

NHS Equality Delivery System (EDS)

Name of Organisation	Hertfordshire and west Essex ICB	Organisation Board Sponsor/Lead		
		Beverley Flowers Director of Strategy		
Name of Integrated Care System	Hertfordshire and west Essex			

EDS Lead	Beverley Flowers, Director of Strategy	At what level has this been completed? ICB		
			*List organisations	
EDS engagement date(s)	Various – Domain 1 10 March 2023 – Domain 2	Individual organisation	Hertfordshire and west Essex ICB	
		Partnership* (two or more organisations)		
		Integrated Care System-wide*		

Date completed	March 2023	Month and year published	March 2023
Date authorised	March 2023	Revision date	

Completed actions from previous year	
Action/activity	Related equality objectives
Not Applicable. EDS2 work suspended during the pandemic, and we restarted with EDS2022	

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

Undeveloped activity – organisations score out of 0 for each outcome	Those who score under 8 , adding all outcome scores in all domains, are rated Undeveloped
Developing activity – organisations score out of 1 for each outcome	Those who score between 8 and 21 , adding all outcome scores in all domains, are rated Developing
Achieving activity – organisations score out of 2 for each outcome	Those who score between 22 and 30 , adding all outcome scores in all domains, are rated Achieving
Excelling activity – organisations score out of 3 for each outcome	Those who score 31 and above , adding all outcome scores in all domains, are rated Excelling

Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)											
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	The ICB is not a provider of services. We commission services, including from NHS Trusts and NHS Foundation Trusts, who are required to complete EDS as part of the NHS Standard Contract.													
	1B: Individual patients (service users) health needs are met	As an ICS it was agreed that, for the first year of the new EDS, each provider would review and assess their own domain 1 services. Where evidence was needed from the ICB, for example contract or contract monitoring information, this would be given to the provider.													
	1C: When patients (service users) use the service, they are free from harm	Each provider was required to let the ICB know their grade, or if they won't grade this year. Some providers (marked TBC) are in the process of obtaining their final grades at the time of compiling this report.													
	1D: Patients (service users) report positive experiences of the service	<p>The results are:</p> <table border="1"> <thead> <tr> <th>HWE ICB Providers</th> <th>Domain 1 rating</th> </tr> </thead> <tbody> <tr> <td>East and North Hertfordshire NHS Trust</td> <td>Developing</td> </tr> <tr> <td>Princess Alexandra Hospital</td> <td>Excelling</td> </tr> <tr> <td>West Hertfordshire Hospitals NHS Trust</td> <td>Ungraded</td> </tr> <tr> <td>Hertfordshire Community NHS Trust</td> <td>Developing</td> </tr> <tr> <td>Hertfordshire Partnership University NHS</td> <td>Achieving.</td> </tr> </tbody> </table>	HWE ICB Providers	Domain 1 rating	East and North Hertfordshire NHS Trust	Developing	Princess Alexandra Hospital	Excelling	West Hertfordshire Hospitals NHS Trust	Ungraded	Hertfordshire Community NHS Trust	Developing	Hertfordshire Partnership University NHS	Achieving.	
HWE ICB Providers	Domain 1 rating														
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West Hertfordshire Hospitals NHS Trust	Ungraded														
Hertfordshire Community NHS Trust	Developing														
Hertfordshire Partnership University NHS	Achieving.														

		Providers who cover more than one ICB, including HWE	
		Essex Partnership University NHS Foundation Trust	TBC
		Central London Community Healthcare NHS Trust	Developing
		East of England Ambulance Service NHS Trust	Ungraded
Domain 1: Commissioned or provided services overall rating			N/A

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Employees are supported in ways that are likely to work for them, be it sessions with Mental Health First Aiders, learning through webinars and online presentations, or professional support (e.g. Employee Assistance Programme, Hertfordshire and Essex Here for You Service, My Health My Way).	1	Chief People Officer

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>The ICB has very clear policies to prevent abuse, harassment, bullying and physical violence. There are very few disciplinary cases for abuse, harassment, bullying and physical violence in the previous CCGs or the ICB.</p>	1	Chief People Officer
	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>Employees have various routes to independent support, including sessions with Mental Health First Aiders in the ICB or professional support through the Employee Assistance Programme, the Hertfordshire and Essex Hear For You Service and the My Health My Way service, as examples.</p> <p>The NHS Freedom to Speak Up Guardian is a role specifically to support and encourage employees who want to raise issues and concerns. This role was embedded in each CCG and a new ICB Freedom to Speak Up Guardian has recently been appointed to the ICB.</p> <p>There is an ICB Black, Asian, and Minority Ethnic (BAME) Network within the ICB. This is run by staff and senior leaders are invited to attend as required by the Network. This group supports individuals and looks to support organisational change where needed.</p> <p>Trade Unions are supported within the ICB and their independence is recognised.</p>	2	Chief People Officer

	2D: Staff recommend the organisation as a place to work and receive treatment	Using the 2021 staff survey, 71% of staff would recommend this as a place to work. The previous CCGs results on staff's view on the organisation as a place to receive treatment shows that the CCGs were above average for CCGs (67% for HWE compared to 61% CCG average)	2	Chief People Officer
Domain 2: Workforce health and well-being overall rating			Developing	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<p>TU - Very clear that there is significant understanding and commitment to equality and health inequalities. Significant collaborative work and oversight. Evidence for elements of both Achieving and Excelling were present in the pack. Was unable to see reference to the Leadership Framework for Health Inequalities Improvement and its implementation. Would be happy to review score if further evidence is presented or for clarification to be provided as to the weighting of this particular framework.</p> <p>SNEE - There is clear commitment from the executive board regarding equality and health inequalities. There is clear executive sponsorship of action plans and visible leadership at staff networks/ events.</p> <p>Having Professor Randhawa on the ICB board is excellent and will certainly add to the current leadership regarding EDI priorities and measurement of outcomes.</p>	TU - 1 SNEE – 2 MKUH - 2	Beverley Flowers, Director of Strategy

	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<p>TU - There is clear evidence of a core focus on Equality and health inequalities but not standing agenda items on all boards and committees. Impact assessments signed off for policies but were unable to see evidence of this for projects due to reasons for papers going to Board (for information rather than approval) There is clearly a focus on ensuring robust governance processes within the ICB demonstrate due regard under PSED. BME staff risk assessments were undertaken and monitored in the legacy CCGs but not thought to be relevant currently.</p> <p>SNEE - There is reference and clear actions around the utilisation of an EqIA and this is excellent practice however, it would be useful to understand/ see evidence of how the recommendations from the EDI lead in the EqIA are noted and actioned / adjusted.</p>	<p>TU - 1 SNEE – 2 MKUH - 2</p>	<p>Beverley Flowers, Director of Strategy</p>
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	<p>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</p>	<p>There is a strong focus within the evidence pack on patient population and a focus on ensuring robust governance processes within the ICB. The ICB is a new organisation and has not yet had the opportunity to see year on year improvements in data but the legacy information shows a number of improvement areas and there are clear plans to continue monitoring metrics through relevant Boards and Committees. There is a little way to go in terms of a representative workforce which is required for 'Achieving'.</p>	<p>TU - 1 SNEE – 1 MKUH - 2</p>	<p>Beverley Flowers, Director of Strategy</p>
<p>Domain 3: Inclusive leadership overall rating</p>			<p>Developing</p>	
<p>Third-party involvement in Domain 3 rating and review</p>				
<p>Trade Union Rep(s):</p> <p>Anna Cason – Unison Gary Cobden - Unite</p>		<p>Independent Evaluator(s)/Peer Reviewer(s):</p> <p>Suffolk and North East Essex ICB (SNEE) Milton Keynes University Hospital NHS Foundation Trust (MKUH)</p>		

EDS Organisation Rating (overall rating): Developing

Organisation name(s): Herfordshire and west Essex ICB

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

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

Those who score **between 22 and 30**, adding all outcome scores in all domains, are rated **Achieving**

Those who score **31 and above**, adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan	
EDS Lead	Year(s) active
Beverley Flowers, Director of Strategy	2023-4
EDS Sponsor	Authorisation date
Beverley Flowers, Director of Strategy	XXXX

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	To coordinate the application of and learning from EDS across the ICS.	1.The ICB will work with ICS partners to review the 2022/23 EDS process and learning that can be taken into 23/24. 2. The ICB will work with ICS partners to identify services to review in 23/24. This will look at both services for ICS wide review and be services for local (Trust level) review.	June 2023
	1B: Individual patients (service users) health needs are met			June 2023
	1C: When patients (service users) use the service, they are free from harm			
	1D: Patients (service users) report positive experiences of the service			

