

Meeting name:	WY ICB Board
Agenda item no.	10
Meeting date:	Tuesday 24 September 2024
Report title:	Equality Diversity and Inclusion: Update and next steps
Report presented by:	Ian Holmes, Director of Strategy and Partnerships / Deputy Chief Executive Fatima Khan-Shah West Yorkshire Inclusivity Champion
Report approved by:	Ian Holmes, Director of Strategy and Partnerships / Deputy Chief Executive
Report prepared by:	Ali Bishop, EDI Transformation Lead

Purpose and Action			
Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/> (approve/recommend/ support/ratify)	Action <input type="checkbox"/> (review/consider/comment/ discuss/escalate)	Information <input checked="" type="checkbox"/>
Previous considerations:			
<ul style="list-style-type: none"> ○ Papers have previously been taken to the ICB Executive Management Team and Quality Committee from December 2023, outlining progress on compliance with Equality Diversity and Inclusion (EDI) statutory requirements and work to develop a strategy. ○ The ICB has now implemented new governance arrangements to strengthen oversight and assurance of progress which includes involvement from Executive and Non-Executive ICB Board members. ○ There has been an independent audit into the EDI function audit and the recommendations are being implemented with regular assurance updates to the Audit Committee. ○ The ICB Board has also received training on EDI during July 2024's ICB Board Development Session. 			
Executive summary and points for discussion:			
<p>Equality, diversity and inclusion (EDI) are at the core of NHS leadership and the delivery of healthcare services. They ensure fairness for our workforce, equitable access and excellent experience, and optimal outcomes for those served by the NHS.</p> <p>West Yorkshire ICB has always been clear in its recognition that tackling the issues that cause disparities in health and staff experience improves productivity, efficiency and outcomes. In order for our healthcare systems to achieve financial and operational goals and to improve performance EDI is integral. Systematic work with a focus on EDI to eliminate inequalities in the NHS, has wide-ranging impacts and requires skilled, strategic leaders to deliver change. In short EDI is everyone's business.</p> <p>EDI also plays a crucial role in ensuring that the NHS workforce reflects the diverse patient population it serves. The NHS is a microcosm of society, with patients and staff coming from a range of ethnic backgrounds, ages, abilities, gender identities and sexual orientation. EDI can be instrumental in guiding a healthcare system that responds to diversity.</p>			

This paper provides an update and assurance on progress relating to EDI at West Yorkshire ICB building on the considerable work that has taken place previously. It provides an update and assurance to the Board in three areas:

- Compliance of our ICB with statutory duties on EDI
- An update on the development of a system wide strategy for EDI.
- An update on our intention to revisit the review carried out by Professor Dame Donna Kinnair in 2020 into the impact of COVID-19 on ethnic minority communities and staff.

Which purpose(s) of an Integrated Care System does this report align with?

- Improve healthcare outcomes for residents in their system
- Tackle inequalities in access, experience and outcomes
- Enhance productivity and value for money
- Support broader social and economic development

Recommendation(s)

It is recommended that:

1. The Board note the position on compliance with our statutory duties and the NHS EDI improvement plan.
2. The Board to note the progress to date on the West Yorkshire EDI Strategy.
3. The Board note and support the development of the EDI strategy, and the further review by Donna Kinnair.
4. Board members commit personally to championing the EDI agenda as individual board members.

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

The development of the EDI strategy and action plan will support the mitigations against Strategic Risk 4.2 in the Board Assurance Framework.

Appendices

1. None

Acronyms and Abbreviations explained

1. EDI – Equality Diversity and Inclusion
2. EDS 22 - Equality Delivery System 2022
3. PSED - Public Sector Equality Duty
4. ICB – Integrated Care Board

What are the implications for?

Residents and Communities	Compliance with statutory duties on EDI and the development and delivery of the strategy have positive impact once priorities and actions are agreed and implemented.
Quality and Safety	None

Equality, Diversity and Inclusion	Compliance with statutory duties on EDI and the development and delivery of the strategy have positive impact once priorities and actions are agreed and implemented.
Finances and Use of Resources	To be confirmed once actions agreed.
Regulation and Legal Requirements	New EDI Strategy and Workplan will ensure EDI Statutory Requirements are met.
Conflicts of Interest	None
Data Protection	None
Transformation and Innovation	None
Environmental and Climate Change	None
Future Decisions and Policy Making	To be confirmed once actions agreed
Citizen and Stakeholder Engagement	Significant engagement is already taking place to inform the priorities within the strategy. We will continue to engage and co-produce the work with throughout the process.

1.0 Purpose

- 1.1 Equality, diversity and inclusion (EDI) are at the core of NHS leadership and the delivery of healthcare services. They ensure fairness for our workforce, equitable access and excellent experience, and optimal outcomes for those served by the NHS.
- 1.2 The purpose of this paper is to provide an update and assurance on the following three areas:
 - Compliance of our ICB with statutory duties on EDI, and the NHS EDI improvement plan.
 - An update on the development of a system wide strategy for EDI.
 - An update on our intention to revisit the review carried out by Professor Dame Donna Kinnair in 2020 into the impact of COVID-19 on ethnic minority communities and staff.

2.0 Background and Context

- 2.1 Our partnership has always been clear in its recognition that tackling the issues that cause disparities in health and staff experience improves productivity, efficiency and outcomes. Systematic work with a focus on EDI to eliminate inequalities in the NHS requires skilled, strategic leaders to deliver change. EDI is everyone's business.
- 2.2 A strong and courageous approach to the agenda is essential for ensuring that the NHS workforce reflects the diverse patient population it serves. The NHS is a microcosm of society, with patients and staff coming from a range of ethnic backgrounds, ages, abilities, gender identities and sexual orientations. EDI can be instrumental in guiding a healthcare system that responds to diversity. It's not about being politically correct; it's about delivering better care.
- 2.3 There is a wealth of evidence to support this. Studies have repeatedly shown that patients receive better care and outcomes when their healthcare providers understand their cultural backgrounds, personal beliefs, and unique needs. A diverse and inclusive NHS enhances trust between patients and healthcare professionals, resulting in higher patient satisfaction and better medical advice. EDI roles can provide expert insight in addressing health disparities, like the fact that black men were over three times more likely to die than their white counterparts in the early stages of the pandemic. It can also play a crucial role in transformation, supporting how we identify and address these disparities, ensuring that healthcare is equitable for all.
- 2.4 A diverse workforce fosters creativity, innovation, and problem-solving, which are all critical in a healthcare setting and could help make the NHS the best health service in the world. Inclusive organisations also experience reduced staff turnover and absenteeism, which leads to cost savings and a more stable workforce. When employees feel valued and respected, they are more motivated, leading to better patient care and overall satisfaction. They also

support psychologically safe organisations ensuring that colleagues also more likely to raise concerns over safety and quality of care.

- 2.5 While the case of change of this agenda is compelling, we recognise that as an ICB we have more work to do in this space. For example, a recent report from NHS Confederation highlights that in 2019, the annual cost to the NHS of bullying, harassment and discrimination was estimated at £2.281 billion, with staff from minoritised backgrounds bearing the brunt. The recent national Workforce Disability Equality Standard also highlighted that 33.2% of disabled staff reported having experienced bullying, harassment or abuse from patients, service users or the public, 16.1% from managers and 24.8% from other colleagues.

3.0 Compliance with Statutory Requirements and the NHS EDI Improvement plan

- 3.1 West Yorkshire Integrated Care Board is committed to addressing Inequality and improving outcomes for the people of West Yorkshire, not only for those who use our services but our colleagues too. A key way of demonstrating this is by our commitment to the Public Sector Equality Duty.

- 3.2 During 2023/24 the EDI team have prioritised ensuring that West Yorkshire Integrated Care Board meets its statutory duty to demonstrate compliance with a number of standards and frameworks. A comprehensive report of all work completed to date was taken to Quality Committee February 2024 to offer assurance of progress and compliance.

- 3.3 Section 149 of the Equalities Act is known as the '[public sector equality duty](#)'. The general equality duty applies to all public authorities which includes NHS West Yorkshire Integrated Care Board [ICB]. Those subject to the general equality duty must, in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

- 3.4. The general equality duty covers the following protected characteristics: age (including children and young people), disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

- 3.5 West Yorkshire Integrated Care Board has a statutory duty to demonstrate compliance with a number of standards and frameworks including:

- Public Sector Equality Duty / Equality Duty
- Equality Delivery System 2022
- Pay Gap Reporting – gender, race, with disability and other protected characteristics to follow 2025
- NHS EDI Improvement Plan High Impact Actions

- Workforce Race Equality Standard* – data submission and Action Plan
 - Workforce Disability Equality Standard* – data submission and Action Plan
- 3.6. A comprehensive report of all work completed to date was taken to Quality Committee in February 2024 to provide assurance of progress and compliance. The report provided assurance and an annual update on the work of West Yorkshire Integrated Care Board including:
- Activity undertaken to embed equality, diversity and inclusion within the organisation.
 - Assurance that the West Yorkshire Integrated Care Board has discharged its statutory and legislative responsibilities for equality.
 - Evidence of our compliance with the Public Sector Equality Duty (PSED) and commitment to equality and inclusion.
- 3.7 In addition to this the NHS EDI Improvement Plan sets out targeted actions to address the prejudice and discrimination - direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.
- 3.8 The plan prioritises six high impact actions to address the widely-known intersectional impacts of discrimination and bias. These are:
- making chief executives, chairs and board members accountable for specific and measurable EDI objectives;
 - embedding fair and inclusive recruitment processes;
 - eliminating pay gaps;
 - addressing health inequalities within the workforce;
 - implementing induction and development programmes for internationally-recruited staff
 - addressing bullying, discrimination, harassment and physical violence at work.
- 3.9 The ICB has made good progress on a number of the actions, and the ICB People Plan sets out some of our future priorities. Progress has been limited in a small number of areas due to the capacity challenges. These include progress in data analysis on pay gaps for ethnicity and gender with a plan of action and widening recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan.
- 3.10 The governance within the ICB has also been strengthened to provide assurance of progress on our statutory duties and the high impact actions through an EDI oversight group.

4.0 Strategy Development

- 4.1. A key priority for 2024 was to develop an Equity, Fairness and Social Justice Strategy for the Integrated Care System. The strategy and priorities are being developed with the input of key stakeholders and through engagement

activities at place and at ICB level. The Strategy will be signed off by the West Yorkshire Partnership Board.

- 4.2 The new strategy is for health and care services across West Yorkshire health and care partnership. We have identified priorities through considering: What we have heard; what the data tells us; our statutory requirements; and building on what we are already doing.
- 4.3. Significant engagement activity has been carried out since July, including a listening event in July, an online survey and a series of focus group sessions led by Healthwatch. Based on the engagement and insight carried out to date our emerging priorities are as follows:
- The need to ensure everyone has fair access to treatment and services. We will acknowledge where there are inequalities and communicate clearly where we will undertake positive action to target services to groups with poorer outcome or access.
 - Communication will be clear, accessible, honest and transparent. We will be better at listening and more flexible in delivery in order to provide better health and care outcomes.
 - Through inclusive recruitment and promotion, we will continue to attract and develop a diverse workforce, including those with disabilities, younger, from minority backgrounds and with lived experience.
 - We will work in partnership and take proactive action to tackle discrimination against our workforce, especially towards those from ethnic minority backgrounds and with disabilities.
 - Leaders will recognise those that feel marginalised and will lead by example as well as encourage those with power and privilege to use that power to make a difference, through allyship and advocacy.
 - We need a more diverse leadership, committed to the principles of equality and social justice, and to developing a pipeline of diverse talent.
- 4.4. The above iterative priorities will help us identify High Impact Objectives and Actions for 2025-2030. We will share this through a 'plan on a page'. The draft EDI Strategy is being reported to and socialised at a number of Boards to gain feedback. Final EDI Strategy, Objectives and Plan will be complete by end December 2024.
- 4.5. For each area we will carry out a baseline and agree delivery targets. We will work with system partners to consider we can collectively contribute to these overarching System 'High Impact' Objectives.

5.0 Supporting ethnically diverse communities and staff: Revisiting the Donna Kinnair Review

- 5.1 In October 2020, the West Yorkshire and Harrogate Health Care Partnership commissioned a review and report '***Tackling the impact of health inequalities for Black, Asian and minority ethnic communities and colleagues.***' This was undertaken by an independent panel chaired by Professor Dame Donna Kinnair. In addition to the panel an independent

VCSE panel was also established to provide constructive oversight and challenge to the process.

- 5.2 The review aimed to build on the report findings published by Public Health England in June 2020 regarding the disparities in the risk and outcomes of COVID-19, as well as learning from the experience of its own partners. It aimed to strengthen understanding of the impact of COVID-19 on ethnic minority communities and staff, and review and accelerate existing work on health inequalities.
- 5.3. The review concluded in the end of 2020. The West Yorkshire Partnership Board endorsed the recommendations and action plan on behalf of the Integrated Care System and received an update on progress at the beginning of each meeting.
- 5.4. A 'One Year On' report was completed in Nov 2021, to highlight the progress made including the Fellowship Programme, Inclusive Recruitment Toolkit, and Connected on Inclusion events. Coordinated action was driven through the functions that align with the review themes and wider priorities, to truly embed this work.
- 5.5. It has now been 4 years since the initial review and we recognise there is still much to do, and the Partnership would benefit from an opportunity to reflect on progress and identify priorities of the most effective opportunities to tackle these systemic issues. This is particularly pertinent in the context of the racially motivated riots and Islamophobia that we witnessed in August this year.
- 5.6. We have invited Dame Donna Kinnair back to lead another review and help us identify the most effective and impactful actions that will further move us forward. This work will be carried out during October and the findings will feed into the EDI strategy.

6.0 Recommendations

- 6.1. It is recommended that:
 1. The Board note the position on compliance with our statutory duties and the NHS EDI improvement plan.
 2. The Board note and support the development of the EDI strategy, and the further review by Donna Kinnair.
 3. Board members commit personally to championing the EDI agenda as individual board members.