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SEL Integrated Care Board  
NHS Equality Delivery System 2022  
**EDS Reporting Template**  
**2025/26**

Final version, 15 April 2026

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# 1. 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 leaders of the NHS. It supports NHS organisations in England, in active conversations with patients, public, staff, staff networks, community groups and trade unions to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report is submitted via [england.eandhi@nhs.net](mailto:england.eandhi@nhs.net) and published on the organisation's website.

## 2. NHS Equality Delivery System (EDS) summary information

<b>Name of Organisation</b>	South East London Integrated Care Board (SEL ICB)	<b>Organisation Board Sponsor/Lead</b>
		Chief of Staff and Equalities SRO
<b>Name of Integrated Care System</b>	South East London Integrated Care System (SEL ICS)	
<b>EDS Leads and contributors</b>	Assistant Director of Equality, Diversity and Inclusion, SEL ICB Equality, Diversity and Inclusion Manager, SEL ICB Head of Contracting Quality, SEL ICB	

<b>Date completed</b>	3 March, 2026	<b>Month and year published</b>	April, 2026
<b>Date authorised</b>	15 April, 2026	<b>Revision date</b>	

### 3. NHS Equality Delivery System (EDS) programme 2025/26

#### Introduction

##### ❖ Overview and approach in 2025/26

The Equality Delivery System 2022 (EDS22) is a national NHS England (NHSE) quality improvement tool for all NHS systems and organisations. While this is a mandatory NHSE requirement, and all NHS providers and ICBs are expected to use the assessment framework, 2025/2026 has been a year of NHS reform, significantly affecting ICBs and a proportionate approach to EDS22 has been taken under these circumstances.

While 2024/25 was an 'assessment' year, the ICB has utilised 2025/26 as a 'delivery and review' year, to understand what progress has been made on the following three domains assessed by the ICB so far:

- Domain 1: Commissioned and provided services (one service for 2023/24: maternity services; two services for 2024/25: Community Dental Services – assessed 'in partnership' with SEL ICS acute providers and the Integrated Therapies service in Greenwich – assessed 'in partnership' with Oxleas NHS Foundation Trust. Both services are for children and young people).
- Domain 2: Staff health and well-being (assessed internally by SEL ICB).
- Domain 3: Inclusive leadership (assessed internally by SEL ICB).

This is the third year of EDS22 implementation by the South East London Integrated Care Board. All activities undertaken have been aligned with NHSE's EDS22 Technical Guidance and further advice has been sought where required.

##### ❖ SEL ICS EDS22 Task and Finish Group

The EDS22 framework requires system-wide collaboration to support design and delivery of the assessment, particularly for Domain 1. Therefore, SEL ICB took the lead to convene an EDS22 task and finish group across the South East London Integrated Care System in April 2023, and which has been meeting regularly with SEL ICS partners since then, facilitated by the SEL ICB Equality, Diversity and Inclusion (EDI) team.

The member organisations are:

- SEL Integrated Care Board (including representatives from the EDI team and Planning directorate)
- Kings College Hospital NHS Foundation Trust (KCH)
- Lewisham and Greenwich NHS Trust (LGT)
- Guys and St Thomas' NHS Foundation Trust (GSTT)
- Oxleas NHS Foundation Trust (Oxleas)
- South London and Maudsley NHS Foundation Trust (SLaM)

During 2025/26, the group continued to meet with a focus on delivery and review of improvement plans from previous assessments which have been undertaken. A series of 'deep dive' sessions have been arranged by the ICB with a focus on different EDS22 domains, described below:

- Domain 1: Maternity service deep dive – In November 2025, maternity leads from a number of SEL ICS partners, including GSTT, KCH and LGT, attended to discuss progress with their improvement plans and challenges and solutions regarding delivery.
- Domain 1: SEL Partner updates were requested and shared on 2024/25 improvement plans for services they had assessed in the previous year.
- Domains 2 and 3: SEL Partner updates have been requested on 2024/25 improvement plans for sharing at a session in March 2026.

#### ❖ **SEL ICB Progress update EDS22 (Domains 1, 2 and 3)**

The following services were identified for the 2024/25 assessment:

- **Integrated Therapies service (Domain 1)**: the service is provided by Oxleas NHS Foundation Trust and the ICB worked in partnership with service leads, the Head of EDI and Royal Borough of Greenwich to undertake the assessment. This service was identified as a service where performance was 'unknown'. Progress from this service in 2025/26 can be found on pages 8-11.
- **Paediatric Community Dental Service (CDS) (Domain 1)**: leads in the Planning directorate identified a second service which could be assessed. CDS was considered a well-performing service. The service is provided by two providers in south east London which are: King's College London Hospital NHS Foundation Trust and Bromley Healthcare. The ICB worked in partnership with both providers and commissioners to carry out the assessment. Progress from this service in 2025/26 can be found on pages 11-16.
- **Workplace health and wellbeing (Domain 2)**: due to the internal focus, the SEL ICB EDI Team led on this assessment which involved extensive evidence gathering, engagement and action planning. Progress on this Domain in 2025/26 can be found on pages 16-23.
- **Inclusive leadership (Domain 3)**: due to the internal focus, the SEL ICB EDI Team led on this assessment. Internal audits and a Board survey contributed to the evidence gathered and scored against. Progress on this Domain in 2025/26 can be found on page 23-26.

#### ❖ **Scoring summary**

The SEL ICB score for each of the above domains in 2024/25 was as follows:

- Domain 1 score: 9 out of 12
- Domain 2 score: 8 out of 12
- Domain 3 score: 5 out of 9

Therefore, based on last year's scores, the current SEL ICB rating is: **Achieving** (22)

### ❖ **Conclusion and next steps**

- While the pace of delivery has been affected by system pressures and national reforms, SEL ICB has made progress in delivering improvement plans from the previous set of 2024/25 assessments. Work will continue to be undertaken on the Paediatric Community Dental Service improvement plan into 2026/27 with Planning leads monitoring the delivery of remaining actions.
- The SEL ICS Task and Finish Group will be reviewing the EDS22 programme as a whole to understand how and where its principles and workstreams could be embedded into wider EDI/organisational programmes.
- In light of the NHS reforms, and concluding this year's process, the ICB will seek further advice and guidance nationally on the future of EDS22, taking the decision for now to pause any new EDS22 assessments in 2026/27.

## 4. EDS Rating and Score Card

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

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

## 5. Domain 1: Commissioned or provided services. **Integrated Therapies Service – 2025/26 update**

Domain	Outcome and objective	Action	Lead / Completion date	Progress – February 2026
Domain 1: Commissioned or Provided Services	<p>1A: Patients (service users) have required levels of access to the service.</p> <p>Data is important to allow the service to respond appropriately to local needs.</p>	<ul style="list-style-type: none"> <li>Service to continue to collect demographic / protected characteristic data: especially ethnicity; religion; and sex/gender so local responses can aim to address known patterns.</li> </ul>	<p>Operational Manager for the Integrated Therapies Service</p> <p><b>28 November 2025</b></p>	<ul style="list-style-type: none"> <li>Information re: CYP demographics and protected characteristics is included as part of the CYP referral forms and responses are recorded on the organisational electronic patient record system (RiO). Submission of this sensitive data by parents is optional.</li> <li>The data that is provided by parents is reported as part of the quarterly ITS KPI reports. Oxleas NHS Foundation trust has a programme called Building Fairer Oxleas Services (BFOS). This objective aligns with the BFOS intention to address health inequalities and raise the equality agenda within CYP, which includes collation of demographic data/protected characteristics. All CYP services have an expectation within the directorate that the collation of demographic data will improve. All CYP services have completed a self-assessment for health inequalities and have identified areas where improvements can be made.</li> </ul>
	<p>1B: Individual patients (service users) health needs are met</p> <p>Ensure communication is effective with children and families where there are protected</p>	<ul style="list-style-type: none"> <li>Handover and transitions – investigate effectiveness of operational processes generally and through the lens of protected characteristics.</li> </ul>	<p>Operational Manager for the Integrated Therapies Service</p> <p><b>30 September 2025</b></p>	<ul style="list-style-type: none"> <li>Clinical and administrative processes for handover and transition are under continual review and the most recent review took place in the summer holidays 2025.</li> <li>There are very well established internal handover processes between Greenwich and Bexley therapies. The services prioritise</li> </ul>

<p>characteristic considerations (especially those with English as an additional language and those with a disability, impairment or sensory loss)</p>	<ul style="list-style-type: none"> <li>• Improve communication between the service, schools and parents/carer with a focus on those with English as a second language and those with a disability, impairment and sensory loss.</li> <li>• Ensure reports, letters and the Integrated Therapy Service website reflects family's communication preferences and meeting the Accessible Information Standard</li> </ul>	<p><b>30 September 2025</b></p> <p><b>30 September 2025</b></p>	<p>ensuring a smooth transition between services which is managed internally and is seamless for the CYP and families.</p> <ul style="list-style-type: none"> <li>• There are a number of named therapists who have a remit for leading on supporting Transition within the ITS and ensure that appropriate knowledge and skills are disseminated across the service.</li> <li>• Clinical staff within the ITS service routinely use interpreters for families with English as an additional language, including BSL. Interpreters are also used for the translation of written materials, to allow for discussion and additional clarification.</li> <li>• Report templates are refreshed at least annually and meet the Accessible Information Standards.</li> <li>• The service uses standardised report templates, which are available on RiO.</li> <li>• The website has the functionality to change the language of the information presented and the ITS website will be live by the end of December 2025.</li> </ul>
<p>1C: When patients (service users) use the service, they are free from harm.</p>	<p>No actions identified; noting service should continue to implement and regularly review policy and practice</p>	<p><b>Ongoing</b></p>	<ul style="list-style-type: none"> <li>• All ITS staff continue to adhere to local and national safeguarding procedures and policies.</li> </ul>

	Continue to make children and young people feel safe when using our services	around serious incidents and safeguarding.		
	<p>1D: Patients (service users) report positive experiences of the service.</p> <p>Explore ways to involve parents more when service delivery is school-based (especially those with English as an additional language and those with a disability, impairment or sensory loss).</p>	<ul style="list-style-type: none"> <li>• Develop robust mechanisms to engage with CYP parents and carers in association with local authority colleagues. This will improve communication channels and allow for parents/carers to learn about new projects and services.</li> <li>• Consider developing resources to explain how our service work and how families can get involved that meet the Accessible Information Standard.</li> <li>• Ensure families where English is an additional language know how to raise concerns or make complaints.</li> </ul>	<p>Operational Manager for the Integrated Therapies Service</p> <p><b>30 September 2025</b></p> <p><b>30 September 2025</b></p> <p><b>30 September 2025</b></p>	<ul style="list-style-type: none"> <li>• Information about the ITS is on the local offer for CYP, parents and carers.</li> <li>• The ITS service regularly contributes to the RBG SENCO newsletter which goes out to all schools. The ITS contributions highlight service updates e.g. referral mechanisms, new service developments in addition to clinical updates.</li> <li>• The ITS website, when live at the end of December, will contain information about how the services work, across multiple languages and this will include information regarding the complaints process.</li> <li>• The ITS service seeks feedback from CYP through twice yearly patient experience questionnaires. Families are also sent text messages after each appointment encouraging them to provide feedback regarding the service that they receive.</li> <li>• As an NHS Organisation, Oxleas NHS Foundation Trust are committed to complying with the Disability Discrimination Act and reduced the barriers experienced by service users with additional needs. The website meets the Web Content Accessibility Guidelines. Documents will be available from</li> </ul>

				<p>the website in different downloadable formats including PDF and rich text.</p> <ul style="list-style-type: none"> <li>• Therapists and the Single Point of Access (SPA) admin team readily signpost families to the PALs/Complaints team and this signposting information is available on the ITS website.</li> </ul>
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## 6. Domain 1: Commissioned or provided services – Paediatric Community Dental Service 2025/26 update

Domain	Outcome and objective	Action	Lead / Completion date	Progress – February 2026
Domain 1: Commissioned or Provided Services	<p>1A: Patients (service users) have required levels of access to the service.</p> <p>Data is important to allow the service to respond appropriately to local needs.</p>	<ul style="list-style-type: none"> <li>• Paediatric community dental services to continue to collect demographic data by protected characteristic, particularly, ethnicity; religion; and sex/gender. If possible this should include collection of demographic data for incidents and complaints.</li> </ul>	<p>Community Dental Services (KCH and BHC) and Regional Lead for Secondary, Community &amp; Specialist Dentistry</p> <p><b>February 2026</b></p>	<p><b><u>KCH:</u></b> <b>The following actions, measures and outcomes are supported by the Service Manager, Information / Data Team and Equality, Diversity &amp; Inclusion (EDI) Lead</b></p> <p><b>1. Review Current Demographic Data Collection</b></p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• Review existing demographic data fields within patient administration and clinical systems.</li> <li>• Identify gaps in data completeness, particularly for ethnicity, religion, and sex/gender.</li> <li>• Confirm alignment with Equality Act 2010 protected characteristics and national guidance.</li> </ul> <p><b>Evidence / Measures:</b></p> <ul style="list-style-type: none"> <li>• Baseline data completeness report</li> <li>• Documented gap analysis</li> </ul>

				<p><b>2. Standardise and Strengthen Data Collection Processes</b></p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Ensure demographic fields are consistently available and clearly defined within systems.</li> <li>• Standardise data entry guidance, including appropriate options for sex/gender and religion.</li> <li>• Embed prompts for staff to confirm or update demographic data at key points of contact.</li> </ul> <p><b>Evidence / Measures:</b></p> <ul style="list-style-type: none"> <li>• Updated data standards and guidance</li> <li>• Improved completeness rates over time</li> </ul>
	<p>1A: Patients (service users) have required levels of access to the service</p>	<ul style="list-style-type: none"> <li>• Paediatric community dental services to broaden the range of measures regularly reported on to better understand access including waiting times.</li> </ul>	<p>Community Dental Services (KCH and BHC) and Regional Lead for Secondary, Community &amp; Specialist Dentistry</p> <p><b>February 2026</b></p>	<p><b><u>KCH:</u></b> <b>The following actions, measures and outcomes are supported by the Service Manager, Clinical Leads, Information / Data Team, Performance Team and Equality, Diversity &amp; Inclusion (EDI) Lead</b></p> <p><b>1. Use of Data to Inform Service Improvement</b></p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• Use demographic insights to inform service design, access initiatives, and patient information.</li> <li>• Support Equality Impact Assessments (EIAs) using robust local data.</li> <li>• Share learning and improvements with staff and stakeholders.</li> </ul> <p><b>Evidence / Measures:</b></p> <ul style="list-style-type: none"> <li>• EIAs</li> <li>• “You said, we did” or improvement summaries</li> </ul>

				<ul style="list-style-type: none"> <li>• Demonstrable service changes informed by data</li> </ul> <p><b>2. Define a Standardised Set of Access Measures</b></p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Agree a core suite of access indicators to be collected and reported regularly, including: <ul style="list-style-type: none"> <li>○ Referral to first appointment waiting times</li> <li>○ Waiting times by urgency (routine, urgent, GA, sedation)</li> <li>○ Did Not Attend (DNA) rates</li> <li>○ Appointment cancellations and re-booking times</li> <li>○ Capacity vs demand (clinic utilisation)</li> <li>○ Inequalities data (age, deprivation, special care needs, safeguarding flags)</li> </ul> </li> </ul> <p><b>Evidence / Measures:</b></p> <ul style="list-style-type: none"> <li>• Documented indicator set</li> <li>• Governance approval of agreed measures</li> </ul> <p><b>3. Improve Data Collection and Data Quality</b></p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Review current data systems to ensure access and waiting time data can be captured accurately.</li> <li>• Standardise definitions (e.g. start/end points for waiting time calculations).</li> <li>• Provide guidance to staff on accurate and consistent data entry.</li> <li>• Introduce routine data quality checks.</li> </ul> <p><b>Evidence / Measures:</b></p> <ul style="list-style-type: none"> <li>• Data quality reports</li> <li>• Reduced data gaps or inconsistencies</li> </ul>
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				<p><b>4. Establish Regular Reporting and Dashboards</b></p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Develop a paediatric access dashboard summarising agreed measures.</li> <li>• Report access and waiting time data: <ul style="list-style-type: none"> <li>○ Monthly at service management meetings</li> <li>○ Quarterly at governance / quality forums</li> <li>○ Use trend analysis to identify pressures and improvements over time.</li> </ul> </li> </ul> <p><b>Evidence / Measures</b></p> <ul style="list-style-type: none"> <li>• Access or data dashboards</li> </ul>
	<p>1D: Patients (service users) report positive experiences of the service.</p> <p>Explore ways to involve parents more when service delivery is school-based (especially those with English as an additional language and those with a disability, impairment or sensory loss).</p>	<ul style="list-style-type: none"> <li>• Community dental services to continue to embed service user, patient and care-giver involvement in care formulation and service development, including development of case studies to provide evidence on this engagement.</li> </ul>	<p>Community Dental Services (KCH and BHC) and Regional Lead for Secondary, Community &amp; Specialist Dentistry</p> <p><b>February 2026</b></p>	<p><b><u>KCH:</u></b>  <b>The following actions, measures and outcomes are supported by the Service Manager, Clinical Leads, Dental Clinicians and Dental Nurses, All Staff, Patient Experience Lead, Quality / Governance Team and Service Management Team</b></p> <p><b>1) Strengthen Involvement in Individual Care Formulation</b></p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Ensure service users and care-givers are actively involved in care planning discussions, particularly for patients with additional needs (e.g. learning disabilities, anxiety, complex medical needs).</li> <li>• Use accessible communication tools (easy-read materials, visual aids, interpreters).</li> <li>• Record patient and care-giver preferences and goals within care plans.</li> </ul>

				<p><b>Evidence / Measures:</b></p> <ul style="list-style-type: none"> <li>• Audits of care plans showing documented patient/care-giver input</li> <li>• Examples of personalised care plans</li> <li>• Patient feedback referencing involvement in decisions</li> </ul> <p><b>2) Systematically Capture Patient and Care-Giver Feedback</b></p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Use multiple feedback methods (FFT, surveys, verbal feedback, complaints, compliments).</li> <li>• Introduce accessible feedback options (easy-read surveys, carer-specific feedback forms).</li> <li>• Actively seek feedback following complex or long-term episodes of care.</li> </ul> <p><b>Evidence / Measures:</b></p> <ul style="list-style-type: none"> <li>• Feedback response rates</li> <li>• Themes and trends analysis</li> <li>• Action plans linked to feedback outcomes</li> </ul> <p><b>3) Develop Case Studies to Evidence Engagement</b></p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Identify suitable patients/care-givers (with consent) whose care demonstrates meaningful involvement.</li> </ul> <p><b>Evidence / Measures:</b></p> <ul style="list-style-type: none"> <li>• Completed anonymised case studies</li> <li>• Use of case studies in reports, inspections, and service reviews</li> </ul>
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				<p><b>4) Governance, Review and Reporting</b></p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Include patient and care-giver involvement as a standing agenda item at governance meetings.</li> <li>• Review feedback, engagement activity, and case studies quarterly.</li> <li>• Use findings to inform service improvement priorities.</li> </ul> <p><b>Timescale:</b></p> <ul style="list-style-type: none"> <li>• Quarterly review</li> </ul> <p><b>Evidence / Measures:</b></p> <ul style="list-style-type: none"> <li>• Governance minutes</li> <li>• Action logs and completed improvements</li> <li>• Annual quality or service report content</li> </ul>
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## 7. Domain 2: Workforce health and well-being – 2025/26 update

Domain	Outcome and objective	Action	Lead	Progress – February 2026
<b>Domain 2: Workforce health and well-being</b>	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p> <p>Further enhance support by expanding line manager training, increasing awareness,</p>	<ul style="list-style-type: none"> <li>• Develop and implement bespoke training for line managers, which includes (not limited to) conflict management, how to undertake discussions, EDI etc.</li> </ul>	<b>Organisational Development / Equality Diversity and Inclusion</b>	<ul style="list-style-type: none"> <li>• Training has been made available via the ICS called RISE, which has been promoted via SEL Together and Staff Networks. Managers are also being provided with training to support the implementation of the change programme e.g. guidance and training to support the launch of voluntary redundancy and training for VR panel members.</li> </ul>

	<p>and establishing a dedicated phone line for employees with disabilities.</p>	<ul style="list-style-type: none"> <li>Organise awareness events/sessions on various health conditions, including (not limited to) Obesity, diabetes, asthma, COPD and Mental Health Conditions</li> <li>Raise awareness and promote the resources (literature) available on health conditions through the Employee Assistance Programme (EAP).</li> <li>Promote initiatives for a healthy life and a good work/life balance such as walking meetings, taking part in couch to 5k etc.</li> <li>Assess the need for a dedicated disability helpline and establish one if required.</li> </ul>	<p><b>Organisational Development</b></p> <p><b>Equality, Diversity and Inclusion</b></p>	<ul style="list-style-type: none"> <li>This action has been completed. The team have been advertising consistently within SEL Together about the support, along with this it has been mentioned at staff networks, All Staff Briefing and Ask HR sessions.</li> <li>This action will be revisited once the ICB Change Programme has concluded later in 2026/27. It is recommended that this action is scaled up and implemented at South East London ICS level for greater impact.</li> </ul>
	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p> <p>Create a safe, inclusive workplace by embedding values, enhancing</p>	<ul style="list-style-type: none"> <li>Emphasise South East London's values and behaviours, just culture along with zero tolerance for bullying, harassment and physical violence through communications and training</li> </ul>	<p><b>Human Resources</b></p>	<ul style="list-style-type: none"> <li>HR is communicating expected SEL ICB behaviours, the principles of a Just Culture, and our zero-tolerance stance on bullying, harassment and physical violence. Information has been shared through SEL Together, and the EDI team has delivered a number of awareness sessions. The Equalities Forum has also continued to meet</li> </ul>

	<p>support systems, strengthening leadership, and addressing unacceptable behaviour.</p>	<ul style="list-style-type: none"> <li>• Review 'safe spaces' in the organisation to encourage disclosure of unacceptable behaviour (e.g. staff networks, freedom to speak up).</li> <li>• Review and analyse the 2024 NHS results to understand staff experience and develop an action plan based on the findings.</li> <li>• Revitalise the mediation service, including training</li> </ul>	<p><b>Freedom to Speak Up Guardian</b></p> <p><b>Organisational Development</b></p> <p><b>Organisational Development</b></p>	<p>regularly, helping to embed a Just Culture across the organisation. Formal training, however, will be paused until the next financial year, once the new structure is in place.</p> <ul style="list-style-type: none"> <li>• Testing ongoing re the options for anonymous submissions, although this will restrict the ability of the team to respond to the individual raising the concern to provide feedback on actions and follow up. However based on current activity the majority of FTSU concerns have been raised through primary care; ICB FTSU team is looking at options available to primary care to develop their own arrangements.</li> <li>• The Staff Networks are reviewing relevant data and will liaise with the OD Team if they identify areas requiring action. Given the ongoing change management programme, a staff survey is not recommended this year. The OD Team will focus on completing legacy actions. Insights from the 2024 staff survey informed the 2025/26 OD support pack. From October 2025, the OD Team will introduce regular check-in style surveys to ensure staff are supported throughout this period of significant change.</li> <li>• The Mediation programme was reviewed in light of the CMP and determined that SEL ICB have an</li> </ul>
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		<p>more staff to become mediators</p> <ul style="list-style-type: none"> <li>• Design and deliver enhanced line management training.</li> <li>• Refresh the appraisal process to ensure staff have an opportunity raise concerns.</li> <li>• Implement the Sexual Safety Charter.</li> <li>• Strengthen and actively promote the Speaking Up process</li> </ul>	<p><b>Organisational Development</b></p> <p><b>Organisational Development</b></p> <p><b>Safeguarding/ Human Resources</b></p> <p><b>Freedom to Speak Up Guardian</b></p>	<p>adequate amount of mediators in place (7 trained staff)</p> <ul style="list-style-type: none"> <li>• Training has been made available via the ICS called RISE, which has been promoted via SEL Together and Staff Networks. Managers are also being provided with training to support the implementation of the change programme e.g. guidance and training to support the launch of voluntary redundancy and training for VR panel members.</li> <li>• Reviewed by COF and determined that this process is already in place. Action closed.</li> <li>• The sexual safety charter has been adopted and implemented.</li> <li>• The intranet page has been updated and the FTSU Guardian is actively recruiting more FTSU champions within boroughs by promoting FTSU service to PELs and asking for nominations for borough based FTSU champions to drive forward at local level. FTSU guardian attended the Bexley SMT meeting in June to discuss this. There is also a plan to have specific activities planned for FTSU month this year, which will further promote FTSU.</li> </ul>
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				<ul style="list-style-type: none"> <li>• Borough champions have presented at borough team meetings to promote FTSU</li> <li>• Recruitment drive undertaken to recruit additional borough champions</li> <li>• In response to internal audit review seeking to enhance the options for anonymous whistleblowing/ speaking up</li> <li>• Promotion of FTSU week (this week) where the theme is Follow Up to underline the message that we will follow up if people speak up</li> </ul>
	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p> <p>Improve access to and awareness of support for all employees, ensuring they can easily find and utilise the available resources.</p>	<ul style="list-style-type: none"> <li>• Raise awareness of Freedom to Speak Up Guardians and other support to ensure staff are confident in accessing and using services.</li> </ul>	<p><b>Freedom to Speak Up Guardian</b></p>	<ul style="list-style-type: none"> <li>• The intranet page has been updated and the FTSU Guardian is actively recruiting more FTSU champions within boroughs by promoting FTSU service to PELs and asking for nominations for borough based FTSU champions to drive forward at local level. FTSU guardian attended the Bexley SMT meeting in June to discuss this. There is also a plan to have specific activities planned for FTSU month this year, which will further promote FTSU.</li> <li>• Borough champions have presented at borough team meetings to promote FTSU</li> <li>• Recruitment drive undertaken to recruit additional borough champions</li> <li>• In response to internal audit review seeking to enhance the options for anonymous whistleblowing/ speaking up</li> </ul>

		<ul style="list-style-type: none"> <li>• Review the bullying and harassment/mediation guidelines to ensure it is inclusive.</li> <li>• Provide line managers/leaders training to understand how to deal with concerns that are raised.</li> <li>• Launch the Stress Indicator Toolkit to assess the impact on colleagues and develop an action plan accordingly.</li> <li>• Engage staff networks in the review of priority Equality Impact Assessments (EIA)</li> </ul>	<p><b>Human Resources</b></p> <p><b>Organisational Development</b></p> <p><b>Organisational Development</b></p> <p><b>Equality, Diversity and Inclusion</b></p>	<ul style="list-style-type: none"> <li>• Promotion of FTSU week where the theme is Follow Up to underline the message that we will follow up if people speak up.</li> <li>• This action will be revisited once the ICB Change Programme has concluded later in 2026/27.</li> <li>• The OD team has signposted the training available through various existing avenues and has explored the development of a “difficult conversations” training offer. In addition, the OD team has actively promoted a range of training opportunities via SEL Together and has developed a comprehensive training package, which includes sessions delivered by the EDI team.</li> <li>• This was completed and shared with senior executives in November 2024 and shared with staff in March 2025.</li> <li>• This action will be revisited once the ICB Change Programme has concluded later in 2026/27.</li> </ul>
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		<ul style="list-style-type: none"> <li>• Increase the number of trained Mental Health First Aiders.</li> <li>• Promote awareness of the Employee Assistance Programme (EAP) and provide clear guidance on how to access and use it.</li> </ul>	<p><b>Organisational Development</b></p> <p><b>Organisational Development</b></p>	<ul style="list-style-type: none"> <li>• The Mental Health First Aiders (MHFA) programme was reviewed in light of the Change Management Programme and determined that SEL ICB have an adequate amount of MHFA in place.</li> <li>• The EAP has been advertised continuously in the SEL Together Newsletter and webinars were provided when it was introduced. The OD Team continue to promote the EAP and the resources available via various channels including the Staff Networks.</li> </ul>
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p> <p>Strengthen policies and processes to ensure staff feel supported and informed, fostering a workplace culture where assistance is accessible and widely communicated.</p>	<ul style="list-style-type: none"> <li>• Further develop a talent management programme to ensure we attract, retain and support staff with career progression within the organisation.</li> <li>• Establish a buddying system for new recruits to support their orientation and integration during their initial weeks in the organisation.</li> <li>• Reintroduce in-person induction programs to enhance the onboarding experience.</li> <li>• Develop a formal process to ensure exit interview data is</li> </ul>	<p><b>Organisational Development</b></p> <p><b>Human Resources</b></p> <p><b>Human Resources</b></p> <p><b>Human Resources</b></p>	<ul style="list-style-type: none"> <li>• This action will be revisited once the ICB Change Programme has concluded later in 2026/27.</li> <li>• This action will be revisited once the ICB Change Programme has concluded later in 2026/27.</li> <li>• This action will be revisited once the ICB Change Programme has concluded later in 2026/27.</li> <li>• The HR Team have been providing data at each PCOG meeting, which has been</li> </ul>

		<p>reviewed at the PCOG, ensuring any actions are implemented.</p> <ul style="list-style-type: none"> <li>Collaborate with partner organisations to incorporate staff lived experiences and drive improvements, for example, SEL ICS-wide events.</li> </ul>	<p><b>Equality, Diversity and Inclusion</b></p>	<p>analysed, discussed and any actions taken forward. To date data has been consistent and nothing of concern has been raised.</p> <ul style="list-style-type: none"> <li>The EDI team has been holding regular Equalities Forums and inviting ICS colleagues to ensure maximum benefit across the system. In addition, ICS-led events and training sessions have been shared with the ICB, resulting in attendance from both ICB colleagues and the wider ICS workforce.</li> </ul>
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## 8. Domain 3: Inclusive leadership – 2025/26 update

Domain	Outcome and objective	Action	Lead	Progress – February 2026
<p><b>Domain 3: Inclusive leadership</b></p>	<p>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</p> <p>Continue to demonstrate commitment to Equality, Diversity, and Inclusion, addressing both inequality and health</p>	<ul style="list-style-type: none"> <li>Equality, Diversity, and Inclusion champions to help increase awareness across the organisation.</li> <li>Increase EDI knowledge organisation-wide with a specific focus on board members, VSM and band 9.</li> <li>Have an executive sponsor for each staff network</li> </ul>	<p><b>Equality, Diversity and Inclusion</b></p> <p><b>Equality, Diversity and Inclusion</b></p> <p><b>Organisational Development</b></p>	<ul style="list-style-type: none"> <li>This action will be revisited once the ICB Change Programme has concluded later in 2026/27.</li> <li>This action will be revisited once the ICB Change Programme has concluded later in 2026/27.</li> <li>This action will be revisited once the ICB Change Programme has concluded later in 2026/27. In the interim, staff network chairs are supported by the chief of staff via the staff network chairs' network.</li> </ul>

	<p>inequalities, by fostering a culture of awareness and proactive engagement across the organisation.</p>	<ul style="list-style-type: none"> <li>• Encourage senior leaders to attend staff networks and actively participate.</li> <li>• Ensure Board members, Very Senior Managers (VSM), Band 9 staff, and those with line management responsibilities actively participate in Equality, Diversity, and Inclusion (EDI) initiatives, such as attending the Equalities Forum, staff network meetings, and contributing to EDI workstreams.</li> <li>• Lead awareness sessions for the Senior Management Team, integrating EDI themes and inputs into these engagements.</li> </ul>	<p><b>Organisational Development</b></p> <p><b>Equality, Diversity and Inclusion</b></p> <p><b>Equality, Diversity and Inclusion</b></p>	<ul style="list-style-type: none"> <li>• This action will be revisited once the ICB Change Programme has concluded later in 2026/27.</li> <li>• Evidence of some engagement through the Executive Committee and Board with regards to the Workforce Equality Standards, EDI strategy, Gender Pay Gap and other EDI workstreams.</li> <li>• This action will be revisited once the ICB Change Programme has concluded later in 2026/27.</li> </ul>
	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p> <p>Embed Equality, Diversity, and Inclusion as core elements of the</p>	<ul style="list-style-type: none"> <li>• Expand discussions from Race, LGBTQ+ and Disability to all protected characteristics and take into consideration intersectionality.</li> </ul>	<p><b>Equality, Diversity and Inclusion</b></p>	<ul style="list-style-type: none"> <li>• All activities undertaken are from an intersectional perspective and this will continue to happen – this can be seen with the different networks we have, the different reporting we undertake, the type of data we collect. The EDI Team has developed an EDI Strategy, which has been approved and was launched in February 2026.</li> <li>• All boards and committees, including sub-committees, regularly engage in extensive</li> </ul>

	<p>organisation's BAU, ensuring that this is reflected in policies, practices, and daily operations.</p>	<ul style="list-style-type: none"> <li>• Ensure Board and Committee coversheets are fully completed under 'Equality impacts', to ensure EDI considerations have been taken into account in ICB planning, development and decision-making.</li> <li>• Embed the refreshed Equality Impact Assessment (EIA) process across the organisation, including the development and delivery of training to enhance its integration.</li> </ul>	<p><b>Equality, Diversity and Inclusion</b></p> <p><b>Equality, Diversity and Inclusion</b></p>	<p>discussions on Equality, Diversity and Inclusion.</p> <ul style="list-style-type: none"> <li>• The Equality Impact Assessment process has been fully redesigned. A full comms plan was implemented with the EDI Team attending and presenting at the All Staff Briefing and also attending all 6 borough staff briefings to introduce the new toolkit and forms. Along with this information was published in SEL Together and a dedicated intranet page for EIA's. Training has been developed and delivered to SEL ICB Colleagues - provider organisations have been interested in the process implemented by the ICB.</li> </ul>
	<p>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</p> <p>Ensure effective monitoring of levers in</p>	<ul style="list-style-type: none"> <li>• Ensure EDI remains a 'golden thread' in all ICB's activities to ensure legislative compliance and moving beyond into innovative interventions and practise.</li> <li>• Promote awareness of the Menopause Policy,</li> </ul>	<p><b>Equality, Diversity and Inclusion Team</b></p> <p><b>Human Resources</b></p>	<ul style="list-style-type: none"> <li>• The EDI team ensures that Equality, Diversity, and Inclusion (EDI) is a golden thread running through all their work and areas of involvement. This commitment will also be reinforced during the consultation phase, where a full Equality Impact Assessment (EIA) will be conducted. It is also clear that health inequalities are a key focus within the new Integrated Care Board (ICB) model.</li> <li>• This action is planned for delivery in the 2025/26 financial year and will be promoted</li> </ul>

	<p>place to integrate Equality, Diversity, and Inclusion across the organisation, with regular assessments to track progress and identify areas for improvement.</p>	<p>highlighting Board, system, and senior leaders' commitment and support.</p> <ul style="list-style-type: none"> <li>• Increase the involvement of Board members, system, and senior leaders in WRES, WDES, WSOES, EDS22, and Gender Pay Gap (GPG) initiatives.</li> </ul>	<p><b>Equality, Diversity and Inclusion</b></p>	<p>through SEL Together and the Teams channel. The EDI team has already contributed to this work by publishing a menopause-focused article in SEL Together. It is also important to note that, in line with the Employment Rights Bill, a menopause action plan will be required as part of our organisational responsibilities.</p> <ul style="list-style-type: none"> <li>• The EDI team has continued to maintain board members and leaders current EDI involvement during the Change Programme.</li> </ul>
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EDS Organisation Rating (overall rating): **22 – Achieving** (score from 2024/25 assessment)

Organisation name(s): **South East London Integrated Care Board**

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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