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

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Contents

1.	Equality Delivery System for the NHS.....	2
2.	NHS Equality Delivery System (EDS) summary information.....	3
3.	NHS Equality Delivery System (EDS) programme 2023/24.....	4
4.	EDS Rating and Score Card	9
5.	Domain 1: Commissioned or provided services	10
6.	Domain 2: Workforce health and well-being	15
7.	Domain 3: Inclusive leadership	22
8.	EDS Action Plan	34
9.	Domain 1 Action Plan	34
10.	Domain 2 Action Plan	37
11.	Domain 3 Action Plan	39

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 should be 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 Tosca Fairchild, Chief of Staff and Equalities SRO	
Name of Integrated Care System	South East London Integrated Care System (SEL ICS)		
EDS Leads and contributors	<ul style="list-style-type: none"> • Roger Hendicott, EDI/OD Project Manager • Halima Dagia, Equality, Diversity and Inclusion Manager • Wasia Shahain, Senior Equality, Diversity and Inclusion Manager • Michael Boyce, Director of Corporate Operations • Rupinder Dev, Director of Mental Health, Children and Young People, and Health Inequalities • Jacqui Kempen, Head of Maternity for the ICB and LMNS, Local Maternity Neonatal System • Caroline Priscott, Project Manager, Local Maternity Neonatal System • SEL ICS Equality Delivery System 2022 Task and Finish Group 		
		At what level has this been completed? *List organisations	
EDS engagement date(s)	Domain 1: Acute providers: Lewisham and Greenwich NHS Trust: 16 November 2023. King's College Hospital NHS Foundation Trust: 22 November 2023. Guys and St Thomas' NHS Foundation Trust: 8 January 2024. Domain 2: SEL Integrated Care Board: 4 October 2023. Domain 3: SEL Integrated Care Board: 13 December 2023.	Individual organisation	Domain 2 – SEL Integrated Care Board Domain 3 – SEL Integrated Care Board
		Partnership* (two or more organisations)	Domain 1 (Maternity services) – SEL Integrated Care Board, King's College Hospital NHS Foundation Trust, Lewisham and Greenwich NHS Trust, Guys and St Thomas' NHS Foundation Trust.
		Integrated Care System-wide*	
Date completed	16 January, 2024	Month and year published	February, 2024
Date authorised	14 February, 2024	Revision date	

3. NHS Equality Delivery System (EDS) programme 2023/24

a) Introduction:

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 2023/2024. Annual NHSE reporting on progress and outcomes from the EDS22 is due by 28 February 2024. There are three domains consisting of 11 outcomes which are assessed as part of the EDS 2022:

- Domain 1: Commissioned and provided services (maternity services – assessed in ‘partnership’ with SEL ICS acute providers).
- 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 first 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 through NHSE Q&A events and other correspondence where needed.

b) SEL ICS EDS22 Task and Finish Group:

The new framework requires system-wide collaboration to support design and delivery of the EDS22 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. The group has been meeting since April 2023 for a total of 12 sessions and 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, Local Maternity Neonatal System (LMNS) 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. The acute Trusts emerged as the most active in this process across the ICS, and further information can be found on their EDS22 assessments in section 4.

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 2023/24 assessment:

- **Maternity services** – once the task and finish group was established in April 2023, maternity services emerged as an option in early discussions with GSTT, KCH and LGT. This service has been identified as an underperforming ‘complex’ service due to its scope and scale. Resourcing and wider trust challenges (for example rolling out of the EPIC system) impacted on project timelines due to capacity issues or lack of access to the organisational data required to carry out the EDS22 assessment. Please note this EDS22 assessment covers acute provision of the maternity care pathway.
- As part of system-wide discussions through the EDS22 Task and Finish group, SLaM and Oxleas selected perinatal mental health services to review for Domain 1. Separately, SLaM and Oxleas have completed assessments and scored both their perinatal mental health services as ‘Achieving’.

Internal discussions took place between the EDI and Planning teams to identify a further two services which could be assessed in alignment with national guidance and selection criteria (to balance out maternity with two smaller, less complex services, one of which was well-performing and one where performance was unknown):

- **Breast cancer screening (Southwark) – a scoping exercise has been undertaken on this service.** Working with operational leads, the ICB EDI team has carried out a high-level mapping exercise to understand the breast cancer service pathway. The breast cancer screening service is commissioned by NHSE and delivered by KCH. SEL ICB actions to improve breast cancer screening uptake would involve working through the PCN Networks, potentially through the PCN Direct Enhanced Service (DES) contract. The scoping exercise identified evidence gaps for some of the Domain 1 outcomes. Operational leads also advised engagement would involve liaising with two PCNs covering circa 40 practices with variation in practice performance. Development of an improvement plan is complicated by the fact that SEL ICB does not commission the service and is therefore not the accountable body. This resulting complexity has led EDS22 project leads to determine this service may not be best suited to assessment at this time. **Please see next steps section for how this learning will be incorporated into EDS22 planning for 2024/25.**
- **Learning Disabilities health checks (Lambeth) – a scoping exercise has been undertaken on this service.** This service was suggested as an option at the Equalities Sub-Committee and was subsequently explored for suitability with leads from the Learning Disability and Autism team. This is a GP Enhanced Service for L&D Health Checks, offering all patients over the age of 14 who are on their learning disability register an annual health check. Most doctors offer annual health checks to people with a learning disability, but do not have to. The initial review identified challenges to delivery within compressed timeframes: the broad scope of engagement across circa. 40 practices, evidence broken down into

protected characteristics and the quality of the health check itself is not available. **Please see next steps section for how this learning will be incorporated into EDS22 planning for 2024/25.**

- **Conclusion:** Following the scoping exercises, and in discussion with the Planning directorate, service leads and the Equalities Sub-Committee, SEL ICB opted to complete a full assessment for maternity services in partnership with SEL acute providers. Maternity services are a large, complex service and has been categorised as ‘underperforming’ by the acute providers for the purposes of this assessment.

Domain 2 (Workplace health and wellbeing) – the scope for this domain was determined through various processes which included reviewing the technical guidance and scoring criteria to understand NHS England requirements. The NHSE Equality and Health Inequalities Network was also used as a source of information and advice. 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 undertaken. The NHSE Equality and Health Inequalities Network was also used as a source of information and advice. 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). Scoring for Domain 3 included a moderation carried out by Healthwatch as an independent evaluator.

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:** Lewisham and Greenwich NHS Trust: 16 November 2023; King’s College Hospital NHS Foundation Trust: 22 November 2023 and Guys and St Thomas’ NHS Foundation Trust: 8 January 2024.
 - **Domain 2:** SEL Integrated Care Board: 4 October 2023.
 - **Domain 3:** SEL Integrated Care Board: 13 December 2023.
- Regular SEL ICS task and finish group meetings have been held.
- Operational support has been provided via the Equality Delivery Group.
- Key decision-making and scrutiny were conducted through the Equalities Sub-Committee at the May, July, September, November 2023 and January 2024 meetings.
- An executive briefing was prepared and discussed at the Equalities Sub-Committee in September.
- Informal discussions were held throughout the process:
 - (internal) Place Executive Leads, SEL ICB Chief Executive and Director of Planning where relevant.
 - (external) Other ICBs in London, including a meeting with South West London Integrated Care Board.
 - (external) NHS England EDS22 lead (Patient Equalities Team) and at EDS22 Q&A events.

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: one service area has been reviewed by three key acute providers. To determine an ICB score, an average has been used for each outcome. The domain score will be the sum of each outcome score.
- 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: 7 out of 12
- Domain 2 score: 8 out of 12
- Domain 3 score: 4 out of 9

• Overall SEL ICB score and rating:

This provides SEL ICB with an overall EDS organisation score of 19 and a rating of 'developing'.

f) Implementation plans:

Each acute provider is developing an individual EDS22 implementation plan for maternity services. The Local Maternity Neonatal System (LMNS) will facilitate and support delivery of plans in 2024/25. In addition, the LMNS is producing an ICB-facing implementation plan which will be monitored periodically through the SEL ICB Equalities Sub-Committee.

g) Next steps – learning and looking ahead:

Through the implementation of the new EDS22, SEL ICB has identified a range of challenges and opportunities which will be taken on board for the next assessment. A full after-action review will be conducted at a future SEL ICS EDS22 task and finish group to capture the full scope of learning.

Capacity building:

- Interpretation of new EDS22 framework and guidance
- Adequate resourcing to support full implementation across SEL ICS
- Building competencies across SEL ICS to undertake the assessment (training, resources, advice)

Organisational:

- Delays due to external factors such as introduction of new IT systems i.e. EPIC

- Future delivery of Domain 1 assessment will be led by the Planning directorate
- Future delivery of Domain 2 and Domain 3 assessments to be led by the EDI Team

Project management:

- Follow recommended NHSE project cycle
- Early service selection which meets the selection criteria
- Early identification of service leads and stakeholders
- Expectations to assess three services annually, while delivering the previous years' implementation plans

Data and intelligence:

- Domain 1 – limitations of service data disaggregated by protected characteristic
- Domain 3 – breadth of committees included in assessment scope

Other levers:

- Develop contracting mechanisms which support completion of EDS22

h) Conclusion

- Overall, a productive initial year of implementation whereby a SEL ICS EDS22 task and finish group has been established which all partners have agreed to continue into 2024/25 to support ongoing delivery of EDS22.
- SEL ICB and all acute providers (King's, LGT and GSTT) have fully assessed one service (deemed underperforming) in partnership, namely the maternity service of each organisation, with input from the Local Maternity Neonatal System (LMNS) and SEL ICB EDI team.
- All acute provider EDS22 maternity implementation plans will be supported by LMNS from 2024/25.
- Domain 2 (Workforce health and wellbeing) suggests a robust position in this domain, and one to maintain and build on as the organisation re-calibrates in its new form in 2024/25.
- Domain 3 (Inclusive leadership) scoring reflects positive intentions, with a stronger focus required on moving to measurable outputs for 2024/25.
- The ICB adapted and learned from the process in 2023/24 and looking to integrate and build on the approach in 2024/25.

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 with scores are below.

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

5. Domain 1: Commissioned or provided services.

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>Maternity Services (Acute providers):</p> <p>a) <u>King's College Hospital NHS Foundation Trust:</u></p> <ul style="list-style-type: none"> • Range of evidence gathered including: Number of births, Number of bookings, Number of interpreters (including languages spoken), Number of appointments using interpreters, Number of complaints received, and Friends and Family Test. • Engagement undertaken: KCH undertook a face-to-face scoring event on 22 November 2023, attended by a range of community members recruited by PACT and Maternity Voices Partnership, and included a number of other stakeholders like the Local Maternity Neonatal System. The group was highly diverse and reflected the broad range of ethnicities in the population. • Scoring outcomes: for this outcome, the agreed score is 2. 	2 - Achieving	Maternity lead, KCH Head of EDI (Patient and Communities), KCH
		<p>b) <u>Lewisham and Greenwich Hospitals NHS Trust:</u></p> <ul style="list-style-type: none"> • Range of evidence gathered including: Breakdowns of booking appointments; Provision of cultural humility training; Development of policies on travel costs and compassionate NHS charging; Pride in Practice accreditation scheme; and Supporting migrant and refugee communities. • Engagement undertaken: The Trust invited Healthwatch and Maternity Voice Partnerships across Bexley, Greenwich, and Lewisham to participate in scoring. A virtual event was held on 16 November 2023 which had patient representatives and other stakeholders, including the service manager from LGT's maternity service and Local Neonatal Maternity Service. • Scoring outcomes: for this outcome, the agreed score is 2. 	2 - Achieving	Transformation lead midwife, KCH AD Strategy, LGT

