Mid and South Essex Integrated Care System

NHS
Mid and South Essex
Integrated Care Board

Equality Delivery System 2022

2023/2024 Report

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Contents

Introduction: 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: **EDS2: Making sure that everyone counts.**

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 and published on the organisation's website.

The Mid and South Essex approach to EDS2 in 2023/2024

Mid and South Essex ICB has due regard of the regulatory and statutory equality requirements and delivers its responsibilities against the Equality Act in three ways; as an employer, in its function as an ICB and as part of a wider system alongside its strategic partners. At the heart of the Mid and South Essex Integrated Care Strategy is the Common Endeavour of reducing inequalities by working together to eliminate avoidable heath and care inequalities. The ICB has established two overarching key (interim) equality objectives as set out below:

- ***Our overall objective as an employer is to create an inclusive environment where our staff feel valued and supported to achieve their potential recognising that our culture values diversity and the voice of our teams.***

- ***Our overall Equality objective as an organisation is to ensure equitable access, excellent experience and optimal outcomes for all by addressing unwarranted variations in our services and moving towards a joined-up health and care system.***

The Equality Delivery System (EDS) was launched in July 2011, it is the foundation of equality improvement within the NHS and is used as an accountable improvement tool for NHS organisations in England. The EDS evaluation process gives MSE ICB an opportunity to embed the promotion of a healthier and more content workforce, which ultimately enhancing the quality of care provided to patients and service users. The EDS comprises eleven outcomes spread across three Domains, which are:

Domain 1) Commissioned or provided services
Domain 2) Workforce health and well-being
Domain 3) Inclusive leadership.

For Domain One, in 2023/24 NHS organisations, with other health and care partners, were required to select three services that they commission and/or provide for patients. MSE ICB worked in partnership with NHS organisations to evaluate three chosen services
(1) Urgent Community Response Team in partnership with Mid and South Essex Community Collaborative (MSECC)
(2) Inpatient Detox Service (Topaz Ward) in partnership with Essex Partnership University NHS Foundation Trust (EPUT)
(3) Learning Disability in partnership with Mid and South Essex NHS Foundation Trust (MSEFT)

This approach allowed for a co-ordinated evaluation process supported by wider community and VCSFE partnerships thus lending the 23/24 EDS evaluation cycle to taking a whole system approach.

Domain Two and Three of EDS focuses on workforce equality. To acknowledge the substantial impact of COVID-19 on Black, Asian, and Minority Ethnic community groups, as well as individuals with underlying and long-term conditions like diabetes, the EDS now aligns with the goals of the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)[1]. Evaluation for domain two and three led by MSE ICB workforce team appraised workforce culture, current policies and interventions which support our stated equality objective to create an inclusive environment that values diversity and the voice of our teams. Wide engagement was taking across the ICB including staff engagement groups and trade unions.

EDS Rating and Score Card

Scoring rationale for each element of the assessment	Total scoring per domain
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**

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NHS Equality Delivery System (EDS): Document Control

Name of Organisation	Mid and South Essex Integrated Care Board	Organisation Board Sponsor / Lead	Dr Giles Thorpe, Executive Chief Nursing Officer
Name of Integrated Care System	Mid and South Essex	EDS Lead	Dr Sophia Morris, System Clinical Lead for Health Inequalities
EDS Engagement Dates	**Domain 1:** Patient and Carer Stakeholder Session (January 2024). ICB Stakeholder Session (February 2023) **Domain 2 & 3:** Virtual review by staff network Chairs, Trade Union colleagues and Freedom to Speak up Guardian	At what level has this been completed?	**Domain 1: Partnership** Essex Partnership University NHS Foundation Trust Mid and South Essex University Hospitals NHS Foundation Trust **Domain 2 & 3: Integrated Care Board**
Date Completed	**February 2024**	Date Authorised	**March 2024**
Date Published	**March 2024**	Revision Date	**February 2025**

Completed actions from previous year:

Domain 1: Commissioned or Provided Services 2022/23 Follow-up

This work relates to the domains reviewed in 2022/23 for Perinatal Service in EPUT and Maternity Service in MSEFT.

Outcome / Recommendation	Action / Activity
Domain 1 A: Continue to promote accessible information standard (AIS)	• Feature AIS as part of EPUT Patient Experience training to support access. • Accessible Information Standard has been built into Welcome pack inpatient ward blueprint templates. • AIS champion identified among pool of LEA's. Champion attends People Participation Committee ensuring AIS is standing agenda item on PPC. AIS is being utilised in increasing work streams including the neurodiversity network and coproduction champion network. • iWGC reporting and training manager working with information governance and systems team to understand how patient management systems preference for communication can be included on standard letter templates for the Trust. • As actions throughout the past year have developed, a single patient experience training was considered, however it was felt that a more appropriate action for awareness was to create a Trust wide Lived Experience practice framework. This is in development and will help structure advice and guidance from the Quality-of-Care strategy; of which one of the three core components is Experience. AIS is included within Lived Experience Practice framework. This will ensure that AIS is utilised as part of the entire delivery of lived experience within the trust.
Domain 1 A continued: Demonstrate activity and action plan in place to ensure those with protected characteristics have adequate access to the service.	• Maternity action plans to progress action which will improve early access to maternity care within MSE, for those in identified ethnic minority groups. • Broomfield site has one Continuity of Care (CoC) team targeting vulnerable women. There are plans to implement this across the other two sites. This has not yet commenced for those from minority groups; however, the booking self-referral process has incorporated inclusive language and acknowledgement of protected characteristics in its content and was coproduced with the Maternity & Neonatal Voices Partnership (MNVP).

Outcome / Recommendation	Action / Activity
	• The MNVP now had additional members of ethnic minorities groups that will help to reach out to under-served patient groups. We have also implemented Personalised Care Support Packages for all patients. • The electronic referral form for antenatal care where ethnicity is mandated is almost completed. • There has been an improvement in collaboration observed between stakeholders. • Continue to ensure that data collection is carried out, to identify who is accessing face-to-face, telephone or video consultations, including by relevant protected characteristic and health inclusion groups.
Domain 1B: Support and contribute to the implementation of “Time to care” program (both EDI and Patient Experience Teams)	• The Patient Experience Team continue to support contribute to the Time to Care (TTC) programme. A Co-Production Lead role has been allocated with a shared reporting responsibility on status and benefits of lived experience to the organisational steering group. • TTC coproduction lead has created involvement group made up of people with Lived Experience. Members of the involvement group have visited wards to ask patients original baseline TTC questions including ideas to improve patient care in services and recognising protected characteristics in patient care • Coproduction lead has been working closely with the Director of Nursing, Infection prevention and control to ensure that themes and trends from involvement group such as staff development and retention is built into Quality-of-Care strategy. • iWGC reviews continue to increase following creation of iWGC reporting and training manager role; giving patients, families and carers increasing opportunity to report whether their health needs have been met. • TTC coproduction lead has been working with freedom to speak up guardian to understand barriers in raising issues. TTC coproduction lead is currently receiving Peer Support Worker training and has contributed to discussions and rating of need of new roles within EPUT.
Domain 1B continued: Identification of higher risk cohorts and targeted	• MSEFT Health Inequality maternity dashboard in development currently. • MSEFT led Personalisation and Choice workstream in place. • Co- production with the MNVP ongoing.

Outcome / Recommendation	Action / Activity
interventions to address their needs.	• Agreement to introduce Patient Knows Best platform now confirmed. Maternity services are identified as a priority area to implement this in. Maternity digital strategy in place. • Standardised hard copy PCSP (Personalised care and support planning) format for use across maternity services in the system to be developed which will be translated into multiple languages. This work is led by one of the Better Birth Midwives. • Tobacco dependency pathway has been finalised, with a ratified guideline to support it. The recruitment of specialist midwives and support workers is complete with all sites recruited to, and the pathway was launched in February 2024. This service will support women and pregnant people to access in-house smoking cessation services, providing nicotine replacement therapies, vapes and qualified staff, with the aim of reducing the incidence of smoking at the time of birth.
Domain 1C: Share learnings / next steps taken from serious incidents with patients, families and carers	• Never Events continues to prove a useful tool. Sharing from learning shared with teams. • Patient Safety Partner role continues to develop in EPUT. Utilisation, purpose and practice of role has increased as has the number of individuals undertaking the role. • Patient Experience Team now provide quarterly reports to each care unit, reporting on lessons identified, best practice and themes and trends from any incidences of harm. • iWGC reporting and training manager attends each LCP meeting, reporting each month on learning/ next steps from serious incidents and iWGC reviews. • Number of managers signed up to the iWGC reporting interface has significantly increased. This allows managers to be notified when concerns are raised regarding their service; allowing for quicker identification of patient issues with care to enable improvements to be made. • iWGC reporting and training manager has also attended care opinion training to understand the best way to respond to patient/family and carer reviews. Next steps and learnings are publicly shared in response to reviews. • EDS agenda was built into the “I want Great Care” reporting and training manager role
Domain 1D: Share themes and trends from data with patients, carers and	• “You said, We did” promotions have been redesigned to ensure examples of best practice that have been identified are shared and can be replicated. Patient Experience team reviewing “You said, We did” submissions with lived experience ambassadors to ensure truly meaningful submissions. For example,

Outcome / Recommendation	Action / Activity
family through “you said we did” promotions.	“you said inpatient ward food is not up to standard” “we included lived experience ambassadors in the food tasting and assessments of acquiring a new meals contract”
Domain 1D continued: Co-production with communities to support continued reporting of positive experiences.	• MNVP has led a LGBTQ+ Focus Group to identify areas of focus for MSE. In addition, focus groups have taken place with a number of other minority groups • Action has been taken to ensure all LMNS communications, where possible, are coproduced with the MNVP to ensure information reflects service users’ needs and uses inclusive and additive language. Examples include: • Video tours of the maternity and neonatal units on all three sites, Personalised Care and Support Plan - comms developed by the MNVP (which we coproduced), Information on St Peters temporary closure of birthing unit (Sept 2023), Hospital Infographics - Birth stats • Ongoing engagement in place to support the MNVP to undertake out-reach work, utilise volunteers for engagement, support local community groups to progress opportunities for collaboration. • Regular review the membership of the MNVP, to evaluate how representative of the local population it is.
Domain 1D continued: Actions to improve equitable access	• Out of hours GP service has been implemented. • Accessibility ramps and other provisions to support access to those with a disability are in place and are readily available. • Red cards/zero tolerance principles are in place to protect the staff carers and visitors to the Trust. • Improvement with the deaf blind hearing loop accessible within areas and now the portable hearing aids available within all wards and departments. • Disability and Carers Passport developed

Domain 2: Workforce health and well-being 2022/23 Follow-up

Outcome	Objective	Action	Completion date
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Increase awareness of staff support available through networks and also targeting some interventions through the results of the wellbeing survey	Wellbeing champions to analyse results of wellbeing survey and plan schedule of events and interventions for 2023, including planning targeted monitoring of the health of those with protected characteristics and targeted interventions to encourage self-care amongst those with long term conditions. Develop how the reach and impact of these interventions will be measured. The intranet will be reviewed and updated regularly to signpost staff to support within the local area using the Staff intranet.	Carried forward Carried forward Completed and ongoing
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	To review, refresh and promote the ICB Dignity at Work Policy and provide briefing sessions on this policy. To devise and agree a staff behavioural code in line with ICB values. Deliver cultural awareness and microaggression training.	HR team to review policy in partnership with SEG. Behavioural code devised from values engagement work and shared with SEG and wider staff. Commission training as part of EDI procurement	Completed Carried forward Carried forward
2C: Staff have access to	Refresh and relaunch staff support offers.	HR team currently refreshing support offers.	Completed

Outcome	Objective	Action	Completion date
independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Expand oversight of reporting on EDI.	Refreshing our offer for staff in terms of Freedom to Speak Up Champions and Contact Officers. Refreshing the offer for Mental Health First Aiders. Quarterly reporting of exit interview data to ICB Exec group. This data can be broken down by protected characteristics where this information has been reported by staff and therefore enable us to identify and act upon any issues for any groups of staff.	Completed Ongoing Ongoing
2D: Staff recommend the organisation as a place to work and receive treatment	No actions identified.	-	-

Domain 3: Inclusive Leadership 2022/23 Follow-up

Outcome	Objective	Action	Completion Date
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	Regular Board agenda items around EDI	To be discussed and agreed with Board.	Ongoing
	To commit to the RMFI programme and learning from this.	To participate in the Reciprocal mentoring Programme and share and implement learning.	Carried forward for refresh in 23/24
	To commit to the delivery of the ICS EDI framework	To deliver the outcomes of the ICS EDI framework in particular around the culture and leadership element of the framework.	Ongoing
		Board Reporting on compliance and implementation of WDES, EHIIAs, Gender Pay Gap, AIS, PCREF and EDS2, by the Executive Chief People Officer.	WRES, Gender Pay Gap and EDS completed
3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be	Provide Assurance to the Quality Committee that EHIIAs are fully completed, and actions taken on any required interventions. Update BME risk assessments.	Establish robust framework for the completion of EHIIAs.	Completed
		Gap analysis on completed BME risk assessments and ensure all complete.	Completed

Outcome	Objective	Action	Completion Date
mitigated and managed			
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	Board members conversant with and act upon relevant EDI tools.	Complete WRES and WDES reporting and associate action plan. Establish monitoring and reporting process for EHIIAs. Complete EDI reporting on Gender Pay Gap, AIS, PCREF. Board members and system leaders to support the delivery of these reports and action plans and retain oversight of progress against these plans. Further action plans will be established with clear leadership identified when the EDI framework has been delivered.	WRES completed Completed Gender Pay Gap completed Ongoing

Current year assessment 2023/24

Domain 1

Outcome	Evidence	Rating	Owner (Dept/Lead)
1A: Patients (service users) have required levels of access to the service	**Urgent Community Response Team (UCRT)** Multiple pathways of access into the Urgent Community Response Team (UCRT) UCRT accepts referrals from GPs, ACPs, ECPs, carers, ambulance service, and care line. UCRT have criteria, if an individual meets the criteria for admission avoidance, they will be accepted for a visit by one of our registered nurses or Occupational therapists within 2 hours of the referral. **Topaz Ward Detox Service** Topaz Ward is a ground floor, flat surface ward, with accessible parking available for those who require access. Access from the main entrance to all required parts of The Crystal Centre are wheelchair friendly, including Topaz Ward. All bedrooms have en-suite bathrooms, and the ward is wheelchair friendly throughout, including the garden areas. All patients are assessed for referral to physiotherapy upon admission, which includes a falls risk assessment and care plan, to ensure immediate safety on the ward. Topaz ward has a swing bed used for non-binary and transitioning patients. The detox service team assesses every referral received. A link pathway with the Gastroenterology Consultant from Broomfield was created when the service opened May 2022, to ensure those with high markers / co-morbidities were discussed and treatment plans formulated, to ensure all those needing a detox could access treatment. Service has links with the local DASS	2	UCRT & Topaz Patient Experience Manager LD Learning Disability, Autism and Dementia Service Lead

Outcome	Evidence	Rating	Owner (Dept/Lead)
	teams, women's' refuge services and all psychosocial services, which improves/increases routes of access from admission to discharge. The detox service uses NDTMS (National Drug Treatment Monitoring System) to ensure ethnicity is captured upon referral. This is presented to regional EOE commissioners, themes, and trends relating to ethnicity and access is ongoing. The detox service has a rotation rota formulated for Junior Doctors to assist in commissioning Equality and Diversity within the detox service. This ensures EDI is always on the agenda for staff. The detox service routinely carries out Q&A meetings, where referring services across the EoE region can attend and ask questions about the service, regardless of whether there are pending referrals/admissions or pre-admission assessments within their teams This allows any individual concerns around access to be picked up by the team, even prior to referral or post discharge. A webpage has been created which is accessed via public domains. This gives anyone who wishes to view an outlay of the service, including previous service users, members of the detox and Topaz Ward team, and a video showing the ward environment. This improves and publicises information on access. **Learning Disability** The team engage with patients and their families, carers and representatives on a co-production basis through various means, including focus groups around specific workstreams, regular engagement meetings which we have recently rebranded as Ask, Listen, Do meetings (demonstrating consistency with NHSE), our Trust-Wide Hubs and by means of community outreach with the support of day service and other providers. Following Executive decision to develop a clear programme on Health inequalities with MSEFT, LD was identified as an area of focus in 2021. The work in the LD service (as		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	mentioned above) commenced in 2021 following a grant application for specific work around health inequalities and has continued since. A report produced by Healthwatch Essex details the recommendations from people with learning disabilities and their carers & families. Final report from 2022 attached as evidence. The various projects undertaken to make the service equitable are also listed in our public board report of May 2023 - download.cfm (mse.nhs.uk) This more collaborative and dynamic approach builds on existing engagement through our PALS and compliments and complaints procedures, and mechanisms such as patient and family questionnaires which we continue to utilise. It provides an opportunity to better understand **ICB Wide** Analysis undertaken of elective care waiting lists by ethnicity, sex and deprivation has enabled actions to be taken to improve equitable access to services by reducing barriers for example for working age women. The gap in waiting times between the most and second most deprived areas has halved in the last 12 months, but further improvements are still needed to eliminate the longer waiting times in more deprived areas. A systemwide elective recovery Equality Health Impact Assessment (EHIA)with corresponding action plan was undertaken, which allows for mitigating of inequalities of access for protected characterises and those groups which are more likely to experience barriers to accessing care. A further EHIA was completed to ensure industrial strike did not have a disproportionality effect on demographic groups. ImpactEQ is a system wide digital platform which has been developed for robust undertaking of equality impact assessments. This platform is in final stages of roll out with a complementary training package in place. PHM Core20PLUS5 data packs have been distributed widely which summaries population		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	inequalities down to a PCN level. PLUS groups and CYP data packs are due to be released shortly. Work has commenced on a system performance framework to measure access, experience, and outcomes for ethnic minority communities and those in the bottom 20% of Indices of Multiple Deprivation (IMD) scores. The system Athena data platform will host a number of dashboards including Core20PLUS clinical areas with an inequalities lens applied to all datasets. Across the system continued effort has seen year on year improvement in ethnicity recording, within primary care 95% of patient records have a recorded ethnic. Accurate recording of other protected characteristics is now our second phase of focus. Local training has been delivered to educate on the importance of robust demographic recording.		
1B: Individual patients (service users) health needs are met	**Urgent Community Response Team (UCRT)** The UCRT treats patients with acute infection, falls, reduced mobility, urinary retention. If a patient is deemed stable and safe to stay at home on point of triage, they will be assessed by the team to reduce hospital admission but ensure they are still in receipt of care. A full holistic assessment conducted by the visiting health professional who will complete referrals if required. Referrals include Tissue viability, care co-ordination service, social services, care agencies, respiratory team and virtual frailty service. Blood tests taken and results are available within two hours to identify treatment. If medication is required, there are nurses can prescribe and initiate treatment the same day. There are extensive clinical governance structures in place to ensure patients' health needs are met: include monitoring Serious Incidents for any themes and trends related to Equality and Diversity, action planning, key learning, compliments, and achievements and discussing	2	UCRT & Topaz Patient Experience Manager LD Patient Experience Team/PALS/Complaints/ Specialist teams/All staff

