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| NHS Equality Delivery System 2022 |
| EDS Reporting April 2023 to March 2024 |
|  |
| Version 1, 15 August 2022 |

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# Equality Delivery System for the NHS

## The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: [www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/](http://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/)

The EDS is an improvement tool for patients, staff and 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 via [england.eandhi@nhs.net](mailto:england.eandhi@nhs.net) and published on the organisation’s website.

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| **Name of Organisation** | NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) | **Organisation Board Sponsor/Lead** | Philippa Hunt  Chief People Officer  Rosa Waddingham  Chief Nurse |
| **Name of Integrated Care System** | Nottingham and Nottinghamshire |  |  |

## NHS Equality Delivery System (EDS)

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| **EDS Lead** | | Robbie Naylor  Head of Equality, Diversity, and Inclusion | **At what level has this been completed?** | | |  | |
|  | |  |  | | | **\*List organisations** | |
| **EDS engagement date(s)** | | EQIA process and roundtables (December 2023 and January 2024)  9 April 2024 (Equality, Inclusion, and Human Rights Steering Group)  Quality and People Committee 18th April 2024 | **Individual organisation** | | | NHS Nottingham and Nottinghamshire ICB | |
|  | | | **Partnership\* (two or more organisations)** | | | N/A | |
| **Integrated Care System-wide\*** | | | N/A | |
| **Date completed** | 29 February 2024 | | | **Month and year published** |  | |
| **Date authorised** |  | | | **Revision date** |  | |

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| **Action/activity** | **Related equality objectives** |
| There is no previous action plan for NHS Nottingham and Nottinghamshire ICB as this is the first year the ICB has had to submit the EDS. | Not applicable. |

# Completed Actions from Previous Year (2022/23)

# 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

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| **Undeveloped activity** – **organisations score out of 0** for each outcome | Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped** |
| **Developing activity** – **organisations score out of 1** for each outcome | Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing** |
| **Achieving activity** – **organisations score out of 2** for each outcome | Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving** |
| **Excelling activity** – **organisations score out of 3** for each outcome | Those who score **33,** adding all outcome scores in all domains, are rated **Excelling** |

## Domain 1: Commissioned Services

As part of the EDS process we are required to select and assess three services. Guidance informs that the three services we select should be one that is performing well, one service that is not performing so well and a third that’s performance is currently unknown either due to being new or the relevant data not being available.

The three services that we have selected are as follows:

Talking Therapies

Home Enteral Feeding and Dietetics Service

Commissioning P3 Beds in Care and Nursing Homes

We have not identified which of these services fall under the categories stipulated within the guidance.

For the self-assessment of the Domain 1 the ICB has primarily used our internal EQIA process to understand how the service commissioning process has impacted on the quality and equity of the services and broken-down barriers linked to health inequalities, although some additional broader examples have been provided under general comments.

Examples of how the ICB collates and uses data can be found in Appendix 1 – Data Sources. This details the data that is in development to assess the performance of services across Nottingham and Nottinghamshire ICS.

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| **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 | | **General**  Access to services is monitored across all commissioned services through KPIs which are overseen at the ICB performance committee.  Strategic Planning and Integration Committee oversees the commissioning, reconfiguration and development of services giving due regard to the strategic plans and delivering the objectives of the Nottingham and Nottinghamshire Joint Forward Plan which outline actions to ensure equitable access to services across the system.  Barriers to accessing services are overcome with place based partners on a community/neighbourhood levels. An excellent example of this is the City Place Based Partnership Race Equity Matrix, which is used across commissioning organisation to ensure that access for Black and Asian Communities in Nottingham City are tailored to the needs of local communities. This matrix promotes culturally competent service design.  **Service 1 – Talking Therapies**  The service has an operating model of either telephone or face-to-face appointments. The service has access to interpretation through a third-party provider to support those whose first language isn’t spoken English. The service prioritises referrals linked to perinatal women and people and is a member of the Perinatal Mental Health Steering Group in Nottinghamshire.  We have commissioned Sigh Health, a nationally commissioned Talking Therapies provider for d/Deaf patients who require Talking Therapies through BSL.  National 6- and 18-week waiting time targets continue to be met by the new service. Waiting times for assessment are currently (November 2023) and average of 11 days. The national standard for waits for 2nd appointment have not been met since April 2022 but the new service is working to recover this by end of Q4 2023/24 and maintain no more than 10% of patients waiting over 90 days between 1st and 2nd appointment. This has been impacted by the inherited long waiters and by a slow move to a true stepped care model, requiring training and a culture change within the workforce. A recovery action plan is in place and assurance provided to commissioners and NHS England.  The service will have a positive impact on increasing access and improving outcomes for a range of under-served people and groups. There is a national requirement to increase access to NHS Talking Therapies for BAME groups, older adults, 18-25s and people with Long Term Conditions. There is also a national requirement to improve outcomes for BAME communities and bring them in line with their white British counterparts. Locally the service is also focussed on LGBTQ+ people and men.  During the first 6 months of the new service, all target populations have remained the same with the exception of a reduction of 18 – 25s, compared to the Q4 2022/23 table in 5.1 Domain 1: Commissioned or provided services  **Service 2 – Home Enteral Feeding and Dietetics Service**  The current interim provision has been in place for a total of 18 months, the only change being a move from the PCN to [redacted]. The dietitian providing the service has not changed.   * **Location**: Bassetlaw. * **Service Criteria**: Adults aged 18+ ordinarily resident within Bassetlaw and registered with a Bassetlaw GP receiving home enteral feeding or score 2 or more on the Malnutrition Universal Screening Tool (MUST) indicating a referral through ‘[REACT to malnutrition and dehydration](file:///\\nhis.local\pct\N&N%20CCG\Quality\Nursing%20and%20Safeguarding\Standards\Restricted\EQIA\EQIA\2.%20EQIAs%202024%202025\For%20Consutlation%20Panel\1.%20January\25.01.2024\reactto.co.uk)’ a scheme created and managed by Doncaster and Bassetlaw Dietetic Team. Blocked PEGs/issues with tubes are manged by Homeward Nurse/GP/A&E. * **Exclusions**: Children & YP and those individuals scoring less than 2 on the Malnutrition Universal Screening Tool (MUST). Blockages and issues with tubes. Self-referrals are not accepted into the service. * **Hours**: 0800-1600 (Mon/Tue/Thu/Fri) 30Hrs Band 7 * **Out of Hours**: A&E.   The EQIA proposed a direct award [redacted] in Bassetlaw for 24 months. Future service delivery of the whole Nottingham & Nottinghamshire HEFT/non-tube fed Dietetics Service will be informed by the outcome of the review of the ICS HEFT/non-tube fed Dietetic services. This will be taken via SCRG for approval on 1 Feb 2024 prior to the current provision expiry of 31 March 2024.  **Service 3 – Commissioning P3 Beds in Care and Nursing Homes**  The proposed change is to direct award 18 P3 discharge to assess beds. The P3 beds will be split between north and south. North Notts (mid and Bassetlaw) will be given 13 beds and the south will be given 5 as they already have 10 from a current contract. Modelling has shown the ICB needed 28 beds across the system. The provision designed therefore meets the need for access and provides additional flexibility to expand or contract to meet place based need. | | **2**  **Achieving** | **Diane-Kareen Charles**  Deputy Chief Nurse and Director of Quality |
| **Domain 1:**  **Commissioned or provided services** | 1B: Individual patients (service users) health needs are met | | **General**  A focus on personalisation and person centered care across all commissioning activities ensure that services are individualised and bespoke where needed. The use of personal health budgets across care commissioning support this,  Local engagement and investigation raised concerns about the maternity services in the system being accessible or appropriate for all communities. Work to address this has been undertaken in partnership with women, birthing people and families – especially black and brown women. This work has included;   * In my shoes active learning event bringing together service providers and commissioners with women and families from affected communities to identify and work together to improve services (oct 2023) * Bespoke cultural competency training and support for maternity commissioners to understand better community need – March 2023 * Strengthening of the Maternity and Neonatal Voices Partnership to bring the voice of people with lived experience into service design and oversight conversations.   Appointment of an independent maternity senior advocate by the ICB to support families raising concerns when there are access (or safety) issues directly with commissioners..  **Service 1 – Talking Therapies**  Subcontract arrangements with local VCSE organisations to support increased access for hard-to-reach groups and develop links between talking therapies and the local community  An embedded community engagement function focused on developing partnerships and referral pathways with other groups and organisations and engaging with communities to support continuous service improvement  The service is meeting its first appointment targets and prioritising people based on clinical need. They also prioritise perinatal women and people.  Clinical effectiveness is measured through routine outcome measures and performance managed. The service achieves the standards for the recovery rate (50%) and reliable improvement (66%) consistently. A person moves to recovery if their symptoms were considered a clinical case at the start of their treatment (that is, their symptoms exceed a defined threshold as measured by scoring tools) and not a clinical case at the end of their treatment. A person has shown reliable improvement if there is a significant improvement in their condition following a course of treatment, measured by the difference in their first and last score.  The service’s Marketing and Engagement Strategy has a focus on addressing health inequalities. Each month has a focus on a different demographic - marketing materials are tailored to different populations, engagement and co-production activities are undertaken and recommendations are fed back to the service through meetings with the CPO team, clinical and operation managers.  **Service 2 – Home Enteral Feeding and Dietetics Service**  This service meets peoples health needs and significantly reduces the likelihood of inappropriate referrals to acute services. Supports ICB priorities of   * reducing hospital admissions * reducing A+E attendances * reducing delayed discharges.   Use of SystmOne data to support clinical quality improvement process.  Helps to treat the patient in their familiar, safe surroundings, which reduces mental stressors of having to gain access to a hospital setting.  Personalised Care approach taking into account ‘what matters to me’.  This is a referral service; patients cannot self-refer.  Referral is via DBHT or GPs for HEF patients or those who score 2 or more on the Malnutrition Universal Screening Tool (MUST) indicating a referral through ‘[REACT to malnutrition and dehydration](file:///\\nhis.local\pct\N&N%20CCG\Quality\Nursing%20and%20Safeguarding\Standards\Restricted\EQIA\EQIA\2.%20EQIAs%202024%202025\For%20Consutlation%20Panel\1.%20January\25.01.2024\reactto.co.uk)’ a scheme created and managed by Doncaster and Bassetlaw Dietetic Team.  Blocked PEGs/issues with tubes are manged by Homeward Nurse/GP/A&E.  **Service 3 – Commissioning P3 Beds in Care and Nursing Homes (**  The direct award will have a positive impact on flow through the hospital meaning beds are vacated for other patients with acute needs.  People will be identified as requiring a D2A P3 bed by the discharge hubs. A transfer of care document will be sent to the homes. The homes will assess the patients for suitability and then plan the care in their usual way. | | **2**  **Achieving** | **Diane-Kareen Charles**  Deputy Chief Nurse and Director of Quality |
| **Domain 1: Commissioned or provided services** | 1C: When patients (service users) use the service, they are free from harm | | **General**  The safety of all services is overseen by assurance and monitoring processes in line with the national quality board guidance. Where concerns are escalated or services and providers under enhanced surveillance the differential impacts on our population is assess.  Maternity and the role of the ISA as detailed above is an example of this and a review of the local maternity position in relation to our population, quality, equality and service delivery showing differential impacts on different communities was presented at a number of committees in Q4 23/24. This showed the differential impact in relation to safety across population groups and the actions being taken to address these.  **Service 1 – Talking Therapies**  Improved patient safety is demonstrated through the development of new relationships and pathways with the local mental health trust, enabling the seamless step up or down of patients and avoiding bounce back to GPs and supporting the principle of no wrong door. The two services are currently implementing the new NHS England (July 2023) *Community Mental Health and NHS Talking Therapies for anxiety and depression: National Guidance to support seamless and person-centred access to appropriate mental health care*. The new service also now regularly attends the Trust’s daily clinical triage meetings to support appropriate pathway placement of patients.  The service continues to have a positive impact on Safeguarding through ensuring appropriately trained staff, safeguarding policies and routes for escalation, as well as supervision for clinical staff working with patients whose anxiety and depression stems from harm or abuse.  **Service 2 – Home Enteral Feeding and Dietetics Service**  This service is available to patients aged 18+ with a clinical need in Bassetlaw. Improved accessibility is critical in Bassetlaw due to its high level of rurality and poor transport infrastructure. Therefore this service supports patient safety by ensuring timely provision in the community prevents hospital admissions and meets the needs of this vulnerable cohort.  **Service 3 – Commissioning P3 Beds in Care and Nursing Homes**  Care homes will follow their usual process for safety and risk assessments including care planning and referral to services as required. | | **1**  **Developing** | **Diane-Kareen Charles**  Deputy Chief Nurse and Director of Quality |
| **Domain 1: Commissioned or provided services** | 1D: Patients (service users) report positive experiences of the service | | **General**  Engagement with people who use our services has significantly iterated and. The shared response to SEND improvements in the County started with some real dissatisfaction from patients and carers (May 2023). Continued engagement and improvement has meant that In the latest round of engagement (April 2024) has given much more positive feedback about peoples experience. This is demonstrated by the narrative included in the Independent SEND Improvement and Oversight Board chaired by Dame Christine Lenehan,  The ICB Patient and Public Engagement processes are described in Appendix 2 – ICB Patient and Public Engagement  The ICB’s Co-production Processes and strategy summary are detailed in Appendix 3 – ICB Co-production Processes.  Of the services selected, the provider rather than the ICB have led on specific patient or service user engagement or co-production activities during 2023/24. The Talking Therapies provider has undertaken extensive co-production for this service and examples of this are summarised in Appendix 4 – Co-Production Examples for Talking Therapies.  **Service 1 – Talking Therapies**  The service routinely undertakes reviews of itself and seeks the views of service users through surveys. The new service has improved ways of gathering, reporting and utilising patient feedback. As of September 2023, 83% of patients that responded gave an overall service rating of good or very good and 92% got the help that mattered to them at all times or most of the time.  Social value was assessed at tender which highlighted that [redacted], the contract holder’s [redacted] delivery partner is a member of Social Value UK, holding “Pioneer” status. In order to manage the response through the contract management process, the provider was asked to develop a social value action plan in Y1. The Service is in the process of developing a social value plan and have engaged in an external consultant to support in the development and implementation of the plan once it is finalised. This will be ready for deployment by Q4 2023/24.  **Service 2 – Home Enteral Feeding and Dietetics Service (**  Direct feedback from patients/families is s not collected by the ICB.  **Service 3 – Commissioning P3 Beds in Care and Nursing Homes**  Nurse assessors will gather any patient feedback as they complete their assessment. The assistant Director of nursing will call the homes every week to gather the bed state and any feedback from the homes. Families will be informed of the pathway via the discharge hubs. This is already in place for people placed in spot purchased beds | | **2**  **Achieving** | **Diane-Kareen Charles**  Deputy Chief Nurse and Director of Quality  **Nicola Ryan**  **Deputy Chief Nurse Operations (including PALs)** |
|  | |  | | **Domain 1: Commissioned or provided services overall rating**  Whilst there is work undertaken to understand differential access, experience and satisfaction with services this is still developing, tools such as the racial equity matrix, our EQIA and EIA process and developing health equity audits will continue to support our understanding and oversight of this.  Health equity, health inequality and population health metrics form a core part of our oversight, but again our understanding and response to these in commissioning activity and plans needs more focus. | **7**  **Developing** |  |

## Domain 2: Workforce Health and Wellbeing

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| **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 | | The ICB has chosen to take a prevention approach to Staff Wellbeing rather than addressing specific long term conditions.   * Obesity: We address obesity via physical wellbeing and healthy lifestyle support that is available via our intranet pages. * Diabetes: Nothing specific available to staff. However healthy lifestyle material and support is available via the intranet * Asthma: We do not address asthma directly but do support staff with smoking cessation and physical activity. * COPD: We do not address COPD directly but do support staff with smoking cessation and physical activity * Mental Health: numerous resources available to staff via intranet pages.   **Physical Health**  ICB staff can access the occupational health services (see below) for support around physical conditions. The ICB has a dedicated intranet page for Physical Health, which includes:   * Advice on nutrition. * Advice on exercise. * Links to the Digital Weight Management Plan for NHS Staff. * Information on the ICB’s Wellbeing Hour.   The page has had 239 unique views since launching in summer 2022.  **Wellbeing Hour**  The ICB has implemented a weekly Wellbeing Hour. This is a dedicated time each week for staff to do something to promote their wellbeing. Staff choose when to take their Wellbeing Hour and what they use it for. Some examples of things staff have used their Wellbeing Hour for include:   * Going for a walk. * Relaxation/ mindfulness time. * Going swimming or to the gym. * Spending time outside and away from monitors/ screens.   **Reset Days**  Once a quarter, the ICB schedules Reset Days into everyone’s diaries. These are days when meetings and calls should be kept to a minimum, and they are a time for all staff to catch up and ‘reset’.  Although received well, these have been challenging for some colleagues to manage and utilise due to statutory work and the integrated fashion of ICB/ICS working. Further work is ongoing to make these more flexible and user friendly to enable more people to take advantage of them.  **Mental Health**  The ICB has a dedicated intranet page for Mental Health, which includes information on:   * Mindfulness. * NHS Wellbeing apps. * The ICB’s Wellbeing Hour * How to have meaningful wellbeing conversations.   In 2021/22 the ICB invested in supporting staff become Mental Health First Aiders. We currently have 11 MHFA across the organisation of varying grades and roles. They have their own dedicated intranet page for staff to access and seek advise/signposting to appropriate services.  **Health and Wellbeing Booklet**  In August 2023, the ICB launched its first Health and Wellbeing Booklet for staff. This is the first-time information relating to staffs health and wellbeing has been pulled together into a single document. The guide includes the following information:   * Overview of the weekly, monthly, and quarterly wellbeing offer in the ICB. * Staff Equality Networks:   + Disability And Wellbeing and Neurodiversity (DAWN) Network.   + LGBTQ+ Network.   + Race, Ethnicity, and Culture (REC) Network.   + Staff Engagement Group (SEG). * Hybrid Working, including:   + Home Working Resources.   + Wellbeing in Offices. * Display Screen Equipment (DSE). * Mental Health First Aiders. * Occupational Health. * Employee Assistance and Benefits Programme, including:   + Cycle to Work Scheme.   + Bus and Tram Travel Schemes.   + Staff Support Hub. * Wellbeing for Everyone – Top Tips for Teams and Individuals, including:   + Shorten meetings by 5 to 10 minutes to allow mini-breaks between them.   + Diarise breaks and lunch breaks into your day.   + Tips on keeping active whilst working (e.g., use a standing desk to take phone calls).   + Inclusion (e.g., using gender neutral language and pronouns to introduce yourself). * Links to more info about the Wellbeing offer in the ICB. * Contact information for Staff Networks, EDI, and HR.   **Occupational Health Offering**  A new occupational health provider began providing OH services for the ICB in June 2023. The service replaces the previous offer with a broader offering for staff.  The new OH provider is currently getting established within the ICB, and future evaluation work will be undertaken to understand the impact and ‘satisfaction’ ratings.  **Employee Assistance Programme.**  Through our Occupational Health contract the ICB is able to offer staff access to an Employee Assistance Programme. The EAP offers a range of services to staff including:   * Life support: Access to counselling for emotional problems and a pathway to structured therapy sessions. * Legal information: For issues that cause anxiety or distress, including debt management, consumer, property or neighbour disputes. * Bereavement support: staff have access to qualified and experience counsellors who ca help with grief plus legal advisors to help with related leal matters. * Medical information: Qualified nurses are on hand to offer support on a range of medical or health related issues offering practical information and advice. * Online CBT: The EAP recognises the value of self-help tools in dealing with a range of issues. Staff have access to CBT self help modules, informative fact sheets and video advise from leading qualified counsellors.   Via the EAP, staff also have access to a Health and Wellbeing app. This is a comprehensive tool to support staff in all elements of their Health and Wellbeing. The app provides a range of features all designed to support staff, that include but are not limited to:   * Live chat and support * Personalised news feed, designed around individual health and wellbeing priorities * Weekly mood tracker * Four week plans | | **2**  **Achieving** | **Gemma Waring**  Head of HR and OD  **Philippa Hunt**  Chief People Officer |
| **Domain 2:**  **Workforce health and well-being** | 2B: When at work, staff are free from abuse, harassment, bullying, and physical violence from any source | | The ICB monitors and develops action plans to address the staff survey results each year.  We use the staff survey as the primary data source to monitor staff experience, with pulse survey’s throughout the year.  In addition, monitoring case load and the type of cases that are being managed and/or investigated provides an insight into the culture of teams and the wider organisation and identify any potential issues.  There are multiple ways for staff to raise concerns within the organisation. The ICB has an Acceptable Behaviours, Whistleblowing and a Grievance Policies which allow staff to raise concerns, both informally and formally.  Staff can also raise concerns directly with our Freedom to Speak Up champion and via our Mental Health First Aiders.  Staff can discuss concerns confidentially with any of our Staff Network Chairs, Head of EDI and our HR Colleagues.  **Staff Survey Results (2023 survey)**  **Staff Survey**  Question 14c, regarding experiencing harassment, bullying, or abuse from another colleagues, saw a negative trend. In 2023, 11.7% said they had experienced one of these in the last 12 months, compared to 7.8% in 2022.  Similarly, question 14b about experiencing bullying from line managers saw a negative trend. In 2023, 8% of people said they had experienced this, compared to 6.4% in 2022.  Question 16b relating to experiencing discrimination from a manager or colleagues saw a slight positive trend. In 2023, 4.2% of people said they had experienced this, compared with 4.6% in 2022. In relation to what the discrimination related to, Disability and Age both saw a significant drop in discrimination. However, Race, Religion, and Gender all saw significant increases in discrimination.  **Conduct Investigations**  The ICB has undertaken no conduct investigations in Quarter 1 of 2023/2024  **Grievance Investigations**  The ICB had one open grievance investigation in Quarter 1 of 2023/24. This was resolved and appropriate actions taken later in the year.  **Exit Interviews**  Exit interviews are conducted within the ICB. However, this is voluntary and not all leavers complete them. The information we collect is not currently used or analysed to understand themes and trends. | | **1**  **Developing** | **Gemma Waring**  Head of HR and OD  **Robert Tredwell**  Senior OD Business Partner  **Philippa Hunt**  Chief People Officer |
| **Domain 2:**  **Workforce health and well-being** | 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment, and physical violence from any source | | The ICB aims to support staff in multiple ways by providing different avenues to raise to concerns and speak confidentially. These include but are not limited to:   * Staff Networks: Have two active networks, and one inactive network * FTSU: The ICB does not have an NGO Registered FTSU Guardian in post but have active recruitment in process. The ICB has one Non-Executive Director FTSU Champion * EIAs: Completed for policy and procedure updates. A new process was recently adopted, and full embedding is happening throughout Q4 2023/24 and Q1 2024/25. * Support outside line management: Some, but it is limited. SEG and EDI SOS are in place. Other support is variable (e.g., team meetings, etc.).   **Equality Networks**  The ICB has three staff equality networks: Disability And Wellbeing and Neurodiversity (DAWN) Network, LGBTQ+ Network, and Race And Culture Equality (RACE) Network.  DAWN and LGBTQ+ Networks are well embedded within the organisation and provide an advocacy and critical friendship role to staff and the organisation.  Staff who these Networks represent can access support and guidance from them, regardless of ‘membership’ status.  The RACE Network is not currently functioning within the ICB as a full Network. RACE Network has an intranet page that is updated regularly; however, there is no membership, and the network doesn’t meet regularly. This is an ongoing piece of work to establish the need and recourse needed to develop and embed a race-related network within the ICB.  **Freedom To Speak Up (FTSU)**  The ICB has recently undertaken a recruitment activity to appoint a Freedom to Speak Up Guardian. The successful candidate will be registered with the national office.  The FTSU Guardian will start with the ICB on 1 April 2024 for 1 day per week.  **Support Outside of Line Management**  Staff have several support mechanisms outside of their Line Management structure. These include:   * EDI Support or Supervision (EDI SOS) drop-in sessions – these are once a month and dedicated time for anyone to drop-in and speak with the ICB’s Head of EDI. * Staff Engagement Group (SEG) – provides a point of escalation around themes and trends. The support for individuals and individual issues is limited. * Nurse Advocates – the IC has two nurse advocates within the organisation. They are primarily for registered nursing colleagues to seek professional supervision and support but can be accessed by all colleagues wishing to have a confidential conversation. * Mental Health First Aiders – whilst the primary function of the MHFA is to support and signpost staff to suitable services, they are a natural confidante within the organisation.   **Trade Union Representation**  The ICB recognises the following Trade Unions:  Unison  UNITE  Royal College of Nursing  Royal College of Midwifery  Pharmacists Defence Association  Managers in Partnership.  We only have one registered local TU Representative for MiP within the ICB; therefore, TU support is usually gained from regional TU colleagues, which can cause a delay and or lack of face-to-face support.  **Mental Health First Aiders (MHFAs)**  The ICB has invested in MHFAs throughout the organisation. There are around 10 MHFAs within the ICB, who are diverse in their make-up (including a mix of genders, sexual orientations, ages, seniority, disability, and parenthood status). There is a lack of diversity concerning race and ethnicity amongst the MHFAs.  The MHFAs meet monthly in a community of practice-style discussion to support each other and debrief any cases/ support that’s been offered. The MHFAs don’t currently keep a record of the interactions they have. | | **1**  **Developing** | **Gemma Waring**  Head of HR and OD  **Philippa Hunt**  Chief People Officer |
| **Domain 2:**  **Workforce health**  **and well-being** | 2D: Staff recommend the organisation as a place to work and receive treatment | | **Staff Survey Results**  The 2023 Staff Survey Results show that 56.7% of the workforce would recommend the ICB as a place to work. This is a drop from 2022 when 67.6% of the workforce would recommend the ICB as a place to work.  As a commissioning organisation we do not directly provide any NHS or care services, however questions linked to receiving care saw a negative trend. In 2023, 47.4% of people would be happy with the standard of care, compared to 57.1% in 2022.  Question 26a, related to thinking about leaving the organisation, saw a negative trend too. In 2023, 35.3% said they regularly thought about leaving, compared to 29.6% in 2022.  **Exit Interviews**  We undertake exit interviews voluntarily. The information we collect is not currently used or analysed to understand themes and trends. | | **1**  **Developing** | **Gemma Waring**  Head of HR and OD  **Philippa Hunt**  Chief People Officer |
|  | |  | | **Domain 2: Workforce health and well-being overall rating**  As a new organisation, there are challenges in establishing workforce practice and ongoing support as we manage the transition.  The ICB is working hard to understand the needs of its workforce and implement meaningful changes. We understand and acknowledge the gaps and where improvements are needed. This is why we have rated ourselves as Developing. Our ambition is to improve the scores on all outcomes during 2024/25 | **5**  **Developing** |  |

## Domain 3: Inclusive Leadership (Q3 collection)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | * Networks: Sponsors identified. Regular meetings with SRO. Sponsors encouraged to attend Network meetings – currently mixed. * [Leadership Framework for Health Inequalities](https://www.nhsconfed.org/system/files/2021-11/Board%20Assurance%20Tool%20-%20%20Leadership%20Framework%20for%20Health%20Inequalities%20Improvement.pdf) * Commitment: \*need examples\* * Engagement in Activities: \*need examples\* * EQIA Understanding * Getting To Equity Programme   **Six High Impact Areas, NHS England**  **High Impact Action 1**  The Board have individual and collective actions linked to EDI which are measurable and specific.  **High Impact Action 2**  The ICB has fair recruitment processes in place but acknowledges more could be done to improve equity of access and opportunity. Further work is planned in 2024/2025 to improve the equity and inclusivity of the recruitment processes within the ICB.  **High Impact Action 3**  The ICB has fulfilled its legal obligations around Gender Pay Gap monitoring and an Action Plan has been developed. In addition, we have measured the Ethnicity Pay Gap information and a separate Action Plan has been produced. This shows the ICB has gone above and beyond its statutory duties.  **High Impact Action 4**  The ICB doesn’t currently have a People Strategy or People Plan to address health inequalities amongst the workforce. The ICB will work on this action during 2024/2025.  **High Impact Action 5**  The ICB is not currently actively recruiting internationally recruited staff. The ICB has a Head of Professional Practice in post who advises the System on supporting internationally recruited staff.  **High Impact Action 6**  One of the specific EDI Objectives is linked to creating a diverse and inclusive workforce. This work has begun and will continue throughout 2024/2025 and beyond.  **‘Getting To Equity’ Programme**  Nottingham and Nottinghamshire ICS were provided with 15 places for Senior Leaders and Executives to attend the programme. Senior Leaders and Executives filled the 15 places, and the Getting to Equity Programme started on 5 October 2023.  All 15 places were filled but attendance on the programme was challenging for individuals.  Senior Leaders and Executives were committed to the programme and saw potential positive impacts of the programme from the beginning This demonstrated early commitment to the programme. Unfortunately, operational pressures impacted the attendance of the senior leaders on the programme. We are continuing to work with NHS England to re-launch the programme and assist Senior Leaders with their competing priorities.  **EDI Staff Networks**  Each Network (DAWN, LGBTQ+, and RACE) have an identified Executive Sponsor. DAWN’s is the Medical Director, LGBTQ+ is the Chief Nurse, and RACE’s is the Finance Director/ Deputy Chief Exec.  There is a mixed approach from the Exec Sponsors around engagement with Networks. DAWN Chair meets with the Exec Sponsor every four to six weeks and they regularly attends DAWN meetings.  LGBTQ+ Network Exec Sponsor attends the Network when asked. This is an agreement with the Network and works well.  The Exec Sponsor for the Race And Culture Equality (RACE) Network is less visible around race, ethnicity, and cultural inclusion, with limited input and support around the Network and its development and embedding within the ICB.  The Chief Nurse is also the SRO for EDI within the ICB and meets monthly with the Network Chairs, SEG Chair, and Head of EDI to hear the good work and the areas for improvement.  **Engagement in Activities**  Over the last year, there has been limited opportunity for senior leaders to lead and/or participate in engagement and/or awareness events for these communities.  Throughout the year multiple awareness events have been promoted and undertaken. These have included sessions linked to World AIDS Day, sessions linked to Black History Month, and sessions on neurodiversity.  Whilst verbal support and appreciation are forthcoming from senior leaders, active allyship and overt action are often limited.  **Maturity Matrix for Race Inclusion**  The ICB’s Board has committed to the implementation of the Maturity Matrix, a locally coproduced framework for providers to assess their position in relation to race inclusion and tackling race-related inequities. The ICB has committed to assess itself using the Maturity Matrix in the near future.  **Expectations of Line Managers in relation to People Management**  An NHS England framework has been produced setting out the expectations of all line managers within the NHS around people management. The framework contains a specific section on EDI, and inclusion, values, and behaviours are key themes throughout the framework. Work will begin in early 2024 to embed the new framework and ensure line managers are equipped with the skills and knowledge needed to support their teams.  **Equality, Quality, and health Inequality impact Assessments (EQIAs)**  The EQIA processes have been redesigned and relaunched in the ICB during 2023/24. We are presently reviewing the impact of EQIA’s both on the service and the staff completing them and this is due to conclude in Q1 2024/25.  There is currently mixed confidence and competence in the completion of EQIAs, and ongoing engagement is needed to aid understanding of why they are done in order support the teams completing them.  Consistency around the standard of EQIA completion is variable, and further work needs to be done to support teams and individuals in how and when to complete an EQIA or EIA. | | | **1**  **Developing** | | **Rosa Waddingham**  Chief Nurse and SRO for EDI  **Amanda Sullivan**  Chief Executive Officer | |
| **Domain 3:**  **Inclusive leadership** | 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | | The ICB is committed to improving health outcomes for our population.  Papers submitted to the ICB Board or other formal committees must detail how the paper is going to improve health outcomes and take inequalities - extract below from committee front sheets can be seen in 5.2 Domain 3: Inclusive leadership  The ICB has developed a number of Equality [Objectives](https://notts.icb.nhs.uk/about-us/safeguarding/equality-inclusion-and-human-rights/) that are monitored via the EIHR Steering Group in order to aid in the improvement of health outcomes and health inequalities, monitor and mitigate and manage risks  The ICB has a number of mechanisms to monitor equality and diversity and health inequalities outcomes and any risks and mitigations that include but are not limited to the list below:   * EDI Discussions: Q&P Committee, HR Sub Committee, EIHRSG, Exec., etc. meetings. * EQIAs: Completed and reviewed at the Deputy Director level. * Actions: Measured and monitored through HRSG, EIHRSG, and Q&P Committee. * Risk Assessments: Not in place * SEG and Network reporting template in development. | | | **1**  **Developing** | | **Rosa Waddingham**  Chief Nurse and SRO for EDI  **Amanda Sullivan**  Chief Executive Officer | |
|  | 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 | | The ICB has a number of engagement opportunities with both patients and staff and the opportunity to manage performance and progress with our providers.  **STAFF:**  Our staff engagement processes are detailed in previous sections and include our Staff Engagement Group, our Staff equality networks and communications approach with staff. This includes but is not limited to monthly staff briefings, weekly newsletters, and biannual staff events.  Staff engagement performance is monitored and managed via the National Staff Survey – results for 2023 survey can be found here.  The ICB also runs quarterly Pulse Surveys to monitor the feelings within the organisation. These are relatively new and are yet to be run.  Wider staff performance is monitored via the HR and OD Steering Group. The group has a membership of all the Executive Management team and senior members of the HR & OD Team. The People Dashboard is presented and monitored at this meeting which includes workforce turnover data, sickness absence data, appraisal data and workforce demographic data.  The ICB also monitor the Gender Pay Gap, WRES and WDES position and action plans through the HR and OD Steering Group. These papers and action plans are also presented to the EIHR Steering Group.  The HR and OD Steering Group reports to the ICB Board via Chief Executive updates.  **PATIENTS:**  Within the ICB patient experience is monitored via the Quality & People Committee. This is a formal committee that reports to the ICB Board. | | | **1**  **Developing** | | **Rosa Waddingham**  Chief Nurse and SRO for EDI  **Amanda Sullivan**  Chief Executive Officer | |
|  | |  | | **Domain 3: Inclusive leadership overall rating** | **3**  **Developing** | |  | |

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| --- | --- | --- | --- | --- |
|  | **Third-party involvement in Domain 3 rating and review -** unscored |  |  |  |
|  | **Trade Union Rep(s):** Not sought in this review | **Independent Evaluator(s)/Peer Reviewer(s):** Not sought in this review |  |  |

|  |
| --- |
| **EDS Organisation Rating (overall rating):**  **17 – DEVELOPING** |
| **Organisation name(s):**  NHS Nottingham and Nottinghamshire Integrated Care Board (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 as **Developing**  Those who score **between 22 and 32,** adding all outcome scores in all domains, are ratedas **Achieving**  Those who score **33,** adding all outcome scores in all domains, are ratedas **Excelling** |

### Appendix 1 – Data Sources

Over recent years the ICB has been developing the Systems Analytical Intelligence Unit (SAIU), in order to collate data on Nottingham system services and understand their performance both from a contractual and quality position.

The SAIU has developed dashboards to evidence the performance of services. This data is drawn for a number of sources including NHS England’s national data sets and locally collated data to inform performance.

Figure 1 provides a snap shot to the type of performance data for an overall service area. This can be drilled down to specific services i.e IAPT

Figure 1.

A screenshot of a computer

Description automatically generated

In addition to the operational/contractual performance of services across Nottingham and Nottinghamshire, the SAIU are developing a Quality dashboard.

The Quality Dashboard allows the ICB to monitor and manage the performance of services, against quality metrics. This allows the ICB to identify problems, progress and trends across the providers.

Areas that are included within the Quality Dashboard include – safety, harm free care, patient experience, CQC ratings, workforce and infection prevention.

Figure 2.

A screenshot of a computer

Description automatically generated

### Appendix 2 – ICB Patient and Public Engagement

As set out in the ICB’s ‘[Public Involvement and Engagement Policy’](https://notts.icb.nhs.uk/wp-content/uploads/sites/2/2022/04/ENG-001-Public-Involvement-and-Engagement-Policy-v1.2.pdf) (1), the ICB is committed to consistently listening to, and collectively acting on, the experience and aspirations of local people and communities through the Integrated Care Board (ICB) and Integrated Care Partnership (ICP) and will work to:

1. Have a deep understanding of all the people and communities it serves.
2. Capture the insights and diverse thinking of people and communities to enable the ICB and ICP to tackle health inequalities and the other challenges faced by health and care systems.
3. Bring fresh opportunities to strengthen work with people and communities, building on existing relationships, networks and activities.

The principles underpin public involvement and engagement in the ICB are based on the guidance (ICS implementation guidance on working with people and communities (2)) but adjusted to reflect the Nottingham and Nottinghamshire context:

* We will work with, and put the needs of, our citizens at the heart of the ICS.
* We will prioritise reaching out to those communities affected by inequalities who are less likely to be heard.
* We will use community development approaches that empower people and communities, making connections to social action.
* We will work with Healthwatch and the voluntary, community and social enterprise sector as key transformation partners.
* We will redesign models of care and progress system priorities in partnership with staff, people who use health, care and support services and unpaid carers.
* We will understand our community’s experience and aspirations for health and care.
* We will systematically capture and report community intelligence that includes findings drawn from a citizen’s panel, VCS partners, statutory sector partners and networks at Place and neighbourhood level.
* We will use insight gathered through a range of engagement approaches to inform decision-making.
* We will develop a culture that enables good quality community engagement to be embedded
* We will systematically provide clear and accessible public information about vision, plans, progress and outcomes to build understanding and trust amongst our citizens.

The ICB is committed to working with people and communities and this is evidenced by the work on engagement and coproduction already taking place across the system. The two system-wide strategies for citizen intelligence (3) and coproduction (4) forms our collective system approach to public involvement and engagement.

References

1. [ENG-001-Public-Involvement-and-Engagement-Policy-v1.2.pdf (icb.nhs.uk)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnotts.icb.nhs.uk%2Fwp-content%2Fuploads%2Fsites%2F2%2F2022%2F04%2FENG-001-Public-Involvement-and-Engagement-Policy-v1.2.pdf&data=05%7C02%7Cgemma.waring%40nhs.net%7Cb01dd149d52b4d9b1f7c08dc5a1566e3%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638484295190271326%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=Gk1ZEDvOxdaMAEdbWoWHHvD88emIiB2NQFoo83ztCK4%3D&reserved=0)
2. [https://www.england.nhs.uk/wp-content/uploads/2021/06/B0661-ics-working-with-people-and-communities.pdf](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2021%2F06%2FB0661-ics-working-with-people-and-communities.pdf&data=05%7C02%7Cgemma.waring%40nhs.net%7Cb01dd149d52b4d9b1f7c08dc5a1566e3%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638484295190278633%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=V%2FsKc6Pprdijva4c7%2BHarCcJ0C2wxkdoKAKpXNcHXuE%3D&reserved=0)
3. [Working with people and communities strategy (healthandcarenotts.co.uk)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthandcarenotts.co.uk%2Fwp-content%2Fuploads%2F2021%2F05%2FWorking-with-people-and-communities-strategy.pdf&data=05%7C02%7Cgemma.waring%40nhs.net%7Cb01dd149d52b4d9b1f7c08dc5a1566e3%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638484295190285272%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=XHXEsvW6NrLZKQPOgifTUBci68irs2yYcE9SfnZc%2BDI%3D&reserved=0)
4. [Nottingham and Nottinghamshire ICB Coproduction Strategy 2022 to 2024](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnotts.icb.nhs.uk%2Fwp-content%2Fuploads%2Fsites%2F2%2F2022%2F04%2FNottingham-and-Nottinghamshire-ICB-Coproduction-Strategy-2022-to-2024.pdf&data=05%7C02%7Cgemma.waring%40nhs.net%7Cb01dd149d52b4d9b1f7c08dc5a1566e3%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638484295190294735%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=8%2BSkWtSqurdLU633WxdYB9zAOI0tj1V0Gl5LoqPKvJo%3D&reserved=0)

### Appendix 3 – ICB Co-production Processes

The [ICB Coproduction Strategy](https://notts.icb.nhs.uk/wp-content/uploads/sites/2/2022/04/Nottingham-and-Nottinghamshire-ICB-Coproduction-Strategy-2022-to-2024.pdf) sets out the initial aims for the organisation for coproduction. The strategy outlines how changes to the way we work will enable a coproduction approach to be one of the first steps considered when developing new services or changing services we already commission. It sets out how we will work to empower and enable teams and people with lived experience to work in equal partnership together to create an impact in our services.

The strategy sets out the ICB Coproduction Principles and Values which will be used when developing coproduction processes. These were coproduced with people with lived experience and system partners.

Our ICB coproduction Principles and Values

* We will put people with lived experience, including carers, at the heart of all we do by valuing their skills, knowledge and interests and giving them an equal voice alongside those of paid employees to improve services.
* To work as equal partners, we need to be honest and open with each other to promote mutual trust.
* We will ensure a co-production plan is developed at the start of any new project or service and will be co-produced to its end.
* We will plan for and work to realistic timeframes for coproduction- recognising that coproduction will take time to do well.
* We will actively recruit or involve diverse voices in a meaningful way, to ensure everyone has a chance to shape our system and the services within it and ensure that anyone who wants to be involved is able to do so.
* We will use language, written information and other kinds of communication that works for all.
* To show that we value people’s voices, we will pay out of pocket expenses and offer involvement payments and reimbursement options for the time they give.
* We will support everyone to access training and support to enable them to develop their skills and knowledge.
* We will always tell people what has been achieved because of their contribution.
* We will work across the system, sharing knowledge and insight from different coproduction projects, to prevent duplication of work, and to show that co-production works.

### Appendix 4 – Co-Production Examples for Talking Therapies

Talking Therapies have a team of 5 Community Engagement Workers whose role is to engage at Place, targeting the public and key populations to raise awareness of mental health, the service and the support is available through it, inform and deliver marketing campaigns, and channel feedback into the operational teams.

The team have a broad reach, and over the last year they have attended over 300 community events and spoken to over 3000 people at these events.

Some examples of engagement and co-production:

* Attended 3 older adult groups across South Notts to undertake focus groups with this population. The feedback from these focus groups helped inform an Older Adults campaign. The feedback from these sessions ensured the language in marketing materials resonated with older adults and ensured that the service better understood the challenges faced by older adults. Referrals from older adults has doubled between December 2023 and February 2024 in South Notts.
* Engagement with the South Asian community across Radford and Hyson Green in Nottingham City highlighted a need for support around digital inclusion. This has led to working with partners to develop and pilot a workshop around accessing services digitally.
* As part of Talking Therapies cost of living campaign in January, the team attended over 50 food banks across the ICS to speak to the public and distribute promotional materials to raise awareness of the service. In Bassetlaw this led to some partnership working with the wellbeing lead and the provision of a new drop-in session to support people to make referrals into the service.
* Talking Therapies also has a team of Employment Workers. Alongside their core offer of employment support for people with anxiety and depression, at the job centre they provide drop-in sessions, attend wellbeing events and attend progress sessions for those currently on their journey back to health and employment. As a result, this has increased referrals for employment support alongside therapy by 46%.

### Appendix 5 – Tables from reports

#### 5.1 Domain 1: Commissioned or provided services

1A: Patients (service users) have required levels of access to the service

During the first 6 months of the new service, all target populations have remained the same with the exception of a reduction of 18-25s, compared to the Q4, 2022/23 table available in appendix 5.1:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 18-25s | Over 65s | LTC | BAME | Male | LGB |
| Q4 2022/23 | 27% | 6% | 28% | 15% | 30% | 7% |
| Q1 2023/24 | 22% | 8% | 34% | 17% | 31% | 8% |
| Q2 2023/24 | 24% | 7% | 29% | 19% | 31% | 8% |

#### 5.2 Domain 3: Inclusive leadership

3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed

Papers submitted to the ICB Board or other formal committees must detail how the paper is going to improve health outcomes and take inequalities - extract below from committee front sheets:

|  |  |
| --- | --- |
| Improve outcomes in population health and healthcare | A summary explanation should be inserted. ‘N/A’ should be used in exceptional circumstances. If a paper doesn’t contribute to the core aims, then it is questionable why it would be Board/Committee business. |
| Tackle inequalities in outcomes, experience and access | As above. |