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<ol style="list-style-type: none"> 1. Create awareness of the support available to help staff with obesity, diabetes, asthma, COPD and mental health. 2. Improving the return to work for those with mental health conditions 3. Help staff know their health 	<ol style="list-style-type: none"> 1. Highlight these conditions specifically in lunch and learn sessions, staff briefings and newsletters. As well as making a staff intranet space clearer and more visible. Include speakers from these services to attend whole organisational staff briefings or run separate events for those interested and those managing others. 2. Offer a health and wellbeing one to one template on Actus that can be used to support line managers and their teams to have conversations. Put this step in the return-to-work guidance and policy. 3. Offer an in the office height, weight, blood pressure check clinic at each office site that can support people to access local services or on the spot support for issues related to obesity, diabetes, asthma, COPD and mental health 4. As Occupational Health contract is retendered over the course of 23/24-ensure that criteria for consideration of any new provider specifically includes the above health conditions 	<ol style="list-style-type: none"> 1. Ongoing from May 2023 2. April 2023 3. Ongoing from June 2023 4. New contract in April 2024

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<ol style="list-style-type: none"> 1. Civility and respect at work 2. Increased visibility of the Freedom to speak up 3. Implementation of 360 feedback model available across the ICB 	<ol style="list-style-type: none"> 1. a. creating and implementation of civility policies adhering to the principles of restorative justice b. offering training to the organisation on civility and respect 2. Appointment of an independent freedom to speak up guardian. Revitalise the freedom to speak up champions network 3. Share the 360 feedback model function available in Actus to provide informal opportunities to tackle unwanted behaviour. 	<ol style="list-style-type: none"> 1. October 2023 2. July 2023 3. Sept 2023
	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<ol style="list-style-type: none"> 1. Create awareness of the support available for those suffering stress, abuse, bullying, harassment and physical violence 2. Increased visibility of freedom to speak up 3. Create more opportunities for staff to share their experience 	<ol style="list-style-type: none"> 1. Promote the EAP and Hear for you service to staff to offer support to staff 2. Highlight these offers of support specifically in staff briefings and newsletters. As well as making a staff intranet space clearer and more visible. Include speakers from these services to attend whole organisational staff briefings or run separate events for those interested and those managing others. 3. Appointment of an independent freedom to speak up guardian. Revitalise the freedom to speak up champions network and widely promote how staff can speak up 	<ol style="list-style-type: none"> 1. Ongoing from April 2023 2. Ongoing from April 2023 3. May 2023 4. July 2023

	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<ol style="list-style-type: none"> 1. Increase the uptake of exit interviews 2. Actively seek feedback from staff on an ongoing basis 3. Create more opportunities for staff to interact 	<ol style="list-style-type: none"> 1. Automate the provision of a leavers survey as part of the revised leavers policy and process 2. Roll out of staff recognition activities 3. Implement a pulse survey to capture an up to date picture of staff experience 4. Provide face to face learning events where staff can informally network and encourage togetherness as an ICB. As well as encouraging divisions to run whole team away days. 	<ol style="list-style-type: none"> 1. May 2023 2. August 2023 3. July 2023 4. July 2023
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Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	To be explicit in the use, implementation and measurement of progress against the Leadership Framework for Health Inequalities Improvement or alternatively provide clarity that the framework(s) used within the ICB leads to similar prioritisation and improvements.	The ICB will introduce the Leadership Framework for Health Inequalities Improvement. https://www.nhsconfed.org/articles/leadership-framework-health-inequalities-improvement	Feb 24
		To review and understand the impact of EDI work at the leadership level.	Pulse survey of Board, Executive and Staff and representative groups.	Jan 2024
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	To provide evidence that Boards and Committees are actively discussing and reflecting on equality and health inequalities and the relevant impact assessments.	Board and Committee minutes to, when appropriate, clearly show how equality was discussed and informed decision making.	May 2023
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	To move towards A Model Employer representation targets by 2028.	Create a plan with explicit improvement targets to move towards A Model Employer representation targets with improvement actions and priority areas refreshed annually to ensure a focus on meeting the targets.	July 23
		Report on data breakdown from exit interviews.	Produce data analysis, including equality data, of exit/leavers interview results annually.	Feb 24