Outcome	Evidence	Rating	Owner (Dept/Lead)
	culture of learning. **Topaz Ward Detox Service** Detox service monitors health needs right from point of referral to discharge. Considering physical health prior to admission, viewing bloods and any other physical health needs. Specialised care plans to ensure patient is fully supported with any identified health needs. The detox service liaises with an individual's care co-ordinators, GP service, CMHT, social workers and any other services to ensure that health needs are understood and shared. The service works collaboratively with the Gastroenterology service at Broomfield, arranging assessment and scans. A doctor and specialized detox nurses assess all patients on the day of admission where repeat bloods, ECG, full physical health assessment and capacity is assessed. From here, the detox team create specialized care plans to meet the patients' needs and refer to individual services where the need arises. Physical observations are completed daily, alongside CIWA and COWS scoring prior to morning medication and throughout the day, to ensure any withdrawals are identified and actioned accordingly. MUST and water flow are completed upon admission, and weekly thereafter; all to ensure individual needs are consistently monitored and met. Upon discharge, Topaz patients complete an IWGC questionnaire, via paper copy or electronically to identify any needs that were not met, allowing us to reflect and improve the service. The detox team also follows the 24-hour follow up call as per trust policy, alongside follow up with the patients care co. Patients are followed post discharge via the SHARPS community rehabilitation program, which considers how well the patients' health needs were met by the service.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	Learning Disability Patient needs are assessed individually, to ensure that their health needs are met in the way that is best for them. This is underpinned by the Trust's standard policies and procedures, and there are relevant assessments, tools, and specialist resources to support enhancement of this where appropriate. Following previous round of the NHSE LD Improvement Standards and the National Audit of Dementia, we have identified that there should be board level representatives and also that people experiencing health inequalities and their families/carers should be able to engage and feedback at board level. For the specific programme on HI, patients and their families were engaged and contributed to development of the programme. The various projects undertaken to make the service equitable listed in our public board report of May 2023 - download.cfm (mse.nhs.uk) were co-developed with our patients and their families/carers. These were agreed with LD ambassadors and champions (trained staff acting as LD champions across services) and shared via a celebration event in Nov 2022. Regular Ask, Listen, Do meetings are being conducted engaging patients and carers. These take place quarterly and topics discussed include the ongoing project work as reported in the board report. The team regularly collate local feedback questionnaires from patients to help identify areas of improvement. Through an agreement, Healthwatch Essex, host the LD ambassadors' network for MSE ICS who contribute to regular conversations. Reports from Health Watch Essex have also been used to inform newsletters as an update for LD ambassadors and champions		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	Minutes from Ask, Listen, Do meetings or feedback from other areas. Information and ideas collated during face-face engagement, Patient Experience Surveys (CQC Picker Surveys) Staff are appropriately trained and competent to ensure that they are able to meet the needs of those in their care. Due to the intervention of the team, a three module LD champion training has been developed in partnership with Healthwatch Essex that is completed by LD champions. We have 192 Learning Disability / Autism Champions the organisation since the training was introduced in 2023 (these are members of staff) All staff also completed mandatory Oliver McGowan training for LD related training. Patient risk assessments are regularly carried out to determine pathway appropriate to them. Recommendations from Ockenden report 2020 implemented widely across the trust. Reasonable adjustment cards are being implemented by March 2024 Paper based hospital passport for people with learning disabilities has been implemented with plans to incorporate it as part of future digital platform. The forms are also available in a digital format. All patients in contact with the service have a hospital passport and if they don't have one, the team helps them put it together. Carers passport has also been implemented in the hospital though the exact numbers of how many have set one up is not available at time of reporting this. **ICB Wide** A number of health inequalities funded projects have been targeted interventions which aim to improve access to care in a manner which is addresses the needs of particular groups e.g. Foot care for homeless groups, Dental outreach bus targeted at homeless and migrant groups,		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	There has been successful reach into communities through use of outreach models for preventative and proactive care. Planning is underway for a sustainable delivery model which aims to have an integrated approach. Personalised care - roll out of the Shared Decision Making four questions campaign with primary care.		
1C: When patients (service users) use the service, they are free from harm	**Urgent Community Response Team (UCRT)** New DATIX field to capture incidents of racism, ableism, homophobia and any other kind of discriminatory abuse or behaviour. Sharing of learning when harm has occurred. The holistic assessment utilised in the UCRT ensures that if an individual is too unwell to remain at home, hospital admission will be arranged. If care needs are identified the UCRT team organise an urgent care package. On occasion where a hospital admission cannot be arranged the UCRT work with patients to arrange a family member, friend, or carer to stay with the individual until hospital admission can be fulfilled. Patient Safety Partners are working within EPUT to support and contribute to EPUT's governance and management processes for patient safety. It is the role of Patient Safety Partners to communicate rational and objective feedback focused on ensuring that Patient Safety is maintained and improved with EPUT as part of the Safety First, Safety Always initiative. Serious Incidents and reports of harm are routinely monitored by Essex STaRS data analyst, the detox service manager and Essex County Council commissioners to identify any themes or trends. **Topaz Ward Detox Service** The ward ensures patients are free from harm by way of sexual safety care planning, single	2	UCRT & Topaz Patient Experience Manager LD Governance Trust Leadership

Outcome	Evidence	Rating	Owner (Dept/Lead)
	sex corridors, ongoing supportive and engagement observations, weekly physical health monitoring and use of Oxyhealth (upon consent). Patients are reviewed weekly by the detox consultant and daily by detox Doctors. There are clinical governance structures in place to protect the safety of patients for both the detox service and Topaz Ward as a whole. From this, the team reviews ongoing culture of learning, undertakes action planning, key learning, lessons learnt and review compliments and achievements within the service. Detox service has weekly referrals and service overview meetings to review and discuss all new referrals, patients that are awaiting pre-admission assessment and admissions, and those that we are awaiting additional information from to ensure a safe detox for an individual. The detox service operates Q&A sessions monthly inviting referrers, care co-ordinators and commissioning services to discuss any areas of concern. The detox service formulates relationships with partner organisations, families, friends and carers to ensure a smooth and safe transition from the ward back into the community. Psychosocial work will need to be evidenced prior to admission and reaffirmed post discharge to minimize risk of relapse. The detox service welcomes patient safety “walk around” to promote change. **Learning Disability** The team uses regular trust processes to ensure patient safety: – Datix – Never Events/SI’s – Information Governance reports		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	– Complaints – QI Projects – Policies and Procedures supporting delivery of service – Statutory/Mandatory training as well as developing LD ambassador and LD champion training – Governance Structures for patient safety – PSIRG, Quality Governance Committee etc The team also learn from deaths by complying with external process (LeDeR) as well as completing Structured judgement reviews and LD reviews using internally available SMART tool.		
1D: Patients (service users) report positive experiences of the service	**Urgent Community Response Team (UCRT)** The iWGC reporting and training manager within the patient experience team is doing some targeted work with the UCRT to increase their review responses. Unfortunately, the UCRT have not had any reviews since the implementation of iWGC. Therefore, there is no evidence to present to demonstrate positive nor negative experience from the UCRT. Patients are encouraged to complete IWGC (I Want Great Care) forms during and post admission to ensure that all feedback is obtained about the detox service and Topaz Ward as a whole. The platform is accessible in different languages and is presented through varying methods depending on what may be most suitable to the patient demographic. All feedback is discussed within the Clinical Governance meetings encouraging transparency and learning. **Topaz Ward Detox Service** On Topaz Ward, all patients are given PALS information, 'Your sexual safety on the ward',	2	UCRT & Topaz Patient Experience Manager LD Patient Experience Team

Outcome	Evidence	Rating	Owner (Dept/Lead)
	‘your rights as an informal patient’ and ‘Welcome to inpatient services’ leaflets upon admission as part of their admission pack. In addition, they are given the option to be added to NDTMS data, ‘My care, My recovery’ booklet and a ‘Welcome to Topaz’ letter. This outlines the organisational vision – Working to improve lives. Patients are frequently reminded from this that any feedback is welcome. Multiple compliments via DATIX have been completed for Topaz Ward including receipt of cards and positive verbal feedback that have been received by patients upon discharge. Every individual with connection/interest in EPUT can attend the EPUT forum, which is held once a quarter by the Patient Experience and Volunteers team as an opportunity to ask people and communities what matters most to them and where “citizens” feel EPUT should be targeting their energy. This gives all patients the opportunity to provide feedback on their experiences of care. On average, the detox service scores 4.5 out of 5 for patient experience. Review of overall experience scores were lower 3.83 out of 5 for those that preferred “not to say” for their gender, those that stated “other” had better overall experience in comparison rating the experience 4.25 out of 5. Whilst those that identified and male or female had similar over all experience rating their experience 4.77 and 4.72 out of 5. When we compare gender identity with ethnicity it appears that people of all gender and white had very similar over all experience (4.25 - 4.78). But those that preferred not to say their gender and from non-white ethnic background had relatively low experience score (3.75). **Learning Disability** The service has spent the last two years, first listening to service user voice, and then working with them to co-design recommendations to make the LD service and wider experience of people with LD in other services in the hospital (and also influence primary care) better. The LD champion network and LD ambassadors have supported change in how services		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	recognise and support patients with LD through various projects that have been co-designed with service users and staff thus designing processes to gain positive experience. The support provided by LD ambassadors to User-centred-designed hospital appointment letters are now being used across wider hospital services, improving experience, and reducing DNA. This is being routinely evaluated by the Quality improvement team and data is also collected through the wider outpatients programme to understand impact. Evidenced through means of feedback questionnaires, minutes from meetings, compliments, quarterly meetings with LD ambassadors are routinely used in the team discussion to improve care. Trust wide Friends and Family test results, patient experience groups and yearly analysis of patient experience using protected characteristics is used to understand wider feedback and support local improvements. Reasonable adjustments steering group provides another opportunity to co-design. Other routes through which patient voice is brought into the services is through - Listening events (engagement with patient partner reps), PALS, Carers Forum, Links with Healthwatch incorporating feedback and actions. Bespoke surveys are also put in place if required for inpatient/Outpatient areas. **ICS Wide** Insight bank established to share intelligence and insights regarding the experience of different demographic groups across system MSE is second wave Core20PLUS community connectors site, the COPD Community Connectors program objective is to better understand the lived experience of those with COPD living in the most deprived areas of Southend. Led by VCFE SAVS and Healthwatch Southend Intelligence from this program is shared across organisation boundaries and a		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	positive output of this program is an innovative co-designed pulmonary rehab style service. Core20 Accelerator program focuses on increasing SMI annual health checks. A core element of this program was co-production with those with lived experience of SMI to improve access. Insight bank established to share intelligence and insights regarding the experience of different demographic groups across system A report by Healthwatch Southend and the Royal Association for Deaf People was received by the MSE ICB which highlighted the experiences of those from the Deaf community when accessing General Practice. Internal reflection was taken and a response to recommendations have been shared to drive improvement in access for this identified group. Mandatory staff training – EDI, McGowan. EQIA updated training to be shortly released. Health Inequalities resources on ICB intranet and NHS futures platform is promoted regularly. ICS Research Engagement and Network (REN) program has begun, this program aims to address the barriers to diverse inclusion from demographic groups who are less likely to engage in research opportunities.		
	Domain 1: Commissioned or Provided Services Overall Rating	**8**	

Domain 2: Workforce health and well-being 2023/24

Outcome	Evidence	Rating	Owner (Dept/Lead)
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	The Mid & South Essex ICB has an established peer support group called "Positive Ways to Wellness" – open to employees with any long-term condition. We also promote national, regional, and local (via Working Well) initiatives such as The NHS Digital Weight Management Programme, Stress Awareness Workshops, Mindfulness courses and many more. We have created a Wellbeing Champions Group and are growing our network of Mental Health First Aiders whose role is to act as a first point of contact for any employee experiencing emotional distress through to a mental health issue. Wellbeing Champions can signpost to national and local support available. Our Wellbeing Survey (December 2022) that has been coordinated by Working Well indicated that 40% of respondents had a long-term condition which highlighted the need to promote other lifestyle changes that could help better management of these conditions. In addition, 64% of respondents were not happy with their weight and 60% are interested in making changes which highlighted another area worth prioritising in 2023/24. **2023/24 Update.** The work on supporting staff with long term conditions has continued as above and with the creation of some guidance to support reasonable adjustments as part of the onboarding process and adjustments to all ICB processes to ensure there is inclusion. During the recent large scale change process adjustments were made during the appointment process to ensure equality of opportunity**.** On at least two occasions the ICB extended the payment of sick leave to support the recovery of staff with long term conditions. There is new ICB 1:1 paperwork that encourages wellbeing conversations and the ICB has created a new	2	HR/Wellbeing Champions/Staff Networks

Outcome	Evidence	Rating	Owner (Dept/Lead)
	Menopause Strategy that has been through its ratification process to include engaging with the Women's Network and published on our staff intranet. Wellbeing is one of the ICB's values and the new Managers Learning Network has run a session on Health and Wellbeing. 70% of staff say that the ICB makes reasonable adjustments to enable them to carry out their work which is above the national average of 63%. 75% of ICB staff say that they are satisfied with the opportunities for flexible working again above the national average of 68%. The ICB's Health and Safety Policy sets out our responsibilities and those of employees under the Health and Safety Work Act 1974. Health and safety, fire safety and manual handling are included in the mandatory training programme for all ICB staff. Risk assessment and inspections identify health and safety issues to enable appropriate action to be taken to reduce risks to staff and other users of ICB premises. Although ICB staff continue to work in a hybrid way, regular health, and safety inspections, building system tests and maintenance continued throughout the year. The ICB Stress Risk Assessment is currently being updated, Stress Anxiety and Depression is the highest cause on sickness absence in the ICB, the system and the NHS as a whole. Staff are also required to complete working from home risk assessments and have access to support in enabling them to have the correct DSE equipment.		
2B: When at work, staff are free from abuse, harassment, bullying and	Dignity at Work Policy for the ICB to safeguard all stakeholders. This policy will be refreshed during 2023/24. NHS Staff Survey results 2021 show that 100% of staff had not experienced violence from any source. There was evidence to show that staff had experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public as well as from	2	HR/Staff Engagement Group

Outcome	Evidence	Rating	Owner (Dept/Lead)
physical violence from any source	managers and colleagues and rates of reporting this were comparable with the national average. The 2022/23 results will be published on 9th March 2023 and will be considered alongside the 2023/24 (March 2024) result to assess for trends. Following the last NHS Staff Survey, MSE ICB Staff Engagement Group discussed priorities such as refreshing the Dignity at Work policy as well as developing awareness training and agreeing a behavioural code with staff. There are also plans to develop cultural awareness and micro aggression training and to run some staff briefings on awareness and familiarisation of the policy highlighting the role of staff and managers within this policy and process. **Update 23/24** The Dignity at Work Policy has been reviewed and the key themes from the staff survey have been shared with the ICB Executive Team and they have been asked to work with their teams to write action plans in response to the staff survey results. In addition to this, the ICB has a Staff Engagement group that has been running since January 2022 and this group will be engaged with developing an action plan along with all other staff network chairs. The ICB has several staff networks including LGBTQ+, Diversity, Women, Positive Ways to Wellness (a peer support group for staff with long terms conditions) and a number of staff champion groups which include Wellbeing, Freedom to Speak up and Mental Health First Aiders. 75% of ICB staff say that they are satisfied with the opportunities for flexible working again above the national average of 68%. The ICB is also a partner member in a system Staff Experience and Wellbeing Group and an Equality Diversity and Inclusion Group looking at key themes such as health and wellbeing, engagement, diversity, and inclusion and sharing best practice. Together we will build on these themes and actions for the 2023/24 survey, supporting the development of organisational planning in response to the survey and giving the opportunity to staff to shape		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	this plan. There are regular all-staff briefings to communicate key messages, as well as operational updates and regular updates on system priorities. The ICB has recently launched its values which were created by 250 ICB staff and reaffirmed its vison, mission and values post the restructure. The ICB has created a 3 Phase Organisational Development Plan which clearly outlines the many opportunities for staff to get involved in making this a great place to work and an employer of choice, continuing to build on the ICS commitment spelt out below. *"We will adopt a 'one workforce' approach, making people feel more valued, empowered, developed, and respected to support recruitment and retention"* *Commitment from ICS partner made during Integrated Care Partnership Strategy design.* Only 28% of staff would recommend our ICB as a place to work which is well below the national average of 52% but this was against a backdrop of significantly impactful organisational change. However, in terms of attraction rates the ICB is very attractive in the recruitment market showing high levels of interest by high calibre applicants. Alongside this, the ICB has reviewed its recruitment practices to make them values based and inclusive. This is part of a new ICB People Management Strategy which looks at all elements of people management throughout the employees' journey from start to finish.		
2C: Staff have access to independent support and advice when	There is a Freedom to Speak Up Guardian in post for the ICB and we are refreshing our offer for staff in terms of Freedom to Speak Up Champions and Contact Officers. We are contacting existing Mental Health First Aiders with a view to relaunching this offer to staff and provide support and training to existing and new MHFA.	2	HR

Outcome	Evidence	Rating	Owner (Dept/Lead)
suffering from stress, abuse, bullying harassment and physical violence from any source	An Employee Assistance Programme (EAP) is also available to all staff and provides independent support and advice. There is also Occupational Health support available. The ICB also has a staff engagement group where concerns can be raised as well as being able to access several staff networks as well as Trade Unions. **Update 2023/24** The ICB as required by a national directive adopted and published a new Freedom to Speak up (FTSUP) /Whistleblowing Policy. The ICB has a FTSU Guardian, 2 Senior FTSU Officers and FTSU Champions. The ICB has adopted the national FTSU Policy and is receiving disclosures from ICB and Primary Care Staff. Staff who disclose information are offered wellbeing support and anonymity is protected. The ICB HR Team meet regularly with the FTSU Champions to discuss promotion and embedding of this policy and the FTSU Guardian reports high level themes to the ICB Board. The FTSUP Policy contains comprehensive support for staff who may make a disclosure, as well as support via Occupational Health and the Employee Assistance Programme.		
2D: Staff recommend the organisation as a place to work and receive treatment	According to the 2021 NHS Staff Survey, 60% of staff would recommend the organisation as a place to work and the data doesn't show that there are any staff groups where this score significantly deviates from the average. The ICB is committed to ensuring an excellent health and wellbeing offer for staff and fostering an inclusive organisational culture where staff feel supported. The organisation also uses sickness & absence and exit interview data inform interventions to retain staff. **Update 2023/24**	0	HR

