NHS England

NHS Equality Delivery System

EDS Report for Lincolnshire ICB – February 23

Report 3 for EDS Domain 3 – Inclusive Leadership

NHS Equality Delivery System (EDS) – LICB Domain 3 report for data 2022-23

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

EDS Lead	Kamljit Obhi/Vanessa Wort	At what level has this been completed?	
			*List organisations
EDS engagement date(s)	Mainly throughout Q3 2020-24	Individual organisation	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
		Partnership* (two or more organisations)	
		Integrated Care System-wide*	

Date completed	8 February	Month and year published	February 2024
Date authorised		Revision date	February 2025

Completed actions from previous year	
Action/activity	**Related equality objectives**
None as EDS Domain 3 completed for the first time in 2023	

1. **EDS Domain 3, Inclusive Leadership: Report of finding relating to EDS outcomes – Draft**

This element of the report focuses on LICB implementation of NHSE EDS Domain 3 for the April 2022 to March 2023 period. Domain 3 comprises three outcomes that are a test of commitment and inclusive leadership. Scores have been allocated to each outcome in this domain.

The three outcomes and how we collected information/evidence for each:

Domain 3 – Inclusive Leadership. Implementation was as follows:

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. A letter and online form was developed 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.

3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed. Evidence was collected in liaison with 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.

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 patients. A template was provided and information was gathered on the levers that are in place to manage performance and monitor progress with staff and patients. This was provided by the Head of Corporate Governance

2. **Independent Review**

Due to shortage of time stakeholder independent review meeting on 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 Provider trusts and benchmarked with other ICBS in the midlands.

3. **Analysis of evidence/information collected for EDS D3 outcomes**

3.1 Outcome 3a – summary of questionnaire findings (15 questions). Please note the summary focuses on the most relevant Q areas:
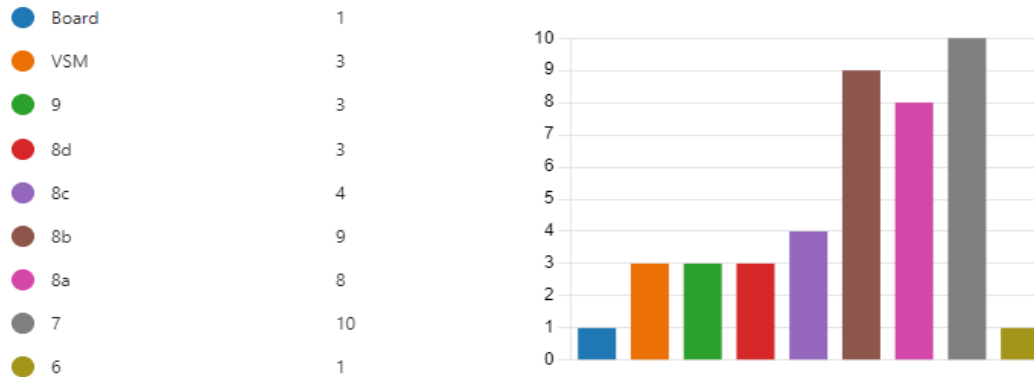
42 responses (42/129 - 32.56%)

Q1-2 Band and role and job title: (job titles were mainly managers and directors)

- 7 responses Board/VSM/B9 – 5.43%
- 24 responses Band 8 a,b,c,d – 18.60%

- 11 response Band 7,6 – 8.53%

1. Band/role

More Details

● Board	1
● VSM	3
● 9	3
● 8d	3
● 8c	4
● 8b	9
● 8a	8
● 7	10
● 6	1

Q3 Directorate: The responses were from a wide range of directorates, the majority were from the Nursing directorate.

CEO Board Office	0
Board Secretary & Corporate Administration	3
Finance	6
Health Inequalities and Regional Collaboration	1
Medical	1
Nursing	16
Primary Care, Community and Social Value	5
Strategic Planning, Integration and Partnerships	3
System Delivery	7

Q4 Involvement in Committees and Decision-making meetings

37 (88%) of the respondents are involved in a range of committees/boards – the list of responses is fairly extensive some examples of committees include: -

- Finance and Resource committee

- Audit & Risk
- NHSE Lincolnshire LDA Performance and Transformation Meetings. Transforming Care Partnership Board. CHC Programme Board.
- Strategic Board
- Senior Team meeting, SMODG, CHC Programme Board
- ICB board
- Primary Care Network Alliance Board
- Operational Quality Assurance Group
- ICB Board and Primary Care Committee, Lincolnshire Leaders Group, East Midlands Commissioning Committees
- Clinical policies subgroup meetings
- Health inequalities Board

Q5-6 Authored any papers or reports relating to EDI and/or health inequalities – if so which papers

80.95% (34) - have not authored any papers or reports relating to EDI/HIE
19.05 have authored papers – examples include: -

- Completed HEAT for Personalisation Programme
- Health Inequalities update report in February 2023. The ICB Executive team has also received updates on EDI progress
- Golden thread of all programme part of Equity and Equality plan, strategy. What matters to you Campaign, papers relating to seldom heard voices i.e. Military Families Travellers etc
- EDI quarterly reports
- ICB mid-term financial/operation plans
- Papers written relating to ask for ICB to fund prepayment prescription certificates for care leavers (funding agreed through health inequalities budget)
- EIA/HEAT for business case documents e.g., Lincolnshire Living with Cancer Business Case for recurrent funding for programme 29/11/2022 and similar others.

Q7-8 attended any cultural, religious or EDI related events not connected to your own heritage or culture, as part of your role internally or externally as a member of the community? If so, include details

12 (28.57%) of respondents attended certain cultural, religious or EDI related events, which included: -

- Black History Month event at the showroom. LGBTQ+ annual conference at the Lincs showground.
- Attended ICB EDI training
- Externally in my private capacity - Pride event
- Physical Activity & Sport Equality, Diversity & Inclusion Advisory Group Active Lincolnshire 19/01/2023 Health Inequalities in Lincolnshire Conference 19/05/2022 EDI Workshop Active Lincolnshire 18/10/2022

- Cultural awareness training relating to East European families delivered by the PAB service. National Training relating to poor outcomes in areas of deprivation and Black and Asian families
- Attended BAME support network as a BAME ally

Q9-10 have you given any EDI related presentations, speeches or talks at local events? If yes please give details

3 (7.14%) have given any EDI related speeches or talks at local events, responses included: -

- Workshop at the Lincolnshire Cancer Summit 2022 including LWC programme approach to addressing health inequalities 08/06/2022.
- Staff presentations relating to Maternity Equity and equality findings, Military Project oversight
- Presented safeguarding awareness to care home providers and staff to consider the importance of professional curiosity that includes considering other peoples values and beliefs and how their decision making may be influenced by their culture.

Q11 have you been involved in supporting EDI in the following standards and tools?

22 (52.38%) have not been involved in EDI standards and tools. The 20 (47.6) who stated they have, provided examples of the following: -

- Equality Delivery system (EDS)
- Workforce Race Equality Standards (WRES)
- Accessible information Standard (WRES)
- Equality impact Assessment (EIA) – note the majority of the 20 respondents (13) had been involved in this in one way or another
- Health Equity assessment (HEAT)

Q12 how have you helped to ensure that results from these standards, have improved the ICB's equality performance? Some key examples of responses received: -

- By carrying out or reviewing equality impact assessments I have been able to identify any possible issues with changes or policies that may affect individuals or groups with protected characteristics may be adversely impacted
- Monitoring the EIA and the impact on service users
- Ensured that escalation reports/dashboards/onward information utilises diversity and includes this KPI within data sets
- by endeavouring to ensure that investment supports narrowing of inequality in provision of health services in Lincolnshire
- incorporated as every day tool and function ensured AIS met through all comms & engagement outputs
- Aligned Living with Cancer Programme to address health inequalities in communities and with cohorts of patients. Used quantitative and qualitative data to identify potential health inequalities and aligned service provision to address these
- As EDI is a core element of my role I have worked with Kamljit and Michelle are presented through appropriate ICB governance routes to provide assurance meeting duties and focus on the action plans required; I chair system EDI forum; I chair clinical policies sub-group which includes assurance of completion of EIA as part of approval process; I chair OQAG where assurance is received regarding tier 1 provider compliance with equalities duties and clinical policies are ratified

- Elements of the above (Q11) are included in: * Formal papers presented to the committees listed earlier (a standard question in cover sheets) * Equality impact assessments are included in any new policies and or refreshed policies (the team has undertaken these) * Elements of the above were collated and presented to the recent NHSE Patient Safety Stocktake .....an in person meeting with the NHSE Midlands team
- Yes, as part of my BAME network achievements

Q13-14 have you been involved in supporting EDI in a procurement exercise? If so, how have you helped to ensure that results from any procurement exercise, improved the ICB's equality performance?

41 (97.62%) have not supported EDI in a procurement exercise

The 2% that did respond stated the following:

- EDI included as an element in procurement process
- Working jointly with the health inequalities team. Primary Care Networks population health need, information and access to service
- Considered EDI across the work, considering patient voice and experience

Q15 please share any other activity that you feel demonstrates where you actively promoted equality in the last year as part of your Board, Executive, or line management role? Some examples of the responses received: -

- Supporting the promotion of the Lincolnshire Allyship Toolkit
- I don't feel very good at this - and often it is just seen as a bit of an exercise- I would be keen to understand how we embed and make BAU
- Attended mandatory training, ensured recruitment in line with relevant standards
- As part of One NHS Finance Accreditation, we have highlighted Inclusion and Diversity and reviewed the One NHS Charter
- The work of the engagement team, as demonstrated in their annual report focuses on equality and engaging with under-represented groups in our communities.
- I established the Lincolnshire Nursing & Midwifery Community of Practice which agreed EDI would be 1 of its 4 key priorities (formally launched within system May 2023 following the preparation work undertaken in 2022/23). I represent Lincolnshire at the Regional Nursing & Midwifery Delivering Ethnic Diversity meeting and submit quarterly reports on progress ICS progress
- Support for Team Member to attend DAL programme. Agreed attendance for staff to undertake EDI activity. Agreed flexible working pattern for a member of staff due to child caring responsibilities
- In-housing of a previously commissioned service included TUPE of a diverse workforce with multiple protected characteristics
- I endeavour to provide equal opportunites for the workforce i line manage. They have access to training equally and fairly. They have access to any support via EAP, HR and OH as and when required.

- Commenced Feb 23 - involvement in the Health Inequalities and Social Prescribing research to investigate and develop a set of recommendations on how the system can improve health inequalities within targeted communities and engage people with lived experience to gain insight into the action needed
- As part of my line management responsibilities, adjustments have been made to the way work is managed and communicated to take account of the needs of specific individuals within the team, specifically in supporting staff with Asperger's
- Currently involved in the LACE project for ADHD where all aspect of EDI are taken into consideration across this work
- Supported colleagues as a BAME ally to gain exposure to high level meeting and promoted specific leadership courses

3.2 Outcome 3a – Recommendations for action

- Papers: Review of current templates that embed EDI and update as required.
- Attendance at cultural, religious or EDI events: To improve capacity to attend such events and networks or delegate to team or network to ensure visibility of ICB leaders.
- Procurement: Ensure EDI is part of the different phases of procurement exercises in relation to service extension or development including: -
  - undertaking EIAs/HEAT to assess needs and requirements of protected characteristics and socially excluded groups, specifications
  - pre procurement documentation development phase
  - part of the procurement exercise evaluation and ongoing review of services

3.3 Scoring for outcome 3a = 3

3.4 Outcome 3b – analysis of evidence/information.

Outcome 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.					
Equality and health inequalities related impacts and risks and how they will be mitigated and managed:					
Cttee.	Paper Title	Date	Risks	Mitigations	Managed
integrated care board	minutes of the nhs Lincolnshire integrated care board meeting	x 5 meetings 30th March 2023 to 28 November 23	all reports cover contents relating to health inequalities included as core	all reports focus on priorities and include overview of key data/information to	ongoing review and updates provided through these meetings relevant

	Public meeting of the Lincolnshire care Board		purpose 1 and health outcomes included as core purpose 2 e.g., of areas autism strategy, reducing health inequalities for people with severe mental health, PCN health inequalities – reports provided	highlight changes/improvements or requirement of further work – references to the use of heat and EIAs to assess impact on protected characteristics and social exclusion groups where relevant are given. Findings of different reports are shared	sub-meetings required actions and interventions are measured and monitored.
	Clinical polices sub-groups meetings	Up to 6 meeting	checklist includes the requirement for EIA/QIA and HEAT to be undertaken		
	SMODG meetings	Up to 12 meetings	EDI items brought to SMODG to review/discussion and sign off		
	Executive meetings	Weekly	EDI quarterly reports and feedback presentation and final approvals		

3.5 Outcome 3b: Recommendations for Action

- Monitoring mitigations, actions and interventions are having the anticipated outcomes against the diversity strands. Reports to specify how this is being monitored.
- Improve scheduling of EDI issues/monitoring on SMODG and Executive meeting agendas

3.6 Scoring 3

3.7 Outcome 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 patients/service users.

- Bi-weekly EDI meeting between AGEM and LICB EDI champion – updates on work and ongoing implementation of Edi work plan
- SMODG reports re EDI work – WRES, EDS and other quantitative and qualitative data reports including Equality developments and initiatives
- Executive quarterly reports – updates on all equality areas and ongoing priorities for each quarter
- ICB Board Cover Sheet – all reports cover EDI elements
- SMODG cover sheet – all reports cover EDI elements
- Policies Sub-committee reports includes a checklist which includes the requirement to undertake EIA, HEAT and QIA's as part of the review and or development of all clinical policies
- Annual report – includes EDI report and is communicated to staff and services users
- Team talk news weekly team briefs and newsletters

3.8 Outcome 3c: Recommendations for Action

- Regular attendance at SMODG to support implementation and monitoring of WRES, EDS and future awork around WDS and GPG
- Consider the setting up of a data collection and analysis group to enable quarterly or 6monthly to be produced, data to be compared and gaps to be identified – this would support ongoing review of wres, Eds implantation ICB EDI objectives
- WRES action plan – task and finish group to be established to monitor this and EDI

3.9 Scoring = 3

Total score for Domain 3 = 9

3.10 Domain 3 Inclusive Leadership – action plan 24-25

Outcome	Objective	Action	Strategic links	Completion date
• 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	• 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	• 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.	Implementation letter Dr Navina Evans CBE Chief Workforce, Training and Education Officer NHS England, re: **NHSE Workforce improvement plan High impact area 1**	

			Local demographics profiles and Population health profiles Public Health Management data	
	• Demonstrate understanding of Lincolnshire demographics and take action to address health inequalities	Proactively addressing inequalities in Lincolnshire		
			EDS domain 3 Outcomes 3A, 3B and 3C	
• 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	• All reports provide information on EDI risks, mitigations and how they are managed • Quarterly monitoring and review of EDI outcomes – qualitative and quantitative	Review and update of report templates to ensure EDI/HIE aspects are not lost		
• 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	• Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF)	To be included as part of the Board Assurance Framework (BAF)		