		<p>c) <u>Guys and St Thomas' NHS Foundation Trust:</u></p> <ul style="list-style-type: none"> • Range of evidence gathered including: Breakdown of booking appointments; Caesarean sections. • Engagement undertaken: the trust invited a range of organisations to attend a scoring event on 8 January 2024 and a discussion was held with participants including charities, representatives from GSTT's maternity service and Local Neonatal Maternity Service. A subsequent meeting will be held with Healthwatch to agree scoring. • Scoring outcomes: for this outcome, the agreed score is 2. 	2 - Achieving	Lead Midwife for maternity services, EDI officer, GSTT
	1B: Individual patients (service users) health needs are met	<p>Maternity Services (Acute providers):</p> <p>a) <u>King's College Hospital NHS Foundation Trust:</u></p> <ul style="list-style-type: none"> • Range of evidence gathered including: Number of Covid positive patients and their outcome; Compliance with the four actions to minimise additional risk of Covid-19 to pregnant people from Black, Asian and ethnic minorities; and % of pregnant people with continuity of carer. • Engagement undertaken: KCH undertook a scoring event on 22 November 2023, attended by a range of community members recruited by PACT and Maternity Voices Partnership, and included several other stakeholders like the Local Maternity Neonatal System. The group was highly diverse and reflected the broad range of ethnicities in the population. • Scoring outcomes: for this outcome, the agreed score is 1. <p>b) <u>Lewisham and Greenwich NHS Trust:</u></p> <ul style="list-style-type: none"> • Range of evidence gathered including: breakdown of smoke-free data; Use of clinical decision tools; Support from Vulnerable women's teams; Work with charity FiveXMore; Core20Plus5 dashboard; Promotion of mental health; Perinatal mental health support; and work with younger parents. 	1 - Undeveloped	Maternity lead, KCH Head of EDI (Patient and Communities), KCH
			2 - Achieving	Transformation lead midwife, KCH AD Strategy, LGT

		<ul style="list-style-type: none"> • Engagement undertaken: The trust invited Healthwatch and Maternity Voice Partnerships across Bexley, Greenwich and Lewisham to participate in scoring. A virtual event was held on 16 November 2023 which had patient representatives and other stakeholders, including the service manager from LGT’s maternity service and Local Neonatal Maternity Service. • Scoring outcomes: for this outcome, the agreed score is 2. <p>c) <u>Guys and St Thomas’ NHS Foundation Trust:</u></p> <ul style="list-style-type: none"> • Range of evidence gathered including: Continuity of carer pathway. • Engagement undertaken: the trust invited a range of organisations to attend a scoring event on 8 January 2024 and a discussion was held with participants including charities, representatives from GSTT’s maternity service and Local Neonatal Maternity Service. A subsequent meeting will be held with Healthwatch to agree scoring. • Scoring outcomes: for this outcome, the agreed score is 2. 	2 - Achieving	Lead Midwife for maternity services, EDI officer, GSTT
	1C: When patients (service users) use the service, they are free from harm	<p>Maternity services (Acute providers):</p> <p>a) King’s College Hospital NHS Foundation Trust:</p> <ul style="list-style-type: none"> • Range of evidence gathered including: Review of clinical guidelines in place to support patients with specialist teams; Review of escalation policy; Review of risk management processes; Review of FGM policy; Staff completion of mandatory training and safeguarding (including abduction training, safeguarding adults policy, safeguarding children, prevention of violence, H&S training etc); Number of stillbirths and neonatal deaths; Number of maternal deaths; Number of post-partum haemorrhage (PPH); Number of emergency C-sections; Smoking rates (antenatal and at delivery); and Breastfeeding rates (at delivery). • Engagement undertaken: KCH undertook a scoring event on 22 November 2023, attended by a range of community members recruited by PACT and Maternity Voices Partnership, and included several other 	2 - Achieving	Maternity lead, KCH Head of EDI (Patient and Communities), KCH

		<p>stakeholders like Local Maternity Neonatal System. The group was highly diverse and reflected the broad range of ethnicities in the population.</p> <ul style="list-style-type: none"> • Scoring outcomes: for this outcome, the agreed score is 2. <p>b) <u>Lewisham and Greenwich NHS Trust:</u></p> <ul style="list-style-type: none"> • Range of evidence gathered including: Breakdown of: Births; Emergency c-sections; Still-births; and Neonatal deaths; Use of clinical decision support tool; Provision of cultural humility and mandatory training; Progress with Clinical negligence scheme for trusts; and Patient safety incident response framework. • Engagement undertaken: The trust invited Healthwatch and Maternity Voice Partnerships across Bexley, Greenwich and Lewisham to participate in scoring. A virtual event was held on 16 November 2023 which had patient representatives and other stakeholders, including the service manager from LGT's maternity service and Local Neonatal Maternity Service. • Scoring outcomes: for this outcome, the agreed score is 2. <p>c) <u>Guys and St Thomas' NHS Foundation Trust:</u></p> <ul style="list-style-type: none"> • Range of evidence gathered including: Breakdown of: Clinical incidents; Complaints; Caesarean births; Still births; massive Post Partum Haemorrhage (PPH); and Pre-term births. • Engagement undertaken: the trust invited a range of organisations to attend a scoring event on 8 January 2024 and a discussion was held with participants including charities, representatives from GSTT's maternity service and Local Neonatal Maternity Service. A subsequent meeting will be held with Healthwatch to agree scoring. • Scoring outcomes: for this outcome, the agreed score is 2. 	<p>2 - Achieving</p> <p>2 - Achieving</p>	<p>Transformation lead midwife, KCH AD Strategy, LGT</p> <p>Lead Midwife for maternity services, EDI officer, GSTT</p>
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	1D: Patients (service users) report positive experiences of the service	<p>Maternity services (Acute providers):</p> <p>a) <u>King’s College Hospital NHS Foundation Trust:</u></p> <ul style="list-style-type: none"> • Range of evidence gathered including: Staff shortages; Community engagement that is done (Friends and Family Test, PALS, Complaints); Quantitative analysis for maternity data, supplemented with qualitative insights from midwife interviews. • Data was collected and analysed for the period April – June 2023, looking at the health differences across patients from different communities based on protected characteristics. To address some data gaps, the Trust gathered insights through interviews on provision of services to LGBTQ+ birthing people at King’s. • To inform the recommendations, different stakeholders from South East London Local Maternity and Neonatal System, King’s Health Partners Women and Children’s Health, King’s Women’s Network etc. • Engagement undertaken: KCH undertook a scoring event on 22 November 2023, attended by a range of community members recruited by PACT and Maternity Voices Partnership, and included a number of other stakeholders like Local Maternity Neonatal System. The group was highly diverse and reflected the broad range of ethnicities in the population. • Scoring outcomes: for this outcome, the agreed score is 1. <p>b) <u>Lewisham and Greenwich NHS Trust:</u></p> <ul style="list-style-type: none"> • Range of evidence gathered including: Breakdown of Friends and Family Test data; Range of work through Maternity Voice Partnerships; and Cultural humility training with a patient experience measure. • Engagement undertaken: The Trust invited Healthwatch and Maternity Voice Partnerships across Bexley, Greenwich and Lewisham to participate in scoring. A virtual event was held on 16 November 2023 which had patient representatives and other stakeholders, including the 	1 - Undeveloped	Maternity lead, KCH Head of EDI (Patient and Communities), KCH
			1 - Undeveloped	Transformation lead midwife, KCH AD Strategy, LGT

	<p>service manager from LGT's maternity service and Local Neonatal Maternity Service.</p> <ul style="list-style-type: none"> • Scoring outcomes: for this outcome, the agreed score is 1. <p>c) <u>Guys and St Thomas' NHS Foundation Trust:</u></p> <ul style="list-style-type: none"> • Range of evidence gathered including: Initiatives include Anti-racism training for staff; Optimal cord management; Smoking cessation. • Engagement undertaken: the trust invited a range of organisations to attend a scoring event on 8 January 2024 and a discussion was held with participants including charities, representatives from GSTT's maternity service and Local Neonatal Maternity Service. A subsequent meeting will be held with Healthwatch to agree scoring. • Scoring outcomes: for this outcome, the agreed score is 2. 	2 - Achieving	Lead Midwife for maternity services, EDI officer, GSTT
Domain 1: Commissioned or provided services overall rating (Provider average)		7	

6. 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 used this included the overall ICB score and National ICB Benchmark. The ICB score was further broken down into different protected characteristics (where possible), which included:</p> <ul style="list-style-type: none"> • Age • Sex • Ethnicity • Religion • Sexual Orientation • Carers (children) • Disability • Carers (long-term conditions) <p>Data for each protected characteristic was compared to the national benchmark: a difference of 3% or above being considered significant.</p> <p>The following data was used:</p>	2 - Achieving	Human Resource Management/ Organisational Development team

		<p>1. Although not directly related the specified conditions (these are preventative and help manage symptoms), the following support is in place for all staff irrespective of the protected characteristic group to which they may belong. Support includes:</p> <ul style="list-style-type: none"> • Cycle Scheme • Challenge the Wild walks – Free of charge. • Better Health – Let’s do it. • Supporting colleagues affected by Long COVID • Couch to 5k • Digital weight management programme for NHS staff • Supporting colleagues affected by the menopause. • Workplace adjustments guidance • Guidance regarding transgender and nonbinary staff <p>2. Staff Survey data: this allowed participants to see the experience of staff at SEL ICB. Questions from the staff survey included:</p> <ul style="list-style-type: none"> • My immediate [line] manager takes a positive interest in my health and wellbeing. • My organisation takes positive action on health and wellbeing. • 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? <p>Key Findings:</p> <ul style="list-style-type: none"> • The NHS National Staff Survey does not hold data on marriage and civil partnership and pregnancy and maternity. • It should be noted that there is a percentage of staff who would prefer not to say in certain questions within the following protected characteristics: Sex, Religion and Sexual Orientation. This may be due to fear of discrimination. • South East London ICB is going through a change process; however, it is still providing health and wellbeing support services. This has been recently launched by the OD team and is easily accessible on the intranet. • A workplace adjustments guidance has been developed by the EDI team and HR to help managers and colleagues to understand the need for adjustments and the processes that needs to be followed. 		
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		<ul style="list-style-type: none"> • Overall, 78.3 % of ICB staff believe their manager takes a positive interest in their health and wellbeing, however the ICB is below the benchmark of 80.2%. • Overall, 68.4% of ICB staff believe the ICB takes positive action on health and wellbeing, this is on par with the benchmark. • Overall, 17.7% of ICB staff have felt pressure from their manager to come to work, which is higher than the benchmark of 11.7%. • Overall, 79.2% of ICB staff believe the ICB have made reasonable adjustments, however we are below the benchmark of 80.4%. 		
	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Quantitative data was used, this included the overall ICB score and National ICB Benchmark. The ICB score was further broken down into different protected characteristics (where possible), which included:</p> <ul style="list-style-type: none"> • Age • Sex • Ethnicity • Religion • Sexual Orientation • Carers (children) • Disability • Carers (long-term conditions) <p>All data was compared (individually) to the national benchmark with any difference (compared to the National NHS Benchmark) of 3% or above being considered significant.</p> <p>The following data was used as part of this outcome:</p> <ol style="list-style-type: none"> 1. National staff survey data – questions included: <ul style="list-style-type: none"> • 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 answerers within the protected characteristics category has been provided. 2. Formal and informal complaints data and themes. <p>Key findings:</p>	<p>2 - Achieving</p>	<p>Human Resource Management/ Organisational Development team</p>

		<ul style="list-style-type: none"> • The NHS National Staff Survey does not hold data on marriage and civil partnership and pregnancy and maternity. • It should be noted there is a percentage of staff who would prefer not to disclose information on the following protected characteristics in some questions: Sex, Religion and Sexual Orientation. This may be due to the fear of discrimination. • Overall, 5.8% of ICB staff have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this is below the benchmark of 8.5%. • Overall, 12.7% of ICB staff have experienced harassment, bullying or abuse from managers in the last 12 months, this is above the benchmark of 9.2%. • Overall, 13.9% of ICB staff have experienced harassment, bullying or abuse from other colleagues in the last 12 months, this is above the benchmark of 10.3%. • There was Zero physical violence experienced from managers and colleagues. • Overall, 0.4% of ICB staff experienced physical violence from service users, public or relatives in the last 12 months, this is on par with the benchmark. 		
	<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 used this included the overall ICB score and National ICB Benchmark. The ICB score was further broken down into different protected characteristics (where possible), which included:</p> <ul style="list-style-type: none"> • Age • Sex • Ethnicity • Religion • Sexual Orientation • Carers (children) • Disability • Carers (long-term conditions) <p>All data was compared (individually) to the national benchmark with any difference (compared to the National NHS Benchmark) of 3% or above being considered significant.</p> <p>The following data was used:</p> <ol style="list-style-type: none"> 1. Support and Advice: <p>The following support is provided by the organisation to all colleagues through the Human Resources and Organisational Department.</p> <ul style="list-style-type: none"> • At SEL ICB, there are four Staff Networks in place: Age and Ability, Embracing Race and Diversity, LGBTQ+ and Women, Parent and Carers 	<p>2 - Achieving</p>	<p>Human Resource Management/ Organisation Development team</p>

		<p>Internal Support</p> <ul style="list-style-type: none"> • Developing mental fitness training • Boost your confidence • Understanding emotional intelligence • Building your personal resilience • Coaching & Mentoring • 360 feedback tool • OD Support package • NHS Elect • REACT training • Workplace adjustments guidance • Mediation Service • Freedom to Speak Up • Wellbeing risk assessment • Bullying and harassment policy • Facilitated meetings • Advice • Signposting to trade unions • Mental Health First Aid • Psychological first aid • Staff side <p>External Support</p> <ul style="list-style-type: none"> • 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 <p>2. National staff survey data, questions included:</p> <ul style="list-style-type: none"> • 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. <p>Key findings:</p>		
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		<ul style="list-style-type: none"> • The NHS National Staff Survey does not hold data on marriage and civil partnership and pregnancy and maternity. • It should be noted there is a percentage of staff who would prefer not to disclose information on the following protected characteristics in some questions: Sex, Religion and Sexual Orientation. This may be due to fear of discrimination. • SEL ICB provide a range of support and advice to ICB staff. These consist of internal support such as psychological support, mediation, training etc. and external support such as access to work, occupational health etc. • Overall, 45.2% of ICB staff reported harassment, bullying or abuse at work. This is above the benchmark of 43.5%. • Overall, 57.6% of ICB staff felt safe to speak about concerns in the ICB, this is below the benchmark of 65.4%. • Overall, 48% of ICB staff feel if they spoke up about something that concerned them, they are confident that the ICB would address their concern, this is below the benchmark of 53.8%. • Overall, 57.2% of ICB staff felt confident that the ICB would address their concern. This is below the benchmark of 63.6%. 		
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Quantitative data was used this included the overall ICB score and National ICB Benchmark. The ICB score was further broken down into different protected characteristics (where possible), which included:</p> <ul style="list-style-type: none"> • Age • Sex • Ethnicity • Religion • Sexual Orientation • Carers (children) • Disability • Carers (long-term conditions) <p>All data was compared (individually) to the national benchmark with any difference (compared to the National NHS Benchmark) of 3% or above is considered significant.</p> <p>The following data was used:</p> <p><u>National staff survey data</u></p> <p>Questions included:</p> <ul style="list-style-type: none"> • I would recommend my organisation as a place to work. 	<p>2 - Achieving</p>	<p>Human Resource Management/ Organisational Development team</p>

		<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. <ul style="list-style-type: none"> - Sickness data • HR provided sickness data – percentage and the reasons behind the sickness. This provided background context for data. • Leaving data – HR provided data for those leaving the organisation and the reasons for leaving -this provided background context for the data. <p>Key findings:</p> <ul style="list-style-type: none"> • The NHS National Staff Survey does not hold data on marriage and civil partnership and pregnancy and maternity. • It should be noted that there is a percentage of staff who would prefer not to disclose the following protected characteristics for some questions: Sex, Religion and Sexual Orientation. • Overall, 61% of ICB staff would recommend this a place to work, this is below the benchmark of 62.1%. • Overall, 50.9% of ICB staff would be happy with the standard of care if a friend or relative needed treatment, this is below the benchmark of 53.6%. • Overall, 32.8% of ICB staff feel valued by the ICB (this statistic is linked to the appraisal), this is below the benchmark of 33.9%. • Overall, 45.8% of ICB staff feel that there are equal opportunities for them to develop their career, this is below the benchmark of 48.1%. • Overall, 53.7% of ICB staff felt supported to develop their potential this is below the benchmark of 58%. • Over the last 12 months sickness data shows us that there has been between 2.5% to 3% of staff absent monthly • There are many reasons for those leaving the organisation however, these include: not feeling valued, lack of opportunities, work/life balance, training and promotion, which all will have an impact on if our staff recommend the ICB or not. 		
Domain 2: Workforce health and well-being overall rating		8		

7. 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>A leadership questionnaire was designed and developed, aligned to the requirements of EDS22. The questionnaire was shared with 117 staff members (which includes Board VSM, Band 9 and those with line manager duties) and completed by 48 staff members, which gave a response rate of (41%).</p> <p>Questions (14 in total):</p> <ol style="list-style-type: none"> a. Please select the most relevant option. Are you a. Board Member or attendee, Band 9 or Very Senior Manager, Line Manager... (please select one) b. Which of the following staff network meetings have you attended (this can include external staff networks)? (please select all that apply) c. How often do you attend staff network meetings per a year (collectively)? (please select one) d. Are you an executive sponsor (VSM or Band 9) of the following staff networks (this can include external staff networks)? (please select all that apply) e. Have you produced or taken part in any of the following (in regard to Equality or Health Inequalities): (please select all that apply) f. (linked to Q5) Please can you provide further information below, along with any links. g. Have you attended or taken part in any of the following Equality, Diversity and Inclusion celebration/ awareness events (internal or external to the ICB), which are not connected to any of your own protected characteristic/culture/religion etc. (please select all that apply) h. (Linked to 7) Please provide further information on the celebration/awareness events you have attended. 	1 - Developing	Equalities SRO/Deputy COS and director of corporate operations/ EDI team

		<p>i. . Which of the following do you take part in on a daily/weekly/monthly basis to demonstrate your commitment to Equality Diversity and Inclusion (please select all that apply).</p> <p>j. How have you evidenced your commitment to Equality, Diversity and Inclusion from feedback that you have received through feedback from colleagues, this includes 360 feedback (please select all that apply).</p> <p>k. Which of the following have you been involved in (through attending meetings, production of papers, contribute to, promote, or deliver supporting activities or actions): (please select that all apply)</p> <p>l. Please detail how you have been involved in the option (s) you have selected in question 11.</p> <p>m. How sufficient do you think your knowledge is (1 being no knowledge and 10 being a Subject Matter Expert).</p> <p>n. Please use the box below for any other comments.</p> <p>Key Findings:</p> <ul style="list-style-type: none"> • The most attended staff network meeting was Embracing Race and Diversity (well established and longest running network) and least attended was the Age and Ability network (noting this network was launched in August 2023). • Most participants attend staff networks work meetings 1-4 times a year, only 7 reported 10 or more times. • There is no formal arrangement for executive sponsors of SEL ICB staff networks. • Three participants have contributed to blogs/vlogs, three podcasts, one participant has had an interview with the media, ten have produced/authored papers/reports and 34 participants had no involvement. • More info: Development and publication of the ICS CYP mental health and emotional wellbeing plan, Board papers, Media interactions • 28 have been involved in the SEL ICB Equalities Forum, ten have been involved in religious or cultural events, ten have been involved in LGBTQ+ celebrations, ten have been involved in disability awareness, 14 involved in women's/people's events, 13 have selected none of the above and two have selected other. 		
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		<ul style="list-style-type: none"> • More info: Attending and speaking at external staff network events: https://nhsmuslimnetwork.co.uk/, Southwark Women's Network, SEL ICB EDI Book Film and Music Club. • 43 engaged in discussion with colleagues, 27 discussed EDI during appraisals, 31 discussed EDI during 121s, 11 have EDI as a standing agenda item, 24 have had EDI team/individual training, 22 attended external meetings, two selected none of the above. • 24 used objective setting in appraisals, 29 used strategy settings, 19 used training, 15 used Anti-racism strategy, 7 selected not applicable, 6 selected other. • 15 have been involved in Equality Delivery System 2022, 20 have been involved in the Workforce Race Equality Standard, 13 have been involved in the Workforce Disability Equality Standard, 15 have been involved in the Public Sector Equality Duty report, 12 have been involved in the Gender Pay Gap report, 16 have been involved in the Anti-Racism Strategy, 24 selected none of the above • More info: Attending various meetings during the production of reports, reviewing reports at Equalities Sub-committee prior to going to board, involved in development of strategies which incorporated data from the reports. • Average EDI knowledge was 6.48 out of a total of 10. • Further comments included: Equality and diversity should be a fabric woven into everyday practice and not something that can be ticked off - like in this survey, it is difficult to priorities attending forums over other existing commitments/meetings and work deadlines, Events are not at times I can attend. There is not protected time within the org for this. 		
	<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>A total of 8 papers were analysed (in full): 4 board papers and 4 Equalities Sub-Committee papers. The findings were divided into themes of Health Inequalities, Equality Impact Assessment, Equality, Diversity and Inclusion, workforce, and monitoring.</p> <p>Papers used:</p> <p>Board:</p> <ul style="list-style-type: none"> • 16 November 2022 • 15 February 2023 	<p>2 - Achieving</p>	<p>Equalities SRO/Deputy COS and director of corporate operations/ EDI team</p>

- 19 April 2023
- 19 July 2023

Equalities Sub-Committee:

- 5 January 2023
- 2 March 2023
- 4 May 2023
- 6 July 2023

Key findings from board papers:

Health Inequalities:

- Significant focus on improving inequalities in all board papers for patients, which took into consideration the impact on patient care for services that were being changed – for example the delegation of Pharmacy, Optometry and Dental services – impact on patients.
- There were borough level focuses, which included: Men’s health, Covid champions, homeless healthcare clinics, celebrating Black History Month, outreach programmes and funding to reduce health in equalities.
- Focus on mental health, learning disabilities and working closely with the voluntary sector to address inequality of care.
- ICB objectives heavily focus on addressing disparities within the community served in South East London.

Equality Diversity and Inclusion:

- EDI discussions/update featured in all the board papers except the first one (November 2022). There was a key feature within the CEO report.
- Discussions undertaken on the Equalities Sub-Committee workstream: Anti-racism strategy, Workforce Disability Equality Standards, Equality Delivery Plan (monitoring all EDI actions), EDI Book, Film and Music club, Public Sector Equality Duty report, Gender Pay Gap, Workforce Race Equality Standard.
- EDI Report featured within one of the papers and covered: Workstream/priorities update, Compliance to statutory and mandatory requirements, Equality Delivery Plan update, Discussion on the four staff

		<p>networks, Highlights of achievements to date, Information on the Anti-Racism Strategy and the EDI innovation fund of £50,000. Work on organisational culture and the two social movements – voice signatures and the EDI Book Film and Music Club.</p> <ul style="list-style-type: none"> • Approval of Public Sector Equality Duty report and Gender Pay Gap reports. • Set up of an Equality, Diversity & Inclusion Committee has been established. <p>Equality Impact Assessment:</p> <ul style="list-style-type: none"> • All papers that are presented to the board are expected to complete a front sheet, which includes a section on equality impact. However, these are not always fully completed. • Mentions of EIA included in: <ul style="list-style-type: none"> - ESC ToRs – improve uptake of Equality Impact Assessment & Panel to be formed. - Equality Delivery Plan – Actions on Equality Impact Assessments - ICB Equality Objectives are based on Equality Impact Assessments. - Paper to redesign the Equality Impact Assessment presented to ESC. - HR & OD updated – A Equality Impact assessment will be undertaken for the Management Cost Reduction. <p>Workforce:</p> <ul style="list-style-type: none"> • Every board paper reviewed has had some workforce discussions whether that is in the presentation, which included the need to address culture across the career pathway, commitment towards workforce challenges experience and mitigating actions. Implementing mandatory training on learning and disabilities and autism. <p>Monitoring:</p> <ul style="list-style-type: none"> • BAF risk is discussed at each board meeting, including mitigating actions taking place and update. • The Equality Delivery Plan discussed, which is a plan that includes all the EDI actions being undertaken and an update is provided to the Equalities Sub-Committee bi-monthly. 		
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- Reports included actions and mitigating actions.

Key findings for Equalities Sub-committee

Health inequalities:

- Equalities Sub-Committee (ESC) relaunched January 2023 and is a focus on support for patients & workforce to improve care to address health disparities.
- Acknowledgement of health inequalities across the population and different protected characteristics.
- Discussions included, Low uptakes of covid-19 vaccines – esp. Bexley, Bromley homeless population programme.
- Papers presented on Population Comparator Data Paper, Health Inequalities Dashboard. LGBTQ+ Health Inclusion framework
- Initiatives: digital changes, patient-initiated follow-up, patient choice, effective triage, monitoring, and service redesign.

Workforce:

- Significant focus on workforce in all papers, which included:
 - Support staff in rising cost of living.
 - Mandatory training on learning disabilities and autism.
 - Equity boards are being established by LCPs.
 - Staff networks e.g. name from Beyond BAME to Embracing Race and Diversity.
 - New contract with Occupational Health – app available.
 - Freedom to Speak up Guardians.
 - Commitment to learning, openness and transparency.
 - OD and HR updates include National Staff Survey, Management Cost Reduction, Let It Out service.

Equality Diversity and Inclusion:

- Significant focus on EDI at SEL ICB and Place level
- Greenwich film being produced highlighting mental health and wellbeing being for young people.
- Update on Race Equality Forum (now known the Equalities Forum)
- ED&I report to the ICS people board.

		<ul style="list-style-type: none"> • All EDI Mandatory and Statutory reports taken to ESC prior to board approval – this includes WDES, WRES, PSED, GPG, EDS22 etc. • Accessible Information Standard, • The Trans and Non-binary Guidance, The latest NHS EDI Improvement Plan • Equalities in Recruitment group formed to provide equity in the employee work lifecycle. <p>Equality Impact Assessment:</p> <ul style="list-style-type: none"> • All papers presented to the Equalities Sub Committee will include a front sheet, which includes taking into consideration the equality impact. However, these are not always fully completed. • Mentions of EIA included in: <ul style="list-style-type: none"> - ESC ToRs – improve uptake of Equality Impact Assessment & Panel to be formed. - Equality Delivery Plan – Actions on Equality Impact Assessments - ICB Equality Objectives are based on Equality Impact Assessments. - Paper to redesign the Equality Impact Assessment presented to ESC. - HR & OD updated – A Equality Impact assessment will be undertaken for the Management Cost Reduction. <p>Monitoring:</p> <ul style="list-style-type: none"> • The ESC is presented with the EDP, which was streamlined to include all statutory and mandatory EDI reporting. • ICB objectives and the Board Assurance Framework discussed including risks, challenges and mitigating actions. 		
	<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>There are many levers in place, so the performance can be managed, and progress can be monitored. The below information has been divided into levers for staff and levers for patients.</p> <p>Data & Key findings:</p> <p>Staff:</p> <p>Workforce Disability Equality Standard</p>	<p>1 - Developing</p>	<p>Equalities SRO/Deputy COS and director of corporate operations/ EDI team</p>

The Workforce Disability Equality Standard (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.

Workforce Race Equality Standard

The NHS Workforce Race Equality Standard ensures that employees from Black and Minority Ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. It has a set of nine specific measures (indicators), which enables the organisation to compare to workplace experiences. This is not mandatory for South East London ICB; however, it is undertaken as good practice.

Public Sector Equality Duty

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 the duty. South East London ICB has a robust report which incorporates data and initiatives for staff.

Gender Pay Gap

The Gender Pay Gap measures the difference between median (average) hourly earnings of men and women, usually shown by the percentage men earn more than women.

Equality Delivery System 2022

The Equality Delivery System (EDS) is a system that helps NHS organisations improve services provided for local communities and support better working environments, free from 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 ICB staff.

LGBTQ+ Health Inclusion Framework

This is a practical framework enabling health and care leaders to create inclusive environments for LGBTQ+ staff and service users.

Equality Analysis/Equality Impact Assessments

This is a tool that helps 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 Equality Analysis. The ICB is looking to enhance its processes further.

Accessible information standard

The standard 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 in the process of developing training to ensure all staff understand this standard.

Monitoring

Many of these generate actions and are monitored through various means, this includes the Equality Delivery Plan, which has all the Equality, Diversity, and Inclusion (EDI) actions from statutory and mandatory reports.

There is also the Corporate Risk Register, which has an EDI risk attached to it. Other ways of monitoring include the Equality and Human Rights Commission audits, which support compliance with requirements. Although ICB do not go through Care Quality Commission inspections, their providers do and their results will have an impact, so this is also monitored. Other ways of monitoring include the ICB's committees, which are the Equality Delivery Group and Equalities Subcommittee.

Patients:

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 South East 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.

Public Sector Equality Duty

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 the duty. The South East London ICB report includes good Equality, Diversity, and Inclusion practices within each borough, this not only celebrates achievements but also helps with raising awareness.

Equality Delivery System 2022

The Equality Delivery System (EDS) is a system that helps NHS organisations improve services provided for local communities and support better working environments, free from 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 1 of the EDS22 specifically focuses on patient care and access.

Equality Analysis/Equality Impact Assessments

This is a tool that helps 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 Equality Analysis. Most changes at the ICB generally relate to patient care.

Accessible Information Standard

The standard 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. At South

		<p>East London ICB, this is taken seriously for both patients and staff. The ICB's public facing website ensures compliance with accessibility standards. Training is being developed to ensure all staff who upload to the public facing website understand requirements.</p> <p>Monitoring All risks and mitigations are monitored by the board and senior members of South East London ICB, this is done through the Board Assurance Framework, which is presented at board meetings. Along with this the Equality and Human Rights Commission audits, which ensure the ICB is complying with requirements. Although the Care Quality Commission does not inspect ICBs, providers are inspected and those results will have an impact, so this would also be considered.</p>		
Domain 3: Inclusive leadership overall rating			4	

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s): TU reps invited to scoring event but unavailable due to capacity.	Independent Evaluator(s)/Peer Reviewer(s): Folake Segun, Director of Healthwatch

EDS Organisation Rating (overall rating):

19 (Developing)

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**.

