

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Equality Delivery System 2022 (EDS 2022)

Domain 1: Commissioned or Provided Services			
Name of organisation		Organisation Board Sponsor/Lead	
Cambridgeshire Community Services NHS Trust		Anita Pisani – Deputy Chief Executive (Trust EDI Lead)	
Name of Integrated Care System(s)		Selected Services for 2022-23	
Cambridgeshire and Peterborough ICS Norfolk and Waveney ICS Bedfordshire and Milton Keynes ICS		1. Trustwide iCaSH (Contraception and Sexual Health)	
		2. Luton Adult Chronic Respiratory Service (Core20Plus5)	
EDS Lead (Domain 1) and role	At what level has this been completed? – <i>list organisations*</i>		
Carol McIndoe Equality, Diversity and Inclusion Lead – Patient Experience	Individual organisation	Cambridgeshire Community Services NHS Trust	
EDS Engagement Dates	Partnership* (two or more organisations)	n/a	
	Integrated Care System-wide*	n/a	
Date completed	21/02/2023	Month and year published	February 2023
Date authorised		Revision date	

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Completed actions from the previous year (2022-23)

Action/Activity	Linked to Equality Objective
<p>We have extended the range of demographic questions linked to our Friends and Family Test and to our Complaints process, to include the 9 protected characteristics.</p> <p>This knowledge will enable us to collaboratively shape service development through wider ranging Co-Production and public participation and involvement with service users who are more representative of the diverse communities in our various localities</p>	<p>Objective 1: Better Health Outcomes for All Narrative: The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results</p> <p>Objective 2: Improved Patient Access and Experience Narrative: The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience</p>

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Domain	Outcome	Evidence	Rating	Lead/Owner/Dept.
Domain 1: Commissioned or Provided Services – Outcome 1A	1A: Patients (service users) have required levels of access to the service	<p align="center">Trustwide iCaSH (Contraception and Sexual Health)</p>	1	<ul style="list-style-type: none"> • Trust website and information • iCaSH service specification • iCaSH leadership team • Standard Operating Procedure (SOP) in Document Library
		<p>Increased access to the service for some patients who, due to their remote location, may have difficulty travelling a distance to a clinic because of their disability, ethnicity or socio-economic situation:</p> <ul style="list-style-type: none"> • Increased clinician-led access for patients (choice of video, telephone or face-to-face) • Increased patient choice in regard to availability of online testing services, with both asymptomatic and symptomatic testing available • Medicines collection service: service-users or a representative can collect medication /supplies directly from clinics • Medication by Post: medication/supplies are delivered direct to the service user’s designated address, via Royal Mail ‘Click and Drop’ service • Service users whose first language is not English have interpreters arranged for them to attend either face-to-face, via telephone or video 		

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Domain 1: Commissioned or Provided Services – Outcome 1A	1A: Patients (service users) have required levels of access to the service	Trustwide iCaSH (Contraception and Sexual Health) - continued	1	As above
		<ul style="list-style-type: none"> • An option is available for those with communication needs, to email PALS to request that they arrange an initial iCaSH face-to-face assessment • ‘Out-of-hours’ appointments are available for service users in education or employment • ‘Fast track’ face-to-face appointments are available for those for whom the remote model is a barrier • Pre-appointment facilitated visits to clinic are available for service users with additional needs, to ensure they feel comfortable and confident about their upcoming iCaSH appointment • Bariatric equipment is available at all iCaSH sites 		

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Domain	Outcome	Evidence	Rating	Lead/Owner/Dept.
Domain 1: Commissioned or Provided Services – Outcome 1A	1A: Patients (service users) have required levels of access to the service	Luton Adult Chronic Respiratory Service	2	
		<p>Access to the service for some patients who, due to their remote location, may have difficulty travelling a distance to a clinic because of their disability, ethnicity or socio-economic situation:</p> <ul style="list-style-type: none"> • Patients choice of access to clinician offered - face-to-face in patient’s home or clinic, ‘AccuRx’ video call or telephone consultation. • Patient choice regarding availability of pulmonary rehabilitation service - choice of face-to-face, supervised home program, virtual pulmonary rehabilitation via videos, or live on-line groups. • Increasing use of communication via SMS text or telephone for appointment confirmation. • Home or video and telephone consultations may be supported by Remote Health Monitoring via DOCCLA • Disabled facilities are available at Luton Treatment Centre 		

