

MEETING TITLE: SENIOR MANAGERS OPERATIONAL DELIVERY GROUP

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| Agenda Number: | TBA |
| Meeting Date: | 27 February 2025 |
| Title of Report: | Lincolnshire ICB Equality Delivery System (EDS) final full report February 2025 |
| Report Author: | Kamljit Obhi – Senior Equality, Inclusion and Human Rights Manager |
| Presenter: | Kamljit Obhi – Senior Equality, Inclusion and Human Rights Manager and Michelle Jenkins HR Business Partner |
| Appendices: | Appendix 1 – Domain 1 report and action plan Appendix 2 – Domain 2 report and action plan Appendix 3 – Domain 3 report and action plan Note: All above documents are attached separately to this report |

| To approve <input checked="" type="checkbox"/> | For assurance <input checked="" type="checkbox"/> | To receive and note <input type="checkbox"/> | For information <input type="checkbox"/> |
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| Recommendation or particular course of action, e.g approve the strategy, endorse the direction of travel. | Assure the Board/Committee that controls and assurances are in place. | Receive and note implications, may require discussion to help share/develop item. | Note, for intelligence of the Board/Committee without in-depth discussion. |

Recommendations

Members to: -

- Review the contents of EDS Domain 1, 2 and 3 reports and action plans attached
- Agree the objectives and actions aligned to the outcomes of all 3 domains
- Approve the report for publication before compliance deadline of 28 February 25
- Continue commitment to support achieving outcomes identified in EDS action plan through engagement in and support to identified activities.

Summary

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.

This report provides members with a summary of outcomes and actions for all three domains and the final score reached by the LICB.

How EDS is scored

Scoring is rated as follows:

Underdeveloped activity (0)

Developing activity (1)

Achieving activity (2)

Excelling activity (3)

The scores of each domain are then added together to obtain the final score (note if 3 services were assessed in domain 1 then the middle score out of the three services would be used for domain 1)

1. DOMAIN 1 – COMMISSIONED OR PROVIDER SERVICES

This is the second year that work on Domain 1 is being conducted. For 2024 LICB has chosen to focus on one service only (mainly due to the pressures of time) which is the Children and Young People service area of Diabetes.

Process

- A task and finish group was set up to collect a long list of evidence/information - representatives included staff from EDI, Children and Young People Services, Diabetes team, Nursing and Quality, Health Inequalities team, Contracting and Communications and Engagement
- Short list evidence was produced with indicative scoring of evidence
- Stakeholder feedback took place with task and finish group, HIE team and shared practice with other ICBs in the Midlands and a final scoring was agreed for this domain
- Final EDS Domain 1 report and action plan produce in December 2024 – see attached.

Domain 1 scoring

Outcome 1A: Patients (service users) have required levels of access to the service (2)

Outcome 1B: Individual patients (service users) health needs are met (1)

Outcome 1C: When patients (service users) use the service, they are free from harm (3)

Outcome 1D: Patients (service users) report positive experiences of the service (3)

Total scoring for domain 1 = 9

2. DOMAIN 2 – WORKFORCE HEALTH AND WELLBEING**Process**

- Up to date workforce data/evidence relating to the EDS domain 2 outcomes was collected/analysed. Data sources included ESR and annual staff survey and Workforce Race Equality Standard (WRES) data.
- Domain 2 draft report and revised action plan for 2025-26 was developed.
- Findings of this report and action plan were shared with Member of the ICB Staff Engagement Group (SEG) – A peer review took place on 23 January 2025, where members were asked to review different elements of the report and agree final scores for each outcome under domain 2.
- Final EDS domain 2 report and action plan was produced in January 2025 – attached

Domain 2 Scoring

Outcome 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions (2)

Outcome 2B: When at work, staff are free from abuse, harassment, bullying and physical

violence from any source (2)

Outcome 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source (3)

Outcome 2D: Staff recommend the organisation as a place to work and receive treatment (2)

Total scoring for Domain 2 = 9

3. DOMAIN 3 – INCLUSIVE LEADERSHIP

Process

- 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, April 2023 to March 2024, 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
- Draft report and action plan produced
- An independent Peer review meeting was held on 8 January 2025 with other ICBs undertaking work around EDS Domain 3 including Northants ICB and Leicester Leicestershire and Rutland (LLR). This meeting provided an opportunity to review and discuss findings and agree a final scoring of Domain 3. Regular updates of the EDS process and findings were also shared/discussed at the ICB business meetings, Equality Forum meetings and with EDI leads of the Provider trusts.
- Final EDS Domain 3 report produced in February 2025 – attached

Domain 3 Scoring

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 (3)

3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed (3)

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 (2)

Total scoring for Domain 3 = 8

Total scoring for 2024 – 25 EDS is 26, which is higher than last year's score, which was 23.5. **LICB is at the 'achieving' level** (*those who score between 22 and 30, adding all outcome scores in all domains, are rated as Achieving*). This has been the result of a number of improvements over the year across the 3 domains – highlighted in the individual reports.

4. Continued difficulties experienced with EDS process:

- 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.' Often these are limited due to other pressures.

- Learning from the last two years work around EDS is that it is important to commence planning of EDS activities well in advance and an organisational commitment to the task and finish activities required for each of the domains e.g. commissioning lead for EDS 1 service area.
- The above will enable the work to be spread out more widely. This will also allow sufficient time for the collation and analysis of evidence for the individual domains.

5. Next steps

- Continue implementation of action plans for all 3 domains
- Incorporate EDS domain 2 work into the WRES task and finish group to support implementation of domain 2 work
- Deliver further Board development session to ensure their ongoing commitment to EDI
- This work will be highlighted in the annual PSED report to be produced for publication and approval by end of March 25
- Work on developing the EDI strategy based on agreed objectives/actions of the EDS domain 1,2 and 3 action plans developed for 2024-7
- Ongoing review of action plan outcomes will be undertaken and shared with SMODG and executive members on a quarterly basis.

How does this paper support the ICB's core aims to:

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| Aim 1: Improve outcomes in population health and healthcare. | Yes – the EDS process supports improvements in outcomes through delivery of its action plans for all 3 domains |
| Aim 2: Tackle inequalities in outcomes, experience and access. | As above |
| Aim 3: Enhance productivity and value for money. | Yes, the report references the need to be more sufficient in the implementation of the EDS |
| Aim 4: Help the NHS support broader social and economic development. | Not applicable |

Conflicts of Interest

Summary of conflicts

No conflict identified

Risk and Assurance

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

Implications (legal, policy and regulatory requirements)

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| Does the report highlight any resource and financial implications? | Yes, the EDS process requires resource in terms of peoples time for identified activities to undertake the assessment and fully implement required actions |
| Does the report highlight any quality and patient safety implications? | Yes, the report does include references to Zero Tolerance |
| Does the report highlight any health inequalities implications/ | Yes – whole of the EDI process aims to mitigate adverse equality and health inequality implications and improve practice |
| Does the report demonstrate patient and public involvement? | Some aspects relating to particular domain of the EDS demonstrates this e.g. in terms of EDS domain 2 action plan – public |

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| | involvement in relation to development of the EDS strategy. | | |
| Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here) | Not Applicable' | | |
| Inclusion | | | |
| Has a Data Protection Impact Assessment been undertaken? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| Has an equality impact assessment been undertaken? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| Has a Quality Impact Assessment been undertaken? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| Report previously presented at: | | | |
| Contents of the EDS reports discussed with peer reviewers and EDI provider leads and EDI business development meetings. | | | |
| Is the report confidential or not? | | | |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |