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| NHS Equality Delivery System 2022 |
| EDS Reporting Template |
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| Version 1, 15 August 2022 |

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| Classification: Official |
| Publication approval reference: PAR1262 |

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## Equality Delivery System for the NHS

***The EDS Reporting Template***

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

The EDS is an improvement tool for patients, staff and leadersof the NHS.It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Reportis a template which is designed to give an overview of the organisation’s most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation’s website.

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| **Name of Organisation**  | Humber and North Yorkshire Integrated Care Board | **Organisation Board Sponsor/Lead** |
| Anja HazebroekJayne AdamsonDr Bushra Ali – GP Board member with responsibility for EDI |
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| **Name of Integrated Care System** | Humber and North Yorkshire Integrated Care System |
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## NHS Equality Delivery System (EDS)

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| **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 leadsHR and Workforce leadsGovernance leadsProgramme team NHS long term plan (Tobacco)Primary Care teamLMNS teamHealth 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 ICBHNY 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 |
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| **Completed actions from previous year** |
| **Action/activity** | **Related equality objectives** |
| As NHS Humber and North Yorkshire ICB was only established in July 2023 this if there 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

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| 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 correctlyScore 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)**

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| **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 | Tobacco control identified for share of HNY Health inequalities funding due to high smoking prevalence in region (Life expectancy gap – deprived communities)Centre for Excellence in Tobacco Control established to support wider delivery of tobacco control and dependency treatment, which includes elements of the NHS Long Term Plan associated with, Oversight, Quality and Service Improvement. | <https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/05/Item-10-2023-HNY-Health-Inequalities-Funding-Proposal-Updated.pdf>**Tobacco Profiles**North East Lincs - [Local Tobacco Control Profiles - Data - OHID (phe.org.uk)](https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/ati/402/are/E06000012)Hull - [Local Tobacco Control Profiles - Data - OHID (phe.org.uk)](https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/ati/402/are/E06000010/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1)East Riding - [Local Tobacco Control Profiles - Data - OHID (phe.org.uk)](https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/ati/402/are/E06000011/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1)North Lincs - [Local Tobacco Control Profiles - Data - OHID (phe.org.uk)](https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/ati/402/are/E06000013/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1)North Yorkshire - [Local Tobacco Control Profiles - Data - OHID (phe.org.uk)](https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/ati/402/are/E10000023/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1)York - [Local Tobacco Control Profiles - Data - OHID (phe.org.uk)](https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/ati/402/are/E06000014/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1) |  | Peter Roderick, Director of Public Health / Jack Lewis, Consultant in Public Health |
| 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](https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/smoking/)Population Health and Prevention Board papers and minutes.[Tobacco Dependency Treatment Programme - Humber and North Yorkshire Health and Care Partnership](https://humberandnorthyorkshire.org.uk/our-work/tobacco-dependency-treatment-programme/) |  | 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 JonesProgramme 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 needs are met | 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. |  |  |
| 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 ICBSam’ s Story - <https://youtu.be/ohxy3PFv3EM?si=X7Vi82ZE9r0mQh0p>Paul’s Story - <https://youtu.be/jGeqWSuveYc?si=EqWy7miND1NQQJVT> |  |  |
|  | 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)**

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| **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 improvementPlace 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 |
| ICP Primary Care Collaborate Primary Care Capacity Access and Recovery plan. | <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[https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/05/Item-13-Primary-Care-Progress-Board-Report-November-2023-FINAL.pdf Pages 8/9](https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/05/Item-13-Primary-Care-Progress-Board-Report-November-2023-FINAL.pdf%20Pages%208/9)All PCNs have developed specific recovery plans which include meeting the needs of their populations. Plans to take into account feedback from PPGs  |  | Helen Phillips, Assistant Director of Primary CarePlace Primary Care leads |
| NHS@75 engagement – people’s views on accessing primary care services and variations by demography | 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> |  | Anja Hazebroek, Executive Director of Communications, Marketing and Media Relations |
| Findings from Voice of Lived Experience activity summer 2023 shaped the ICB plans to improve access to Primary Care  | 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 |  | Helen Phillips, Assistant Director of Primary Care |
| Launch of LGBT+ digital health hub in response to findings from ICB engagement activity | [Let's take pride in our health - Let's Get Better (letsgetbetter.co.uk)](https://www.letsgetbetter.co.uk/living-well/pride/)Dedicated LGBT+ platform launched June 2023 and alongside communications campaign to promote. Findings from Engagement work undertaken in Summer 2023[Item-8-Pride-in-Our-Health-Report-Final-.pdf (icb.nhs.uk)](https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/05/Item-8-Pride-in-Our-Health-Report-Final-.pdf) |  | Anja Hazebroek, Executive Director of Communications, Marketing and Media Relations |
| ICB is assured that decisions around merger of GP practices and services changes in PC have due regard for protected characteristics groups -  | Example of an EQIA relating to GP practice reconfiguration [(Appendix 3 of formal consultation report)](https://www.chcppractice.nhs.uk/your-voice/practice-changes-have-your-say/Patient%20Consultation%20-%20Full%20report%20Final%20080223.pdf) |  | Place Leads for Primary Care |
| **OVERARCHING SCORE FOR OUTCOME 1A** 1 |
| 1B: Individual patients (service users) health needs are met | Translation and interpretation services – accessible communications compliance | Translation and interpretation services commissioned within Primary Care in most places but provision varies across places and is not consistent with demand.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.AA Global website shows compliance - <https://www.aaglobal.co.uk/>AA Global Service Spec includes Legislation and Key Policy DriversNHSE Guidance for Commissioners: Interpreting and Translation Services in Primary Care[[1]](%22%20%5Cl%20%22_ftn1) 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. These are as follows:Principle 1: Access to servicesPrinciple 2: Booking of interpretersPrinciple 3: Timeliness of accessPrinciple 4: Personalised approach Principle 5: Professionalism and safeguardingPrinciple 6: Compliments, comments, concerns, and complaintsPrinciple 7: Translation of documentsPrinciple 8: Quality assurance and continuous improvement[[1]](%22%20%5Cl%20%22_ftnref1) [guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf (england.nhs.uk)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2018%2F09%2Fguidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf&data=05%7C02%7Csusan.lee17%40nhs.net%7C618e3150698645c8fb2308dc21b7ea82%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638422320992398610%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=Tzzl3kCz%2B9rBvI5Af5e25DlRLruPh2%2FS2%2F8qv6WtbmA%3D&reserved=0) |  | Jack Lewis, Consultant in Public Health |
| Primary Care Collaborative Core20PLUS5 Accelerator Programme | <https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/07/Joint-Forward-Plan-How-we-will-deliver-our-strategy-from-2023-to-2028.pdf>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.**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.  |  | Jack Lewis, Consultant in Public Health |
| PHM - two year programme of support across primary care networks to provide the tools at local level to improve population health and reduce variation  | <https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/07/Joint-Forward-Plan-How-we-will-deliver-our-strategy-from-2023-to-2028.pdf>**East Riding Population Health** – Eight population health programmes agreed as part of the HCC workplan and one Committee Development programme. |  | Jake Abbas, Deputy Director for Population Health Intelligence |
| Health Inequalities funding – HNY schemes in 22/23 in collaboration with local authority partners | 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 RainbowChildren’s Centre, Hull – 2 sessions per week. Programme evaluation has been concluded and awaiting approval.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 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. |  | Jack Lewis.Consultant in Public Health |
| 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.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<https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/05/Item-13-Primary-Care-Progress-Board-Report-November-2023-FINAL.pdf> |  | Strategic primary Care Lead across Humber and North Yorkshire and York (name tbc) |
| 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.  | <https://weareheartbeat.org/menopause/> |  | Andrew Dangerfield, Assistant Director of Primary care (York and North Yorkshire)  |
| **OVERARCHING SCORE FOR OUTCOME 1B 2** |
| 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/](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhumberandnorthyorkshire.icb.nhs.uk%2Fmeetings-and-papers%2F&data=05%7C02%7Cr.stanton%40nhs.net%7Cf43ab74447e64d7c29ca08dc1749604a%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638410851112211243%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=mxhTdbthJtdaZk9ZNSHgAa4xiKns61aNaHhiJSi%2BWqw%3D&reserved=0) |  | 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 |
| Primary Care communications.Quality matters are escalated via Primary Care Quality Commitee   | 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.[https://humberandnorthyorkshire.icb.nhs.uk/meetings-and-papers/](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhumberandnorthyorkshire.icb.nhs.uk%2Fmeetings-and-papers%2F&data=05%7C02%7Cr.stanton%40nhs.net%7Cf43ab74447e64d7c29ca08dc1749604a%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638410851112211243%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=mxhTdbthJtdaZk9ZNSHgAa4xiKns61aNaHhiJSi%2BWqw%3D&reserved=0) |  | Primary Care Leads at Place  |
| The ICB considers impact of decisions and plans around Primary Care on protected characteristics and inclusion groups - Public Sector Equality Duty & Impact Assessments | 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. A new or updated Policy will not be uploaded to the internet/ intranet without a completed Impact Assessment |  | Gemma Mazingham, Head of Regulatory Functions |
| 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** |
| 1D: Patients (service users) report positive experiences of the service | 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> |  |  |
|  | 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)](https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/05/Item-8-Pride-in-Our-Health-Report-Final-.pdf) |  | Helen Phillips, Assistant Director of Primary CarePlace primary care leads |
|  | 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 | <https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/05/Item-13-Primary-Care-Progress-Board-Report-November-2023-FINAL.pdf> |  | Debbie Lowe, Place Nurse Director Hull & East Riding) |
|  | Compliments | 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.  |  | 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](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Ffft%2Ffriends-and-family-test-data%2F&data=05%7C02%7Csally.czabaniuk%40nhs.net%7C85d760ff0f2f4b44751408dc07946362%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638393583490017538%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=K1sMpTDAs4dDfKHf%2BHucDGoi3fHLxJMiUEcND4Ns00c%3D&reserved=0) |  | Primary Care Place Teams |
| **OVERARCHING SCORE FOR OUTCOME 1D 1** |
| **OVERALL RATING FOR DOMAIN 1: 5** **Access to Primary Care (GP Services)**  |

## 3. Maternity Services

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| **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)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.humberandnorthyorkshirematernity.org.uk%2Fsupport1%2Fequity-and-equality%2F&data=05%7C02%7Csally.czabaniuk%40nhs.net%7Ce292e2aa43da49d10f0f08dbfca56d9d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638381559656022487%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=nRDJ5%2FjXXm0EfehTWuBt5Dpd%2FLlqmruz2ru7F9AUouc%3D&reserved=0) |  | Becky Case, LMNS Programme Lead |
| Ask a Midwife project offering easier access to maternity advice shortlisted for national awardAsk a midwife is a case study featured in the maternity 3 year plan  | [Local Maternity System - Ask a Midwife (humberandnorthyorkshirematernity.org.uk)](https://www.humberandnorthyorkshirematernity.org.uk/support1/ask-a-midwife/) |  | Becky Case, LMNS Programme Lead |
| 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 - Home](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.maternalmedicine.org.uk%2F&data=05%7C02%7Csally.czabaniuk%40nhs.net%7Ce292e2aa43da49d10f0f08dbfca56d9d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638381559656178733%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=hDx9KKdS9Q32DU44sxh0a%2BHTJU4dR0FkJxuTH9pSzBI%3D&reserved=0)<https://www.everymummatters.com/>[Bump The Habit - Home](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bumpthehabit.org.uk%2F&data=05%7C02%7Csally.czabaniuk%40nhs.net%7Ce292e2aa43da49d10f0f08dbfca56d9d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638381559656178733%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=zjZJZr0Z9euFYd4BfPs%2Fe2KrQ7UPaZRfVDvUWes5uuU%3D&reserved=0)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. |  | Becky Case, LMNS Programme Lead |
| 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)](https://www.humberandnorthyorkshirematernity.org.uk/support1/equity-and-equality/hny-lmns-perinatal-care-for-trans-and-non-binary-people/)[HNY LMNS - PILTransandNonBinary 060923.pdf](file:///C%3A%5CUsers%5Csally.czabaniuk%5CDownloads%5CHNY%20LMNS%20-%20PILTransandNonBinary%20060923.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 HealthOutcomes profile - Equityand 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 acrossTrusts on ethnicity anddeprivation – Continuity ofCarer 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 VoicesPartnerships – MaternityVoices & Neonatal Partnership (MNVP) is aforum for maternity serviceusers, providers andcommissioners of maternityservices to come together todesign services that meet theneeds 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 RidingHullNorth & North East LincsYork & 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](file:///C%3A/Users/czabas/Downloads/HNY%20LMNS%20Equity%20and%20Equality%20Action%20Plan%20Narrative%20300922%20%281%29.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 ofthose who are unable toadvocate for themselves andthose who seldom engagewith health care are identified and met | Equity and Action plan narrative 2022Action is currently well met: Job Descriptions available* 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 Strean Group – supporting asylum seeking and refugee women overcome the barriers they experience when accessing maternity services, understanding their choices and attending for care in a timely manner. | <https://maternity-yh.cityofsanctuary.org/> |  | Sallie Ward, Lead Midwife for Choice and Personalis-ation, HNY LMNS |
| Public information guidance documents in Easy Read and other languages | <https://www.humberandnorthyorkshirematernity.org.uk/support1/easy-read-guide-to-pregnancy/>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.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. |  | 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 regularity by LMNS Equality lead. Reports, sent to maternity staff include:[Birthrights-inquiry-systemic-racism\_exec-summary\_May-22-web.pdf](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.birthrights.org.uk%2Fwp-content%2Fuploads%2F2022%2F05%2FBirthrights-inquiry-systemic-racism_exec-summary_May-22-web.pdf&data=05%7C02%7Csally.czabaniuk%40nhs.net%7C53f3d53348ef40fa69a208dc112156fb%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638404082082759105%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=AkzY2yMd5o%2BRHR55G%2BO423yzhWE1bnwar3Z9IH8jUP4%3D&reserved=0)[Black maternal experiences report — FIVEXMORE](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffivexmore.org%2Fblackmereport&data=05%7C02%7Csally.czabaniuk%40nhs.net%7C53f3d53348ef40fa69a208dc112156fb%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638404082082759105%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=w1khtE8uimUSxpuyxR0ZpPeYKgKXQLJntAHJUmCVFBQ%3D&reserved=0)[Local Maternity System - Maternity Cultural Curiosity Films (humberandnorthyorkshirematernity.org.uk)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.humberandnorthyorkshirematernity.org.uk%2Fsupport1%2Fmaternity-cultural-curiosity-films-%2F&data=05%7C02%7Csally.czabaniuk%40nhs.net%7C53f3d53348ef40fa69a208dc112156fb%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638404082082759105%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=Xz2FV2%2FnXCnIDA6Wp2Bpd8lT0DEFEl0%2Ffjohx6Iyat4%3D&reserved=0)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 BoardQuality 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.humberandnorthyorkshirematernity.org.uk/professionals/nhs-maternity-services-survey/> |  | Sallie Ward, Lead Midwife for Choice and Personalis-ation, 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 |
|  | Monitoring of concerns and complaints received relating to maternity services. | 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. 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. 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. Provider colleagues are able to contact the HNYICB, in line with our Policy, should they wish to.  |  | Nigel Wells, Executive Director of clinical and Professional and Freedom to Speak Up Guardian |
|  | Public Sector Equality Duty & Impact Assessments | 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. A new or updated Policy will not be uploaded to the internet/ intranet without a completed Impact Assessment. [EqIA-Policy-for-the-Development-of-Policies-May-2023.docx (live.com)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhumberandnorthyorkshire.icb.nhs.uk%2Fwp-content%2Fuploads%2F2023%2F06%2FEqIA-Policy-for-the-Development-of-Policies-May-2023.docx&wdOrigin=BROWSELINK)[HNYICB-impact-assessment-final.xlsx (live.com)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhumberandnorthyorkshire.icb.nhs.uk%2Fwp-content%2Fuploads%2F2023%2F06%2FHNYICB-impact-assessment-final.xlsx&wdOrigin=BROWSELINK) |  | Gemma Mazingham, Head of Regulatory Functions |
| **OVERARCHING SCORE FOR OUTCOME 1C 1** |
| 1D: Patients (service users) report positive experiences of the service | 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 |
|  | CQC Maternity Services Survey subsequent actions by Trusts | <https://www.humberandnorthyorkshirematernity.org.uk/professionals/nhs-maternity-services-survey/> |  | Becky Case, LMNS Programme Lead |
|  | Compliments | 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. 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.  |  | 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

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| **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 [resilience hub](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hnyresiliencehub.nhs.uk%2F&data=05%7C02%7Cbecky.blackburn1%40nhs.net%7C226516c6378d400ad13c08dc02db6cd3%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638388389177779262%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=8Bh2j2X6khLjobfdRbyGRdWJgBaKL5Ye%2Fa%2FO3d45Fck%3D&reserved=0) Employee Assistance Programme Occupational Health Cancer Champion Programme The Health and Wellbeing App Wellbeing Champions Staff wellbeing and Engagement group Humber and North Yorkshire Health and Care Partnership Wellbeing sessions offered by Book When Menopause friendly accredited workforce. Disability Confident Level 1 – Committed Accreditation held Mindful Employer accredited Coaching network Health Passport Employees are supported through line management in accordance with the Attendance Management Policy and Occupational Health Advice Sickness absence monitoring is undertaken | 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 The ICB offers an Employee Assistance programme which offers a 24/7 helpline, 365 days a week and includes therapy and emotional support. 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. The Health and Wellbeing team offer signposting to the Cancer Champion Programme - cancer@humberandnorthyorkshire.org.uk 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[HNY Our People wellbeing app - HNY Resilience Hub](https://www.hnyresiliencehub.nhs.uk/our-people-wellbeing-app/) 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.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 workforceWellbeing Sessions can be booked [via the bookwhen page](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbookwhen.com%2Fhcv%23focus%3Dev-so3y-20230907093000&data=05%7C02%7Cbecky.blackburn1%40nhs.net%7Cb2cb590664b34eb0142908dc1038f635%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638403084042527552%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=y0lXvKg8IOHXRD0rNskWjS%2Bu48%2F%2FhpG3jaENh669ryM%3D&reserved=0). Some example sessions from 2022/23 include:* 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

Menopause - Access to supportive sessions and resources via Humber and North Yorkshire Care Partnership via 'bookwhen' which is linked in the staff handbook.<https://humberandnorthyorkshire.org.uk/about-us/careers/> (Staff Handbook) <https://humberandnorthyorkshire.org.uk/about-us/careers/> (Staff Handbook)[Mindful Employer charter signatory](https://www.mindfulemployer.dpt.nhs.uk/our-charter/charter-signatories?search=NHS&page=2)  As part of the Humber and North Yorkshire Health and Care Partnership :- [Health and Wellbeing - Humber and North Yorkshire Health and Care Partnership](https://humberandnorthyorkshire.org.uk/our-work/workforce/health-and-wellbeing/), ICB staff can access coaching and mentoring. 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. [Attendance Management Policy](https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2022/09/ICB-Attendance-Management-Policy.pdf) | 1 | Emma Marshall, Head of Culture and TransformationEmma Marshall,Head of Culture and Transformation Emma Kirkwood, Head of Transformational Human Resources Emma Marshall, Head of Culture and TransformationEmma Marshall, Head of Culture and TransformationEmma Marshall, Head of Culture and TransformationEmma Marshall, Head of Culture and Transformation Emma Marshall, Head of Culture and Transformation Emma Marshall, Head of Culture and TransformationEmma Kirkwood, Head of Transformational Human ResourcesEmma Kirkwood, Head of Transformational Human Resources Emma Marshall, Head of Culture and Transformation Emma Kirkwood, Head of Transformational Human Resources Emma Kirkwood, Head of Transformational Human Resources  |

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| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source  | 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. Freedom to Speak up Guardian Inclusion Network Humber and North Yorkshire integrated Care System Inclusion AssemblyHumber and North Yorkshire Inclusive Language Guidance Statutory and Mandatory training Values and Culture Development Work (See 2D)  | ICB Employment Policies:- <https://humberandnorthyorkshire.icb.nhs.uk/documents-and-publications/employment/> and <https://humberandnorthyorkshire.icb.nhs.uk/governance-publications/> These include but are not limited to the :- * Dignity and Respect at Work Policy
* Grievance Policy
* Flexible Working Policy
* Attendance Management Policy
* Induction and Probationary Policy
* Freedom to Speak Up Policy

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. 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. 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. 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/> The [HNY Inclusive Language Guidance](https://humberandnorthyorkshire.org.uk/inclusive-language-guidance/) 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. All staff are required to complete statutory and mandatory training including the following:- * Equality, Diversity and Human Rights
* Health, Safety and Welfare
* Oliver McGowan Mandatory Training on Learning Disabilities and Autism

The ICB is carrying out a comprehensive programme to develop its values involving all staff.  | 2 | Emma Kirkwood, Head of Transformational Human Resources Dr Nigel Wells, Executive Director - Clinical and Professional Karina Ellis, Executive Director, Corporate AffairsRach McCafferty Best Place to Work Manager Executive Sponsor – Jayne Adamson, Executive Director of People Emma Marshall, Head of Culture and Transformation Rach McCafferty Best Place to Work Manager Andy Growns, Head of Compliance/Emma Kirkwood, Head of Transformational Human Resources Emma Kirkwood, Head of Transformational Human Resources  |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | Staff can access the website to access ICB policies. Equality impact assessments are applied when creating policies as per the Policy Development framework 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. 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.Online Mersey Care Training modules on Restorative Just Culture are available as part of the local induction checklist – currently optional The ICB has a wide range of HR policies available to staff. The ICB has zero tolerance for any form of bullying or harassment, which is outlined within the Dignity and Respect at Work Policy under which all staff are protectedFreedom to Speak up GuardianCulture Champions (see 2D)Inclusion Network (see 2B) Safe and secure working environment | ICB Employment Policies:- <https://humberandnorthyorkshire.icb.nhs.uk/documents-and-publications/employment/> These include but are not limited to the :- * Dignity and Respect at Work Policy
* Grievance Policy
* Flexible Working Policy
* Attendance Management Policy
* Induction and Probationary Policy
* Freedom to Speak Up Policy

[Operational - Humber and North Yorkshire Integrated Care Board (ICB)](https://humberandnorthyorkshire.icb.nhs.uk/documents-and-publications/operational/) and <https://humberandnorthyorkshire.icb.nhs.uk/governance-publications/>[Staff welcome - Humber and North Yorkshire Integrated Care Board (ICB)](https://humberandnorthyorkshire.icb.nhs.uk/staff/)* Within the staff handbook, there is guidance and contact information on:- Trade Union representatives
* HR representatives
* Freedom to Speak up Guardians
* Policies such as:-
	+ Dignity and Respect at Work Policy
	+ Grievance
	+ Freedom to Speak Up Policy

[Principles and Practice of Restorative Just Culture - training places available - Humber and North Yorkshire Health and Care Partnership](https://humberandnorthyorkshire.org.uk/principles-and-practice-of-restorative-just-culture-training-places-available/)ICB Employment Policies:- <https://humberandnorthyorkshire.icb.nhs.uk/documents-and-publications/employment/> These include but are not limited to the :- * Dignity and Respect at Work Policy
* Grievance Policy
* Flexible Working Policy
* Attendance Management Policy
* Induction and Probationary Policy

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.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.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) 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.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.  | 1 | Emma Kirkwood, Head of Transformational Human Resources Emma Kirkwood, Head of Transformational Human Resources Emma Kirkwood, Head of Transformational Human Resources Rach McCafferty Best Place to Work Manager Emma Kirkwood, Head of Transformational Human ResourcesDr Nigel Wells, Executive Director - Clinical and ProfessionalRach McCafferty Best Place to Work Manager Executive Sponsor – Jayne Adamson, Executive Director of People |
| 2D: Staff recommend the organisation as a place to work and receive treatment | 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.Values and culture work – Barrett’s Values survey Values and culture work – RoadshowsValues and culture work – Departmental, team and group focus Recruitment on NHS Jobs Inclusive Recruitment and Selection Training and Induction/ Onboarding training.  | Staff Survey data from April 2022 led to further actions regarding the development of ICB values and culture. In 2023 all ICB employees were given the opportunity to participate in a Barrett's values assessment. 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. 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 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. Recruitment - The vast majority of vacancies and secondment opportunities go through NHS jobs system to promote fairness.From February 2024, Inclusive Recruitment and Selection Training will become a core mandatory requirement for all line managers responsible for recruitment within their roles. | 1 | Emma Kirkwood, Head of Transformational Human Resources Emma Kirkwood, Head of Transformational Human Resources Emma Kirkwood, Head of Transformational Human Resources Anja Hazebroek – Executive Director of Communications, Marketing and Media Relations Emma Kirkwood, Head of Transformational Human Resources Emma Kirkwood, Head of Transformational Human Resources Neil Robson, Senior Manager: Organisational Development and Learning and Development  |
| **Domain 2: Workforce health and well-being overall rating** |  | **5** |  |

## Domain 3: Inclusive leadership

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Domain** | **Outcome** | **Evidence**  | **Example** | **Rating** | **Owner (Dept/Lead)** |
| ***Domain 3:*** ***Inclusive leadership*** | 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | ICB Board -Special Roles SRO for Equality, Diversity and Inclusion Executive Director of People 1. Board Minutes (examples)

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 ServicesNews and Blogs * Tackling Health Inequalities with Professor Stephen Eames(also Humber and North Yorkshire ICB Chief Executive) Podcast
* 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, Executive Director of People
* 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
* 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

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. Humber and North Yorkshire Health and Care Partnership - Inclusion Assembly. ICB Inclusion Network Staff CommunicationsStaff Communications* Staff Briefings
* Weekly Staff Update

Corporate Induction 1 to 1 Meetings and Annual Appraisal Inclusive Recruitment and Selection Training and Induction/ Onboarding training. Social Partnership Forum  | * 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.

<https://humberandnorthyorkshire.icb.nhs.uk/board-members/>SRO for Equality, Diversity and Inclusion - Executive Director of Communications and Marketing - Anja HazebroekExecutive Director of People - Jayne Adamson Member of the Workforce BoardExecutive Sponsor of the ICB Inclusion Network 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.Jayne Adamson is interim Chair of the EDI Assembly and the Chair of the Disabled Staff Networks of Networks and the BAME Network of NetworksIn 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. [Board Minutes - July 2023](https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/05/Item-4-Draft-Minutes-and-Matters-Arising-ICB-Board-July-2023-Part-1-V1.5.pdf) 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. 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 2023Board Minutes - October 2023 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.* [Humber Acute Services Review – Board Cover Report](https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/05/HNY-ICB-Humber-Acute-Services-front-cover-12.07.pdf) (see 3B)
* [Humber Acute Services – Humber Moving to Consultation Board Report](https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/05/HNY-ICB-Humber-Acute-Services-Moving-to-Consultation-12.07.pdf)

 [Tackling health inequalities with Professor Stephen Eames, Chief Executive - podcast - Humber and North Yorkshire Health and Care Partnership](https://humberandnorthyorkshire.org.uk/tackling-health-inequalities-with-professor-stephen-eames-podcast/)[As I see it – the latest blog from Sue Symington - Humber and North Yorkshire Health and Care Partnership](https://humberandnorthyorkshire.org.uk/as-i-see-it-the-latest-blog-from-sue-symington-8/) 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. [As I see it – the latest blog from Sue Symington - Humber and North Yorkshire Health and Care Partnership](https://humberandnorthyorkshire.org.uk/as-i-see-it-the-latest-blog-from-sue-symington-14/)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 [Inclusion Blog - Humber and North Yorkshire Health and Care Partnership](https://humberandnorthyorkshire.org.uk/inclusion-blog/)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. [“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](https://humberandnorthyorkshire.org.uk/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/) 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. York Health Mela, which took place in September 2023, which aimed to address inequalities in marginalised communities and celebrate diversity 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 Press release: [York set to host its first multicultural health festival - Humber and North Yorkshire Health and Care Partnership](https://humberandnorthyorkshire.org.uk/york-set-to-host-its-first-multicultural-health-festival/)[Equality, Diversity and Inclusion - Humber and North Yorkshire Health and Care Partnership](https://humberandnorthyorkshire.org.uk/our-work/workforce/best-place-to-work/equality-diversity-and-inclusion/)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. Humber and North Yorkshire Workforce Transformation Programme [People & Workforce - Humber and North Yorkshire Health and Care Partnership](https://humberandnorthyorkshire.org.uk/our-work/workforce/) In 2023 this programme was:- * 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

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.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. The ICB Inclusion Network is a staff network is open to anyone who identifies as part of a protected group under the [Equality Act (2010)](https://www.legislation.gov.uk/ukpga/2010/15/contents) 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. 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:- March 2023 – HNY inclusion networkJune 2023 - Pride 2023 and Inclusion NetworkAugust 2023 – Inclusive language guidanceNovember 2023 – UK Disability History MonthThe 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:- * 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 ICBs, regarding equality, diversity and inclusion activities
* 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

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. 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/> From February 2024, Inclusive Recruitment and Selection Training will become a core mandatory requirement for all line managers responsible for recruitment within their roles.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.  | 1 | Karina Ellis, Executive Director of Corporate Affairs Anja Hazebroek, Executive Director of Communications and MarketingSarah Coltman- Lovell, York Place Director Jayne Adamson, the ICB's Executive Director of People is the Executive Sponsor Neil Robson, Senior Manager: Organisational Development and Learning and DevelopmentEmma Kirkwood, Head of Transformational Human Resources  |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | 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 Committees of the ICB BoardHumber 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 BoardWorkforce Board – Humber and North Yorkshire ICB – Annual Report Humber and North Yorkshire Health and Care Partnership – Update to Board Population Health and Prevention Executive CommitteeBoard Assurance Framework | * [Humber Acute Services Review – Board Cover Report](https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/05/HNY-ICB-Humber-Acute-Services-front-cover-12.07.pdf)
* [Humber Acute Services – Humber Moving to Consultation Board Report](https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/05/HNY-ICB-Humber-Acute-Services-Moving-to-Consultation-12.07.pdf)

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.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.Responsibilities include:- *'Positively impact on health inequalities, social inclusion, and economic growth through collaborative partnership working to support the delivery of the ICB People Strategy'.* * *'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'.*
* *'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'.*

Workforce Board – Humber and North Yorkshire ICB – Annual Report 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. The ICB's overall approach to population heath, 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 :-* 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’.

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 The ICB Board review the Board Assurance Framework (BAF) twice at monthly meetings. The ICB Board undertook a deep dive of *Risk C1 in December 2023. 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.* 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. | 1 | Jason Stamp is the Chair of the Workforce Board and Senior Responsible Officer for Workforce Jayne Adamson, Executive Director of People for the ICB is a member of the Workforce Board Gemma Mazingham, Head of Regulatory Functions  |
| 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 | Policy Development Framework including appendices* Policy Development Framework EQUIA
* Equality Impact Assessment (HR and Corporate policies)
* Integrated Impact assessment
* Clinical Policy Review Framework

Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Humber and North Yorkshire Health and Wellbeing Committee Terms of Reference Exit survey Menopause Support  | Policy Development Frameworks are on the ICB website – [Operational - Humber and North Yorkshire Integrated Care Board (ICB)](https://humberandnorthyorkshire.icb.nhs.uk/documents-and-publications/operational/)In January 2024, Humber and North Yorkshire Board Assurance Framework has identified the need to review the current Integrated Impact Assessment 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 2024Humber and North Yorkshire Health and Wellbeing Committee Terms of Reference, including:-  *' Understand the different needs that arise across the HNY workforce due to underlying health inequalities, recognising that colleagues living in more deprived 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'.*Accountable to the Humber and North Yorkshire ICB Workforce Board [(Terms of Reference)](https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/05/Item-17-HNY-ICB-Board-Governance-Updates-Sept-2023-SS.pdf)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. The ICB part of a system working group to develop the exit survey and process that can be used across system 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.  | 1 | Executive Director of Communications, Marketing & Media Relations and Executive Director of Corporate Affairs, ICBExecutive Director of People and People Team, ICB Senior Responsible Officer, Humber and North Yorkshire ICB |
| **Domain 3: Inclusive leadership overall rating** |  | **3** |  |

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| **Third-party involvement in Domain 3 rating and review** |
| **Trade Union Rep(s):**Social Partnership Forum 29th February 2024 | **Independent Evaluator(s)/Peer Reviewer(s):**West Yorkshire Integrated Care Board 21st February 2024Healthwatch 29th February 2024Humber and North Yorkshire Inclusion Assembly – February 2024Humber and North Yorkshire Inclusion Network – February 2024Humber and North Yorkshire ICB Staff health and wellbeing group – Feb 2024 |

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| 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** |

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| **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 | 13th March 2024 |

* **Tobacco Dependency**

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| **Domain**  | **Outcome**  | **Objective** | **Action** | **Completion date** |
| **Domain 1: Commissioned or provided services** | 1A: Patients (service users) have required levels of access to the service | Gain better knowledge and understanding of demography of people accessing servicesImprove accessibility of information about services | * 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. | * 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 | * 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. | 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. |  |

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

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| **Domain**  | **Outcome**  | **Objective** | **Action** | **Completion date** |
| **Domain 1: Commissioned or provided services** | 1A: Patients (service users) have required levels of access to the service | Improve mechanisms to identify access issues for protected characteristic groups and work to overcome theseEnsure delivery against the PCN's recovery plans results in equity and improvement to access. | * 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.
 |  |
| 1B: Individual patients (service users) health needs are met | Increase knowledge and understanding of health needs of protected characteristic and seldom heard groupsEnsure services and services changes consistently take into account needs protected characteristic groupsWork collaboratively to improve health outcomes | * 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 reprocure the ICB commissioned Interpretation and Translation Service to ensure equity and appropriateness of provision across the patch
* 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.
 |  |
| 1C: When patients (service users) use the service, they are free from harm | Systems in place that will consistently capture demographic data for monitoring and reportingConsider expanding the nature and scope of mandatory equality and diversity training. | * 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.
 |  |
| 1D: Patients (service users) report positive experiences of the service | Increase engagement with patients to gain better understanding of their experiences especially those from BAME and seldom heard communities | * 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**

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| **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 | * Work collaboratively to develop specific programmes aimed at particular populations
 |  |
| 1B: Individual patients (service users) health needs are met | 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.Explore options to increase staff cultural awareness including online packagesImprove knowledge and understanding of needs and gapsReview Continuity of Carer service provision when enhanced continuity funding becomes available during 2024 25 | * 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. | * Develop Terms of Reference and membership
 |  |
| 1D: Patients (service users) report positive experiences of the service |  | * 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.
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**Domain 2 - Workforce health and well-being**

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| **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 | Commit to greater focus on physical health and the promotion of more preventative measures for staff Effectively utilise the staff intranet to promote health and well-being offers and raise awareness of support availableImprove quality of EDI data on ESR | * 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
 |  |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source  | * Launch the Unacceptable Behaviour Policy including Violence and Aggression Charter and signatory to the Sexual Safety in Healthcare Organisational Charter
 | * .Promote launch of policies through internal comms networks
 |  |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | * Increase the number of Freedom to Speak Up Champions and promote more widely
 | * Recruitment drive to promote participation of staff as Speak up Champions
 |  |
| 2D: Staff recommend the organisation as a place to work and receive treatment | Implement the OD and transformation plan including the embedding of organisational valuesIncrease our understanding of staff experience of work and services | * 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**

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| **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 | Commit to the EDI improvement plan and actions arising from this.Commit to leadership skill and competence development as part of the OD plan.  | * Carry out gender pay gap, WRES and WDES reporting in 2024
* Develop behavioural framework in line with the organisational values.
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| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | To review the integrated impact assessment processRaising the awareness of the duty and assurance  | * 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
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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 | Continue to support the Leadership Development Programme | * Carry out staff survey in 2024.
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