Equality Delivery System 2022
Case Study

Domain 1: Commissioned or provided services

<table>
<tr><th colspan="4">Organisation Details</th></tr>
<tr><td colspan="2">Name of organisation(s)</td><td colspan="2">NHS Shropshire, Telford and Wrekin (NHS STW)</td></tr>
<tr><td colspan="2">Type of organisation(s)</td><td colspan="2">Public Service</td></tr>
<tr><td colspan="2">Senior Responsible Officer (SRO)</td><td colspan="2">Julie Garside System SRO Palliative and End of Life Care</td></tr>
<tr><td colspan="2">SRO organisation and contact details</td><td colspan="2">NHS STW</td></tr>
<tr><td colspan="2">SRO contact details</td><td colspan="2">julie.garside@nhs.net</td></tr>
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<tr><td colspan="2">Responsible Officer(s) – please list one for each NHS organisation</td><td colspan="2"></td></tr>
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Version 1, 15 August 2022

Domain 1: Commissioned or provided services – **Engagement**

Please explain how you engaged with your patients and services users, their carers and representatives? Was this different to previous engagement?	A system review of Palliative and End of Life Care (PEoLC) initiated in September 2020 reached out to people with lived experience to share their experience and help the review understand what worked well and what could be improved in the care for adults nearing the end of their life. When this review was completed, these individuals were invited to join a Task and Finish Group to support improvement work and contribute to the development of a system Integrated Strategy for Palliative and End of Life Care (Adults). The Task and Finish Group were individuals of mixed genders, all of whom had been carers for someone who had died. This system strategy reflects the conversations that were had with the Task and Finish Group and individuals who had experienced disjointed and fragmented access and care. The group were really clear that there needed to be improvement in the coordination of care for patients and carers, in addition people talked about the lack of access to advice and felt that one telephone number available 24/7 would provide reassurance and practical support at a time of great stress and vulnerability. As a result of this, NHS providers in Shropshire, Telford and Wrekin have agreed to develop their collaborative working arrangements to enable more cross organisation multidisciplinary working and we will be working together to understand the commissioning arrangements needed to implement 24/7 access to advice and guidance for patients, their families, carers and loved ones. Throughout 2021 and 2022 the Task and Finish Group were keen to understand and explore how we could extend conversations of death and dying outside of a health and care environment, with the aspiration to make these conversations a ‘normal’ part of life which would enable people to have the confidence to express their wishes and concerns before dying became a reality for them.

The Task and Finish Group worked to arrange a number of activities and events for Grief Awareness Week (December 2021) and Dying Matters Week (May 2022). These activities included:

- Shropshire radio slots with the host talking to professionals and a member of the public on grief, bereavement and Advance Care Planning
- Two virtual workshops with a panel of experts, including a Lay Preacher, taking questions from the audience
- Work with our local libraries to enable healthcare professionals to meet with the public and talk about Advance Care Planning.

  More information on Advance Care Planning and Death Positive Libraries can be found in the links below

NHS England » Universal Principles for Advance Care Planning (ACP)

Death positive libraries: A national framework | Libraries Connected

In May 2022 Healthwatch Shropshire invited colleagues from the system and group to attend their annual event which focussed on Dying Well.

In September 2022 the Task and Finish Group felt that there needed to be broader public representation and some ‘fresh ideas’ on collaborative work for the future.

In December 2022 the public were invited to one of two workshop events entitled ‘Let’s talk about death and dying’ with a face-to-face session facilitated by the Medical Director of the local adult hospice and a virtual event facilitated by one of NHS STW’s Non-Executive Directors.

There was a mix of participants, again, most of whom had experienced the death of a loved one and were wanting to share their experience. Contributors included a person living with dementia, a young woman whose husband had died and, carers and staff working in the system.

Similar themes came out of these workshops with participants wanting to have the opportunity to hear more about a range of topics including:

	- Language and euphemisms - What does dying look like? - Making Advance Care Planning more accessible - The practicalities, preparation for deterioration and after someone has died. - Grief and Bereavement. During these December workshops, a small number of attendees had raised an issue of the lack of timely removal of NHS provided equipment after a person had died. This had added to families' grief as things such as a hospital bed were a reminder of the last days of a person's life. As a result of this feedback the new service specification for community equipment services will include a criteria and measurement on timely removal of equipment when a person has died. In addition, following conversations about timely Advance Care Planning for people with dementia, the system Dementia and Palliative and End of Life Care Steering Groups have plans to collaborate on an event which aims to bring people living with dementia, their families and carers together with health and care professionals. It is hoped that this type of workshop will give an opportunity for conversations about when and how people living with dementia would like to talk about their future wishes and what support they would like from professionals to enable this. For the next year the aim will be to use a similar collaborative and coproduction approach to organise a number of workshops on the topics listed above. An initial conversation has also been arranged with the Shrewsbury and Telford Hospital NHS Trust's patient participation team to explore further opportunities for collaborative working with the Trust's multi-faith Chaplaincy Team. This approach was different to previous engagement as the intention was to ask people about their experience and to work together to shape how we could change and improve care. During this time, it became important for the group to identify ways they felt they could make a positive difference and create

	their own solutions to encourage people to talk more about death and dying. The remit and ambition of the task and finish group was enabled and supported by the system to evolve as they made progress.
When did you start engagement with your patients and services users, their carers and representatives? Was this different to previous engagement?	Initial engagement started in September 2020 with people with lived experience supporting the review process and this has been ongoing. Those that supported the review were invited to be part of a task and finish group to help shape the system adult strategy and during this time the Task and Finish Group worked to arrange a number of activities and events for both Grief Awareness Week (December 2021) and Dying Matters Week (May 2022). In December 2022 two workshop sessions were arranged with invites extended to members of the public who may be interested to talk about end-of-life care and dying with an aim to identify a programme of activities which people would like to work on together to plan and deliver. Following feedback from the latest sessions the plan is to arrange more of these type of collaborative events as described above. The plan is to allow this approach to evolve, to keep asking questions to understand what conversations people want to have about death and dying and to, hopefully, have people with lived experience working together to arrange events and activities.
Who was part of your engagement?	A range of people were included in the engagement, all of whom had a common experience of caring for someone they love who had died. Individuals included a person living with dementia, a young woman who had cared for her husband, carers and staff.

How did you decide who to engage with?	We decided to engage with anyone with an interest in talking about death and dying and to those who had cared for someone that had died.
Please describe any issues or barriers you experienced during the delivery of your engagement	The subject matter is obviously very sensitive and emotive, and many people are reluctant to share or talk about their experience. All of those involved needed to be aware that some would find the conversations upsetting and very emotional.
If you have delivered your engagement differently to your last EDS submission, what impact has it had on your process and outcomes?	N/A
Please provide any other comments	

Domain 1: Commissioned or provided services – **Evidence**

Please describe the sources you have used to collate your evidence. Why have you used these sources?	2020 review and multistakeholder feedback. Task and Finish Group and development of the Integrated Strategy for Palliative and End of Life Care (Adults) which reflects the work and priorities of this group Public workshop sessions and feedback which has set the aims for 2023/24
Have you identified any new sources of data and information? What type of impact has this made?	In July 2022, NHS guidance was published which indicated that ICBs now have the responsibility to commission palliative and end of life care services. These statutory responsibilities give more validity to the conversations particularly in relation to 24/7 access for which NHS STW will need to develop a business case in order to deliver on these requirements.

Please provide any information on difficulties and/or barriers you experienced whilst collating evidence?	
Please provide any other comments	

Equality Delivery System 2022
Case Study

Domain 1: Commissioned or provided services

Organisation Details	
Name of organisation(s)	Shropshire, Telford and Wrekin Integrated Care Board (ICB)
Type of organisation(s)	Public Service
Senior Responsible Officer (SRO)	Angie Wallace
SRO organisation	Shropshire Community Health NHS Trust
SRO contact details	angie.wallace@nhs.net

Name of Organisation	**Last EDS2 publication date**	**Name of Organisation**	**Last EDS2 publication date**
Name of Organisation	**Last EDS2 publication date**	**Name of Organisation**	**Last EDS2 publication date**

Responsible Officer(s) – please list one for each NHS organisation	

Version 1, 1 January 2023

Domain 1: Commissioned or provided services – **Engagement**

Please explain how you engaged with your patients and services users, their carers and representatives? Was this different to previous engagement?	The Shropshire, Telford and Wrekin (STW) COVID-19 Vaccination Service has been very successful in ensuring good uptake across the system and has regularly been one of the best performing systems both regionally and nationally. The programme has been effective in reducing the number of people getting severely ill and dying from COVID-19. Our work amongst our underserved communities and those with health inequalities has been used as an exemplar in regional briefings. The service has successfully worked with all system partners to achieve this success. Despite high uptake of COVID-19 vaccines overall, there is variation in uptake between different groups of Shropshire, Telford and Wrekin's population. A smaller proportion of younger people, those living in the most deprived areas and people from some ethnic groups have been vaccinated. It was essential therefore that collectively we worked differently to reach out to disadvantaged and marginalised groups. To achieve this, a system-wide equalities group including the CCG/ICB, local authorities, community leaders, health professionals and equality and inclusion leads have come together to identify barriers to the uptake of COVID-19 vaccination and share information. The shared aim is to: • increase uptake and reduce vaccine hesitancy. • actively consider the role of patients and opportunities for involvement in planning all our work • involve people in ways that are meaningful to them as well as us • include as diverse a range of voices as possible A communications and engagement plan was developed to involve patients, local communities, health and care staff, stakeholders, partners and the media (including social and digital platforms) to increase uptake and reduce hesitancy through a variety of methods, such as:

	• reviewing data to better identify trends of vaccine hesitancy such as deprivation or ethnicity • working with organisations, clinical leads, community leaders and faith leaders to tailor messaging for young people and those with ethnic minority backgrounds • improving accessibility of information such as information, leaflets, videos and toolkits in different languages or formats where appropriate • delivering outreach work to target groups that are less likely to come forward, such as the homeless, those in Gypsy, Roma and Irish Traveller communities, asylum seekers and migrant workers.
When did you start engagement with your patients and services users, their carers and representatives? Was this different to previous engagement?	Engagement began at the beginning of the vaccination roll-out from December 2020 and has been an ongoing process since.
Who was part of your engagement? How did you decide who to engage with?	Overarching target audiences include: • Care home residents and care home staff • Frontline health and social care staff • People who are aged 50 and over • People aged 18-49 who are immunosuppressed, their carers and people who are household contacts • Children and young people aged 5-18 who are immunosuppressed and people who are household contacts • Pregnant people • People with learning disability and autism • People with long term health conditions • Ethnic minority communities (including the Eastern European, Black African Caribbean, Chinese communities) • Gypsy, Travellers & Roma communities • Unemployed / low income / deprived areas

	- Homeless However, through data/insight, with more systematic joint strategic needs' assessment profiling to inform the 'who and where' to conduct the engagement. Key areas of focus included: - Deprived communities including people who are homeless - People from Black and Minority Ethnic backgrounds - People with poor mental health, physical, learning disabilities and autism - Staff - Pregnant families - Equality Act protected characteristics
Please describe any issues or barriers you experienced during the delivery of your engagement	Barriers/issues to engagement were mainly focused around the three Cs: - Confidence – level of trust in vaccine - Complacency – perceived lack of need or value for vaccine – Covid has gone away - Convenience – barriers to access To reduce vaccine hesitancy and improve uptake our engagement focused on these three 'Cs' ie building trust/confidence in the vaccine (myth busting), ensuring people are aware that COVID-19 is still prevalent, the associated risks to them, loved ones and the community and the long term effects of Long Covid. Lastly, ensuring that the vaccine is accessible to all and using the mobile vaccination buses to take to the vaccine to those communities with low uptake and use these sessions as an opportunity to engage with people as well as vaccinate.

If you have delivered your engagement differently to your last EDS submission, what impact has it had on your process and outcomes?	N/A
Please provide any other comments	

Domain 1: Commissioned or provided services – **Evidence**

Please describe the sources you have used to collate your evidence. Why have you used these sources?	To understand the who and where to inform placement of mobile / pop-up services etc we have used: • SHAPE mapping database & its ability to overlay population / deprivation etc ensured delivery was accessible, local to home / place of work and convenient for those most deprived communities • Intelligence-led / PHM approach, more systematic JSNA profiling to targeting groups who are most at risk or underserviced to narrow the gap in service and support uptake/outcomes using data and engagement insight i.e. PHE place based approached to reduce health inequalities • Reviewed vaccine uptake data to identify communities and areas of low vaccine uptake • Produced, shared and utilised Data Dashboards to monitor and inform activity including inequalities data dashboard (shared weekly) Insight/evidence also gained from surveys, focus groups, Q&A sessions, community engagement teams, staff and patient feedback, patient groups, voluntary and community organisations, primary care, stakeholders, MPs/councillors, PALs, community and faith leaders/groups etc etc
Have you identified any new sources of data and information? What type of impact has this made?	Relationships with community groups and faith groups, stakeholders and partner organisations have been developed/strengthened during the Covid-19 vaccination programme which has improved insight and delivery of the programme.

Please provide any information on difficulties and/or barriers you experienced whilst collating evidence?	Difficulties associated with data collection such as people living out of county and coming into the county for the vaccine and vice versa, or people travelling in to the county to work and getting vaccination outside of the county.
Please provide any other comments	

Equality Delivery System 2022
Case Study

Domain 1: Commissioned or provided services

Organisation Details	
Name of organisation(s)	Shropshire, Telford and Wrekin Integrated Care Board (ICB)
Type of organisation(s)	Public Service
Senior Responsible Officer (SRO)	Simon Whitehouse
SRO organisation	Shropshire, Telford and Wrekin Integrated Care Board (ICB)
SRO contact details	simon.whitehouse@nhs.net

Name of Organisation	**Last EDS2 publication date**	**Name of Organisation**	**Last EDS2 publication date**
NHS Shropshire, Telford and Wrekin Clinical Commissioning Group (CCG)	January 2022		
Name of Organisation	**Last EDS2 publication date**	**Name of Organisation**	**Last EDS2 publication date**

Responsible Officer(s) – please list one for each NHS organisation	

Version 1, 5 January 2023

Domain 1: Commissioned or provided services – **Engagement**

Please explain how you engaged with your patients and services users, their carers and representatives? Was this different to previous engagement?	**Please note**, although a good example for the EDS2 submission, the Shrewsbury Health and Wellbeing Hub (nationally known as the Cavell Centre programme, including six constituent pilot programmes) has since been put on pause by NHS England, pending approval on the national business case and identification of a funding stream. NHS Shropshire, Telford and Wrekin now await further direction from the national team on next steps and are working closely with affected practices. For the Shrewsbury Health and Wellbeing Hub programme, extensive engagement work has taken place to explore the views of residents and key stakeholder groups on the proposed development. The purpose of this was to share the opportunity of developing an integrated hub and the potential services that could be co-located within. These services, as examples, included GP practices, community services, outpatients, diagnostics, and other NHS health services in addition to third sector and local authority services such as social care and housing support to support the wider determinants of health across the region. The initial phase of engagement involved a listening exercise which used a range of mediums to reach patients, public and wider stakeholder groups. To read the full engagement report outlining methodology, demographic data, and public feedback, please click here. As part of the second phase of engagement, a series of focus groups (both online and face-to-face) were then held which aimed to delve deeper into the potential services and what were the most important issues in reference to the hub proposal for those who participated.

Within the same recruitment questionnaire for the focus groups, people in the area were also asked if they would be interested in joining a Stakeholder Reference Group (SRG) which would act as a critical friend to the Programme Team, including the communications and engagement activity, and specifically for consultation materials.
Equality monitoring information was used to ensure the focus groups were representative of service users, patients and in the public within the population and additional focus groups were arranged post-engagement phase to target groups who had less representation within this phase.

The listening exercise received 1,287 responses and 50 attendees at seven focus group sessions, achieving a response rate that would be considered a robust sample size and reflective of key issues, priorities, and themes.

In terms of what we did differently, we undertook detailed analysis of respondents and reviewed their demographics, particularly those within the 9 protected characteristic groups and those who experience health inequalities. Our review of respondents evidenced the need to undertake targeted engagement with those who was under-represented in the listening exercise.

The cohorts of respondents identified below were identified as requiring more face-to-face engagement in recognition that some sectors of the community are digitally excluded and/or may have poor literacy capability.

