NHS England

NHS Equality Delivery System

EDS Reporting Template

2023

Version 1, 15 August 2022

Bedfordshire Luton and Milton Keynes Integrated Care Board (ICB)

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) BLMK ICB report data 2022 – 23

Name of Organisation			Bedfordshire, Luton and Milton Keynes ICB		Organisation Board Sponsor/Lead		
					Chief People Officer Chief Nurse		
Name of Integrated Care System			Bedfordshire, Luton and Milton Keynes ICS				
EDS Leads/Engagement	Chief People Officer Chief Nurse Deputy Chief People Officer Head Organisational Development and Inclusion Head of Governance			At what level has this been completed?			
						*List organisations	
EDS engagement date(s)	D2 Stakeholder review 16 October 2023 D1 Stakeholder review of Maternity Service • outcomes 1A and 1B 19 October 2023 • outcomes 1C and 1D 23 November 2023 D3 Independent Review 11 January 2023			Individual organisation		Bedfordshire Luton and Milton Keynes ICB	
				Partnership* (two or more organisations)		Bedfordshire Hospitals NHS Foundation Trust	

			Integrated Care System-wide*	• Shared practice with other ICBs (Integrated Care Boards) – Lincolnshire and C&W • Bedfordshire Luton and Milton Keynes ICS

Date completed	January 2024	**Month and year published**	February 2024
Date authorised	February 2024	**Revision date**	

EDS Rating and Score Card
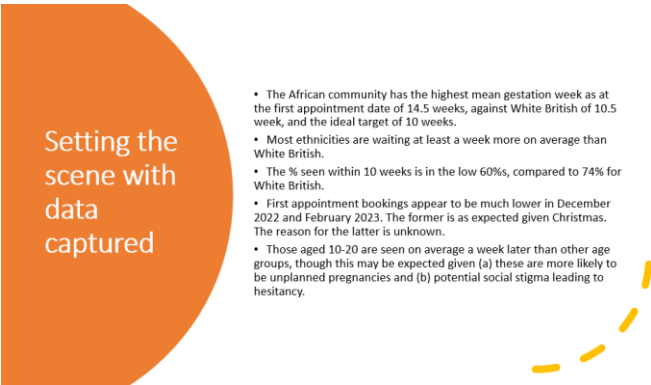
Completed actions from previous year	
Action/activity	**Related equality objectives**
EDS Domain 1 - Completed	Action plan 2023 – 2028 developed
EDS Domain 2 - Completed	Action plan 2022 carried forward to 2023 – 2028
EDS Domain 3 - Completed	Action plan 2023 – 2028 developed

The review of each domain referred to the EDS ratings and score card guidance support document before they started to score. This provided a full explanation of the rating procedure, and assisted the ICB those we engaged with to ensure rating was done correctly. Each outcome was scored and added together providing the overall BLMK ICB score, or EDS Organisation Rating. The rating was in accordance to scores as 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

Domain	Outcome	Evidence	Owner (Dept/Lead)	Rating
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	**Evidence From Provider – Bedford Hospital** ***Translation services, British Sign Language (BSL) sign language interpreters, additional needs and cultural groups.*** • Translation service being widely promoted including BSL • Patient Information Leaflets in main languages • Trust Web Site has an accessibility tool, "Recite Me" • Care plans created for women/birthing people with additional needs, such as visual impairments and neurodivergence. • Working with individual community groups Setting the scene with data captured • The African community has the highest mean gestation week as at the first appointment date of 14.5 weeks, against White British of 10.5 week, and the ideal target of 10 weeks. • Most ethnicities are waiting at least a week more on average than White British. • The % seen within 10 weeks is in the low 60%s, compared to 74% for White British. • First appointment bookings appear to be much lower in December 2022 and February 2023. The former is as expected given Christmas. The reason for the latter is unknown. • Those aged 10-20 are seen on average a week later than other age groups, though this may be expected given (a) these are more likely to be unplanned pregnancies and (b) potential social stigma leading to hesitancy.	Bedfordshire Hospitals NHS Trust	Outcome 1A score = 1

Maternity Voices Partnership (MVP)
- Host listening events at baby groups, children's centers, and libraries.

Community Engagement Events
- In Whose Shoes? Picnic in the Park
- Women's Network Luton, Bedford Community Connect

Consultant Midwife
- Birth outside of guidance, Options Clinic
- In addition to mandatory training, 53 staff members have attended Cultural Competency training, with 18 of those going on to undertake Train the Trainer in Cultural Competency to facilitate in-house training for wider staff.

Cultural Competency Training and Train the Trainer
- In addition to mandatory training, 53 staff members have attended Cultural Competency training, with 18 of those going on to undertake Train the Trainer in Cultural Competency to facilitate in-house training for wider staff.

Birth Rights Training
- 142 members of staff have undertaken Birth Rights training.

Cultural Community Worker (CCW) Pilot Program
- The Cultural Community Worker (CCW) pilot program was introduced into local communities of Bedfordshire to support women of Black and Asian ethnicity within areas of highest deprivation.

Social Prescribers
- Working together with pregnant women/birthing people, to identify their social needs for good health and wellbeing.

Evidence from ICB

East Beds PCN Social Prescribing in Maternity Pilot

• Pilot service for women/pregnant people registered with practices in the East Beds Primary Care Network (PCN).
• Available to those with a diverse ethnic background (Black, Asian and Eastern Europeans) reflecting MBRRACE evidence on outcomes.
• Access to the service is via referral from primary care and the Bedford community midwifery team aligned to the PCN.
• Social prescriber is promoting the service within the PCN practices and the Bedford Maternity Service in relevant social and community groups and at events.
• Referrals so far flowing primarily from GPs (general practitioners) and a small number from community midwives.
• Further work to do in engaging and encouraging midwives to refer to the service.
• We will be able to collate data regarding referrals including ethnicity, services/support referred to, length of time in the service.

Planning for Pregnancy/Preconception Care Programme.

• Aim of improving access to services, support and tools to support people to take a planned approach to pregnancy.
• Preconception clinics provide counselling and advice for those with pre-existing co-morbidities and conditions e.g., diabetes, hypertension, mental health.
• Access is via referral. Services have been promoted to primary care including ease of access to the referral form.
• Engagement events led by Maternity Voices Partnerships and local Healthwatch organisations aim to promote the importance of planning for pregnancy and the tools and support available for this. Access to the events is open to the public.
• Planning for pregnancy with Diabetes – patient information packs are available from community pharmacies across BLMK. These can be accessed in local pharmacies including advice and signposting for further support.
• Community pharmacy teams can also access upskilling training online from Diabetes UK to support them with this.
• Diabetes UK Community Champions are being trained to support conversations in the community. They will be accessible via local Diabetes UK events in the area and any member of the public is able to approach for advice and signposting.

| | | • Access to postnatal contraception and advice regarding spacing pregnancy is available for any woman/person in the post-partum period before they leave hospital after having their baby (with consent).
• Tommy's Planning for Pregnancy Tool is an online tool to support women/people planning to get pregnant to be in the best physical and mental health possible. Access is limited to those who can access online and those who are able to read and understand English.
• Measures plan in draft to support the evidence base around the interventions above. Further work is required to agree collection and frequency with Leads. We may be impacted by the ability of our partners in this work to capture data at ethnicity level and protected characteristics.

Culturally sensitive Genetic Risk Services Luton

• The Genetic Risk Service for Luton is provided by North-West Thames Regional Genomics Service.
• Access to the service is via referral from a healthcare professional.
• Focus is on underserved groups, those practising close relative unions, particularly those from Pakistani ethnic groups. In addition the aim is to improve the quality of referrals to Genetic Services.
• We will need to look at the existing referral data and understand how we can establish the baseline recognising that data capture systems at North-West Thames will not be set up to capture all potential data items about current referrals | | |
| | 1B: Individual patients (service users) health needs are met | **Evidence From Provider – Bedford Hospital**

Personalised Care and Support Planning
A personalised care and support plan is developed following an initial holistic assessment about a pregnant woman/birthing person's health and well-being needs. The pregnant woman/birthing person, work collaboratively with their midwifery, obstetric teams and other care professionals to complete this assessment which then leads to producing an agreed personalised care and support plan. | Bedfordshire H NHS Foundati | Outcome 1B score = 1 |

Overnight visiting
- A companion is now welcome to stay with a pregnant woman/birthing person or new mother/parent, to act as a support and keep families together.
- Considering cultural needs (aim for a bay to be left for women/birthing people who do not wish their partner to stay

Accessibility of appointments
- Patients have the option (depending on clinical need) of face-to-face, telephone, or video appointments.
- Staff arrange interpreters for service users whose first language is not English, either in-person/face-to-face, via telephone or video
- Service users who are Deaf British Sign Language (BSL) users, BSL interpreters can be booked in advance of an appointment for face to face or video.

Hope Boxes
- We launched as an early pilot site for the HOPE boxes supporting families under the remit of social services likely to undergo removal planning. The aim of the box is to aid connection and relationships in longer term.

Evidence from ICB

East Beds PCN Social Prescribing in Maternity Pilot
The service aims to address the social determinants that impact on a pregnant woman's/person's ability to interact and engage with maternity services or support their health needs. What this does mean is that through the support provided by the Social Prescriber, the individual is better placed to have their and their unborn baby's health needs met.
We will be able to look at attendance at antenatal appointments.

Planning for Pregnancy/Preconception Care Programme
The interventions above aim to support service users to be in the best health possible and to be aware of the importance of being in the best health possible. There are

		opportunities to understand generally how to meet these health needs and opportunities through the preconception counselling clinics to have a personalised approach to understand individual health needs and how they impact on planning a pregnancy. **Culturally sensitive Genetic Risk Services Luton** The service will focus on educating service users on the impact of close of relative unions on the family and that of the unborn child particularly around the long-term outcomes and the options available in understanding the risk through genetic testing and counselling.		

	1C: When patients (service users) use the service, they are free from harm	**Evidence From Provider – Bedford Hospital**
		Safeguarding, Mental Health and Domestic Violence
		    • Pregnant women/birthing people have the option to disclose safeguarding or sensitive issues over the telephone or at any antenatal/postnatal appointment.
		    • Patients are routinely asked about their safety and any domestic violence concerns.
		    • Social Prescribing teams link in with safeguarding teams to ensure information sharing is provided.
		
		Complaints and PALS (Patient Advice and Liaison Service) and Incidents
		    • Complaints response now has signposting at the bottom of letter to various support networks. Incidents, concerns or escalation reported
		
		Consultant Midwife
		    • Birth Outside of Guidance planning with MDT.
		    • Birth Options clinic, providing women/birthing people an opportunity to discuss what birth options are available to them.
		
		Keeping Well in Pregnancy
		    • Supporting women/birthing people with smoking cessation, healthy lifestyle and diet. GAP/GROW foetal surveillance and management.
		
		Personalised tours
			Bedfordshire H NHS Foundati	Outcome 1C score = 1

- Tours of the unit to support pregnant women/birthing people and their families to orientate themselves to the ward areas. This is particularly beneficial for those with mental health conditions, previous birth trauma, anxiety or new to the area.

Listening Service
- An option for women/birthing people or their families to discuss their care. This can often downgrade a potential Complaint to a Concern once they have felt listened too.

Learning
- Shared from incidents and complaints. This can be further evidenced by the offer of recording patient stories, After Action Reviews and Hot Debriefs.
- Patient story aspects are presented to both Trust board and the Local Maternity and Neonatal System (LMNS) Strategic boards.
- Wellbeing support provision is offered to staff via Professional Midwifery Advocates.

Evidence from ICB

East Beds PCN Social Prescribing in Maternity Pilot
The Social Prescriber has received the required mandatory training e.g., Safeguarding and has received a DBS check.

Planning for Pregnancy/Preconception Care Programme
Healthcare professionals will have undertaken mandatory training within their substantive roles and will be held to relevant professional bodies for standards of conduct.

Culturally sensitive Genetic Risk Services Luton
Healthcare professionals will have undertaken mandatory training within their substantive roles and will be held to relevant professional bodies for standards of conduct.

		This project will also raise the awareness amongst the healthcare professional community through education on close relative unions and impact on health outcomes.		
	1D: Patients (service users) report positive experiences of the service	**Evidence From Provider – Bedford Hospital** • Maternity services display 'you said, we did' feedback on the quality boards, which are situated in prominent, publicly accessible points within our bases. All boards are updated monthly and assure service users that their feedback is heard and acted on where possible. • Women/birthing people can give online feedback, for example, via the NHS England Friends and Family test (FFT). This is offered via iPads provided in antenatal community, birth, postnatal (ward) and postnatal community. • QR codes are also available for women/birthing people to access FFT test directly. The QR codes are in a flyer in the booking pack, the bedside orientation packs and on the Trust website. • Monthly FFT feedback is collated, and a thematic review undertaken to share areas for development with each individual ward area. This is reviewed by the Director of Midwifery, Heads of Midwifery and Consultant Midwife. • Compliments and accolades are shared and displayed on each ward area. • Patient experience details are updated and shared as part of Perinatal Quality Surveillance reporting. • Participation in the CQC maternity survey. • FFT style survey currently being coproduced with patient experience midwife, bereavement midwives and MVP to offer bereaved families in relation to the care they received. This will be based on SANDS research and framework. • To follow on from bereavement survey, a similar survey will be produced for families on the foetal medicine pathway and screening. • In September 2023, 93.95% responded with 'very good' or 'good' . • Maternity Services demonstrates high response rates for FFT, which are consistently above threshold compliance. • Focus groups have been held to gain a better understanding of patient experience when using the service.		Outcome 1D score = 2

	• Monthly Patient Experience Working Group is held which includes all ward areas and disciplines to share learning, projects and patient stories. **Evidence from ICB** **East Beds PCN Social Prescribing in Maternity Pilot** So far, informal feedback suggests that users of the service have reported a positive experience. This needs to be captured in a formal way. **Planning for Pregnancy/Preconception Care Programme** We need to do more work on collection of service user experience and feedback. **Culturally sensitive Genetic Risk Services Luton** This project in still in the early phase of implementation with work to do on the referral pathways and a start date for the Close Relative Marriage Midwife. We will need to look at how we collate the service user experience and will do this collaboratively with our Luton Maternity Voices Partnership.	
Domain 1: Commissioned or provided services total outcome score 5		

Domain 2: Workforce Health and Wellbeing

Outcome	Evidence	Analysis	Owner Dept/ Lead	Rating 2022	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. 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 additional online apps in the form of the Peppy Menopause App and Shiny Mind app and	Quality, Equality and HR	Outcome 2A score = 2	Outcome 2A score = 1

		we are seeking external accreditation for Menopause friendly employer status. During the Autumn of 2022 the BLMK ICB Book Club was established by the Primary Care Training Wellbeing team. It was created in response to the need for colleagues to connect to others outside their immediate team and discuss things other than work. There is often between 5-10 people that join each month and the team have promoted the idea of other groups setting up a book club themselves. Starting in February the National Association of Primary Care (NAPC) CARE team ran a 6-week 30-minute lunchtime wellbeing session. The sessions provided a space for staff to concentrate on self-care and their own wellbeing and resilience. It provided a half hour out just for staff and gives an understanding and tools to support taking back control and thriving. Easy relaxation skills are built on week by week so that attendees become comfortable with the format. The sessions were attended by 30-40 people. The feedback was overwhelmingly positive with comments on how relaxed and positive attendees felt. With the financial pressures facing all staff, a cost-of-living support signposting document was created in Winter of 2022, with the aim to help staff in the BLMK system to be aware of support, services and resources available to support the cost of living, both nationally and locally. The above list is not exhaustive but illustrates the range of support available.			
	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 positive increase from 75.4% to 81.8%; an increase of 6.4% since last year. This is above the National benchmark median for ICBs of 80.2% which has declined from last year. Younger, older and BME colleagues have been more negatively impacted according to the survey.	People Directorate		
	q11a Organisation takes positive action on health and well-being	Overall average has positively increased from 59% to 74.5%; an increase of 15.5% since last year. This is above the National benchmark median for ICBs of 68.4% 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	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		

	q13c- Experienced physical violence from other colleagues	No staff responded that they experienced physical violence from other colleagues, 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, however it is worse than median in the older age bands (41 - 65yrs) at 21%, for BME at 12.7%, and for disabled colleagues at 11.9%. Whilst there has been an improvement, this equates to 27 staff members who have experienced such incidents from service users.	Quality Directorate		
	q14b- Experienced harassment, bullying or abuse from managers	There has been an improvement on last year with the highest number of people having negative experiences from the younger age group at 9.1%, those with a disability at 9.1% and those from a BME background at 10.9%. Whilst there has been an improvement, this equates to18 staff members who have experienced such incidents from managers.	People Directorate		
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying	**Staff survey** q14c- Experienced harassment, bullying or abuse from other colleagues	Whilst it is improving from last year, the highest number of people having negative experiences are those with a disability at 12.1% where there has been an improvement of 5% since last year. However, for those from a BME background there was no improvement seen since last year at 17%. This equates to 26 staff members who have experienced such incidents from other colleagues.	People Directorate	Outcome 2C score = 1	Outcome 2C score = 0

harassment and physical violence from any source	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 43.5% and has decreased since last year by 6.2% at 39.6%. It is important to note that no males responded to this question even though they responded as having experienced abuse in previous questions. Proportionately more BME staff at 50% reported their experience than their White colleagues at 35.9%.	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** q23c- Would recommend organisation as place to work	BLMK ICB have scored 2.9% below the national benchmark median for this question at 59.2%. The overall average has however improved since last year. Those with a disability responded positively at 64.7%, as did the people with a BME background at 63.6% and the age group between 21 - 50 at 67.4%. The 51 - 65 age group would be less likely to recommend the organisation as a place to work at 52.1%	People Directorate	Outcome 2D score = 0	Outcome 2D score = 1
	q21d- If friend/relative needed treatment would be happy with standard of care provided by organisation	At 49.2% the overall average for the ICB continues to be problematic as there has been a decline of 7.8% since last year. However, the figure is below the national benchmark median for ICBs which has also shown a decline this year.	Quality Directorate		
Domain 2: Workforce health and well-being total outcome score = 3					

Domain: Inclusive Leadership

Domain	Outcome	Evidence	Owner	Rating 2023

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	**Inclusive Leadership Questionnaire:** Closing date 04 12 2023 - 72 Responses out of a possible 259 – 27.8% return Fifteen questions – response findings as follows: **Questions 1 to 3 -** personal information anonymised. **4. Directorate** The responses were from a wide range of directorates, the majority were from the Primary Care directorate. Directorate, 8 Medical, 8 Corporate, 1 BLMK ICB, 3 System Assurance and Corporate Services, 1 Primary Care, 16 People & Development, 10 COSACS, 2 Transformation, 9 Finance, 5 Safeguarding and Vulnerabilities, 3 WTP, 2 Quality, 1 Commissioning and contracting, 2 Chief of Staff, 1 Planned and Specialist care, 1 System Assurance and Corporate Services, 3 Strategy and Assurance Directorate, 1 Individualised Care and System Flow, 1 Nursing and Quality, 2	Governance Team	Outcome 3A score = 1

5. Boards and Committees:

Boards and Committees		
ICB Board	EDI Staff Network	Area Prescribing Committee
Audit & Risk Assurance	Local Safeguarding Children's Partnership	BCA clinical and professional leadership group
Bedfordshire Care Alliance	SQG, HCPL	Primary Care Delivery Group
Finance & Investment	Education Partnership	Epilepsy Clinical Reference Group
Primary Care Commissioning and Assurance	Workforce Modelling and Supply	Primary Care Workforce Programme Oversight Group
Quality and Performance	Health and Care Senate	Luton Health and Wellbeing Board
Remuneration Committee	Elective Collaboration Board	Luton Place Board
Working with People and Communities Committee	BLMK Cancer Board	Estates Working Group
BLMK Health & Care Partnership – joint Committee with Councils	BLMK ICS Area Prescribing Committee and subgroups	College of ODP Education and Standards Committee
BLMK Recruitment and Retention	NHSE education and training network	Digital staff passport steering group
Financial Improvement Group	BLMK AHP (Allied Health Professionals) faculty and improving staff experience workstream	BLMK Recruitment and Retention

Partnership Forum	Local Maternity and Neonatal System Strategic Programme Board	providers safeguarding committee's
CYP Transformation Board	Workforce Modelling and Supply	BCA Digital Transformation Portfolio Board
LDA Transformation Board	Primary Care (Medical Services) Delivery Group	Primary Care Commissioning & Assurance Committee
Mental Health Transformation Board	Primary Care (Pharmacy, Optometry & Dental) Delivery Group	NHSE Digital Transformation Portfolio Board (East of England
Local and Regional Health and Social Care Committees	Joint Chiefs and Deputies	ICS Digital Transformation Board

6. Band/Role

The majority 53 (74%) of responses were from Band 8a 8b and 8c.

6. Band/role

Bandings	Number of
Board	4
9 VSM	4
8d	8
8c	13
8b	20
8a	20
7	2
6	1
5 or below	0
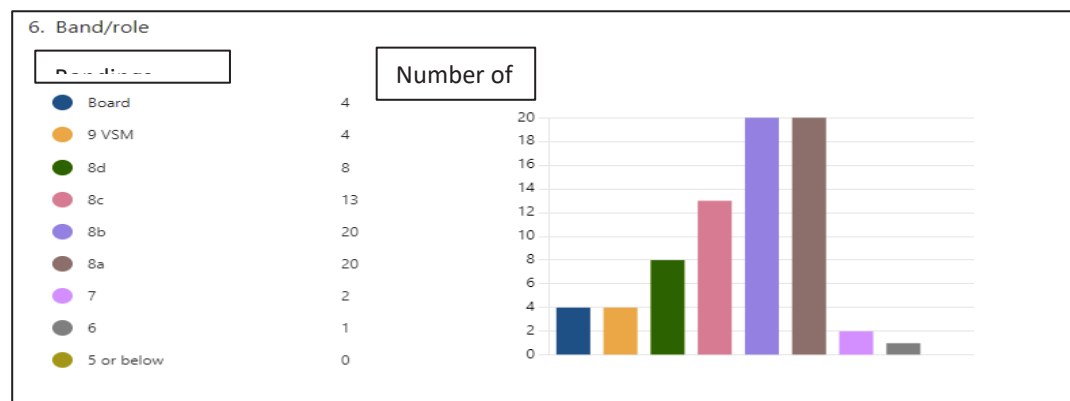
7. Authored any papers or reports relating to EDI
The majority, 51 (71%) have not authored any papers or reports relating to EDI

7. Have you authored any papers or reports relating to Equality, Diversity and Inclusion (EDI)?

Key	Respondents
● Yes	15
● No	51
● Maybe	6

8. Details of the papers authored
Wide range including strategy, policies, EIAs, as part of funding applications, HEAT, development of models and approaches, implementation plans, activity reports. Including Denny Review, ICS Digital Strategy, Area Prescribing Committee EIAs.

9. Attended any cultural, religious or EDI related events not connected to your own heritage or culture

9. Have you attended any cultural, religious or EDI related event that is not connected to your own heritage or culture?

Key	Respondents

● Yes   23

● No   49

10. Details of these events

Local and community events across BLMK, Faith meetings, EDI training, Black History month events, engagement event with the deaf community, NHS People Conference**.**

11. Have you given any EDI related speeches or talks at local events

11. Have you given any EDI related speeches or talks at local events?

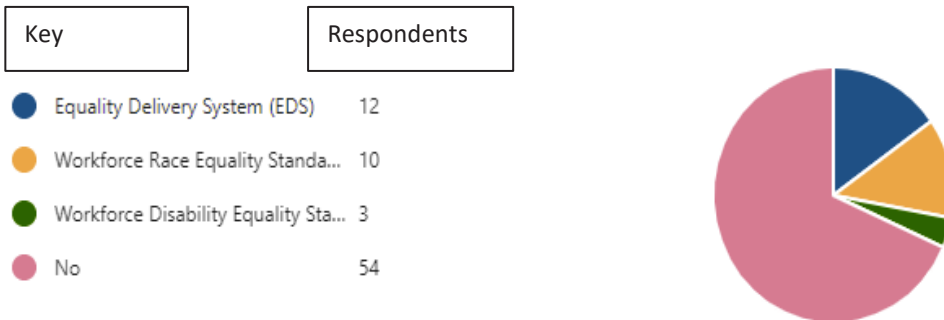| Kev	Respondents

● Yes   5

● No   67

12. Details of the speeches include:
I did a presentation to the BLMK Staff Meeting on volunteering for people with LD which included a film.

13. Involved in EDI frameworks and standards
54 (68%) have not been involved in any of the following EDI frameworks and standards

13. Have you been involved in any of the following EDI frameworks and standards?

Key	Respondents
Equality Delivery System (EDS)	12
Workforce Race Equality Standa...	10
Workforce Disability Equality Sta...	3
No	54

14. How they helped to ensure that results from these frameworks and standards have improved the ICB's equality performance

Wide range including:

- As part of the Primary Care Workforce Training Hub a culture of inclusivity and equality is embedded into all work.
- Helped to produce action plans for WRES and WDES
- WRES information used to support the workforce equality element of the LMNS Equity and Equality Action Plan
- EDS Domain 2
- Data analysis of health inequalities
- Primary care support for asylum seekers
- As line managers we have regular 1:1s with colleagues to check whether any reasonable adjustments need to be made
- LMNS Equity and Equality Action Plan

15. Any other activity where they actively promoted equality

Wide range including:

- Health inequalities,
- Promoting EDI,
- Digital Strategy Patient Engagement
- Sponsor on NHS Future Focussed Finance Sponsorship Programme
- Safeguarding boards cultural competency group
- Review of HR processes to ensure they are inclusive
- Developing resources on unconscious bias
- Member of the ICS Health Inequalities working group
- Ensure covid vaccine available to most deprived groups

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Cttee.	Paper Title	Date	Governance Team	Outcome 3B score = 1
		1. Finance & Investment	**2023/24 Procurement Pipeline and Plan**	10.3.2023		
		2. Quality & Performance Committee	Inequalities Deep dive	3.3.2023		
		3. ICB Board	BAF`	24.3.2023		
		4. Health Inequalities Steering Group	Action notes and Terms Of Reference	Meeting notes from March 2023 and TOR		
		5. Workforce reports	WRES plus any other	Remuneration Committee 18.11.22		

		6. Primary Care Commissioning & Assurance Cttee	North Bedford Hub – Summary of Patient Engagement	27/9/2023		
		7. ICB Board	Mental Health, Learning Disability and Autism Collaborative	Board 14.11.2022 Board update 29.9.2023		

| 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 | EDI Governance | Governance Team | Outcome 3C score = 0 |

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

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.

Examples	People Plan	PSED	6HIAs	EDS	WRES	WDES	GPG	EPG	AIS	Any other
Board levers (names of boards/cttees/groups) ICS People Board	x	x	x	x	x	x	x	x		

System levers (names of boards/cttees/groups) Rem Comm	x	x	x									
Senior Leaders levers (names of cttees/meetings/groups) ICB Board	x											

Domain 3: Inclusive leadership total outcome score = 2

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s): - GMB	**Independent Evaluator(s)/Peer Reviewer(s):** BLMK ICB EDI Staff Network Representative BLMK ICB EDI Staff Network Representative BLMK ICB EDI Staff Network Representative Coventry and Warwickshire ICB EDI Staff Network Representative

EDS Organisation Rating (overall rating):

	Score
Domain 1	
Outcome 1A	1
Outcome 1B	1
Outcome 1C	1
Outcome 1D	2
Total	**5**
Domain 2	
Outcome 2A	1
Outcome 2B	1
Outcome 2C	0
Outcome 2D	1
Total	**3**
Domain 3	
Outcome 3A	1
Outcome 3B	1
Outcome 3C	0
Total	**2**
Overall EDS score for BLMK ICB = 10	Developing activity

Organisation name(s): Bedfordshire Luton and Milton Keynes Integrated Care Board

Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**

Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**

Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**

Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

	EDS Action Plan	
EDS Lead		**Year(s) active**
ICB Head of OD and Inclusion		2023 – 2028
EDS Sponsor		**Authorisation date**
Chief Nurse Chief People Officer		

Domain	Outcome	Objective	Action	Owner	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Consider whether the service is targeted enough to meet the needs of different protected characteristics and	• To set up a process to record and monitor the uptake of the service offer against the protected characteristics and health inclusion groups. • audit of late access of service (not counting those new to the UK) and if this relates to lack of knowledge/trust on how to access	Maternity Team	April 2024

		• Bedfordshire hospitals to assist Health Watch in the review of translation and interpreting services across the ICS, which has been signed off as a recommendation against the Denny Review.		
1B: Individual patients (service users) health needs are met	Monitor the impact of the access experience and outcomes of the health inclusion groups	• Maintain Patient Experience Midwife to support the needs of the service users to understand the barriers and co-produce interventions with those health inclusion groups to increase access. • Evidence how this information will be embedded into service, support for staff to understand what HIG need to improve access • Share Patient Experience Midwife quarterly progress reports to the Quality and Safety Forum of the LMNS Board.	Midwifery Team	June 2024
1C: When patients (service users) use the service, they are free from harm	Better understand how to improve the safety of patients in relation to Translation and Interpretation Service	• Work with Health Watch and Complaints and Midwifery Team to gather information on the number of complaints from staff and service users. • Develop a survey for Midwives and service users to understand what their actual concerns are. • audit/survey if SUs understood what safety measures/monitoring was required and if they knew what to do should they be concerned. i.e. If in an emergency, are they able to access translation/interpretation services and do they have the knowledge to know how to communicate	Midwifery Team	March 2025

			their concerns (leaflets pointless for those that cannot read them.)		

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.	• Encourage all staff at all levels to regularly update their equality and diversity information on ESR. • Deliver regular updates and training on how to have a wellbeing conversation. • Managers to have caring conversations at all stages throughout the organisation in their 1-2-1s as standard practice. • Communicate to workforce the value of the HWB offer and the benefits to all age groups. • Monitor and record the uptake of the HWB offer against the protected characteristics. • Through staff engagement understand what is the lived experiences of our staff and be more targeted in our HWB offer	September 24

| 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. | • Liaise with the public facing service lines to investigate and understand if there are any ongoing concerns regarding abuse from the public.
• Monitor and record this against protected characteristics over time
• Regular communication of information to managers to reiterate their role in dealing with such incidents
• Training/advice for managers to support staff who face abuse, harassment or bullying on how to deal with the perpetrator; and acknowledge that sometimes the perpetrators are the managers.
• Managers to deal with incidents as soon as issue has been raised and log relevant detail.
• Have supporting conversations with the victim.
• Take the correct action to deal with the perpetrator.
• Managers to raise awareness on FTSU services including signposting and mechanisms for reporting.
• Improve reporting and recording of bullying and harassment cases and include diversity information within the metrics. | September 24 |

			- Ensure that processes are transparent, including options for anonymous reporting - Increase the number of Freedom to Speak Up Champions to ensure there are people at different levels who can help - Develop further the organisation's Equality training offer and ensure this is mandatory - Investigate the Active Bystanders programme that has been developed by Leicester Leicestershire and Rutland Academy - Analyse all information to gain feedback to inform and cascade learning	

| 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. | Ensure independent support and advice is accessible and visible within the organisation that will enable staff to take their concerns to a higher level. More frequent communications through different channels e.g., via bulletins, team talk, social media/apps, staff meetings and leaders' briefings. Development and delivery of workshops on discrimination, bullying and harassment, including anti racism training for all staff at all levels. Explore the delivery of a range of disability equality training in specific areas such as mental health, physical and sensory disabilities, neurodiversity and hidden disabilities Gain feedback from staff on how they are using the advice and support services and how they found them. Develop a system to record and monitor non mandatory training and to understand the uptake of this training. | Dec 2024 |

	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.	• More frequent communications through different channels e.g., via bulletins, team talk, social media/apps, staff meetings and leaders' briefings. • To increase the numbers of those completing the staff survey via campaign and incentives, as well as possible protected time. • Staff survey data response could cover other factors e.g., to understand staff in post by employment type e.g., apprenticeship, part time, to assess correlation with protected characteristics. • Encourage staff to complete the National Staff and Pulse surveys. • Listening events/courageous conversations • Capture the themes and hot topics that emerge form learning events. • Consider how we want to develop our response to that for example: an ICB OD programme, or a system listening events or conferences	Ongoing

	Outcome	Objective	Action	Owner	Completion date
	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their	Help managers and supervisors to develop the skills needed to improve diversity and equality in the health and care sector.	• Increase the percentage of our senior leaders who get involved with EDI activities i.e. Events/ papers / speeches	Head of OD and Inclusion/Head of Governance	March 2025

understanding of, and commitment to, equality and health inequalities	Leaders to be involved in promoting equal opportunity and Fostering good relations across the ICB To embed EDI at all levels, involve each department in the EDI assurance framework. Communicate published EDI reports to all workfo	• From each directorate have representation at EDI related working groups • Publish reports on the intranet site, so all staff can access. These can be highlighted at Directorate/ Department meetings/ staff Networks. • Monitor how many people are accessing these documents. • Board member and senior leader EDI objectives to be developed. • Service Dashboards to be developed providing updates to service leads.		
3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Ensure Board/committee papers address equality and health inequalities related impacts and risks and how they will be mitigated and managed	• Monitor mitigations, actions and interventions are having the anticipated outcomes against the diversity strands. • Develop the inequalities summary within the governance report front sheet to ensure responses are specific on the ways in which inequalities will be addressed. • Inequalities to be reflected in presentation template • WRES/WDES action plan – group to be established to monitor this and EDI	Head of OD and Inclusion/Head of Governance	April 2024

			• Establish the Mental Health, Learning Disability and Autism Collaborative MHLDA) as a Committee of the Board from April 2024. Monitor progress of collaborative way of working and improving outcomes for service users.		
	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		• A clear reporting line for EDI to be established and communicated. • Roles and responsibilities of leaders at all levels to be mapped and outlined • Engage with the EDI Staff Network • Engage with workforce through staff briefings • Finalise the BLMK ICB EDI Implementation plan	Head of OD and Inclusion/Head of Governance	March 2025