



Agenda Item No:

18

Report to:	Humber and North Yorkshire Integrated Care Board
Date of Meeting:	13 th March 2024
Subject:	The NHS Equality Delivery System (EDS) 2022
Director Sponsor:	Anja Hazebroek, Executive Director of Communications, Marketing and Media Relations
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STATUS OF THE REPORT:

Approve Discuss Assurance Information A Regulatory Requirement

SUMMARY OF REPORT:

The Equality Delivery System (EDS) is an NHS England improvement framework for commissioners and providers to review and develop services, workforce and leadership.

The main purpose of the EDS is to help local NHS systems and organisations, in discussion with local partners and local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS 2022, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

The national guidance outlines that EDS reviews should be completed annually. Overall responsibility for the EDS lies with the Executive Board within each NHS organisation and the Board is required to approve the Equality Delivery System Report and action plan, which has been published on the ICB website.

The EDS comprises eleven outcomes spread across three domains, which are:

- 1) Commissioned or provided services (three services selected for review)
- 2) Workforce health and well-being
- 3) Inclusive leadership

The outcomes are evaluated, scored, and rated using available evidence and insight. It is these ratings that provide assurance or point to the need for improvement.

The Board received a paper explaining the organisation’s approach to EDS at its February meeting which was held in private. The paper included a summary of the review findings along with the provisional scores for each domain and the Board noted the provisional rating of ‘**Developing**’.

Since that meeting, external and peer review processes have been undertaken and the overall performance score for the Humber and North Yorkshire ICB has been finalised as ‘**Developing**’.

This is felt to be an accurate reflection of the journey Humber and North Yorkshire ICB is on in respect to equality, diversity and inclusion as it continues to work on developing its wider approach

to EDI. Some areas of good practice have been identified during the review and these will be harnessed and shared, and focus will be given to areas where further work is needed.

The external review documents are included at appendix 2 and the full Equality Delivery System Report and action plan is included at appendix 3.

RECOMMENDATIONS:

Members are asked to:

- i) Note the content of the report and approve the final performance rating of **‘Developing.’**
- ii) Approve the Equality Delivery System report and action plan.

ICB STRATEGIC OBJECTIVE

Managing Today	☒
Managing Tomorrow	☒
Enabling the Effective Operation of the Organisation	☒

IMPLICATIONS

Finance	Resource required to deliver on actions and recommendations (to be more fully scoped).
Quality	The actions recommended support a better understanding of patient experience, including complaints and concerns and SIs through the lens of protected characteristics.
HR	Appropriate resource needed to deliver on the actions identified.
Legal / Regulatory	Report aligns to legal requirements in respect of the Equalities Act 2010 and the Public Sector Equality Duty as well as ICB duty to make arrangements to secure that people are appropriately involved in planning, proposals and decisions regarding NHS services.
Data Protection / IG	Appropriate storage of any personal data (staff records / patient information in respect of protected characteristics.
Health inequality / equality	The report focusses on the organisation’s responsibilities in respect of health inequality / equality and outlines a number of actions required to meet our legal duties.
Conflict of Interest Aspects	N/A at present
Sustainability	N/A at present

ASSESSED RISK:

The primary risk is that the ICB fails to meet its statutory duties in respect of the Equality Act 2010 and the Public Sector Equality Duty. In addition, the ICB is required to demonstrate that it is involving the public in its planning, proposals and decisions regarding NHS services and demonstrate that it is and is supporting addressing equality issues in health service delivery.

MONITORING AND ASSURANCE:

Processes for monitoring compliance with the equality duty should be reviewed, as part of the programme of work to ensure the actions within the report are enacted and a more systematic and meaningful approach to equality, diversity and inclusion is developed.

ENGAGEMENT:

Much of the evidence gathered has been taken from public engagement activity and internal staff engagement. External validation took place during February with the six local Healthwatch organisations, the Inclusion Assembly, the Inclusion Network, Staff Health and Wellbeing Group, the Social Partnership Forum and a peer review with West Yorkshire ICB.

REPORT EXEMPT FROM PUBLIC DISCLOSURENo Yes

If yes, please detail the specific grounds for exemption.

THE NHS EQUALITY DELIVERY SYSTEM (EDS) 2022

1. INTRODUCTION

The Equality Delivery System (EDS) is an NHS England improvement framework for commissioners and providers to review and develop services, workforce and leadership.

The main purpose of the EDS is to help local NHS systems and organisations, in discussion with local partners and local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS 2022, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

The national guidance outlines that EDS reviews should be completed annually with the result of the review published on the organisation's website by 28th February. Overall responsibility for the EDS lies with the Board within each NHS organisation and this report aims to provide the Board of the Integrated Care Board (ICB) with an overview of the process undertaken and the assurance provided.

The ICB is continuing to work on developing its wider approach to Equality, Diversity and Inclusion. Some areas of good practice have been identified during the review and these will be harnessed and shared, and focus will be given to areas where further work is needed.

2. BACKGROUND

The EDS comprises eleven outcomes spread across three domains, which are:

- 1) Commissioned or provided services
- 2) Workforce health and well-being
- 3) Inclusive leadership

Further information about each of these domains is detailed in 3.1 below.

The outcomes are evaluated, scored, and rated using available evidence and insight. It is these ratings that provide assurance or point to the need for improvement.

The EDS is designed to encourage the collection and use of better evidence and insight across the range of people with protected characteristics described in the Equality Act 2010, and so to help NHS organisations meet the public sector equality duty (PSED) and to set their equality objectives. In addition, the EDS aligns with the Leadership and Capability and People themes within the NHS oversight framework.

The completion of the EDS, and the creation of interventions and actions plans in response to the EDS findings, can contribute to NHS system and provider organisations achieving delivery on the CORE20PLUS5 approach, the five Health Inequalities Priorities, and addressing inequalities in elective recovery highlighted in the 22/23 Guidance.

Recording of evidence is via a prescribed NHS England EDS2022 reporting template and the completed template for Humber and North Yorkshire ICB has been published on our website and is included at appendix 3.

An initial internal scoring process was undertaken for each of the domains, and this has been validated by an external review process. An overall performance score has been calculated and rated as either '**Undeveloped**,' '**Developing**'; '**Achieving**' or '**Excelling**'.

3. HUMBER AND NORTH YORKSHIRE ICB APPROACH

The Equality Delivery System (EDS) 2022 is a revised version of the previous EDS frameworks and this is the first year Humber and North Yorkshire ICB has undertaken the review, with 2022/23 being classed nationally as a pilot year.

To support the approach the ICB took to completing the review, an internal steering group was established, made up of representatives from relevant directorates to oversee the process. Each domain had an assigned executive lead and several teams contributing to the evidence base.

Under Domain 1, the ICB was required to select three services for review, one where the service is doing well, one not doing so well and one where performance is unknown. The services selected were:

Tobacco Dependency Services
Access to Primary Care
Maternity Services

Each domain is split into a number of outcomes against which relevant information and evidence was sourced. From this evidence we believe there are some areas of good practice which can be learned from and built upon and also some areas where it is clear that further work to truly understand the populations we serve is needed and how their experiences of care and exposure to harm may be determined by any protected characteristics. This is similarly true of need for a greater understanding of our workforce and the barriers they may face in the course of their working lives.

3.1 Summary of the three domains

The detail of each domain is summarised below along with some of the key headlines from the evidence submitted. A more comprehensive narrative overview of the review evidence, along with the suggested actions needed is detailed within Appendix 1 of this report. The full submission template is at appendix 3.

3.1.1 Domain 1: Commissioned or provided services

Executive Lead: Anja Hazebroek

Contributors: Engagement, Nursing & Quality, Patient Experience, BI teams

Evidence has been collated against the following four outcomes for each of these services:

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

1B: Individual patients (service users) health needs are met

1C: When patients (service users) use the service, they are free from harm

1D: Patients (service users) report positive experiences of the service

Evidence overview

Tobacco Dependency Services: Whilst there are impressive statistics for the number of patients offered and who take up stop smoking services within hospitals, access to appropriate data around the protected characteristics of smokers who access hospital services will help to ensure there are no barriers to having appropriate information and to accessing the relevant stop smoking services.

Access to Primary Care: Good practice was identified in primary care in respect of developing and testing integrated neighbourhood teams and some specific pilot projects appear to be yielding good results. However, greater collaboration is needed within primary care to support practices and PCNs with understanding the needs of their patient groups, particularly in respect of communication needs including translation services. Access is clearly an issue that has been identified within previous

engagement (NHS@75 and Pride in our Health) and follow up work is needed to understand how access barriers may relate to any protected characteristics.

Maternity Services: Some real patient centred thinking was demonstrated with the LMNS Equity and Equality Action plan detailing some specific programmes of work to support vulnerable groups through pregnancy, delivery and post birth. A number of dedicated posts has helped to further this programme of work. The Ask a Midwife project is a particular example of good practice. The implementation of new IT systems provides the opportunity to use data more effectively to identify need and gaps in provision.

It is also evident that reviewing services in isolation is not helpful and whilst this review focussed on three specific services, a wider programme of work taking a more holistic view through the lens of equality, diversity and inclusion should be welcomed.

3.1.2 Domain 2: Workforce health and well-being

Executive Lead: Jayne Adamson
Contributors: Workforce team

Evidence has been collated against each of the following four outcomes:

2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions

2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source

2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source

2D: Staff recommend the organisation as a place to work and receive treatment

Evidence overview

The number of schemes and support mechanisms for staff is commendable and the development of the Inclusion Network and Inclusion Assembly are both very important steps in bringing together colleagues with protected characteristics to influence meaningful change.

A greater focus on physical health and the promotion of more preventable illnesses has been identified as an area for action and the development of a health and well-being framework will be a positive step.

3.1.3 Domain 3: Inclusive leadership

Executive Lead: Karina Ellis / Jayne Adamson
Contributors: Workforce, Corporate Affairs teams

Evidence has been collated against each of the following four outcomes:

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

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

3C: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients

Evidence overview

The Board receives regular reports on progress made in respect of staff networks and initiatives to support the wider health and well-being of the ICB and wider ICP workforce and a number of internal and external communications mechanisms are utilised to share specific EDI initiatives and good practice.

The absence of specific staff feedback will be addressed with the implementation of a staff survey during 2024, with information received used to develop an EDI Improvement Plan. This will build on the Values Survey that was carried out in August 2023. Leadership skills and competence development, underpinned by a behavioural framework will also be part of the organisational development plan.

4. SCORING

When conducting the rating process, reference is made to each of the nine characteristics given protection under the Equality Act 2010.

Age
Disability
Gender reassignment
Marriage and civil partnership
Pregnancy and maternity (*and paternity*)
Race
Religion of belief
Sex
Sexual orientation

The ratings either provide assurance or point to the need for improvement by identify gaps and areas requiring action.

4.1 External and Peer Review Process

Each outcome was initially given a provisional score by the contributing team based on the evidence they provided. An external review process has been undertaken during February with the following groups reviewing specific domains:

- Local Healthwatch organisations – domain 1
- The Humber and North Yorkshire Inclusion Assembly – overall approach to the assessment
- The Inclusion Network – all domains
- The Social Partnership Forum (Trade Unions) – domain 3
- Staff Health and Wellbeing Group – domain 2

The completed review templates from Healthwatch, the Inclusion Assembly, the Inclusion Network and the Social Partnership Forum are included at appendix 2.

The Staff Health and Wellbeing Group made three comments, one in relation to the Freedom to Speak Up Policy superseding the Whistleblowing Policy, one in relation to staff having access to the Local Security Management Specialist and one in relation to access to conflict resolution training. These changes / additions have been included in the final template.

A peer review was also undertaken by West Yorkshire ICB in respect of domain 3. We reciprocated and the HNYICB EDS steering group undertook an assessment of their domain 3 evidence.

In summary, the West Yorkshire review team felt that Humber and North Yorkshire ICB had done a good job of managing the process with good evidence and a fair grading. They liked our adoption of a steering group to oversee the process and the involvement of executive level leads. They felt we had a good selection of external reviewers and particularly liked our use of the Inclusion Assembly.

They praised the actions and potential activity identified that should lead to development but reminded that actions should always be SMART, and that we should ensure we are measuring the impact or influence. They felt that the Board, senior leaders and senior leadership more generally, could be referenced more and that we should be able to demonstrate the impact of the Board Champion roles. West Yorkshire ICB has indicated that they would like to continue to work with us on the EDI agenda, sharing ideas and best practice etc.

As a result of the external validation process some of the ratings have been reviewed and rescored as summarised below, with the final scoring for each domain is shown in the Equality Delivery System Report in appendix 3. All external reviewers agreed with the overall rating of '**Developing**'.

Domain 1: Treating tobacco dependence

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

Confirmed score of 1 (Developing activity) was provisionally scored 2 (Achieving activity)

1D: Patients / service users report positive experiences of the service

Confirmed score of 1 (Developing activity) was provisionally scored 2 (Achieving activity)

Treating Tobacco Dependence overall rating of 4 (Developing activity)

Domain 1: Maternity Services

1B: Individual patients / service users health needs are met

Confirmed score of 2 (Achieving activity) was provisionally scored 3 (Excelling activity)

1C: When patients service users use the service they are free from harm

Confirmed score of 1 (Developing activity) was provisionally scored 2 (Achieving activity)

1D: Patients / service users report positive experiences of the service

Confirmed score of 1 (Developing activity) was provisionally scored 2 (Achieving activity)

Maternity Services overall rating of 6 (Developing activity)

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.

Confirmed score of 1 (Developing activity) was provisionally scored 2 (Achieving activity)

Workforce health and wellbeing overall rating of 5 (Developing activity)

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.

Confirmed score of 1 (Developing Activity) was provisionally scored 2 (Achieving activity)

Inclusive leadership overall rating of 3 (Developing activity)

5. CONCLUSION

It is felt that the overall rating of **'Developing'** is an accurate reflection of the journey Humber and North Yorkshire ICB is on in respect to equality, diversity and inclusion and it does acknowledge the pockets of good practice as well as the areas for further development.

6. NEXT STEPS

The initial EDS2022 review templates have been published and the action plans will now be implemented and monitored. The information gathered in this exercise to help inform the ICB's EDI objectives for 2024-25 which should also be published by the end of March 2024.

The comprehensive review of the organisation's approach to Equality, Diversity, and Inclusion (EDI) will be initiated including exploring a new approach to enhanced staff education and training particularly in terms of EDI awareness and specific duties under the Equalities Act will be developed.

7. RECOMMENDATIONS

The ICB Board is asked to:

- a) Note the content of the report and approve the final performance rating of **'Developing.'**
- b) Approve the Equality Delivery System report and action plan.

APPENDIX 1: Summary of review outcomes for each of the EDS2022 domains

The following narrative summarises the evidence and examples provided for each outcome with each domain, with a confirmed rating score for each section based on that evidence. Key actions are detailed at the end of each section, along with a confirmed overall score.

Domain 1: Commissioned services

1. Treating Tobacco Dependence (NHS Long Term Plan)

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

Tobacco control identified a share of Humber and North Yorkshire health and equalities funding due to high smoking prevalence in the region. Hull University Teaching Hospitals Trust (HUTH) and Northern Lincolnshire and Goole Hospitals Trust (NLaG) were identified as having greatest inequalities and prevalence and delivery of the Treating Tobacco Dependence programme was focussed initially to these two trusts with a rollout plan established for the trusts at York and Scarborough, Humber and Harrogate and District.

Detailed profiles on smoking prevalence for each of our six areas is available and this includes a break down to routine and manual occupations. However, the ICB does not have background information as to the make-up of protected characteristics in the population of people who attend hospital and smoke, which means we cannot see if the population of people who attend our services are appropriately represented.

Providers are supported to ensure equitable access to services taking into account cultural and demographic requirements, for example 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.

As part of the programme, a dedicated Swap and Stop website has been launched with an accessibility function.

Confirmed score of 1 (Developing activity) was provisionally scored 2 (Achieving activity)

1B: Individual patients / service users health needs are met

Services have been designed using extensive smoking cessation knowledge and expertise and all tobacco dependency treatment advisors across the trusts are fully NCSCCT trained and use evidence-based cessation therapies.

Patients are offered smoking cessation medication and support upon admission to hospital and supported throughout their hospital stay. Data shows impressive statistics for the numbers of patients offered and who take up the service, with over 33% of patients who engage with the service still successfully smoke free 28 days post discharge. Translated information on the service is available.

Confirmed score of 1 (Developing activity)

1C: When patients / service users use the service they are free from harm

The provision of nicotine replacement therapy upon admission to hospital provides a safer alternative and negates the need for harmful tobacco usage. There is no evidence to identify if there are any barriers to the usage of nicotine replacement therapy for any of the protected characteristic groups.

Confirmed score of 1 (Developing activity)

1D: Patients / service users report positive experiences of the service

Trusts are responsible for gathering and reporting data on their services and regulatory meetings between the ICB Tobacco Dependency Programme Manager and clinical leads ensures a clear flow of communications and continual best practise sharing across the trusts. Case studies showcase positive service user experiences and are used to promote the service to others. Opportunities to improve and shape the services are communicated to service users.

Confirmed score of 1 (Developing activity) was provisionally scored 2 (Achieving activity)

Key actions identified for Domain 1 – Treating Tobacco Dependence

- 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.
- Utilise this information to help understand the potentially unmet needs of those either accessing the services or those who are eligible but not accessing.
- Seek assurance from trusts that take up of the service is proportionate to the demographic of the eligible population.
- Review the accessibility function of the Swap and Stop website.
- Improve access to medication for all, ensuring that patient information leaflets are appropriately translated.
- Increase the availability of nicotine replacement therapy and vapes and gain understanding of any potential barriers to use in particular protected characteristics.
- Increase numbers of service users who want to celebrate their story and will allow us to use that in our communications work.
- Ensure stories gathered are representative of the patient demographic and that relevant stories are used appropriately to promote the service within particular communities.
- Involve service users in the development of new services and ensure that a representative range of user voices are reflected in our work.

Domain 1: Commissioned service

- Treating Tobacco Dependence overall rating of 4 (Developing activity)

2. Access to Primary Care Service (GP services)

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

Healthwatch organisations provide a useful source of independent intelligence with subject specific and general monthly reports published. These reports highlight an inconsistency of access across individual GP practices and one specific report focused on the experiences of deaf and hard of hearing patients and identified many barriers to accessing services. This has resulted in BSL interpretation in the Hull area and working with IT providers on a front of house technology solution for other GP practices.

As part of the primary care capacity access and recovery plan, all PCNs have developed specific recovery plans which include meeting the needs of their populations. Plans should take into account feedback from patient participation groups.

The ICB's engagement report, NHS@75, identified many challenges with access to primary care services including being able to make an appointment, lack of understanding of the variety of roles within primary care including that of the Care Navigator, and the preference for face-to-face consultations. However, the findings were not specifically broken down into particular protected characteristics and further work to understand the views of specific protected groups would be helpful. Specific engagement work was undertaken with the LGBT+ community as part of the Let's Take Pride in our Health programme delivered during the summer of 2023. This insight highlighted over a third had experienced negative attitudes to gender identity or sexual orientation from a GP or doctor and challenges getting appointments specific for their needs. Recommendations included further training for primary care professionals to better understand trans healthcare needs and to agree principles of good practice.

Some good examples of equality impact assessments relating to GP practice reconfigurations were identified, however there was no evidence to suggest that there was a consistent approach across the Humber and North Yorkshire area, and this should be addressed via awareness raising and training.

Confirmed score of 1 (Developing activity)

1B: Individual patients / service users health needs are met

Interpretation and translation services (ITS) are commissioned within primary care in most places, but provision varies and is not consistent with demand. There are some pockets of good practice, for example the Hull Well-Being Service is working with GP practices to ensure the adjustable flag is included on the clinical system for all patients requiring additional support or information in another format. NHS England has issued guidance for commissioners which highlights how not being able to communicate well with health professionals can impact on health outcomes. The ICB is currently reviewing commissioned ITS to ensure equity of provision.

The Primary Care Collaborative CORE20PLUS5 Accelerator Programme is developing and testing an integrated neighbourhood team approach to care within Hull and will be expanding to include additional PCNs shortly. Three integration programmes have been agreed in East Riding of Yorkshire including focus on integrated neighbourhood teams, complex cases and the weight management pathway.

A two-year Population Health Management programme of support is being delivered across primary care networks to provide the tools at local level to improve population health and reduce variation. Health inequalities funding is supporting schemes in collaboration with local authority partners and areas targeted include health coaching, improving access to services and health improving activities, and providing frailty and dementia support, specifically in areas of deprivation and rurality. Some areas of really good practice have been identified through this programme and learning should be shared across other places.

Confirmed score of 2 (Achieving activity)

1C: When patients / service users use the service they are free from harm

Oversight of patient quality issues is provided via the System Quality Group meetings with the Quality Committee having overarching responsibility for primary care quality issues. Learning from serious incidents is escalated through this route and appropriate training sessions are delivered to mitigate future occurrences.

Primary care concerns or complaints received by the ICB as the commissioner are monitored on a daily basis and in line with policy will be flagged to other teams 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 to ICB responsibility in July 2022. A dashboard is being developed to provide executive oversight of the intelligence received on a more regular basis as currently demographic data is not always routinely captured.

The ICB's Freedom to Speak up Policy ensures that staff have a voice and are able to raise concerns including those relating to patient harm.

The ICB's Policy Development Framework describes how we must demonstrate due regard to the equality duty and active consideration of equality must influence decisions that will impact on patients, carers, communities and staff. An Equality Impact Assessment is a way of systematically analysing a new or changing policy, strategy or service and any likely effect it could have on.

Equality and diversity training is a statutory and mandatory requirement for all staff; however, the scope of this training is quite limited and is something that should be reviewed.

Confirmed score of 1 (Developing activity)

1D: Patients / service users report positive experiences of the service

In addition to the insight already mentioned as part of a NHS75 survey findings and the LGBT+ Pride in our Health work, the ICB reviews national patient experience survey data. Humber and North Yorkshire scored above average with 74% describing the overall experience with their GP practice as good and 92% feeling involved in decisions about their care and treatment however more work is needed to understand the demographic breakdown in relation to specific experiences of primary care. We have little specific information about primary care compliments as it is more than likely these are logged directly with service providers. Friends and Family Test information is analysed by practice / primary care network and also at Place, but work is needed to understand themes and trends more broadly.

A new Patient Engagement Network (PEN) has been established which includes patient participation group (PPG) chairs, community groups and other patient groups and will be a mechanism to gain further patient experience feedback

Confirmed score of 1 (Developing activity)

Key actions identified for Domain 1 – Access to Primary Care (GP services)

- 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.
- Ensure delivery against the PCN's recovery plans results in equity and improvement to access.
- 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.
- 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.
- Ensure there is a consistency of approach in respect of completion of equality impact assessments specifically regarding GP practice service changes and reconfiguration.
- Work with practices to help ensure they have an understanding of their patients' communication needs and preferences and are able to meet them.
- Review and reprocur the ICB commissioned Interpretation and Translation Service to ensure equity and appropriateness of provision across the patch.
- 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.
- 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.
- Consider expanding the nature and scope of mandatory equality and diversity training.
- Carry out further targeted engagement work with Black and Minority 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 primary care to establish and agree LGBT+ principles of good practice, particularly in respect of trans healthcare.

- 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.

Domain 1: Commissioned service

- Access to Primary Care (GP services) overall rating of 5 (Developing activity)

3. Maternity Services

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

The Humber and North Yorkshire Local Maternity and Neonatal System (LMNS) Equity and Equality Action Plan 2022-27 details how the LMNS will work in partnership to ensure equity for women and babies and race equality for staff. All work on this action plan is reported to the LMNS Delivery Board bi-monthly and through the Yorkshire and Humber Regional Perinatal Surveillance Group.

The Ask a Midwife project offers easier access to maternity advice and has been shortlisted for a national award as well as featured as a case study in the national maternity 3-year plan. The online service averages around 800 messages a month and there are face to face drop-ins and planned visits targeting vulnerable communities. There is an ongoing work plan in place including expansion of reach and specific programmes aimed at particular populations.

Reachdeck software is installed on public information websites and enables improved accessibility and readability of website content. Reachdeck adds speech reading and translation tools to web pages, makes content more accessible for people with dyslexia, literacy problems, where English is not a first language and with mild visual impairments.

Specific guidance and public information leaflets are produced with members of the trans and non-binary community and each trust has been awarded funding to roll out training around trans and non-binary birthing people.

The LMN data dashboard outlines specific requirement of service users in respect to different ethnic groups. There is a current rollout of the BadgerNet, end to end maternity IT system, which will enable a more consistent reporting set and use the data more effectively to identify need.

The Humber and North Yorkshire LMNS only has one Continuity of Carer (CoC) team in action currently and this is 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.

Confirmed score of 2 (Achieving activity)

1B: Individual patients / service users health needs are met

All Places have an established and funded Maternity Voices and Neonatal Partnership (MNVP) which 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.

The LMNS Equity and Equality action plan already referenced, sets out how the LMNS will work in partnership to ensure equity for women and babies and race equality for staff. Associated analysis identifies areas of inequity and action plans have been developed to address these. A number of specific staff roles have been developed to ensure those who are unable to advocate for themselves and those who seldom engage with healthcare are identified and their needs met. These roles include a Cultural Diversity Lead, a Neonatal, Parent and Family Engagement Lead and an Equity and Equality Lead.

Central to Better Births is the principle that maternity care should be personalised, and safe and pregnancy and birth personal care plans are co-designed by women, birthing people and healthcare professionals to record thoughts, feelings and choices for pregnancy, birth and early parenthood.

The Yorkshire and Humber City of Sanctuary Maternity Stream Group supports asylum seeking and refugee women to overcome barriers to accessing maternity services, understanding their choices and supporting them to attend care in a timely manner.

Public information documents are available in easy read and other languages and a guide to pregnancy has been sent out to community leaders voluntary organisations and those who have contact with some of the most vulnerable people in society. It has been translated into several languages and the Guide to Pregnancy has been proactively translated into Romanian and Polish and working alongside local employer Cranswick Foods (who have a high proportion of Romanian and Polish female employees) distributed within the workforce to encourage early referral to maternity services. Specific staff training and development has been undertaken to raise cultural awareness.

A pilot programme is underway in North and North-East Lincolnshire focusing on healthy maternal weight during pregnancy.

Confirmed score of 2 (Achieving activity) was provisionally scored 3 (Excelling activity)

1C: When patients service users use the service they are free from harm

The LMNS Delivery Board meets bi-monthly, and reports received there contain information relating to all maternity programmes including quality concerns. Serious incidents are reported to the Quality Committee and to the ICB Board for learning lessons and sharing good practice. Monthly executive reports with narrative are provided on still births and neonatal deaths all reports are reviewed within the LMNS, and learning shared with trusts to support workstream action planning.

The results of the CQC Maternity Survey 2022 are used to support the development of trust action plans where appropriate. The Maternity Incentive Scheme (CNST) supports compliance with safety actions and analysis of learning points from the final Ockenden report (March 2022) and East Kent report (June 2022) informed the development of action plans. Progress against these is reported to trusts board of directors and ICB Board and this forms the basis the annual allocation of delivery funding.

The 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.

Complaints and concerns received by the ICB as the commissioner monitored on a daily basis and in line with policy flagged to other teams if there are concerns of harm. Quarterly and annual reporting is in place but further work to understand demographic data is needed.

The Freedom to Speak up Policy ensures that staff have a voice and are able to raise concerns including those relating to patient harm.

The equality impact assessment is a way of systematically analysing new or changing policy, process etc. and any potential adverse impact identified would be monitored as part of compliance with the policy.

Confirmed score of 1 (Developing activity) was provisionally scored 2 (Achieving activity)

1D: Patients / service users report positive experiences of the service

The Maternity and Neonatal Voices Partnership Groups are parent-led, independent advisory groups of volunteer service user representatives and professionals who help improve maternity care. The CQC Maternity Services Survey is used to understand patient experiences of service and to develop subsequent action plans for Trusts.

Patients usually choose to record compliments directly with the service provider and therefore numbers collated by the ICB are relatively low. The ICB is working with providers to start sharing information and this would include compliments. The Ask a Midwife service collates compliments and learning and shares this with trusts, also produces a newsletter of themes monthly. The LMS highlights aspects of good practice from communications in their safety learning newsletter.

Engagement findings from hospital services reviews in Humber and York / Scarborough identified patient satisfaction with services and areas for improvement specifically around patient experience for Black and Minority Ethnic people.

Confirmed score of 1 (Developing activity) was provisionally scored 2 (Achieving activity)

Key actions identified for Domain 1 – Maternity Services

- Expand the reach of the Ask a Midwife service and develop specific programmes aimed at particular populations developed work planned
- Use the data captured via the BadgerNet maternity IT system to identify need and gaps in provision.
- Review Continuity of Carer service provision when enhanced continuity funding becomes available during 2024 25.
- Review the membership of MNVPs with a view to increase diversity of membership to reflect local communities.
- Evaluate the Holistic Healthy Weight - Healthy Lives maternity pilot programme with a view to wider rollout.
- More training put in place to embed cultural awareness into training and development plans for all staff online packages being explored.
- Re-establish the Safety Learning Forum. Terms of Reference for this are currently being drafted.

- 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 Black and Minority Ethnic people.

Domain 1: Commissioned service
- Maternity Services overall rating of 6 (Developing activity)

Domain 2: Workforce health and well-being

2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions.

The ICB has a number of staff support mechanisms including the Resilience Hub, the Employee Assistance Programme, Occupational Health, Cancer Champions programme, Health and Well-being Champions, the staff Well-being and Engagement group, and a number of specific training or accreditation programmes such as menopause friendly, disability confident and mindful employer.

Staff can access coaching and mentoring as part of the Humber North Yorkshire Health and Care Partnership Coaching Network. Staff are given the opportunity to complete a health passport and share with their line manager to help them manage any health conditions and support with reasonable adjustments.

Confirmed score of 1 (Developing activity) was provisionally scored 2 (Achieving activity)

2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source.

The ICB has a wide range of policies available to staff including Dignity and Respect at Work Policy, Grievance Policy, Flexible Working Policy, Attendance Management Policy, Induction and Probationary Policy, Freedom to Speak up Policy and Whistle Blowing Policy.

The ICB has zero tolerance for any form of bullying or harassment which is outlined within the dignity and respect at work policy. All staff are required to complete statutory mandatory training including equality, diversity and human rights, health safety and welfare and learning disabilities and autism.

Colleagues are invited to join the Inclusion Network to influence meaningful change for the workforce. In addition, the Inclusion Assembly brings together colleagues with protected characteristics from across the whole partnership of health, care and VCSE organisations. A current project being co-created by the Assembly is the Humber North Yorkshire inclusive language guidance to enable staff to use appropriate language on that fall enable greater respect for others.

Confirmed score of 2 (Achieving activity)

2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.

In addition to the various policies and support mechanisms already outlined, the Freedom to Speak Up Guardian supports staff to use their voice if they feel unable to and this is detailed in the corporate and local induction plans as well as the staff handbook. As part of the values and culture development work, all staff have been invited to become Culture Champions.

Confirmed score of 1 (Developing activity)

2D: Staff recommend the organisation as a place to work and receive treatment.

The staff survey was last undertaken in April 2022 prior to the formal inception of Humber and North Yorkshire ICB, but data from this survey led to further actions regarding the development of the ICB values and culture work.

In 2023 all ICB employees were given the opportunity to participate in a Barrett Values Assessment. The staff roadshows undertaken in the autumn of 2023 took a more detailed look at the initial assessment findings, and staff were given opportunity to provide feedback and ideas within these sessions.