8. EDS Action Plan

EDS Action Plan	
EDS Lead	Year(s) active
Wasia Shahain, Senior Equality, Diversity and Inclusion Manager	Year 1 (implementation March 2024-March 2025)
EDS Sponsor	Authorisation date
Tosca Fairchild, Chief of Staff and Equalities SRO	16 January 2024

9. Domain 1 Action Plan

Domain	Outcome	Objective	Action	Lead and completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> All women and birthing people book for maternity care by 10 weeks. 	<ul style="list-style-type: none"> Continue to monitor information regarding when women and birthing people book in for maternity care via the LMNS Quality Surveillance Group. Speak to birthing people to understand barriers to accessing maternity care early in their pregnancy. 	Head of Maternity for the ICB and LMNS, March 2025
		<ul style="list-style-type: none"> Accessible and effective patient information is provided to all women and birthing people. 	<ul style="list-style-type: none"> Ensure patient information is timely, relevant, and accessible (languages, format) for people who require maternity services. 	Project Manager, SEL LMNS, March 2025

		<ul style="list-style-type: none"> • Patient and community voices are used to improve maternity and neonatal services. 	<ul style="list-style-type: none"> • LMNS Community Engagement Project. Feedback from community groups will be showcased and shared with ICB Trusts and engagement participants. • Project feedback and findings will form part of the LMNS Equality and Equity action plan. 	<p>Head of Maternity for the ICB and LMNS, April 2024</p> <p>Head of Maternity for the ICB and LMNS, March 2024</p>
1B: Individual patients (service users) health needs are met		<ul style="list-style-type: none"> • Individual maternity services routinely liaise with primary, community and specialty services, with oversight from the ICB. 	<ul style="list-style-type: none"> • ICB continues to lead networks (maternal medicine and pelvic health) which support complex medical needs for women and birthing people. • Continued oversight role of perinatal mental health services. 	<p>Head of Maternity for the ICB and LMNS, March 2025</p> <p>Head of Maternity for the ICB and LMNS, March 2025</p>
		<ul style="list-style-type: none"> • Personalised care is offered to all women and birthing people. 	<ul style="list-style-type: none"> • Work with individual maternity services to audit personalised care on an annual basis. 	<p>Project Manager, SEL LMNS, March 2023</p>
1C: When patients (service users) use the service, they are free from harm		<ul style="list-style-type: none"> • Implement Patient Safety and Incident Reporting Framework (PSIRF) across each NHS Trust. 	<ul style="list-style-type: none"> • New ICB Patient Safety policy is fully implemented. • Work with maternity services in the Quality Surveillance group to review serious incidents, complaints, and service user feedback. 	<p>Director of Quality, March 2025</p> <p>Head of Maternity for the ICB and LMNS, March 2025</p>

1D: Patients (service users) report positive experiences of the service	<ul style="list-style-type: none"> Reporting tools are used effectively to monitor patient experience and take action where required. 	<ul style="list-style-type: none"> Maternity Friends and Family Test. Inclusion of additional questions recommended by the Maternity and Neonatal Voice Partnership around personalised care. CQC patient maternity survey. Review survey findings through the Quality Surveillance Group and action where required. Maternity and Neonatal Voices Partnerships. Ensure feedback from chairs and service users is reviewed and actions taken forward. 	<p>Project Manager, SEL LMNS, June 2024</p> <p>Head of Maternity for the ICB and LMNS, June 2024</p> <p>LMNS Project Manager, March 2025</p>
	<ul style="list-style-type: none"> Implementation of LMNS Equality and Equity Action Plan 	<ul style="list-style-type: none"> Equality and Equity Action Plan is implemented to ensure women and birthing people have positive experiences of maternity services. 	<p>Head of Maternity for the ICB and LMNS, June 2024</p>
	<ul style="list-style-type: none"> Implementation of acute provider EDS22 implementation plans for maternity services. 	<ul style="list-style-type: none"> Review progress of acute provider EDS22 implementation plans for maternity services through the LMNS Inequalities workstream. 	<p>LMNS Project Manager, March 2025</p>

10. Domain 2 Action Plan

Domain	Outcome	Objective	Action	Lead and 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	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 in-house health and wellbeing training. • 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. 	Organisational Development, 31 December 2024
	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. • 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. 	Human Resources, 31 December 2024
			<ul style="list-style-type: none"> • 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. 	Organisational Development, 31 December 2024
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment	To improve communication/awareness of the offerings available from the ICB	<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 bullying and harassment/mediation policies, resources and support to ensure they are inclusive. • Ensure staff who accuse and those who are accused, are supported throughout the process. 	Human Resources, 31 December 2024

	and physical violence from any source		<ul style="list-style-type: none"> • Embed resources and support at induction and 121s. • Provide line managers/leaders training to understand how to deal with concerns that are raised. 	Organisational Development, 31 December 2024
	2D: Staff recommend the organisation as a place to work and receive treatment	To promote and review processes to ensure policy and processes are followed to ensure better staff experiences.	<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. 	Organisational Development, 31 December 2024

11. Domain 3 Action Plan

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	To increase commitment to Equality, Diversity, and Inclusion (inequality and health inequalities).	<ul style="list-style-type: none"> • Increase the number of respondents to the Leadership Forum 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. 	Equality, Diversity and Inclusion, 31 December 2024
			<ul style="list-style-type: none"> • 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. 	Organisational Development, 31 December 2024
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	To ensure Equality, Diversity, and Inclusion (equality and health inequalities) are embedded into the organisation as BAU.	<ul style="list-style-type: none"> • Expand discussions from race, LGBTQ+ and disability to all protected characteristics and 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. • Widen the scope of committee papers reviewed in next year's EDS22 to test how embedded it is in decision-making processes. 	Equality, Diversity and Inclusion, 31 December 2024
			<ul style="list-style-type: none"> • Increase risk assessments and ensure these are completed correctly. 	Human Resources, 31 December 2024
	3C: Board members and system leaders	To ensure levers in place are adequately	<ul style="list-style-type: none"> • Ensure senior levels within the organisation are reflective of the community served. 	Human Resources, 31 December 2024

	(Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	monitored to ensure embedding of Equality, Diversity, and Inclusion at all levels of the organisation.	<ul style="list-style-type: none"> • 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. 	Equalities SRO / Equality, Diversity and Inclusion Team, 31 December 2024
			<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. 	Organisational Development / Equality, Diversity and Inclusion Team, 31 December 2024

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