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Domain	Outcome	Evidence	Rating	Lead/Owner/Dept.
Domain 1: Commissioned or Provided Services – Outcome 1B	1B: Individual patients (service users) health needs are met	<p align="center">Trustwide iCaSH (Contraception and Sexual Health)</p>	2	<ul style="list-style-type: none"> iCaSH leadership team
		<ul style="list-style-type: none"> Patients have the option (depending on clinical need) of face-to-face, telephone, or video appointments Staff arrange interpreters for service users whose first language is not English, either in-person/face-to-face, via telephone or video Service users who are Deaf British Sign Language (BSL) users, are flagged on the 'Lily' EPR system, so BSL interpreters can be booked in advance of an appointment Increased face-to-face consultations for symptomatic Genito Urinary patients iCaSH services are commissioned to deliver services to people aged 13yrs+ The provision of an outreach service specifically for service users who are Black or from an ethnic minority background The provision of remote services offers privacy for people who are transgender or transitioning as there is no need for single sex clinics Contraception and menstruation management advice is provided for young people with learning disabilities 		

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Domain 1: Commissioned or Provided Services – Outcome 1B	1B: Individual patients (service users) health needs are met	Luton Adult Chronic Respiratory Service	2	
		<ul style="list-style-type: none"> • Patients have the option (depending on clinical need) of face-to-face, telephone, or ‘AccuRx’ video appointments. • Staff arrange interpreters for service users whose first language is not English, either in-person/face-to-face, via telephone or video • Service Referral form identifies patients who require interpreters including Service users who are Deaf British Sign Language (BSL) users. • Remote Health Monitoring is utilised where appropriate to support delivery of self-management • Staff have access to close working relationships with Luton Community Adult Services enabling prompt and effective signposting to relevant teams • Staff have access to close working relationships with external partners such as Total Wellbeing, ELFT and Keech Hospice enabling prompt and effective signposting to relevant services • Service users have access to a quiet space as needed. 		

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Domain	Outcome	Evidence	Rating	Lead/Owner/Dept.
Domain 1: Commissioned or Provided Services – Outcome 1C	1C: When patients (service users) use the service, they are free from harm	<p align="center">Trustwide iCaSH (Contraception and Sexual Health)</p>	2	<ul style="list-style-type: none"> • Service ‘standard operating procedures’ • Health & Safety guidance • iCaSH leadership team • NHS England • Guidance from Terence Higgins Trust
		<ul style="list-style-type: none"> • Service users have the option to disclose safeguarding or sensitive issues over the telephone, which is vital for individuals who potentially face barriers in terms of age, race, religion, gender reassignment or sexual orientation • Psychological support sessions are provided for individual patients who are HIV positive • Annual routine monitoring of stable HIV positive service users, and in addition, the offer of increased telephone consultations • Chlamydia screening programme provided for people between 15-24yrs, accessible via the website with pick-up points in primary care • C-Card (Contraception Card) delivery provided throughout the service for 13-24yr olds <ul style="list-style-type: none"> – C-Card online registration available for people aged 16-24yrs, face-to-face registration provided for people under 13yrs for safeguarding purposes • iCaSH is a confidential service, information is not shared with GP, other agencies, partner or family without the service user’s consent 		