The following groups for targeted engagement prior to public consultation are:

- Young people (16–24-year-olds)
- Expectant and new parents
- Ethnic minority groups
- LGBTQ+ groups

- Males
- Elderly (over 80-year-olds)
- Mental Health groups
- Practice community contacts
- Learning Difficulties and Autism groups
- Disability groups

More layers of engagement will also require partnership working via:

- Engaging with local carer organisations to reach into domiciliary and nursing home settings.
- Community organisations and local groups who will support outreach into rural areas and specific groups.
- Linking in with practice staff and patient groups (Patient Participation Groups) meetings for each of the eight practices involved in the programme. The PPG sessions have been supported by GP colleague attendance and have been used to express the demands on primary care and the need to change if services are to remain sustainable. They are sessions that will continue as we progress towards consultation and have also been a valuable staff engagement tool to understand workforce challenges.
- Ongoing dialogue with the Stakeholder Reference Group which was established as part of phase two and includes a membership of patient representatives, PPG representatives, practice managers, local councilors, Healthwatch Shropshire, and wider voluntary organisation partners. During each of the four sessions arranged to date, engagement levels have been strong, and plans have been well scrutinised throughout. As the programme has received a lot of political scrutiny since the first engagement exercise, these sessions have been integral to bringing key stakeholders on board and creating a two-way relationship.

When did you start engagement with your patients and services users, their carers and representatives? Was this different to previous engagement?	Engagement began in August 2021 and has been an ongoing process since. More recently, activity has been developed to support the formal consultation process: ▪ An Integrated Impact Assessment has been developed and will be presented to the recently formed Equality and Involvement Committee (EIC). The committee will review reach regarding protected groups and sense check if the engagement meets the requirements of the Public Sector Equality Duty and those outlined in the 2010 Equality Act. ▪ A series of short videos highlighting key messages about the proposal will include a range of stakeholders including those from general practice staff, patients, voluntary and community services and social prescribers. ▪ A leaflet has been designed for display at GP practices to continue to remind patients of the proposed changes and when public consultation will commence. A public consultation will be held in 2023 once the necessary pre-consultation engagement processes have been completed.
Who was part of your engagement? How did you decide who to engage with?	To review who was part of the listening exercise (phase one of engagement), please click here to read the full engagement report. With regard to who we decided to engage with, the gap analysis of respondents supported the targeting of marginalised groups as outlined above.

Please describe any issues or barriers you experienced during the delivery of your engagement	With regard to barriers to engagement, staff engagement has been more challenging due to the nature of the programme. As eight GP practices have taken the independent business decision to move into the proposed hub, engagement directly with staff has been less fluid and we have relied upon relationships with practices to ensure this element of the programme is taking place. As mitigation to this, we now share weekly updates with practice managers and GPs for distribution to the wider workforce to ensure they are sighted on any developments and are assured of the processes that are taking place. We also hold regular briefings with practice representatives to further enforce this. Another barrier has been digital exclusion, of which we have aimed to tackle with telephone interviews and face-to-face focus groups, as well as our focus on community engagement and visiting groups/attending meetings to increase visibility. We have also had to overcome GDPR issues with the practices emailing/texting information directly to patients with regard to the hub programme and not related to their individual health. A new Data Protection Impact Assessment (DPIA) is now in place to mitigate this issue and will successfully widen our reach ahead of further engagement work and the public consultation.
If you have delivered your engagement differently to your last EDS submission, what impact has it had on your process and outcomes?	A difference in approach since 2021 for NHS Shropshire, Telford and Wrekin has been the introduction of new roles within the Communications and Engagement Team to increase capacity for continued, meaningful engagement with key populations. This has been done via the establishment of an insight-led role within the team with dedicated resources towards reviewing data, better identifying trends within our populations, and outreach activities, as well as a community engagement role dedicated to the Shrewsbury Health and Wellbeing Hub programme. Due to this, and specific to the programme, we have been able to develop more targeted campaigns and materials to tailor our communications and engagement activity.

	With regard to engaging at a community level, the CCG/ICB embarked on a new and equal partnership with the VCSE sector in 2021/22 which offered the organisation the chance to work differently and more collaboratively to improve engagement approaches. The partnership is also aimed to improve health outcomes and reduce health inequalities for the people of Shropshire, Telford and Wrekin. As part of this, a Memorandum of Understanding was co-produced by respective leading members of the VCSE and ICB, and as next steps a VCSE Alliance is in development that will include strategic representation from the sector and will build upon this partnership. The CCG/ICB also enjoys a strong relationship with local Healthwatch organisations, for valuable discussion and evaluation, and have actively sought their involvement in the stakeholder groups that have been established as a working group for the programme.
Please provide any other comments	As part of this work, an Integrated Impact Assessment was developed and presented to the ICB’s newly established Equality and Involvement Committee (EIC) for review and to recommend the inclusion of equality groups once the site location for the hub is confirmed. The Communications and Engagement Team will also produce a series of short videos highlighting key messages about the proposal. These videos will be shared on the Shrewsbury Health and Wellbeing Hub webpage, general practice screens, social media and with our stakeholders once complete in 2023. We are hoping to include a range of stakeholders in the video including messages from across the Integrated Care System (ICS), general practice staff, patient participation groups, voluntary and community services, and social prescribers to widen our reach as much as possible and to engage well with our audiences. Finally, and as part of our communications support for the programme, a working FAQ document, draft letters designed to support practices when responding to patient enquiries, an information flyer, and regularly social media support has been produced for display at GP practices and to continue to remind

