXECUTIVES MEETING

Date of Meeting:	15 February 2024	Agenda item:	
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Title of Report:	Lincolnshire ICB Equality Delivery System (EDS) final report February 2024
Report Author and Title:	Kamljit Obhi – Senior Equality, Inclusion and Human Rights Manager
Appendices:	1a Domain 1 action plan 1b Domain 2 action plan 1c Domain 3 action plan

1. Purpose of the Report (including link to objectives)
To share with executive members the final EDS report covering outcomes and actions for all 3 domains and seek their approval for publication before the compliance deadline of 28 February 24.

2. Recommendations
Members to: - <ul style="list-style-type: none"> Review the contents of this report and action plans in Appendix 1a, 1b and 1c and agree the objectives and actions aligned to the outcomes of the 3 domains Approve the report for publication before compliance deadline of 28 February 24 Agree to the setting up of an EDS Assurance Group to monitor/assess progress of EDS work Consider additional resources to support implementation of EDS during 24-25 Please note: Domains 1 and 2 reports have previously been signed off through SMODG as stated in the summary below.

3. Executive Summary
<p>The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England, in active conversations with patients, public, staff, staff networks, community groups and trade unions, to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.</p> <p>LICB, as required by NHSE, commenced full implementation of EDS in 2023-24. This is the first time that LICB has worked on all 3 domains. With limited examples of previous work, it has been a process of ongoing learning, familiarisation and developing working relationships around the whole EDS framework. For this report, executive members have been provided with a summary of outcomes and actions for all three domains, highlighted some of the difficulties faced as part of the process and links to the individual reports have been included.</p> <p>1. DOMAIN 1 – COMMISSIONED OR PROVIDER SERVICES</p> <p>ICB chose to work with Lincolnshire County Hospital Services (LCHS) and decided to focus on two service areas:</p> <ul style="list-style-type: none"> Assess to Discharge – Team focus Stroke team – Team focus <p>Initially three services were chosen, however due to the tight timeframe it was difficult to collate/evaluate data for the third service (Archer Ward, Louth Hospital – community ward), can be picked up next year.</p> <p>Evidence collection: A task and finish group was set up to collect evidence/information. Please note each example of evidence stated in the Domain 1 report for these services may not be organisation specific - some examples of evidence are included from wider afield. Evidence collated for each service focused mainly on the following areas: -</p> <ul style="list-style-type: none"> Policies/practices development – for staff and patients

- Equality Impact Assessments as part of review/development of services
- Monitoring of staff/patient data
- Consideration of accessibility issues

Findings of this report and action plan were shared with: -

- Task and finish group members
- Ongoing consultation with LCHS EDI leads
- reviewed and agreed by SMODG on 25 January 24
- Shared practice with other ICBs – Bedford Luton and Milton Keynes (BLMK) and Coventry and Warwickshire

[Full EDS Domain 1 report.](#)

Domain Scoring = 7.5

Summary of Domain 1 Objectives/Actions 2024-5 are provided in the attached appendix 1a below.

2. DOMAIN 2 – WORKFORCE HEALTH AND WELLBEING

Evidence Collection: Up to date workforce data/evidence relating to the EDS domain 2 outcomes was collected/analysed and a revised action plan for 2024-25 was developed. Data sources included ESR and annual staff survey and Workforce Race Equality Standard (WRES) data.

Findings of this report and action plan were shared with: -

Member of the ICB Staff Engagement Group (SEG) – A peer review took place on 6 November, where members were asked review different elements of the report and agree final scores for each outcome under domain 2.

SMODG meeting of 23 November 23 – The Domain 2 report and action plan was reviewed and signed off at this meeting and members also agreed to the setting up of a task and finish group (linked to the WRES) to ensure ongoing implementation of the actions and each directorate to nominate a member of staff to the T&F group to support this work.

[Full EDS Domain 2 report.](#)

Domain 2 Scoring = 7

Summary of Domain 2 Objectives/Actions 2024-5 are provided in the attached appendix 1b below.

3. DOMAIN 3 – INCLUSIVE LEADERSHIP

Evidence for the 3 EDS outcomes was collected as below: -

Outcome 3A: A letter and online form was developed. This was sent to all leaders Band 8a and above and those with line management responsibilities (mainly bands 6+). The responses have been analysed to form the evidence for this outcome.

Outcome 3B: Through the Head of Corporate Governance. A random sample of substantive Board or prime Committee papers from the last year, March 2022 to April 2023, was collected. The percentage of papers that identified equality-related impacts, through analyses or other assessments was defined, and how negative impacts were mitigated, monitored, and managed.

Outcome 3C: A template was provided, and information was gathered on the levers that are in place to manage performance and monitor progress with staff and service user. This was provided by the Head of Corporate Governance

Findings of this report and action plan were shared with: -

Due to shortage of time stakeholder review meeting on the findings and final scoring of Domain 3 did not take place, however regular updates of the EDS process and findings were shared/discussed at the ICB business meetings, equality forum meetings with providers and benchmarked with other ICBS in the midlands.

[Full EDS Domain 3 final draft report.](#)

Domain 3 Scoring = 9

Total scoring for EDS = 23.5 which just takes us into the 'achieving' level (*those who score between 22 and 30, adding all outcome scores in all domains, are rated Achieving*)

Summary of Domain 3 Objectives/Actions 2024-5 are provided in appendix 1c below.

4. Difficulties experienced with EDS process:

- As work was conducted on all 3 domains for the first time, the timeframe for completion was extremely tight
- Lack of availability of staff/stakeholders to support the work due to other commitments
- The complexity of this new standard requires full-time commitment with regards to its implementation. The EDS technical guidance states '**Within each organisation, the planning and conduct of EDS reviews should be identified and handled as a 'project' that requires dedicated resources at the appropriate level.**' From the experience of working on this standard over the last year and the learning gained, the ideal would be to have dedicated member of staff to coordinate the different processes involved with EDS. This would show an organisations commitment and would take it away from being merely a tick box exercise.

5. Next steps

- Implementation of action plans for all 3 domains
- Ongoing meetings with the LCHS to share updates around Domain 1 service specific actions
- Task and finish group has been set up to support the implementation of domain 2 work
- Board development session has been arranged for 27 February to further develop/agree domain 3 objectives/actions
- This work will be highlighted in the annual PSED report to be produced for publication and approval by end of March 24
- EDI Objectives/actions developed for 2024-7, to meet the PSED, will be taken from some of the objectives/actions of the EDS 1,2 and 3 action plans
- Ongoing review of action plan outcomes will be undertaken and shared with SMODG and executive members on a quarterly basis.
- Create a stakeholder list and set up meetings each quarter to monitor progress and help with scoring e.g., an EDS Assurance Group

4. Management of Conflicts of Interest

NONE

5. Finance and Resource Implications

Resources in terms of staff time are likely to be required to support evidence collation and engagement through peer reviews for EDS work

6. Legal/NHS Constitution Considerations

The ICB has a legal duty under section 149 of the Equality Act 2010 (Public sector duty) to give due regard to the need to: -

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

The EDI initiatives support compliance to the PSED

7. Analysis of Risk including Assessments

Please state if the risk is on the ICB Risk Register.

Yes No

The implementation of EDI initiatives mitigates the risk of non-compliance to the Equality Act 2010, Public Sector Equality Duty (PSED) 2011

8. Assurance Departments/Organisations who will be affected have been consulted

Insert details of the departments you have worked with or consulted during the process:

Finance	
Commissioning	
Contracting	x
Medicines Optimisation	
Clinical Leads	x
Quality	x
Safeguarding	
Other HR and Health inequalities team	x

9. Report previously presented at:

EDI ICB business meetings

10. For further information or for any enquiries relating to this report, please contact

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Appendix 1b summarised – Domain 1 Commissioned or Provider services Action plan 24-25. The plan covers objectives and actions for the ICB to support both services that were reviewed (Assess to Discharge team and Stroke team)

Outcome	Objective	Action	Completion date
1A: Patients (service users) have required levels of access to the service	<p>Monitoring and review patient and service user feedback</p> <p>Quality contract – schedule 6 EDI assurance reporting</p>	<ul style="list-style-type: none"> • Target seldom heard groups to gain further insight to find out if patients have required levels of access to the Assess to Discharge and Stoke services. • Review/assess complaints data by different protected characteristics • Review results from patient/service user feedback forms/surveys by different protected characteristics and social exclusion groups. • Review Provider work for these service areas to assess EDI PSED compliance for this outcome. 	March 25
1B: Individual patients (service users) health needs are met	<p>Continue to improve comms and engagement methods to ensure that patient, their carers and the public understand services provided in an accessible way.</p> <p>All organisations that provide NHS care and / or publicly funded adult social care are legally required to follow the Accessible Information Standard</p> <p>Continue to assess equality impact of how health needs are met by services through the use of appropriate EDI assessment tools.</p>	<ul style="list-style-type: none"> • Implement the NHS England Accessible Information Standard (AIS) which aims to ensure that people with a visual, hearing or learning disability have access to information they can understand, and any reasonable communication support they may need. • Make reasonable adjustments for people with disabilities. • Provide easy access to information and make reasonable adjustments. • Documents written in plain Language and provided in alternative formats. • Support for those who want to participate in non-English or sign language for example, should be offered. • work with local voluntary organisations to raise awareness that this is available. • Use of EIA and HEAT assessment to allow Health inequalities impacts to be identified so that provisions can be made to mitigate any adverse risks to particular groups. Both these processes are essential 	

	Quality contract – schedule 6 EDI assurance reporting	<p>as ideal evidence sources for EDS domain 1 work.</p> <ul style="list-style-type: none"> Review Provider work for these service areas to assess EDI PSED compliance for this outcome 	
1C: When patients (service users) use the service, they are free from harm	<p>Policy development and/or review, implementation, monitoring and review</p> <p>Quality contract – schedule 6 EDI assurance reporting</p>	<ul style="list-style-type: none"> To ensure all policies are exist (analysis of policies) and develop and/or update as required Regular review of complaints data to assess disproportionate impact on different groups and assess outcomes across different protected characteristics in relation to services provided. Review Provider work for these service areas to assess EDI PSED compliance for this outcome 	
1D: Patients (service users) report positive experiences of the service	<p>Ongoing monitoring of patient/user feedback</p> <p>Quality contract – schedule 6 EDI assurance reporting</p>	<ul style="list-style-type: none"> Target seldom heard groups to gain further insight to find out if patents have required levels of access to the Assess to Discharge and Stoke services. Review/assess complaints data by different protected characteristics Review results from patient/service user feedback forms/surveys by different protected characteristics and social exclusion groups. Review Provider work for these service areas to assess EDI PSED compliance for this outcome 	

Appendix 2 – EDS Domains 2 Workforce Health and Wellbeing Action Plan April 2024 – March 25

Outcome	Objective	Action	Strategic links	Completion date
<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p>Raising staff/managers awareness and understanding of HWB support available for these and other conditions.</p>	<ul style="list-style-type: none"> • Undertake two promotional exercises using different formats and communication methods to inform the workforce on the value of the HWB offer. • Develop/delivery caring conversations training for all managers for example in 1-2-1s and appraisals • Monitor the uptake and evaluation of the training delivered. 	<p>WRES action plan NHS workforce improvement plan impact area 4</p>	<p>March 25</p>
<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Raising manager awareness of the policies and procedures to both prevent and support staff of such incidents</p> <p>Raise Manager confidence in identifying and dealing with reported incidents</p>	<ul style="list-style-type: none"> • Communication exercise to raise staff awareness of policies and procedures and Freedom to speak up • Training/advice for managers to be developed on how to have supporting conversations with staff who face abuse, harassment or bullying, and how to take corrective action. • Monitor the uptake and evaluation of the training delivered • Developed a Zero Tolerance Policy to all kinds of harassment and bullying • Managers to raise awareness of bullying and harassment amongst staff and promote support such as Freedom to speak up guardians via team meetings and 1:1s • Managers to record all bullying and harassment cases • Monitoring and review of recorded cases with be through Health, Safety and Wellbeing committee • Assess the recording of outcomes of bullying and harassment incidents by Protected Characteristics. 	<p>Lincs ICS Anti racism campaign strategy NHS EDI workforce improvement plan – High Impact Action 6 People Plan – Value Our People (Drive to reduce Bullying and harassment)</p>	

<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>Further work around promotion and raising awareness of the Anti-racism, disability discrimination and harassment, and bullying policies and how to access support.</p>	<ul style="list-style-type: none"> • Review and assess support available and identify where improvements can be made. • Increase communications through different channels e.g., via bulletins, team talk, social media/apps, staff meetings and leaders' briefings. • Development and delivery of anti-racism, bullying and harassment and disability discrimination training for all staff including information on access to support. • Monitor the uptake and evaluation of the training delivered. 	<p>Lincs ICS Anti racism campaign strategy NHS EDI workforce improvement plan – High Impact Action 6 People Plan – Value Our People (Drive to reduce Bullying and harassment)</p>	
<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Through regular communication all staff are encouraged to complete surveys and questionnaires that enable ICB to identify gaps and develop solutions for improvement</p>	<ul style="list-style-type: none"> • Increase communication to raise the numbers of employees completing the staff survey by engagement via e.g., bulletins, team talk, social media/apps, staff meetings and leaders' briefings. • Promoting Manager and employees to agree time to complete the survey - (Achieved) – team talk news 	<p>Staff survey</p>	

Domain 3 Inclusive Leadership – action plan 24-25

Outcome	Objective	Action	Strategic links	Completion date
<ul style="list-style-type: none"> 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities 	<ul style="list-style-type: none"> Leaders to agree and set EDI strategic objectives for the next 3 to 4 years Visibility of leaders – proactive involvement in communicating EDI within the ICB and externally Measurable objectives on EDI for Chairs Chief Executives and Board members Demonstrate understanding of Lincolnshire demographics and take action to address health inequalities 	<ul style="list-style-type: none"> Review Lincolnshire wide demographics and health inequalities data to assess disparities and compare trends amongst different communities and associated factors EDI and Health inequalities are integral part of the organisation and the Board decision making processes. Proactively addressing inequalities in Lincolnshire 	<p>Implementation letter Dr Navina Evans CBE Chief Workforce, Training and Education Officer NHS England, re: NHSE Workforce improvement plan High impact area 1</p> <p>Local demographics profiles and Population health profiles Public Health Management data</p>	<p>March 25</p>
<ul style="list-style-type: none"> 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed 	<ul style="list-style-type: none"> All reports provide information on EDI risks, mitigations and how they are managed Quarterly monitoring and review of EDI outcomes – qualitative and quantitative 		<p>EDS domain 3 Outcomes 3A, 3B and 3C</p>	
<ul style="list-style-type: none"> 3C: Board members, system, and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and service users 	<ul style="list-style-type: none"> Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF) 			