

BNSSG ICB Public Sector Equality Duty & Equality Delivery System Progress Report 23/24

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1. Purpose of the Document

Integrated Care Boards have a vital role in tackling inequalities for both patients and staff. Each year public sector bodies must demonstrate they have met the requirement of the Public Sector Equality Duty (PSED). This process is supported by the Equality Delivery System (EDS), an improvement framework and toolkit, originally issued in 2022 and designed to assist organisations in assessing their performance against a number of specific domains and identifying future improvement actions. This paper reports on BNSSG ICB progress against both PSED and specific domains within the EDS toolkit.

2. Public Sector Equality Duty & Equality Delivery System Toolkit

2.1 PSED Duty

The PSED is designed to support ICBs and other bodies to think about equality across our work programme, to identify the major challenges and to agree the actions we will take to tackle them.

The PSED consists of a general duty and specific duties. The general duty requires ICBs to think about how they can prevent discrimination, advance equality and foster good relations. This applies to the services that are provided and commissioned and to the employment of staff. The PSED requires a thorough consideration of the needs of people with each protected characteristic and is therefore different to the focus of the health inequalities duty which includes a focus on geographical inequalities and other non-protected characteristic inequalities.

The specific duty requires the ICB to be transparent about our work on equality and to show how we are meeting the requirements of the general duty. Each year we must publish equality information that demonstrates how we are thinking about equality across the services we provide and commission and the employment of staff.

ICBs should also have one or more published equality objectives, that are specific and measurable and cover a period of up to four years. The Equality and Human Rights Commission (EHRC) monitor the performance of ICBs and require the annual publication of equality information.

2.2 Equality Delivery System Toolkit

The NHS Equality Delivery System is an accountable improvement tool for NHS Organisations in England. Updated EDS Technical Guidance was published August 2022. This is the third version, commissioned by NHS England and supported by the Equality Diversity Council. The EDS comprises 11 outcomes spread across 3 Domains:

- Commissioned or provided services (System Partners)
- Workforce health and well-being (System & ICB Employed Staff)
- Inclusive leadership (System & ICB Employed Staff)

Outcomes are evaluated, scored, and rated using available evidence and are designed to provide assurance or point to the need for improvement.

EDS ratings and Score Guidance are in place to assess each outcome area with the overall assessment approach based on the following:

Undeveloped activity – organisations score 0 for each outcome	Those who score under 8, adding all outcome scores in all domains, are rated Undeveloped
Developing activity – organisations score 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 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 3 for each outcome	Those who score 33, adding all outcome scores in all domains, are rated Excelling

Completion of the EDS, and the creation of interventions and action plans in response to the EDS findings, can contribute to NHS system and provider organisations achieving delivery on the CORE20PLUS5 approach and the annual Operational Planning Guidance. NHS organisations are expected to start to adopt a system approach to application of the EDS framework where possible.

3. Overview of BNSSG Equality Information

The 2021 Census data information provides us with more accurate and up to date information about the profile of our local population. The infographics at Appendix 1 shows our position across a number of protected characteristics.

4. Our Approach to EDS for 2023/24

This is the first time BNSSG has engaged in EDS reporting. Within 22/23 it was agreed at a system level that we would not undertake EDS reporting due to capacity challenges across the system and a focus on alternative EDI activity and reporting.

For 23/24 BNSSG have agreed and undertaken the review as a collaborative group of organisations with the ICB taking a co-ordinating role in all 3 domains.

We have collated evidence to support a review of the requirements against the 3 Domains and 11 outcome areas. Each organisation undertook internal engagement and sign off as required, for example within the ICB our draft EDS responses were reviewed by staff networks, staff partnership forum and the Executive Team.

Peer review and scoring was undertaken between organisations through a range of stakeholder meetings.

The following section details our evidence and assessment against the framework and the selected domains.

Whilst we have identified some good practices there are some areas where we are still developing and embedding equality objectives, data and reporting. More robust monitoring of impact and action is needed alongside alignment with other EDI activities. Our plan to do this described at the end of the paper.

5. Overview of Outcomes

5.1 Overall Rating

The overall system rating score for the BNSSG ICS is 15.8 – Developing.

5.2 Domain 1: Commissioned or Provided Services (System Partners)

This year we agreed across BNSSG to focus on Maternity Services, PALS and Complaints and Communication. These domains were agreed by the system EDI group and were linked to current system issues and staff and patient feedback on areas for improvement.

For each area we are required to test four outcomes:

- 1A: Patients (service users) have required levels of access to the service;
- 1B: Individual patients (service users) health needs are met;
- 1C: When patients (service users) use the service, they are free from harm;
- 1D: Patients (service users) report positive experiences of the service.

What we did
<p>Within the assessment of Domain 1, three areas were reviewed: Maternity Services, PALS and Complaints and Communications.</p> <p>We have collated information in support of this assessment from across UHBW, NBT and AWP (noting that AWP does not provide maternity services). The evidence gathered included statistical data, policies, strategies, working protocols and procedures, service specifications, training and development activities, patient and friends and families feedback and programme specific action plans.</p> <p>The evidence was initially brought together and reviewed at an individual organisational level, with appropriate internal approvals. Stakeholders from each organisation then came together for peer review purposes.</p> <p>The following summaries the findings for each section and the full assessment is available on Equality Delivery System (EDS) report 2022 - NHS BNSSG ICB. N.B. The web details will be updated following approval of this paper.</p>
What we found
<p>Maternity Services:</p> <p>Outcome 1A: Patients (service users) have required levels of access to the service</p> <p>UHBW & NBT working together as an acute provider collaborative, offer a range of support to improved personalised care and access including individualised support plans, maternity triage, interpreting services available 24/7 and targeted work with specific cohorts (refugee community and Somali community). Additional evidence supplied by UHBW in relation to improving continuity of care and collaboration with black mothers in the piloting of a specialist antenatal education programme.</p> <p>Outcome 1B: Individual patients (service users) health needs are met</p>

As with 1A, the acute provider collaborative were able to evidence personalised care, specialised care midwives (bereavement, drug misuse, teenage pregnancy, mental health), maternal medicines network to support specialist medical conditions, antenatal, intrapartum and postnatal care based on NICE guidance, support for surrogate pregnancy, bariatric training and support.

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

Maternity Services:

Evidence supplied included CQC ratings, safety champions embedded within service, patient safety and quality teams working as part of overall multidisciplinary teams, mortality and morbidity reviews undertaken, complaint reviews undertaken with the Maternity and Neonatal Voice Partnership (MNVP) and staff training in appropriate clinical areas.

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

Maternity Services:

Feedback via the MNVP is utilised, as is that from patient and family and friend surveys. Quality improvement projects undertaken in collaboration with MNVP, specific feedback obtained as part of the Blac Maternity Matters project and monthly surveys undertaken. Complaints are also monitored to understand themes and action plans created as a result.

Suggested actions across Maternity services have been for providers to work with their IT providers to ensure effective and appropriate use of the Badgernet system which allows flagging of individualised needs. To ensure that there is continued collaboration and learning in relation to best practice and multidisciplinary support and advice and to ensure that patient voice is heard and acted upon through continued review of survey responses and collaboration with MNVP.

PALS & Complaints:

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

This section was completed by AWP, UHBW & NBT. Evidence provided looked at the various patient access routes to PALS and Complaints services (in person, ward visits, telephone, written correspondence etc) with accessibility concerns addressed. Collaboration with patient and carers group to support the development of the services.

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

There are regular reviews of complaints data with review panels undertaken and data reviewed so themes / trends are addressed. Support and / or reasonable adjustments are made as required to ensure that the complaints process is accessible to all.

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

Complaints are risk assessed and/or work within clear escalation protocols. Patient safety teams and / or clinical colleagues support as required. Confidentiality of patient is maintained (unless duty to share) with no information kept on patients record.

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

Feedback from those using the service is sought and return rate of complainants reviewed. At NBT these patient stories are shared at board level.

Communication:

This was completed by UHBW & NBT.

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

A variety of methods were identified to allow patients and carers to communicate and engage with the trusts. Patient voice is heard through a variety of channels including specific forums and groups e.g. patient and carer partnership group and Involvement Group. Each trust provided differing evidence to support their return including NBTs focus on inclusive events and activities and a dedicated focus on accessible information, as well as a focus on accessibility of communication systems. UHBW evidenced using lived experience experts within the creation of guides and information.

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

Evidence focused on ensuring that patients received information in an appropriate format and ensuring accessibility alerts. UHBW provided significant evidence in relation to translation and interpreting services and the supporting of those with learning disability and autism via a specific Learning Disabilities Liaison Nurse provision.

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

Much of the evidence already noted was reviewed again here, specifically in relation to PALS and Complaints and robust programmes of engagement with patients and carers. This includes options for engagement such as social media, national survey, online enquiries, concerns and compliments.

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

Much of the evidence previously provided was also reported by NBT & UHBW when reviewing communications. Each organisation has different methodology in terms of capturing experience in relation to this area. NBT host a patient and care partnership group and as part of their responsibilities they provide views and lived experience into many different activities including communications. UHBWs has a specific Patient Experience Hub.

Assessment Rating

When combined the overall rating for this domain is 19.8 – Developing Activity

Improvement Actions by Feb 2025

A summary of the actions is detailed below from across the 4 areas. N.B. these are aligned to wider activity in service areas.

Maternity

- Improve data collection – develop and launch a Maternity services data dashboard.
- Ensure a fair start for per-term newborns – improve maternity intervention uptake to where they are within ethnicities presenting with inequality. Provide support for lifestyle changes, including changes to smoking status and reducing body weight for health of adult and future child.
- Maternity Neonatal Voice Partnership recruitment – proportional to service user ethnic representation.
- Continue to work towards equity of outcomes through data-driven understanding of difference, investigating cause and identifying solutions that restore health equity.
- Drive equitable access to maternity service for all women and their babies.
- Maternity staff training – ensuring continuous improvement in the delivery of equitable care e.g. Delivering the Black Maternity Matters Training.
- Inclusive Recruitment – create an action plan to ensure access to employment within maternity service for cultures less proportionally present.

N.B. Actions aligned to Maternity & Neonatal Equity and Equality Action Plan

PALS & Complaints

- To develop a system approach to PALS & Complaints, to include equality data recording;
- To engage in a proactive campaign with staff in all organisations that encourages staff training, utilises best practice, various forms of communications and acts on patient complaint feedback to ensure reasonable adjustments to meet patients' needs.
- Ensure that patients understand that complaints are confidential and there to increase effectiveness of care and would not be detrimental.
- Review the mechanisms for gathering patient experience and explore innovation in improving awareness, access and visibility of the PALS and complaints services.
- Ensure that Boards are made aware of the feedback from patients through their complaints procedures.

Communications

- To develop an accessibility test, ensuring that information is accessible in as many different formats as possible to meet individual needs;
- Review compliance with the Accessible Information Standard and where needed provide additional training and support for staff;

- To build greater awareness and understanding on the appropriate methods of communication from both staff and service users, linked to the campaign regarding PALS and complaints;
- To build into a monthly cycle the sharing of feedback from patients with staff that encourages and motivates.

5.3 Domain 2: Workforce Health and Wellbeing (System & ICB Employed Staff)

The 4 outcomes areas for review of our approach in this area are as follows:

- 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions;
- 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source;
- 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment, and physical violence from any source;
- 2D: Staff recommend the organisation as a place to work and receive treatment.

What we did

As with Domain 1, each organisation initially reviewed aspects of Workforce Health and Wellbeing independently. This included a review of data and statistics related to workforce profiles including WRES, WDES and the staff survey. There was also a review of the range of health and wellbeing initiatives and projects that have been delivered over the past year to assess how staff are supported. Following independent completion, the data was peer reviewed across organisations. Domain 2 was completed by AWP, NBT, UHBW & BNSSG ICB.

What we found

Outcome 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions

All providers offer a range of support through Employee assistance programmes (EAP) and occupational health services. Mental Health support is provided by all providers either via EAP services or specific staff psychological support. Acute providers, offer a range of physical health initiatives including health checks and therefore scored more highly in this area. There is a recognition that for most a more specific focus would be required in relation to COPD, Diabetes and Asthma.

Outcome 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source

All reporting organisations excluding UHBW, reported using WES, WDES and staff survey data. The data shows a mixed picture. Where reported, provider organisations show that, even where there has been a reduction in bullying, harassment and abuse from patients and relatives, this is still higher for those with a racialised ethnicity. A similar picture emerges in relation to bullying, harassment and abuse from staff and / or managers. The ICB appears an outlier here where proportionally the reverse picture is seen, however this could be due to underreporting or due to the smaller staff numbers within the organisation.

The WDES data for all providers who supplied it, shows that staff members who identified having a disability or long-term health condition were more likely to experience bullying and harassment from patients, managers and colleagues than those that did not.

Outcome 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment, and physical violence from any source

All reporting organisations identified having a range of independent support and advice available including Employee assistance programmes and Freedom to Speak Up Guardians. Other support and advice options sited are staff networks and Human Resources with some organisations offering specific interventions such as Harassment and Bullying Advisors (NBT) and Violence Reduction Officers (UHBW).

Outcome 2D: Staff recommend the organisation as a place to work and receive treatment

The staff survey data showed that across all organisations the majority of staff (over 50%) would recommend the organisation as a place to work although the actual figures varied. Interestingly, two organisations reported having a higher proportional response to this question from staff who identified as being from 'BME' ethnicities. This is despite the evidence seen within the previous questions.

Assessment Rating

When combined the overall rating for this domain is 25, with individual scores ranging from 5 to 7 – Developing Activity to Achieving Activity

Improvement Actions by Feb 2025

A summary of the actions is detailed below from across the 4 areas – N.B. this will be a key feature of the BNSSG People & Culture Plan assuring alignment of activity.

Workforce Health and Wellbeing

- To have physically and mentally capable ready staff, providing access to mental and physical resources for staff to use;
- Ensuring all staff receive training in the next 12 months on Bullying & Harassment, Violence and Aggression, Sexual Safety and Leaner Safety at work – this is currently underway across the system;
- Refreshed emphasis on Freedom to Speak up and mandatary training is available for all NHS staff from June 24;
- A focus on creating a healthy workplace culture with particular emphasis on understanding stress experienced by staff, effectively utilising EAP services, mental health first aiders and return to work conversations, targeting specific questions within the NHS Staff Survey;
- Continuing to measure staff experience through pulse and staff surveys regarding how good they feel about their working environment the organisations' practices, culture and ethos.

5.4 Domain 3: Inclusive Leadership (System & ICB Employed Staff)

The 3 outcomes areas for review of Inclusive Leadership are as follows:

- 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;
- 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed;
- 3C: Board members, system, and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.

<p>What we did</p> <p>As with previous domains, each organisation independently reviewed inclusive leadership practices and approaches to support senior leaders understanding of equality and health inequalities. This included looking at training and development, whether Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed, including the effective use of EHIA's and the use of data review. These scores were then peer reviewed.</p> <p>We have reported on the 5 High Impact changes to the People Committee in Oct 23.</p>
<p>What we found</p> <p>Outcome 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 Executive Directors are required to undertake EDI training within all organisations and half have reciprocal mentoring schemes in place. Within provider organisations staff networks have board level champions, within the ICB this is a role undertaken by the inclusion council chaired by the Chief Executive. EDI specific reports (WRES, WDES, Gender Pay Gap) are taken through governance reporting processes to ensure appropriate board / senior oversight. EDI objectives evidenced in half the reporting organisations in line with the NHS Equality, Diversity and Inclusion Improvement Plan. Health Inequalities work is led and sponsored at executive level.</p> <p>Outcome 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed Most providers have reporting templates that include information in relation to equality impact assessments however some providers have noted that these are not necessarily to standard or depth required. Risk registers do include some aspects of EDI within them across each provider. UHBW has scored higher than</p>

other organisations across the system with some clear quality objectives related to EDI and a health equity plan developed.

Outcome 3C: Board members, system, and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients

All providers have evidence of governance frameworks in place or have implementation plans to ensure that EDI is monitored across their organisations.

Assessment Rating

When combined the overall rating for this domain is 17, with individual scores ranging from 5 to 3 - Developing Activity.

Improvement Actions

A summary of the actions is detailed below from across the 3 areas - N.B. this will be a key feature of the BNSSG People & Culture Plan assuring alignment of activity.

Inclusive Leadership

- To ensure that all senior staff have appropriate EDI / Health Inequalities objectives in line with the NHS Equality, Diversity and Inclusion Improvement Plan;
- Bring the lived experience anti racist work into the Extended Leadership Team of the ICB and 'Make it Right' trainers are developing the approach for autumn delivery;
- To have a system plan in place by the end of the year that leads by example, setting clear expectations of leaders and system partners and demonstrating action at all levels of organisation.
- To ensure that all submissions at board level have appropriate and effective equality and health impact assessments undertaken.
- Have a clear feedback loop on inclusive leadership impacts and outcomes that goes beyond reporting into decision making, e.g. Inclusive recruitment practices are fully adopted by all organisations and championed at all levels of leadership.

5.5 Taking the Actions Forward

The actions detailed above are collectively owned by the system EDI Group. This group will work with colleagues responsible for delivery of the services and functions within the domains to ensure they are being implemented. An update report will be shared with the People Committee in Autumn 24.

Resources and support already exist within organisations to embed these improvements into working practices. Should additional resource requirements surface these will be

considered at organisational level in the first instance. The EDI Group will identify and work with partners on economies of scale and system sharing.

6 Equality Objectives

In line with the Public Sector Equality Duty requirements, we are required to have one or more published equality objectives, that are specific and measurable and cover a period of up to four years.

Equality objectives as detailed in our system strategy and agreed in 2023 and measured through both the operational and joint forward plans are –

- **Tackling Systemic Inequalities** – We will value all individuals and populations equally, recognising and rectifying historical injustices and providing resources according to need.
- **Strengthening Building Blocks** - We will support the significant workforce and volunteers across our partnership and help them to achieve good health and wellbeing. Increasing recruitment from disadvantaged communities and amongst underrepresented groups to levels that reflect the rich diversity of our local population.
- **Prevention and Early Intervention** - Doing the basics well means a relentless focus on improvement in Core20Plus5 outcomes for children and adults.

7 Future Issues to Consider

7.1 Equality and Human Rights Council (EHRC)

The EHRC working collaboratively with NHS England and the Care Quality Commission has been reviewing how every ICB is meeting its PSED obligations. They will use this information to target support and share information on best practice. Initially the EHRC undertook an online review of EDI information on websites. Their initial feedback was that the ICB have:

- a requirement to publish updated objectives online, these need to be specific and measurable with clear success criteria.
- that wider information is required within the reporting in relation to workforce reporting and service user information (for example in relation to commissioning of services).
- Information needs to be accessible to the public.

As an ICB we will publish our updated Equality objectives (as stated above) online. We have published the overall EDS report which is now accessible to the public and we will enhance this with a further published report in the Autumn of 2024 (as referenced above), Health Inequalities updates are provided regularly to the Board as part of the Triple Aim and five priority areas and information is made available to the public.

System agreement has been reached to create a BNSSG Health Inequalities Group, this group will through its Terms of Reference publish against the statutory inequalities guidance and we will align the EDS domains to meet the ongoing requirements of the PSED.

7.2 EDS Reporting Approach 23/24

As a system, it has been agreed that the three focus areas for Domain 1 in 24-25 will be the Accessible Information Standard, Cardiovascular Disease and a further review of Maternity Services to ensure that we continue progressing in this area. These will be reviewed both independently at an organisational level and then peer reviewed as a system.

There has been a request through system partners that there is a focus of time and capacity on delivering current action plans in relation to Domains 2 and 3 (which also have significant links to the High Impact Actions), we are currently in communication with NHSE to ensure that this approach is in line with requirements and reporting is dovetailed.

We have regular system EDI meetings and through these will ensure that organisational level activity is reviewed and shared.

7.3 Creation of a BNSSG System Plan

As we develop the BNSSG People and Culture Plan we want to ensure that we are tackling the broader system issues including the need to move away from a perceived 'tick-box' approach to EDI to an approach that has an intersectional analysis and focus.

The BNSSG People and Culture Plan will include a significant section on Inclusion, Equality, Belonging and Wellbeing. This will be developed through engagement with stakeholders, including the Independent Advisory Group. It also will take into account the elements of the People Promise, continuous learning from our staff survey, our WRES/DES and Gender pay gap data, the strategic requirements of NHSE including the 5 High Impact Changes and learning lessons from elsewhere on establishing an anti-racist anchor system.

We know that in order to tackle the systemic issues policies, practices, commissioning, cultural norms, leadership thinking and decision-making require significant change. These outcomes will also be a key feature of Healthier Together 2040.

A further update on the system plan will be shared with the ICS People Committee in the first instance and then with the wider ICB Board towards the end of the year.

8 Recommendations

ICB members are asked to:

- Consider our assessment of our performance against the 11 outcome areas that make up the Equality Delivery System improvement framework, noting this assessment has been tested at individual organisational level, through appropriate internal approvals and received stakeholder and peer review;
- Note and give approval to the improvement actions set out in each section and that an update on activity will be provided via People Committee in Autumn 24;
- Note that information about our EDS assessment is currently published on our website and will be further updated following agreement of the above;

- Note that a wider system plan is under development and an update on this will be provided towards the end of the year.

Appendix 1

[BNSSG Census 2021 data](#)