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Domain	Outcome	Evidence	Rating	Lead/Owner/Dept.
Domain 1: Commissioned or Provided Services – Outcome 1C	1C: When patients (service users) use the service, they are free from harm	Trustwide iCaSH (Contraception and Sexual Health) - <i>continued</i>	2	<ul style="list-style-type: none"> • Service ‘standard operating procedures’ • Health & Safety guidance • NHS England • Guidance from Terence Higgins Trust
		<ul style="list-style-type: none"> • Individual risk assessments are carried out with each patient during their consultation to ensure that their health needs are appropriately and effectively assessed and met • Longer appointment times are allocated for young people under 18yrs • Availability of postal pregnancy test, offering people who may have difficulty accessing a test, or who feel vulnerable, greater and easier access • iCaSH have established links with community paediatric services for service users under 13yrs • Established care pathways are in place with Safeguarding services to ensure the appropriate and effective transition of patients from children’s to adult services • iCaSH have a chaperone policy and the facility in place when needed during face-to-face appointments • Safeguarding measures are built into the iCaSH Telephone Consultation model, ensuring a face-to-face consultation is provided when any safeguarding risk is identified 		

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Domain 1: Commissioned or Provided Services – Outcome 1C	1C: When patients (service users) use the service, they are free from harm	Luton Adult Chronic Respiratory Service	2	<ul style="list-style-type: none"> • Service ‘standard operating procedures’ • Health & Safety guidance • NHS England
		<ul style="list-style-type: none"> • Service users have the option to disclose safeguarding or sensitive issues over the telephone, which is vital for individuals who potentially face barriers in terms of age, race, religion, gender reassignment or sexual orientation • Service users are signposted or referred for psychological support as required following completion of PHQ9 Depression and GAD7 Anxiety questionnaires. • Patients are routinely asked about their safety and any domestic violence concerns. • Full health and safety information is shared with patients prior to exercise sessions either at home or in clinic. • Home risk assessments are undertaken prior to Home or Remote Pulmonary Rehabilitation to ensure a safe space to exercise. • Holistic assessments are completed on initial consultation to identify any potential issues that could cause harm. 		

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Domain	Outcome	Evidence	Rating	Lead/Owner/Dept.
Domain 1: Commissioned or Provided Services – Outcome 1C	1C: When patients (service users) use the service, they are free from harm	Luton Adult Chronic Respiratory Service <i>- continued</i>	2	As above
		<ul style="list-style-type: none"> • Learning is shared from incidents and complaints • Staff complete thorough Induction and on-going mandatory training, staff supervision and in-service training to ensure competence. • Mandatory training compliance is discussed at staff 1 to 1 sessions and annual appraisals. • Staff participate in relevant multi-disciplinary meetings to help promote patient safety • Infection prevention and control measures are adhered to strictly by staff to promote patient safety and minimise risk. 		

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Domain 1: Commissioned or Provided Services – Outcome 1D	1D: Patients (service users) report positive experiences of the service	Trustwide iCaSH (Contraception and Sexual Health)	2	<ul style="list-style-type: none"> • Board Reports • Performance reports • Datix • Local governance minutes • iCaSH leadership team • ‘You said, we did’ boards • PALS/Complaints • Patients’ verbal feedback – compliments, comments and concerns • Friends and Family Test reporting • Meridian reports • Quality dashboards
		<ul style="list-style-type: none"> • All iCaSH services display ‘you said, we did’ feedback on the quality boards, which are situated in prominent, publicly accessible points within our bases. All boards are updated monthly and assure service users that their feedback is heard and acted on where possible • All iCaSH service users can give online feedback, for example, via the NHS England Friends and Family test (FFT) <ul style="list-style-type: none"> – FFT is accessible via mobile phone text message and on medicine labels, supporting our remote care model – In Quarter 3 2022/23 96.6% responded with ‘very good’ or ‘good’ • iCaSH demonstrates high response rates for FFT, which are consistently above threshold compliance • Quarterly PROMS surveys • The wording on the iCaSH website has been adjusted to address difficulties highlighted by service users with Autistic Spectrum Disorder 		

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Domain	Outcome	Evidence	Rating	Lead/Owner/Dept.
Domain 1: Commissioned or Provided Services – Outcome 1D	1D: Patients (service users) report positive experiences of the service	Luton Adult Chronic Respiratory Service	2	<ul style="list-style-type: none"> • Board Reports • Performance reports • Datix • PALS/Complaints • Patients’ verbal feedback – compliments; comments and concerns • Friends and Family Test (FFT) reporting • Quality dashboards • Service ‘standard operating procedures’
		<ul style="list-style-type: none"> • Staff carry demonstration kits to help service users acquaint themselves with the equipment they need to use, which has been well-received as it relieves the stress around using a new system • Focus groups have been held to gain a better understanding of patient experience when using the service • The Friends & Family Test (FFT) shows that service users have an overall positive experience <ul style="list-style-type: none"> – In Quarter 3 2022/23 96.5% responded with ‘very good’ or ‘good’ 		

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Domain 1: Commissioned or Provided Services – Trustwide iCaSH Services		
Engagement	Please explain how you engaged with your patients and services users, their carers and representatives? Was this different to previous engagement?	Via complaints and PALS and also where Datix incidences were raised. This is no different to previous. Co-Production Leads LWTGs, patient stories
	When did you start engagement with your patients and services users, their carers and representatives? Was this different to previous engagement?	This work is ongoing.
	Who was part of your engagement? How did you decide who to engage with?	General service users
	Please describe any issues or barriers you experienced during the delivery of your engagement	
Engagement	If you have delivered your engagement differently to your last EDS submission, what impact has it had on your process and outcomes?	
	Please provide any other comments	None

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Domain 1: Commissioned or Provided Services – Trustwide iCaSH Services (Continued)

Evidence	Please describe the sources you have used to collate your evidence. Why have you used these sources?	
	Have you identified any new sources of data and information? What type of impact has this made?	
	Please provide any information on difficulties and/or barriers you experienced whilst collating evidence?	
	Please provide any other comments	

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Domain 1: Commissioned or Provided Services – Luton Adult Chronic Respiratory Service

Engagement

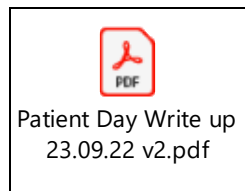
Please explain how you engaged with your patients and services users, their carers and representatives?
 Was this different to previous engagement?

The community respiratory team has adopted a variety of methods to capture learning from patients and consequently improve its service.

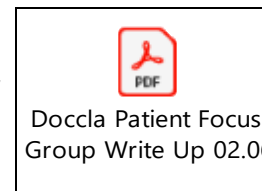
In Autumn 2022, respiratory patients participated in a focus group session. The aim of this event being to identify patient experiences from those participating on the remote health monitoring pathway. Following the event, the respiratory team begun carrying the demonstration kits mentioned earlier in this report, to support patients who required help acquainting themselves with the monitoring devices.

This change was in response to a suggestion from the attendees that this level of support maybe necessary to secure the engagement of patients on the pathway, particularly those patients who are nervous using technology to manage their health.

The output of this event can be found here:

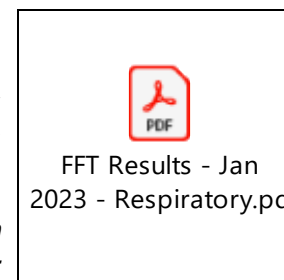


The event followed a similar engagement event the previous year:






Elsewhere, the team consistently encourages survey participation from service users, through the Friends and Family Test (FFT). Participation is frequent and routine and continues to be a very practical way for patients to influence change in the community respiratory service.

See FFT data on the right which measures response rates over the past 12 months:



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Domain 1: Commissioned or Provided Services – Luton Adult Chronic Respiratory Service - *continued*

Engagement		<p><i>This data measures the percentage of survey respondents describing their care experience from the service as ‘very good/good’ and also ‘poor/very poor’:</i></p> <div style="border: 1px solid black; padding: 5px; text-align: center;">  FFT Trend - Jan 2023 - Respiratory.pdf </div> <p>Finally patient stories have featured prominently in the team’s efforts to capture perspective and insight from patients. Here are some examples:</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">  Pul Rehab - David - Patient Story Map V6 </div> <div style="border: 1px solid black; padding: 5px; text-align: center;">  Pul Rehab - Veronica - Patient Story Map V </div> </div>
	<p>When did you start engagement with your patients and services users, their carers and representatives? Was this different to previous engagement?</p>	<p>In the past, public engagement predominantly has taken place through regular Friends and Family testing. However as exemplified above the team has adopted different approaches to capture richer lived experience from service recipients and this has coincided with the Co-Production Lead’s arrival in June 2019.</p>