Outcome	Evidence	Rating	Owner (Dept/Lead)
	Only 28% of staff would currently recommend our ICB as a place to work which is well below the national average of 52% and a significant reduction on last year's survey results but this was against a backdrop of significantly impactful organisational change. However, in terms of attraction rates the ICB is very attractive in the recruitment market showing high levels of interest by high calibre applicants. Alongside this, the ICB has reviewed its recruitment practices to make them values based and inclusive. This is part of a new ICB People Management Strategy which looks at all elements of people management throughout the employees' journey from start to finish.		
	Domain 2: Workforce health and well-being	**6**	

Domain 3: Inclusive Leadership 2023/24

Outcome	Evidence	Rating	Owner (Dept/Lead)
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	There was Board development session specifically focusing on equality, diversity and inclusion on 8th February 2023 and the ICB will be rolling out a programme of EDI training for all staff during 2023/24. All Executive members of the ICB will also be taking part in the reciprocal mentoring for inclusion programme. The ICB also held an Anti-Racist strategy engagement event on 1st November 2022, which resulted in the following actions for the ICB Board: 1. Listening to lived experiences as part of agenda 2. quarterly EDI item on agenda 3. communicating EDI board member objectives to wider staff MSE ICB is also committed to the delivery of the ICS Equality, Diversity, and Inclusion framework. In depth discussion held with Board members regarding the work on service harmonisation and how equality and health inequality impact assessments were conducted and acted upon. **Update 2023/24** In November 2023 the ICB Board met to review the National ED&I High Impact Framework which requires improvement evidence against 6 prescribed areas. Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable. Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.	2	HR / Corporate Team

Outcome	Evidence	Rating	Owner (Dept/Lead)
	Develop and implement an improvement plan to eliminate pay gaps. Develop and implement an improvement plan to address health inequalities within the workforce. Implement a comprehensive induction, onboarding, and development programme for internationally recruited staff. Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur. The ICB is working internally and with partners to create a comprehensive data set to evidence our progress both as a system and as an ICB. The system ED&I Group is an opportunity to share best practice and to hold each other to account for delivery. In March this year (2024) the People Board undertook a deep dive into the inclusion data we have as a system as well as creating space to understand the lived experience of those staff that have protected characteristics acknowledging the intersectionality of all staff. The ICB has developed a WRES report and action plans that staff have had the opportunity to contribute to and will work on the WDES report and action plan in 2024. These will be regularly monitored to ensure progress against agreed objectives. The ICB has also prepared a Pay Gender Gap Report which shows that both the ICB and the NHS as a whole still has a bias in the totality of what men and women earn. Progress against these plans is driven and monitored by the ICB Inclusion and Belonging Steering Group, which is Chaired by the Executive Chief Nursing Officer. The ICB Executive Team last year participated in the MSE reciprocal mentoring for inclusion programme through the NHS Leadership academy, a commitment that was been made by the Executive teams from across the system. This scheme is being refreshed and relaunched in 2024/25.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	ED&I has also been a focus for the Line Manager's Learning Network development sessions.		
3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	All Board / Committee cover papers require staff to assess and comment upon how the topic impacts on equality and health inequalities where appropriate. Equality and Health inequality impact assessments are completed for all projects and are signed off at the appropriate level where required (e.g., service harmonisation). Each policy has an Equality Impact Assessment. Equality and health inequalities are discussed specifically at the Board in relation to addressing health inequalities and HR high impact actions. BME staff risk assessments are completed.	2	Corporate Team
3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and	Our ICB appraisal process (specifically for Band 9 and VSM) asks staff to commit to demonstrating the ICB values, one of which is working and leading with compassion and respect, which gives a framework to use to discuss performance against these areas. There is also a robust performance management policy in place. As a developing organisation, implementation of and reporting on WRES, WDES, Equality and Health Inequality Impact Assessments, Gender Pay Gap, Accessible Information Standards and EDS2 are in place with plans for further development. The Executive Chief People Officer has overarching responsibility for delivering this and being accountable to the Board, and when complete will ensure these are report to the	1	HR / Corporate Team

Outcome	Evidence	Rating	Owner (Dept/Lead)
patients	Board and acted upon.		
	Domain 3: Inclusive Leadership	**5**	

Overall EDS Score for 2023/24

EDS Organisation Rating (overall rating): 19 - Developing
Organisation name(s): Mid and South Essex 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**

Mid and South Essex Integrated Care System

NHS Mid and South Essex Integrated Care Board

EDS Action Plan 2023/24

EDS Lead	Dr Sophia Morris, System Clinical Lead of Health Inequalities	Year(s) active	0
EDS Sponsor	Dr Giles Thorpe, Executive Chief Nursing Officer	Authorisation Date	July 2023

Domain 1: Commissioned or provided services 2023/24 Action Plan

Outcome	Objective	Action	Completion date
1A: Patients (service users) have required levels of access to the service	Ensure information on what services are available, in which localities, and how to refer into them is publicly and easily available.	Include availability and referral information into communications and marketing plan 2024 Obtain information from care unit Quality and Safety meetings on how individuals refer into services iWGC reporting and training manager to understand point of access and referral systems into services. Infographics to be designed from this where appropriate. Self-Refer, Access services Via GP's, Access to specialist services	October 2024
1A continued	All patients have required levels of service and access to services regardless of circumstances	Accessible information standards Reasonable adjustment card implementation for people with Learning Disability	Ongoing and March 2024

Outcome	Objective	Action	Completion date
		Hospital passport for patients. Carers Passport - Paper and Online versions already in place.	
1B: Individual patients (service users) health needs are met	Ensure patient needs are consistently being assessed/reviewed with patient, carers and family members to allow for any changes or updates.	Work with AD of Transformation to ensure/understand when review intervals are built into/happen within new proposed care plans. This will ensure patient need is consistently being revisited and updated accordingly.	October 2024
1B continued	Ensuring correct pathway of care for specific needs	Continue to provide individual needs assessment, risk assessment, audit, ongoing development in response to needs and feedback.	Ongoing
1C: When patients (service users) use the service, they are free from harm	Increase scope and utilisation of Patient Safety Partner role across organisation.	Increase ward/site visits diarised for PSPs. Include PSPs on care unit Quality and Safety care unit Meetings. Work with Colleague Safety Consultant to understand. themes and trends related to safety reported on DATIX. Patient Experience Team to attend PSP meetings to build suitable actions from themes and trends off	October 2024

Outcome	Objective	Action	Completion date
		DATIX is built into overall delivery plan for PSP's.	
1C continued	All patients are free from harm when they utilise our services	Monitor governance processes and outcomes and maintain current good practice. Learning from incidents and complaints and responding to these in a timely and effective manner.	Ongoing
1D: Patients (service users) report positive experiences of the service	Ensure every service within EPUT is using iWGC as the recognised patient feedback service.	iWGC reporting and training manager to gather information on every service that is not using iWGC and complete targeted interventions to upskill and train staff on utilising iWGC at every opportunity.	October 2024
1D continued	Positive experiences for all service users	Embed Friends and family test and work in collaboration with governance colleagues, utilise Healthwatch best practice, 15 steps MNVP. Continue and develop friends and family services, PAL's complaints through thematical analysis, working to address CQC Survey feedback.	Ongoing

Domain 2: Workforce health and well-being 2023/24 Action Plan

Outcome	Objective	Action	Completion date
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Increase awareness of staff support available through networks and also targeting some interventions through the results of the wellbeing survey.	• Wellbeing champions to plan schedule of events and interventions for 2024, including planning targeted monitoring of the health of those with protected characteristics and targeted interventions to encourage self-care amongst those with long term conditions. • Analyse sickness absence data to improve targeted interventions to address top causes of sickness absence. • Develop how the reach and impact of these interventions will be measured.	September 2024 and ongoing
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	To devise and agree a staff behavioural code in line with ICB values.	Behavioural code devised from values engagement work and shared with SEG and wider staff, also reflected in WRES action plan.	May 2024
2B continued	Deliver cultural awareness and microaggression training.	Commission training as part of EDI procurement, also reflected in WRES action plan	May 2024
2C: Staff have access to independent	Refresh and relaunch staff support offers and expand oversight of reporting on EDI.	• Quarterly reporting of exit interview data to ICB Exec group. This data can be broken down by	Ongoing

Outcome	Objective	Action	Completion date
support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source		protected characteristics where this information has been reported by staff and therefore enable us to identify and act upon any issues for any groups of staff. • Inclusion and Belonging Steering Group meets monthly to have oversight of data and monitor progress of action plans, as well as listening to and acting upon information from staff networks	
2D: Staff recommend the organisation as a place to work and receive treatment	Improving staff experience	Implementing actions as a result of WRES data, Gender Pay Gap data, as well as implementation of the ICB organisational development plan should result in an improvement in this metric. In addition, a period of organisational stability for the ICB should also improve this metric.	Ongoing

Domain 3: Inclusive Leadership 2023/24 Action Plan

Outcome	Objective	Rating	Owner (Dept/Lead)
3A: Board members, system leaders	Regular Board agenda items around EDI	To be discussed and agreed with Board.	Ongoing

Outcome	Objective	Rating	Owner (Dept/Lead)
(Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	To commit to the RMFI programme and learning from this.	To participate in the Reciprocal mentoring Programme and share and implement learning.	Carried forward for refresh in 23/24
	To commit to the delivery of the ICS EDI framework	• To deliver the outcomes of the ICS EDI framework in particular around the culture and leadership element of the framework. • Board Reporting on compliance and implementation of WDES, EHIIAs, Gender Pay Gap, AIS, PCREF and EDS2, by the Executive Chief People Officer.	Ongoing
3B: Board/Committee papers (including minutes) identify equality and health inequalities	No further actions identified		

Outcome	Objective	Rating	Owner (Dept/Lead)
related impacts and risks and how they will be mitigated and managed			
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	Board members conversant with and act upon relevant EDI tools.	• Complete WRES and WDES reporting and associate action plan. • Complete EDI reporting on Gender Pay Gap, AIS, PCREF. • Board members and system leaders to support the delivery of these reports and action plans and retain oversight of progress against these plans. Further action plans will be established with clear leadership identified when the EDI framework has been delivered.	Ongoing

Glossary:

ACP	Advanced Clinical Practitioner
AIS	Accessible Information Standard
BME	Black and Minority Ethnic
CIWA	Clinical Institute Withdrawal Assessment for Alcohol
CMHT	Community Mental Health Team
COPD	Chronic Obstructive Pulmonary Disease
COWS	Clinical Opiate Withdrawal Scale
CQC	Care Quality Commission
CYP	Children and Young People
DASS	Dementia Assessment and Support Service
DNA	Did not attend
ECG	Electrocardiogram
ECP	Emergency Care Practitioner
EDI	Equality, Diversity and Inclusion
EHIIA	Equality and Health Inequalities Impact Assessment
HR	Human Resources
ICB	Integrated Care Board
ICS	Integrated Care System
IWGC	I Want Great Care
LD	Learning Disabilities
LEA	Lived Experience Ambassador
LeDeR	Learning from lives and deaths - people with a learning disability and autistic people
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer
MNVP	Maternity and NeoNatal Voices Partnership
NDTMS	National Drug Treatment Monitoring System
NHS	National Health Service

NHSE	NHS England
PALS	Patient Advice and Liaison Service
PCN	Primary Care Network
PCREF	Patient and Carer Race Equality Framework
PHM	Population Health Management
PPC	People Participation Committee
PSIRG	Patient Safety Incident Response Group
PSP	Patient Safety Partners
Q&A	Question and Answer
RMFI	Reciprocal Mentoring for Inclusion
SAVS	Southend Council for Voluntary Services
SEG	Staff Engagement Group
SMI	Serious Mental Illness
TTC	Time To Care
VCFE SAVS	Voluntary Community Faith and Social Enterprise
VCSFE	Voluntary and Community, Faith and Social Enterprise
VSM	Very Senior Manager
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard