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SEL Integrated Care Board
NHS Equality Delivery System 2022
EDS Reporting Template
2024/25

Final version, 31 March 2025

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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/

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 and published on the organisation's website.

2. NHS Equality Delivery System (EDS) summary information

Name of Organisation	South East London Integrated Care Board (SEL ICB)	Organisation Board Sponsor/Lead	
		Chief of Staff and Equalities SRO	
Name of Integrated Care System	South East London Integrated Care System (SEL ICS)		
EDS Leads and contributors	Assistant Director of Equality, Diversity and Inclusion, SEL ICB Equality, Diversity and Inclusion Manager, SEL ICB Equality, Diversity and Inclusion Officer, SEL ICB Director of Mental Health, Children and Young People and Health Inequalities, SEL ICB Head of Contracting Quality, SEL ICB Head of Equality, Diversity and Inclusion, Oxleas NHS Foundation Trust Integrated Therapies service leads and partners Community Dental Service leads and partners	At what level has this been completed?	
			*List organisations
EDS engagement date(s)	Domain 1: Integrated Therapies Service: 3 December 2024. Paediatric Community Dental Services: 9 January 2025. Domain 2: SEL Integrated Care Board: 18 September 2024. Domain 3: SEL Integrated Care Board: 23 October 2024.	Individual organisation	Domain 2 – SEL Integrated Care Board Domain 3 – SEL Integrated Care Board

			Partnership* (two or more organisations)	<p>Domain 1 – Integrated Therapies Service. SEL Integrated Care Board, Oxleas NHS Foundation Trust and Royal Borough of Greenwich</p> <p>Domain 1 – Paediatric Community Dental Service. SEL Integrated Care Board, King’s College London Hospital NHS Foundation Trust and Bromley Healthcare</p>
			Integrated Care System-wide*	

Date completed	12 March, 2025	Month and year published	31 March, 2025
Date authorised	19 March, 2025	Revision date	

3. NHS Equality Delivery System (EDS) programme 2024/25

Introduction

a) Overview:

The Equality Delivery System 2022 (EDS22) is a national NHS England (NHSE) quality improvement tool for all NHS systems and organisations. This is a mandatory NHSE requirement, and all NHS providers and ICBs are expected to use the assessment framework in 2024/2025. Annual NHSE reporting on progress and outcomes from the EDS22 is due by 28 February 2025, and this year the ICB opted to extend to 31 March 2025 to accommodate service reviews.

There are three domains consisting of 11 outcomes which are assessed as part of the EDS 2022:

- Domain 1: Commissioned and provided services (two services for 24/25: 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 as an ‘individual organisation’, SEL ICB).
- Domain 3: Inclusive leadership (assessed as an ‘individual organisation’, SEL ICB).

This is the second year of implementation for EDS22 within South East London Integrated Care Board. The assessment undertaken has been aligned with NHSE’s EDS22 Technical Guidance and further advice has been sought where required.

b) 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
- South London and Maudsley NHS Foundation Trust (SLaM).

Working in partnership in this way is seen as best practice and further enquiries have highlighted that SEL ICB is the only ICB in London to be working collaboratively across an ICS footprint. In adopting this innovative approach there has been some effort required in establishing the group and capacity-building to undertake with the membership. This has entailed working at a pace where all partners are able to maintain and succeed under various circumstances.

c) EDS22 selection of services

Domain 1 (Commissioned or provided services) – NHS England has outlined selection criteria for the assessment which covers the following:

- Any three NHS services an organisation commissions or provides for patients or a Core20PLUS5 clinical area.
- Services should be selected on the basis where data indicates one is a well-performing service, a second service which is underperforming and a third where performance is unknown.
- Varying degrees of complexity – one complex service balanced with two smaller, less complex services.

Using the selection criteria set out by NHSE, the following services were identified for the 2024/25 assessment:

- **Integrated Therapies** – following an internal review where a range of services at ‘Place’ level were considered, the Place Executive Leads put forward the Integrated Therapies service for children and young people for the 24/25 assessment. 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’.
- **Community Dental Service (CDS)** – leads in the Planning directorate identified a second service which could be assessed in alignment with national guidance and selection criteria. Prior to the assessment, 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.

Domain 2 (Workplace health and wellbeing) – the scope for this domain was determined through various comprehensive processes which included reviewing the technical guidance and scoring criteria to understand NHS England requirements. Following this a review of the Staff Survey questions was undertaken to understand which questions would be relevant along with discussions with HR and OD to understand what data was stored by the ICB as part of evidence gathering.

Domain 3 (Inclusive leadership) – a robust review of the technical guidance and scoring was carried out and last years’ process and learning was also considered. This domain involved gathering data through a questionnaire developed for senior leaders (outcome 3A); a thematic analysis of selected Board and Equalities Sub-Committee papers (outcome 3B); and a mapping exercise to identify all EDI monitoring levers used within the organisation (outcome 3C). Following feedback from last year’s assessment, the scope of committees included in EDS22 was expanded which has affected the scoring outcome.

d) Engagement and Governance:

The following activities have been undertaken to facilitate delivery and provide oversight of the SEL ICB EDS22 process:

- Engagement events have taken place to score each domain as follows:
 - **Domain 1:** Integrated Therapies Service: 3 December 2024; Community Dental Service: 9 January 2025.
 - **Domain 2:** SEL Integrated Care Board: 18 September 2024.
 - **Domain 3:** SEL Integrated Care Board: 23 October 2024.
- Regular SEL ICS task and finish group meetings have been held.
- Working groups with providers and commissioners were established to support the EDS22 assessments for Domain 1.
- Key decision-making and scrutiny were provided through the Equalities Sub-Committee at the May, July, November 2024 and January and March 2025 meetings.

e) Scoring:

Please note: The scoring approach has been set out in the NHS England EDS Ratings and Score Card Guidance and requires scoring and rating each outcome and an overall organisation score and rating. The guidance allows individual domains to be scored but not rated.

- **Approach:**

- Domain 1: two services have been scored, so to determine the domain score, the average score from both services combined has been used.
- Domain 2: the majority score for each domain has been selected. The domain score will be the sum of each outcome score.
- Domain 3: the majority score for each domain has been selected. The domain score will be the sum of each outcome score.

- **Summary:**

The SEL ICB score for each domain is as follows:

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

- **Overall SEL ICB score and rating:**

22 – **Achieving** activity

f) Implementation plans:

An improvement plan has been developed for each service and domain assessed. Service/functional leads are now responsible for implementing the plans and will be bi-annually reporting progress through the SEL ICB Equalities Sub-Committee in 2025/26. Overall progress will be reported in next year's EDS22 summary report 2025/26.

g) Next steps – learning and looking ahead:

After the 2023/24 EDS22 assessment an after-action review was conducted with the SEL ICS task and finish group to capture the full scope of learning. In turn, this learning was shared at an Senior Management Team meeting to support implementation of the assessment. On conclusion of this year's assessment, the EDI Team will again seek to carry out an after-action review in March 2025.

Some of the challenges and opportunities which have been identified through this year's programme:

Capacity building:

- SEL ICS Task and Finish Group implementation of EDS22 strengthened by previous years' experience.
- Planning directorate successfully led one of the Domain 1 service assessments.
- EDI team worked with a range of provider, council and ICB partners to implement a second assessment.
- Further activity is required to build competencies across SEL ICS (training, resources, advice, engagement support).

Organisational:

- Services should self-nominate, rather than be selected to ensure co-operative participation.
- Clear expectations and scoping to be carried out at the start regarding timelines, capacity, data availability, engagement etc.
- Delivery of Domain 1 assessment was led by the Planning directorate this year, and 'Place' will lead one review in 25/26.
- Domain 2 and Domain 3 assessments will continue to be led by the EDI Team.

Project management:

- Challenges of following recommended NHSE project cycle due to capacity and other barriers.
- Ensure early service selection which meets the selection criteria and that the ICB directly commissions.
- Early identification of service leads and stakeholders.
- Strengthen monitoring mechanisms for implementation plans in 25/26.
- Two services assessed in 24/25 and the same number is expected again in 25/26, while delivering the previous years' implementation plans.

Data and intelligence:

- Domain 1 – limitations of service data disaggregated by protected characteristic.
- Domain 1 – ensure services have viable existing engagement mechanisms.
- Domain 3 – consistency/breadth of committees selected for year-on-year comparison.

Other levers:

- Utilise planning/contracting mechanisms which support completion of EDS22 or delivery of improvement plans.

h) Conclusion

- Overall, a robust second year of implementation with some improvements delivered, whereby SEL Integrated Care System demonstrated greater participation in EDS22 across all three domains by all SEL partners.

- The SEL ICS task and finish group has continued to meet, share progress, experiences and good practice and supported different engagement and scoring activities. The group has agreed to continue into 2025/26 to support ongoing delivery of EDS22.
- Planning directorate leadership and coordination of one of the service reviews has been beneficial and will be modelled for 'Place' leads in the next 2025/26 assessment.
- Monitoring mechanisms for 2025/26 have been strengthened, particularly for Domain 1, and progress will be reported bi-annually to the Equalities Sub-Committee.
- Domain 1 (Commissioned or Provided Services) shows the ICB has slightly improved its position for this domain this year based on the two services assessed in 2024/25.
- Domain 2 (Workforce health and wellbeing) suggests a robust position in this domain, and one to sustain and grow as the organisation continues to transition following a restructure in 2024.
- Domain 3 (Inclusive leadership) scoring reflects positive intentions, with a stronger focus required on moving to measurable outputs for 2025/26, particularly in respect of increased visibility and awareness raising.
- The ICB adapted and learned from the EDS22 process in 2024/25 and is looking to strengthen its overall position in 2025/26.

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

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

5. Domain 1: Commissioned or provided services – Integrated Therapies Service (Greenwich)

About the Integrated Therapies Service (Greenwich):

The Greenwich Children's Integrated Therapies Service provides Occupational Therapy, Physiotherapy and Speech and Language Therapy to children and young people within Greenwich.

In 2022, we engaged with families known to the Integrated Therapies Service (ITS) across special schools, school years and early years, via an electronic survey and face to face communication.

95% of families reported they were either satisfied or very satisfied with the service they had received from ITS. They outlined the following as being important to them:

- Quicker access to expertise
- Videos of workshops to re-watch
- Online training relevant to a child's needs
- Activities for home
- Reduced wait and more sessions, more frequently
- Parents included in their child's care and offered a choice of appointment times

This feedback has been used to develop and deliver the current Greenwich Integrated Therapies Service

Service areas

The service operates within the following three service areas:

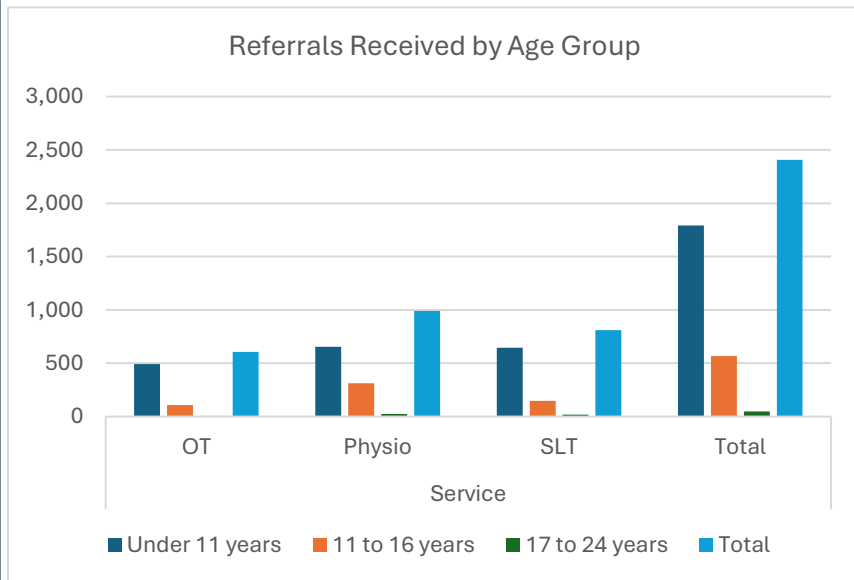
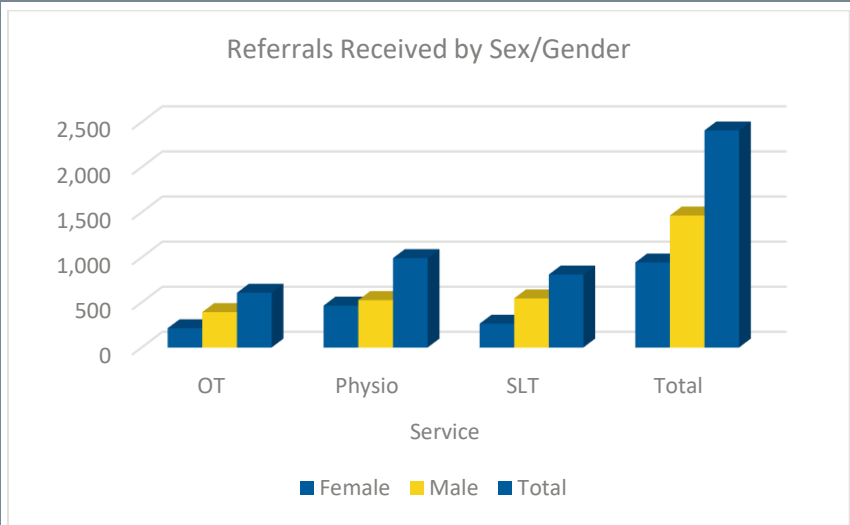
- **Early Years Team** - Offers assessment and intervention for children under the age of five years or who are yet to start school. Support is needs-led and provided in one-to-one or group formats. The team also works with parents and nursery staff.
- **School Years Team** - Provides assessment and intervention for children and young people aged five to 19 who attend mainstream schools. This is extended up to the age of 25 for young people with an EHCP.

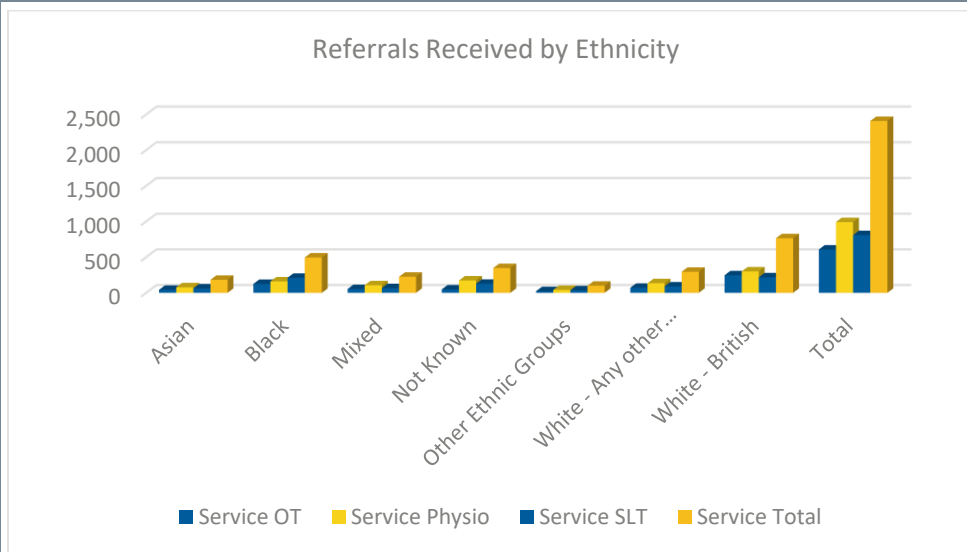
Speech and Language Therapy is usually provided at school, while Physiotherapy and Occupational Therapy sessions generally take place in a clinic.

- **Special Schools Team** - Provides assessment and intervention for people who have profound and complex needs and attend a Greenwich Special School. Most support takes place in schools. However, home visits are provided when required.
- **Our stand-alone services**
- Three stand-alone support services also sit across the service areas:
- **The MOVE team** - A physiotherapy team that works with schools to facilitate the integration of movement opportunities into a child's daily routine.
- **Rapid response team** - A physiotherapy team that delivers urgent support to babies born with congenital conditions. It also supports complex hospital discharges.

Dysphagia and Complex Needs (DCN) team - A speech and language therapy team that primarily supports the eating and drinking skills of babies and young children with complex needs.

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	<p>Integrated Therapies Service (Greenwich):</p> <p>Data has been collated over the period from September 2023 to August 2024, using the available protected characteristics of age, sex and ethnicity. Some information has been collected around religion and belief but because this is not mandatory, the results are not reliable.</p> <p>The charts below show referrals received to the service. Here we can see a good mix of ethnicity groups represented and the majority of children and young people are under age 11 when they access the services. There is a more equal representation between the genders for OT and Physio services but more boys access speech and language services</p>	2 - Achieving	





Due to level of need and early identification of need there are a higher number of patient referrals across all three therapies for the under 11 years age bracket.

There are a higher number of referrals for Physio than OT or SLT due to difference between demand and supply.

Contextual background: information from the Royal Borough of Greenwich (RBG) Joint Strategic Needs Assessment (JSNA) highlighting how many children in Greenwich have SEND compared to London and England and the Age & Sex profile of SEND pupils in Greenwich was used as a comparator for service access.

Numbers:

As of **January 2024**, there were **45,218** children and young people **attending a Greenwich school**.

Of these **9,527** were identified as **having Special Educational Needs and Disabilities (SEND)**, representing **21%** of the school population.

Of these:

- **Educational Health Care Plans (EHCPs)** reflect **4.4%** of pupils
- **Special Educational Needs (SEN) Support** reflects **16.6%** of pupils

It is becoming clear that with other overall growth of school populations, the prevalence of Special Educational Needs and Disability (SEND) is also increasing.

The age and sex profile of the RBG schools send cohort is not that dissimilar to London and England. Most pupils with SEND are aged 5 to 15 and male pupils are consistently overrepresented within the SEND cohort at both SEN Support and EHCP level.

EHCPs

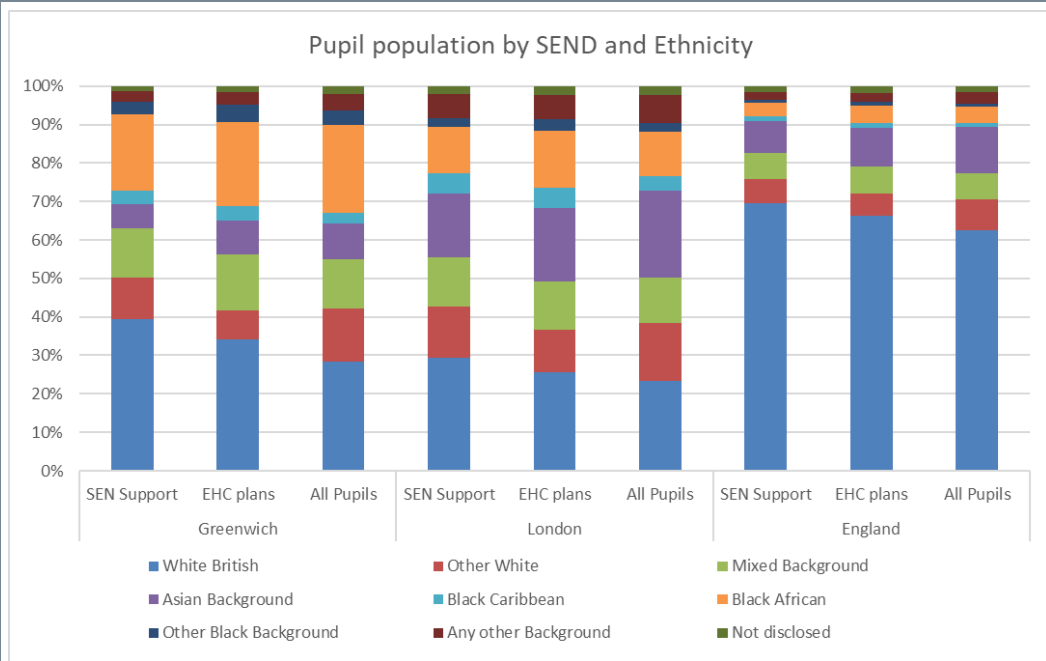
Pupil age	F	M	Total	RBG Age %	London Age %	England Age %
Under 5	18	35	53	3%	6%	5%
5 to 10	272	646	918	46%	47%	44%
11 to 15	217	625	842	42%	40%	44%
16+	56	134	190	9%	7%	6%
Total	563	1,440	2,003			
F/M %	28%	72%				
London F/M	28%	72%				
England F/M	28%	72%				

SEN Support

Pupil age	F	M	Total	RBG Age %	London Age %	England Age %
Under 5	260	425	685	9%	10%	8%
5 to 10	1299	2365	3664	49%	50%	51%
11 to 15	1093	1645	2738	36%	36%	39%
16+	215	222	437	6%	5%	3%
Total	2867	4,657	7,524			
F/M %	38%	62%				
London F/M	38%	62%				
England F/M	38%	62%				

The ethnicity profile of SEND pupils shows White British pupils are overrepresented in the SEND cohorts (SEN support and EHCP) in RBG. They make up 28% of the overall RBG pupil population but 39% of SEN Support and 34% of EHCP pupils.

Black African pupils show a more proportional representation across SEND (20% and 22%) and the overall pupil population (23%).



All the information provided shows the service is accessible in relation to local demographic data.

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

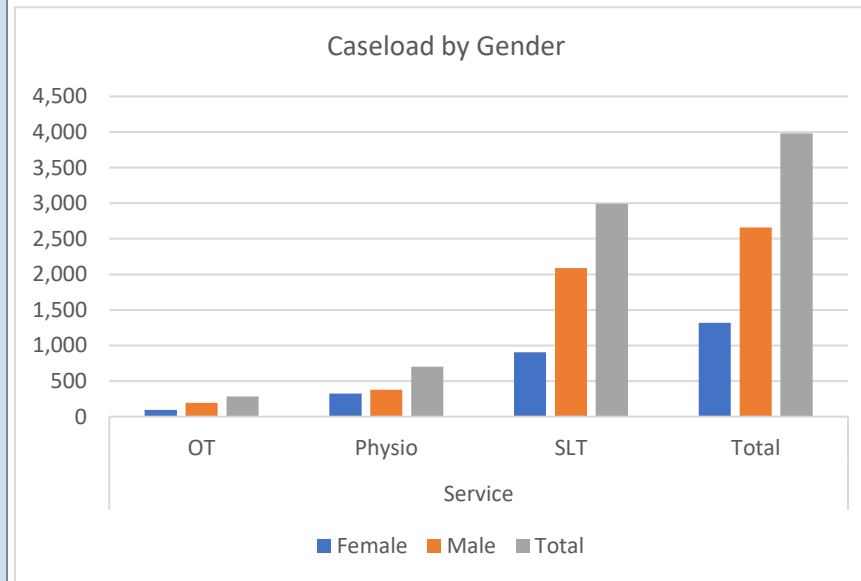
Integrated Therapies Service (Greenwich):

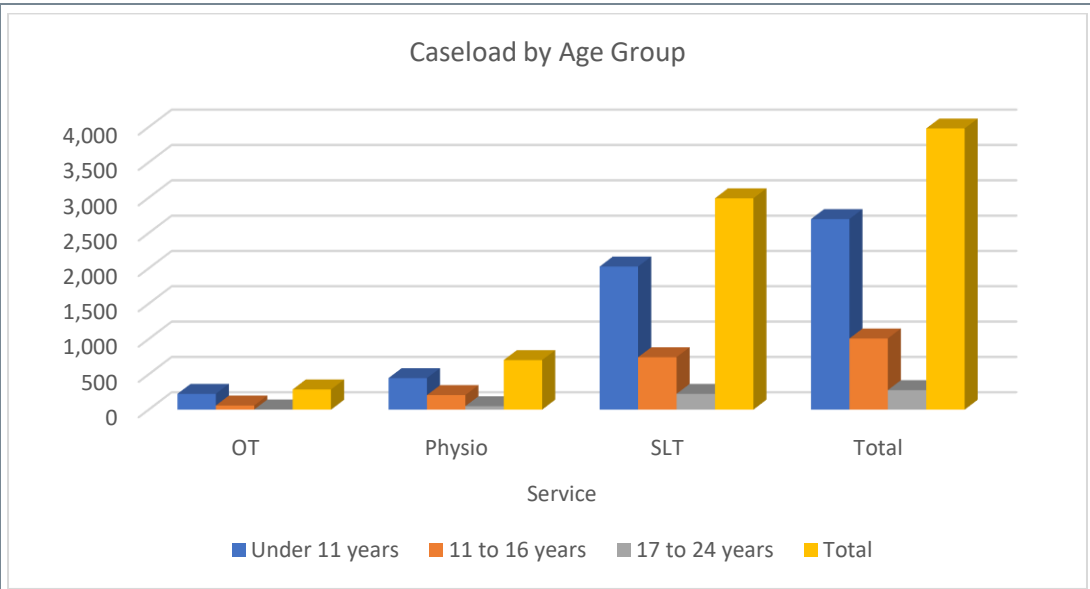
Data has been collated related to service caseloads over the period from September 2023 to August 2024, using the available protected characteristics of age, sex and ethnicity. Some information has been collected around religion and belief but because this is not mandatory, and so the results are not reliable.

Historically, boys are more likely to be diagnosed as having special educational needs requiring integrated therapy support. This is reflected in the caseload for the Greenwich Integrated Therapies service. However, although this is evident for speech and language therapy, there is a more even gender/sex split for occupational and physiotherapy services.

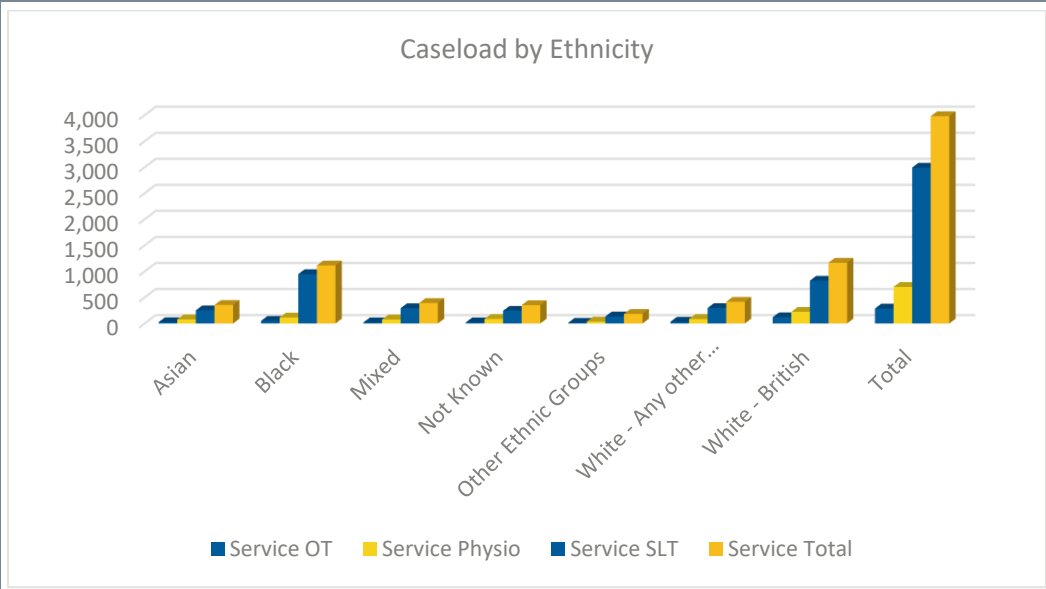
2 - Achieving

These charts show that more boys access speech and language therapy services more so than girls but there is a more even gender/sex split for occupational(OT) and physiotherapy services. Also, most of the children and young people access services under the age of 11.

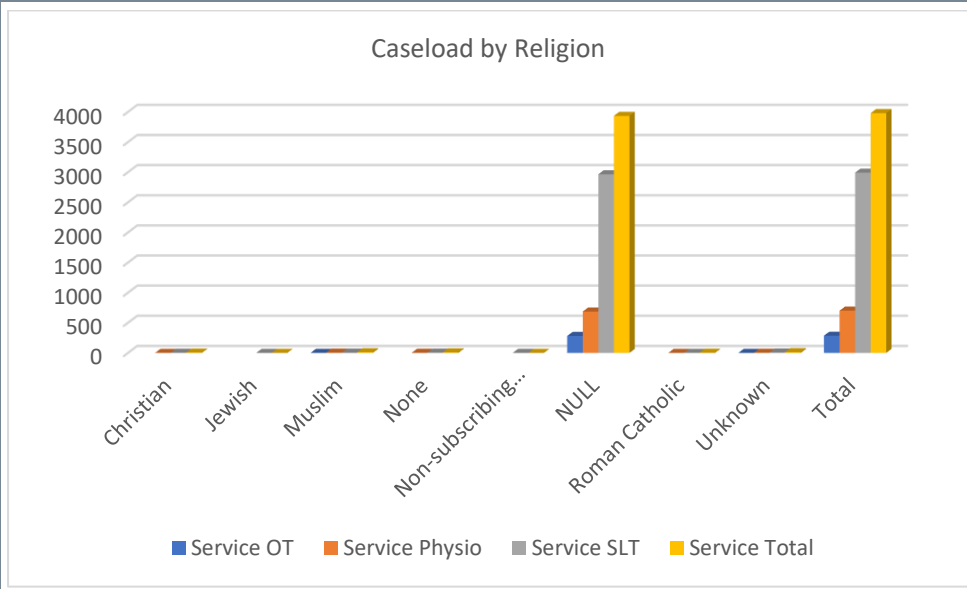




The chart below show there is a mix of ethnicities within the service caseload with speech and language therapy having a large representation from Black, Asian and Mixed community groups.

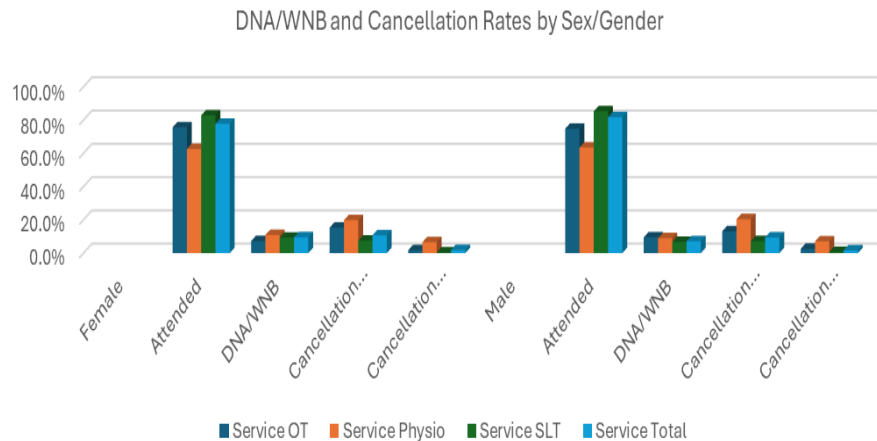


Our data on religion shows the majority of people as NULL which probably reflects that we have not asked the question/people are choosing not to respond



It is difficult to analyse this data with great accuracy as the collection of data regarding religion is not mandated and most cases has no religion identified.

Did Not Attend/Was Not Brought and Cancellation rates were also examined as part of this submission. Although this was explored for all 4 of the identified protected characteristics, the chart below relates to gender/sex as an example of what we collect.



The overall attendance rates for girls is 78% and for boys is 82% and the DNA/WNB rate is 10% for girls and 7% for boys.

Cancellation by provider is 11% for girls and 9% for boys. There are National and Local staffing shortages within Occupational Therapy and Speech and Language Therapy. This has led to high staff vacancies and longer waiting times in some areas. Additional assistants/techs have been employed to provide support where possible. Staff vacancies are being regularly monitored and discussed within commissioner meetings

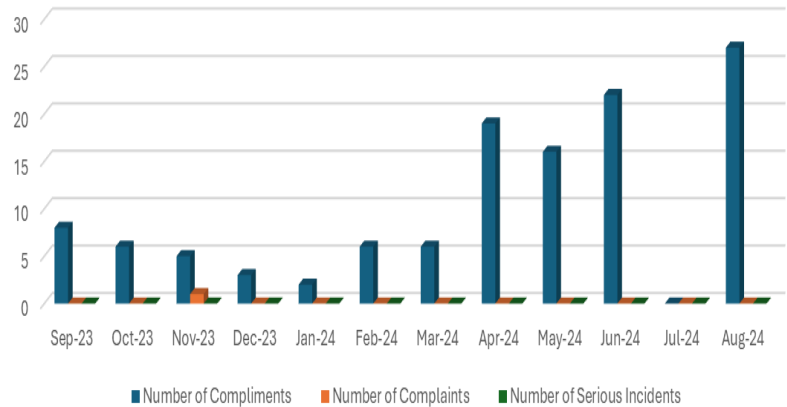
Finally, referral sources were examined and despite an open referral policy, the top three referral sources were education, GP and other Oxleas services. There is a very low uptake of referrals from parents and carers. It may be that the referrals from schools and GPs are instigated by a parent or carer but more can be done to promote self-referrals.

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

Integrated Therapies Service (Greenwich):
The chart below shows that for the period from September 23 to August 24 this service had no serious incidents to investigate. The service has maintained an excellent record in keeping service users free from harm.

3 - Excelling

Compliments, Complaints & Serious Incidents from Sept 23 to Aug 24



Oxleas staff remain strongly committed to meeting core standards as evidenced in the 93% - 94% completion rates of mandatory training. This applies to all our core training including safeguarding children and young people; equality, diversity and inclusion; basic life support; fire safety; Oliver McGowan mandatory training in learning disability and autism; data security and many others.

In addition, staff have access to risk assessment and management training; cultural competency and staff well-being activity.

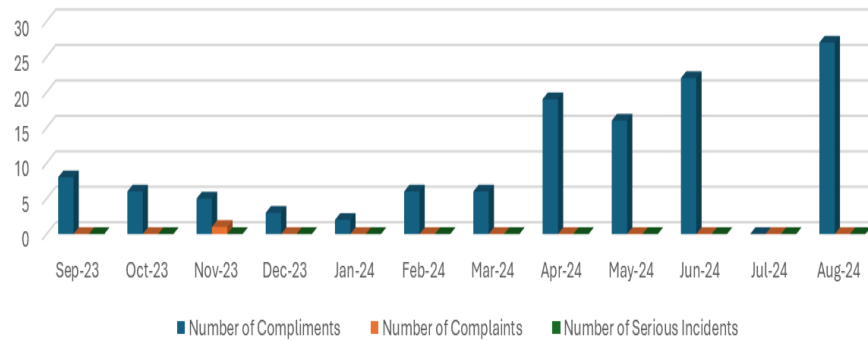
1D: Patients (service users) report positive experiences of the service

Integrated Therapies Service (Greenwich):

The table below highlights the service only received one complaint for the year. And better still has consistently improved in the number of compliments throughout the year.

2 - Achieving

Compliments, Complaints & Serious Incidents from Sept 23 to Aug 24



This appears to show the experience of the services is really positive because of the lack of complaints.

It will be worth exploring the outcome measures currently being used by the service to create a narrative about the effectiveness of the interventions.

Further customer satisfaction can be sought through the local authority patient/carer forum once re-instated.

Domain 1: Commissioned or provided services overall rating

9

6. Domain 1: Commissioned or provided services – Paediatric Community Dental Service

About the Paediatric Community Dental Service:

Community Dental Services (CDS) provide dental care for people who are unable to access dental care from a general dental practitioner due to specific needs (i.e. care cannot be provided or care needs cannot be met via a high-street

dentist). Examples of specific needs can include having a physical disability, a complex medical condition, a learning disability, a severe mental health condition or severe anxiety or phobia.

Community dental services are provided for both adults and children, however, **this review is specifically focusing on the services provided for children (paediatrics)**. Access to the paediatric community dental services is strictly on a referral basis with most referrals coming from general dental practices.

In south east London, paediatric community dental services are provided by two providers:

- King's College Hospital (KCH) for the boroughs of Southwark, Lambeth, Lewisham.
- Bromley Healthcare (BHC) for the boroughs of Bromley, Bexley and Greenwich.

The services typically provide dental and oral healthcare for children and young people aged between 0-16 years. Young people aged between 16-18 years can also have their care in CDS but the delivery may be via paediatrics or adults depending on the individuals circumstances, and previous care requirements/needs. Children accessing these services may require sedation to enable their care to take place.

South east London ICB has delegated commissioning responsibility on behalf of NHS England for the commissioning of these services. The day-to-day commissioning of these services is co-ordinated by the regional commissioning hub for dental services on behalf of the ICB.

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	<p>Paediatric Community Dental Service:</p> <p>Evidence reviewed included:</p> <ul style="list-style-type: none"> • Referral and activity data including (i) referrals into the service; (ii) number of children 'not brought in' for their appointments; and (iii) average waiting times from referral first received to date of first appointment. • Number of complaints received. • Case studies from both providers. <p>Evidence demonstrated that data was not consistently available for both providers across the range of protected characteristics agreed for review. Of the information that was available, this suggested that:</p> <ul style="list-style-type: none"> • 80% of referrals were from General Dental Practices. • Referrals could be broken down by gender and there were no significant differences in referrals received by gender. • Appointment information for the number of children not brought in was only available for one provider. This This showed a higher rate of children not being brought in for appointments between the age of 0-10. For 11-16 year olds more males were not brought in for their appointments. • During the period of review, there were only two complaints received but it was not possible to break these down based on protected characteristics. <p>Additional case study evidence demonstrated that the service providers do provide outreach services for different communities, wider than paediatric community dental services.</p>	2 - Achieving	

	<p>1B: Individual patients (service users) health needs are met</p>	<p>Paediatric Community Dental Service:</p> <p>Evidence reviewed included:</p> <ul style="list-style-type: none"> • Sedation activity across protected characteristics including: (i) the number of patients receiving general anaesthesia (both 12 years and under and over 12 years); (ii) the number of patients receiving intravenous sedation (both 12 years and under and over 12 years); and (iii) the number of patients who received inhalation sedation (both 12 years and under and over 12 years). • List of adaptations in place across both providers and supporting information. • Case study examples of individual patient case stories. <p>Data on sedation was differently recorded and reported across the two service providers making it difficult to make any key assumptions.</p> <p>Both service providers demonstrated a series of adaptations to provide care that met the needs of individuals including:</p> <ul style="list-style-type: none"> • Environmental changes to support access to the facilities for people with physical disabilities. • Communication support including access to interpreting services, information and leaflets in different languages and other forms such as large print and braille. • Technology adaptations including telehealth and text messages/reminders. <p>Staff training and awareness.</p>	<p>2 - Achieving</p>	
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Paediatric Community Dental Service:</p> <p>Evidence reviewed included:</p> <ul style="list-style-type: none"> • Incidents reported between April 2023 and September 2023 	<p>2 - Achieving</p>	

		<p>Over the six month period it was found that across both providers there were 58 patient safety incidents. All were reported to be either no harm or low harm. Evidence demonstrated that there was a review of these incidents and actions undertaken as a result.</p>		
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Paediatric Community Dental Service:</p> <p>Evidence reviewed included:</p> <ul style="list-style-type: none"> • Number of complaints received between April 2023 and September 2023. • Review of existing provider feedback/patient experience mechanisms. • Case study examples of individual patient case stories from KCH. <p>During the period of review, there were only two complaints received but it was not possible to break these down based on protected characteristics. In terms of reviewing and collecting patient feedback, both service providers demonstrated evidence that set out how they collected patient satisfaction information but it wasn't clear how patient engagement and feedback was incorporated into care formulation planning and service developments. Services were able to share many compliments from service users, patients and their families.</p>	<p>2 - Achieving</p>	
<p>Domain 1: Commissioned or provided services overall rating</p>			<p>8</p>	

7. Domain 2: Workforce health and well-being

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	<p>Quantitative data was utilised and categorised into the overall ICB score and National ICB Benchmark. The ICB score was further broken down by various protected characteristics (where data was available), including:</p> <ul style="list-style-type: none"> • Age • Sex • Ethnicity • Disability • Religion • Sexual Orientation • Carers (children) • Carers (Long-term Conditions) <p>For each protected characteristic, the data was compared to the National ICB Benchmark: a difference of 3% or more was considered significant.</p> <p>The data utilised included:</p> <p>Support:</p> <p>The following support is available to all staff, regardless of their protected characteristic. It is important to note that some of this support is not specifically tailored to certain conditions but serves as a preventative measure and aids in managing symptoms.</p> <p>Evidence:</p> <table border="1" data-bbox="629 1326 1668 1401"> <thead> <tr> <th colspan="2" data-bbox="629 1326 1668 1366">Support available to staff</th> </tr> </thead> <tbody> <tr> <td data-bbox="629 1366 1146 1401">Occupational Health</td> <td data-bbox="1146 1366 1668 1401">Upcoming events</td> </tr> </tbody> </table>	Support available to staff		Occupational Health	Upcoming events	2 - Achieving	Human Resource Management/ Organisation Development team
Support available to staff								
Occupational Health	Upcoming events							

		Staff mental health and wellbeing hubs	Guidance regarding transgender and nonbinary staff		
		Substance Misuse and gambling support	Hidden Disabilities Sunflower Scheme		
		Staff mental health and wellbeing hubs	Having safe and effective wellbeing conversations		
		Workplace adjustments guidance	Health ability Passport		
		Vivup (EAP)	Freedom to Speak Up		
		Financial wellbeing	Staff Health and Wellbeing Strategy (2024 – 2026)		
		Disability Confident	Supporting colleagues affected by the menopause		
		Line Managers Learning Hub	Extensive webinars by the OD Team		
		Wellbeing apps	Handling difficult situations with compassion		
		Digital weight management programme for NHS staff	Appraisal & 121's		
		Stress indicator toolkit	NHS Staff Survey		
		Staff accommodation	Cycle Scheme		
		Menopause support	Couch to 5k		
		Supporting colleagues affected by Long COVID	Challenge the Wild walks: Free of charge		
		Staff Health and Wellbeing Strategy: 2024-2026	Mental Health First Aiders		
		NHS Staff Survey	Better Health		
		Equalities Forum	Staff Networks		
		Staff sickness and absence			
		<p>Staff Survey:</p> <p>Four questions from the staff survey were analysed, enabling participants to assess the experiences of staff at SEL ICB based on their responses. The survey questions included:</p>			

- My immediate [line] manager takes a positive interest in my health and well-being
- My organisation takes positive action on health and well-being
- Have you felt pressure from your manager to come to work (when unwell)?
- Has your employer made reasonable adjustment(s) to enable you to carry out your work?

Evidence:

My immediate [line] manager takes a positive interest in my health and well-being.

In the 2023 Staff Survey, 74.8% of SEL ICB staff felt that their line manager took a positive interest in their health and wellbeing. This figure is 14.4% lower than the National ICB Benchmark. Compared to the previous year, there was a significant decline, as 78.3% of staff had agreed with this statement in 2022.

My organisation takes positive action on health and well-being

In the 2023 Staff Survey, 60.2% of SEL ICB staff agreed with this statement. This figure is 20.4% lower the National ICB Benchmark. When compared to the previous year, there was a significant decline, as 68.4% of staff had agreed with this statement, this was a decrease of 8.2%.

Have you felt pressure from your manager to come to work (when unwell)?

In the 2023 Staff Survey, 19.3% of SEL ICB staff felt pressured to come into work. This figure is significantly above the National ICB Benchmark of 5.9% (13.4% more). Compared to the previous year, there was a slight increase of 1.6%.

Has your employer made reasonable adjustment(s) to enable you to carry out your work?

In the 2023 Staff Survey, 56.5% of staff stated that SEL ICB had made reasonable adjustments. This figure is significantly lower than the National ICB Benchmark of 89.3% (a 32.8% difference). When compared

to the previous year, there was a significant decline, as 79.2% had stated that adjustments had been made (this is a difference of 22.7%).

Alignment to the criteria:

Participants were provided with a slide highlighting the evidence that the EDI Team believed aligned with the current criteria level. Another slide was provided, outlining all the criteria levels, to help participants determine the level they felt SEL ICB had achieved. The goal was to either maintain the current level or progress to the next level (Excelling).

The organisation monitors the health of all staff: 121s, appraisals, staff survey, sickness and absence data, access to work and workplace adjustments requests.

The organisation supports all staff to actively manage their conditions via various methods: Sign posting, health and wellbeing initiatives advertised through SEL Together, Employee Assistance Programme, NHS England, Staff Networks, Equalities Forum (Disability History Month).

The organisation uses sickness and absence data to support staff to self-manage long term conditions and to reduce negative impacts of the working environment: Sickness and absence data is taken to the people and culture oversight group. Any patterns that are seen will be discussed and actions put into place. We also have the workplace adjustments guidance and the staff networks available.

The organisation actively works to increase health literacy within its workforce: There is the workplace adjustments guidance available, trans and non-binary guidance, also sign posting to NHSE England Resources, any health and wellbeing webinars will have resources and colleagues are signed posted to the literature.

		<p>The organisation promotes and provides innovative initiatives for work-life balance, healthy lifestyles, encourages and provides opportunity to exercise: Flexible working policy, workplace adjustments guidance, walking meetings, encouraging health and wellbeing conversations in 121's and appraisal, setting health and wellbeing targets within appraisal and having the wellbeing passport for colleagues and Staff health and wellbeing strategy 2024 – 2026 that SEL ICB will align to.</p> <p>The organisation signposts to national and VSCE support: All NHS England support is sign posted and along with any charities that may be able to help.</p> <p>The organisation uses data to support their workforce in making healthy lifestyle choices: Sickness and absence data is taken to the people and culture oversight group. Any patterns that are seen will be discussed and actions put into place. We also have the workplace adjustments guidance and the staff networks available. Along with this staff are provided signing posting various other support like blue light card, NHS discounts, discounts at grocery stores etc.</p>		
	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Quantitative data was utilised and categorised into the overall ICB score and National ICB Benchmark. The ICB score was further broken down by various protected characteristics (where data was available), including:</p> <ul style="list-style-type: none"> • Age • Sex • Ethnicity • Disability • Religion • Sexual Orientation • Carers (children) • Carers (Long-term Conditions) <p>For each protected characteristic, the data was compared to the National ICB Benchmark: a difference of 3% or more was considered significant.</p>	<p>2 - Achieving</p>	<p>Human Resource Management/ Organisation Development team</p>

The data utilised included:

Support, policies, sign posting and workstreams:

The following support, policies and sign posting is available to all staff, regardless of their protected characteristic.

Evidence:

Support, policies, sign posting and workstreams	
Bullying and Harassment Policy	Disciplinary Policy and Procedure
Freedom to Speak Up Policy	Grievance Policy
Performance management policy	Freedom to Speak Up Guardian and Champions
Workforce Race Equality Standard	Workforce Disability Equality Standard
Workforce Sexual Orientation Equality Standard	Equality Delivery System 2022
NHS Staff Survey	Workplace adjustments guidance
Stress indicator toolkit	Staff mental health and wellbeing hubs
Having safe and effective wellbeing conversations	Appraisal & 121's
Staff Health and Wellbeing Strategy (2024 – 2026)	Staff sickness and absence
Equalities Forum	NHS Staff Survey
Management of Stress and Mental Health in the Workplace Policy	Webinars

Staff Survey:

Four questions from the staff survey were analysed, enabling participants to assess the experiences of staff at SEL ICB based on their responses. The survey questions included:

- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
- In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?
- In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?
- When staff were asked about experiencing physical violence from public/service users/managers & colleagues: Please note data for only those who have answers within the protected characteristics category has been provided.

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

In the 2023 staff survey, 6.7% of SEL ICB staff reported experiencing harassment, bullying or abuse from patients, relatives or the public. This figure is significantly above the National ICB Benchmark of 3.6%. compared to the previous year, there was an increase 5.8%.

In the last 12 month how many times have you personally experienced physical violence at work from patients/service users, their relatives or other members of the public?

In the 2023 staff survey, 0.3% of staff experienced physical violence. The national ICB benchmark is 0%. Compared to the previous year, this was a decrease from 0.4%. It should be noted that the numbers for this statement are very small as the ICB does not have many patient facing roles.

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?

In the 2023 Staff Survey, 13.9% of SEL ICB staff stated that they had experienced harassment, bullying or abuse at work from managers. This figure is significantly higher than the National ICB Benchmark of 4.5%. Compared to the previous year, there was an increase of 1.2% (from 12.7%).

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?

In the 2023 staff survey, 14.9% of SEL ICB staff advised that they had experienced harassment, bullying or abuse at work from other colleagues. This figure is significantly higher than the National ICB Benchmark of 4.1%. Compared to the previous, there was a slight increase of 1% (from 13.9%).

Formal/Informal Complaints:

As part of this outcome, the EDI Team considered it important to analyse both formal and informal complaints to gain insights into the experiences of our ICB colleagues. To protect confidentiality and ensure colleagues remained anonymous, the team was unable to provide specific numbers or detailed information, sharing only the identified themes.

Evidence:

- Failure to make reasonable adjustment
- Failure to follow change management policy
- Lack of support for employees in Joint Teams
- About manager's unfair practices
- Unfair and inappropriate comments
- Failure to follow proper recruitment process
- Failure to follow change management policy
- Failure to pay responsibility allowance

Alignment to the criteria:

Participants were provided with a slide highlighting the evidence that the EDI Team believed aligned with the current criteria level. Another slide

was provided, outlining all the criteria levels, to help participants determine the level they felt SEL ICB had achieved. The goal was to either maintain the current level or progress to the next level (Excelling).

The organisation has and actively implements a zero-tolerance policy for verbal and physical abuse towards staff.

The organisation penalises staff who abuse, harass or bully other members of staff and takes action to address and prevent bullying behaviour and closed cultures, recognising the link between staff and patient experience.

Bullying and Harassment Policy, Disciplinary Policy and Procedure, Freedom to Speak Up Policy, Grievance Policy, Performance Management Policy, Freedom to Speak Up Guardian and Champions, Workforce Race Equality Standard, Workforce Disability Equality Standard, Workforce Sexual Orientation Equality Standard, Equality Delivery System 2022, NHS Staff Survey:

Staff with protected characteristics are supported to report and refuse treatment to patients who verbally or physically abuse them:

Freedom to Speak Up Policy, Freedom to Speak Up Guardian and Champions and NHS Staff Survey,

The organisation provides appropriate support to staff and where appropriate works with VSCE organisations to provide support for those with protected characteristics who have suffered verbal and physical abuse:

Sign posting as detailed in question 2A along with access to the Employee Assistance Programme.

The organisations can provide evidence that percentages for bullying and harassment are decreasing year on year for any staff group were there are higher than average incidents:

The NHS staff survey is used for this – the last staff survey shows an increase in this section.

		<p>The NHS staff survey is used for this – the last staff survey shows an increase in this section: Formal/informal complains, Freedom to Speak Up Guardian and Champions, Workforce Race Equality Standard, Workforce Disability Equality Standard, Workforce Sexual Orientation Equality Standard, Equality Delivery System 2022, NHS Staff Survey.</p>						
	<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>Quantitative data was utilised and categorised into the overall ICB score and National ICB Benchmark. The ICB score was further broken down by various protected characteristics (where data was available), including:</p> <ul style="list-style-type: none"> • Age • Sex • Ethnicity • Disability • Religion • Sexual Orientation • Carers (children) • Carers (Long-term Conditions) <p>For each protected characteristic, the data was compared to the National ICB Benchmark: a difference of 3% or more was considered significant.</p> <p>The data utilised included:</p> <p>Support and Advice:</p> <p>The following support and advice was available to all staff (from Human Resources and Organisational Department), regardless of their protected characteristic.</p> <p>Evidence:</p> <table border="1" data-bbox="629 1315 1673 1426"> <thead> <tr> <th colspan="2" data-bbox="629 1315 1673 1353">Internal Support</th> </tr> </thead> <tbody> <tr> <td data-bbox="629 1353 1149 1426">Staff Networks: Age and Ability, Embracing Race and Diversity,</td> <td data-bbox="1149 1353 1673 1426">Employee Assistance Programme (Vivup)</td> </tr> </tbody> </table>	Internal Support		Staff Networks: Age and Ability, Embracing Race and Diversity,	Employee Assistance Programme (Vivup)	<p>2 - Achieving</p>	<p>Human Resource Management/ Organisation Development team</p>
Internal Support								
Staff Networks: Age and Ability, Embracing Race and Diversity,	Employee Assistance Programme (Vivup)							

		LGBTQ+ and Women, Parent and Carers					
		Developing mental fitness training	OD Support package				
		Boost your confidence	NHS Elect				
		Understanding emotional intelligence	REACT training				
		Building your personal resilience	Workplace adjustments guidance				
		Coaching & Mentoring	Freedom to Speak Up Policy				
		Freedom to Speak Up Guardian and Champions	Bullying and Harassment Policy				
		Disciplinary Policy and Procedure	Freedom to Speak Up Policy				
		Grievance Policy	Performance management policy				
		Equality Impact Assessment	360 feedback tool				
		Advice	Facilitated meetings				
		Mental Health First Aid	Signposting to trade unions				
		Staff side	Psychological first aid				
		Bullying and harassment policy	Mediation Service				
		Freedom to Speak Up	Wellbeing risk assessment				
		External Support					
		Access to Work (govt scheme)	Employee Assistance Programme				
		Occupational Health	NHS Staff Support Line				
		NHS Urgent Mental Health helpline	Suicide support				
		Substance misuse Support	Domestic Abuse Support				
Keeping Well SEL	Trade Union						
Monitoring and mitigating mechanisms							
Workforce Race Equality Standard	Workforce Disability Equality Standard						
Workforce Sexual Orientation Equality Standard	Equality Delivery System 2022.						
NHS Staff Survey	Staff sickness and absence						
Staff Survey:							

Four questions from the staff survey were analysed, enabling participants to assess the experiences of staff at SEL ICB based on their responses.

The survey questions included:

- The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?
- I feel safe to speak up about anything that concerns me in this organisation
- If I spoke up about something that concerned me, I am confident my organisation would address my concern.
- I am confident that my organisation would address my concern

Evidence:

The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?

In the 2023 Staff Survey, 34.4% of SEL ICB staff advised that the last they experienced harassment, bullying or abuse they or a colleague reported it. This figure is significantly lower than the National ICB Benchmark of 54.1%. Compared to the previous year, the percentage of reporting was higher at 45.2% (10.8% difference).

I feel safe to speak up about anything that concerns me in this organisation.

In the 2023 Staff Survey, 53.2% of SEL ICB staff felt safe to speak up. This figure is significantly lower than the National ICB Benchmark of 69.8%. Compared to the previous year, the percentage was higher at 57.6%.

If I spoke up about something that concerned me I am confident my organisation would address my concern.

In the 2023 Staff Survey, 42.1% felt if they spoke up about something that concerned them, they were confident that the organisation would address their concern. This figure is significantly lower than the National ICB Benchmark of 61.1%. Compared to the previous year, there was a significant drop from 48%.

I am confident that my organisation would address my concern.

In the 2023 Staff Survey, 54% of SEL ICB staff were confident that the organisation would address their concerns. This figure is significantly lower than the National ICB Benchmark of 67.1%. Compared to the previous year there was a decrease from 57.2%.

Alignment to criteria:

Participants were provided with a slide highlighting the evidence that the EDI Team believed aligned with the current criteria level. Another slide was provided, outlining all the criteria levels, to help participants determine the level they felt SEL ICB had achieved. The goal was to either maintain the current level or progress to the next level (Excelling).

The organisation facilitates pooling union representatives with partner organisations, to encourage independence and impartiality:

Trade Union representatives are approached on all staff decisions and attend the Staff Partnership Forum, which takes place every six weeks.

Freedom to Speak Up Guardians are embedded and empowered:

We have a Freedom to Speak Up Policy, a Guardian, and champions for each borough.

Relevant staff networks are staff led, funded and provided protected time to support and guide staff who have suffered abuse, harassment, bullying and physical violence from any source.

Relevant staff networks are engaged, and equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence:

We have four staff networks at SEL ICB who regularly are invited to get involved during policy making, any Equality, Diversity and Inclusion initiative including WRES/WDES/WSOES. If support is required with Equality Impact Assessments, they are approach. The recent process has

		<p>been redesigned in which staff networks were invited to join the task and finish group. There is a conscious effort made to involve staff networks, including in engagement events.</p> <p>Support is provided for staff outside of their line management structure: Various means of support as detailed above, including internal and external, employee assistance.</p> <p>The organisation monitors, and acts upon, data surrounding staff abuse, harassment, bullying and physical violence: Monitoring is undertaken through various means, staff sickness and absence data, leaving interview/questionnaire data, WRES/WDES/WSOES/EDS22.</p> <p>The organisations use evidence from people’s experiences to inform action and change and influence other system partners to do so: All staff networks are approached to understand their lived experience, especially when completing any Equality, Diversity and Inclusion initiatives. Engagement has been undertaken through Staff Survey, WRES/WDES/WSOES/EDS22. Staff sickness and absence data and leaving interview/questionnaire data is taken to the People and Culture Oversight Group to be reviewed and ensure any actions needed are undertaken.</p>		
	2D: Staff recommend the organisation as a place to work and receive treatment	<p>Quantitative data was utilised and categorised into the overall ICB score and National ICB Benchmark. The ICB score was further broken down by various protected characteristics (where data was available), including:</p> <ul style="list-style-type: none"> • Age • Sex • Ethnicity • Disability • Religion • Sexual Orientation • Carers (children) 	2 - Achieving	Human Resource Management/ Organisation Development team

- Carers (Long-term Conditions)

For each protected characteristic, the data was compared to the National ICB Benchmark: a difference of 3% or more was considered significant.

The data utilised included:

Lived experiences:

Understanding lived experiences is important to gain insight into colleagues' perspectives. It creates a safe space for them to share their workplace experiences, enabling the ICB to take proactive steps to prevent similar challenges for others. This approach not only fosters trust but also ensures that diverse viewpoints inform solutions, policies, and practices, making them more inclusive and effective. The following ways allow the ICB to gain insight:

Evidence:

Workforce Race Equality Standard	Workforce Disability Equality Standard
Workforce Sexual Orientation Equality Standard	Equality Delivery System 2022
NHS Staff Survey	People and Culture Oversight Group (PCOG)
Exit interviews/questionnaire	ICS wide approach
Staff Networks	

Staff Survey:

Five questions from the staff survey were analysed, enabling participants to assess the experiences of staff at SEL ICB based on their responses.

The survey questions included:

- I would recommend my organisation as a place to work

		<ul style="list-style-type: none"> • If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. • It left me feeling that my work is valued by my organisation (linked to appraisals) • There are opportunities for me to develop my career in this organisation • I feel supported to develop my potential <p>Evidence:</p> <p>I would recommend my organisation as a place to work. In the 2023 Staff Survey, 52.8% SEL ICB staff said they would recommend their organisation as a place to work. This figure is significantly lower than the National ICB Benchmark of 74.8%. Compared to the previous year it has decreased from 61%.</p> <p>If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. In the 2023 Staff Survey, 47.5% of SEL ICB said they would be happy with the standard of care. This figure is significantly lower than the National ICB Benchmark of 57.8%. Compared to the previous year this has decreased from 50.9%.</p> <p>The extent to which my organisation values my work. In the 2023 Staff Survey, 45.1% of SEL ICB said they felt the organisation values their work. This figure is significantly lower than the National ICB Benchmark of 59.2%. Compared to the previous year this has decreased significantly from 51.1%.</p> <p>There are opportunities for me to develop my career in this organisation In the 2023 Staff Survey, 39.2% of SEL ICB Staff felt there were opportunities to develop their career. This figure is significantly lower than the National ICB Benchmark of 57.2%. Compared to the previous year, this has decreased from 45.8%.</p>		
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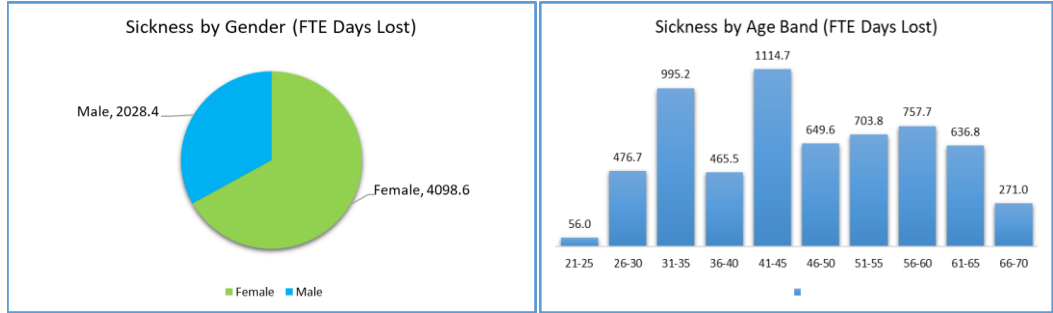
I feel supported to develop my potential

In the 2023 Staff Survey, 50.8% of SEL ICB Staff felt supported to develop their potential. This figure is significantly lower than the National ICB Benchmark of 70.4%. Compared to the previous year, this has decreased from 53.7%.

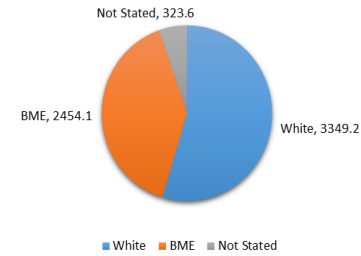
Sickness absence data:

Sickness absence data allows the ICB to understand the reasons behind sickness and allow them to put in place any support that staff require.

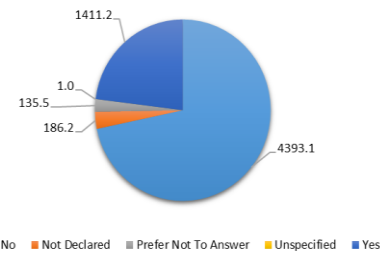
Evidence:



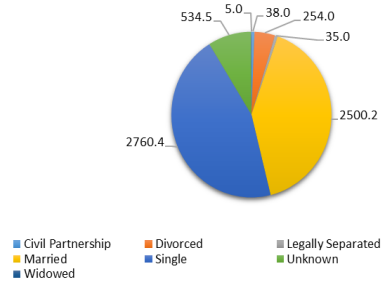
Sickness by Ethnic Group (FTE Days Lost)



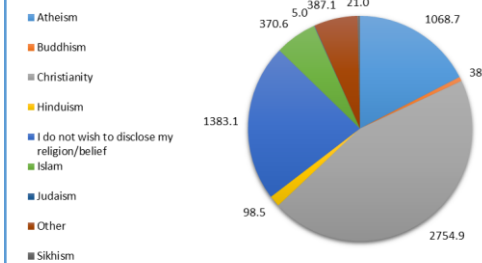
Sickness by Disability (FTE Days Lost)



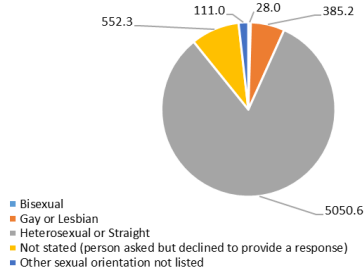
Sickness by Marital Status (FTE Days Lost)



Sickness by Religious Belief (FTE Days Lost)



Sickness by Sexual Orientation (FTE Days Lost)



Exit interview/questionnaire data:

The HR Team provided the leaving data below, offering valuable insights into the reasons employees are choosing to leave the organisation. Analysing this data is essential for identifying patterns and trends, such as recurring issues or areas of dissatisfaction, that may be influencing staff turnover.

It enables the ICB to address underlying concerns, improve workplace culture, and implement targeted retention strategies. Furthermore, understanding why employees leave can help the organisation refine recruitment and onboarding processes, enhance employee engagement, and create a more supportive and fulfilling work environment. This proactive approach ultimately contributes to a stronger, more resilient workforce.

Evidence:

Reason for leaving	Total
End of FTC	59
Relocation	49
Conflict with manager/colleague	31
Promotion	29
Family reasons	21
Improved work life balance	11
At risk	7
Career change	6
Difficulty integrating into the team	6
Retirement	6
Other	6

Alignment to criteria:

Participants were provided with a slide highlighting the evidence that the EDI Team believed aligned with the current criteria level. Another slide was provided, outlining all the criteria levels, to help participants determine the level they felt SEL ICB had achieved. The goal was to either maintain the current level or progress to the next level (Excelling).

		<p>Over 85% of staff who live locally to services provided by the organisation do/would choose to use those services.</p> <p>Over 85% of staff who live locally are happy and regularly recommend the organisation as a place to work.</p> <p>Over 85% of staff who live locally to services provided by the organisation would recommend them to family and friends:</p> <p>We are unable to provide a breakdown of colleagues who live locally and use the services as this not data we hold, however the data has used the staff survey and broken it down by different protected characteristics within the organisation for these points.</p> <p>The organisation uses sickness and absence data to retain staff, with a staff retention plan in place:</p> <p>The sickness data provided is taken to the People and Culture Oversight Group to be discussed and if actions are required, these are undertaken by the relevant team and persons.</p> <p>The organisation uses data from end of employment exit interviews to make improvements:</p> <p>The exit interview/questionnaire data provided is taken to the People and Culture Oversight Group to be discussed and if actions are required, these are undertaken by the relevant team and persons.</p> <p>The organisation collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members, and acts upon the data:</p> <p>Staff Survey, WRES/WDES/WSOES/EDS22, staff networks – help to understand the lived experiences of those with protected characteristics – any actions needed are undertaken by the relevant teams</p> <p>The organisation works with partner organisations to better the experiences of all staff:</p> <p>The organisation works with different organisations and partner organisations to ensure experiences of staff are improved, this includes sharing good practices and researching, external organisations such as</p>		
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		enact, working with NHS England, linking in with the wider ICB for example the Staff Health and Wellbeing Strategy.		
Domain 2: Workforce health and well-being overall rating			8	

8. Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<p>To address this outcome, two questionnaires were developed and distributed to two distinct groups: Group 1, consisting of Board members/attendees (both Executive and Non-Executive), and Group 2, which included Very Senior Managers (VSM), Band 9 staff, and those with line management responsibilities.</p> <p>The questionnaire for Board members/attendees comprised 18 questions, some of which were specifically tailored to their roles. It was shared with 24 individuals, and 13 responses were received, resulting in a response rate of 54.2%.</p> <p>The questionnaire for VSMS, Band 9 staff, and line managers included 17 questions, with some designed specifically for their roles. This questionnaire was distributed to 172 individuals, and 50 responses were received, yielding a response rate of 29.1%.</p> <p>Evidence:</p> <p>It should be noted that the results are combined results where relevant otherwise they are specific to the group asked</p> <ul style="list-style-type: none"> ➤ Out of the total 63 responses (combined) 34 had attended a staff network (6 were board members/attendees), which consisted of: <ul style="list-style-type: none"> ○ Embracing Race and Diversity: 25 attendances ○ Women, Parent and Carers: 15 attendances ○ LGBTQ+: 8 attendances ○ Age & Ability: 3 attendances ○ Other: 1 attendance ➤ Most participants (30) attended the staff network meetings 1-4 times a year, only 4 reported 5-9 times and 2 chose 10 or more times. 	1 – Developing	Equalities SRO/Deputy COS and director of corporate operations/ EDI team

- Majority of participants informed us that they were not executive or director sponsor of a network, however **2** participants from the board advised us that they were an executive sponsor of all the networks at SEL ICB and **1** participant from the VSM, Band 9 and line manager cohort advised that they were a director sponsor of a network.
- **2** participants have contributed to blogs/vlogs, **3** Podcasts, **11** have produced/authored papers/reports and **8** selected other. Please note participants were able to select multiple answers for this question.
- Participants were asked to provide more information on the activities, the following was provided:
 - Supporting workshops and raising awareness for example, sickle cell disease and blood borne viruses (HIV, Hep B and Hep C) etc.
 - Being a part of the London Health Board Cost of Living.
 - An executive sponsor of the Black and Minority Ethnic staff network, and executive lead for staff well being.
 - Contributing to the leadership development programme where this individual covered EDI as part of their contribution.
 - Weekly message to staff on including regular items on EDI initiatives.
 - Chairing the multiagency borough inequalities group in Bromley and participating and leading, several projects and programmes to reduce inequalities including inequalities in uptake of covid vaccine.
 - Attending the Equalities Forum and the Equalities Sub-Committee.
 - Producing papers for the Equalities Sub-Committee.
 - Reports on use of health inequalities funding, board and committee reports.
 - Reducing inequalities and increasing equity for marginalised groups work programme.
 - Leading a session for the LGBTQ+ Forum.
 - Completing Equality Impact Assessments for procurements.

		<ul style="list-style-type: none"> ○ Development of the ICB's report/response to NHSE's Statement on Health Inequalities. ○ Input into the annual report for the ICB. ○ Included in training materials and safeguarding reports highlighting disproportionate number of Black children, young people and their families that are involved with statutory safeguarding systems, youth justice, serious case, serious youth violence and child safeguarding reviews. ○ Chairing the ERAD network and supporting other networks. ○ All governance reports include Health Inequality considerations. ○ Part of an inequalities working group, which produced an annual activity report to help reduce inequalities. <p>➤ 26 participants have been involved in the SEL ICB Equalities Forum, 6 in religious or cultural events, 10 in LGBTQIA+ celebrations, 4 in disability awareness, 8 in women's/people's events and 1 selected other.</p> <p>➤ Further information was provided by participants, which included:</p> <ul style="list-style-type: none"> ○ South Asian Heritage event, Black History month event, LGBTQIA+ event plus flag raising. ○ Attended SE London Menopause event. ○ Regularly attend the forum when diary allows. ○ Inspire Thrive events. ○ Local Pride Music Events that our friends are part of. ○ Attending the Equalities Forum. ○ Windrush celebrations; Pride marches; wedding. ○ Islamophobia Webinar. ○ ICB Equalities Forum, Pride, Women's health events, working with faith leaders. ○ Local menopause and maternity events. ○ National Rainbow Network meetings. ○ I have attended the equalities forum organised by the ICB. ○ When able I attend the meeting or catch up by viewing the online recordings. 		
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- Participants advised that they take part in the following to demonstrate their commitment to ED&I.
 - **53** engaged in discussion with colleagues
 - **44** discussed EDI during appraisals
 - **42** discussed EDI during 121s
 - **7** have EDI as a standing agenda item
 - **29** have had EDI team/individual training
 - **24** attended external meetings
 - **6** selected other

- **33** participants advised they had EDI objectives set. These included transformational programmes, supporting wider participation, specific KPI's which are monitored through regular 121's, through progress through programmes. **31** participants advised that they did not have EDI objectives set, comments included as none had been set, appraisal not being up to date or only having draft EDI objectives.

- When asked about how they have evidence their commitment to ED&I from feedback they have received. Participants advised the following:
 - **41** selected objective setting in appraisals
 - **33** selected involvement in strategy setting
 - **39** selected training
 - **11** selected anti-racism strategy
 - **8** selected 360 feedback
 - **7** selected other
 - **5** selected not applicable

- Participants advised they have been involved in the following (through attending meetings, production of papers, contribute to, promote or deliver supporting activities or actions):
 - **15** selected Equality Delivery System 2022
 - **15** selected Workforce Race Equality Standard
 - **6** selected Workforce Disability Equality Standard
 - **9** selected Public Sector Equality Duty Report

		<ul style="list-style-type: none"> ○ 7 selected Gender Pay Gap Report ○ 14 selected Anti-Racism Strategy ○ 34 selected None of the above <p>➤ When asked to detail how they have been involved participants advised the following:</p> <ul style="list-style-type: none"> ○ Borough deep dives and papers at Equalities Sub Committee. ○ Ongoing allyship work. ○ Board meetings and papers. ○ Championing and shaping Anti-racism strategy. ○ Attended EDI engagement events ○ Meeting with EDI team on requirements. ○ Author and lead for relevant sections that sit under my commissioning function. <p>➤ We asked colleagues to rate their EDI knowledge from a scale of 1 (no knowledge) to 10 (Subject Matter Expert). This gave us the average of 6.3 on the participants knowledge of EDI.</p> <p>➤ The final question invited participants to share any additional comments, which were as follows:</p> <ul style="list-style-type: none"> ○ The role and focus has changed over the year though maintained my EDI focus and attention even through the shift. ○ Some staff felt the organisation had appropriate EDI focus however others advised there is more focus on one area than the others. ○ Participants advised that they had previously attended allyship training, reverse mentoring, EDI training and had been sponsors of a network previously. ○ Capacity seemed to be another theme in the comments, with workplace and double/triple booking of meetings along with the days of some staff network meetings were taking place on. ○ Roles focusing on reducing inequalities and increasing equity. ○ Participants are line managing staff that needed workplace adjustments 		
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- A participant advised they felt as new person in the organisation there were expectations of them that they do not know how to meet.

The following additional questions were asked as part of the board member/attendee questionnaire:

- As a Board member/attendee, how do you ensure accountability of services, allocate resources, and regularly address issues related to equality and health inequalities?
 - Focusing on empowering people for example by targeting digital inclusion
 - Framework on ethical use of AI
 - Keeping the impacts of EDI when making decisions
 - Scrutinising the board cover papers/challenging board
 - By use of data, inclusion in strategy and performance accountability
 - Health Inequalities being a local priority
 - Through our Lambeth Together Health and Care Plan
 - Bromley strategy
- How is the ICB utilising the WRES, WDES, and NHS Oversight and Assessment Framework to formulate and enhance its strategies?
 - The ICB seeks to have representation of diverse cultures included in decision-making groups. There is a focus on WRES and WDES in mandatory training so that we are sure that every employee has an understanding of the expectations of them with regard to improving equity in our strategies and decisions.
 - Through its a joint forward plan, operating plan and wider ICP strategy, as well as guidance and practice such as recruitment processes and de-bias approaches.
 - Line management training and support.
 - Through monitoring progress over time.
 - By engagement with the workforce and ensuring strategic/board level oversight.

		<ul style="list-style-type: none"> ○ Other responses included not being sure, not knowing, not being aware and specifying this is an area of development. ➤ How as a board member/attendee are you ensuring the Leadership Framework for Health Inequalities Improvement is implemented? <ul style="list-style-type: none"> ○ One of the priorities in this framework is about developing digitally-enabled pathways inclusively. In the revised Digital, Data and System Intelligence Strategy we have ensured that there is a focus on empowering people, which considers how we can ensure fair access for all people regardless of their digital literacy or other barriers to digital inclusion. ○ There also has been an established post for a Digital Inclusion Lead for the ICB, which is placed in the EDI team. ○ There is also a pilot of donation of used IT hardware such as laptops, to support our community with access to digital equipment. ○ Monitor uptake of digital services such as the NHS App and consider how to reach diverse communities in our campaigns to increase uptake. ○ Consideration in appraisal meetings and 121 meetings. ○ Support of work in the people's board. ○ Focusing on all 4 ICB aims. ○ Through our work on population health management and in how we develop services, targeting those parts of our population who experience most health inequalities delivering at Place. ○ Setting culture in the local team and role modelling the required behaviours. ○ Through input and challenge at the Board. ○ Through Our Health Our Lambeth integrated health and care plan and its focus on addressing health inequalities within the borough. ○ Other responses include, needing support, not being sure, not knowing and not knowing the framework. <p>The following additional questions were asked as part of the VSM, Band 9 and those with line manager responsibilities questionnaire:</p>		
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		<p>➤ Please advise: When a staff risk assessments are required, are you completing them?</p> <ul style="list-style-type: none"> ○ 34 selected Yes ○ 2 selected No ○ 14 selected Other <p>➤ Please advise why staff risk assessments are not being completed/why you selected other.</p> <ul style="list-style-type: none"> ○ Not needing to complete a risk assessment ○ Not aware staff risk assessments need to be completed ○ No line management responsibilities ○ Not understanding/don't know what is meant by staff risk assessments ○ Not covered in induction <p>Alignment to criteria:</p> <p>Participants were provided with a slide highlighting the evidence that the EDI Team believed aligned with the current criteria level. Another slide was provided, outlining all the criteria levels, to help participants determine the level they felt SEL ICB had achieved. The goal was to either maintain the current level or progress to the next level (Achieving).</p> <p>Both equality and health inequalities are standing agenda items and discussed in board and committee meetings.</p> <p>This section of the criteria was addressed through the questionnaires along with this outcome 3B provides insight into it. Only a few respondents advised having it as a standing agenda item. Among Board members, a couple included it as an agenda item, while others discussed it with colleagues, during appraisals or one-to-ones, through the EDI team or individual training, and in external meetings. For the VSM, Band 9, and line manager questionnaire, five respondents had it as a standing agenda item, with the rest falling into the other categories. Papers reviewed for the Board, Committees, and Sub-Committees show it is not a standing</p>		
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agenda item, although it is thoroughly discussed and considered in various ways within many papers.

Board members and senior leaders meet staff networks at least 3 or more times a year.

Out of the 13 board members/attendees, 6 have attended a staff network meeting with attendances ranging from 1 to 10+. With VSM, B9 and those with line manager duties, from the 50 – 28 have attended staff network meetings ranging from 1 to 10+.

Staff networks have a senior sponsor.

2 board members advised that they are sponsors for networks (1 for the SEL ICB and 1 selected other). Within the VSM, band 9 and line managers questionnaire we had one 1 participant advising being a director sponsor.

Board members hold services to account, allocate resources, and raise issues relating to equality and health inequalities on a regular basis.

Board members have detailed how they hold services to account, allocate resources, raise issues through, which include empowering people through workstreams, using data, stakeholder feedback etc.

Board members and senior leaders engage in religious, cultural or local events and/or celebrations.

From the 13 board members/attendees, 10 advised that they engaged in religious, cultural or local events/celebrations. From the 50 participants for the VSM, band 9 and those with line manager duties 28 advised that they engaged.

Board members implement the Leadership Framework for Health Inequalities Improvement.

Examples of implementation of the Leadership Framework for Health Inequalities Improvement have been provided within the slides above and include: Digitally enabled pathways, empowering people in strategies

		<p>including access, digital literacy or digital exclusion, reusing ICT equipment within the community, uptake of NHS App and many more (please see above).</p> <p>Board members and senior leaders demonstrate commitment to health inequalities, equality, diversity and inclusion. The two questionnaires detail individuals (who sit at board or a senior members) commitment to health inequalities and EDI. The questionnaire was designed to gain understanding of their commitment.</p>		
	<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>There were a total of 9 papers were analysed, which consisted of:</p> <ul style="list-style-type: none"> ➤ Engagement Assurance Committee ➤ SEL ICS People Board ➤ Digital Board ➤ ICB Executive Committee ➤ Quality and Performance Committee ➤ Integrated Care Board ➤ People and culture Oversight Group ➤ Planning & Finance Committee ➤ Policy Review Group <p>A thematic analysis has been conducted, grouping the information into various themes. The last page provides an overview of how we have aligned with the criteria.</p> <p>Evidence:</p> <p>Board papers:</p> <p>Equality Diversity & Inclusion:</p> <ul style="list-style-type: none"> ○ EDI is not a standing agenda item; however, it is discussed in other capacities. ○ EDI themes are embedded into broader operational strategies; considered in discussions around key workforce and patient care, which include: 	<p>2 – Achieving</p>	<p>Equalities SRO/Deputy COS and director of corporate operations/ EDI team/ HR team</p>

		<ul style="list-style-type: none"> ○ Perinatal care ○ Elective services ○ Social care ○ Action plans to address race and disability disparities in workforce (Global Majority progression and hybrid working accessibility for disabled staff). ○ Impact of socio-economic inequalities on the workforce. ○ Boroughs focus on engaging, and reducing inequalities, in young people. ○ Bexley Wellbeing Partnership Inequalities Group established as part of the APC governance structure and appointed an SRO. ○ Business plans include priorities on addressing health inequalities and workforce diversity. ○ Equality and health inequalities are considered in financial strategies. <p>Equality Impact Assessment:</p> <ul style="list-style-type: none"> ○ All papers that were presented to the board have completed a front sheet, which takes into consideration the equality impact. ○ Please note: The equality impact sections are sometimes completed partially (i.e. information is generic and non-descript). <p>Health inequalities:</p> <ul style="list-style-type: none"> ○ Local Maternity and Neonatal system addressed national perinatal care inequalities by improving support in SEL resulting in positive impact on patients. ○ Acknowledgment that there are substantial disparities in access to elective care, with Global Majority patients waiting longer for surgeries. ○ Patients with multiple health conditions faced surgery cancellations. Interventions are in place to address this, particularly for those with anaemia and blood glucose control issues. ○ Lewisham and Greenwich NHS Trust implemented measures to reduce waiting times for patients with multimorbidity. 		
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		<ul style="list-style-type: none"> ○ Inequalities Dashboard revealed differences in 'Did Not Attend' rates based on ethnicity, age, and deprivation, prompting targeted intervention. ○ People with learning disabilities and autism in SEL experience poorer health outcomes. Efforts to address these inequalities include better management of physical health ○ Prevention measures also focus on cardiovascular disease, particularly in deprived communities. Projects like Up! Up! in Lewisham address obesity and other health concerns. ○ Ottawa Smoking Cessation model is being implemented across all trusts, particularly focusing on underserved areas. <p>Workforce:</p> <ul style="list-style-type: none"> ○ Impact(s) of decisions/policies on the workforce were considered as part of every discussion/ paper. ○ SEL is projected to face a gap of 20,000 NHS roles and 10,000 social care roles by 2030. ○ Apprenticeships, return-to-practice initiatives, and reducing international recruitment dependency were discussed to address these gaps. ○ One Bromley Cadets Programme targets young people, providing work experience and career guidance to attract them into health and care roles. ○ Recruitment targeting underrepresented groups to improve diversity in the health and care. ○ Collaborations with the university sector to enhance local training and education pipelines for health and care roles. <p>Monitoring:</p> <ul style="list-style-type: none"> ○ WRES/WDES reports are integral to the Board's strategy for addressing workforce disparities. ○ Monitoring of serious incidents, like suicides, reveal a trend towards younger people and more women being affected. ○ Inequalities Dashboard tracks disparities. 		
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Committee papers:

Equality Diversity & Inclusion:

- No dedicated agenda item for equality, but discussions undertaken through papers presented, generally on health inequalities.
- Active staff networks focusing on race, LGBTQIA+, disability, and carers.
- Cultural sensitivity training and advocacy initiatives.
- ICB's Anti-Racism Strategy.
- EDI improvement plan – plans to tackle behavioural and workplace discrimination.
- Partnerships with organisations like Lewisham Speaking Up and Bromley DeafPlus – community engagement.
- Recruitment efforts targeting disadvantaged and neurodiverse groups.
- Mental Health focus.
- EDI Committee.
- Participation in campaigns such as the London Anti-Racism Campaign.

Equality Impact Assessment:

- All papers submitted have completed a front sheet, which includes taking into consideration the equality impact.
- Equality impact sections are sometimes complete partially (i.e. information is generic and non-descript).
- Not all policies/service specs. submitted with completed EIA.
- SEND Priority Action Plan commits to conducting an EIA.
- Approval of mediation services in Bullying & Harassment policies includes an EIA.
- EIA for digital projects, especially AI implementation.
- EIAs regularly sent to ESC for review/oversight.

Health inequalities:

- Inequitable access in Speech and language therapy in Bexley, leading to private assessments – gaps identified.

		<ul style="list-style-type: none"> ○ Black women are 3.7 times and Asia women 1.8 times more likely more likely to die while giving birth compared to White women. Systemic racism recognised as a factor. ○ Annual health checks aim to reduce health inequalities for people with learning disabilities, who have a shorter life expectancy. ○ Digital Inclusion efforts aim to ensure equal access to digital health services. ○ Social care worker shortages impacting vulnerable populations. ○ Ring-fenced funding allocated to support initiatives focused on addressing health inequalities. ○ Virtual wards & remote monitoring projects designed to reduce avoidable hospital admissions. <p>Workforce:</p> <ul style="list-style-type: none"> ○ The Health and Care Jobs Hub promotes an inclusive workforce growth. ○ Workforce cost-reduction discussions focus on avoiding disproportionate impacts on lower-paid staff. ○ Joint strategy for Speech and Language Therapy and Occupational Therapy aims to address staff shortage - ensures service equity. ○ Challenges in social care recruitment being addressed through apprenticeships, with a focus on underrepresented groups. ○ AI tool discussions include workforce concerns about job security. ○ Workforce disruption from illness is mitigated through vaccination campaigns and hybrid working, ensuring staff wellbeing. ○ Wellbeing Hub ○ Digital upskilling plans to help staff adapt to new technologies. <p>Monitoring:</p> <ul style="list-style-type: none"> ○ Regular audits ensure Education Health and Care Plans meet current needs. ○ Use of KPIs to track progress in the Health and Care Jobs Hub, focusing on diversity and employment. ○ Equalities Sub-Committee monitors EDI progress across statutory requirements and action plans. 		
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		<ul style="list-style-type: none"> ○ Diabetes Sub-Group monitors outcomes related to hospital admissions and cost savings ○ Maternity service quality is monitored through monthly reviews and deep dives for outlier trusts. ○ Statutory health assessments for children in care are monitored using borough-specific data. <p>Sub-Committee papers:</p> <p>Equality Diversity & Inclusion:</p> <ul style="list-style-type: none"> ○ While not a dedicated item on any agenda, PCOG and EAC have a significant focus on EDI considerations in all discussions, policies or other implementations. Policy Group have a smaller, still noticeable, focus. ○ Inclusion Representatives are trained for interviews – ensure reasonable adjustments for autistic applicants are carried out. ○ EDI workshops and active engagement with staff integrate equality data into workforce reporting. ○ WRES/WDES reports align with ICB’s Equality Delivery Plan and focus on workforce diversity. ○ LGBTQIA+ maternity services project addresses potential inclusion issues. ○ EDI principles considered when workforce policies are implemented. ○ EAC demonstrate significant focus on disability inclusion. <p>Equality Impact Assessment:</p> <ul style="list-style-type: none"> ○ Two-stage EIA for MCR Programme ensures no individuals are identified by protected characteristic. ○ EIA for revised Change Management Policy completed and included. ○ Safeguarding Supervision policy has completed EIA. ○ Policy discussions that do not include EIAs explicitly acknowledge that the EIA is awaiting approval or needs to be completed. ○ Improved outpatient appointments were indirectly assessed for equality impact in three boroughs. 		
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		<ul style="list-style-type: none"> ○ EIAs are frequently discussed during meetings, ensuring inclusion in policy development. <p>Health inequalities:</p> <ul style="list-style-type: none"> ○ Significant focus on inequalities ○ Integrated health and social care models aim for better resident outcomes. ○ MSK programme addresses unequal access and quality of care across boroughs. ○ Early detection of cancer flagged as lacking awareness. ○ Healthwatch has been working with the Latin American community to address access barriers. ○ ICS strategy prioritises access to primary care for LTCs. ○ Global Majority and LGBTQIA+ experiences in reablement services are being explored to address intersectionality. ○ Bexley, Greenwich, and Lewisham identified improved outpatient communication could enhance accessibility. ○ Patient Choice Panel – feeds into Executive Committee to improve delivery of patient-centred care. <p>Workforce:</p> <ul style="list-style-type: none"> ○ Significant focus on workforce in all papers. ○ OD includes over 100 training courses and wellbeing support. ○ TRAC system reduces agency reliance, improving onboarding processes. ○ Job-matching process post-MCR. ○ Surveys (monthly check-ins and annual all-staff survey) guide workforce support. ○ MSK Programme Board includes lived experience of stakeholders in workforce planning. ○ ER cases by ethnicity and performance management trends are monitored. ○ Recruitment processes monitor equality data. ○ FTE days lost and equality data are tracked monthly by protected characteristic. 		
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Monitoring:

- PCOG monthly reporting includes turnover rates, wellbeing costs, and equality data.
- WRES/WDES used as part of ongoing workforce monitoring.
- Healthwatch reports track over 70 healthcare service experiences across SEL.
- PCOG incorporates EDI workshops into data collection and strategic monitoring.
- Patient feedback mechanisms flagged as needing stronger monitoring.
- Policies are continuously reviewed so EDI alignment is monitored.

Staff Risk assessments:

To assess knowledge of risk assessments within the ICB, the following questions were included in the questionnaire, which was distributed to VSM, Band 9, and staff with line management responsibilities. While the reviewed documents did not reference staff risk assessments, it was crucial to determine if these assessments are conducted when necessary.

Please note: the reviewed documents were randomly selected, so the absence of this agenda item could be due to it not being discussed in those specific meetings.

➤ **Please advise: When a staff risk assessments are required, are you completing them?**

- **34** selected Yes
- **2** selected No
- **14** selected Other

Please advise why staff risk assessments are not being completed/why you selected other.

- Not needing to complete a risk assessment
- Not aware staff risk assessments need to be completed
- No line management responsibilities

		<ul style="list-style-type: none"> ○ Not understanding/don't know what is meant by staff risk assessments ○ Not covered in induction <p>Developing approaches and strategies:</p> <p>To align with the criteria outlined in EDS22 for the WRES, WDES, and NHS Oversight and Assessment Framework—tools used to develop strategies and approaches—the following questions were included in the Board questionnaire to assess their application.</p> <p>➤ How is the ICB utilising the WRES, WDES, and NHS Oversight and Assessment Framework to formulate and enhance its strategies?</p> <p>Answers included:</p> <ul style="list-style-type: none"> ○ The ICB seeks to have representation of diverse cultures included in decision-making groups. There is a focus on WRES and WDES in mandatory training so that we are sure that every employee has an understanding of the expectations of them with regard to improving equity in our strategies and decisions. ○ Through its a joint forward plan, operating plan and wider ICP strategy, as well as guidance and practice such as recruitment processes and de-bias approaches. ○ Line management training and support. ○ Through monitoring progress over time. ○ By engagement with the workforce and ensuring strategic/board level oversight. ○ Other responses included not being sure, not knowing, not being aware and specifying this is an area of development. <p>➤ How as a board member/attendee are you ensuring the Leadership Framework for Health Inequalities Improvement is implemented?</p> <p>Answers included:</p> <ul style="list-style-type: none"> ○ One of the priorities in this framework is about developing digitally-enabled pathways inclusively. In the revised Digital, Data and System 		
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		<p>Intelligence Strategy we have ensured that there is a focus on empowering people, which considers how we can ensure fair access for all people regardless of their digital literacy or other barriers to digital inclusion.</p> <ul style="list-style-type: none"> ○ There also has been an established post for a Digital Inclusion Lead for the ICB, which is placed in the EDI team. ○ There is also a pilot of donation of used IT hardware such as laptops, to support our community with access to digital equipment. ○ Monitor uptake of digital services such as the NHS App and consider how to reach diverse communities in our campaigns to increase uptake. ○ Consideration in appraisal meetings and 121 meetings. ○ Support of work in the people's board. ○ Focusing on all 4 ICB aims. ○ Through our work on population health management and in how we develop services, targeting those parts of our population who experience most health inequalities delivering at Place. ○ Setting culture in the local team and role modelling the required behaviours. ○ Through input and challenge at the Board. ○ Through Our Health Our Lambeth integrated health and care plan and its focus on addressing health inequalities within the borough. ○ Other responses include, needing support, not being sure, not knowing and not knowing the framework. <p>Equality Impact Assessments:</p> <p>An Equality Impact Assessment (EIA) is an important risk assessment tool, which is used to ensure that our policies, service design and delivery, procurement, planning etc. are fair, inclusive, and accessible to the people and communities we serve and our workforce. By systematically assessing the potential positive and negative impacts of our actions on different groups, we can identify and address any barriers or inequalities, particularly those affecting protected characteristics such as age, disability, gender, race, and more.</p>		
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Conducting an EIA helps us to make informed decisions, promote diversity, and create environments where all individuals feel respected and valued. Whether you're developing new initiatives or reviewing existing ones, carrying out an EIA is an essential step in fostering a more equitable environment for our workforce, and people and communities. By embedding equality considerations into everything we do, we not only comply with legal obligations under the Equality Act 2010 but also enhance the quality of our services and improve outcomes for all.

Explore this page for guidance on how to conduct EIAs, access templates, further resources, training and understand the importance of ongoing monitoring of actions and updating your EIAs.

To ensure our EIA process remains robust and effective, we've recently reviewed and refined it with input from colleagues across the ICB. As part of this update, we've developed a new toolkit that includes refreshed guidance and resources. On the following link, you'll find the latest EIA forms and toolkit, ready to support colleagues in embedding equality into everything we do: [EIA Toolkit](#).

The EDI Team are also in the process of developing training for this and the data packs will have more information in the 2025/2026 data pack.

Alignment to criteria:

Participants were provided with a slide highlighting the evidence that the EDI Team believed aligned with the current criteria level. Another slide was provided, outlining all the criteria levels, to help participants determine the level they felt SEL ICB had achieved. The goal was to either maintain the current level or progress to the next level (Excelling).

Both equality and health inequalities are standing agenda items in all board and committee meetings.

EDI is not a standing agenda item; however, it is discussed in other capacities. EDI themes are embedded in broader operational strategies; considered in discussions around key workforce and patient care,

Equality and health inequalities impact assessments are completed for all projects and policies and are signed off at the appropriate level where required.

All papers that were presented to the board have completed a front sheet, which takes into consideration equality impact. It should be noted that, they aren't always completed properly (i.e. information is generic and non-descript). The review also found that not all policies/service specification were submitted with completed EIA. However, it is noted that in the Policy Review Group, all policies submitted there require an EIA to be completed. In the slides above there are examples of some of the ones, which had completed EIAs. There is also a slide above which explains the new Process of the EIA which has been implemented, which is still being rolled out throughout the organisation and will eventually include EIA training, more information on this will be available in next years EDS22 data pack.

Staff risk assessments, specific to those with protected characteristics, are completed and monitored (where relevant).

As part of the 3A questionnaire, we asked about staff risk assessments and found that most were completed when needed. However, we also identified that some staff were unaware of these assessments, indicating a need for additional efforts in this area.

Required actions and interventions are measured and monitored.

Monitoring is undertaken in various methods, which has been detailed above and also in outcome 3C. The board monitors WRES/WDES/EDS22, serious incidents. There is also an inequalities dashboard board presented at the board. Within committees, there are regular audits, KPI's to track, ESC monitors EDI progress along with many others detailed above. Sub-committees – we found that PCOG has monthly reporting, WRES, WDES looked like part of ongoing workforce

		<p>monitoring, health watch reports, patient feedback along with other's detailed above.</p> <p>The WRES, WDES and/or NHS Oversight and Assessment Framework are used to develop approaches and build strategies. The WRES, WDES, NHS Oversight and Assessment Framework are utilised to develop and build strategies – this can be seen in the difference pieces of work that are being discussed in the different papers that were reviewed.</p> <p>Equality and health inequalities are reflected in the organisational business plans to help shape work to address needs In board, committees and sub-committees extensive discussions have taken place on equality and health inequalities and plans put into place (detailed in the slides above).</p>		
	<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>Multiple levers are in place, along with effective monitoring and progress tracking for these levers. The information provided below details the specific levers and monitoring for both workforce and patient management</p> <p>Workforce Disability Equality Standard (WDES). The WDES is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. NHS organisations use the metrics data to develop and publish an action plan, building on high impact actions shared in the first EDI Improvement Plan. This is not mandatory for South East London ICB, however it is undertaken as good practice.</p> <p>The last WDES report shows that we are underrepresented within our workforce and at board level, work is being undertaken to ensure those who have disability and LTC are attracted to ICB. Improvements have been made in Metric 4 bullying n harassment and metric 8 – workplace adjustments. For full details on the report please use the following link to review the report: SEL-ICB-WDES-Report-2023.pdf (selondonics.org)</p>	<p>2 – Achieving</p>	<p>Equalities SRO/Deputy COS and director of corporate operations/ EDI team</p>

Workforce Race Equality Standard (WRES):

The WRES ensures that employees from Global Majority backgrounds have equal access to career opportunities and receive fair treatment in the workplace. It has a set of 9 specific measures (indicators), which enable the organisation compare to workplace experiences. This is not mandatory for South East London ICB, however it is undertaken as good practice.

The last WRES report shows that we are overrepresented by 0.9% (40.7% staff are from a Global Majority background). However, Global Majority staff are underrepresented at senior and Board levels. As 2023 - 2024 was the first year for the ICB to produce their WRES, there is no comparison. Comparisons will be made in the 2024-2025 report. Note that there is ongoing work being undertaken within recruitment, bullying and harassment etc. To review the WRES report please click on the following link: [2023-2024 WRES Report](#).

Workforce Sexual Orientation Equality Standard (WSOES):

The WSOES follows the same process as the WRES and WDES in publishing workforce data showing the experience of LGBTQ+ staff in terms of recruitment and selection, promotion and retention and representative the board is. Along with this we have the national staff survey data which relates to the bullying and harassment. This, like WRES and WDES is not mandated for the ICB but will be undertaken for the first time in 2024-2025 as good practice.

Gender Pay Gap (GPG):

The Gender Pay Gap (GPG) measures the median and mean difference in hourly earnings between men and women and is legally required. Our 2022-2023 ICB report shows:

- A mean GPG of 12.65%, up from 11.04% in March 2022.
- A median GPG of 2.43%, down from 15.07% in March 2022.
- Relative pay: For every £1 a woman earns, a man earns £1.13 on average; for median earnings, men earn £1.024 for every £1 earned by women.

Gender representation analysis shows an increase in male representation in lower pay quartiles but a decrease in upper quartiles. Women held 63% of top-paying jobs, largely in clinical lead roles. Overall, men more frequently occupy higher-paid positions within SEL ICB, with the highest male presence in the upper quartile and the lowest in the lower middle quartile. For information on the 2023-2024 Gender Pay Gap please click on the following link: [2023-2024 Gender Pay Gap](#).

Public Sector Equality Duty (PSED):

The Public Sector Equality Duty is a duty on public authorities to consider or think about how their policies or decisions affect people who are protected under the Equality Act. Private organisations and individuals don't have to comply with this duty. South East London ICB have a robust report, which incorporates data and initiatives for staff. The ICB have been audited by the Equalities and Human Rights Commission (EHRC) and they advised the ICB's annual Public Sector Equality Duty report 2023/24 was one of the most comprehensive compilations of ICB activity the EHRC had reviewed. To view our PSED report, please click on the following link: [PSED Report](#).

Equality Delivery System 2022 (EDS22):

The EDS22 is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice. Domain 2 and Domain 3 concentrate on the ICB staff. The 2023-2024 report can be found on the following link: [2023-24 EDS22 Report](#).

LGBTQ+ Health Inclusion Framework:

This is a practical framework enabling health and care leaders to create inclusive environments for LGBTQ+ staff and service users. In 2023-2024, it was agreed that this would be implemented and is currently

underway. Next year's EDS22 report will be able to provide more findings on this.

Equality Impact Assessment (EIA):

EIA's are a tool that help to ensure decisions, practices and policies within organisations are fair and do not discriminate against any protected group. The process usually includes filling out an Equality Impact Assessment template, which is unique to an organisation. All changes or new implementations are required to undertake an EIA. For 2024-2025 a new guidance and forms have been produced and will also be going to develop training. In section 3B, there is information on this. The documentation can be found on the following link: [Equality Impact Assessment](#).

Accessible Information Standard (AIS):

This directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss. The ICB is working on being compliant on this standard and has produced a guidance document for colleagues. This can be found on the following link: [How to produce accessible documents](#).

EDI strategy:

An EDI Strategy is underway and will adopt an intersectional approach rather than focusing on individual characteristics. This strategy will incorporate the Equality Standards, EDS22, Gender Pay Gap, and more. Additional information will be available in the 2025-2026 data as the strategy is yet to be completed.

CORE20Plus5 Dashboard:

This dashboard contains population data that has been derived from primary care and shows the key demographic differences between the total population of an London and the Core20 population. Core20PLUS5 is a national NHS England approach to support the reduction of health inequalities at both national and system level. The approach defines a

target population cohort and identifies '5' focus clinical areas requiring accelerated improvement.

Monitoring:

Many of these generate actions and are monitored through various means, this includes:

Equality Delivery Plan (EDP):

The EDP is an action monitoring system that encompasses all Equality, Diversity, and Inclusion (EDI) actions arising from their strategies, as well as statutory and mandatory reports

Corporate risk register:

The corporate risk register helps to identify, assesses, and monitors key risks facing the ICB. It records potential risks, evaluates their impact and likelihood, and outlines mitigation strategies to manage or minimise these risks. This will help the ICB prioritise risks, improve decision-making, and ensure accountability in risk management. Many of our directorates will have a risk on this register include an Equality, Diversity and Inclusion risk.

Board Assurance Framework (BAF):

The BAF is a specialised risk register used by the ICB's board to manage strategic risks that could impact the achievement of its objectives. This is dissimilar to the Corporate Risk Register as it focuses on high-level risks that are critical to the ICB's overall success of its objectives. It includes information on the nature of each risk, potential impacts, current controls, and action plans to reduce risk exposure. The BAF helps ensure the board has a clear overview of key risks and the effectiveness of mitigating measures, supporting informed governance and accountability. If any Equalities or Health Inequalities risks are identified – they may be put on either the corporate risk or BAF.

Equalities Sub-Committee & other committees:

Equalities sub-committees and other relevant committees play a crucial role in monitoring action plans and risks associated with equality, diversity, and inclusion (EDI) initiatives or health inequalities. These sub-committees regularly review progress, assess risks, and ensure alignment with strategic goals to keep work on track. EDI reports are first presented to the equalities sub-committee, where members review and refine content, evaluate effectiveness, and discuss potential improvements. Following this initial review, the report is then escalated to the board or executive committee for final approval, ensuring that EDI efforts are thoroughly vetted and aligned with organizational objectives before implementation.

Equality and Human Rights Commission (EHRC):

EHRC are Britain’s independent equality and human rights regulator. They are United Nations accredited ‘A status’ National Human Rights Institution (NHRI). Their role is to make the country a fairer place by enforcing and upholding the laws that safeguard everyone’s right to fairness, dignity and respect. They regularly undertake audits of SEL ICB’s website and reports to ensure we are complying with requirements.

Care Quality Commission (CQC):

CQC is an independent regulator of health and adult social care in England. They ensure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve. They monitor, inspect and regulate services and publish what they find. Although the ICB’s do not go undergo Care Quality Commission inspections, our providers do and their results will have an impact, so this is also monitored.

Alignment to criteria:

Participants were provided with a slide highlighting the evidence that the EDI Team believed aligned with the current criteria level. Another slide was provided, outlining all the criteria levels, to help participants

determine the level they felt SEL ICB had achieved. The goal was to either maintain the current level or progress to the next level (Achieving).

Board members, system and senior leaders ensure the implementation and monitoring of the relevant below tools. Interventions for unmet goals and objectives are present for the relevant below tools.

All levers and reports undergo a governance process that involves review by the Equalities Sub-Committee, followed by the Executive Committee (which includes Board members) for approval before publication. They have visibility of the actions and can ask questions. These actions are monitored through the Equality Delivery Plan and the Corporate Risk Register.

Those holding roles at AFC Band 8C and above are reflective of the population served Organisations are able to show year on year improvement using Gender Pay Gap reporting, WRES and WDES.

The reports and their corresponding links are provided above, highlighting various developments achieved to date. While these documents showcase areas of positive progress, it is evident that representation still requires further attention and dedicated efforts. Ongoing work is essential to addressing disparities and foster a more equitable and inclusive environment for everyone.

Board members, system and senior leaders monitor the implementation and impact of actions required and raised by the below tools: WRES (including Model Employer), WDES, Impact Assessments, Gender Pay Gap reporting, Accessible Information Standard, end of employment exit interviews, PCREF (Mental Health), EDS 2022

The organisation has a wide range of levers and monitoring tools designed to act as strategic mechanisms for progress. These tools are crucial not only for driving improvements but also for tracking actions effectively. Within 3A, one of the participants have mentioned looking at the PCREF within the Lambeth Borough.

Domain 3: Inclusive leadership overall rating	5	
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Third-party involvement in Domain 3 rating and review	
<p>Trade Union Rep(s): A representative had initially been secured but declined the invitation just a few days before the event. The EDI team reached out to all representatives again and followed up multiple times, but no responses were received.</p>	<p>Independent Evaluator(s)/Peer Reviewer(s): Healthwatch attended engagement and scoring session.</p>

EDS Organisation Rating (overall rating): **22 – Achieving**

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**

9. EDS Action Plan

EDS Action Plan	
EDS Leads	Year(s) active
Assistant Director of Equality, Diversity and Inclusion, SEL ICB Equality, Diversity and Inclusion Manager, SEL ICB Director of Mental Health, Children and Young People and Health Inequalities, SEL ICB Head of Contracting Quality, SEL ICB Head of Equality, Diversity and Inclusion, Oxleas NHS Foundation Trust	Year 1 (implementation March 2024-March 2025) Year 2 (implementation March 2025-March 2026)
EDS Sponsors	Authorisation date
Chief of Staff and Equalities SRO Executive Director for Planning/Deputy Chief Executive	19 March 2025

10. Domain 1 Action Plan 2024/25 – Integrated Therapies Service (Greenwich)

Domain	Outcome	Objective	Action	Lead / Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Data is important to allow the service to respond appropriately to local needs	Service to continue to collect demographic / protected characteristic data: especially ethnicity; religion; and sex/gender so local responses can aim to address known patterns.	Head of Integrated Therapies Service 28 November 2025

	1B: Individual patients (service users) health needs are met	Ensure communication is effective with children and families where there are protected characteristic considerations (especially those with English as an additional language and those with a disability, impairment or sensory loss)	<ul style="list-style-type: none"> • Handover and transitions – investigate effectiveness of operational processes generally and through the lens of protected characteristics. • 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. • Ensure reports, letters and the Integrated Therapy Service website reflects family's communication preferences and meeting the Accessible Information Standard. 	<p>Head of Integrated Therapies Service</p> <p>30 September 2025</p> <p>30 September 2025</p> <p>30 September 2025</p>
	1C: When patients (service users) use the service, they are free from harm	Continue to make children and young people feel safe when using our services	No actions identified; noting service should continue to implement and regularly review policy and practice around serious incidents and safeguarding.	Ongoing

	<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"> • 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 • Consider developing resources to explain how our service work and how families can get involved that meet the Accessible Information Standard • Ensure families where English is an additional language know how to raise concerns or make complaints 	<p>Head of Integrated Therapies Service</p> <p>30 September 2025</p> <p>30 September 2025</p> <p>30 September 2025</p>
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11. Domain 1 Action Plan 2024/25 – Paediatric Community Dental Service

Domain	Outcome	Objective	Action	Completion lead/date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Data collection for specific protected characteristics to be improved.	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.	Community Dental Services (KCH and BHC) and Regional Lead for Secondary, Community & Specialist Dentistry 28 February 2026
	1A: Patients (service users) have required levels of access to the service	Improve understanding of access through further evidence gathering.	Paediatric community dental services to broaden the range of measures regularly reported on to better understand access including waiting times.	Community Dental Services (KCH and BHC) and Regional Lead for Secondary, Community & Specialist Dentistry 28 February 2026
	1D: Patients (service users) report positive experiences of the service	Embed service user, patient and care-giver involvement	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.	Community Dental Services (KCH and BHC) and Regional Lead for Secondary, Community & Specialist Dentistry 28 February 2026

12. Domain 2 Action Plan 2024/25

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	Further enhance support by expanding line manager training, increasing awareness, and establishing a dedicated phone line for employees with disabilities.	<ul style="list-style-type: none"> • Develop and implement bespoke training for line managers, which includes (not limited to) conflict management, how to undertake discussions, EDI etc. • Organise awareness events/sessions on various health conditions, including (not limited to) Obesity, diabetes, asthma, COPD and Mental Health Conditions • Raise awareness and promote the resources (literature) available on health conditions through the Employee Assistance Programme (EAP). • Promote initiatives for a healthy life and a good work/life balance such as walking meetings, taking part in couch to 5k etc. • Assess the need for a dedicated disability helpline and establish one if required. 	31 March 2026
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Create a safe, inclusive workplace by embedding values, enhancing support systems, strengthening leadership, and addressing unacceptable behaviour.	<ul style="list-style-type: none"> • Emphasise South East London's values and behaviours, just culture along with zero tolerance for bullying, harassment and physical violence through communications and training 	31 March 2026

			<ul style="list-style-type: none"> • Review 'safe spaces' in the organisation to encourage disclosure of unacceptable behaviour (e.g. staff networks, freedom to speak up). • Review and analyse the 2024 NHS results to understand staff experience and develop an action plan based on the findings. • Revitalise the mediation service, including training more staff to become mediators • Design and deliver enhanced line management training. • Refresh the appraisal process to ensure staff have an opportunity raise concerns. • Implement the Sexual Safety Charter. • Strengthen and actively promote the Speaking Up process 	
	<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"> • Raise awareness of Freedom to Speak Up Guardians and other support to ensure staff are confident in accessing and using services. • Review the bullying and harassment/mediation guidelines to ensure it is inclusive. • Provide line managers/leaders training to understand how to deal with concerns that are raised. • Launch the Stress Indicator Toolkit to assess the impact on 	<p>31 March 2026</p>

			<p>colleagues and develop an action plan accordingly.</p> <ul style="list-style-type: none"> • Engage staff networks in the review of priority Equality Impact Assessments (EIA) • Increase the number of trained Mental Health First Aiders. • Promote awareness of the Employee Assistance Programme (EAP) and provide clear guidance on how to access and use it. 	
	<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"> • Further develop a talent management programme to ensure we attract, retain and support staff with career progression within the organisation. • Establish a buddying system for new recruits to support their orientation and integration during their initial weeks in the organisation. • Reintroduce in-person induction programs to enhance the onboarding experience. • Develop a formal process to ensure exit interview data is reviewed at the PCOG, ensuring any actions are implemented. • Collaborate with partner organisations to incorporate staff lived experiences and drive improvements, for example, SEL ICS-wide events. 	<p>31 March 2026</p>

13. Domain 3 Action Plan 2024/25

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	Continue to demonstrate commitment to Equality, Diversity, and Inclusion, addressing both inequality and health inequalities, by fostering a culture of awareness and proactive engagement across the organisation.	<ul style="list-style-type: none"> • Equality, Diversity, and Inclusion champions to help increase awareness across the organisation. • Increase EDI knowledge organisation-wide with a specific focus on board members, VSM and band 9 • Have an executive sponsor for each staff network • Encourage senior leaders to attend staff networks and actively participate. • 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. • Lead awareness sessions for the Senior Management Team, integrating EDI themes and inputs into these engagements. 	31 March 2026

	<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 organisation's BAU, ensuring that this is reflected in policies, practices, and daily operations.</p>	<ul style="list-style-type: none"> • Expand discussions from Race, LGBTQ+ and Disability to all protected characteristics and take into consideration intersectionality. • 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. • Embed the refreshed Equality Impact Assessment (EIA) process across the organisation, including the development and delivery of training to enhance its integration. 	<p>31 March 2026</p>
	<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 place to integrate Equality, Diversity, and Inclusion across the organisation, with regular assessments to track progress and identify areas for improvement.</p>	<ul style="list-style-type: none"> • Ensure EDI remains a 'golden thread' in all ICB's activities to ensure legislative compliance and moving beyond into innovative interventions and practise. • Promote awareness of the Menopause Policy, highlighting Board, system, and senior leaders' commitment and support. • Increase the involvement of Board members, system, and senior leaders in WRES, WDES, WSOES, EDS22, and Gender Pay Gap (GPG) initiatives. 	<p>31 March 2026</p>

14. Domain 2 Action Plan 2023/24 update

Domain	Outcome	Objective	Action	Update
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	To improve and increase what the ICB is currently offering in relation to health and wellbeing.	<ul style="list-style-type: none"> • Improve and raise awareness/communication of what the ICB has to offer. • Promote the importance of a good work/home life balance. • Develop bespoke training/health and wellbeing plan. • Hold a focus group to gain a better understanding of the lived experiences of those who consistently scored lower and put actions into place. • Ensure line managers have a health and wellbeing conversation as part of 121s and appraisals. 	<p>Actions for 2A have been completed and are now closed.</p> <p>Awareness-raising initiatives have been carried out through SEL Together, meetings, and intranet pages. Over the past 12 months, the OD team has facilitated several sessions to gain insight into staff's lived experiences.</p> <p>Line managers understand the importance of incorporating wellbeing conversations into appraisals, with specific objectives in place. They are also aware of the need to integrate these discussions into one-to-ones (1:1s).</p> <p>Workforce appraisal and 1:1 templates are available to support this process.</p>
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	To promote and improve the current offers and processes in relation to bullying, harassment and physical violence.	<ul style="list-style-type: none"> • Emphasise South East London's values and behaviours, just culture along with zero tolerance for bullying, harassment and physical violence through communications and training. 	<p>Not all actions for 2B have been completed. Below is a breakdown of the completed and outstanding actions:</p> <ul style="list-style-type: none"> • Ongoing: Policies continue to be reviewed and updated. All policies are going through

			<ul style="list-style-type: none"> • Review 'safe spaces' in the organisation to encourage disclosure of unacceptable behaviour (e.g. staff networks, freedom to speak up). • Gather more information regarding protected characteristics in relation to formal and informal complaints. • Raise awareness of the mediation service and increase informal resolution. • Raise awareness of what constitutes bullying and harassment. • Provide in-house coaching offers to leaders and managers in relation to bullying and harassment, and how to deal with it. 	<p>the Equality Impact Assessment process, following which they are taken to the Policy Review Group. This action will be completed by 31 March 2025.</p> <ul style="list-style-type: none"> • Ongoing: The FTSU process is being restarted and will be completed by 31 March 2025. • Complete: Data on PC's has been gathered and taken to the PCOG to be reviewed and analysed. Where it has been identified actions are required, this has been implemented. • Complete: - Bullying and Harassment information is available on the intranet, policies. Further information will be provided to colleagues on a case by case basis. • Complete: Coaching is offered to colleagues via the intranet (OD page).
	2C: Staff have access to independent support and advice when suffering from	To improve communication/awareness	<ul style="list-style-type: none"> • Raise awareness of Freedom to Speak Up Guardians and other support to ensure staff are 	Not all actions for 2C have been completed. Below is a

	<p>stress, abuse, bullying harassment and physical violence from any source</p>	<p>of the offerings available from the ICB</p>	<p>confident in accessing and using services.</p> <ul style="list-style-type: none"> • Review the bullying and harassment/mediation policy to ensure it is inclusive. • Ensure staff who accuse and those who are accused, both supported throughout the process and know where they can get support. • Embed resources and support at induction and 121s. • Provide line managers/leaders training to understand how to deal with concerns that are raised. 	<p>breakdown of the completed and outstanding actions:</p> <ul style="list-style-type: none"> • Ongoing: The FTSU process is being restarted and will be completed by 31 March 2025. • Ongoing: Policies continue to be reviewed and updated. All policies are going through the Equality Impact Assessment process, following which they are taken to the Policy Review Group. This action will be completed by 31 March 2025. • Complete: Support is available through EAP/Just Culture checklist available to all line managers. Line Manager training will be added to the OD workplan. • Complete: Line managers understand the importance of incorporating wellbeing conversations into appraisals, with specific objectives set for this purpose. They are also aware of the need to discuss wellbeing during 1:1
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				<p>meetings. Appraisal and 1:1 templates are available on Workforce to support these discussions.</p> <ul style="list-style-type: none"> • Ongoing: Line managers are provided support through policies. This action is closely linked with the policy review action: Policies continue to be reviewed and updated. All policies are going through the Equality Impact Assessment process, following which they are taken to the Policy Review Group. This action will be completed by 31 March 2025.
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>To promote and review processes to ensure policy and processes are followed to ensure better staff experiences.</p>	<ul style="list-style-type: none"> • Further develop a talent management programme to ensure we attract, retain and support staff with career progression within the organisation. • Increase awareness of appraisals organisation wide and provide managers with training on the process. • Promote and increase level of exit interviews carried out in the organisation. 	<p>Not all actions for 2D have been completed. Below is a breakdown of the completed and outstanding actions:</p> <ul style="list-style-type: none"> • Ongoing: Talent Management will become a part of the OD Teams new workplan for 25/26. • Complete: Training on appraisals is available on workforce, however it will be updated. • Complete: Managers are aware of the exit interview process, which is included in

				the leavers checklist that they are required to complete. All data collected from exit interviews is submitted to the PCOG for review and trend analysis.
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15. Domain 3 Action Plan 2023/24 update

Domain	Outcome	Objective	Action	Update
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	To increase commitment to Equality, Diversity and Inclusion (inequality and health inequalities).	<ul style="list-style-type: none"> • Increase the number of respondents to questionnaire in the next EDS22 • Equality, Diversity, and Inclusion champions to help increase awareness across the organisation. • Increase EDI knowledge organisation-wide with a specific focus on board members, VSM and band 9. • Have an executive sponsor for each staff network. • Encourage senior leaders to attend staff networks and actively participate. • Promote the staff networks further and encourage sign up by being clear that staff networks are open to all. 	<p>Not all actions for 3A have been completed. Below is a breakdown of the completed and outstanding actions:</p> <ul style="list-style-type: none"> • Complete: Overall number of respondents to questionnaire was increased. This was done through providing participants a longer of time to complete the questionnaire. • Ongoing: Discussions are ongoing, with the expectation that champions will be selected from staff networks. This action is set to be completed by the end of FY 25/26. • Ongoing: Inclusive Leadership training to be developed. Discussions are taking place with the Chief of Staff on the way forward. To be completed by end of FY 25/26.

				<ul style="list-style-type: none"> • Ongoing: Executive sponsors will be in place by the end of FY 25/26. • Ongoing: Attendance to staff networks is encouraged of all staff however with the implementation of the executive sponsors it will encourage those in leadership positions to join staff network meetings. To be completed in FY 25/26. • Complete: Staff Networks are promoted at the Equalities form, on the intranet and meetings that are undertaken by the staff networks.
	<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>To ensure Equality, Diversity and Inclusion (equality and health inequalities) are embedded into the organisation as BAU.</p>	<ul style="list-style-type: none"> • Expand discussions from Race, LGBTQ+ and Disability to all protected characteristics and take into consideration intersectionality. • Ensure routine completion of Equality Impact Assessments on documents and projects, including training staff. • Provide regular EDI updates in SEL Together to further embed key messaging. 	<p>Not all actions for 3B have been completed. Below is a breakdown of the completed and outstanding actions:</p> <ul style="list-style-type: none"> • Ongoing: A EDI Strategy is being developed, which will be incorporating all protected characteristics. This will be completed in FY25/26. • Complete: The redesign of the EIA has been completed

			<ul style="list-style-type: none"> • Widen the scope of committee papers reviewed in next year's EDS22 to test how embedded it is in decision-making processes. • Increase risk assessments and ensure these are completed correctly. 	<p>and the process of training and socialisation has begun.</p> <ul style="list-style-type: none"> • Complete: Regular EDI updates are provided in SEL Together. • Complete: This year's review for EDS22 contained 9 different papers, which consisted of the board, committees and sub-committees. • Complete: DSE risk assessments/risk assessments/Pregnancy, stress, disability assessments etc. are undertaken when needed.
	<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>To ensure levers in place are adequately monitored to ensure embedding of Equality, Diversity and Inclusion at all levels of the organisation.</p>	<ul style="list-style-type: none"> • Ensure senior levels within the organisation are reflective of the community served. • Increase engagement from board and system leaders regarding how to leverage EDI tools and frameworks to improve equality and tackle health inequalities. • Develop Equality Delivery Plan to create a dashboard to monitor progress. 	<p>Not all actions for 3C have been completed. Below is a breakdown of the completed and outstanding actions:</p> <ul style="list-style-type: none"> • Complete: The WRES/WDES/WSOES are all workstreams which helps to address the representation at senior levels. • Ongoing: Inclusive Leadership training to be developed. Discussions are

			<ul style="list-style-type: none"> • Organisation to develop a culture in which EDI is at the heart of all it does and not just an "add on" to ensure legislative compliance. 	<p>taking place with the Chief of Staff on the way forward. To be completed by end of FY 25/26.</p> <ul style="list-style-type: none"> • Ongoing: The EDP is being refreshed and a dashboard will be develop to ensure actions are being monitored. This action will be completed in FY 25/26. • Complete: Organisational culture is developed through Equalities Forum, staff networks, newsletters. It will also form a part of the new ways of working programme. This will be completed in FY 25/26.
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