Classification: Official

Publication approval reference: PAR1262

NHS Equality Delivery System 2022
EDS Reporting Template

Version 1, 15 August 2022

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.

NHS Equality Delivery System (EDS)

Name of Organisation		Bedfordshire, Luton and Milton Keynes Integrated Care Board	Organisation Board Sponsor/Lead		
			Martha Roberts, Chief People Officer		
Name of Integrated Care System		Bedfordshire, Luton and Milton Keynes ICS			

EDS Leads	Sandy Hastilow, Senior EDI & OD Partner Bethan Billington, Deputy Chief People Officer		At what level has this been completed? System	
				*List organisations
EDS engagement date(s)	Fortnightly meetings with system partners from July to December 2024 Domain 1 Stakeholder Review Meeting Monday 27th January 2025 Domain 2 Stakeholder Review Meeting Tuesday 14th January 2025 Domain 3 Independent Review 25th February 2025		Individual organisation	
			Partnership* (two or more organisations)	

			Integrated Care System-wide*	Bedfordshire Luton Milton Keynes ICB (BLMK ICB), Bedfordshire Hospitals NHS Foundation Trust (BHFT) East London NHS Foundation Trust (ELFT)

Date completed	31/12/24	**Month and year published**	February 2025
Date authorised	25/02/2025	**Revision date**	

Action/activity
Managers to raise awareness on FTSU services including signposting and mechanisms for reporting
Increase the number of Freedom to Speak Up Champions to ensure there are people at different levels who can help
More frequent communications through different channels e.g., via bulletins, team talk, social media/apps, staff meetings and leaders' briefings regarding wellbeing and support available to staff
All staff events undertaken with a focus on communicating with and listening to staff
Establishment of an OD and EDI team within the ICB
Increase the percentage of our senior leaders who get involved with EDI activities i.e. Events/ papers / speeches. This has been through Senior Leaders taking part in Lived Experience Webinars and participation in the Transformational reciprocal mentoring programme, and Diversity Health and Care Programme.
Launched our staff Network
Board member EDI objectives identified

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below	
Undeveloped activity – **organisations score out of 0** for each outcome	Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – **organisations score out of 1** for each outcome	Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**
Achieving activity – **organisations score out of 2** for each outcome	Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**
Excelling activity – **organisations score out of 3** for each outcome	Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

Domain 1: Commissioned or provided services

<table>
<tr><th>Domain</th><th>Outcome</th><th>Evidence</th><th>Rating</th><th>Owner (Dept/Lead)</th></tr>
<tr>
<td>Domain 1: Commissioned or provided services</td>
<td>1A: Patients (service users) have required levels of access to the service</td>
<td>The ICB is not a provider of services. We commission services from organisations including NHS providers who are required to complete the EDS as part of the NHS Standard Contract.

As an ICS we agreed to review and assess Mental Health pathways to enable us as address challenges in the system.

The ICB set up regular meetings from July 2024 to meet with providers and system partners to provide support and monitor compliance with EDS.

Each provider was required to share their grade, or if they would not grade this year. At the time of writing some providers are in the process of finalising their scores and will be shared with the ICB once the results are complete.

Evidence from BEDFORDSHIRE HOSPITALS
ED – Mental Health: There are frequent admissions to the acute wards on both sites via the emergency department for MH patients. This is a combination of medically fit patients who cannot access a suitable service outside the acute trust, and those requiring medical support. There is a 24/7 psychiatric liaison service (PLS) provided by East London Foundation Trust (ELFT).

Gender: Cross-site combined ED activity (Table1)
<table>
<tr><th>Gender</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Grand Total</th><th>%</th></tr>
<tr><td>Female</td><td>178</td><td>222</td><td>188</td><td>225</td><td>221</td><td>205</td><td>1239</td><td>52%</td></tr>
</table>
</td>
<td>1 = Developing</td>
<td></td>
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Male	199	220	180	188	169	176	1132	48%
Grand Total	**377**	**442**	**368**	**413**	**390**	**381**	**2371**	

Table 1 above represents a 6-month period of ED cross-site activity from April to September 2024, where **2371** people were recorded as presenting with mental health issues across the two hospital sites. The current data set records male and female; further developing the data set to identify non-binary and transgender could provide valuable insight into our service users and their individual needs.
Action: Explore the possibility of expanding the data set

Age Group: Cross-site combined ED activity
20–29-year-olds are the highest presenting age group over this period at 26%, followed by 30–39-year-olds at 21%.
In a broader sense the highest number presenting are adults between the ages of 20 and 69 years.
<20yrs CYP 16.8%
<70yrs Adults 79.9%
70+years older people 2.96%

Disability
None of those presenting in ED openly identified as being disabled. However, one cannot presume that this is the case; often those with disabilities and long-term conditions are reluctant to disclose, or do not consider themselves as having a disability. It should also be acknowledged that long-term mental health issues are disability. As a Trust we must consider how to promote the importance of service users declaring disabilities to ensure they receive the best quality treatment with any adjustments that they require.

Action: Encourage the use of an Inclusion Passport by service users, to help staff provide patient-centred care. Create a link on the Trust website to provide access to an inclusion passport template.

Ethnicity count: Cross-site combined ED activity

		The ethnicity count for the same 6th month period, the recorded data tells us the highest ethnicity presenting in ED with mental health issues is white British/Irish/other at 67%, BME is much lower at 20%. Does this data tell us that BME patients have less mental health issues or are they less likely to seek help? Are further public health measures required to reach out to BME communities? 67% white British/Irish/other white background 20% BME 11% ethnicity not given/refused to give 2% other ethnic group Within the 20% BME (485 people) – breaking this down further can give insight to the service users across Asian and black communities, 13.5 % Asian heritage (Pakistani/Bangladeshi/Indian 6.5% Black **Religion/Belief/No belief** The recorded data tells us that more than half 65% (1074 people) declared none, not known, not specified or not religious. One could question is this a true number of non-religious people in the local community, or do people feel it is not relevant when presenting at ED. Or do some feel unsafe in declaring their religion? Of the remaining 35%. 24.4 % presented as Christians. 5.8% recorded being Muslim, this seems a low number in comparison to the number of Muslims recorded in the 2021 census. Bedford 10.8% Luton 32.9% 24.4% (580 people) Christians of various denominations 5.8% (138 people) Muslim 2.2% (54 people) other 1.3% (33 people) Sikh or Hindu 0.16% 4 people) Jewish/ 0.16% (4 people) Atheist/ 0.16% (4 people) Mormon, New religious movement or Orthodox **Action:** system improvement regarding communications to highlight the importance of declaring religious beliefs.		

		CYP – Mental Health: Under 10years/11-16years: Mental health patients can either access the service by Emergency Department, Admission from Outpatients Clinic, Referral from GP or if require assessment unit when inpatient in Evergreen MH unit (case by Case). What service users do not have, is access to mental health units in a timely manner. If decision is to transfer to MH unit, then there is often a lengthy time before this can be facilitated. This is escalated in escalation calls or the twice weekly MH group where our concerns are heard. The Transfer of Care process is done by Child & Adolescent Mental Health Services (CAMHs) to adult mental health (this process is external to the BedsFT).	1= Developing	

Gender: Cross-site combined CYP activity with mental health issues (Table5)

Count of PatientID	Month						
Gender	Apr	May	Jun	Jul	Aug	Sep	Grand Total
Female	75	80	80	95	78	71	479
Male	112	113	87	101	80	93	586
Grand Total	**187**	**193**	**167**	**196**	**158**	**164**	**1065**

Table 2 above represents a 6-month period of Children and Young People (CYP) cross-site admission from April to September 2024, where 1065 CYP were recorded as presenting with mental health issues across the two hospital sites.45% female and 55% male.

Disability

None of the CYP admitted with mental health issues, openly identified as being disabled. However, one cannot presume that this is the case; often parents, carers and those with disabilities and long-term conditions are reluctant to disclose, or do not consider the child/ themselves as having a disability. It should also be acknowledged that long-term mental health issues are a disability. As a Trust we must consider how

		to promote the importance of service users declaring disabilities to ensure they receive the best quality treatment with any adjustments that they require. **Action:** Encourage the use of an Inclusion Passport by service users, to help staff provide patient-centred care. Create a link on the Trust website to provide access to an inclusion passport template. **Ethnicity count: Cross-site CYP activity** The recorded data tells us the highest ethnicity CYP admission with mental health issues is white British/Irish/other at 57%. BME is much lower at 37%. Does this data tell us that BME CYP have less mental health issues or are they less likely to seek help? Are further public health measures required to reach out to the CYP, parents and carers in BME communities? 57% white British/Irish/other white background 37% BME 6.2% ethnicity not given, 0.9% other ethnic group Within the 37% BME (377people) – breaking this down further can give insight to the service users across Asian and black communities 26.7% Asian heritage (Pakistani/Bangladeshi/Indian) 8.8% Black **Religion/Belief/No Belief** The recorded data tells us that more than half 63% (654 CYP) declared none, not known, not specified or not religious. One could question is this a true number of non-religious CYP in the local community. Of the remaining 37%. 15.8% presented as Christians. 21 % recorded being Muslim, this is much higher than those declaring when attending ED (refer to table 4), is disclosure of religion less likely in Muslim adults; we must explore further why and how we can improve declaration. 15.8% (164 people) Christians of various denominations		

21% (217 people) Muslim
0.6% (7 people) other
1% (10 people) Sikh or Hindu
0.8% (9 people) Buddist, Pagan, Orthodox or Zoroastrian
0.1% (1 person) Atheist

Action: system improvement regarding communications to highlight the importance of declaring religious beliefs to ensure we fully meet the needs of patients.

Frailty - Mental Health: Front door Frailty services are available 0800-2000, 7 days a week at Luton and Dunstable Hospital and 0700-1900 Monday to Friday at Bedford hospital. The medical take is unselected/ universally available and the frailty team will undertake a comprehensive geriatric assessment on people who have a Clinical frailty score of 5+ This includes a cognitive screen to identify people presenting with delirium and dementia regardless of age; gender, BAME characteristic.
Patients are then transferred to DME wards.
We have dementia nurse specialists who support individual patients and families and staff to manage people who have cognitive impairment and behaviour that challenges to provide individualised care plans
All staff on DME wards are trained in the care of those with delirium and dementia, with senior staff trained to a higher level. We use independence support workers and activity coordinators to support those with delirium and dementia to be able to engage with treatment plans and reduce the risk of deconditioning.

2 = Achieving

Gender Count: Cross-site combined Frailty/DME activity (mental health issues) (Table 3)

Count of PatientID	Month						
Gender	Apr	May	Jun	Jul	Aug	Sep	Grand Total
Female	56	63	54	65	56	56	350
Male	32	43	45	38	41	32	231
Grand Total	**88**	**106**	**99**	**103**	**97**	**88**	**581**

		Table 3 above represents a 6-month period of Frailty (DME) cross-site admissions from April to September 2024, where 581 people were recorded as presenting with mental health issues across the two hospital sites.60% female and 40% male. **Disability** None of the 581 Frailty/DME identified with mental health issues, openly identified as being disabled. However, one cannot presume that this is the case; often family, carers and those with disabilities and long-term conditions are reluctant to disclose, or do not consider the person/ themselves as having a disability. It should also be acknowledged that long-term mental health issues are a disability. As a Trust we must consider how to promote the importance of service users/carers declaring disabilities to ensure they receive the best quality treatment with any adjustments that they require. **Action:** *Encourage the use of an Inclusion Passport by service users, to help staff provide patient-centred care. Create a link on the Trust website to provide access to an inclusion passport template.* **Ethnicity count: Cross-site Frailty/DME activity (mental health issues)** Of 581 people, the recorded data tells us the highest ethnicity of frailty/DME patients with mental health issues is white British/Irish/Italian/other at 85% (497 people). BME is substantially lower at 8.2%. (48 people). Does this data tell us that BME people accessing DME services have less mental health issues or, are they less likely to seek help? Are further public health measures required to reach out to the families and carers in BME communities? 85% (497 people) white British/Irish/Italian/other white background 8.2% BME (48 people) 6% ethnicity not given (36 people) Within the 8.2% BME– breaking this down further can give insight to the service users across Asian and black communities 15% Asian heritage (91 people) (Pakistani/Bangladeshi/Indian) 2.7% Black (16 people)		

		Religion/Belief/No Belief Of the 581 people 60% of Frailty/DME service users with mental health issues identified as Christian. Considering the Bedfordshire community demographic of Muslim, Sikh and Hindu religions; one might query the 3%; comparing to local Government data could provide a benchmark to map this data against. Does further public health work need to be done to identify the reasons why only 3% have been identified in this data? Are some frail/DME people cared for at home? Is mental health seen as a condition that remains private? Is identifying one's religion considered as unnecessary when being treated in hospital? Christians of various denominations 60% (349 people) None/Not known/ Not Specified/other 24% (139 people) Not religious/other/atheist 11% (69 people) Hindu 0.8%/ Sikh 0.1%/ Muslim 2.7%/ Jehovah's witness 0.1% **Marriage status count** Of the 581 people with mental health needs, 64% (375 people) did not specify their marital status. 17% (100people) identified as married. 4.7% (40 people) identified as widowed/ surviving Civil partner. 4.5% identified as single and 4.6% as divorced or dissolved civil partnership. Could one conclude that marital status does not appear to be of significance to those completing the patient information? Is it likely that the information was completed by a family member or carer rather than the individual themselves? Although marriage/civil partnership is a protected characteristic under the Equality Act 2010; does this data capture appear to tell us that marriage/civil partnership status is not of importance to over half of the people (or those representing them)? **East London NHS Foundation Trust (ELFT)** Will review three key projects as part of the Equality Delivery System (EDS) framework. These projects were carefully selected to showcase ELFT's commitment to improving healthcare and reducing inequities across services and demographic groups in Bedfordshire and Luton. Each project under review has been supported by ELFT's		

		Pursuing Equity Programme, which applies a Quality Improvement (QI) approach to address inequities in care delivery. Quality Improvement is one of ELFT's hallmark methodologies, offering a structured and collaborative way to tackle complex issues. QI involves engaging those closest to the issue—staff, service users, and carers—in a deep exploration of challenges, generating creative solutions, and using data to test and refine these ideas. Every QI project at ELFT is coproduced with service users or carers, ensuring that initiatives are guided by the voices and experiences of those most impacted by inequalities. Service users and carers also play a central role in ELFT's EDS assessment process. For this review, three lived experience representatives—who are also co-leads in the Trust's implementation of the Patient and Carer Race Equality Framework (PCREF)—are contributing their insights. Their dual involvement highlights ELFT's commitment to integrating both the EDS and PCREF frameworks into its ongoing efforts to address health inequities. Additionally, other service users will participate in EDS assessment meetings to ensure that each project is evaluated by individuals with lived experience of the services under review. This approach underscores ELFT's dedication to embedding equity, collaboration, and lived experience at the heart of its work to reduce inequalities and improve outcomes for all. Pre- and main assessment meetings are all in the diary (dates below) and will have service users in attendance. This is our timeline: 1. 30-minute Introductory Meeting (**Mid-January 2025**): • Project leads will provide data on service delivery, access and outcomes, as well as service user demographics. • The EDI team will also bring workforce data to the meeting, disaggregated by ethnicity and gender as well as additional relevant demographics. • Data will be reviewed and any missing data will be identified. 2. 1-hour Assessment Meeting (**End January/Beginning of February 2025**):		

Attendees will include service users (crucially those who use the service), carers, voluntary sector organisations and service staff.

- Together, we will go through the outcomes for Domain 1 (Services) of EDS22.
- Domain ratings will be calculated by adding all outcomes.

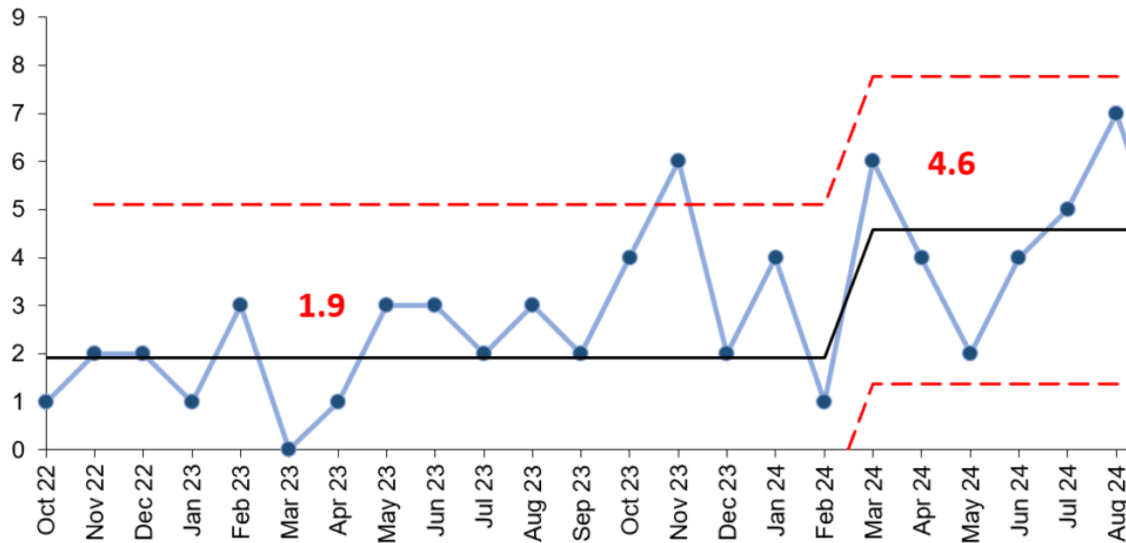
3. 30-minute Final Presentation (**4-6 weeks after main assessment meeting**):
   - Final report and co-produced recommendations based on EDS assessment.
   - Presentation will be co-led by our PCREF Steering Group and Data Group Service User Co-Chairs, Rakesh Patel and Jen Hedworth.
   - Findings will be presented in an accessible way, with an Easy Read version available if necessary, shared with QI colleagues, PCREF Steering Group, the Equity Programme Board and any other relevant space within the Trust.

Project Name	**Pre-meeting date**	**Assessment meeting date**
OCEAN project - Tokophobia Referrals	30/1/25 12pm-12.30pm	12/2/25 4pm-5pm
Improving Referrals for Detainees	29/1/25 11am-11.30am	12/2/25 10am-11am
SMI (Severe Mental Illness) Engagement Project within Primary Care Mental Health	29/1/25 10am-10.30am	11/2/25 3pm-4pm

OCEAN project - Improving BAME Tokophobia Referrals

The Bedford and Luton OCEAN service is an integrated maternity and mental health service providing support for those affected by birth loss or birth trauma. The service have been working on a QI project to improve trauma-informed support during

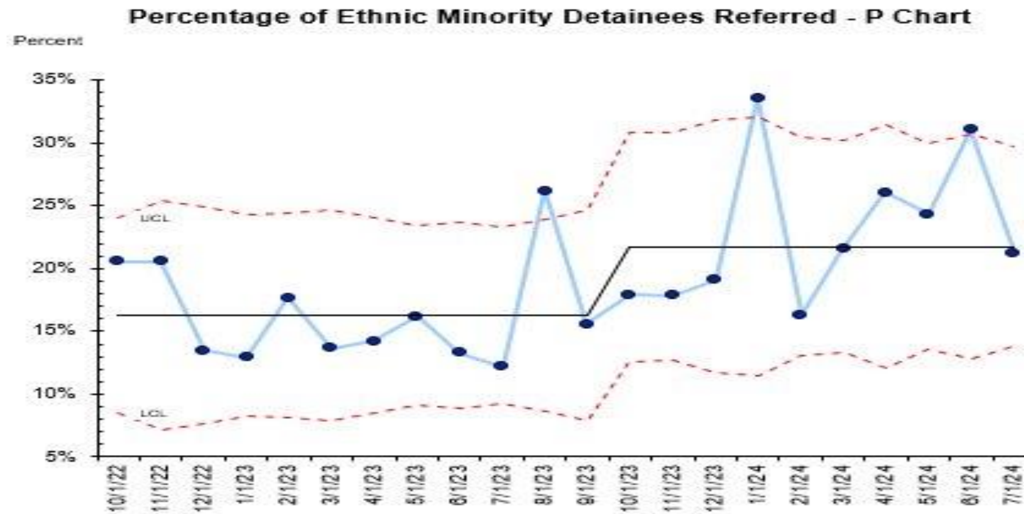
pregnancy to women from Black, Asian and other minority ethnic backgrounds with moderate to severe fear of birth (tokophobia). The outcome this project seeks to achieve is an increase in access for individuals in Black, Asian and minority ethnic groups with a moderate to severe fear of birth. The project team have tested several changes ideas, one of which involved running a joint clinic with midwives in the local hospital to create referral pathways for women accessing routine antenatal appointments, and developing awareness information. As a result the team increased access for birthing people from Black, Asian and Minority ethnic groups by 142%, going from seeing an average of 1.9 to 4.6 each month.



Improving Referrals for BAME Detainees

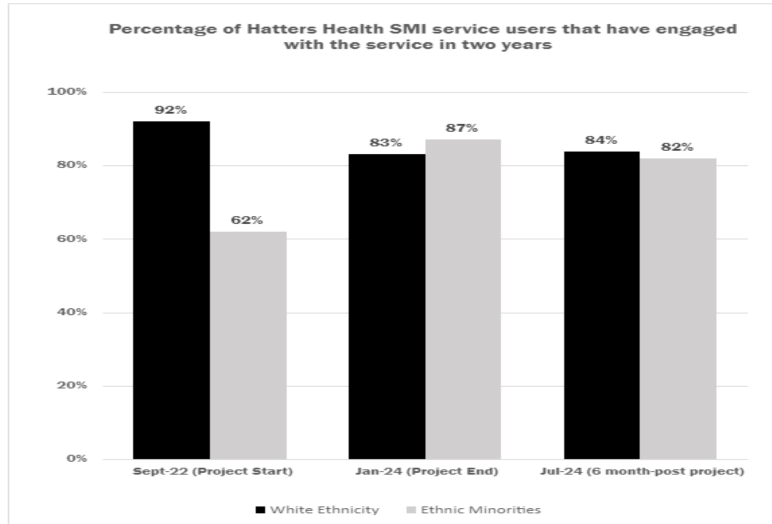
The Liaison and diversion service in Bedford and Luton ran a QI project seeking to increase the number of Black Asian and minority ethnic groups being supported by the

service following a QI project. The team provide support to a range of vulnerable people with mental health issue who are in contact with the criminal justice system to divert them to other social and health care agencies. The team have tested a range of change ideas including closer working with Police colleagues and regular presentations to custody centres on ethnic referral and detention data. This project has resulted in a 34% increase in referrals to the service for Black, Asian and minority ethnic groups.



SMI (Severe Mental Illness) Engagement Project within Primary Care Mental Health

Hatters Health Primary Care Network have run a QI project with the aim to increase the number of people with serious mental illness (SMI) from Black, Asian and minority ethnic backgrounds receiving physical health checks. The project team tested some simple change ideas including updating patient demographics to understand langugae needs, offering flexible appointment times, and providing communication tools in a

		range of languages. The outcome of the project was a 40% increase in uptake of physical health checks for BAME service users with SMI.  **We have not received any scores for ELFT services**		
	1B: Individual patients (service users) health needs are met	**Evidence from Bedfordshire Hospitals** ***ED – Mental Health***: *MH patients have their medical health needs met during admission. However, their ongoing mental health needs are not always met in the acute setting.* ***CYP – Mental Health: Under 10years/11-16years:*** *Our Children and young people that require supervision will either be provided by a Mental Health Nurse or a Mental Health Care Assistant depending on needs and risks. CAMHs provide an in-reach service to assess CYP in Emergency unit or ward. However, this is not a 24/7 service and therefore some young people wait long periods to be assessed.*	1 = Developing 1 = Developing	

		The Eating Disorder Team provided the CYP within reach service and the team were very successful in discharging to home and caring in an intense manner in their own homes which is better for CYP. This was successful in many ways: • *Reducing length of stay* • *Hospital avoidance completely* • *Reduction in need for MH Tier 4 eating disorder admissions* • *Providing care in the right place by the right trained staff* • *And releasing capacity back to acute medical beds.* ***Unfortunately, this service was discontinued 2 weeks ago*** *and already we have seen negative implications- increased eating disorder admissions.* ***Frailty - Mental Health:*** *We run a delirium recovery service which is commissioned with Abi Care provider that provides a 1:1 live in carer for up to 3 weeks on a virtual ward with consultant review. People with delirium that would otherwise be transferred to a 24-hour care home due to their confusional state are supported home. Patients are identified in hospital – on both sites and a DRP coordinator works with the dementia specialist nurses, Abi Care and relatives to arrange a discharge home. More than >75% of people stay at home at the end of the Delirium Recovery Programme.* *Patients who have delirium, dementia or mental health needs struggle at times to access health care. We have the activity coordinators and independence support workers on all DME wards to ensure that their health needs are met.* *The least restrictive option is always considered for patients who may lack capacity to make an informed decision and support offered through the Safeguarding team and IDVA route if needed.* *Discharge planning starts at admission for all patients and a notification of discharge form is sent once full assessments have been completed, although the patient may not have completed their medical treatment. This is to guide and support early decision making around discharge destination and ensure discharge plans are timely, effective and safe.*	2 = Achieving	

	1C: When patients (service users) use the service, they are free from harm	**Evidence from Bedfordshire Hospitals** **ED – Mental Health:** MH patients can be a risk to themselves and others. Despite putting additional staff in place and environmental mitigations, harm cannot be prevented and could be a higher risk in an acute trust versus a mental health facility. **CYP – Mental Health: Under 10years/11-16years:** We mitigate this a case by case, and the emergency department (at Luton) have a mental health cubicle to provide a safe care for vulnerable CYP. However, the wards do not currently have MH designed spaces. Prior to admission the team will ensure that the environment is made safe. We also cannot search patients' property (as we are not a tier 4) therefore CYP could potentially have unsafe objects in their belongings. We usually get permission from the parent, but this is not always possible. **Frailty - Mental Health:** *We routinely monitor and report harm free care on the DME* wards *using monthly audits. These are discussed at service line level and at Trust-wide operational groups.* *Nursing staff have access to practice development nurses on both sites to ensure that their education and development are at the highest standards.* All inpatients are at risk of hospital acquired morbidity such as falls in an unfamiliar environment, hospital acquired infection or delirium. *Trust expectation is that all risk assessments are completed within six hours of admission and accompanying care plans are completed as appropriate. Vulnerable skin and falls care plans are revisited every 72 hours, with other risk assessments being reviewed weekly, on transfer to another area or if a patient's condition changes.* *Patients who present with acute or chronic confusion or a mental health condition are risk assessed on admission to any ward to identify whether enhanced patient observations are required. This may include the use of a one-to-one carer, a wander guard, falls alarm, cohorting bay, or any other interventions that are appropriate. The risk assessments are reviewed daily, and interventions stepped up or down depending on the need, A deprivation of liberty safeguarding and mental capacity assessment is completed for all those who demonstrate that they may lack capacity or who are demonstrating unwise behaviours. Behaviour charts are completed for all those who*	1 = developing 1= developing 3 = excelling	

		have been risk assessed as requiring a one-to-one carer or are being nursed in a cohort bay. *Incidents that have been raised on the Trust Inphase incident reporting system from DME wards are discussed daily and adverse events escalated to the weekly PSIRF panel, chaired by the medical director or chief nurse, for a discussion with the wider MDT. Actions from PSIRF are shared at the DME clinical governance meetings*		
	1D: Patients (service users) report positive experiences of the service	**Evidence from Bedfordshire Hospitals** **ED – Mental Health:** Patients are encouraged to complete friends and family feedback however this is not possible to correlate with patient details to know if MH patients specifically have a positive experience. We do, however, receive complaints from MH patients. **CYP – Mental Health: Under 10years/11-16years:** Overall we receive positive feedback, the challenges for CYP are often that they wait long lengths of time for assessment or admission to T4. **Frailty - Mental Health:** We collect friends and family feedback from the DME wards; frailty service and delirium recovery service. *These indicate a high level of satisfaction with the care and treatment provided on the DME wards on both sites. Complaints and concerns are managed pro-actively and local resolution meetings held as a preferred method of closure.*	1 = developing 2= achieving	
Domain 1: Commissioned or provided services overall rating			15	

Domain 2: Workforce health and well-being

Outcome	Evidence	Analysis	Owner Dept/ Lead	Rating 2023
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	**Staff well-being service** Any referral data comparison with workforce	**Health and wellbeing support** During the year we have continued to offer wellbeing support for our staff and are fully committed to the health and wellbeing of our employees and understand that a healthy and happy workforce is crucial to delivering improvements in patient care. With the continuation of hybrid working, we have continued to support our staff by retaining and enhancing existing measures. These measures have included: • remote working guidance. • regular communication and contact between managers and staff members. • quarterly appraisals and wellbeing conversations between managers and staff. • provision of a suite of wellbeing advice and tools. • regular staff sessions on topics such as stress awareness and resilience. • use of technology in terms of social applications. • fortnightly MS Teams meetings with our Chief Officer to keep staff updated. • DSE assessments for homeworking and making use of Access to Work to support where applicable and • recognition of the improved work / life balance available through remote working by formalising the arrangements. Managers maintained regular contact with their teams to provide environments in which individuals could raise concerns, express their feelings and discuss their physical and mental wellbeing.	Quality, Equality and HR	Outcome 2A score = 1

		We offer an employee assistance programme (EAP), accessed through a free and confidential helpline. We also have access to occupational health services, to support staff with health concerns and during the last year have introduced the online app Shiny Mind app and we are seeking external accreditation for Menopause friendly employer status.		
	Information from incident reporting system (DATIX) and FTSU	FTSU have had no reports of bullying/harassment reported to them.	People Directorate	
	Staff survey q9d Immediate manager takes a positive interest in my health & well-being	Overall average for BLMK ICB has had a slight decrease from 81.8% to 81.6%; a decrease of 0.2% since last year. This is above the National benchmark median for ICBs of 79.87% which has declined from last year.	People Directorate	
	q11a Organisation takes positive action on health and well-being	Overall average has decreased from 74.5% to 62.5%; a decrease of 12% since last year. This is above the National benchmark median for ICBs of 59.78% which has declined from last year.	People Directorate	
	Wellbeing Conversations	Health and Wellbeing Conversation - Health and wellbeing conversations are intended to be regular, supportive one-to-one coaching-style conversations that focus on NHS people’s wellbeing. The conversations aim to consider the whole wellbeing of an individual, to identify any areas of their life where further support may be required. The ICB has a process in place, guidance for managers and a MS form for capturing the conversations.	People Directorate	

2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Staff survey Q13a- 14d q13a- Experienced physical violence from patients/service users, their relatives or other members of the public	Overall average has improved since last year from 1.5% to 0.3% this year. This represents one person this year compared to four people last year. This is an improvement of 1.2% and is below the national ICB benchmark median of 0.4%.	Quality Directorate/ People Directorate	Outcome 2B score = 1
	q13b- Experienced physical violence from managers	No members of staff responded that they experienced physical violence from managers which has been sustained since last year.	People Directorate	
	q14a- Experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	There is an overall improvement from last year down to 5.94% from 8.52% in the previous year. This has decreased for both white staff (8% to 7%) and other ethnic groups (12.73% down to 2.13%) This has also decreased for both staff with a long term condition and those without.	Quality Directorate	
	q14b- Experienced harassment, bullying or abuse from managers	There has been a negative increase on last year with 8.74% of respondents experience harassment, bullying or abuse from managers, a 3% increase. For staff with long term conditions this has increased from 9.09% to 13.33% and for staff without a long term condition and increase from 4.86% to 6.83%	People Directorate	

2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	**Staff survey** q14c- Experienced harassment, bullying or abuse from other colleagues	8.83% of respondents had experience harassment, bullying or abuse from other colleagues, and increase from 8.31%. The ICB benchmark average is 11.15%. The increase for non-white staff increased from 18.18% to 27.08% and for white staff from 10.4% to 10.9%. For staff with a long-term condition there was a reduction from 12.12% to 8.11%. For staff without a long-term condition there was an increase from 7.38 to 8.37%.	People Directorate	Outcome 2C score = 0
	q14d- Last experience of harassment/bullying/abuse reported WRES metric 5, 6 and 4a NSS data	The number of staff reporting incidences is worse than the national median of 43.88% and has decreased since last year at 35.42% from 39.6%. For staff with a long term condition this indicator increased from 25.53% to 35.71%. For staff without a long-term condition this decreased from 47.22% to 37.5%	People Directorate	
	Staff Networks	The BLMK ICB has a staff network place chaired by our Deputy Chief Nurse		

	FTSU Policy	The ICB has a FTSU Policy in place. The Policy also outlines that staff can raise concerns by contacting the Freedom to Speak Up Guardian. BLMK ICB has 2 FTSU Guardians In addition to FTSU Guardians and Executive escalation BLMK ICB has Freedom to Speak Up Champions and a rolling programme of recruitment to these roles. Freedom to Speak Up Champions are a link for ICB staff to discuss and raise any concerns and will act as role models for creating an open, honest, and transparent culture.	People Directorate	
2D: Staff recommend the organisation as a place to work and receive treatment	**Staff survey** Would recommend organisation as place to work	BLMK ICB has scored 9.38% below the national benchmark median for this question at 40.28%. Both the ICB and national benchmark median have reduced from the previous year's results, 59.18 for BLMK ICB and 62.08% for the national benchmark median. This is a reduction of 18.9% in staff who would recommend the organisation as a place to work.	People Directorate	Outcome 2D score = 1
	q21d- If friend/relative needed treatment would be happy with standard of care provided by organisation	At 44.25%, a reduction on 49.2% in 2022, the overall average for the ICB continues to be problematic as there has been a decline of 4.95% since last year. The figure is below the national benchmark median for ICBs, 47.47%, which has also shown a decline from 53.65% this year.	Quality Directorate	

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	In BLMK, we are proud to be working with partners, local people and communities to create a fairer health and care system for everyone. This comes following the publication of the landmark **Denny Review** in 2023, which was led by local Pastor and community leader, Reverend Lloyd Denny. The Deny Review sought to understand the health inequalities experienced in our area, and identified that migrants, Gypsies, Travellers, Roma people, those who live with homelessness, LGBTQ people and people with learning and physical disabilities experience the greatest health inequalities in our area. After 4 years of extensive work which included a literature review from the University of Sheffield, and work with Healthwatch and the VCSE to listen to the experiences of local people, Reverend Denny highlighted four areas for particular attention i) access, ii) communication, iii) representation and iv) understanding others. The ICB is working to deliver against the recommendations which were co-designed by local residents and is working with partners across the system to deliver a movement for change, including working with the global leader for quality improvement, the Institute of Healthcare Improvement on an eighteen-month programme to tackle cardiovascular disease and reduce strokes and heart attacks in 'at risk' communities. For example, we are working with Caribbean communities in Bedford, Indian communities in Luton, Gypsy and Traveller communities in Central Bedfordshire and African communities in Milton Keynes to understand how we can engage their communities and help them to become active participants in their own health. Work is also underway with Healthwatch to review translation and interpretation services to ensure we deliver against the Accessible Information Standard, and break down barriers for people for whom English is a second language, or those who need an interpreter.	2 = Achivein g	

		Publication of Denny Review 12th September 2023 In the past year, we held a series of **meetings and events** with faith and community leaders. Below is a sample 1. Bedford Council of Faiths listening event 15/5/23 attended by Dr Rima Makarem (Chair), Manjeet Gill (NEM) and Lorriane Mattis (NEM). This is a monthly meeting organised by Bedford Council of Faiths, which brings together Faith leaders from access Bedfordshire. The ICB wanted to find out what faith leaders were hearing from their communities about health and care services 2. Milton Keynes Faith Leaders 27/7/23 Dr Rima Makarem (Chair) and Felicity Cox (CEO) attended an online meeting with faith leaders from Milton Keynes. The ICB wanted to find out what faith leaders were hearing from their communities about health and care services, and how we could work better with them and to share the early findings from the Denny Review. 3. Luton Faith Leaders 30/10/23 attended by Dr Rima Makarem (Chair) and Felicity Cox (CEO) attended a Faith leaders meeting in Luton, this was a meeting hosted by Reverend Lloyd Denny for all faith leaders across Luton. The ICB wanted to find out what faith leaders were hearing from their communities about health and care services, and how we could work better with them and to share the early findings from the Denny Review. 4. Iftar at Luton Town Football Club 25/3/24 attended by Felicity Cox (CEO) Annual event to celebrate unity, diversity and Community Cohesion where Luton Town Football club invite neighbours from the Madinah Masjid mosque to Kenilworth Road for a Unity Iftar event		

		Below are a number of other events attended by senior leaders in the ICB - Breaking down barriers event for autistic people – March - Empowering Roma people event – April - HSJ Inequalities Forum – attended by Kathy Nelson and Felicity Cox – May - Menopause event at the Renewal Church in Bury Park -May - Creating a fairer BLMK event – May - Understanding Gypsies and Travellers webinar – May - Black Leaders Awareness Day – June - Felicity opened the Sri Lanka Society stand at the Bedford River Festival – July - South Asian Heritage Month – August We have held a series of events too, where we have had interpreters present to support deaf people. And we have started to produce collateral in BSL too. Videos attached to showcase this work. https://www.youtube.com/watch?v=ZZxVJbVtjvY&list=PL1Fz3JZ33gXSUYK4Fej2aKUz_IhliRcmZ; https://youtu.be/NZQc0c0khN8 **Reciprocal Mentoring for Inclusion** is offered as an approach to system change and evolution. It is built upon robust theories of change that can make a real contribution to achieving organisations that are just, inclusive, and provide a quality of care that embodies the highest ideals of our people. In the reciprocal mentoring approach: • Mentoring pairs are equal partners in the process of learning from each other and the relationship is reciprocal in nature, rather than one side of the mentoring partnership holding the power that is found in other models of mentoring		

		• Mentoring pairs work as 'partners in progress' supporting and enabling each other to shift their shared understanding and awareness into powerful action, championing change, influencing peers and informing decision making through the organisation, together. This approach uses reciprocal mentoring as the vehicle to achieve systemic transformation at individual, system and societal levels. The emphasis of other mentoring models tends to focus on creating change at an individual level. **Staff network** sponsored and led by VSM Associate Director of Quality and Safeguarding. The ICB staff network held its inaugural meeting on 29th June 2023. There were 13 attendees. It was agreed to have just one network to support all protected characteristics due to the size of our organisation. The terms of reference describe the purpose of the network as follows. The Purpose of the Staff Network is to provide a voice for staff and a solution focussed platform to share opinions and or/raise concern. Encouraging all staff within the organisation to celebrate diversity. It is also to encourage our staff to understand the needs of individuals within the community so that BLMK ICBs vision, values, and objectives are fulfilled. The network also has a role in advising BLMK ICB with their strategies and influencing improvement in organisational culture.		

<table>
<tr>
<td></td>
<td>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</td>
<td>
<table>
<tr><td colspan="6">A random sample of 8 reports from the ICB Board and its committees was undertaken. Details of the recording of inequalities in the report and narrative is provided below.</td></tr>
<tr><td colspan="6">Equality and health inequalities related impacts and risks and how they will be mitigated and managed.</td></tr>
<tr><td>Cttee.</td><td>Paper Title</td><td>Date</td><td>Implications</td><td>Mitigations</td><td>Managed</td></tr>
<tr><td>Board of the Integrated Care Board</td><td>Winter - Analysis of BLMK Acute Hospitals Emergency Activity</td><td>19 July 2024</td><td>Inequalities ticked no detail</td><td>Next Steps

The tackling inequalities, improving access and improving outcomes priorities identified in each Place's Plan (prevention and improving access to same day services)

Inequalities / prevention Learning Action Network with the Institute for Healthcare Improvement (IHI), focusing on reaching adults at risk of (untreated) high blood pressure, a major contributor to cardio-vascular disease</td><td></td></tr>
</table>
</td>
<td>1= Developing</td>
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Quality & Performance Committee	Annual Report for System Health Inequalities work, including the Health Equity programme.	13th September 2024	Inequalities ticked – whole report relates to inequalities	Core 20+5 schemes and implementation of the Denny review.	
Finance & Investment Ctte	Estates/Capital Activities	12 November 2024	Inequalities ticked and detail provided (see next column)	**Equality / Health Inequalities** – additional work for development of Infrastructure Strategy being scoped to include further strengthening of plans to reduce inequities and inequalities.	Infrastructure Strategy being developed and will be reported back to Ctte in June 2025
Primary Care Commissioning & Assurance Committee	Dental Services Audit	10 May 2024	Inequalities assessed but none resulting from the report		
Bedfordshire Care Alliance Committee	Programme Update	19 September 2024	Equality of access mentioned on slide 2 of presentation	No cover paper	All reports – including presentations to have cover papers
Health & Care Partnership	Cancer Services	19 September 2024	Inequalities box is ticked and reference in text of report but not under the implications		

Mental Health, Learning Disability & Autism Committee	MHLDA Collaborative Development	9 January 2025	Inequalities ticked with following description: Advancing equity and addressing health inequalities are part of the core principles underpinning the MHLDA Collaborative and it will be essential that these guide decision making and prioritisation in delivering the ICB Joint Forward Plan and ensuring financially and clinically sustainable MHLDA services.	ICB Joint Forward Plan	

BAF0004	**Risk Title**: Widening inequalities **Risk Description**: There is a risk that inequalities and outcomes for specific demographic groups within BLMK population will widen (e.g. cost of living, health and care demand pressures) compromising our ICS purpose to improve outcomes and tackle inequalities. **Risk Owner**: Sarah Stanley **Risk Lead**: Sarah Watts **Status**: Open	High (4:5=20)	Annual resource allocation to help to reduce inequalities and draw out learning for future investment Cross-ICS inequalities steering group and working group to coordinate inequalities activity across the ICS framed around the core20plus5 approach Health inequalities defined at place and PCN level Work with resident voice groups e.g maternity Voices , parent carer forums, SEND in coproduction of outcomes Business Intelligence reports for key health outcomes/NHS constitutional standards by place	Proposal signed off by appropriate governance - Paul Calaminus SRO Development of performance framework to track impact on inequalities	High (4:4=16)	**Detail**: Assurance and outcon to be developed by deputy dir strategy & assurance **Assignee**: Buz Dodd **Variable Target**: 31 Dec 202 **Status**: In Progress **Detail**: Improving Health Equi Transformation Priority Progra (response to Denny including Health) **Assignee**: Sarah Stanley **Variable Target**: 31 Dec 202 **Status**: In Progress

		BAF0011	**Risk Title**: Health literacy - Denny Review **Risk Description**: As a result of challenges with health literacy and understanding of health services as identified in the Denny Review, there is a risk that members of minority, disadvantaged and seldom-heard communities in BLMK are not able to properly access or navigate between health and care services, potentially leading to an exacerbation of health inequalities, increasing a sense of fragmentation between services, and resulting in adverse health outcomes. **Risk Owner**: Maria Wogan **Risk Lead**: Natasha Young **Status**: Open	High (4:4=16)	Engagement with the public via Healthwatch and VCSE to explain the differences in services available, so that people can make the right choices for them and we can protect emergency provision. Inequalities senior leadership group - looking at how funding is prioritised in each place based on the Denny review and evaluating impact. Our working with people and communities strategy defines how the ICB listens and responds to the views of our residents, VCSE groups and harder to reach communities Embedding of co-production into ICB processes and operations allowing us to co-design and coproduce of services and pathways with the people that use them. This is supported by our system wide co-production training Memorandums of Understanding with Healthwatch and with the VCSE The "Big Conversation" Programme of Work, led by the ICB with support from Healthwatch and wider partners, gathered resident insight from diverse communities, and supports the onward development of relevant policies and plans, most notably the Joint Forward Plan The ICB's "Decision Planner" which is publicly available, sets out the decisions the Board will take over the next 12 months Publication of the Denny Review - provides a baseline understanding of inequalities in BLMK and informs all transformation and improvement programmes	Managed via the winter campaign Healthwatch MOU and VCSE MoU	High (4:4=16)	**Detail**: Co-production of "Wha to Me" digital page to hold key information about residents ac health and care **Assignee**: Natasha Young **Variable Target**: 29 Nov 2024 **Status**: In Progress **Detail**: Delivery of the Improvi Equity transformation program **Assignee**: Natasha Young **Variable Target**: 31 Dec 2024 **Status**: In Progress **Detail**: Delivery of women's he network to improve access for who experience inequalities to **Assignee**: Natasha Young **Variable Target**: 31 Dec 2024 **Status**: In Progress **Detail**: Accessible communica produced and campaign to ex to access health / care service **Assignee**: Dominic Woodwar **Variable Target**: 24 Feb 2025 **Status**: In Progress **Detail**: Delivery of review of tr and interpretation services acr - by Healthwatch and ICB **Assignee**: Natasha Young **Variable Target**: 31 Mar 2025 **Status**: In Progress		

<table>
<tr><td></td><td>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</td><td>EDI Governance
1. There is an EDIB subgroup of the BLMK ICS People Board. The subgroup have a clear terms of reference and meet to consider the function of the ICS People Function - Supporting inclusion and belonging for all and creating a great experience for staff: people working and learning in the ICS can develop and thrive in a compassionate and inclusive environment. Issues of inequality and inequity are identified and addressed for all people working in the system. The workforce and leaders in the ICS are representative of the diverse population they serve.
2. The EDIB Subgroup submits update reports to the People Board at each meeting presented by the SRO from a system partner
3. EDI updates and deep dives are reported to the Remuneration Committee annually, with key EDI metrics included within the dashboard presented at each meeting
4. EDI updates are reported to the ICB Board annually and the Board measure the ICB performance against the EDI Agenda
5. The EDI implementation plan is being finalised to consolidate actions against EDS22, WRES, WDES, Pay Gap Reviews and the EDI Improvement Plan

Quarterly system dashboards including people board, workforce and demographic are produced for the Executive Team and senior leaders.</td><td>1 = Developing</td><td></td></tr>
<tr><td colspan="3">Domain 3: Inclusive leadership overall rating</td><td>4</td><td></td></tr>
</table>

<table>
<tr><th colspan="2">Third-party involvement in Domain 3 rating and review</th></tr>
<tr><td>Trade Union Rep(s):

BLMK Staff Consultative Forum reviewed domain 2</td><td>Independent Evaluator(s)/Peer Reviewer(s):

Julie Dynes-Conner
Senior Manager Leadership Development, NHS England - East of England</td></tr>
</table>

EDS Organisation Rating (overall rating): **Developing**
Organisation name(s): Bedfordshire, Luton and Milton Keynes ICB
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**

EDS Action Plan	
EDS Lead	**Year(s) active**
Azmi Peerun, Head of OD and Inclusion	2024/2025
EDS Sponsor	**Authorisation date**
Martha Roberts, Chief People Officer	February 2025

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Improve data capture	System improvement regarding communications to highlight the importance of declaring religious beliefs. Encourage the use of an Inclusion Passport by service users, to help staff provide patient-centred care. Create a link on the Trust website to provide access to an inclusion passport template.	March 2025

BHFT Action Plan

Domain	Outcome	Objective	Action	Completion date

Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	To ensure patients are seen by the right person at the right time	Implementation of the right care right person (RCRP) principles with partner organisations. To work with ELFT to ensure medically fit patients can access the right support outside of the acute trust.	Ongoing
	1B: Individual patients (service users) health needs are met	Person centred care, correct assessment and implementation of care needs based on the individual.	To work with ELFT to ensure medically fit patients can access the right support outside of the acute trust. Enhanced observations project with ELFT. Robust risk assessments. Utilising partnerships / stakeholders through MDT meetings. Care plans utilised effectively in conjunction with MDT and families. Develop a service user Inclusion Passport to support the identification of individual needs.	Ongoing

	1C: When patients (service users) use the service, they are free from harm	To reduce likelihood of harm for patients.	Risk assessment and PLS involvement on arrival to hospital. Regular review of additional nursing requirement (RMNs). Anti-ligature risks are addressed. Swipe access and exit to be robust. Legal frameworks used appropriately.	Ongoing
	1D: Patients (service users) report positive experiences of the service	To increase number of friends and family responses and to see increased positive feedback.	Use of volunteers to support with completing F&F. QR codes / posters / text messaging. Consider patient groups for ED and acute areas.	Ongoing

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Improve awareness and understanding of support available for these and other conditions. Consider whether the support is targeted enough to meet the needs of different protected characteristics.	• Implementation of Viv up platform for staff • BLMK ICS Wellbeing Festival • Implementation of Health and Wellbeing champions • Deliver Mental Health First aid training • Menopause Friendly Accreditation • Suicide Prevention mandatory training Menopause awareness mandatory training	April 2025

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Develop and embed an organisational culture of civility and respect Managers to take full responsibility to deal with incidents from the outset and provide the necessary assurance that incidents have been dealt with, and effective outcome has been achieved.	• Managers to raise awareness on FTSU services including signposting and mechanisms for reporting and increased recruitment of champions. • System FTSU conference to be arranged. • Increase the number of Freedom to Speak Up Champions to ensure there are people at different levels who can help • DASV steering group to be established including Safeguarding team, HR, ODI, FTSU, Trade Union and Wellbeing in Primary Care • Civility and Respect Toolkit roll out • Launch staff awards including award for support wellbeing • Roll out of leading for wellbeing training to managers • Roll out of Affina OD team development to encourage all teams to work well together	
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Further work around promotion and raising awareness of the Anti-racism, ablism and bullying and harassment policies and how to access support.	• More frequent communications through different channels e.g., via bulletins, team talk, social media/apps, staff meetings and leaders' briefings. • Wellbeing champions and MHFA to be implemented.	March 2025

	2D: Staff recommend the organisation as a place to work and receive treatment	All staff to be kept informed of updates to HWB policies, procedures and practices and encouraged to provide feedback to staff surveys and questionnaires to enable the ICB to identify gaps and make improvements.	• BME staff listening events. • Development of a staff engagement strategy • Completion of NHSE Health and Wellbeing Diagnostic • Development of an ICB Wellbeing strategy	June 2025

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	The ICB is working to deliver against the recommendations which were co-designed by local residents and is working with partners across the system to deliver a movement for change	Working with the global leader for quality improvement, the Institute of Healthcare Improvement on an eighteen-month programme to reduce strokes and heart attacks in 'at risk' communities and review translation and interpretation services to ensure we deliver against the Accessible Information standard, and break down barriers for people for whom English is a second language.	Ongoing
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	The reports to the ICB Board and Committees to clearly state the equality and health inequalities associated with the report, including the risks and mitigations.	Report writing training is being planned and will include the importance of articulating the equality and health inequality implications.	September 2025

Patient Equality Team
NHS England and NHS Improvement
england.eandhi@nhs.net