Meetings have taken place at departmental and team level to shape and develop the values. There is ongoing work to analyse all feedback and identify themes and values to be presented as recommendations to the board and employees. There will also be an organisation development and transformation plan that develops this further and includes a behavioural framework and leadership charter. Following the launch of this there will be a staff survey completed in the Summer of 2024.

Confirmed score of 1 (Developing activity)

Key actions identified for Domain 2

- Commit to greater focus on physical health and the promotion of avoiding more preventable illnesses for staff.
- Develop a health and well-being framework for the organisation as part of the OD and transformation plan.
- Effectively utilise the staff intranet (when launched) to promote health and well-being offers and raise awareness of support available.
- Commit to develop and communicate guidance on reasonable adjustments to support staff to manage long term health conditions.
- Improve quality of EDI data on ESR and encourage staff to record their protected characteristics via employee self self-serve (when implemented) and involve HNY Inclusion Network to identify any barriers and enablers to improve staff willingness and motivation to share this information.
- Produce quarterly workforce reports including sickness absence.
- Carry out a staff survey in 2024 and use analysis to demonstrate trends and impact of policies and procedures.
- Conduct analysis of exit survey data and associated reporting and actions.
- Increase the number of Freedom to Speak Up Champions and promote more widely.
- Launch the Unacceptable Behaviour Policy including Violence and Aggression Charter and signatory to the Sexual Safety in Healthcare Organisational Charter.

- Commit to greater involvement of the Inclusion Network in carrying out equality impact assessments.
- 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.
- Implement the OD and transformation plan including the embedding of organisational values.

Domain 2: Workforce health and wellbeing overall rating of 5 (Developing activity)

Domain 3: Inclusive Leadership

3A: Board members, system leaders and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities.

The ICB has an independent Board level EDI champion and Staff Health and Wellbeing champion to provide relevant challenge.

An ICB Inclusion Network has been established which is open to anyone who identifies as part of a protected group. An Inclusion Assembly has also been established across the wider partnership. The organisation is embedding the six high impact actions which include fair and inclusive recruitment and career progression. Inclusive recruitment and selection training will become a core mandatory requirement for line managers from February 2024.

A number of internal and external facing communication mechanisms are used to highlight the ICB approach to areas such as tackling health and equalities and celebrating diversity. Work is underway with the Inclusion Assembly to co- create a programme of intersectional inclusion literacy.

Confirmed score of 1 (developing activity) was provisionally scored 2 (Achieving activity)

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

Reporting templates for the Board require the declaration of any equality impact assessments completed. The Board Assurance Framework details any risks associated with delivering our legal duties.

Terms of reference for Board and Committees detail requirement to ensure compliance with the ICB's statutory responsibilities including equality and diversity. Specific work streams such as the Humber North Yorkshire Workforce Board have aligned their objectives to ensure positive impact on health inequalities, social inclusion and economic growth.

A dedicated Population Health and Prevention Executive Committee has been established with a specific area of focus on providing population health and prevention leadership and oversight to support the vision of helping our population to start well, live well, age well and end life well.

Confirmed score of 1 (Developing activity)

3C: Board members and system leaders ensure levers are in place to manage performance and monitor progress with staff and patients.

The organisation has a responsibility to complete the workforce race equality standard (WRES) and the workforce disability equality standard (WDES) from 2024 and has been carrying out internal data analysis in preparation for this. A gender pay gap report will also be produced in 2024.

The Humber and North Yorkshire Health and Well-being Committee terms of reference acknowledges the requirement to understand the diverse needs that arise across the Humber and North Yorkshire workforce due to underlying health inequalities, recognising the link between deprivation and ill health.

The ICB is a menopause friendly accredited employer and proactively promotes menopause awareness sessions.

Confirmed score of 1 (Developing activity)

Key actions identified for Domain 3

- Carry out gender pay gap, WRES and WDES reporting in 2024.
- Carry out staff survey in 2024.
- Commit to the EDI improvement plan and actions arising from this.
- Commit to leadership skill and competence development as part of the OD plan. This will be underpinned by a behavioural framework which is to be developed in line with the organisational values.
- Raising the awareness of the duty and assurance to the Board through Board Development and the Board Assurance Framework
- To review the integrated impact assessment process, including the identification and training and development for colleagues where appropriate.
- Improve recording of EDI data on ESR including involvement of the HNY Inclusion network to identify any barriers and enablers.
- Include theme of EDI and inclusion as part of health and well-being conversations within the Leadership Development Programme.

Domain 3: Inclusive leadership overall rating of 3 (Developing activity)

The overall performance score for the Humber and North Yorkshire ICB has been confirmed as **‘Developing.’**