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| Equality Delivery System 2025 |
| **2024/2025 Report** |
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## 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.**](http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf)

The EDS is an improvement tool for patients, staff, and leadersof 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 Reportis 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 2024/2025***

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. In developing the ICB Equality, Diversity, Inclusion and Belonging Strategy, the ICB has established two overarching key equality objectives as set out below:

* ***To ensure equitable access, excellent experience, and optimal outcomes for all by addressing unwarranted variations in our services and moving towards an integrated health and care system.***
* ***To create an inclusive environment where our staff feel valued and are actively supported to achieve their potential, recognising that our culture, values, diversity and listens to the voice of our teams.***

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 2024/25 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) Heart Failure Services in partnership with Mid and South Essex Community Collaborative (MSECC)

(2) Diabetes Service in partnership with Essex Partnership University NHS Foundation Trust (EPUT)

(3) Paediatric Transitions 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 24/25 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.

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## 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** |

## 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:**  Diabetes Patient Engagement Event October 2024  Heart Failure range of patient engagement events September – November 2024  Paediatric Transition – Patient Engagement Jan 2025  ICB Collective Stakeholder Scoring Engagement event December 2024  **Domain 2 & 3:**   * None | At what level has this been completed? | **Domain 1: Partnership**  Essex Partnership University FT (EPUT)  MSE Community Collaborative (MSE CC)  Mid & South Essex Foundation Trust (MSE FT)  **Domain 2 & 3: Integrated Care Board** |
| Date Completed | 18 February 2025 | Date Authorised | 18 February 2025 |
| Date Published | 18 February 2025 | Revision Date | **February 2026** |

## Completed actions from previous year:

**Domain 1: Commissioned or Provided Services 2024/25 Follow-up**

This work relates to the domains reviewed in 2023/24 for Urgent Community Response Team (UCRT) in Community Collaborative, Topaz Ward Detox Service in EPUT, and Learning Disability (LD) in MSEFT.

| Action/activity |
| --- |
| **1A – Patients (service users) have required levels of access to the service:**   * Accessible Information Standard is now included in staff induction. * The Patient Information in Plain English (PIPE) group has been re-designed (Simple, Meaningful, Understandable= SUM) and has a focus on AIS for all documents sent to approval. * Communications and marketing plan 2024 in place. * Information on how individuals refer into services has been collected and shared with communications team so information can be made public and easier to navigate for patients, families, and their carers. * iWGC reporting and training manager has had knowledge of point of access and referral systems into services built into job duties. * ELDP has a no ‘wrong door’ approach and if ELDP cannot help then the service will provide support that guides to the service users and families/carers to what the service user needs. * Where a services user requires the support of the community LD services and presents with enhanced support or dysphasia needs, they will be contacted as a matter of urgency and a face-to-face assessment will occur. * The Specialist Practitioners (community LD) carry out physical health Community Treatment Reviews (CCTR) to support a robust plan for where they access primary and secondary care. * The service annually update the training needs analysis to ensure training is current and address the needs of those person with an LD requiring specialist LD service. * Service are delivered in formats that is accessible for service users with the reasonable adjustments. * There are outpatient clinics where physical health needs are monitored in line with the national screening programmes. * Service users with fragility needs, a Frailty Tool is completed to scoring needs and planning interventions and included in the frailty pathway. * 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. * Disability and Carers Passport developed |
| **1B – Individual patients (service users) health needs are met:**   * 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. |
| **1C – When patients (service users) use the service, they are free from harm:**   * Increase scope and utilisation of Patient Safety Partner role across organisation. * The Patient Safety Partner (PSP) role has now been fully operationalised with regular ward visits happening across the Trust. * A Patient safety Partner handbook has been coproduced and acts as the standard operating procedure for the PSP role. * EPUT’s adoption of PSPs was nominated for a HSJ award. * The Patient Safety Partner team has increased by 50% since 2023. * The PSP’s have also redesigned the patient safety question set to be utilised on patient walkabouts which allows patients to select which group of questions they would like to answer under the headings of safe, effective, caring, responsive and well-led. * Due to the positive interactions and receptiveness of patients, Patient Safety Partners are now due to take part in the trust wide audit of Therapeutic observation and will also be involved in a Quality Improvement project for Reducing Restrictive Practice. * Never Events assessments continues to prove a useful tool. Sharing from learning shared with teams. * Annual Flu campaign yearly within the Trust and Covid Vaccinations and Boosters offered to staff. |
| **1D – Patients (service users) report positive experiences of the service:**   * Ensure every service within EPUT is using iWGC as the recognised patient feedback service. * Services using iWGC has increased from 1% to 49%. * iWGC is included in staff induction as a module, Dec 2023. Feedback challenge incentives set for staff. * Service specific posters have been provided for all services. * Incorporated data from iWGC into PowerBi Safety Dashboard. Monthly iWGC Reports are sent to all DDQS. * Increased scope of iWGC volunteer role; continuing to visit inpatients wards with plan to roll out to the community in 2025. |

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

| Outcome | Objective/Action | Status Update |
| --- | --- | --- |
| 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 | Staff networks in place reporting to the Inclusion and Belonging Steering Group (a sub-group of the Executive Committee). Meetings are monthly.  Specific wellbeing work is carried forward – that is a priority for OD during 2025/26  Wellbeing question in the staff survey was an improvement on last year.  Specific wellbeing work is carried forward – that is a priority for OD during 2025/26  The intranet was reviewed and updated regularly to signpost staff to support within the local area using the Staff intranet. |
| 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. | Dignity at work policy updated and then further revised from the outcome of a grievance to demonstrate learning.  Values and behaviours associated with the values included on the intranet. A managers’ learning network was also conducted on this area as well as updates in staff briefings.  A managers’ learning network was conducting on managing diverse teams. The Board had a cultural awareness session, that led to a zero tolerance approach to any form of discrimination or harassment in the ICB. |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | Refresh and relaunch staff support offers.  Expand oversight of reporting on EDI. | The ICB is now accredited to have access to train MHFAs. Also, as a result of a grievance, we have sourced multi-cultural therapy for victims of harassment of discrimination. Also, appointed an independent mediator who has a background in discrimination and harassment cases.  Reasons for leaving reported to Executive Committee. Exit interviews escalated to the relevant Executive Director where necessary. The outcomes of grievances and lessons learnt are also reported to the Executive Committee bi-annually. |
| 2D: Staff recommend the organisation as a place to work and receive treatment | Improving staff experience | The ICB 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, 24/25 Staff data shows significant improvement in these areas’ demonstrating successful delivery of the plan as a place to work. There is little improvement in staff confidence as a place to receive treatment but this is a indirect question for the ICB. |

**Domain 3: Inclusive Leadership 2023/24 Follow-up**

| Outcome | Objective | Status Update |
| --- | --- | --- |
| 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 commit to the RMFI programme and learning from this.  To commit to the delivery of the ICS EDI framework | The Board had regular updates and seminars on EDI.  A programme of reciprocal mentoring was run with Board members and the wider Executive Team.  The ICB approved an Equality, Diversity, Inclusion and Belonging Strategy.  An annual report (PSED) to be drafted and presented to Executive Committee (and potentially the Board) by May. |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | Provide Assurance to the Quality Committee that EHIIAs are fully completed, and actions taken on any required interventions.  Update BME risk assessments. | EHIIAs still maintained manually, but steps being taken to implement a system ImpactEQ, to complete, monitor and manage the completion of EHIIAs.  BME risk assessments are no longer required. |
| 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.  Annual report (PSED, including gender pay gap, AIS and PCREF) to be drafted and presented to Executive Committee (and potentially the Board) by May.  Equality, Diversity, Inclusion and Belonging Strategy developed and approved by the Board. |

## 

## Current year assessment 2024/25

**Domain 1**

| Outcome | Evidence | Rating | Owner (Dept/Lead) |
| --- | --- | --- | --- |
| 1A: Patients (service users) have required levels of access to the service | * **Diabetes (led by Essex Partnership University NHS Foundation Trust)**   Service users with diabetes are referred to community dietetics and diabetes services through an agreed referral pathway, with accepted referrals registered on SystmOne or PARIS for mental health services. Those under Mid & West Essex mental health in-patient services receive face-to-face specialist care during admission, while outpatient mental health services also have access to a specialist dietitian. The Diabetes Specialist Practitioners can seek advice from the local secondary care Consultant Diabetologist for individuals with complex health needs, ensuring timely intervention. Primary care also supports diabetes management within GP practices through dietetic consultations.  Diabetes structured education courses, including X-PERT/CIM for Type 2 diabetes and DAFNE for Type 1 diabetes, are offered both face-to-face and online, with additional self-directed learning. Individualized support is available for those unable to attend in group settings. Barriers such as lack of internet access, language differences, and homelessness are addressed through services like a daily advice line, translated SMS messages, and outreach programs. Coordinators ensure accessibility for individuals with disabilities or other health needs, and attendees can receive support from key workers, family, or friends to facilitate course completion.  **Heart Failure (led by Community Collaborative)**  The EPUT service processes referrals for residents with a registered GP, requiring clinician referrals, though self-referral is allowed within 12 months of discharge The EPUT service ensures that every patient receives a guaranteed assessment.  The PROVIDE and NELFT service receives referrals from Primary, Community, Secondary and Tertiary care via SystmOne, email or letter. If the patient is discharged from the service, they can self-refer back in.  The NELFT service provides a direct telephone number for patients to call so they can speak to someone from the service.  The NELFT service provides home visits, face to face clinics or virtual appointments to all patients. The face-to-face clinics are held at various locations across Baildon, Brentwood and Thurrock.   * **Paediatrics (led by Mid and South Essex University Hospitals NHS Foundation Trust)**   Patients receiving paediatric care with MSEFT will be supported until age 18 before transitioning to adult services, though no dedicated transition team exists. Each case is assessed individually for the best treatment, and extra capacity is arranged as needed to reduce wait times.  Children and young people with disabilities have suitable access to outpatient areas and wards. A working group is improving healthcare access for children with autism and challenging behaviours.  Some paediatric transition services (ages 16-18) have clear pathways to adult care, such as Paediatric Oncology and the Sickle Cell Pathway, with MSEFT’s Sickle Cell Team being highly commended by HSJ for reducing health inequalities in young people in 2023. MSEFT collaborates with the Teenage Cancer Trust, referring teenage cancer patients to UCLH. The paediatric critical care team ensures access to necessary critical care services. Patients needing specialist treatment outside of cancer are referred to major London hospitals based on clinical need.  I**CB Wide**  An annual evaluation was undertaken of patient access and experience via review of elective care waiting list data by ethnicity, sex and deprivation, and data from the friends and family test. There was no significant difference in access based on sex. The gap between ethnicity groups on elective waiting list was closed as a result of standardisation and elective recovery work undertaken by MSEFT. Actions have been taken to improve equitable access to services by reducing barriers for example for working age women and those with learning disabilities. Learnings have been shared across the wider system.  The Equality and Health Inequalities Assessment Panel reviews impact assessments to ensure that proposals to change or remove a service, policy or function clearly demonstrate the impact on reducing health inequalities and actions are identified to mitigate wherever possible.  ImpactEQ is a system wide digital platform which has been developed for robust undertaking of equality impact assessments. Testing of the platform has been completed, with revisions planned to ensure maximum adoption, a complementary training package is in place.  PHM Core20PLUS5 data packs, focus on adults and Children and Young People, have been distributed widely which summaries population inequalities down to a PCN level. A health inequalities dashboard has been developed that measures outcomes across a range of priority areas by age, sex, ethnic minority communities and those in the bottom 20% of Indices of Multiple Deprivation (IMD) scores. The system Athena data platform hosts 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 92% of patient records have a recorded ethnic. PHM have undertaken a deep dive into the recorded of other protected characteristics and PLUS groups to identify areas for improved data capture and recording.  The ICB committed health inequalities funding to address inequalities in access in the priority area of cardiovascular disease and Cancer. Multi-morbidity clinics were commissioned to improve identification and management of hypertension and cholesterol and support reduction of risk factors (smoking and weight) for those in our most deprived communities and from an ethnic background. The outcomes are currently being monitored and will be reported on in 2025/26. Pre-habilitation digital support programme for newly diagnosed cancer patients has commenced to support patients to optimise their health and wellbeing, with a focus on improving access and outcomes for those from our most deprived communities and from an ethnic background.  Furthermore, health inequalities funding was deployed to secure an outreach vehicle to reach into and engage with seldom heard communities, including gypsy, Roma and travellers, those experiencing homelessness and asylum seekers, to improve access to health services by supporting registration with a GP and offering health and wellbeing services such as screening, vaccinations, health checks.  The ICB’s roll out of a Primary Care Access Recovery Programme has seen improvements to the way patients access and are triaged within GP practices. The number of self-referral pathways have increased to enable easier access to services. The latest GP Patient survey demonstrated a number of areas of access improvement. | 2 |  |
| 1B: Individual patients (service users) health needs are met | **Diabetes (led by Essex Partnership University NHS Foundation Trust)**  Patients meeting service criteria are triaged within an agreed wait time, while others receive guidance on alternative care. Accepted referrals are registered with documented needs. All adults undergo assessment, including medical history and care planning, with pre-course support available for diabetes management.  The team directs patients to relevant services such as community nursing, social services, podiatry, and diabetes support groups. An initial in-depth assessment helps create personalized care plans to empower diabetes self-management. Patients receive one-on-one consultations and are encouraged to report blood glucose levels for improved care.  Support is available for vulnerable individuals, including those with cognitive impairments, through regular check-ins, family involvement, telephone appointments, and home visits. Care home residents and palliative patients also receive tailored support.  Provisions exist for patients with disabilities, language barriers, and hearing impairments through interpreters, support workers, and adapted resources. Various blood glucose monitoring options, including talking meters, are available to enhance accessibility.  For at risk groups the service has implemented the following:   * Daily advice line 9-12.30 Monday- Friday. * Patient email. * SMS messages so patients can have these dictated in their chosen language. * Language empire for face-to-face appointments. * Monthly visits to HARP and will attend some of the soup kitchens if unable to see the person living with diabetes at HARP. * Transition and younger people specific nurse (looking after 19-24). * Designated home visit DSN who will visit the housebound. * Engaged with staff engagement team to support the diabetes team with delivering education for festivities – i.e., Ramadan where a person may fast for prolonged periods of time. * Engaging with community nurses to change practice. * Currently engaging with ICB re changes to insulin pump processes and availability in line with NICE TA.   **Heart Failure (led by Community Collaborative)**  There are extensive clinical governance structures: include monitoring for serious Incidents for any themes and trends related to Equality and Diversity.  The EPUT, PROVIDE & NELFT service takes a holistic patient assessment approach ensuring that all patients have a personal development plan in place.  The EPUT, PROVIDE & NELFT service ensures that all patients are seen at home, within a clinic or in a satellite clinic.  The PROVIDE service offers patients care in clinic, telephone, or home visit with or without relative / carers as needed / appropriate.  The PROVIDE service offers patients a handheld record (with red flag signs) & supporting information from British Heart Foundation / Pumping Marvellous.  **Paediatric Transitions (led by Mid and South Essex University Hospitals NHS Foundation Trust)**  MSEFT assesses patients' health needs and directs them to appropriate services, providing strong therapy support, including physiotherapy, occupational therapy, dietetics, and psychological services. They collaborate closely with Essex County Council’s youth worker service.  The paediatric service maintains strong links with adult services to ensure smooth transitions, particularly in Sickle Cell services, Oncology, Diabetes, and Epilepsy. They also support patients with learning disabilities transitioning to adult care, with staff earning national recognition for their work.  Despite efforts to bridge gaps between paediatric and adult services, challenges remain in standardizing transition processes. MSEFT is exploring a tool to manage complex health needs in children with disabilities, rare diseases, and long-term conditions.  Electronic alerts help identify patients with additional needs, ensuring equitable care. Personalised care plans are in place for conditions like epilepsy, Sickle Cell, Cancer, and Diabetes, with translation services available to ensure patients understand their condition in their preferred language.  I**CB Wide**  A number of health inequalities funded projects have targeted interventions which aim to effectively meet the health care needs of particular groups e.g. Foot care for homeless groups, dental outreach bus targeted at homeless and migrant groups.  The GP survey demonstrates that the majority of patients have a good experience of primary care. Further work is targeted at improving the experience of those with learning disabilities and autism. | 2 |  |
| 1C: When patients (service users) use the service, they are free from harm | **Diabetes (led by Essex Partnership University NHS Foundation Trust)**  Patient Safety Partners at EPUT support governance and management processes, ensuring patient safety through objective feedback as part of the "Safety First, Safety Always" initiative.  Serious incidents and harm reports are monitored by Essex STaRS, the diabetes service manager, and Essex County Council to identify trends in equality and diversity. No major incidents or complaints have been recorded.  Face-to-face DAFNE sessions include safety measures such as hypo treatments and ketone testing. Advice on blood glucose monitoring technology and result interpretation is provided.  Staff receive up-to-date, evidence-based training, maintain professional registration where required, and comply with DBS checks and mandatory training.  EPUT follows a Safeguarding Policy, consulting safeguarding teams when needed, with documentation recorded in DATIX. Family, friends, and carers are involved in maintaining patient safety. DATIX is also encouraged for feedback.  Health and safety policies are followed, including risk assessments for venues and equipment. Infection prevention policies are adhered to and documented in monthly audits.  **Heart Failure (led by Community Collaborative)**  Patient Safety Partners are working within NELFT and EPUT to support and contribute to the Trust 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 within each Trust.  Each service has risk assessments in place and are managed accordingly. Any high-level risks would be escalated where appropriate. There have been no reported incidents in the service.  Within each Trust there are clinical governance structures in place to protect the safety of patients in the services.  All services ensure that staff have regular supervision.  **Paediatrics (led by Mid and South Essex University Hospitals NHS Foundation Trust)**  The team uses regular process to ensure patient safety such as:   * Datix * Never Events/SI’s * Information Governance reports * Complaints * QI Projects * Risks assessed through the corporate risk register * Policies and Procedures supporting delivery of service * Business Continuity planning * Statutory/Mandatory training * Governance Structures for patient safety, Quality Governance Committee etc. * Bespoke training to ensure safe and high-quality care.   In addition to this the service conducts case reviews of episodes of care where there is an opportunity to learn in the future. This the first time this service is being reported via this route and learning from this work will be embedded in the reporting next year alongside reporting more outcome related information.  **ICB Wide**  Patient safety training is part of the staff training programme across the ICS.  A full-time patient safety specialist (PSS) supports the delivery of the NHS England’s Patient Safety Strategy and associated work.  The Patient Safety Strategy group aims to ensure an equitable approach to patient safety practices across the health and care system. A representative from MSE ICB has supported the national development of the upcoming NHSE Patient safety healthcare inequalities reduction framework.  A weekly panel looks at patient safety incidents and investigations across the health system, to ensure the events are captured appropriately and explores opportunity for shared learning.  The ICB conducts case reviews of episodes of care where there is an opportunity to learn in the future.  ICB have now appointment two members of the public to be Patient Safety Partners who will be highly involved in the organisation’s safety culture. The Patient Safety Partners will attend committees and meetings across the Integrated Care Board, and will be involved in patient safety, and training for staff members around patient safety.  The ICB deployed the Datix risk management system in 2024/25 to support the capture, review and reporting on risks. | 2 |  |
| 1D: Patients (service users) report positive experiences of the service | **Diabetes (led by Essex Partnership University NHS Foundation Trust)**  Patients are encouraged to provide feedback through IWGC (I Want Great Care) forms, the trust’s contracted PREMS (Patient Recorded Experience Measure) provider. The platform is accessible in multiple languages and formats to suit different patient demographics.  Post-course patients’ complete questionnaires to assess whether the course met their needs, aiding team reflection. An EPUT outcome global questionnaire is used where possible for patients on the caseload.  The EPUT forum, held quarterly by the Patient Experience and Volunteers team, allows individuals connected to EPUT to voice concerns and suggest areas of focus.  The diabetes service scores an average of 4.86 out of 5 for patient experience, according to IWGC feedback.  **Heart Failure (led by Community Collaborative)**  The platform is accessible in different languages and is presented through varying methods depending on what may be most suitable to the patient demographic.  There are very minimal complaints and in the last 4 years there has only been 2 complaints which related to medication changes, but these were resolved. The EPUT service has won a patient nominated national award which was. The award recognised quality of care and treatment provided.  The PROVIDE service uses the Friends and Family test as a method of feedback for the service.  **Paediatrics (led by Mid and South Essex University Hospitals NHS Foundation Trust)**  The paediatric service tailor the care they provide to meet the patient’s needs, considering the emotional and cognitive maturity of young adults between the ages of 16-18 who have different needs to both younger children and adults.  Friends and family results suggest that overall patient satisfaction is scored at 77/100 (based on a net promoter score system) which is higher than the Trust average of 75.  There was only a 1-point difference between males and females, suggesting there is no difference in patient satisfaction based on gender.  Satisfaction scores were 7 points below in patients from ethnic minority backgrounds. Males from an ethnic minority background have the lowest satisfaction scores across all paediatrics. This identifies an area for future work to reduce inequalities.  When comparing satisfaction scores for teenage services specifically, services for teenagers were rated 83/100. This is higher than the overall Trust average and the paediatrics service.  I**CB Wide**  The system wide Research and Engagement Network has appointed a number of community champions across a variety of ‘PLUS’ groups that are underrepresented to engage and provide insights on barriers to access and improved outcomes. This has resulted an increase in participation in health and care research. A system wide online tool ‘Virtual Views’ for our residents was launched to enable the system to share information about projects, policies, and decision to foster transparent, participatory, and inclusive decision-making processes. An established insight bank shares intelligence and insights regarding the experience of different demographic groups across system, which informs Equality and Health Inequalities Impact Assessments.  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 positive output of this program is an innovative co-designed pulmonary rehab style service.  Mandatory staff training includes Equality, Diversity and Inclusion, McGowan Learning Disabilities, Equality, Health Inequalities, and Impact Assessment. | 2 |  |
|  | **Domain 1: Commissioned or Provided Services Overall Rating** | **8** |  |

**Domain 2: Workforce health and well-being 2024/25**

| 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 continues to support an established peer staff network called “Positive Ways to Wellness” – open to employees with any long-term condition. The group is part of number of staff networks in support for staff to be able to bring their whole selves to work. The networks promote local regional and national opportunities for staff to get involved in workplace activities to support their wellbeing.  All opportunities for staff are posted on our internal staff intranet pages.  We are currently reestablishing our Wellbeing Champions Group and are growing our network of Mental Health First Aiders. The role is to act as a first point of contact for any employee experiencing emotional distress through to a mental health issue. We are an accredited Mindful Employer and have recently launched a new Neurodiversity Staff Network. All of the ICB staff networks are championed by an ICB Inclusion and Belonging Group which is sponsored by the Executive Committee. Staff are positively encouraged to attend the networks and chairs and vice chairs are encouraged to take the time to make the networks a positive and helpful experience.  **24/25 Staff survey results are currently embargoed until the end of March.**  The work on supporting staff with long term conditions continues as above and the ICB continues to support staff with long term conditions by supporting flexible working patterns, time off for appointments and extending periods of sick leave on full pay. As an ICB we have a proactive approach to the management of sickness absence with the HR Team supporting 42 sickness absence cases in the last year. We have run a Managers’ Learning Network on the role of the line manager in managing absence positively promoting wellness conversations and return to work interviews. For managers unable to attend these sessions are recorded and are available to be viewed at any time on the Staff Intranet.  In 2024 78% (70% in 2023) of staff said that the ICB makes reasonable adjustments to enable them to carry out their work, 86% (75% in 2023) of ICB staff said that they are satisfied with the opportunities for flexible working, and 69% (48% in 2023) of staff feel that the organisation is committed to helping balance work and home life.  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 continue to 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 has being updated, and a Wellbeing Recovery Action Plan has also been created alongside some additional guidance on how to support with Reasonable Adjustments. Stress Anxiety and Depression remains the highest cause of 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 equipment and office furniture as required. | 2 | HR/Wellbeing Champions/Staff Networks |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | Dignity at Work Policy for the ICB to safeguard all stakeholders. This policy has been refreshed during 2024/25 as a result of lessons learnt from ICB Grievance Cases.  Staff experiencing harassment or discrimination in the workplace, remains a very high priority for the ICB with an agreed zero tolerance approach. This is overseen by the Executive Committee who receive reports relating to grievance cases and concerns raised through freedom to speak up. The ICB has recently launched a new Sexual Misconduct Policy and become a signatory of the NHS Sexual Safety Charter. The Grievance and Dignity at Work policies have both been updated and a significant lens to the understanding and impact of sexual harassment via Manager’s Learning Networks and all Staff Briefing Sessions has been applied.  Developing cultural awareness and micro aggression training is a second OD Priority for 2025/26. We are working with colleagues in the system to implement the NHS Anti Racist Strategy, tracking our progress through the system Culture (ED&I) Delivery Group with Highlight Reports, overseen by the People Board and the 6 ED&I High Impact Actions which are reported to the Integrated Care Board.  The ICB is also a partner member in a system Colleague Experience and Wellbeing Group looking at key themes and shared best practice including delivery against the NHS People Promise. Together we will build on these themes and actions for the 2025/26 survey, supporting the development of organisational planning in response to the survey and giving the opportunity to staff to shape this plan.  There are regular all-staff briefings to communicate key messages, as well as operational updates and regular updates on system priorities.  We continue to adopt a ‘one workforce’ approach, across our health and care system working together to ensure that policies and experiences are aligned and equal across organisational boundaries in order that we make people feel valued, empowered, developed, and respected.  In 2024, 51% (28% in 2023) of staff would recommend our ICB as a place to work, 69% (55% in 2023) feel that the organisation respects individual differences. 51% (42% in 2023) feel that the organisation acts fairly when it comes to career progression.  In terms of terms of attraction rates the ICB is very attractive in the recruitment market showing high levels of interest by high calibre applicants with a small but increasing diversity profile.  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.  The staff survey questions relevant to this objective all show improvements on the previous year. (Staff Survey questions 22, 23, 25, 26).  Data from the ICB Workforce Race Equality Standard showed that there was a relatively equal split of staff accessing non-mandatory training and CPD for those from a white or ethnically diverse background. | 2 | HR/Staff Engagement Group |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | There is a Freedom to Speak Up Guardian in post for the ICB and we have active Freedom to Speak Up Champions and two Senior FTSUP Officers one of whom sits in Corporate Governance and the other in HR. The Freedom to Speak up Guardian has received 14 separate enquiries this year both from within the ICB and from General Practice. The majority of these have related to poor people management practice and/or challenging behaviours. All issues have been addressed and all but one resolved.  The ICB supports union representation whereby time is given to a staff member to attend union meetings and support colleagues accordingly.  This year we jointly commissioned and procured (along with one of our Health Partner Providers) a new Occupational Provider that offers an enhanced Employee Assistance Programme (EAP).  The ICB continues to sponsor a Staff Engagement Group (SEG) where concerns can be raised as well as being able to access several staff networks as well as Trade Unions.  See also comments in 2a regarding mental health first aiders and the work around the stress risk assessment.  Equality impact assessments are undertaken on all ICB policies to determine whether any actions were needed to address inequalities. | 2 | HR |
| 2D: Staff recommend the organisation as a place to work and receive treatment | In 2024 51% (28% in 2023) of staff would recommend our ICB as a place to work, 69% (55% in 2023) feel that the organisation respects individual differences. 51% (42% in 2023) feel that the organisation acts fairly when it comes to career progression.  The ICB collects quantitative data via the staff survey and qualitative data via internal grievances, freedom to speak up referrals and exit interviews that are reported to the Executive Committee.  Alongside this, the ICB has reviewed its recruitment practices to make them values based and inclusive. This is part of the ICB People Management Strategy which looks at all elements of people management throughout the employees’ journey from start to finish. The Mangers’ Learning Network had a development session to understand their line management responsibilities and a Managers’ Toolkit was launched to give step by step guidance on how to turn the strategy into action, which has received good feedback and been shared with partner organisations in the system, at the People Board as an example of good practice. | 1 | HR |
|  | **Domain 2: Workforce health and well-being** | **7** |  |

**Domain 3: Inclusive Leadership 2024/25**

| 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. | Board seminars have been delivered on improving health inequalities in May 2024, developing the Equality, Diversity, Inclusion and Belonging Strategy in September 2024, EDI development in November 2024.  Board Members challenge EDI aspects relating to papers they received at both the Board and within Committee meetings.  Board and the wider Executive Team members undertook reciprocal mentoring as part of Board development during October 2024 to February 2025.  The Board received a briefing on the new ICB ED&I Strategy.  The Board approved a new Equality, Diversity, Inclusion and Belonging Strategy in September 2024. Each Board member have also established specific equality objectives, supporting the objectives set out within the strategy.  The Executive Chief Nursing Officer chairs the Inclusion and Belonging Steering Group. The Executive Committee are working towards a Board level sponsor for each of the staff networks.  An immersive seminar was held at the Integrated Care Partnership (that included all Board Members) and gave in-depth insights to the population we serve, and they challenges they face locally.  Alliance Directors attended local events and engaged with their population through various events.  In November 2024, the ICB Board met to review the National ED&I High Impact Framework which requires improvement evidence against 6 prescribed areas.   * We have embedded fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity. * We have created a system Rise and Thrive Programme which is a bespoke career progression training for our Global Majority Workforce. This programme is building on the practice of one of our Health Providers and is available to both health and care staff across our system. A second programme is due to launch later this year which will form part of a rolling programme of offers. * We are yet to develop and implement an improvement plan to address health inequalities within the workforce, but we are currently working with Public Health Partners in our system. * We implemented in our system a comprehensive induction, onboarding, and development programme for internationally recruited staff although the focus for the next 5/10 years on is much more on the domestic pipeline.   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 2025. 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 gender pay gap, whereby there are fewer men within the organisation, but that there is a larger proportion of men within higher paid jobs in the ICB.  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.  ED&I has also been a focus for the Line Managers’ Learning Network development sessions in particular sessions on Sexual Safety, Discrimination and Managing Diverse Teams and a session on living our ICB Values. | 2 | HR / Corporate Team |
| 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.  Executive and non-executive members challenge equality and inequalities both the Board and at Committee meetings.  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.  Home working risk assessments are completed for all staff. | 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 patients. | 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 and recruitment to Band 8a and above has a Situational Judgement Test based on the ICB Values as part of the Assessment Process.  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 Board and acted upon. | 1 | HR / Corporate Team |
|  | **Domain 3: Inclusive Leadership** | **5** |  |

## Overall EDS Score for 2024/25

|  |
| --- |
| **EDS Organisation Rating (overall rating): 20** – Developing (19 – Developing 2023/24) |
| **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** |

## EDS Action Plan 2025/26

|  |  |  |  |
| --- | --- | --- | --- |
| EDS Lead | Dr Sophia Morris, System Clinical Lead of Health Inequalities | Year(s) active | 2022,2023,2024 |
| EDS Sponsor | Dr Giles Thorpe, Executive Chief Nursing Officer | Authorisation Date |  |

**Domain 1: Commissioned or provided services 2025/26 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.  All patients have required levels of service and access to services regardless of circumstances.  Use patient data to ensure that those from marginalised communities have equal access to services.  Identify opportunities to make improvements. | **HEART FAILURE (Community Collab)**  Heart Failure collaborative group will review the service specification and work with commissioners to agree a new standardised threshold for accessing some HF services.  **DIABETES (EPUT)**  Improve data quality and visibility so that evidence is made available which shows how services accommodate patients with higher risks due to a protected characteristic or at risk of health inequalities to have adequate access to the service.  **PAEDIATRIC TRANSITIONS (MSEFT)**  Work with QI team to develop a business case exploring the steps the trust can take to make improvements in the transitions space.  Initially Identify one service to make improvements to the transition pathway and then work through others | Lucy Smith & Heart Failure Group  Gary Brisco  April 2025  Deputy Director of Nursing  Clinical Director Division of Children  March 2026 |
| 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.  Ensuring correct pathway of care for specific needs  Ensure patients are empowered to access VCSE organisations as part of their health and wellbeing.  Ensure access is standardised and equitable. | **DIABETES (EPUT)**  Document routine signposting to VSCE organisations and use of social prescribing.  Ensure details of how personalised care is embedded into the care for those with higher risks due to a protected characteristic is clearly evidenced.  Increase scope of working in partnership with community groups, and VCSE organisations to support service delivery for those with protected characteristics.  **PAEDIATRIC TRANSITIONS (MSEFT)**  Develop a transitions protocol for those that present at 16+ to ensure the young person get care and treatment from right team to meet their physical, psychological, and emotional needs. Pathways should be standardised where possible across the 3 sites, but may need to remain speciality specific | Gary Brisco  April 2025  Speciality leads Consultant and CNS  March 26 |
| 1C: When patients (service users) use the service, they are free from harm | Increase scope and utilisation of Patient Safety Partner role across organisation.  All patients are free from harm when they utilise our services.  Continue to develop the Patient Safety Partner (PSP) role in EPUT to ensure patients are free from harm.  Transition is safe and comfortable for patients | **HEART FAILURE (Community Collab)**  Service leads to consider deep dive into reports of harm as they are so low.  **DIABETES (EPUT)**  Actively include equality and health inequality themes in safety incidents and near misses.  Continue and increase scope of Patient Safety visits to include community services.  Agree reporting method for Patient Safety Partner interviews; ensure actions, themes, and trends from patient interviews are captured and incorporated into learning from complaints and PALS with assigned accountability.  **PAEDIATRIC TRANSITIONS (MSEFT)**  Work with adults to ensure that for all specialities, both paediatrics and adult have a joint role in bridging between children’s and adult services. To be monitored through CYP board. | April 2026  Gary Brisco  April 2025  Clinical Director & DDoN  Mar 26 |
| 1D: Patients (service users) report positive experiences of the service | Ensure every service within EPUT is using iWGC as the recognised patient feedback service.  Positive experiences for all service users  Improve on patient feedback scores and evidence use of iWGC results in future service developments.  Ensure patients are engaged, involved and feel supported | **HEART FAILURE (EPUT & Community Collab)**  Investigate potential for iWGC to report beyond ethnicity in South East and Mid localities. Work with Patient Participation Lead to increase patient experience activity outside surveys.  **DIABETES (EPUT & Community Collab)**  Investigate potential for I Want Great Care to report beyond ethnicity in South East and Mid localities.  **DIABETES (EPUT)**  Improve access to collate data from patients with protected characteristics about their experience of the service with iWGC.  Continue campaign to ensure every service within EPUT is using iWGC as the contracted provider of PREMS.  Patient Experience team to work with services to engage with patients specifically with protected characteristics and other groups at risk of health inequalities about their experience of the service.  Document existing and future work with the VCSE to ensure all patient voices are heard; from this create data driven/evidence-based action plans to monitor progress. Governance structure to follow PCREF; EoC and Quality committee.  **PAEDIATRIC TRANSITIONS (MSEFT)**  Ensure all teams have toolkits available regarding transitions and engage with our young people parents and carers early so they feel supported in the transition to adult services. | Therese Williams  Amy Poole  Gary Brisco  April 2025  Clinical Director & DDoN  Mar 26 |

**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 2025, 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 2025 |
| 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. This is to be developed further across each of the directorates. | July 2025 |
| 2B continued | Deliver cultural awareness and microaggression training. | Commission training as part of EDI procurement, also reflected in WRES action plan | August 2025 |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | None identified | - | - |
| 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 | Action | 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 | Regular Board agenda items around EDI.  Board support for networks. | Board development programme to include structured development on EDI.  To identify a Board level sponsor for each staff network. | Ongoing  August 2025 |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | Strengthened transparency over data for health inequalities. | To develop business case templates to better show related health inequalities in decision making. | August 2025 |
| 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 Good 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 |