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| NHS Equality Delivery System 2023 |
| EDS Reporting Template |
| DRAFT |
| Version 1, 1 July 2024 |

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| Classification: Official |
| Publication approval reference: PAR1262 |

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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** | | NHS Shropshire Telford and Wrekin | **Organisation Board Sponsor/Lead** | | |
| Vanessa Whatley | | |
|  |  |  |
| **Name of Integrated Care System** | | Shropshire Telford and Wrekin |
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## NHS Equality Delivery System (EDS)

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| **EDS Lead** | Alison Smith | | **At what level has this been completed?** | |
|  |  |  |  | **\*List organisations** |
| **EDS engagement date(s)** | 3rd and 4th June 2024 | | **Individual organisation** | Yes – NHS Shropshire Telford and Wrekin |
|  |  |  | **Partnership\* (two or more organisations)** |  |
|  |  |  | **Integrated Care System-wide\*** |  |

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| **Date completed** | July 2024 | **Month and year published** | t.b.c |
|  |  |  |  |
| **Date authorised** |  | **Revision date** |  |
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| **Completed actions from previous year** | |
| **Action/activity** | **Related equality objectives** |
| In the first year of operation the ICB undertook evidence gathering and self assessment scoring was undertaken for commissioned services, workforce and leadership but only commissioned services had an external scoring undertaken. No action plan was agreed. |  |
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## 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 | |
|  | |
| **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** |

## Domain 1: Commissioned or provided services

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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 | **Baby First Aid and Accident Prevention**  Data to show those with protected characteristics (100%), and other groups at risk of health inequalities, have adequate access to the service.  Patients consistently report good or very good (or the equivalent) when asked about accessing services. Demonstration that the organisation has identified barriers to accessing services  It is noted that the service is still in its infancy so there is scope for further development in this area.  The service is targeting specific groups identified as at greater risk informed by local and national data.  The team has made a good start in reaching the target groups.  The service considers individuals’ needs to enable the service to be accessible and collects demographic data to enable accurate analysis of those using the service in relation to groups with protected characteristics.  **Core20 PLUS Connectors**  Data to show those with protected characteristics (100%), and other groups at risk of health inequalities, have tailored access to the service.  Patients consistently report very good or excellent (or the equivalent) when asked about accessing services.  Demonstration that the organisation has knowledge of barriers and have changed outcomes for people who experience those barriers in accessing services  The service has built a strong partnership with the VCSE and both local authorities in order to draw on trusted relationships with target groups and communities, identified by local and national data, to increase reach, engagement and impact.  The service has adopted a flexible approach to encourage inclusivity and engagement.  The service considers accessibility both in terms of communication materials and location.  Information is provided through a variety of channels, some of which have developed organically informed by group and community representatives.  Expenses are reimbursed where required to ensure that financial considerations are not a barrier to access.  **InHIP Hypertension Service**  Data to show those with protected characteristics (100%), and other groups at risk of health inequalities, have tailored access to the service.  Patients consistently report very good or excellent (or the equivalent) when asked about accessing services.  Demonstration that the organisation has knowledge of barriers and have changed outcomes for people who experience those barriers in accessing services  The service has built a strong partnership with the VCSE and both local authorities in order to draw on trusted relationships with target groups and communities, identified by local and national data, to increase reach, engagement and impact.  The service has adopted a flexible approach in both local authority places to encourage inclusivity and engagement.  The service considers accessibility both in terms of communication materials and location.  Information is provided through a variety of channels, some of which have developed organically informed by group and community representatives.  Expenses are reimbursed where required to ensure that financial considerations are not a barrier to access. | 2  3  3 | Maternity/Sue Bull  Inequalities/Tracey Jones  Inequalities/Tracey Jones |
| 1B: Individual patients (service users) health needs are met | **Baby First Aid and accident prevention**  Patients at higher risk due to a protected characteristic needs are met in a way that works for them. The organisations often consult with patients with higher risks due to a protected characteristic to commission, designed, increase, decrease, de-commission and cease services provided.  The organisations signpost to VCSE organisations and social prescribing. Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the organisations.    The aim of the service is to empower individuals with information, knowledge and confidence to respond to their children's health needs and take action to prevent injury occurring.  The service is still in its infancy so there is scope for further development in this area.  The team has used local and national data to identify target groups, and those at risk of the greatest health inequalities, who would most benefit from the service.  The service has been informed by and developed using service user feedback including people’s needs and preferences.  The team are working with local VCSE organisations to reach individuals.  Individual needs are considered and responded to when accessing the service.  Measures put in place to monitor the immediate impact of the service are demonstrating positive impact on individuals.  **Core20 PLUS Connectors**  Patients at higher risk due to a protected characteristic and other groups at risk of health inequalities needs are met in a way that works for them.  The organisations fully engage with patients, community groups, and the public, to commission, designed, increase, decrease, de-commission and cease services provided.  The organisations work in partnership with VCSE organisations to support community groups identified as seldom heard. The organisations use social prescribing, where relevant. Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the organisations.  The organisations work with, and influence partners, to improve outcomes for people with a protected characteristic and other groups at risk of health inequalities, across the system or where services connect.  The aim of the service is to empower individuals with information, knowledge and confidence to take action to ensure health needs are identified and met.  The service has identified need using national and local data.  The service provides different groups and communities with information and gathers insight to identify gaps in need and takes action to address those needs.  **InHIP Hypertension Service**  Patients at higher risk due to a protected characteristic and other groups at risk of health inequalities needs are met in a way that works for them.  The organisations fully engage with patients, community groups, and the public, to commission, designed, increase, decrease, de-commission and cease services provided.  The organisations work in partnership with VCSE organisations to support community groups identified as seldom heard. The organisations use social prescribing, where relevant. Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the organisations.  The organisations work with, and influence partners, to improve outcomes for people with a protected characteristic and other groups at risk of health inequalities, across the system or where services connect.  The aim of the service is to identify potential health issues and empower individuals with information, knowledge and confidence to take action.  The service has identified need using national and local data.  The service captures data detailing the demographics of individuals which has enabled the service to monitor reach and demographics aligned to protected characteristics and target groups.  The service has also identified additional unmet need to signpost to appropriate services. | 2  3  3 | Maternity/Sue Bull  Inequalities/Tracey Jones  Inequalities/Tracey Jones |
| 1C: When patients (service users) use the service, they are free from harm | **Baby First Aid and Accident Prevention**  The organisation has procedures/initiatives in place to enhance safety in services for patients in all protected characteristic groups where there is known H&S risks. Staff and patients feel confident, and are supported to, report incidents and near misses.  The organisation encourages an improvement culture giving consideration to equality and health inequality themes in safety incidents and near misses  This is not a clinical service. However, the service is being proactive in understanding people’s needs to ensure they can access the service safely and is being delivered in line with appropriate health and safety procedures.  Information is provided to individuals ahead of accessing the service to ensure they are informed and prepared.  **Core20 PLUS Connectors**  The organisation has procedures/initiatives in place to enhance safety in services for all patients in protected characteristic groups where there is known H&S risks.  Staff and patients are supported and encouraged to report incidents and near misses. The organisation encourages and promotes an improvement culture actively including equality and health inequality themes in safety incidents and near misses.  The organisations work with system and community partners to improve safety outcomes for people, using existing data and driven by service need/risk  This is not a clinical service; however, it is provided in locations to ensure that individuals feel comfortable and safe in their environment and in line with appropriate health and safety procedures.  **InHIP Hypertension Service**  The organisation has procedures/initiatives in place to enhance safety in services for all patients in protected characteristic groups where there is known H&S risks.  Staff and patients are supported and encouraged to report incidents and near misses. The organisation encourages and promotes an improvement culture actively including equality and health inequality themes in safety incidents and near misses.  The organisations work with system and community partners to improve safety outcomes for people, using existing data and driven by service need/risk  This is not a clinical service; however, it is provided in locations to ensure that individuals feel comfortable and safe in their environment and in line with appropriate health and safety procedures.  The service has used training and competency frameworks and worked within NICE guidance.  Individuals are provided with the required support to enable participation. | 2  3  3 | Maternity/Sue Bull  Inequalities/Tracey Jones  Inequalities/Tracey Jones |
| 1D: Patients (service users) report positive experiences of the service | **Baby First Aid and Accident Prevention**  The organisations collate data from patients with protected characteristics about their experience of the service.  The organisations create evidence-based action plans in collaboration with patients and relevant stakeholders, and monitors progress. The organisation shows understanding of the link between staff and patient treatment and demonstrate improvement in patient experiences  It is noted that the service is still in its infancy so there is scope for further development in this area.  Measures put in place to monitor the immediate impact of the service are demonstrating positive impact on individuals.  **Core20 PLUS Connectors**  The organisation actively engages with patients with protected characteristics and other groups at risk of health inequalities about their experience of the service.  The organisation actively works with the VCSE to ensure all patient voices are heard. The organisations create data driven/evidence-based action plans, and monitors progress.  The organisation shows understanding of the link between staff and patient treatment. The organisations use patient experience data to influence the wider system and build interventions in an innovative way.  Individuals involved report very positive experiences of the service.  **InHIP Hypertension Service**  The organisation actively engages with patients with protected characteristics and other groups at risk of health inequalities about their experience of the service.  The organisation actively works with the VCSE to ensure all patient voices are heard. The organisations create data driven/evidence-based action plans, and monitors progress.  The organisation shows understanding of the link between staff and patient treatment. The organisations use patient experience data to influence the wider system and build interventions in an innovative way.  Service evaluation along with feedback and case studies gathered reflect positive experiences. | 2  3  3 | Maternity/Sue Bull  Inequalities/Tracey Jones  Inequalities/Tracey Jones |
| **Domain 1: Commissioned or provided services overall rating** | | | **Average 11** |  |

## Domain 2: Workforce health and well-being

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| **Domain** | **Outcome** | **Evidence** | **Rating** | **Owner (Dept/Lead)** |
| ***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 | The ICB does not currently collect this specific data on its workforce proactively.  Retrospectively the ICB receives a quarterly report on workforce metrics – including sickness absence which may point to some of these conditions. Our HR Team also receive monthly information which enables them to support line managers to identify and support individuals with particular health issues.  **METRICS REPORT ATTACHMENT 4**  There is a staff Health & Wellbeing (H&WB) Group which meets and considers ways to support the workforce with their H&WB.  Our ICS provides access to a H&WB Hub, including mental health services, and a range of H&WB support that is inclusive for all.  [NHS STW health and wellbeing group - Shro And Tel](https://www.shroandtel.co.uk/nhs-stw/nhs-stw-health-and-wellbeing-group/)  The ICB have done lots of targeted support and signposting with regards to mental health.  [Mental health support at work - Shro And Tel](https://www.shroandtel.co.uk/your-health-and-wellbeing/support-at-work/)  [Your health and wellbeing - Shro And Tel](https://www.shroandtel.co.uk/your-health-and-wellbeing/)  With regards to the other conditions there is support available via Occupational health and in particular they have information and support on their employee assistance website. This has been promoted in the past but we can do a regular communication as part of a development action.  [Insight - Optima Health](https://www.optimahealth.co.uk/insight/) | 1 | HR/Lisa Kelly |
|  |  | In addition, should staff need specific support then we have the ability to seek advice from occupational health via a referral. We also monitor ongoing sickness reasons where we can identify themes and target more specific support. |  |  |
|  |  | Good evidence demonstrating mental health support for staff, but no evidence to show consistent support for staff to help manage obesity, diabetes, asthma and COPD  Recommendation:   1. Promote existing resources on Shro and Tel to raise staff awareness and to other sources of support in the VCSE sector 2. Introduce monitoring of 9 protected characteristics as part of these sources of activity: Occupational health assessments and ill health performance 3. Ensure that appraisals have a health and wellbeing part to the discussion |  |  |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | *This outcome corresponds to:*   * *WRES indicator 5 & 6* * *NHS Staff survey 22/23/25/26* * *WDES metric 4A – for disability*   **WRES AND WDES INFORMATION IS ATTACHMENT 1**  **STAFF SURVEY 2024 ATTACHMENT 2 – ACTION PLAN IS BEING DEVELOPED – STAFF AWAY DAY 18th JUNE**  **PULSE SURVEY AND ACTION PLAN ATTACHMENT 3** | 1 | HR/Lisa Kelly |
|  | However, from employment relations casework related to bullying and harassment, abuse and physical violence, numbers of formal employee relation cases related to bullying and harassment abuse and physical violence are very low, but the HR Team ensure ongoing monitoring of all aspects being raised as a way of identifying any themes or gaps in line manager skills.  The organisation has a zero tolerance approach to abuse, harassment, bullying and physical violence from any source. (See sections 2 &3 of ICB’s Bullying & Harassment Policy – link below)  As a small ICB we do not have the same numbers of formal and informal cases such as in a trust and it is unlikely in a ICB for our staff to be exposed to this behaviour from patients. Where we have had issues raised both formally and informally these have been dealt with appropriately and within the ICB’s Bullying and Harassment policy. Where cases of bullying and harassment are proven appropriate action would be taken under the policy which could include disciplinary action. (See section 6 of ICB’s Bullying & Harassment Policy – link below)  [**Bullying & Harassment Policy**](https://www.shropshiretelfordandwrekin.nhs.uk/wp-content/uploads/STW-ICB-Bullying-and-Harassment-Policy-v2-August-2022-HR005.pdf)  Staff are supported to report issues via awareness of the policy and procedure, access to HR, through their line manager and via the Freedom to Speak Up process.  [**Freedom to Speak Up - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)**](https://www.shropshiretelfordandwrekin.nhs.uk/about-us/how-we-are-run/polices-procedures-and-governance/freedom-to-speak-up/)  Bullying and harassment or abuse from service users would follow a similar process of investigation and support provided to the employee via their line manager.  (See section 2 of ICB’s Bullying & Harassment Policy – link above).  Line manager training is in place on all HR skills including bullying and harassment – this is online training and access to recorded sessions which line managers can listen to anytime. |  |  |
| Evidence to show a policy is in place but lacking some evidence to demonstrate how the organisation supports staff who have been verbally and physically abused or how staff who abuse are penalised or how staff report abuse by service users.  Acknowledge however, that some examples given by panel members for their own teams processes that demonstrated individual managers may be supporting staff and have reporting mechanisms in place.  Recommendations:   1. ICB to ensure that policy has a very clear and categorical statement that bullying and harassment will not be tolerated and action will be taken against the perpetrator. |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | *This outcome corresponds to:*   * *WRES indicator 5 & 6* * *NHS Staff survey 22/23/25/26* * *WDES metric 4A – for disability*   **WRES AND WDES INFORMATION IS ATTACHMENT 1**  **STAFF SURVEY 2024 ATTACHMENT 2 - ACTION PLAN IS BEING DEVELOPED – STAFF AWAY DAY 18th JUNE**  **PULSE SURVEY AND ACTION PLAN ATTACHMENT 3**  All staff have access to the HR Team and the occupational health provider, through which counselling and mental health support can be accessed.  Our ICS provides access to a Health and Wellbeing Hub, including mental health services, and a range of H&WB support that is inclusive for all.  (See section 7 of ICB’s Bullying & Harassment Policy – link to policy in Domain 2b above).  Freedom to Speak Up (FTSU) Guardian and Freedom to Speak Up Policy in place – function would provide confidential support and signposting.  (See link to ICB’s Freedom to Speak Up webpage for contact details of FTSU Guardians, and link to policy).  [**Freedom to Speak Up - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)**](https://www.shropshiretelfordandwrekin.nhs.uk/about-us/how-we-are-run/polices-procedures-and-governance/freedom-to-speak-up/) | 1 | HR/Lisa Kelly |
| Freedom To Speak Up Guardians in place and known and used by staff. However this is a new process with new Guardians in place so still needs to be embedded.  Those staff networks in place are active and accessible – but these are not extensive.  Acknowledge that some elements of scoring at levels 2 and 3 are also evidenced:   * Trade Union Reps are shared across Stoke and Staffs and STW areas * Staff Health and Wellbeing Group is staff led   Recommendations:   1. Further reinforcement and awareness raising of independent support and advice that staff can access if subject to stress, bullying, harassment and physical violence from any source. |
| 2D: Staff recommend the organisation as a place to work and receive treatment | *Use:*  *Sickness and absence data*  *Staff complaints, disciplinaries, recruitment and appointment and staff retention data*  *Exit interviews*  *Indicator KF1 – NHS staff survey*  ***SICKNESS AND ABSENCE DATA ATTACHMENT 4***  ***STAFF RETENTION/RECRUITMENT ATTACHMENT 4***  *EXIT INTERVIEW INFORMATION NOT CENTRALLY COLLATED BY CSU HR AS NOT PART OF CONTRACT*  ***STAFF SURVEY ATTACHMENT 2 -* ACTION PLAN IS BEING DEVELOPED – STAFF AWAY DAY 18th JUNE**  ***PULSE SURVEY ATTACHMENT 3*** | 0 | HR/Lisa Kelly |
|  | Evidence not conclusive of staff who live locally over 50% would choose to use services so score has remained at 0:  Staff survey Q25 c – 36.9% to recommend place to work against average of 49.66%  Staff Survey Q25 d – 35.63% to recommend place to be treated against average of 47.47%  Acknowledge this measure does not translate for staff of commissioning organisations and is more appropriate as a measure for NHS provider Trusts.  Acknowledge an action plan to address the staff survey results has been developed and actions are still ongoing. |  |  |
| **Domain 2: Workforce health and well-being overall rating** | | | **3** |  |

## Domain 3: Inclusive leadership

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| **Domain** | **Outcome** | **Evidence** | **Rating** | **Owner (Dept/Lead)** |
|  | 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 | *Tested and rated to average number of instances that could be demonstrated where they actively promote equality as part of their leadership/Board role:*   * *Papers and reports authored* * *Attendance at cultural or religious celebrations* * *Speeches or talks they have given* * *Interviews to the media*   **Health Inequalities Team**  Regional Spotlights   * Midlands Health Inequalities Conference – 29 November 2023 - Featuring STW Community Blood Pressure, STW Asthma, STW Cancer Champions and STW ICB on Panel Q&Q session * CVD Presentation by Dr Matthew Bird, CVD Prevention Clinical Lead – 20 October 2023 * Midlands Action on Health Inequalities Network Meeting – presentation on Action on Health Inequalities - 11 April 2023   Meetings   * Prevention and Health Inequalities Board * Prevention and Health Inequalities Group * Ambassador Peer Network Meetings | 0 | Chair/CBO and Senior Managers |
|  |  | Presentations/Awareness   * Core20PLUS Connectors to SHIPP & TWIPP * Virtual Staff Huddle – awareness raising * STW Prevention and Health Inequalities Collaborative Workshop - 4 December 2023 * EDI Steering Group – Health Inequalities Presentation – 11 January 2024 * Population Health Management and Data Group – action on Health Inequalities presentation - 12 April 2024   Communications   * Health Inequalities Spotlight and Resources – monthly   **STW ICB Events**   * Celebrating Equality, Diversity and Inclusion Event – 21 September 2023 * EDI Listening Staff Event at RJAH – Dr Priya George presented slides sharing the Rural Racism report and the power of Allyship   **Other**   * Dr Priya George, ICS Clinical lead for EDI and Chair of the system EDI steering group. * ICB CEO is sponsor / mentor to Dr Priya George, Shropshire GP and ICS Lead for Equality, Diversity and Inclusion * Tristi Tanaka, ICB Head of Digital Innovation and Transformation attended and spoke to: * Nov 2023 - HFMA, Speaker: AI, Ethics and Finance: A Whistle-stop Tour - spoke about inequalities and our professional and ethical duties when considering the deployment/use of AI technologies for health and care services. * Feb 2024 - Shuri Network/Health Innovation West Midlands, Participant: [Women in Digital Leadership](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigitalhealthnetworks.net%2F2024%2F03%2Fwomen-in-digital-leadership-looking-through-an-intersectional-lens%2F&data=05%7C02%7Ctracy.eggby-jones%40nhs.net%7Cc4fdeb2b2f7c4384b61908dc744fa85b%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638513132701324696%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=oasnt%2BpvfMYc8xhAYirSFEzojtaLcQXnq4mZkNq4HOc%3D&reserved=0) - promoting women and specifically women of colour in health informatics and technology roles to enable intersectional, diverse backgrounds and experiences in digital healthcare. * March 2024 - Network, Signatory: 2024 [Equity Charter](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.equitycharter.digital%2F&data=05%7C02%7Ctracy.eggby-jones%40nhs.net%7Cc4fdeb2b2f7c4384b61908dc744fa85b%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638513132701334995%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=wCJD9ke0gribJ04dLQWof2L6jnBBPRkW1ywnHNjVu74%3D&reserved=0) - standing up against racism. * ICB currently funds a role that supports IMG doctors on the GP Training scheme (i.e. those doctors who qualified overseas and have come to this country on a visa to train as a GP). It has two, complementary, functions: * Providing tutoring to assist GP Trainees in passing their final exams * Providing pastoral information and support across a range of issues including housing, schools, language etc. * The ICB will soon be interviewing/appointing a “GP Recruitment and Retention Lead” whose role will include identifying issues and barriers faced by key sub-cohorts of GPs including older GPs, female GPs, GPs with caring responsibilities etc. * The ICB has an Executive Lead and Senior Responsible Officer (SRO) in place. * EQIA assessments are undertaken in line with organisations policies for service changes – see link to SaTH case [Breast Screening Mobile Unit (Market Drayton & Bridgnorth - COMPLETED (June 2022) - SaTH](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sath.nhs.uk%2Fabout-us%2Fget-involved%2Fpublic-participation-2%2Fget-involved-with-us-2%2Fservices-changes-and-development%2Fbreast-screening-mobile-unit-marketdrayton-bridgnorth-temporary-service-change-june-2022%2F&data=05%7C02%7Ctracy.eggby-jones%40nhs.net%7Ce878c023dc0f47f873c808dc7049baf1%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638508709164887772%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=gI2d7Byh%2BChGgeMjHr6nBrBdbbX2eEX%2BEKOjk%2BSdIO4%3D&reserved=0) * Quarterly Workforce reports are presented to the Executive Team and Senior leadership Team which includes a breakdown of staff by the protected characteristics that ESR reports on. Any actions or recommendations that come out of the workforce reports would be enacted on by the identified responsible person.     Evidence was lacking around board and committee meeting discussion during 2023, although it as acknowledged that reporting was more consistent at the start of 2024. |  |  |
