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| NHS Equality Delivery System 2023-2024 |
| EDS Reporting Template  (report completion in Q1 2024) |
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## 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 leadersof 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 Reportis 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.

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| **Name of Organisation** | | BSW ICB | **Organisation Board Sponsor/Lead** | | |
| Sarah Green Interim Chief People Officer | | |
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| **Name of Integrated Care System** | | BSW |
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## NHS Equality Delivery System (EDS)

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| **EDS Lead** | | Sarah Green Interim Chief People Officer Di Walsh, Head of People Programmes & OD | | | **At what level has this been completed?** | | | |
|  | |  |  | |  | | **\*List organisations** | |
| **EDS engagement date(s)** | |  | | | **Individual organisation** | | Bath and North East Somerset Swindon, and Wiltshire, (BSW together) Integrated Care Board | |
|  | |  |  | | **Partnership\* (two or more organisations)** | | Avon Wiltshire Mental Health Partnership NHS Trust, Great Western Hospital, Royal United Hospitals NHS Foundation Trust, and Salisbury Foundation Trust, | |
|  | |  |  | | **Integrated Care System-wide\*** | | Great Bedwyn GP Practice  Downton GP Practice  BSW ICB | |
| **Date completed** | March 2024 | | | **Month and year published** | | 2024 | |
|  |  | | |  | |  | |
| **Date authorised** | April 2024 | | | **Revision date** | |  | |
|  |  | | |  | | Total score 20.5 (developing activity) | |

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| **Completed actions from previous year** | |
| **Action/activity 2023-2024** | **Related equality objectives** |
| LMNS Equity and Equality action plan identified access as an ongoing focus including boating community and women from ethnic communities . RUH focused work completed on understanding why women who racialize as black book later for care in comparison to women who racialize as white. Identified need for prioritisation of translation of key patient information for access and what to do when feel not being listened to. 12 videos about maternity care produced with translation into top 10 spoken languages made available on BSW Maternity together website. (complete) | Domain 1a |
| Black Mothers Matter (BMM) intensive training completed in June 2023 with second cohort commenced in March 2024. BSW participation now evident as part of West of England quality improvement project with leaders from providers participating in the BMM. (complete) | Domain 1a |
| Project evaluation review of Milk Project Pilot of additional focused breast-feeding support in an area with low breastfeeding initiation and continuation rates. Breast feeding initiation in 2023/24 at 48 hours increased by 3.6% in Paulton, 6% in Radstock and 7.1% in Midsomer Norton. This compares to 2% increase across whole RUH provider area and demonstrates improvements. Continuation at 6-8 weeks - All women in Bath area increased by 3% with Paulton women increasing by 15% (from 50% in 2022 to 58% in 2023), Radstock from 52% to 58% an increase of 6% and Midsomer Norton increased by 5% from 48% to 53%). Feedback from women included " information and support was great before the birth" " was very useful" and " there is a lot of information online but it's helpful to speak to an actual person. Additional funding identified for second year of the project and ongoing evaluation. (complete) | Domain 1b |
| Review of 2021 MBRRACE data did not identify any association between age and outcomes for perinatal deaths in BSW or maternal mortality between 2020 and 2024. MBRACCE 2022 perinatal mortality data currently being reviewed following most recent reports made available March 2023. (complete) | Domain1c |
| Completion of breastfeeding policy aim by June 2024, as part of the roll out of the single maternity digital system recording of pronouns and options for relationship status will be implemented. Anti- racism training commissioned by BSW LMNS (ICB) and provided to 600+ members of maternity, neonatal and maternity and neonatal voice partnership representatives (complete) | Domain 1c |
| Contacting providers of services to analyse uptake and access to provided services modified approach undertaken. Staff satisfaction was monitored for the external H&W offer via AWP. This service is no longer available, so an alternative offer has been suggested in the new action plan. ICB colleagues are asked as routine to give feedback on the internal wellbeing resources and are amended/added to as appropriate.    Some low-level benchmarking has taken place in relation to partners offers to explore extending an ICS Health and wellbeing offer. Partners have tailored offers to suit their services with no addition being identified as required. (complete) | Domain 2 a |
| Work commenced to refresh the Freedom to Speak up approach in the ICB and introduce new Freedom to Speak up guardians. These guardians are advertised on the intranet and are readily accessible to ICB staff. (complete) | Domain 2b |
| Themes provided on reasons for access i.e., work/personal stress, broader information unable to be identified due to the confidential nature of counselling services. (complete) | Domain 2c |
| Further review with colleague engagement group and health and wellbeing leads in order to support the development of a health and wellbeing strategy. Six high impact actions for recruitment and retention fully implemented across BSW system and part of ongoing review and oversight. ICB rep joined ICS wide staff networks group to look at potential to establish. Menopause group established and Dyslexia group underway. (complete) | Domain 2 d |
| Review and consult on the ICB Diversity and Inclusion strategy –to be taken forward into 2024/25. EDI embedded as part of evidence for appraisal and selection process.  (partially complete to be extended in 2024/25) | Domain 3 a |
| Some guidance and quality information/coaching has been available in relation to EQIA, run by the quality team. Papers without an EQIA are rejected. (complete) | Domain 3b |
| ICS EDI network sharing activity and best practice that will be further extended for taking forward in the ICB organisation in 2024/24 | Domain 3 c |

## EDS Rating and Score Card

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

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| **Domain** | **Outcome** | **Evidence** | **Rating** | **Owner (Dept/Lead)** |
| ***Domain 1: Commissioned or provided services.*** | 1A: Patients (service users) have required levels of access to the service | **PALs and Complaints**:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Strengths** | **AWP** | **GWH** | **BATH** | **SALISBURY** | | | Varied options to engage with PALs, online, face-to-face, email, in writing, telephone and sign-live | X | X | X | X | | | Language translation available on website and patients can request leaflets in other languages and formats | X | X | X | X | | | Posters displayed prominently across hospital explaining how to raise concerns, including some additional languages | X | X | X |  | | | Patient leaflets can be provided in different languages, easy read, braille etc | X | X | X | X | | | Demographic data held for at least 3 protected characteristics, mainly age, ethnicity and sex (not all groups) | X | X |  | X | | | All Trusts take steps to ensure that PALs and Complaints are accessible to all patients, carers and the public. People can access the services through a range of mechanisms highlighted in the table above. The Trusts adhere to the Accessible Information Standards and are committed to continuous improvement with some Trust’s hosting an AIS working group or individuals reviewing this area. | | | | |   Data is pulled from clinical systems and therefore restricted to prescribed fields. The Trusts acknowledge there are gaps in the data for some protected characteristics, and this is a longstanding issue. For example, the system collects simplistic data with regards to sex, limited to male and female. There is a need for cultural change so that collecting equalities information from patients becomes common practice. This was less practical for the PALs and Complaints service if they are managing a vexatious issue. Data is not captured for non-patients e.g. carers and it is therefore not possible to evaluate their experience to PALs and Complaints based on protected characteristics.  Evaluators recognised that data only told part of the story and listening to the public will teel us more about their experience.  **Annual Health Checks for patients on the learning disability register**  The National learning disabilities health check scheme is designed to encourage GP practices to identify all patients aged 14 and over with learning disabilities, to maintain a learning disabilities 'health check' register and offer them an annual health check, which will include producing a health action plan.  Monthly monitoring take place of the percentage of the Learning Disability, (LD) Register that have received health checks. Data from previous years tells us that most annual health checks in our locality, Bath & Northeast Somerset Swindon, and Wiltshire take place in quarter 4 each year. The National and Local (LTP) target is 75% of the Register by March 2024. Local data is available sooner than the National data, and we can see by the evidence provided we are on track to meet the 75% target by the end of the financial year, (March 2024).  In 2022-23, 3,491 Health Checks were carried out; this is 73.5% of the current LD register (4,747) and 488 more checks than the same period last year. At locality level: 76.4% Wiltshire, 75.7% BaNES and 66.0% Swindon on LD registers have received Health Checks. The LD Register grew by 104. Of the patients receiving a Health Check, 97% had also received a Health Action Plan.  A pilot looking at how to increase the Annual Health check service in GP practices took place during 2023. Two pilot sites, Great Bedwyn practice and Downton GP Practice took part. The pilot involved one of the practice administrators having dedicated time to contact the patients or their carers for those who had not received an annual health care check, with a particular focus on those who had not had one for two years.  The pilots were very successful with all patients contacted, with the exception of one patient having an annual health check carried out. Annual health checks have to be carried out in person, due to a physical examination and bloods being taken. This meant the patients did have to attend the surgery in person. Despite not all patients having their own transport, all were able to attend the practice to have their check carried out. | 1  3 | PALs/Complaints teams |
| 1B: Individual patients (service users) health needs are met | **PALs and Complaints**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Strengths** | **AWP** | **GWH** | **BATH** | **SALISBURY** | | | PALs web page links to other offers of support – Hidden Disabilities, Hearing Impairment, Disability Access, Learning Disabilities and Interpreting and Translation Services e.g. AWP refers to advocacy services and promotes their role and promote Ask, Listen, Do (improved services for patients with autism and LD) | X | X | X | X | | | PALs and Complaints team can consult other teams to ensure adjustments are made to meet individual patient needs – arranging interpreter, attending with carer, longer appointment slot, providing hearing loop, providing easy read and other adjustments | X | X | X | X | | | Digital flag (Patient Administration System) to alert staff of patient needs – adhering to Accessible Information Standards | X | X | X | X | | | PALs led Trust-wide communication review with recommendations and improvements made to improve communication | X | X |  | X | | | Engagement/visits takes place with community organisations and groups to gain feedback, including seldom heard groups to understand health needs and identify inequalities |  | X | X |  | | |  | | | | |   The table above highlights areas where PALs and Complaints are able to demonstrate how they support patients and the public who have different needs, including communication needs in the form of language support or reasonable adjustments. Two Trusts have undertaken engagement with communities and organisations to help inform service provision. AWP were in a unique position; their Patient & Carer Race Equality Framework for Mental Health Providers will help to improve the service. People who access PALs and Complaints are also able to give feedback about their experience. Trusts are continuing to take steps to improve how they meet Accessible Information Standards.  As per Domain 1A, scoring is low because of the data gaps for some protected characteristics. The evaluators acknowledged it takes time to build trusted relationships with some communities, overtime Trusts will become more informed about their experience. Improving the data and information we hold will help to educate staff and address health inequalities. During the relationship building stage and when patients attend for appointments are the ideal time to collect equalities information.  The evaluators, who included PALs staff from all Trusts, also acknowledge the difficulties in adapting the EDS framework to review PALs and Complaints in isolation. The service works closely with Patient Engagement Leads to help bring insights into the Trusts and it was difficult to separate their work.  **Annual Health Checks for patients on the learning disability register**.  During the pilot Patients really appreciated having a dedicated, consistent person to speak to in each practice and where possible seeing the same clinician for their health appointments. For the GP practices that took part, they have indicated they will continue to embed the new ways of working going forward with this group of patients.  Protected characteristics and health inequalities data is collected on ethnicity and sexual orientation at a local (GP surgery) level, so not easily accessible at a system level for this group. Inequalities metrics are also available within the local data, but this is unpublished practice data and varies from practice to practice. We can say with confidence that there has been a marked increase in the number on the Register, a growth of 217 since March 2023, particularly in Swindon locality.  **Age**: Those people under 35 years have proportionally less recorded checks, with 14–18-year age group the lowest and there is a continued annual increase in the percentage of 14-25 age group on the Register receiving Health Checks.  In recognition of this, a project was undertaken by First Option Healthcare (our system provider of annual health care checks) between September 2022 and February 2023 involving going into special education need (SEN) schools in Swindon and parts of Wiltshire to carry out the annual health checks, instead of providing them in GP practices.  First option health care reported an influx of interest which led to a boom in health checks carried out in SEN schools across Swindon and parts of Wiltshire. As of the 9th of February 2023, when the LD project came to an end, there were 95 parental consent forms returned to First Option Healthcare. Of which 100% of those students, with written consent, have now received their annual health check. Having the check carried out in school led to less disruption for the patients and their routine, something which is extremely important to this client group. It had the added benefit of being in a familiar environment.  There were difficulties with the project, gaining access to the system used by GP practices to access the learning disability register proved problematic and communications between the GP practices, the SEN schools and First Option Healthcare wasn’t always successful, meaning not all SEN schools in Bath and Northeast Somerset Swindon and Wiltshire took part in the project. The full report by First Option Healthcare is available here.  **Gender** - There are more men on the LD Register (59%), but a lower proportion of men (70%) than women (75%) have recorded Health Checks.  **Health inequalitie**s: Deprivation Index (IMD Quintile) – Across BSW people on the LD Register in the most deprived quintile recorded a slightly lower proportion of Health Checks (68%) than those in the two least deprived quintiles (75 and 72%). This is only a small statistical difference given the relative size of the learning disability registered population and there is more variation at locality level due to even smaller numbers of patients registered with each GP practice. | 1  3 |  |
| 1C: When patients (service users) use the service, they are free from harm | **PALs Complaints**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Strengths** | **AWP** | **GWH** | **BATH** | **SALISBURY** | | | PALs/Complaints office is located in an accessible site (e.g. ground floor/nearby entrance); this is well signposted, and door is accessible with push pad | X | X | X | X | | | PALs deal with issues raised about clinical care, safety and risk, cases are actioned within a prescribed timeframe. Staff have a route to escalation | X | X | X | X | | | When an immediate risk is identified the appropriate services are contacted e.g. police, social services, safeguarding, ambulance etc | X | X | X | X | | | PALs/Complaints team receive Safeguarding Adults/Childrens training (including mandatory) and have access to safeguarding and clinical team advisors | X | X | X | X | | | PALs/Complaints service is confidential unless there are risks to individuals or others. The Team receive training and are clear when there is a duty to share information | X | X | X | X | | | The table highlights what measures the PALs and Complaints have taken to ensure patients and service users are free from harm with established routes for escalation – access, clinical risks and safety, safeguarding and confidentially have been taken into consideration. For example, when working with clinical risks, learning is shared and there is some triangulation of outcomes. | | | | |   AWP have included patients in their internal evaluation and feedback from this group has informed this score. The evaluators acknowledged the potential of trauma that might be caused by patients or family members reliving and retelling their experience during the complaints process, especially in mental health services.  Scoring this Domain was challenging, as PALs and Complaints are an enabling service and less likely to cause harm when reviewing the criteria for this outcome.   |  | | --- | | **Annual Health Checks for patients on the learning disability register.** |   Dedicated time was carved out for an administrator in each GP practice to be the point of contact for patients. Patients would be contact by telephone and again the day before their appointment to remind them to attend. They were also given the name of the administrator as a point of contact for any queries they had. Those patients who could not be reached by phone were also texted and/or written to. In most cases the   |  | | --- | | administrator spoke with the patient’s carer or parent rather than the patient directly. There was only one patient where contact, though attempted could not be made.  Training was provided for GP practices on understanding of annual health checks, the benefits to the practice and the patients and the link between the annual health check and the annual health plan. |   Those practices which took part in the pilot are continuing to embed the new ways of working into their practice. | 2  3 |  |
| 1D: Patients (service users) report positive experiences of the service | **PALs and Complaints**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Strengths** | **AWP** | **GWH** | **BATH** | **SALISBURY** | | | PALs team collate positive feedback and compliments about services | X | X | X | X | | | PALs team collate positive feedback and compliments about the PALs service | X | X | X | X | | | A follow-up letter is sent to all complainants asking for feedback about the complaints process | X | X | X | X | | | Good customer service is seen as a main function of the role and a source of job satisfaction for staff | X | X | X | X | | | All Trusts collect feedback for PALs and Complaints services, with follow-up letters sent to patients, service users and the public. This includes the recording compliments. In addition, learning from PALs, Complaints and engagement with patient experience groups inform changes across the Trusts, this is a quarterly or biannual activity. | | | | | |   The evaluators acknowledge looking at data too frequently reduces the chance of seeing patterns and there must be a balance between the need to monitor data and the need to build a body of evidence over time  **Annual Health Checks for patients on the learning disability register**.  Pilot took place during spring 2023 with the last pilot taking place over the summer of 2023. Patients and their carers were given information on what an annual health check is, why the GP practice was asking them to come in and provided with a lead person to contact with queries. Support was given to the administrator in the form of dedicated time to contact patients and support in answering their questions. Additionally, contact was largely by telephone rather than by letter/text message.  Evaluation was undertaken by the administrator who also collected feedback from the patients. Rates of annual health check have gone up across all pilot sites and patients report being happy with the contact received and emphasised having a consistent person to speak to as well as the same clinician at their appointment was important for this client group, in particular it reduced their anxiety around medical appointments. | 1  3 |  |
| **Domain 1:**  **Commissioned or provided services overall rating** | | | 8.5 |  |

**Domain 2: Workforce health and well-being**

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| **Domain** | **Outcome** | **Evidence** | **Rating** | **Owner (Dept/Lead)** |
| ***omain 2:***  ***Workforce health and well-being*** | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | BSW ICB offers a range of wellbeing resources with a dedicated section for supporting colleagues with managing health conditions. This support relates to both physical and mental health. There are subcategories for obesity and weight management; diabetes, respiratory conditions including asthma and COPD, and mental health conditions. Examples of resource are the NHS digital weight management programme, smoking cessation support, sleep and physical activity advice, and BMI checker. We have also linked menopause to this suite of conditions, and in addition to resources, have held a menopause webinar with over 100 participants in attendance, and started a BSW Menopause Support Group.    Leads from within the organisation who have particular expertise in long term health conditions, have been invited to share information used to engage with the patient population in our locality, for use with colleagues internally. We have linked with expertise re local population health data, and have been advised that colleague population with long term conditions is statistically likely to be as follows: -  33 people with asthma  4 with COPD  103 with obesity  23 with diabetes  79 with depression  92 with MSK  For this reason, we will plan to major on resources to support weight management, stress and depression and MSK in the coming year.    Mental health conditions are supported through a free Wellbeing Support service (formally known as the Staff Support service). There are several trained mental health first aiders (MHFA’s) and an ongoing offer to train. Stress, anxiety /depression/other psychiatric illness accounted for 35% of all sickness absence during January 2023 to December 2023, although there was an overall low sickness rate of 2.84% during the year. For this reason, there is regular communication in relation to signposting to the organisations stress risk assessment.    There is an active wellbeing group who give regular attention to mental health episodes, conditions, and signposting accordingly.    All new colleagues are assessed by occupational health ahead of their start date, so the ICB can proactively complete the necessary reasonable adjustments to accommodate them. The welcome checklist used by managers reminds them to facilitate a conversation in relation to Long Term Conditions, and signposts to the intranet resources. The 1-1 template available on-line also provides a reminder to have ongoing dialogue in relation to support needs for colleagues living with health conditions. Throughout employment there is ongoing access to occupational health services for advice for colleagues and managers in working with a variety of health conditions.  We have recently commenced on some work to assist colleagues with dyslexia. This includes one of the members on the Colleague Engagement Group representing those with dyslexia and giving an option for others to assess them for support as well as creating a staff network.  There is evidence of retire and return opportunities, as well as flexible working requests, to aid work life balance and choice.  A communication has gone out to all colleagues, asking for feedback in relation to usefulness of resources to date and for suggestions re further support required. | 2 | People Team |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | The ICB is clear on its no tolerance approach to abuse, harassment, bullying and physical violence with the commission of security advisory provision to help minimise any physical threat to individuals. Policies are in place to enable prompt reporting of abuse, harassment and bullying and the appraisal process encompasses a wellbeing check-in. The ICB Bullying and Harassment Policy has recently undergone an in-depth review during Summer 2023 and updated where necessary. The Lone Worker Policy contains a number of risk assessments to cover a range of scenarios. Furthermore, Freedom to Speak Up Guardians are in place.  Equality and Diversity, Freedom to Speak Up, Safeguarding Adults, and Safeguarding Children are all part of our mandatory training suite, along with Conflict Resolution. We also mandate Mental Health Awareness. All of the above work together to enhance understanding and create a culture of collaboration and anti-aggression of any kind.  BSW have a Domestic Violence & Abuse policy in place, and this topic has been a feature in a colleague briefing. Multiple helplines are referenced, and colleagues are also able to access advice from our in-house safeguarding team.    Health and wellbeing factors are a feature of the staff survey and data can be correlated in relation to staff with protected characteristics. We have previously been able to demonstrate that scores in this area are generally positive, however latest data in this regard gives a few items that will need further investigation. Speaking up scores have decreased, and harassment, bullying and abuse scores are not at levels we would hope for in a zero-tolerance organisation.   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | NHS Staff Survey 2020 | Internal People Survey 2021 (Report Period) | NHS Staff Survey 2022 (Action Planning Period) | NHS staff Survey 2023 | | % agree or strongly agree that they are able to speak up about anything that concerns them, | 69% | 74% | 67% | 61% | | % agree or strongly agree that they have not experienced harassment, bullying or abuse from patients/service users, their relatives, or members of the public, | 89% | 85% | 87% | 90% | | % agree or strongly agree that they have not experienced harassment, bullying or abuse from managers | 88% | 87% | 94% | 93% | | % agree or strongly agree that they have not experienced harassment, bullying or abuse from other colleagues | 87% | 90% | 91% | 89% | | % agree or strongly agree that they have not experienced discrimination, bullying or abuse from patients/service users, their relatives, or members of the public | 99% | 90% | 98% | 100% | | % agree or strongly agree that they have not experienced discrimination from a manager/team leader or other colleagues | 96% | 88% | 95% | 96% | | 2 | People Team |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | There is a free confidential counselling service both for a self and manager referral process as part of the Staff Wellbeing offer.  Return to work interviews demonstrate evidence of health and wellbeing conversations following a period of absence.  There is a wellbeing check-in within 1-1's and through to annual appraisal documents that specifically checks if individuals wish to report any H&B issues and checks if they are feeling well supported. There are wellness action plans available for colleagues and managers and cover working from home within the wellbeing resources to support mental health at work.  Stress risk assessments are also undertaken with colleagues to look at how stress can be mitigated and/or reduced.  Resources available also include reference to financial advice and guidance via national organisations.    Several short courses and seminars have been made available to colleagues including those hosted by NHS England. The ICB have active health and wellbeing champions and mental health first aiders able to offer independent, confidential support and advice.  External coaching via the NHS leadership Academy (including bite size sessions), is regularly advertised.  The Freedom to Speak up policy has been refreshed however more work will be undertaken with learning from the newly qualified FTSU Guardians in line with national framework and recommendations. We are also members of a regional FTSU group and are readily sharing best practice with other guardians and ICB’s.  We have engaged an external mediation service when necessary to help improve working relationships. | 2 | People team |
| 2D: Staff recommend the organisation as a place to work and receive treatment | The main focus for review on this category is as a recommendation for work, as treatment provided is limited to fewer staff.  During 2023, there has been a decline in staff reporting recommending the organisation as a place to work. This is in part expected due to the volume and scale of organisation change taking place and the highly unsettling impact experienced by the majority of colleagues. This is a key factor for review, as the rate and pace of change since the survey was run has increased significantly. It is of note that the BSW ICB is not an outlier as comparable results for ICBs are evident both at regoin and nationally.    Further insight into colleagues’ experience has been gained during 2023 through colleague briefings, away days, Q&As with the CEO, quarterly pulse survey and the newly formed Colleague Engagement Group. Following the all-colleague away days, a colleague improvement group has been established to review and where appropriate, take immediate action on the feedback received, and to identify how the organisation can be restored and developed.  There is clear intention on trying to improve this score in the coming year. It should be noted that this trend data with the lowering of staff recommendation as a place to work is a consistent theme with all other ICB’s at this time. | 1 | People team |
| **Domain 2: Workforce health and well-being overall rating** | | | 7 |  |

Domain 3: Inclusive leadership

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| **Domain** | **Outcome** | **Evidence** | **Rating** | **Owner (Dept/Lead)** |
| ***domain 3:***  ***Inclusive leadership*** | 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 | There is a strong commitment to equalities and health inequalities at Board and executive level. There has been a focus on system leader and inclusion development as part of the the BSW Academy, which scoped and delivered programmes of work focussed on senior leaders in the ICB and ICS and worked towards culture programmes, system leadership, inclusion into pracrice and health inequalities.  Board members are signed up to the EDI annual employer report and are committed to the NHS EDI improvement plan which supports the NHS Long Term Workforce Plan.The Board regularly utilises data and lived experiences to inform decision making based and system leadership for identifying and reducing health inequalities.  There is a non-executive member with responsibility for People and Culture. A Board development session was undertaken in February 2024 with a drive to further support a commitment to collective and individual inclusion objectives. Programmes of work are increasingly using business intelligence from the BSW case of change that identifies health inequalities /population health data to inform decision making and strategy and is part of the joint forward plan (ICS Strategy). NHSE funding for increasing diversity of research participation has also been successful in recruiting research champions and sharing with research managers lived experiences of our communities, with a focus on seldom heard voices.  The score could be enhanced through capturing evidence for enhanced Board equality activities such as enhancing the provision of staff equality networks and ensuring that EDI objectives are also a feature of all colleague’s performance review and all strategic programmes of work.  The Board are committed to having Freedom to Speak Guardians in line with the EDI ICB annual employer report.  There is financial support for eyesight tests, and flu vaccinations for eligible colleagues. | 2 | People team |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | The ICB has a Quality and Equality Impact Assessment (QEIA) process in place which provides the framework to ensure compliance with statutory obligations and to identify any risks to the organisation. Impacts are also assessed through the cover sheets for all reports that are presented to the Board, as well as other committees, to ensure it is integral to planning and implementation.  Templates for committee and Board papers include guidance and commitment to reflect equality & diversity. Strategic Commissioning governance includes recognition of improving equality and health inequalities , with relevant risk management and mitigation in place .  The policy on policies requires impact assessments to be made.  Some work has commenced to implement inclusive recruitment methods including gender balanced panels, and EDI (including WRES and WDES) action plans. The ICB also increased reporting analysis to ensure that disability and ethnicity pay gaps were covered, which is above mandated standards.    To increase the scoring, the ICB could undertake a further review of how EQIA is undertaken, ensure all necessary training and education about the EQIA process is available to anyone writing a paper then analyse Board and committee papers to assess the extent to which equality and health inequalities related impacts and risks are discussed and actions in place to address the identified inequalities.  Attention is needed in relation to a review of the ICB diversity and inclusion strategy as required by all ICB’s. This would harmonise EDI activity with the main emphasis on achieving positive EDI gains. | 1 | Exec committee |
| 3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients | There is a well-established quality group with an operational framework for recording health and equalities data which meets regularly and is available to access through the colleague intranet.  In addition, there is a health inequalities strategy with associated implementation plans.  There is a statutory duty to produce an Annual Diversity and Inclusion report which includes clear action plans around managing performance and monitoring progress with staff and patients around EDI matters. Gender Pay Gap reporting, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reporting take place annually providing the ICB an opportunity to assess how well it does against these frameworks and develop specific actions to target improvement each year.  The Executive team have recently launched a new appraisal process to support a greater oversight of progress and manage performance aligned to organisational strategy objectives, led by Executive colleagues. This replaces the compliance ‘chase’ process traditionally undertaken by the People Team and should better support an ongoing culture of senior leadership owned organisational performance.  Regular performance monitoring for both staff and patients is managed through the Strategic PMO with regular deep dives for enhanced understanding, oversight, and management.  Further steps to improve this score could include better oversight of strategies, action planning and committees on the intranet and through staff engagement activities, and more generally staff engagement via staff networks and other channels, including Trade Union representatives to specifically address staff inequalities and create action plans collaboratively. | 2 |  |
| **Domain 3: Inclusive leadership overall rating** | | | **5** |  |

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| EDS Organisation Rating (overall rating): Developing (13) |
| Organisation name(s): BSW Integrated Care Board and BSW Integrated Care System. |
| Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**  Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**  Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**  Those who score **33,** adding all outcome scores in all domains, are rated **Excelling** |

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| **EDS Action Plan** | |
| **EDS Leads** | **Year(s) active** |
| Emma Baker-Gaunt, Sharon Woma, Harjinder Bahra | 2023-2024 |
| **EDS Sponsor** | **Authorisation date** |
| Sarah Green Interim Chief People Officer | EMM April 2024, BSW Board 16th May 2024 |

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| **Domain** | **Outcome** | **Objective** | **Action** | **Completion date** |
| 1 a |  | Gain further evidence and uptake of services for people with protected characteristics. | Improve data collection to over 50% of protected characteristics where known gaps and explore data collection on carers | December 2024 |
| 1b |  | Gain further evidence and uptake of services for people with protected characteristics. | Improve data collection for protected characteristics particularly for patients with higher risk due to these protected characteristics to ensure needs are met in a way that works for them | December 2024 |
| 1c |  | Improved working with clinical risk teams | Further promoting through clinical risk teams, a culture of speaking up and an improvement culture that drives equality , diversity and inclusion . To further utilise Improving Together change management methodology for a collective endeavour. | October 2024 |
| 1d |  | improved data collection for assurance and service design | **I**dentify new ways to collect data/lived experiences to support evidence-based action plans. | January 2025 |

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| **Domain** | **Outcome** | **Objective** | **Action** | **Completion date** |
| **Domain 2:**  **Workforce health and well-being** | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions | Offer additional support to colleagues in relation to a range of conditions | Scope costing for free hearing test offer (DW and wellbeing group)  Flexible working legislation (JC)  Establish a menopause policy (JC)  Utilise options for the use of ESR data to measure equalities in relation to uptake of training (DW & CSU) | End May 2024  End Aug 2024  End Sept 2024  End June 2024 |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | Increase colleague awareness of types of abuse.  Adhere to new legislation. | Offer a Hate Crime Awareness Session (DW)  Sexual Safety in Healthcare Charter (JC and HR colleagues) | End Oct 2024  End Aug 2024 |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | Enhance the offer to all colleagues for access to confidential support | Re-register with Mindful Employer or alternative EAP (DW) | End June 2024 |
| 2D: Staff recommend the organisation as a place to work and receive treatment | Increase understanding of psychological safety in support of a cultural programme, and colleague empowerment  Ensure measures to increase colleague satisfaction | Offer 4 x psychological safety sessions (DW)  Post Evolve OD Programme (SG and team) | End Aug 2024  End Dec 2024 |

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| **Domain** | **Outcome** | **Objective** | **Action** | **Completion date** |
| **Domain 3:**  **Inclusive leadership** | 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 | Tangible commitment measures to be established | Explore free hearing tests (as above)  Plain English guidance (with support from Comms Team)  People Strategy (including wellbeing strategy) (SG)  ICB Equality, Diversity, and Inclusion strategy (SG)  Board Competency Framework Implementation (SG) | December 2024 |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | Extend peer learning and oversight of impact and risks | Review/audit of committee papers for peer learning. (People Team)  BSW Equality, Diversity and Inclusion Strategy (SG) | December 2024 |
| 3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients | Move EDI objectives into the whole organisation | Add Equality, Diversity and Inclusion objective to all appraisals for all colleagues (DW) | End June 2024 |

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