	patients of the proposed changes. These materials are also distributed during community engagement exercise and soft engagement activity; and will also be shared when public consultation commences.

Domain 1: Commissioned or provided services – **Evidence**

Please describe the sources you have used to collate your evidence. Why have you used these sources?	Sources to date for this work have included local insight and qualitative information, as well as complementary quantitative evidence, such as the most recent Joint Strategic Needs Assessment (JSNA) data as well as insight from Primary Care Network (PCN) involvement. This identified health and care needs of local communities as well as identifying areas of deprivation. In consideration of JSNA data and PCN insight, the hub will be located in an area that has areas of deprivation compared to other parts of the Shrewsbury area. To ensure transparency in our process and any decision making, we have also reported on each phase of engagement to collate the evidence found from survey work, focus groups, recruitment questionnaires, queries from patients and members of the public, key stakeholder involvement and feedback as well as political representative queries and opinions shared on social media. We have quantitative intelligence in regard to reach and respondent rates to answer queries on inclusion of patients, public and key stakeholder groups. Th gap analysis demonstrated the under-represented respondents to target for more engagement and involvement goring forward. The listening engagement activity identified the key services people felt would be beneficial to have within a hub. This has been incorporated into the next stage of engagement and will be the area that will be formally consulted upon circa Spring/Summer 2023.

Have you identified any new sources of data and information? What type of impact has this made?	Newly identified sources of data have been achieved through our closer relations with community groups as well as a better partnership with VCSE colleagues. By tapping into data provided organisations such as Primary Care groups, Maternity Voice Partnerships, Age UK and Taking Part we have been able to get to know our communities much more and involve them in our engagement processes. The new engagement role focused specifically on community engagement has been integral the development of these sources of data and information.
Please provide any information on difficulties and/or barriers you experienced whilst collating evidence?	We evidence our engagement activity with patients and the public; however, we have learned lessons from earlier engagement activity which will enhance our approach to public consultation, particularly in relation to protected groups and those experiencing health inequalities.
Please provide any other comments	Public consultation will be undertaken with the aim to ensure that all registered patients at the practices will receive information on the consultation and ensure they have a range of mediums to share their views. We have listened to the public on the range of sites the hub could potentially be built. Initially one option was shared with the public and received a very negative response from local people and elected members. In response, patients, public and local politicians were invited to share potential sites to be considered. This increased the site options to a long list of 47 sites. The criteria used for options appraisal (except for technical criteria) was informed by the Stakeholder Reference Group. The engagement activity has directly informed the potential community health and care services to be provided from the Hub which will form part of the public consultation to confirm the potential services meet the local health and care needs.

EDS2 – Domain 2 2022/23 - DRAFT

Domain 2	Outcome	Evidence	Rating	Owner (Dept/Lead)
	2A When in work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	The ICB does not currently collect this specific data on its workforce proactively. Retrospectively the ICB receives a quarterly report on workforce metrics – including sickness absence which may point to some of these conditions. Our HR team also receive monthly information which enables them to support line managers to identify and support individuals with particular health issues. There is a staff H&WB Group which meets and considers ways to support the workforce with their H&WB. Our ICS provides access to a H&WB Hub, including mental health services, and a range of H&WB support that is inclusive for all.	TBC	ICB HR – Alex Brett/Sara Hayes/MLCSU
	2B When in work, staff are free from abuse, harassment, bullying and physical violence from any source	*This outcome corresponds to:* • *WRES indicator 5 & 6* • *NHS Staff survey 22/23/25/26* • *WDES metric 4A – for disability* As a new organisation created on 1st July 2022 the ICB did not have the opportunity to complete the NHS staff survey in 2022. The ICB will begin using a staff survey in 2023, and also quarterly Pulse surveys.	TBC	ICB HR – Alex Brett/Sara Hayes/CSU

		As a new organisation created on 1st July 2022 the ICB was not able to collate WRES or WDES data submissions for 2022 to use as evidence for this process. However, from employment relations casework related to bullying & harassment, abuse and physical violence.		
	2C Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	*This outcome corresponds to:* - *WRES indicator 5 & 6* - *NHS Staff survey 22/23/25/26* - *WDES metric 4A – for disability* As a new organisation created on 1st July 2022 the ICB was not able to collate WRES or WDES data submissions for 2022 to use as evidence for this process. However, all staff have access to the HR team and the occupational health provider, through which counselling and mental health support can be accessed. Our ICS provides access to a Health and Wellbeing Hub, including mental health services, and a range of H&WB support that is inclusive for all. ICS events that ICB staff can attend and link into include during 2022:	TBC	ICB HR – Alex Brett/Sara Hayes/CSU

		Events to date organised and/or supported by the ICS EDI steering Group. ICS BAME network Launch event- MS teams ICS BAME Network events *4 ICS LGBT+QIA Network events ICS Disability Network events*2 ICS Black history month MS teams and One Hybrid event at Shrewsbury Football club*2 Training event delivered for Bethphage Staff conference 2022 based on the findings from the rural racism (interim report) ICS Islamophobia awareness event*1 ICS Cultural Diversity event *2		
	2D Staff recommend the organisation as a place to work and receive treatment	*Use:* *Sickness and absence data* *Staff complaints, disciplinaries, recruitment and appointment and staff retention data* *Exit interviews* *Indicator KF1 – NHS staff survey* As a new organisation created on 1st July 2022 the ICB did not have the opportunity to complete the NHS staff survey in 2022. The ICB will begin using a staff survey in 2023, and also quarterly Pulse surveys. Employment relations casework related to bullying & harassment, abuse and physical violence.	TBC	ICB HR – Alex Brett/Sara Hayes/CSU
Domain 2: Workforce health and well-being overall rating				
Third party assessors:				

As per the guidance the evidence above has to be presented to the following for their feedback and scoring: **Staff members:** **Staff networks:** **Trade Unions:** **FTSU Guardian:**		
Action Plan: **Suggestions for actions based upon NHSE guidance on EDS2 data and the suggested ratings and gaps outlined above:**		

EDS2 – Domain 3 2022/23 - DRAFT

Domain 3	**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	*Tested and rated to average number of instances that could be demonstrated where they actively promote equality as part of their leadership/Board role:* • *Papers and reports authored* • *Attendance at cultural or religious celebrations* • *Speeches or talks they have given* • *Interviews to the media* ICS Clinical Lead for Equality, Diversity and Inclusion - Dr Priya George: I am proud to be South Asian and the rich culture to which I belong (stwtraininghub.co.uk) ICB CEO is sponsor / mentor to Dr Priya George, Shropshire GP and ICS Lead for Equality, Diversity and Inclusion ICB CEO on 12th May attended and spoke at the launch of the primary care ethnic diversity network launch ICB CEO on 20th May – attended and spoke at the Cultural Diversity Day in Telford ICB CEO/Executive ICB Directors elect, CCG CEO and CCG Directors/Deputy Directors and NHS and Local Authority CEOs attended in April/May/June 2022, the Inclusive Leadership Development Programme run by the ICB/NCA. ICB Director of Communications and Engagement - Video - https://youtu.be/BzOcISbcO5o	TBC	

		ICB Director of Communications and Engagement - Conference they have spoken at - https://www.linkedin.com/posts/edna-boampong_health-nhs-activity-7024432430874800129-0SBQ?utm_source=share&utm_medium=member_desktop ICB Director of Communications and Engagement - Conference https://www.linkedin.com/feed/update/urn:li:activity:7016782100200574976?utm_source=share&utm_medium=member_desktop ICB Director of Communications and Engagement - Webinar they have spoken at - https://www.eventbrite.co.uk/e/nhs-communicate-webinar-registration-341791426357 ICB Chief Nursing Officer, Lead for Equality, Diversity and Inclusion and Director of Communications and Engagement have authored a paper that was presented and discussed at the ICB's Senior Management Team meeting in March 2023. This sought to summarise actions and developments to support the delivery of the ICS commitments regarding race equality, diversity and inclusion. STW ICS Racial equality commitment Acting Director of Urgent and Emergency Care is a member of the ICB Disability Network and as such utilise their platform and social media to raise awareness inclusive of the EDI agenda. Acting Director of Urgent and Emergency Care is an ambassador for the Addisons Disease Charity and Self-Help Group and has been interviewed for their magazines on a couple of occasions, to raise awareness of rare diseases, invisible disabilities. The articles include reference to covid vaccinations and sharing of our life saving kits we have to carry. The articles are linked to education for paramedics and increased awareness for health professionals of the challenges faced by people living with rare disease.		

		The Acting Director of Urgent and Emergency Care is a volunteer for SOBBS charity (Survivors of Bereavement by Suicide) and a member of the STW Suicide prevention action group and utilise my social media platforms for advocacy. Chief Finance Officer is launching the ICB's Finance Training and Development Council (sub-committee to the ICB Finance Committee). This includes a remit to oversee inclusive talent management and also, delivery of the national One NHS Finance brief which includes Equality and Diversity. Draft TOR STW Finance Training and I ICB Chief Nursing Officer is ICB/ICS SRO for EDI and also a member of the ICS EDI steering group which oversees a number of staff related events including staff in primary care - a primary care event is being held on 9th May which the CNO will attend virtually. ICB Chief Nursing Officer is the lead for the nursing Race equality delivery group for the West Midlands and as part of the ICS's Preceptorship programme, she attends the first day and does include the importance of equity and inclusion as part of this. The session the CNO does is not specific on EDI but sets out the importance and value placed on this agenda within the ICS. The ICB Chief Nursing Officer is also the SRO for Maternity and Neonatal services which has a programme of work in place to help tackle the health inequalities for women and babies accordingly.		
	3B Board/Committee papers (including minutes) identify equality and	*Tested and rated by reference to a random sample of substantive board or committee papers and % of papers that identified equality related impacts* Board meetings; 1 July 2022 01 07 005 Approval of new policies which included a staff equality and diversity policy	TBC	

	health inequalities related impacts and risks and how they will be mitigated and managed	01 07 008 Transition from CCG to ICB – due diligence report referenced that the CCG undertook a staff equality risk assessment on its employed staff to quantify the impact of the creation of the ICB and dissolution of the CCG. <u>28th September 2022</u> 28 09 020 section 2.5 page 48 CEO report outlined the launch of the High Potential Scheme in STW and Staffordshire which is a 2 year programme for development of NHS staff for senior leadership roles and increase diversity. 28 09 026 Primary Care Commissioning Committee chairs report page 107 – Outlined primary care support Ukranian refugees via a locally enhanced service 28 09 028 – CCG Annual Report – section on equality and diversity 30th November 2022 30 11 042 GP access report – reported that PCNs are targeting prevention and health inequalities <u>25th January 2023</u> 25 01 053 – Patient story – presentation on implementation of the new dementia model by a patient with lived experience <u>29th March 2023</u> 29 03 071 – Review of NHS Health Inequalities objectives within the STW system operational plan 2022/23 and recommendations for 2023/24.		
	3C Board members and system leaders (band 9 and VSM) ensure levers are in place to	*Do Board members system and senior leaders show commitment to the relevant tools below and do they monitor the implementation of these tools?* ***WRES reporting/WDES reporting*** As a new statutory organisation that has only existed since July 2022 the ICB has not had the opportunity to produce this annual reporting as evidence for this domain.	TBC	

	manage performance and monitor progress with staff and patients	***Equality Delivery System (EDS)*** As a new statutory organisation that has only existed since July 2022 – EDS 2022 will be the first time the ICB has undertaken this assessment and therefore has no previous assessments to use as evidence for this domain. ***EHI Impact Assessments*** https://www.shropshiretelfordandwrekin.ics.nhs.uk/home/ourequalityobjectives/ STWICS_IIA_Methodology_.pdf ***Accessible Information Standard*** The IBC has no reporting of the Accessible Information Standard for 2022 having been created on 1st July 2022. However, annual reporting on the Accessible Information Standard for the three functions that the ICB hosts that have a patient facing role: TRAQs/RAS, Individual Commissioning and Complaints and is due to begin in the first quarter of the 2023/24 financial year for the previous financial year data 2022/23. This will be reported to the Quality and Performance Committee.		
Domain 3: Inclusive Leadership overall rating				
Third party involvement in Domain 3 rating and review: **Trade Union Reps:**				

Independent Evaluator/Peer Reviewer:
Action Plan: