

NHS Equality Delivery System 2022

EDS Reporting Template

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/

The EDS is an improvement tool for patients, staff and leaders of 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 Report is 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 and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation	Humber and North Yorkshire Integrated Care Board	Organisation Board Sponsor/Lead		
		Anja Hazebroek Jayne Adamson Dr Bushra Ali – GP Board member with responsibility for EDI		
Name of Integrated Care System	Humber and North Yorkshire Integrated Care System			

EDS Leads and contributors	Anja Hazebroek, Executive Director Communications, Marketing and Media Relations (Domain 1) Jayne Adamson, Executive Director of People (Domain 2 & 3) Engagement leads HR and Workforce leads Governance leads Programme team NHS long term plan (Tobacco) Primary Care team LMNS team Health inequalities team	At what level has this been completed?		
				*List organisations
EDS engagement date(s)	Throughout January and February 2024	Individual organisation	Humber and North Yorkshire ICB	

			HNY Local Maternity and Neonatal System (LMNS) team
		Partnership* (two or more organisations)	
		Integrated Care System-wide*	
Date completed	January 2024		Month and year published
			February 2024
Date authorised	February 2024		Revision date
			February 2025

Completed actions from previous year	
Action/activity	Related equality objectives
As NHS Humber and North Yorkshire ICB was only established in July 2023 this is their first EDS review undertaken and therefore no actions to be reported against for the previous year. Equality objectives are under development following completion of this review.	

EDS Rating and Score Card

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

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

Undeveloped activity – organisations score out of 0 for each outcome	Those who score under 8 , adding all outcome scores in all domains, are rated Undeveloped
Developing activity – organisations score out of 1 for each outcome	Those who score between 8 and 21 , adding all outcome scores in all domains, are rated Developing
Achieving activity – organisations score out of 2 for each outcome	Those who score between 22 and 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 or provided services

1. Treating Tobacco Dependence (NHS Long Term Plan)

Domain	Outcome	Evidence	Examples	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<p>Tobacco control identified for share of HNY Health inequalities funding due to high smoking prevalence in region (Life expectancy gap – deprived communities)</p> <p>Centre for Excellence in Tobacco Control established to support wider delivery of tobacco control and dependency</p>	<p>https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/05/Item-10-2023-HNY-Health-Inequalities-Funding-Proposal-Updated.pdf</p> <p>Tobacco Profiles</p> <p>North East Lincs - Local Tobacco Control Profiles - Data - OHID (phe.org.uk)</p> <p>Hull - Local Tobacco Control Profiles - Data - OHID (phe.org.uk)</p> <p>East Riding - Local Tobacco Control Profiles - Data - OHID (phe.org.uk)</p> <p>North Lincs - Local Tobacco Control Profiles - Data - OHID (phe.org.uk)</p> <p>North Yorkshire - Local Tobacco Control Profiles - Data - OHID (phe.org.uk)</p> <p>York - Local Tobacco Control Profiles - Data - OHID (phe.org.uk)</p>		Peter Roderick, Director of Public Health / Jack Lewis, Consultant in Public Health

		treatment, which includes elements of the NHS Long Term Plan associated with, Oversight, Quality and Service Improvement.			
		Paper taken to the board proposing part of the first year LTP funding be allocated to programme management and communications resource to support the rollout.	NHS Long Term Plan » Smoking Population Health and Prevention Board papers and minutes. Tobacco Dependency Treatment Programme - Humber and North Yorkshire Health and Care Partnership		Peter Roderick, Director of Public Health / Jack Lewis, Consultant in Public Health
		How priorities around roll out of programme determined by demographic data and insights Core20+	LTP Smokefree steering group report to HNY PH&P Board identifying HUTH and NLaG as having greatest inequalities and prevalence. Delivery rolled out first in these 2 Trusts, with rollout plan established for York & Scarborough, Humber and Harrogate and District		Dave Jones Programme Manager NHS long-term plan

	Providers supported to ensure equitable access to services, taking into account cultural and demographic requirements.	Embedded into admission systems at all Trusts to ensure it becomes a standard part of secondary care. Working alongside 'hard to reach' midwives at each Trust to ensure maternity smoking cessation support is available to key inclusion groups such as vulnerable migrants.		Dave Jones Programme Manager NHS long-term plan
	Dedicated Swap and Stop website – with accessibility function (disabilities)	https://www.swapandstop.co.uk/		Katy Connolly, Communications and Engagement Manager – Tobacco Programme
OVERARCHING SCORE FOR OUTCOME 1A			1	
1B: Individual patients (service users) health	Services have been designed using extensive smoking cessation knowledge and expertise	All tobacco dependency treatment advisors across the Trusts are fully NCSCT trained https://www.ncsct.co.uk and use evidence-based cessation therapies.		

	needs are met	Patients are offered smoking cessation medication and support upon admission to hospital and supported throughout their hospital stay	Data on NHS futures shows impressive stats for the numbers of patients offered and take up the service https://future.nhs.uk/connect.ti/NHSpp/view?objectID=35731056 Data shows that over 33% of patients who engaged with the service are still successfully smokefree 28 days post discharge.		Dave Jones, Programme Manager NHS long-term plan
OVERARCHING SCORE FOR OUTCOME 1B					1
	1C: When patients (service users) use the service, they are free from harm	Data confidentiality agreements	DCRS system links in with Trust data management systems onsite to log		Trust data protection leads
		Provide safer alternatives to tobacco usage	Provision of nicotine replacement therapy upon admission to hospital to negate the need for harmful tobacco usage.		Trust clinical leads
OVERARCHING SCORE FOR OUTCOME 1C					1

	1D: Patients (service users) report positive experiences of the service	Regular team meetings between ICB programme manager and clinical leads to ensure clear flow of communications and continual best practise sharing across Trusts. Promotion of positive service user stories.	Trusts are responsible for gathering and reporting data on their services, Trusts have identified service users as case studies to showcase their experiences, which have been captured by the ICB Sam' s Story - https://youtu.be/ohxy3PFv3EM?si=X7Vi82ZE9r0mQh0p Paul's Story - https://youtu.be/jGegWSuveYc?si=EgWy7miND1NQQJVT		
		Opportunities to improve/shape services are communicated.	Making sure there is continuity of care to locally commissioned services		
OVERARCHING SCORE FOR OUTCOME 1D				1	
OVERALL RATING FOR DOMAIN 1: Treating Tobacco Dependence (NHS Long Term Plan)				4	

2. Access to Primary Care Services (GP Services)

Domain	Outcome	Evidence	Examples	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Healthwatch reports (engagement and monthly intelligence) published and shared with GP practices and commissioners – shows inconsistency of access across individual practices.	https://www.healthwatcheastridingofyorkshire.co.uk/wp-content/uploads/2023/06/Brid-Survey-Report-Final-1.pdf https://www.healthwatcheastridingofyorkshire.co.uk/wp-content/uploads/2023/11/2309-HWERY-Intelligence-Report-September-2023.pdf		Senior Leadership for strategic oversight of quality improvement Place Primary Care Leads
		Research at Place into experiences of deaf/hard of hearing people accessing health services including PC and the difficulties they encounter.	Healthwatch Report (Hull & ER) https://www.healthwatcheastridingofyorkshire.co.uk/wp-content/uploads/2022/05/Breaking-down-the-barriers-Deaf-and-Hard-of-Hearing-report-FINAL-1.pdf		Senior Primary Care Integration Manager

		<p>ICP Primary Care Collaborate Primary Care Capacity Access and Recovery plan.</p>	<p>https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/07/Joint-Forward-Plan-How-we-will-deliver-our-strategy-from-2023-to-2028.pdf Pages 35/6</p> <p>https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/05/Item-13-Primary-Care-Progress-Board-Report-November-2023-FINAL.pdf Pages 8/9</p> <p>All PCNs have developed specific recovery plans which include meeting the needs of their populations. Plans to take into account feedback from PPGs</p>	<p>Helen Phillips, Assistant Director of Primary Care</p> <p>Place Primary Care leads</p>
		<p>NHS@75 engagement – people’s views on accessing primary care services and variations by demography</p>	<p>Insight shared with ICB Board September 2023. https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/05/Item-10i-NHS-75-Engagement-and-Insight-Report-FINAL.pdf</p>	<p>Anja Hazebroek, Executive Director of Communications, Marketing and Media Relations</p>
		<p>Findings from Voice of Lived Experience activity summer 2023 shaped the ICB plans to improve access to Primary Care</p>	<p>Report presented to ICB Board 8th November contains mitigating actions. https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/05/Item-13-Primary-Care-Progress-Board-Report-November-2023-FINAL.pdf Pages 8/9</p>	<p>Helen Phillips, Assistant Director of Primary Care</p>

		<p>Launch of LGBT+ digital health hub in response to findings from ICB engagement activity</p>	<p>Let's take pride in our health - Let's Get Better (letsgetbetter.co.uk)</p> <p>Dedicated LGBT+ platform launched June 2023 and alongside communications campaign to promote.</p> <p>Findings from Engagement work undertaken in Summer 2023</p> <p>Item-8-Pride-in-Our-Health-Report-Final-.pdf (icb.nhs.uk)</p>		<p>Anja Hazebroek, Executive Director of Communications, Marketing and Media Relations</p>
		<p>ICB is assured that decisions around merger of GP practices and services changes in PC have due regard for protected characteristics groups -</p>	<p>Example of an EQIA relating to GP practice reconfiguration (Appendix 3 of formal consultation report)</p>		<p>Place Leads for Primary Care</p>
<p>OVERARCHING SCORE FOR OUTCOME 1A</p>					<p>1</p>

	<p>1B: Individual patients (service users) health needs are met</p>	<p>Translation and interpretation services – accessible communications compliance</p>	<p>Translation and interpretation services commissioned within Primary Care in most places but provision varies across places and is not consistent with demand.</p> <p>Some pockets of good practice ie. In Hull Wellbeing service working with GP Practices to ensure Adjustable Flag is included on clinical system for all patients requiring additional support or information in another format.</p> <p>AA Global website shows compliance - https://www.aaglobal.co.uk/</p> <p>AA Global Service Spec includes Legislation and Key Policy Drivers</p> <p>NHSE Guidance for Commissioners: Interpreting and Translation Services in Primary Care^[1] states not being able to communicate well with health professionals can impact on health outcomes, increase the frequency of missed appointments, and the effectiveness of consultations and patient experience. They have developed a set of principles to guide commissioners to improve local translation and interpretation services.</p> <p>These are as follows: Principle 1: Access to services Principle 2: Booking of interpreters Principle 3: Timeliness of access Principle 4: Personalised approach Principle 5: Professionalism and safeguarding</p>	<p>Jack Lewis, Consultant in Public Health</p>
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		<p>Primary Care Collaborative Core20PLUS5 Accelerator Programme</p>	<p>https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/07/Joint-Forward-Plan-How-we-will-deliver-our-strategy-from-2023-to-2028.pdf</p> <p>Developed and tested in integrated neighbourhood teams approach to care at home in Hull. Expanding to include additional PCNs and further patients. Established community of practice for Place-based system leads for Integrated Neighbourhood Teams. Showcasing impact and learning with NHSE and IHI via Accelerator programme. Ongoing to development to expand model to further stages of the care journey, prioritisation of INT development across all Places and maximise opportunities for sharing and learning across HNY.</p> <p>East Riding Integration – Three integration programmes agreed as part of the Health Care Committee (HCC) workplan: Integrated Neighbourhood Teams; complex cases; and weight management pathway.</p>		<p>Jack Lewis, Consultant in Public Health</p>

		<p>PHM - two year programme of support across primary care networks to provide the tools at local level to improve population health and reduce variation</p>	<p>https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/07/Joint-Forward-Plan-How-we-will-deliver-our-strategy-from-2023-to-2028.pdf</p> <p>East Riding Population Health – Eight population health programmes agreed as part of the HCC workplan and one Committee Development programme.</p>		<p>Jake Abbas, Deputy Director for Population Health Intelligence</p>
		<p>Health Inequalities funding – HNY schemes in 22/23 in collaboration with local authority partners</p>	<p>Co-produced plans in all Places to ensure that health inequalities resource is targeted at need including health coaching, improving access to services and health improving activities in areas of deprivation and rurality, frailty, dementia support GP Drop-in Service in Rainbow Children’s Centre, Hull – 2 sessions per week. Programme evaluation has been concluded and awaiting approval.</p> <p>GP Outreach scheme which is taking place in York - Contracting agreed with Nimbuscare who will provide the service. Service specification written and engagement with Women’s Centre has taken place. Scheme due to mobilise in Q2. My Happy Mind Pilot in Scarborough is progressing well - myHappyMind is supporting 2,335 students across Scarborough as well as their parents and all staff in a school. 12 schools have already started the myHappyMind Programme and 4 are pending</p>		<p>Jack Lewis. Consultant in Public Health</p>

		confirmation with the view to start in January 2024. A start of year report has been produced which assess the schools that have started and all teachers in a school feed into this report which provides baseline data. At present, 12 schools have completed their first module, Meet Your Brain, and the Baseline report also includes impact data from this first module. A follow up impact report in the Spring will provide a more detailed review of data from schools. All reports also include qualitative data from schools, parents and pupils to evidence impact in the settings.		
	HNY Pride in our Health survey 2023- engagement to understand LGBT+ people experience of Primary Care access and services and their views on how services could be improved to meet their needs better	https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/05/Item-8-Pride-in-Our-Health-Report-Final-.pdf Suggestions to improve GP knowledge around trans healthcare was noted by respondents, specifically providing clear and up to date advice for primary care staff (clinical and non-clinical) to support trans patients with shared care agreements.		Helen Phillips, Assistant Director of Primary Care / Place primary leads
	Primary Care Board report November 2023 identifies areas of excellence in primary care (frail elderly/vulnerable)	Complex Care Team – supporting vulnerable patients to access health care to ensure they have up to date health checks completed. Integrated Community Team – Frail elderly population know their named Nurse and Care Navigator and case managed to be able to navigate the system.		Strategic primary Care Lead across Humber and North Yorkshire and York (name tbc)

			<p>Integrated Neighbourhood Team – Test and Learn sites for neighbourhood teams streamlining access to care and advice, providing more proactive and personalised care and helping people to stay well for longer</p> <p>https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/05/Item-13-Primary-Care-Progress-Board-Report-November-2023-FINAL.pdf</p>		
		<p>Heartbeat Alliance Ltd (GP Federation for the Hambleton and Richmondshire) have specific primary care menopause Clinic as part of their Enhanced Access service. This provides telephone and video consultations with a GP with specific expertise in menopause.</p>	<p>https://weareheartbeat.org/menopause/</p>		<p>Andrew Dangerfield, Assistant Director of Primary care (York and North Yorkshire)</p>
<p>OVERARCHING SCORE FOR OUTCOME 1B</p>					<p>2</p>

1C: When patients (service users) use the service, they are free from harm	Oversight of quality via the appropriate Governance arrangements	System Quality Group meetings Quality Committee oversight. https://humberandnorthyorkshire.icb.nhs.uk/meetings-and-papers/	Executive Quality Lead
	Monitoring of complaints received relating to primary care	Concerns and Complaints, received by HNYICB as the commissioner, about Primary Care, are monitored on a daily basis and, in line with Policy, will be flagged to other teams/ processes if there are concerns of harm, for example Safeguarding or Serious Incidents. Quarterly and annual reporting is in place and is being updated to include primary care more specifically since its transition of the function in July 2022. A monthly dashboard is being developed to provide executive oversight of the intelligence received on a more regular basis. Although demographic data is sometimes provided by those who contact the services, this is not done routinely and therefore will be captured within the action plan	Gemma Mazingham, Head of Regulatory Functions
	Freedom To Speak Up	The HNYICB Freedom to Speak Up Policy ensures that staff have a voice and are able to raise concerns, including those relating to patient harm. Currently, the process is for primary care colleagues to raise any concerns via NHSE although, the HNYICB would welcome any opportunity to help address concerns if able.	Helen Phillips, Assistant Director of Primary Care

		<p>Primary Care communications. Quality matters are escalated via Primary Care Quality Committee</p>	<p>System Quality Group meetings. Quality Committee oversight of quality issues. Learning from SIs is escalated through this route and appropriate training sessions are delivered to mitigate future occurrences.</p> <p>https://humberandnorthyorkshire.icb.nhs.uk/meetings-and-papers/</p>		<p>Primary Care Leads at Place</p>
		<p>The ICB considers impact of decisions and plans around Primary Care on protected characteristics and inclusion groups - Public Sector Equality Duty & Impact Assessments</p>	<p>The HNYICB 'Policy Development Framework' describes that as a public body NHS Humber and North Yorkshire ICB must demonstrate due regard to the general duty. This means active consideration of equality must influence the decision(s) reached that will impact on patients, carers, communities and staff. The EIA is a way of systematically analysing a new or changing policy, strategy, process etc. to identify what effect, or likely effect, it could have on 'protected groups'. Potential adverse impact on any protected group identified through the EIA will be monitored as part of the routine work to monitor compliance with the policy. For policies which have a significant service change or will impact on patients an Integrated Impact Assessment should be completed.</p> <p>A new or updated Policy will not be uploaded to the internet/ intranet without a completed Impact Assessment</p>		<p>Gemma Mazingham, Head of Regulatory Functions</p>

		Statutory and Mandatory Training Compliance	All staff working within the service are required to remain compliant with all statutory and mandatory training requirements assigned to their role and responsibility		Place based Heads of Service and Corporate Service leads
OVERARCHING SCORE FOR OUTCOME 1C				1	
		NHS at 75 survey findings by demography and recommendations	https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/05/Item-10i-NHS-75-Engagement-and-Insight-Report-FINAL.pdf		
	1D: Patients (service users) report positive experiences of the service	Pride LGBT+ engagement to understand LGBT+ people experience of Primary Care access and services showed mixed experiences of LGBT+ people accessing PC.	Item-8-Pride-in-Our-Health-Report-Final-.pdf (icb.nhs.uk)		Helen Phillips, Assistant Director of Primary Care

					Place primary care leads
		<p>National patient experience survey GP practices in HNY scored above national average 74% described the overall experience of their GP practice as good. 92% felt involved in decisions about their care and treatment. 87% said their healthcare professional was good at treating them</p>	<p>https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/05/Item-13-Primary-Care-Progress-Board-Report-November-2023-FINAL.pdf</p>		Debbie Lowe, Place Nurse Director Hull & East Riding)
		Compliments	<p>Patients usually choose to log their compliments directly with the service provider and therefore, although we do collate them, compliment numbers with the HNYICB are low.</p>		Gemma Mazingham, Head of Regulatory Functions

		PPG groups / HNY ICB Patient Experience Network (PEN) established	PEN established to include PPG chairs, community groups and other patient groups.		Place Primary Care Leads / Mark Williams, Head of Community Engagement and Insight
		Friends and Family Test information by practice/PCN and Place	Friends and Family Test		Primary Care Place Teams
OVERARCHING SCORE FOR OUTCOME 1D			1		
OVERALL RATING FOR DOMAIN 1: Access to Primary Care (GP Services)					5

3. Maternity Services

Domain	Outcome	Evidence	Example	Rating	Owner (Dept/Lead)	
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	HNY LMNS Equity and Equality Action Plan 2022-27 - How the LMNS will work in partnership to ensure equity for women and babies and race equality for staff	Local Maternity System - Equity and Equality (humberandnorthyorkshirematernity.org.uk)		Becky Case, LMNS Programme Lead	
		Ask a Midwife project offering easier access to maternity advice shortlisted for national award	Local Maternity System - Ask a Midwife (humberandnorthyorkshirematernity.org.uk)		Becky Case, LMNS Programme Lead	
		Ask a midwife is a case study featured in the maternity 3 year plan				
		Reachdeck software for accessibility support on public information websites- and easy read leaflets on website	https://www.humberandnorthyorkshirematernity.org.uk/support1/lmns-website-accessibility-and-translation-tool/ Yorkshire and Humber Maternal Medicine Network - Homehttps://www.everymumatters.com/			Becky Case, LMNS Programme Lead

			Bump The Habit - Home Information about ReachDeck has been sent out to community leaders, voluntary organisations and organisations who have contact with some of the most vulnerable people in society, throughout Humber and North Yorkshire.		
		HNY Perinatal Care for Trans and Non-Binary People - Protocol for HCPs and information for service users	Local Maternity System - HNY LMNS Perinatal Care for Trans and Non-Binary People (humberandnorthyorkshirematernity.org.uk) HNY LMNS - PILTransandNonBinary 060923.pdf The guidance and PIL were co-produced with members of the trans and non-binary community. Each trust has successfully been awarded funding to roll out training around Trans and non-binary birthing people.		Becky Case, LMNS Programme Lead
		Maternity Health Outcomes profile - Equity and Equality data overview, maternal inequalities and inequities	The original Equality & Equity review identifies these needs. We also have the LMNS data dashboard that outlines our data in different ethnic groups. We would not be scheduling this work at this time as it will not have changed significantly since the review in 2020.		Becky Case, LMNS Programme Lead

		Data deep dive across Trusts on ethnicity and deprivation – Continuity of Carer and equity and equality – 2022	HNY LMNS only has one CoC team in action across HNY currently; based in the centre of a largely deprived community in Grimsby. Enhanced continuity of carer money has been awarded to this team for a Midwifery Support Worker to support with extra advice and focus on public health. Initial work was done in 2020 to support the provision of Continuity of Carer but this is currently being adapted nationally to concentrate on more complex families due to the shortage of midwives.		
OVERARCHING SCORE FOR OUTCOME 1A				2	
1B: Individual patients (service users) health needs are met		Maternity Voices Partnerships – Maternity Voices & Neonatal Partnership (MNVP) is a forum for maternity service users, providers and commissioners of maternity services to come together to design services that meet the needs of local women, parents and families -	https://www.maternityvoiceshny.org.uk/east-riding https://www.maternityvoiceshny.org.uk/hull https://www.maternityvoiceshny.org.uk/north-northeast-lincs https://www.maternityvoiceshny.org.uk/york-and-scarborough		MNVPs – East Riding Hull North & North East Lincs York & Scarborough

		HNY LMNS Equity and Equality Action Plan 2022-27 - How the LMNS will work in partnership to ensure equity for women and babies and race equality for staff	file:///C:/Users/czabas/Downloads/HNY%20LMNS%20Equity%20and%20Equality%20Action%20Plan%20Narrative%20300922%20(1).pdf https://www.humberandnorthyorkshirematernity.org.uk/seecmsfile/?id=129		Becky Case, LMNS Programme Lead
		HNY Equality and Equality Analysis to identify areas of inequity and Action plan to address these	As previous, review and analysis available		Becky Case, LMNS Programme Lead
		Recruitment to staff roles to ensure needs of those who are unable to advocate for themselves and those who seldom engage with health care are identified and met	Equity and Action plan narrative 2022 Action is currently well met: Job Descriptions available <ul style="list-style-type: none"> • Cultural Diversity lead (MNVP) • Neonatal Parent and Family Engagement lead • Equity and Equality lead (jointly with Perinatal MH team) Engagement Lead (York and Scarborough MNVP)		Becky Case, LMNS Programme Lead
		Yorkshire and Humber City of Sanctuary Maternity Stream Group – supporting asylum seeking and refugee women overcome the barriers they experience when accessing maternity services, understanding their	https://maternity-yh.cityofsanctuary.org/		Sallie Ward, Lead Midwife for Choice and Personalisation, HNY LMNS

		choices and attending for care in a timely manner.			
		Public information guidance documents in Easy Read and other languages	https://www.humberandnorthyorkshirematernity.org.uk/support1/easy-read-guide-to-pregnancy/ <p>The guide to pregnancy has been sent out to community leaders, voluntary organisations and organisations who have contact with some of the most vulnerable people in society, throughout Humber and North Yorkshire. It has been translated into several languages with the English alongside. These guides are more accessible to women who do not speak English as a first language, some neurodiversity, learning disabilities and poor literacy levels.</p> <p>Visits have also been made to Cranswick foods and the guide to pregnancy is put in the pregnancy pack translated into Romanian and Polish. Good collaboration with HR dept at Cranswick to encourage early referral to maternity services.</p>		Becky Case, LMNS Programme Lead
		Holistic Healthy Weight Healthy Lives-Maternity (HWHL-M) Pilot Programme	https://www.humberandnorthyorkshirematernity.org.uk/pregnancy-journey/holistic-healthy-weight-healthy-lives-maternity-hwhl-m-pilot-programme/		Becky Case, LMNS Programme Lead

		Staff training and development – cultural awareness	Information to raise cultural awareness in staff circulated regularly by LMNS Equality lead. Reports, sent to maternity staff include: Birthrights-inquiry-systemic-racism_exec-summary_May-22-web.pdf Black maternal experiences report — FIVEXMORE Local Maternity System - Maternity Cultural Curiosity Films (humberandnorthyorkshirematernity.org.uk) New cultural competence and cultural safety eLearning	Becky Case, LMNS Programme Lead
		Maternity enhanced Continuity of Carer (MCoC) programme in Grimsby to support families; particularly those in minority ethnic communities and deprived populations.	https://humberandnorthyorkshire.org.uk/wp-content/uploads/2022/05/HNY-Annual-Report-2021-22.pdf	Becky Case, LMNS Programme Lead
OVERARCHING SCORE FOR OUTCOME 1B				2

	1C: When patients (service users) use the service, they are free from harm	Serious incidents – quarterly board meetings for learning lessons and sharing good practice	Quality Committee reports to Board Quality Committee meeting papers (eg. Aug23, Oct23, Nov23) Stillbirth/neonatal deaths – monthly Exec board reports with narrative report also provided.		Ann-Marie Robinson, LMNS Quality and Safety Lead midwife
		CQC Maternity Survey 2022 - ratings per Trust supported by Trusts action plans where appropriate	https://www.humberandnorthyorkshirerematernity.org.uk/professionals/nhs-maternity-services-survey/		Sallie Ward, Lead Midwife for Choice and Personalisation, HNY LMNS
		Maternity Incentive Scheme (CNST) year five full compliance with safety actions.	Information from Trusts gathered to evidence all safety actions. Available to view on request.		Ann-Marie Robinson, LMNS Quality and Safety Lead midwife
		HNY ICB Quality Committee responsibilities	The ICB Quality Committee receives regular reports from the LMNS on both maternity and neonatal issues. All available in the minutes.		Becky Case, LMNS Programme Lead
		LMNS Board reports – insight and improvement board meetings	The LMNS Delivery Board meets bi-monthly and contains information around all these programmes and related aspects. All available in the minutes.		Becky Case, LMNS Programme Lead

		Analysis of learning points from the final Ockenden (March 2022) and East Kent (June 2022) reports and development of actions plans	Progress reports to Trusts Board of Directors, ICB Board via the LMNS Delivery Board. Forms the basis of the annual allocation of delivery funding and workstream development.		Becky Case, LMNS Programme Lead
		Perinatal Safety, Quality and Assurance Group reviews incidents of any level of severity across the area; it provides shared learning, recommends improvements to policies and procedures, and supports the implementation of those changes. Provides local surveillance of Trust safety intelligence in line with Perinatal Quality Surveillance model and CNST SA9	Terms of Reference		Ann-Marie Robinson, LMNS Quality and Safety Lead midwife

		<p>Monitoring of concerns and complaints received relating to maternity services.</p>	<p>Concerns and Complaints, received by HNYICB as the commissioner, about maternity services, are monitored on a daily basis and, in line with Policy, will be flagged to other teams/ processes if there are concerns of harm, for example Safeguarding or Serious Incidents.</p> <p>Quarterly and annual reporting is in place and includes maternity care. A monthly dashboard is being developed to provide executive oversight of the intelligence received on a more regular basis.</p> <p>Although demographic data is sometimes provided by those who contact the services, this is not done routinely and therefore will be captured within the action plan.</p>		<p>Gemma Mazingham, Head of Regulatory Functions</p>
		<p>Freedom To Speak Up</p>	<p>The HNYICB Freedom to Speak Up Policy ensures that staff have a voice and are able to raise concerns, including those relating to patient harm.</p> <p>Provider colleagues are able to contact the HNYICB, in line with our Policy, should they wish to.</p>		<p>Nigel Wells, Executive Director of clinical and Professional and Freedom to Speak Up Guardian</p>

		<p>Public Sector Equality Duty & Impact Assessments</p>	<p>The HNYICB 'Policy Development Framework' describes that as a public body NHS Humber and North Yorkshire ICB must demonstrate due regard to the general duty. This means active consideration of equality must influence the decision(s) reached that will impact on patients, carers, communities and staff.</p> <p>The EIA is a way of systematically analysing a new or changing policy, strategy, process etc. to identify what effect, or likely effect, it could have on 'protected groups'. Potential adverse impact on any protected group identified through the EIA will be monitored as part of the routine work to monitor compliance with the policy. For policies which have a significant service change or will impact on patients an Integrated Impact Assessment should be completed. A new or updated Policy will not be uploaded to the internet/ intranet without a completed Impact Assessment.</p> <p>EqIA-Policy-for-the-Development-of-Policies-May-2023.docx (live.com) HNYICB-impact-assessment-final.xlsx (live.com)</p>		<p>Gemma Mazingham, Head of Regulatory Functions</p>
<p>OVERARCHING SCORE FOR OUTCOME 1C</p>			<p>1</p>		

		Maternity and Neonatal Voices Partnership groups – parent-led, independent advisory groups of volunteer service user representatives and professionals who help improve local maternity care.	https://www.maternityvoiceshny.org.uk/ https://www.maternityvoiceshny.org.uk/have-your-say https://www.maternityvoiceshny.org.uk/files/ugd/8ba847_e0079e484fc347d9b0251b38140734cb.pdf?index=true		Becky Case, LMNS Programme Lead
	1D: Patients (service users) report positive experiences of the service	CQC Maternity Services Survey subsequent actions by Trusts	https://www.humberandnorthyorkshirematernity.org.uk/professionals/nhs-maternity-services-survey/		Becky Case, LMNS Programme Lead
		Compliments	<p>Patients usually choose to log their compliments directly with the service provider and therefore, although we do collate them, compliment numbers with the HNYICB are low.</p> <p>Ask a midwife service collates compliments and learning and shares with Trusts also producing a newsletter of themes monthly. The LMNS highlights aspects of good practice from communications in their safety learning newsletter.</p>		Becky Case, LMNS Programme Lead

		Engagement findings from hospital services review in Humber and Scarborough/York identified patient satisfaction with services and areas for improvement around patient experience for BAME people.	https://betterhospitalshumber.nhs.uk/wp-content/uploads/2023/09/Your-Birthing-Choices-Feedback-Report-Full.pdf MNVPs working closely with PALs re themes of complaints. There is a feedback loop which informs the Trust/LMNS plans.		Becky Case, LMNS Programme Lead
	OVERARCHING SCORE FOR OUTCOME 1D			1	
OVERALL RATING FOR DOMAIN 1: MATERNITY SERVICES				6	
OVERALL AVERAGE RATING FOR DOMAIN 1				5	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Example	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 <u>resilience hub</u>	Staff wellbeing offer includes the resilience hub. provides psychological support to staff and would also refer on to other specialist support (e.g. for an eating disorder) when appropriate	1	Emma Marshall, Head of Culture and Transformation
		Employee Assistance Programme	The ICB offers an Employee Assistance programme which offers a 24/7 helpline, 365 days a week and includes therapy and emotional support.		Emma Marshall, Head of Culture and Transformation
		Occupational Health	The Occupational Health offer includes advice for these with regard to how they can be supported in the workplace for an individual affected by these conditions, however this does not include diagnosis or specific advice about these conditions.		Emma Kirkwood, Head of Transformational Human Resources
		Cancer Champion Programme	The Health and Wellbeing team offer signposting to the Cancer Champion Programme - <u>cancer@humberandnorthyorkshire.org.uk</u>		Emma Marshall, Head of Culture and Transformation
		The Health and Wellbeing App	The Health and Wellbeing App builds on the existing support provided across Humber and North Yorkshire Health and Care Partnership and Humber and North Yorkshire Resilience Hub <u>HNY Our People wellbeing app - HNY Resilience Hub</u>		Emma Marshall, Head of Culture and Transformation
					Emma Marshall,

		<p>Wellbeing Champions</p> <p>Staff wellbeing and Engagement group</p> <p>Humber and North Yorkshire Health and Care Partnership Wellbeing sessions offered by Book When</p> <p>Menopause friendly accredited workforce.</p> <p>Disability Confident Level 1 – Committed Accreditation held</p> <p>Mindful Employer accredited</p>	<p>Wellbeing Champions are staff members within Humber and North Yorkshire ICB with an active interest in promoting health and wellbeing. Outline of Wellbeing Champion role and recent newsletter.</p> <p>The Staff Wellbeing and Engagement group is open for all staff to attend. The group meets monthly to develop and support initiatives which develop a healthier, happier and more engaged workforce</p> <p>Wellbeing Sessions can be booked via the bookwhen page. Some example sessions from 2022/23 include:</p> <ul style="list-style-type: none"> • Could you work more flexibly? • Managing the cost of living increase • Helping with debt • Supporting mental health at work • Nutrition discovery session • Understanding and managing anxiety <p>Menopause - Access to supportive sessions and resources via Humber and North Yorkshire Care Partnership via 'bookwhen' which is linked in the staff handbook.</p> <p>https://humberandnorthyorkshire.org.uk/about-us/careers/ (Staff Handbook)</p> <p>https://humberandnorthyorkshire.org.uk/about-us/careers/ (Staff Handbook)</p> <p>Mindful Employer charter signatory</p>	<p>Head of Culture and Transformation</p> <p>Emma Marshall, Head of Culture and Transformation</p> <p>Emma Marshall, Head of Culture and Transformation</p> <p>Emma Marshall, Head of Culture and Transformation</p> <p>Emma Kirkwood, Head of Transformational Human Resources</p> <p>Emma Kirkwood, Head of</p>
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		<p>Coaching network</p> <p>Health Passport</p> <p>Employees are supported through line management in accordance with the Attendance Management Policy and Occupational Health Advice</p> <p>Sickness absence monitoring is undertaken</p>	<p>As part of the Humber and North Yorkshire Health and Care Partnership :- <u>Health and Wellbeing - Humber and North Yorkshire Health and Care Partnership</u>, ICB staff can access coaching and mentoring.</p> <p>Staff are given option of completing a Health passport and share this with their line manager, to help them to manage underlying health conditions in addition to supporting staff with reasonable adjustments which are recommended by Occupational Health.</p> <p>Attendance Management Policy</p>	<p>Transformational Human Resources</p> <p>Emma Marshall, Head of Culture and Transformation</p> <p>Emma Kirkwood, Head of Transformational Human Resources</p> <p>Emma Kirkwood, Head of Transformational Human Resources</p>
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	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>The ICB has a wide range of HR policies available to staff. The ICB has zero tolerance for any form of bullying or harassment, as outlined within the Dignity and Respect at Work Policy under which all staff are protected.</p> <p>Freedom to Speak up Guardian</p> <p>Inclusion Network</p>	<p>ICB Employment Policies:- https://humberandnorthyorkshire.icb.nhs.uk/documents-and-publications/employment/ and https://humberandnorthyorkshire.icb.nhs.uk/governance-publications/</p> <p>These include but are not limited to the :-</p> <ul style="list-style-type: none"> • Dignity and Respect at Work Policy • Grievance Policy • Flexible Working Policy • Attendance Management Policy • Induction and Probationary Policy • Freedom to Speak Up Policy <p>Dignity and Respect at Work Policy was communicated to all staff at the start of the ICB in July 2022 via internal communications sent on behalf of the HR Team and Social Partnership Forum, representing Trade Unions.</p> <p>The Freedom to Speak Up Guardian supports staff to use their voice if they feel unable to. This is detailed in corporate induction and local induction plan as well as within the Staff Handbook.</p> <p>Colleagues from minoritised groups are invited to join the group to influence meaningful change for the workforce. This is detailed within corporate induction, within staff handbook and promoted via internal communication channels. It provides an opportunity for staff within the ICB to share their experiences to inform action. This includes a quarterly 'slot' at an Executive group meeting.</p>	<p>2</p>	<p>Emma Kirkwood, Head of Transformational Human Resources</p> <p>Dr Nigel Wells, Executive Director - Clinical and Professional</p> <p>Karina Ellis, Executive Director, Corporate Affairs</p> <p>Rach McCafferty Best Place to Work Manager Executive Sponsor – Jayne Adamson, Executive Director of People</p>
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		<p>Humber and North Yorkshire integrated Care System Inclusion Assembly</p>	<p>ICB membership of the Humber and North Yorkshire Health and Care Partnership, including the Inclusion Assembly which is in place to bring together colleagues with protected characteristics from across health, care and VCSE sector. https://humberandnorthyorkshire.org.uk/our-work/workforce/best-place-to-work/equality-diversity-and-inclusion/</p>		<p>Emma Marshall, Head of Culture and Transformation</p>
		<p>Humber and North Yorkshire Inclusive Language Guidance</p>	<p>The <u>HNY Inclusive Language Guidance</u> has been co-developed in partnership with a diverse group of colleagues from minoritised groups across health and care to increase confidence when using inclusive language about a range of topics. This has been made available to all ICB staff via comms and on the ICB website to enable staff to use appropriate language and therefore enable greater respect for others. It also supports policy and process design.</p>		<p>Rach McCafferty Best Place to Work Manager</p>
		<p>Statutory and Mandatory training</p>	<p>All staff are required to complete statutory and mandatory training including the following:-</p> <ul style="list-style-type: none"> • Equality, Diversity and Human Rights • Health, Safety and Welfare • Oliver McGowan Mandatory Training on Learning Disabilities and Autism 		<p>Andy Growns, Head of Compliance/ Emma Kirkwood, Head of Transformational Human Resources</p>
		<p>Values and Culture Development Work (See 2D)</p>	<p>The ICB is carrying out a comprehensive programme to develop its values involving all staff.</p>		<p>Emma Kirkwood, Head of Transformational Human Resources</p>

	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>Staff can access the website to access ICB policies. Equality impact assessments are applied when creating policies as per the Policy Development framework</p> <p>The staff handbook is on the website (protected from external access with a password). It is publicised as part of the induction, onboarding process and via the staff brief.</p>	<p>ICB Employment Policies:- https://humberandnorthyorkshire.icb.nhs.uk/documents-and-publications/employment/</p> <p>These include but are not limited to the :-</p> <ul style="list-style-type: none"> • Dignity and Respect at Work Policy • Grievance Policy • Flexible Working Policy • Attendance Management Policy • Induction and Probationary Policy • Freedom to Speak Up Policy <p><u>Operational - Humber and North Yorkshire Integrated Care Board (ICB) and</u> https://humberandnorthyorkshire.icb.nhs.uk/governance-publications/</p> <p><u>Staff welcome - Humber and North Yorkshire Integrated Care Board (ICB)</u></p> <ul style="list-style-type: none"> • Within the staff handbook, there is guidance and contact information on:- Trade Union representatives • HR representatives • Freedom to Speak up Guardians • Policies such as:- <ul style="list-style-type: none"> ○ Dignity and Respect at Work Policy ○ Grievance ○ Freedom to Speak Up Policy 	<p>1</p>	<p>Emma Kirkwood, Head of Transformational Human Resources</p> <p>Emma Kirkwood, Head of Transformational Human Resources</p>
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		<p>Via Humber and North Yorkshire Care Health and Care Partnership, training has been developed and offered to any professionals and practitioners involved in the welfare of a range of stakeholders (employees, patients, clients) when an employee relations matter such as bullying/ harassment/ grievance and/ or an adverse incident has occurred to manage these issues in a restorative way.</p> <p>Online Mersey Care Training modules on Restorative Just Culture are available as part of the local induction checklist – currently optional</p> <p>The ICB has a wide range of HR policies available to staff. The ICB has zero tolerance for any form</p>	<p><u>Principles and Practice of Restorative Just Culture - training places available - Humber and North Yorkshire Health and Care Partnership</u></p> <p>ICB Employment Policies:- https://humberandnorthyorkshire.icb.nhs.uk/documents-and-publications/employment/</p> <p>These include but are not limited to the :-</p> <ul style="list-style-type: none"> • Dignity and Respect at Work Policy • Grievance Policy • Flexible Working Policy • Attendance Management Policy • Induction and Probationary Policy <p>Staff also have access to mandatory training around Conflict Resolution, which was agreed by Exec Committee in December and will be launched with the Acceptable Behaviour Policy.</p>	<p>Emma Kirkwood, Head of Transformational Human Resources</p> <p>Rach McCafferty Best Place to Work Manager</p> <p>Emma Kirkwood, Head of Transformational Human Resources</p>
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		of bullying or harassment, which is outlined within the Dignity and Respect at Work Policy under which all staff are protected		
		Freedom to Speak up Guardian	The Freedom to Speak Up Guardian supports staff to use their voice if they feel unable to. This is detailed in corporate induction and local induction plan as well as within the Staff Handbook.	Dr Nigel Wells, Executive Director - Clinical and Professional
		Culture Champions (see 2D)	As part of the values and culture development work, all staff have been invited to become Culture Champions (See Domain 3 – ICB Staff Briefing 15.11.23)	Rach McCafferty Best Place to Work Manager
		Inclusion Network (see 2B)	Colleagues from minoritised groups are invited to join the group to influence meaningful change for the workforce. This is detailed within corporate induction, within staff handbook and promoted via Comms channels. It provides an opportunity for staff within the ICB to share their experiences to inform action. This includes a quarterly 'slot' at an Executive group meeting.	Executive Sponsor – Jayne Adamson, Executive Director of People
		Safe and secure working environment	Staff have access to the Local Security Management Specialist through a contract with Audit Yorkshire. This role provides specialist advice to ensure all our building a safe and secure.	

	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Staff Survey was undertaken in April 2022 prior to the formal inception of Humber and North Yorkshire ICB and North Yorkshire ICB which were analysed on an ICB footprint.</p> <p>Values and culture work – Barrett's Values survey</p> <p>Values and culture work – Roadshows</p> <p>Values and culture work – Departmental, team and group focus</p>	<p>Staff Survey data from April 2022 led to further actions regarding the development of ICB values and culture.</p> <p>In 2023 all ICB employees were given the opportunity to participate in a Barrett's values assessment.</p> <p>Values and Culture – Three Roadshows following this, in Autumn 2023 to take a deeper dive into the assessment findings. These were promoted in staff briefings, including on the 20th September 2020. 300 Staff attended. There was an opportunity to provide their feedback and ideas in these sessions.</p> <p>Values and Culture – Ongoing Development – Meetings have taken place at departmental and team level to shape and develop the values, where staff are encouraged to feedback and share their ideas. One session was with the Health and Wellbeing group. Another was with Trade Union representatives. Staff have also been invited to become 'culture champions' The Board have had individual sessions as a group and</p>	<p>1</p>	<p>Emma Kirkwood, Head of Transformational Human Resources</p> <p>Emma Kirkwood, Head of Transformational Human Resources</p> <p>Emma Kirkwood, Head of Transformational Human Resources</p> <p>Anja Hazebroek – Executive Director of Communications, Marketing and Media Relations</p> <p>Emma Kirkwood, Head of Transformational Human Resources</p>
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		<p>Recruitment on NHS Jobs</p> <p>Inclusive Recruitment and Selection Training and Induction/ Onboarding training.</p>	<p>are very much invested in this work. All feedback is to be analysed and synthesised with identified themes and values to be presented as recommendations to the Board and employees.</p> <p>Recruitment - The vast majority of vacancies and secondment opportunities go through NHS jobs system to promote fairness.</p> <p>From February 2024, Inclusive Recruitment and Selection Training will become a core mandatory requirement for all line managers responsible for recruitment within their roles.</p>		<p>Emma Kirkwood, Head of Transformational Human Resources</p> <p>Neil Robson, Senior Manager: Organisational Development and Learning and Development</p>
Domain 2: Workforce health and well-being overall rating				5	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Example	Rating	Owner (Dept/Lead)
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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	ICB Board -Special Roles	<ul style="list-style-type: none"> The ICB Board Equality, Diversity and Inclusion (EDI) Champion is our Primary Care Partner Member, Dr Bushra Ali whose role is to actively promote awareness of EDI issues and to enhance and embed EDI across the ICB The Staff and Wellbeing Champion is Mark Chamberlain, our Independent non - executive Director, providing independent challenge to the senior leadership team to ensure the ICB has a culture of wellbeing for all employees embedded throughout the organisation. Both Mark and Bushra have a good attendance record at ICB Board meetings. The Quality Committee is also Chaired by Mark Chamberlain, which is responsible for being assured that there are robust processes in place for the effective management of quality including ensuring that mechanisms are in place to ensure Equality, Quality and other relevant impact assessments are undertaken within the ICB. <p>https://humberandnorthyorkshire.icb.nhs.uk/board-members/</p>	1	Karina Ellis, Executive Director of Corporate Affairs
		SRO for Equality, Diversity and Inclusion	SRO for Equality, Diversity and Inclusion - Executive Director of Communications and Marketing - Anja Hazebroek		Anja Hazebroek, Executive Director of Communications and Marketing
		Executive Director of People	Executive Director of People - Jayne Adamson Member of the Workforce Board Executive Sponsor of the ICB Inclusion Network		

		<p>1. Board Minutes (examples)</p>	<p>The Executive Director of People takes a regular report to the ICB Board which details commitments to the progress being made in the area of health and wellbeing of its staff in the ICB and wider ICP.</p> <p>Jayne Adamson is interim Chair of the EDI Assembly and the Chair of the Disabled Staff Networks of Networks and the BAME Network of Networks</p> <p>In a recent meeting with the Black, Asian and Minority Ethnic Staff Network of Networks, Jayne Adamson played a role in progressing the issue of staff network attendance and protected time for participation.</p> <p>Board Minutes - July 2023</p> <p>Chief Exec Update: NHS England had launched a set of requirements for NHS Boards to improve their diversity and be able to demonstrate change. Six high impact actions had been developed and these included fair and inclusive recruitment and career progression. Jayne Adamson would be the executive lead for these actions.</p> <p>The actions had been shared with the staff network and the programme would build on the work already commenced in relation to talent management and cultural inclusion. Progress would be reviewed in October 2023</p> <p>Board Minutes - October 2023</p>		
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		<p>Each report submitted to the Board and/or committees of the Board should have a front sheet that asks the question if an EIA has been completed and asks for detail of this and the outcome. Example – July 2023 – Review of Humber Acute Services</p> <p>News and Blogs</p> <ul style="list-style-type: none"> • Tackling Health Inequalities with Professor Stephen Eames(also Humber and North Yorkshire ICB Chief 	<p>Items for information: The Chair drew members attention to the upcoming ICP Symposium on 25 October 2023, which would focus on drivers of inequality that begin to manifest in early years and the potential for interventions to mitigate these inequalities. The Symposium aimed to bring together a wide leadership population in health and social care across the geography. The Board agreed to attend the upcoming ICP Symposium and encourage wider participation.</p> <ul style="list-style-type: none"> • Humber Acute Services Review – Board Cover Report (see 3B) • Humber Acute Services – Humber Moving to Consultation Board Report 		
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		<p>Executive) Podcast</p> <ul style="list-style-type: none"> • As I See It – Blog from Sue Symington, Designate Chair – Humber and North Yorkshire Care Partnership (also Chair of Humber and North Yorkshire ICB) • As I See it – Blog from Sue Symington Designate Chair – Humber and North Yorkshire Care Partnership (also Chair of Humber and North Yorkshire ICB) • Inclusion Blog by Jayne Adamson, 	<p>Tackling health inequalities with Professor Stephen Eames, Chief Executive - podcast - Humber and North Yorkshire Health and Care Partnership</p> <p>As I see it – the latest blog from Sue Symington - Humber and North Yorkshire Health and Care Partnership</p> <p>The blog emphasises the Integrated Care System's key interest in the social and economic development of our geography which strongly influences the wider determinants of the health of our population.</p> <p>As I see it – the latest blog from Sue Symington - Humber and North Yorkshire Health and Care Partnership</p> <p>The blog emphasises the benefits of partnership working across Humber and North Yorkshire Health and Care Partnership, to improve health and care services for all we serve</p> <p>Inclusion Blog - Humber and North Yorkshire Health and Care Partnership</p>		
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		<p>Executive Director of People</p> <ul style="list-style-type: none"> Responsibility to reduce health inequalities blog by Jayne Adamson, Executive Director of People York Multicultural Health Mela – Organised by the ICB with Partners, championed and attended by Sarah Coltman-Lovell, York Place Director 	<p>In her blog, Jayne Adamson talks about the work undertaken by Humber and North Yorkshire Health and Care Partnership around inclusion, belonging and celebrating diversity with the recognition that there is so much more to do which can be tackled step by step and conversation by conversation, with everyone having a role to play in this.</p> <p><u>“We have a responsibility to reduce health inequalities and to stand in solidarity with our LGBT+ colleagues and communities; to raise our voices in support and challenge, to ensure that every person is welcome here, is recognised here and is celebrated here, just as they are.” - Humber and North Yorkshire Health and Care Partnership</u></p> <p>Jayne Adamson’s blog which coincided with the end of Pride month and speaks of standing in solidarity and in action during Pride and beyond.</p> <p>York Health Mela, which took place in September 2023, which aimed to address inequalities in marginalised communities and celebrate diversity</p> <p>Board Report and evaluation; video of the event on Facebook; interview with Peter Roderick, Acting Director of Public Health on YorkMix radio and York Press Articles x 2 on the event</p> <p>Press release: York set to host its first multicultural health festival - Humber and North Yorkshire Health and Care Partnership</p>		<p>Sarah Coltman-Lovell, York Place Director</p>
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		<ul style="list-style-type: none"> Humber and North Yorkshire ICB website, includes a link to Equality, Diversity and Inclusion as part of the Humber and North Yorkshire Health and Care Partnership <p>The ICB is a participant member of the Humber and North Yorkshire Workforce Transformation Programme. The programme includes 11 workstreams, focussing on a wide range of areas including Inclusive Health and Care Careers and Leadership, Talent and Succession.</p> <p>Humber and North Yorkshire Health and Care Partnership - Inclusion Assembly.</p>	<p>Equality, Diversity and Inclusion - Humber and North Yorkshire Health and Care Partnership</p> <p>The commitment to ensuring and encouraging genuine belonging for people working across health and social care in Humber and North Yorkshire is shared on the webpage, including details of Equality, Diversity and Inclusion work undertaken.</p> <p>Humber and North Yorkshire Workforce Transformation Programme People & Workforce - Humber and North Yorkshire Health and Care Partnership In 2023 this programme was:-</p> <ul style="list-style-type: none"> shortlisted for the CIPD Best HR/L&D and OD team of the year – Dispersed System Leadership Team for People Innovate Health Care Awards- Finalist EXCEL HPMA Excellence in People Awards, Capsticks Award for Innovation - Finalist <p>The Inclusion Assembly is an intersectional working group of Staff network chairs from organisations across the Integrated Care System, EDI leads and HNY ICB People team members. Jayne Adamson, Executive Director of People is the Executive Sponsor.</p>		<p>Jayne Adamson, the ICB's</p>
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		<p>ICB Inclusion Network</p> <p>Staff Communications</p> <ul style="list-style-type: none"> • Staff Briefings 	<p>Work is underway as a member of the Inclusion Assembly to co-create a programme to co-create an intersectional inclusion literacy programme, facilitated by Humber and North Yorkshire Health and Care Partnership (HNYHCP) with Jayne Adamson as SRO.</p> <p>The ICB Inclusion Network is a staff network is open to anyone who identifies as part of a protected group under the <u>Equality Act (2010)</u> including those protected under the act by association. It gives a voice to those people and enables awareness to be raised about their experiences and empowers them to influence change. At the time of writing there are currently 27 members. The network has recently started to have a quarterly slot at an executive group meeting. They have also recently been involved in a focussed session to develop the ICB's values, facilitated by members of the People and Communications Team.</p> <p>Staff Briefings occur monthly via Microsoft Teams, within typically around 300 staff virtually joining the live briefing. They are led by Board members and Executive Directors of the organisation. These are recorded and circulated to all staff via e-mail so everyone within the organisation has access to them. Examples of sessions with an EDI focus are as follows:-</p> <p>March 2023 – HNY inclusion network June 2023 - Pride 2023 and Inclusion Network August 2023 – Inclusive language guidance November 2023 – UK Disability History Month</p>	<p>Executive Director of People is the Executive Sponsor</p>
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		<ul style="list-style-type: none"> Weekly Staff Update 	<p>The Weekly staff update which is circulated to all staff via e-mail includes updates on EDI work. Examples of updates with an EDI focus are as follows:-</p> <ul style="list-style-type: none"> 10 February 2023 – LGBT+ History Month 10 March – International Women’s Day and Survey looking at improving inclusivity for trans and non-binary people in health and care (also 24 March) 17 March - Ramadan and Eid 2023 24 March – HNY Inc 12 May – EDI Network 9 June – Let’s take Pride in our health 23 June – Lunch and learn: inclusion (also included on 7 and 14 July) 21 July - Let’s take pride in our health: Quick guide to being an LGBT+ ally 28 July Let’s take pride in our health: HELP! I got it wrong... what do I do? 11 August - Lunch & Learn: LGBT+ history during Pride and beyond 18 August - Free places offered on HUTH positive action courses 25 August - Let’s take pride in our health survey: getting to know our LGBT+ communities better 27 October - HNY response to letter from Secretary of State for Health and Social Care to 		
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		<p>Corporate Induction</p> <p>1 to 1 Meetings and Annual Appraisal</p>	<p>ICBs, regarding equality, diversity and inclusion activities</p> <ul style="list-style-type: none"> • 17 November - Moving colleague blog marks launch of UK Disability History Month • 1 December - Support for working carers of disabled children and young people – free event on Wednesday 6 December 2023 • 8 December - Exploring invisibility and the superpowers of disabled people this UK Disability History Month • 15 December - Introducing Disabled Futures – exploring disabled colleague experience in 2024 <p>Corporate Welcome – All new starters are required to attend the corporate induction, which is an interactive and informative session, including a focus on health and wellbeing, diversity and inclusion. This focus is also included within the local induction over 8 weeks.</p> <p>1 to 1 Meetings – All line managers are expected to have regular 1 to 1 Meetings with their direct reports, culminating in an annual appraisal. There is a focus on health and wellbeing and supporting each member of staff as an individual. The forms can be accessed via the following link:- https://humberandnorthyorkshire.icb.nhs.uk/documents-and-publications/operational/</p>		
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		<p>Inclusive Recruitment and Selection Training and Induction/ Onboarding training.</p>	<p>From February 2024, Inclusive Recruitment and Selection Training will become a core mandatory requirement for all line managers responsible for recruitment within their roles.</p>	<p>Neil Robson, Senior Manager: Organisational Development and Learning and Development</p>
		<p>Social Partnership Forum</p>	<p>The Social Partnership Forum, which is held in partnership between ICB management and trade union representatives, is chaired by Amanda Bloor, Deputy Chief Executive and Chief Operating Officer. Matters of health and wellbeing, health and safety and health inequalities are raised and discussed within this forum. Terms of Reference held for this meeting.</p>	<p>Emma Kirkwood, Head of Transformational Human Resources</p>

	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<p>Each report submitted to the Board and/or committees of the Board should have a front sheet that asks the question if an EIA has been completed and asks for detail of this and the outcome. Example – July 2023 – Review of Humber Acute Services</p> <p>Committees of the ICB Board</p> <p>Humber and North Yorkshire Integrated Care Board established the Humber and North Yorkshire (HNY) Integrated Care Workforce Board (the Workforce Board) as a Committee of the Board</p>	<ul style="list-style-type: none"> • Humber Acute Services Review – Board Cover Report • Humber Acute Services – Humber Moving to Consultation Board Report <p>Committees of the Board have a responsibility to scrutinise the robustness of the arrangements for and assure compliance with the ICB’s statutory responsibilities, including Equality and Diversity as it applies to people drawing on services. This is detailed within the terms of reference of all of the Board’s Committees.</p> <p>HNY Workforce Board's purpose is to provide strategic system oversight of the development and delivery of the Humber and North Yorkshire People Strategy and associated HNY people focused workstreams.</p> <p>Responsibilities include:- <i>'Positively impact on health inequalities, social inclusion, and economic growth through collaborative partnership working to support the delivery of the ICB People Strategy'.</i></p>	<p>1</p>	<p>Jason Stamp is the Chair of the Workforce Board and Senior Responsible Officer for Workforce</p>
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		<p>Workforce Board – Humber and North Yorkshire ICB – Annual Report</p> <p>Humber and North Yorkshire Health and Care Partnership – Update to Board</p> <p>Population Health and Prevention Executive Committee</p>	<ul style="list-style-type: none"> • <i>'To ensure the creation and enactment of systemwide organisational development practices that support system-based leadership and strategic thinking practices, enhance staff satisfaction, wellbeing, inclusion, equality of opportunity, and staff voice and engagement'.</i> • <i>'To provide system level oversight and support to the development and delivery of programmes of activity focused on workplace equality, diversity and inclusion, including supporting the development of current and emerging staff networks'.</i> <p>Workforce Board – Humber and North Yorkshire ICB – Annual Report</p> <p>The ICB is a partner within the Humber and North Yorkshire Health and Care Partnership. A recent update to Board included the November HNY Inclusion Update Powerpoint presentation.</p> <p>The ICB's overall approach to population health, inequalities, and prevention is held by a dedicated Population Health and Prevention Executive Committee, co-chaired by two directors of public health, with Amanda Bloor, Deputy Chief Executive and Chief Operating Officer as SRO. Key areas of focus within the terms of reference of the Population Health and Prevention Committee are :-</p>	<p>Jayne Adamson, Executive Director of People for the ICB is a member of the Workforce Board</p>
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		<p>Board Assurance Framework</p>	<ul style="list-style-type: none"> • Providing population health and prevention leadership and oversight to support the vision of helping the population to ‘start well, live well, age well and end life well’ and • ‘Influencing decision-making, at-scale, and support place-based delivery to improve population health, tackle health inequalities and prevention’. <p>The overarching plan, which includes the ICB's purpose to tackle health inequalities is captured in more detailed within the Joint Forward Plan – How We Deliver our Strategy 2023 to 2028</p> <p>The ICB Board review the Board Assurance Framework (BAF) twice at monthly meetings. The ICB Board undertook a deep dive of <i>Risk C1 in December 2023</i>. <i>The risk is as follows: Failure to effectively engage and deliver our legal duty to involve patients and the public in decision making and service development will prevent the ICS from providing integrated, coordinated and quality care.</i> A gap was identified regarding robust Integrated Impact Assessments that are developed by skilled and knowledgeable individuals that have a true understanding of our statutory duty to involve our population in decision making, giving particular consideration to health inequalities and protected characteristics. A mitigating action to close this gap has been raised and is expected to be completed by March 2024. Risks aligned to Committees are also discussed in detail by leaders that attend those meetings.</p>	<p>Gemma Mazingham, Head of Regulatory Functions</p>
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3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	<p>Policy Development Framework including appendices</p> <ul style="list-style-type: none"> • Policy Development Framework EQUIA • Equality Impact Assessment (HR and Corporate policies) • Integrated Impact assessment • Clinical Policy Review Framework 	<p>Policy Development Frameworks are on the ICB website –</p> <p>Operational - Humber and North Yorkshire Integrated Care Board (ICB)</p> <p>In January 2024, Humber and North Yorkshire Board Assurance Framework has identified the need to review the current Integrated Impact Assessment</p>	1	<p>Executive Director of Communications, Marketing & Media Relations and Executive Director of Corporate Affairs, ICB</p>
	<p>Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)</p>	<p>The ICB recognises it's responsibility to complete the WRES and WDES from 2024 and has been carrying internal data analysis in preparation for this. It is due to carry out a Gender Pay Gap report in 2024</p>		<p>Executive Director of People and People Team, ICB</p>
	<p>Humber and North Yorkshire Health and Wellbeing Committee Terms of Reference</p>	<p>Humber and North Yorkshire Health and Wellbeing Committee Terms of Reference, including:-</p> <p><i>' Understand the different needs that arise across the HNY workforce due to underlying health inequalities, recognising that colleagues living in more deprived</i></p>		<p>Senior Responsible Officer, Humber and North Yorkshire ICB</p>

		<p><i>communities are more likely to experience ill health, and that a targeted approach therefore protects and supports both individuals and the organisations for which they work'.</i></p> <p>Accountable to the Humber and North Yorkshire ICB Workforce Board (Terms of Reference)</p> <p>An Exit survey via ESR is available to staff who also have the opportunity to have an interview to discuss their responses as part of this process.</p> <p>The ICB part of a system working group to develop the exit survey and process that can be used across system</p> <p>Menopause Support</p> <p>The ICB is a Menopause friendly accredited workforce. Menopause - Access to supportive sessions and resources via Humber and North Yorkshire Care Partnership 'bookwhen' which is linked in the staff handbook. This is supported by Senior Leadership.</p>		
Domain 3: Inclusive leadership overall rating			3	
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s):		Independent Evaluator(s)/Peer Reviewer(s):		
Social Partnership Forum 29 th February 2024		West Yorkshire Integrated Care Board 21 st February 2024 Healthwatch 29 th February 2024 Humber and North Yorkshire Inclusion Assembly – February 2024 Humber and North Yorkshire Inclusion Network – February 2024 Humber and North Yorkshire ICB Staff health and wellbeing group – Feb 2024		

EDS Organisation Rating (overall rating): **13 - Developing**

Organisation name(s): **Humber and North Yorkshire Integrated Care Board**

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

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

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan	
EDS Lead	Year(s) active
Anja Hazebroek, Executive Director Communications, Marketing and Media Relations (Domain 1) Jayne Adamson, Executive Director of People (Domain 2 & 3)	1
EDS Sponsor	Authorisation date
Dr Bushra Ali, GP Board Member with responsibility for EDI	13 th March 2024

- **Tobacco Dependency**

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<p>Gain better knowledge and understanding of demography of people accessing services</p> <p>Improve accessibility of information about services</p>	<ul style="list-style-type: none"> • Ask trusts to undertake a demographic review of smokers who attend hospital and monitor whether those accessing the stop smoking service are representative of the demography of the patients who are smokers attending hospital • Review the accessibility function of the Swap and Stop website. • Improve access to medication for all, ensuring that patient information leaflets are appropriately translated. 	
	1B: Individual patients (service users) health needs are met	Have assurance from trusts that take up of the service is proportionate to the demographic of the eligible population.	<ul style="list-style-type: none"> • Utilise information from action 1 above to understand the potentially unmet needs of those either accessing the services or those who are eligible but not accessing. 	

	1C: When patients (service users) use the service, they are free from harm	Ensure equitable access to nicotine replacement therapy and vapes	<ul style="list-style-type: none"> • Increase the availability of nicotine replacement therapy and vapes and gain understanding of any potential barriers to use in particular protected characteristics. 	
	1D: Patients (service users) report positive experiences of the service	Involve service users in the development of new services and ensure that a representative range of user voices are reflected in our work.	<p>Increase numbers of service users who want to celebrate their story and will allow us to use that in our communications work.</p> <p>Ensure stories gathered are representative of the patient demographic and that relevant stories are used appropriately to promote the service within particular communities.</p>	

• **Access to Primary Care (GP Services)**

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<p>Improve mechanisms to identify access issues for protected characteristic groups and work to overcome these</p> <p>Ensure delivery against the PCN's recovery plans results in equity and improvement to access.</p>	<ul style="list-style-type: none"> • Establish more regular meetings between primary care teams and Healthwatch organisations to continue with engagement on feedback from patients. • Undertake a stocktake across the six Places to understand how Healthwatch reports have been reviewed and proactively responded to. • Continue work with IT and GP practices to develop a technological solution for deaf and hard of hearing patients. • Continue implementation of the actions within the equality impact assessment completed for the Primary Care Recovery and Access Plan and cross reference actions against protected characteristics. 	

	<p>1B: Individual patients (service users) health needs are met</p>	<p>Increase knowledge and understanding of health needs of protected characteristic and seldom heard groups</p> <p>Ensure services and services changes consistently take into account needs protected characteristic groups</p>	<ul style="list-style-type: none"> • Ensure the recommended actions within all ICB engagement reports are embedded within programmes of work and establish feedback mechanisms to ensure actions are taken and published. • Continue to engage with the LGBT+ community to understand what health information is helpful and update the dedicated website area accordingly. • Work with practices to help ensure they have an understanding of their patients' communication needs and preferences and are able to meet them. • Support primary care to establish and agree LGBT+ principles of good practice, particularly in respect of trans healthcare • Review and reprocore the ICB commissioned Interpretation and Translation Service to 	
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		<p>Work collaboratively to improve health outcomes</p>	<p>ensure equity and appropriateness of provision across the patch</p> <ul style="list-style-type: none"> • Ensure there is a consistency of approach in respect of completion of equality impact assessments specifically regarding GP practice service changes and reconfiguration. • All Place teams to actively coordinate with local authority partners to implement sustained programmes using health inequalities resource. • Review evaluation of any Place pilot schemes to ensure programmes are meeting identified need and share learning across other places. • Review primary care operating model to identify strategic leads for key priority areas. 	
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	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Systems in place that will consistently capture demographic data for monitoring and reporting</p> <p>Consider expanding the nature and scope of mandatory equality and diversity training.</p>	<ul style="list-style-type: none"> • Ensure primary care intelligence is captured within ICB complaints and concerns reporting and develop a process to capture the demographics of complainants and work with providers to start sharing information with regard to concerns, complaints and compliments. • Review integrated impact assessment templates and finalise work on developing a standard operating procedure. Additional training across the organisation will be needed to ensure that the process is clear and a consistent approach is adopted. 	
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	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Increase engagement with patients to gain better understanding of their experiences especially those from BAME and seldom heard communities</p>	<ul style="list-style-type: none"> • Carry out further targeted engagement work with BAME and seldom heard communities to understand their specific barriers to accessing primary care. • Ensure that findings from any engagement work and ICB driven surveys is shared with primary care colleagues and GP practices and that specific programme of work is undertaken within PCNs to understand patients experiences of care. • Support PPG development with a focus on ensuring that groups are representative of practice populations. Continue to develop the Patient Engagement Network aiming for greater representation from the full breadth of patient representative groups • Stocktake to be undertaken with Primary Care Place leads to understand how feedback is being reviewed to make any improvements on services and support shared learning. 	
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- **Maternity Services**

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Expand the reach of the Ask a Midwife service	<ul style="list-style-type: none"> • Work collaboratively to develop specific programmes aimed at particular populations 	
	1B: Individual patients (service users) health needs are met	<p>Review the membership of MNVPs with a view to increase diversity of membership to reflect local communities.</p> <p>Evaluate the Holistic Healthy Weight - Healthy Lives maternity pilot programme with a view to wider rollout.</p> <p>Explore options to increase staff cultural awareness including online packages</p> <p>Improve knowledge and understanding of needs and gaps</p> <p>Review Continuity of Carer service provision when enhanced continuity funding becomes available during 2024 25</p>	<ul style="list-style-type: none"> • Work with MNVPs to review membership and community preferences for involvement • Develop evaluation plan and reporting routes • Embed cultural awareness into training and development plans for all staff • Use the data captured via the BadgerNet maternity IT system to identify need and gaps in provision. 	

	1C: When patients (service users) use the service, they are free from harm	Re-establish the Safety Learning Forum.	<ul style="list-style-type: none"> • Develop Terms of Reference and membership 	
	1D: Patients (service users) report positive experiences of the service		<ul style="list-style-type: none"> • Develop a process to capture the demographics of those raising complaints, concerns or giving compliments around maternity services and establish a mechanism for sharing information more effectively between the ICB and providers • Utilise the engagement findings from the hospital services reviews in Humber and Scarborough / York to influence action plans, particularly in response to the maternity experience of BAME people. 	

Domain 2 - Workforce health and well-being

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<p>Commit to greater focus on physical health and the promotion of more preventative measures for staff</p> <p>Effectively utilise the staff intranet to promote health and well-being offers and raise awareness of support available</p> <p>Improve quality of EDI data on ESR</p>	<ul style="list-style-type: none"> • Develop a Health and Wellbeing framework as part of the OD and transformation plan. • Develop and communicate guidance on reasonable adjustments to support staff to manage long term health conditions • Launch staff intranet • Launch employee self-serve and encourage staff to record their protected characteristics • involve HNY Inclusion Network to identify any barriers and enablers to improve staff willingness and motivation to share this information 	

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<ul style="list-style-type: none"> • Launch the Unacceptable Behaviour Policy including Violence and Aggression Charter and signatory to the Sexual Safety in Healthcare Organisational Charter 	<ul style="list-style-type: none"> • .Promote launch of policies through internal comms networks 	
	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<ul style="list-style-type: none"> • Increase the number of Freedom to Speak Up Champions and promote more widely 	<ul style="list-style-type: none"> • Recruitment drive to promote participation of staff as Speak up Champions 	

	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Implement the OD and transformation plan including the embedding of organisational values</p> <p>Increase our understanding of staff experience of work and services</p>	<ul style="list-style-type: none"> • Develop and introduce our colleague development programme • Encourage greater representation and involvement from trade union representatives from a wider range of unions via the Social Partnership Forum. • Carry out a staff survey in 2024 and analysis results to identify trends and impact of policies and procedures. • Conduct analysis of exit survey data and associated reporting and actions • Produce quarterly workforce reports including sickness absence 	
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Domain 3 – Inclusive Leadership

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<p>Commit to the EDI improvement plan and actions arising from this.</p> <p>Commit to leadership skill and competence development as part of the OD plan.</p>	<ul style="list-style-type: none"> Carry out gender pay gap, WRES and WDES reporting in 2024 Develop behavioural framework in line with the organisational values. 	
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	<p>To review the integrated impact assessment process</p> <p>Raising the awareness of the duty and assurance</p>	<ul style="list-style-type: none"> Carry out review including the identification and training and development for colleagues where appropriate. Participate in Board Development and the ongoing review of Board Assurance Framework 	
	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	Continue to support the Leadership Development Programme	<ul style="list-style-type: none"> Carry out staff survey in 2024. 	

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