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| Report to: | BSW Board | |  |  |
| Date of Meeting: | 16th May 2024 | | | |
| Title of Report: | | EDS 2023/24 Submission | | |
| Report Author: | | Sarah Green CPO BSW, S Woma EDI Lead GWH, D Walsh ICB People Programmes and OD Lead | | |
| Board / Director Sponsor: | |  | | |
| Appendices: | | EDS Reporting template 2023 (report comp Q1 2024) | | |
| Report classification | | Relevant to ICB and some partners in the BSW ICS | | |
| ICB body corporate | | Yes | | |
| ICS NHS organisations only | | Yes | | |
| Wider system | | Not beyond BSW ICS | | |

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| Purpose: | Description | Select (x) |
| Decision | To formally receive a report and approve its recommendations | X |
| Discussion | To discuss, in depth, a report noting its implications |  |
| Assurance | To assure the Board that systems and processes are in place, or to advise a gap along with a remedy |  |
| Noting | For noting without the need for discussion |  |

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| Previous consideration by: | Date | Please clarify the purpose |
| ICB LDA Board (Domain One) | December 2023 | Approval for completion of assessment of LDA physical Health Checks |
| AHA | March 2024 | Approval of PALs and Complaints services as part of Domain One through individual Trust Boards. |
| EMM | April 2024 | Approval BSW Executive. |

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| 1 | Purpose of this paper | |
| The attached paper summarises the findings of the 2023/2024 NHSE Equality Delivery System (EDS) submission. The template provides the full detail of the analysis and related action plans.    The EDS forms part of the NHS statutory duty under the Public Sector Equality Duty (PSED) Act with 3 core Domains of: 1) commissioned or provided services, 2) workforce health and wellbeing, and 3) inclusive leadership. Overall responsibility for the EDS lies with the Executive Board within each organisation.  In 2022-2023, a change in the technical guidance set out Domain 1 was for services requiring a system, rather than organisation approach, that in 2023/24 moved to the assessment being based on 3 services. This report therefore takes information from multiple sources. | | |
| 2 | Summary of recommendations and any additional actions required | |
| Approve the submitted EDS evaluation with a total ICB score of 20.5 (Developing activity score) for publication as part of the PSED requirements.  To approve the completed actions from 2022/23 report and newly identified action plan for 2024/25  To note that Domain 1 has been based on 2 services and not 3 due to unforeseen context preventing the 3rd service to be reviewed (NHSE Patient Quality Team aware)  For 2024/25 forward plans to identify Domain 1 services in Q1 from Quality and Outcomes Committee with enhanced matrix working and shared ownership.  To further embed EDS and note existing evidence for strategic programmes of work for placing high regard in improving equality as core to commissioning and improvement of services. (endorsed by recent desk top review from Equality and Human Rights Commission on ICB compliance with PSED in March 2024)  To continue to incorporate EDS (Domain 2 and 3) as part of overall people programmes for maximizing impact and reducing duplication.  To support a BSW ICB People Programme Delivery Group to be established for enhanced oversight of the ICB People and Culture priorities, one of which would be EDS, reporting into the Executive Management and People Committee. | | |
| 3 | Legal/regulatory implications | |
| Completion of the EDS provides support to evidence compliance against our Public Sector Equality Duty (PSED). | | |
| 4 | Risks | |
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| 5 | Quality and resources impact | |
| Alignment with service leads as part of Quality and Outcomes Committee. | | |
| Finance sign-off | | NA |
| 6 | Confirmation of completion of Equalities Impact Assessment | |
| An EIA has not been completed, because the EDS assesses our services and treatment of colleagues against both protected characteristics and health inequalities. Future activity under EDS involving engagement with service users will include an EIA before such activities take place. | | |

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| 7 | Statement on confidentiality of report |
| Public | |

**Equality Delivery System 2022/2023 Outcome**

**Introduction**

The paper is being tabled at the EMM and Board for**:**

* Assurance of the evaluation and reporting with stakeholder engagement
* Assurance that the BSW ICB has met its statutory duty under the Public Sector Equality Duty Act to complete the EDS reporting.

1. **Situation**

The Equality Delivery System (EDS) was officially launched in 2011, and was updated in 2013, with the aim of embedding equality within the current and future NHS – for both commissioner and provider organisations. It is an improvement tool for patients, staff, and leaders of the NHS.

To maximise the opportunities that EDS can offer, organisations are encouraged to engage in active conversations with people who use services, patients, public, staff, staff networks, community groups, and trade unions, to review and develop their approach in addressing health inequalities. The tool is divided across three domains: Services, Workforce and Leadership.

Implementation of the Equality Delivery System (EDS) is a requirement of both NHS commissioners and NHS providers. It can support compliance with the Public Sector Equality Duty (PSED) and increases the profile and consideration being given to equality within organisational and governance processes. A recent desktop website review (March2024) from the Equality and Human Rights Commission identified BSW as meeting the requirements of having stated equality objectives, but that further evidence could be made available in relation to equality being part of commissioning activity.

**2.0 The Domains**

There are three core Domains to EDS:

Domain 1: Commissioned or provided services.

Domain 2: Workforce Health and Wellbeing

Domain 3: Inclusive Leadership

In 2022/23, technical guidance set a new requirement for Domain 1 to be a collaborative system activity with the selection of three provider services to be reflected from 2023/24.

For 2023/24 the selected services for Domian 1 were 1) Annual Health Checks for patients on the learning disability register, 2) Patient Advisory Liaison Services and Complaints, in each of the three acute trusts. The third selected service due to unforeseen circumstances was unable to be completed. The national NHSE equality team were contacted, and approval gained for proceeding in 2023/24 with 2 robust services as long as transparent reporting was evident.

Domains 2 and 3 remain internally organisation focused and, therefore, for the purposes of this paper the information and data provided regarding those domains relate solely to the BSW ICB organisation.

***2.1 The Domains Scoring System***

The outcomes are self-evaluated, scored, and rated using a sample of available evidence and insight. It is these ratings that provide assurance or point to the need for improvement. Once each outcome has a score, they are added together to generate Domain ratings. For Domain 1 the scores are totalled and then a mean identified. The 3 Domain scores are then added together to provide the overall score, or the EDS Organisation Rating for each organisation.

The self-assessed scoring system allows organisations to identify gaps and areas requiring action and commence action planning to address these.

This paper provides a high-level summary of the EDS scoring and Domains with Appendix A providing the NHS completed EDS template in full detail with reporting on last years and the forthcoming years action plans.

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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** |

**3.0 The Assessment**

**Domain 1: Commissioned or provided services.**

***Overall score of 8.5***

***1A: Patients (service users) have required levels of access to the service.***

For Domian 1 assessment of two services were undertaken of Patient Advice and Liaison Services (PALs) and Complaints at AWP, RUH, GWH and SFT, and Annual Health checks for patients on the learning disability register.

Data and assessment were overseen through services and EDI leads with prior Board approval gained from each of the involved individual organisations prior to being presented at the ICB Executive Management Meeting and subsequent ICB May 2024 Board.

Annual Health Checks (score 3, excelling): 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. Access was deemed as excelling in activity where data is monitored monthly and meeting the national local target of 75%.

PALs and Complaints: (score 1, developing) It was evident that all organisations provide a good level of access for patients, carers, and public with commitment to Accessible Information Standards. The rationale for the overall score from service leads was based on restricted data being unable to evidence accessibility for people with protected characteristics and the need for a stronger focus on seldom heard groups. Although there was recognition that the scoring based on quantitative data may not be reflective of the rich qualitative, lived experiences that many of the services anecdotally shared.

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

Annual Health Checks (score 3, excelling) The services were assessed as excelling activity with dedicated pilots able to evidence individuality of health needs and a health action plan being in place. Data was also available for analysis of age, gender, and deprivation index able to guide specific interventions such as pilots focused on improving health needs for younger population groups.

PALs and Complaints (score 1, developing) PALs and Complaints were able to demonstrate how they support patients and the public, including communication needs in the form of language support or reasonable adjustments. Two of the assessed organisations have undertaken engagement with communities and organisations to inform service provision whilst AWP are using the Patient & Carer Race Equality Framework for Mental Health Providers to improve the service. People who access PALs and Complaints are also able to give feedback about their experience. An assessment across the services identified strengths of engagement visits with communities and clear signposting of services and information. The awarded score reflected the lack of available evidence and data for capturing health care needs being met according to protected characteristics and the many challenges in mapping of the EDS scoring to the selected services.

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

Annual Health Checks: (score 3, excelling) Practices that were part of the pilot provided specific administrator training and contacted all service users through the telephone and gave a follow up named point of contact. The success of the approach and improved relationships with all service users is being embedded into practice.

PALs and Complaints: (score 2, achieving) Evidence of processes in place for escalation to ensure patients and service users are free from harm with good examples of triangulation of outcomes and shared learning. Growing development of the utilisation of quality improvement process for taking forward improvements.

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

Annual Health Checks (score 3, excelling) Rates of annual health checks and plans have increased across all pilot sites inclusive of service user positive evaluations. The client group reported the value of having a consistent person to speak to, as well as the same clinician at their appointment as it reduced their anxiety around medical appointments.

PALs and Complaints (score 1, developing) All Trusts collect feedback for PALs and Complaints services, with follow-up letters sent to patients, service users and the public. This activity includes the recording of 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. As a recurrent theme the score was deemed developing from service leads and EDI leads due to gap in equality data reporting and the services not lending well to the EDS scoring process.

**Domain 2: Workforce health and wellbeing**

The assessment for Domain 2 and 3 for the BSW ICB organisation was undertaken by the people team in the ICB.

**Overall Score of 7**

***2A: When at work, colleagues are provided with support to manage obesity, diabetes, asthma.*** (score 2, achieving)

There is evidence of a range of BSW ICB resources within a dedicated section on the intranet. These include resources to support managing obesity, diabetes, and asthma, along with a range of other health conditions. The support materials relate to both physical and mental health. Mental health conditions are supported through a free Wellbeing Support Service and the ICB has trained mental health first aiders for supporting colleagues and training offers. All new employees have an occupational health assessment enabling proactive management of any reasonable adjustments.

Additional resources include a weight management programme, smoking cessation support, sleep and physical activity advice, and BMI checker.  The ICB have also linked menopause to this suite of conditions and provided evidence of a menopause webinar with over 100 colleagues in attendance, and the commencement of a BSW Menopause Support Group.

Leads from within the organisation who have particular expertise in long term health conditions have provided guidance in relation to potential % of colleagues likely to have certain health conditions against an example of patient population in the locality, to help steer the priority for development of future resources. Recent work has commenced with the colleague engagement group for work to help support dyslexia within the organisation.

***2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source.*** (score 2, achieving)

The ICB is demonstrating its no tolerance approach to abuse, harassment, bullying and physical violence with the commissioning of expert 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 underwent an in-depth review during Summer 2023 and was 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 now in place and advertised on the intranet, launched during 2022-2023.

Health and wellbeing factors are a feature of the staff survey and data can be correlated in relation to colleagues with protected characteristics. The ICB have previously been able to demonstrate that scores in this area were generally positive, however latest data in this regard indicates that a few areas for further investigation. i.e. speaking up scores have decreased, and harassment, bullying and abuse scores are not at levels that a zero-tolerance organisation would desire.

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

There is evidence of a free confidential counselling service being advertised for both colleague and manager referral processes as part of the Staff Wellbeing offer. The CSU report that this service is utilised and receives positive feedback.

CSU confirm that 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 check if individuals wish to report any issues and asks if they are feeling well supported.

Evidence shows wellness action plans are available on the intranet for colleagues and managers. Stress risk assessments are available for working with colleagues to look at how stress can be mitigated and/or reduced.

The ICB have active health and wellbeing champions and mental health first aiders in place, able to offer independent, confidential support and advice.

The Freedom to Speak up policy has been refreshed however more work is currently being undertaken with learning from the ICB’s newly qualified FTSU Guardians, in line with national framework and recommendations.

The ICB have engaged an external mediation service when necessary to help improve working relationships.

***2D: Staff recommend the organisation as a place to work and receive treatment.*** (score 1, developing)

The main focus for review of this category is as a recommendation as a place to work, as this pertains to all colleagues.

During 2023, there was an increased decline in staff reporting recommending the

organisation as a place to work as evidenced by the 2023 NHS Staff Survey.  It should be noted that during this reporting period colleagues in the ICB have been part of a significant change programme with workforce reductions and new ways of working. 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 decrease in ICB staff recommending the organisation as a place to work is consistent with other ICB and that BSW is not an outlier.

Further insight into colleagues’ experience was gained during 2023 through colleague briefings, away days, Q&As with the CEO and other Execs, quarterly pulse surveys, and via the newly formed Colleague Engagement Group.

There is already a clear intention on trying to improve this score in the coming year, an example of this was when the issue was referenced by the CEO at a colleague meeting on 26th Mar 2024. Specific mitigations have been placed as part of the change programme such as additional communication, dedicated change workshops, FAQs and Colleague briefing sessions. In addition, the Colleague Engagement Group has had its term of references reviewed with additional membership that is now reflective of all directorates.

**Domain 3: Inclusive Leadership**

**Overall, Domain Score: 5**

***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.*** (score 2, achieving)

There is a strong commitment to equalities and health inequalities at Board and executive level. Board champions have been provided through the Chief People Officer, and the Director of Inequalities (post in place during the reporting period). A Board development session on inclusion and the NHS High Impact Actions has been undertaken in February 2024 with a commitment for a collective inclusion objective and each executive are working toward having specific objectives for addressing equality and health inequalities. The BSW Integrated Care Strategy also identifies the ICB role and responsibility in leading health inequalities for the communities it serves and integral to the way of working. The Board regulatory reviews health inequalities data and related improvement targets.

System leadership and inclusion programmes have continued in 2023/24, both of which were co designed with partners. The inclusion programme provided practical tools for application into the workplace that received positive feedback from participants. In addition, there is an equality, diversity and inclusion ICS network that meets and shares best practice and increasingly joint programmes of work for supporting inclusive system leadership and addressing workforce inequalities. 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.

Board members are signed up to the BSW EDI annual employer report and committed to the NHS EDI High Impact improvement plan which supports the NHS Long Term Workforce Plan.

This score could be enhanced through capturing evidence for Board equality activities and the impact measures of success.

The Board have supported having Freedom to Speak Guardians in line with the EDI ICB annual employer report.

A BSW Health Inequalities Strategy that reports into the Population and Health Group has set the strategic intent for addressing health inequalities so that it becomes everyone’s business and integral to all programmes of work. This programme of work has included raising awareness and training and informs the BSW Integrated Care Partnership descion making and oversight.

***3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.*** (score 1, developing)

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.  Health inequalities are part of the risk management process with mitigations in place and part of informing strategic commissioning Board decisions.

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 the mandated standards.

Guidance is available on the intranet to enable compliance. 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 204/24 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.

***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.*** (score 2, achieving)

The ICB has a well-established quality group with an operational framework for recording health and equalities data. The ICB has a Health Inequalities strategy and group that informs programme delivery groups , performance and the overall governance process.

The ICB has fulfilled its statutory duty to produce an Annual Diversity and Inclusion report. The duty includes the production of clear action plans for managing performance and monitoring progress with colleagues and patients in relation to EDI matters. Gender Pay Gap, Workforce Race Equality Standard (WRES), and the Workforce Disability Equality Standard (WDES) reporting has taken place annually and has provided the ICB with an opportunity to assess against these frameworks, and to develop specific actions to target improvement each year. This report was highlighted as best practice as part of a desk top review by the Equality and Human Rights Commission in February 2024.

The Executive team are in the process of reviewing the appraisal process to support greater oversight of progress and management of performance aligned to organisational strategy objectives, and this will include a greater focus on inclusion objectives. This refresh includes reference to the new leadership competency framework for Board members. The ICB Board confirm they are also waiting for the new Board member appraisal framework, expected in Autum 2024. Further steps to develop this score could include greater oversight of all activities across the organisation in relation to how EDI is being driven throughout the ICB.

**Please refer to the completed EDS reporting template in Appendix A for a detailed analysis of each of the domains.**

**4.0 Summary of Scoring**

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| **Domains** | **Overall Score** | **Total Outcome** |
| Domain 1 | 8.5 |  |
| Domain 2 | 7 |  |
| Domain 3 | 5 |  |
| **Total** | **20.5** | **Developing Activity** |

**5.0 EDS in 2024/25**

Going forward the EDS will be managed so that the selected services required for Domain 1 are identified through the Quality and Outcomes Committee with robust stakeholder and service leads engagement.

In each stage of the process a coterminous Board assurance process will continue to be formed for the organisations involved in the submission enabling mutually discussing, sharing and transparency of information.

Domain 2 and 3 for the ICB will be discussed with the Colleague Engagement Group (CEG) and other staff forums which link into the CEG. There is also an aim that in 2024/24 an ICB People Delivery Group will be established able to oversee People and Culture priorities of which inclusion agenda will be core reporting into Executive Management and the People Committee.

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