

# NHS Equality Delivery System

EDS Report for Lincolnshire ICB – November 2023

## **Report 2 for Domain 2 – (Workforce health and well-being)**

# Contents

Equality Delivery System for the NHS.....	2 - 3
Lincolnshire ICB Domain 2 report	
Appendix 1a – Table 1 Outcomes/evidence.....	8 - 13
Appendix 1b – Table 2 Lincolnshire ICB EDS D2 Action Plan.....	14 - 16

# Equality Delivery System for the NHS

## ***The EDS Reporting Template***

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: [www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/](http://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/)

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.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via [england.eandhi@nhs.net](mailto:england.eandhi@nhs.net) and published on the organisation's website.

## **EDS Domains**

Domain 1: Commissioned or provided services

Domain 2: Workforce health and well-being

Domain 3: Inclusive leadership

## EDS Rating and Score Card

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

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

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

The evidence produced for the eleven outcomes across the three EDS domains, is scored and weighted, leading to an overall EDS rating for the organisation. It is these ratings that provide assurance or point to the need for improvement

## NHS Equality Delivery System (EDS) – LICB Domain 2 report for data 2022 – 23

<b>Name of Organisation</b>	Lincolnshire ICB	<b>Organisation Board Sponsor/Lead</b>		
		Martin Fahy		
<b>Name of Integrated Care System</b>	Lincolnshire ICS			

<b>EDS Lead</b>	Kamljit Obhi/Vanessa Wort	<b>At what level has this been completed? Domain 2</b>		
			<b>*List organisations</b>	
<b>EDS engagement date(s)</b>	Engagement with Staff Engagement Group (SEG members) 6 November 23	<b>Individual organisation</b>	ICB including staff engagement group	
		<b>Partnership* (two or more organisations)</b>		
		<b>Integrated Care System-wide*</b>	As above Shared practice with other ICBs – BLMK and C&W	

<b>Date completed</b>	10 November 23	<b>Month and year published</b>	February 24
<b>Date authorised</b>	23 November 23	<b>Revision date</b>	

Completed actions from previous year	
Action/activity	Related equality objectives
EDS completed for 22/23 as pilot	LICB Action Plan 2020-23 OBJECTIVE 4: Achieve and comply with national Equality Standards and relevant Charter marks
EDI training has been developed and delivered for staff	

## Domain 2: Workforce Health and Well-being

### 1. Introduction

This report focuses on Lincolnshire ICB work on Domain 2 of the new NHSE EDS. Please note that: -

- An initial pilot was undertaken last year, and a report produced, approved and published in February 2023
- The information presented in this report covers the period April 2022 to March 2023. The data used is a snapshot of 31<sup>st</sup> March 2023.
- The new Lincolnshire Integrated Care Board (LICB) came into being on the 1 July 2022, however much of the workforce structure remains largely unchanged. The data does however create a baseline for us to do further analysis during 2023-24 which will allow us to compare information and provide us with a better picture of outcomes in the future.
- The data evidence and information collected in this report has been extracted from results of staff survey reports 2022
- Scores have been allocated to Domain 2 outcomes, following peer review that was undertaken in ....

**When going through this report, please refer to table 1 in Appendix 1a for the outcomes and evidence collated, and table 2 in Appendix 1b for the Domain 2 EDS Action plan 2024-25.**

### 2. Staff data

Lincolnshire ICB total staff 411 as of data at the 31 March 2023. The workforce is predominately female, white, heterosexual, Christian and not declaring a disability which closely resembles the demographics of the county the ICB serves. Please note that no gender reassignment recorded.



EDS%20ED%20Data  
%2031%20March%20

### 3. Peer review with staff engagement group (SEG) 6 November 2023:

A peer review for Domain 2 evidence took place at which members of the ICB SEG attended. The meeting was opened to all SEG members 10 attended plus one EDI representative one HR representative. They were provided with an overview of EDS and taken through the quantitative and qualitative evidence that was collected for domain 2, the scores allocated and action plan objectives. Peer reviewers were asked to give their views on these aspects. See attached below summary of the point raised in the peer review meeting.



EDS%20SEG%20Summary%206%20Nov%2

#### **4. Senior Managers Operational Group (SMODG)**

This report and action plan was reviewed and signed off at the SMODG meeting of 23 November 23, where 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.

#### **5. NHS EDI Workforce Improvement Plan**

Objectives of the EDI domain 2 Action plan relates to the following High impact areas: -

High impact area 2: Overhaul recruitment processes and embed talent management processes

High impact area 6: Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.

High Impact Area 4: Address Health Inequalities within their workforce.

#### **6. Links to WRES Action Plan**

[Workforce Race Equality Standard \(WRES\) Report 2021/2022 \(icb.nhs.uk\)](https://www.icb.nhs.uk/wres-report-2021-2022)



**Appendix 1a– Table 1**

Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p><b>Q9d - Immediate manager takes a positive interest in my health &amp; well-being:</b>  LICB is 2.3% (82.50%) above than the national median (80.20%) and 6.4% (88.90%) below the highest performing NHS organisation.  staff age range 21-30, 63.60% and 51 to 65 78.80% and 77.80% of BME staff indicate that managers are taking a positive interest in the health and wellbeing of their staff, however these figures are below the best benchmark of 88.90% and below the national Median.  What ICB managers do: -</p> <ul style="list-style-type: none"> <li>• provide and record their caring conversations in 121s.</li> <li>• hold HWB meetings to support staff return to work.</li> <li>• respond to flexible working requests and support staff as appropriate</li> <li>• Communication through the ICBs Team Talk News of Health and Wellbeing offers e.g., Champion Health, Lincs staff hub</li> </ul> <p><i>NHS improvement plan High impact area 4 - Address Health Inequalities within their workforce.</i>  <i>Success metric - 4a. NSS Q on organisation action on health and wellbeing concerns</i></p> <p><b>Q11a - of NHS Organisation takes positive action on health and well-being:</b>  LICB is 6.6% (75%) above the national median (68.4%) and 8% (68.4) below the highest performing NHS organisation (88%).  There appears to be some disparity with regards to Age, the younger population (under 40s) – average 64.25% seem to be showing that the organisation is taking a positive action in the health and wellbeing of their staff, however these figures are below the best benchmark of 88% and above the national median. Figures for females (74%) fall below the national median benchmark as do the figures for BME staff (72.2%)</p> <p><i>NHS improvement plan High impact area 4 - Address Health Inequalities within their workforce.</i></p>	<p><b>2</b></p>	<p>Quality. Equality and HR</p>
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	<p><i>Success metric - 4a. NSS Q on organisation action on health and wellbeing concerns</i></p> <p><i>Proposed action: Organisation to encourage managers to have caring conversations at all stages throughout the organisation in their 1-2-1s as standard practice.</i></p> <p><i>Communicate to workforce the value of the HWB offer and the benefits to all age groups.</i></p>		
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<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p><b>Q13a- Experienced physical violence from patients/service users, their relatives or other members of the public:</b> Overall LICB is 1.1% (1.5%) under than the national median (0.40%) and 1.50% above the highest performing NHS organisation (0%). Whilst the data is even across the PCs there is some variance interms of age – those staff that are likely to experience this are age 41-50 and are female. <b>Q13b- Experienced physical violence from managers:</b> No data <b>Q13c- Experienced physical violence from other colleagues:</b> No data <b>Q13d- Last experience of physical violence reported:</b> No data</p>	<p>2</p>	
<p>and</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><b>Q14a- Experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public.</b> The data is 1.8 (10.3%) above the median (8.50%) and 8.6% above the highest performing NHS organisation (1.70%). The data shares that across the 6 recorded protected characteristic that all staff are more likely to experience harassment, bullying or abuse from patients, service users, their relatives or members of the public.</p>	<p>2</p>	
<p>For this section the data is less than 5, it is still above the benchmark average. This means fewer than n=5 which is too small to identify any trends.</p>	<p><b>Q14b- Experienced harassment, bullying or abuse from managers</b> LICB is 1.1% (8.10%) lower than the national median (9.2%) and 3.9% above the highest performing NHS organisation (4.20%). Those females over 21- 30 years, those who have a disability and are of a BME background indicate that they have experience harassment, bullying or abuse from managers.</p> <p><b>Q14c – Experienced harassment, bullying or abuse from other colleagues</b> LICB is 4.1% (6.20%) below than the national median (10.3%) and 0.2% above the highest performing NHS organisation (6%). BME staff are more like to experienced harassment, bullying or abuse from other colleagues</p>		

	<p>Q14d- Last experience of harassment/bullying/abuse reported. LICB is 3% (40.50%) below than the national median (43.5%) and 16.4% below the highest performing NHS organisation (56.90%). Those 41 – 65, and those who don't have a disability, reported their last experience of harassment/bullying/abuse.</p> <p>The ICB does have in place: -</p> <ul style="list-style-type: none"> <li>• Dignity at work policy,</li> <li>• Speak up Guardian and supportive Executive Team.</li> <li>• Team Talk Live anonymous issues raised are taken offline and concerns spoken about and resolved.</li> <li>• 121 staff and managers are encouraged to hold regular 121s regarding performance and provide an opportunity for staff to raise any concerns or issues they may have.</li> </ul> <p><i>High impact area 6: Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.</i></p> <p><i>Success metric 6a. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff) and 6b. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)</i></p> <p><i>Continue to improve reporting of experiences.</i></p>		
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<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p><b>Q21c- Would recommend organisation as place to work</b>  LICB is 11.7% (73.8%) above the national median (62.10%) and 6.8% below the highest performing NHS organisation (80.60%). Positive response and even in relation to age, disability, race, gender, orientation and religion</p> <p><b>Q21d- If friend/relative needed treatment would be happy with standard of care provided by organisation</b></p> <p>LICB is 3.3% (56.90%) above the national median of 53.60% and the 8.4% below the national average of 65.30%</p> <p><i>Proposed actions:</i></p> <ul style="list-style-type: none"> <li>• <i>Whilst the data is fairly positive in relation to this outcome, more could be done to improve the statistics e.g., via satisfaction surveys, exit interviews/evaluation of these and encouraging more staff to have these</i></li> <li>• <i>need to increase the numbers of those completing the staff survey. This could be done through campaign and incentives, as well as possible protected time.</i></li> <li>• <i>Staff survey data response could cover other factors e.g., to understand staff in post by employment type e.g., apprenticeship, part time, to see if there is a correlation with protected characteristics</i></li> </ul>	<p>1</p>	
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**(Appendix 1b – Table 2) Lincolnshire ICB EDS Action Plan – Domain 2**

<b>EDS Lead</b>	<b>Year(s) active</b>
Kamljit Obhi/Vanessa Wort	April 2024 – March 25
<b>EDS Sponsor</b>	<b>Authorisation date</b>
Martin Fahy	23 <sup>rd</sup> March Executive Meeting

<b>Domain</b>	<b>Outcome</b>	<b>Objective</b>	<b>Action</b>	<b>Strategic links</b>	<b>Completion date</b>
<b>Domain 2: Workforce health and well-being</b>	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Raising staff/managers awareness and understanding of HWB support available for these and other conditions.	<ul style="list-style-type: none"> <li>• Undertake two promotional exercises using different formats and communication methods to inform the workforce on the value of the HWB offer.</li> <li>• Develop/delivery caring conversations training for all managers for example in 1-2-1s and appraisals</li> <li>• Monitor the uptake and evaluation of the training delivered.</li> </ul>	WRES action plan NHS workforce improvement plan impact area 4	March 25

	<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> <p>to develop a Zero Tolerance Policy</p>	<ul style="list-style-type: none"> <li>• Communication exercise to raise staff awareness of policies and procedures and Freedom to speak up</li> <li>• 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.</li> <li>• Monitor the uptake and evaluation of the training delivered</li> <li>• 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</li> <li>• Managers to record all bullying and harassment cases</li> <li>• Monitoring and review of recorded cases with be through Health, Safety and Wellbeing committee</li> <li>• Assess the recording of outcomes of bullying and harassment incidents by Protected Characteristics.</li> </ul>	<p>Lincs ICS Anti racism campaign strategy</p> <p>NHS EDI workforce improvement plan – High Impact Action 6</p> <p>People Plan – Value Our People (Drive to reduce Bullying and harassment)</p>	<p>March 25</p>
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	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Further work around promotion and raising awareness of the Anti-racism, disability discrimination and harassment, and bullying policies and how to access support.	<ul style="list-style-type: none"> <li>• Review and assess support available and identify where improvements can be made.</li> <li>• Increase communications through different channels e.g., via bulletins, team talk, social media/apps, staff meetings and leaders' briefings.</li> <li>• Development and delivery of anti-racism, bullying and harassment and disability discrimination training for all staff including information on access to support.</li> <li>• Monitor the uptake and evaluation of the training delivered.</li> </ul>		March 25
	2D: Staff recommend the organisation as a place to work and receive treatment	Through regular communication all staff are encouraged to complete surveys and questionnaires that enable ICB to identify gaps and develop solutions for improvement	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Promoting Manager and employees to agree time to complete the survey - (Achieved) – team talk news</li> </ul>	Staff survey	March 25

Please note: ICB leaders are asked to support implementation of the objectives and actions of the plan and as required identify adequate resources to support these activities.

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