| ***Domain 3:***  ***Inclusive leadership*** | But acknowledge that evidence was provided to demonstrate leaders had engaged actively in cultural and local events.  Basic requirements for score could not be demonstrated score is 0.  Recommendations:   1. Senior leaders (SLT) to engage at least annually with staff networks. |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | *Tested and rated by reference to a random sample of substantive board or committee papers and % of papers that identified equality related impacts*  **Board meetings:**  31st January 2023  ICB 31-01-011 - Tackling Inequalities in Access, Experience and Outcomes  29th March 2023  29 03 071 – Review of NHS Health Inequalities objectives within the STW system operational plan 2022/23 and recommendations for 2023/24.  24th April 2024   * ICB 24-04-035 - CEO Report - perceptions and experience of racism in the workplace by health and social care staff. * ICB 24-04-037.6 - NHS STW Integrated Care System (ICS) People Culture and Inclusion Committee – Chairs report.   29th May 2024 (Development Session)   * Equality, Diversity & Inclusion (including perceptions and experience of racism in the workplace by health and social care staff, and staff survey). * Health and Healthcare Inequalities. | 0 | Senior Managers |
| Evidence was lacking around board and committee meeting discussion during 2023  Cover reports have a section for Equality information to be filled in but this is not always completed consistently.  EQIA process in place but not enough evidence provided to demonstrate these are completed as routine to support decision making or policy development  Recommendations:   1. Senior managers to ensure that board and committee reports consistently refer to EDI considerations/risks for both staff and commissioned services, referencing Inequality and Equality Assessments where appropriate and that issues related to this area are fully discussed where required. |
| 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 | *Do Board members system and senior leaders show commitment to the relevant tools below and do they monitor the implementation of these tools?*  **WRES & WDES reporting** – Oversight of workforce metrics, including WRES and WDES reporting, will now be reported to the new Executive Group.  **Gender Pay Gap reporting** - This is not currently undertaken by MLCSU on behalf of the ICB.  ***Equality Delivery System (EDS)***  This is the first time the ICB has undertaken this assessment as a new statutory organisation which was created in July 2022.  ***EHI Impact Assessments***  [https://www.shropshiretelfordandwrekin.ics.nhs.uk/home/ourequalityobjectives/](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.shropshiretelfordandwrekin.ics.nhs.uk%2Fhome%2Fourequalityobjectives%2F&data=05%7C01%7Calison.smith112%40nhs.net%7C87a920e0f75e47ab401308db428119c4%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638176894601795822%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=bLFQ0iaiV7lbE%2BrR137FuLkKmO93ff29dWXvDoou7qA%3D&reserved=0) | 0 | Lisa Kelly and Execs and SLT  CSU HR and Alison Smith and Bethan Emberton  Alison Smith and Bethan Emberton  Quality Team |
|  | ***Accessible Information Standard***  A quarterly report on the Accessible Information Standard for the three functions that the ICB hosts that have a patient facing role: TRAQs/RAS, Individual Commissioning and Complaints, is provided to the Quality & Performance Committee.  Some examples of how services are ensuring that communications are met:   * The Patient Services Team have a generic statement on the bottom of their emails, asking patients to let them know if they do have an identified communication need.  This question is also asked on complaint consent forms and patients are asked verbally how they prefer to be communicated with also.  If there is a communication need identified, this is recorded and flagged on the Patient Services recording system, thus ensuring that communication in future meets the individual need. * The referral assessment services (RAS & TRAQS) provide large text letters for someone with partial sight loss, communication can be via email to allow time for processing for a patient with autism or hearing loss and the team also offer to contact a family member on patient’s behalf to support other needs. * The Prescription Ordering Direct (POD) Service - Contact is initiated with this service by patients, and they are therefore able to use their preferred method of communication.  Medication can be ordered via telephone, email or via an online web form.  For those patients who are unable to use these methods of communication, their GP Practice can arrange for their prescription to be ordered via other means.  When contactedby a patient POD can dial directly into the clinical system of their medical practice and can see if there have been any alerts for addition accessibility needs such as hearing impairment, visual impairment etc.  POD adapt their call processes to ensure communication needs are met. * The Individual Commissioning Team (ICT) - the Accessible Information Standard is built into the day to day working of the team. It also forms part of the Continuing Healthcare checklist section; consent and understanding of the process. The ICT use the alert on their case recording to ensure communication needs are identified. * NHS Shropshire, Telford and Wrekin has access to an interpretation and translation service where this is required. |  | Quality Team – Complaints Team |
| Some of the tools specified are completed i.e. WRES and WDES, staff retention and HR statistics, but evidence lacking to demonstrate monitoring of the outputs of these tools by Board system and senior leaders.  HR function - legal requirements as suggested in EDS guidance to complete these tools by the ICB need to be reviewed and relevance clarified.  Basic requirements for score could not be demonstrated score is 0.  Recommendations:   1. ICB to clarify if it is subject to Gender Pay Gap reporting and to implement this reporting and take action to address areas of concern 2. ICB to fully implement WRES and WDES reporting and take action to address areas of concern. |
| **Domain 3: Inclusive leadership overall rating** | | | **0** |  |
| **Overall scoring across all three domains:** | | | **13 DEVELOPING** |  |

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| **Third-party involvement in Domain 1, 2 and 3 rating and review** | |
| **Trade Union Rep(s): None** | **Independent Evaluator(s)/Peer Reviewer(s) for Domain 1:**  **Non Executive Director – Chair**  **Lay members of the ICB Equality and Inclusion Committee**  **Independent Evaluator(s)/Peer Reviewers for Domain 2 and 3:**   * **Non Executive Director – Freedom to Speak Up and Staff Wellbeing** * **Freedom to Speak Up Guardian** * **4 members of the Staff Wellbeing Group** |

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| EDS Organisation Rating (overall rating): **Developing** |
| Organisation name(s): NHS Shropshire, Telford and Wrekin |
| 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 Lead** | **Year(s) active** |
| Alison Smith, Chief Business Officer | 2024/25 |
| **EDS Sponsor** | **Authorisation date** |
| Vanessa Whatley, Chief Nursing Officer |  |

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| **Domain** | **Outcome** | **Objective** | **Action** | **Completion date** |
| **Domain 1: Commissioned or provided services** | 1A: Patients (service users) have required levels of access to the service |  |  |  |
| 1B: Individual patients (service users) health needs are met |  |  |  |
| 1C: When patients (service users) use the service, they are free from harm |  |  |  |
| 1D: Patients (service users) report positive experiences of the service |  |  |  |

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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 | 1. Promote existing resources on Shro and Tel to raise staff awareness and to other sources of support in the VCSE sector 2. Introduce monitoring of 9 protected characteristics as part of these sources of activity: Occupational health assessments and ill health performance 3. Ensure that appraisals have a health and wellbeing part to the discussion | Rachael Jones – Comms and Engagement  Lisa Kelly – CSU HR  Lisa Kelly – CSU HR and Execs/SLT |  |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | 1. ICB to ensure that policy has a very clear and categorical statement that bullying and harassment will not be tolerated and action will be taken against the perpetrator. | Lisa Kelly – CSU HR |  |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | 1. Further reinforcement and awareness raising of independent support and advice that staff can access if subject to stress, bullying, harassment and physical violence from any source. | Lisa Kelly – CSU HR and Rachael Jones, Comms and Engagement |  |
| 2D: Staff recommend the organisation as a place to work and receive treatment |  |  |  |

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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 | 1. Senior leaders (SLT) to engage at least annually with staff networks. | Execs and SLT  Lisa Kelly – CSU HR |  |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | 1. Senior managers to ensure that board and committee reports refer to EDI considerations/risks for both staff and commissioned services consistently, referencing Inequality and Equality Assessments where appropriate and that issues related to this area are fully discussed where required. | Execs/SLT/Report authors/Quality Team |  |
| 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 | 1. ICB to clarify if it is subject to Gender Pay Gap reporting and to implement this reporting and take action to address areas of concern 2. ICB to fully implement WRES and WDES reporting and take action to address areas of concern. | Alison Smith CBO and Beth Emberton, Head of Governance and Corporate Affairs  Lisa Kelly CSU HR with Execs and SLT |  |

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| Patient Equality Team  NHS England and NHS Improvement  [england.eandhi@nhs.net](mailto:england.eandhi@nhs.net) |
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