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Domain 1: Commissioned or Provided Services – Luton Adult Chronic Respiratory Service *(Continued)*

Engagement	Who was part of your engagement? How did you decide who to engage with?	Patients, families, and carers from all backgrounds have made contributions and given opinions on the team's operations. All engagement participants have voluntarily offered their time to share any reflections on their experience. Sometimes the nature of the engagement piece has meant the team required specific patient cohorts, for example, house-bound service users, to pose questions to and capture the necessary learning.
	Please describe any issues or barriers you experienced during the delivery of your engagement	<p>Lack of Time:</p> <ul style="list-style-type: none"> • Not all community groups have sufficient time, capacity, and resources to attend and respond to all engagement requests • Carers (some of which are women) can find it difficult to participate in face-to-face engagement events • People who are employed can also find it difficult to attend during standard working hours; the focus group events described above both took place during standard working hours, but it is important that consideration is given to delivering such events 'out of hours' <p>Digital Capability / Internet Access:</p> <ul style="list-style-type: none"> • People who spend less time online and have little digital competence cannot participate in online community engagement and communications efforts effectively • Some people have challenges accessing internet • Some people, often older people, would prefer to engage in-person / face-to-face; this was a problem during the pandemic when most engagement moved online

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Domain 1: Commissioned or Provided Services – Luton Adult Chronic Respiratory Service *(Continued)*

Engagement	Question	Response
	If you have delivered your engagement differently to your last EDS submission, what impact has it had on your process and outcomes?	The transition from face-to-face to online engagement has meant that some individuals have been unable to share their opinions.
	Please provide any other comments	None

Evidence	Question	Response
	Please describe the sources you have used to collate your evidence. Why have you used these sources?	IQVIA, Patient Stories, Focus Group write-ups
	Have you identified any new sources of data and information? What type of impact has this made?	No new sources
	Please provide any information on difficulties and/or barriers you experienced whilst collating evidence?	No difficulties or challenges to mention
	Please provide any other comments	None

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EDS 2022 Action Plan	
EDS Lead	Year(s) active
EDS Sponsor	Authorisation

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or Provided Services	1A: Patients (service users) have required levels of access to the service	To ensure access to services (iCaSH) is fully inclusive and is implemented following service-user involvement, by improving the telephony platform and providing online booking	<ul style="list-style-type: none"> Co-production with service users, families and staff (for both services) 	End of March 2024
	1B: Individual patients (service users) health needs are met	Continued improvement within iCaSH services and consideration for creative ways of obtaining patient feedback	<ul style="list-style-type: none"> Continued collaboration with Co-Production Leads to hear the voice of the service-users 	End of March 2024

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Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or Provided Services	1C: When patients (service users) use the service, they are free from harm	<p>Ensure the external approaches from the main highways to the buildings are well-lit and well-maintained, to enhance a sense of safety, for iCaSH and Luton Adult Chronic Respiratory service</p> <p>Have access to the new Co-Production Co-ordinator for Luton Adults, to help engage with service users who may be vulnerable or unconfident, and co-produce service improvement for Luton Adult Chronic Respiratory service</p>	<ul style="list-style-type: none"> • Communication with service leads, Estates and Facilities and Communications team • Co-production with service-users, families and staff 	End of August 2023
	1D: Patients (service users) report positive experiences of the service	<p>Expand the scope of demographic data capture on our main Trustwide system (System One), with discussions about data capture in Lilie and Dentily.</p>	<ul style="list-style-type: none"> • Collaboration with Data Team and Clinical System Leads to develop an inclusive template • Staff involvement to manage concerns and expectations, and to help build staff confidence around asking sensitive questions 	End of September 2023

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Each outcome is to be scored based on the evidence provided. Once each outcome has a score, they are added together to gain domain ratings. Domain scores are then added together to provide the overall score, or the EDS Organisation Rating. Ratings in accordance to scores are below

The scoring system allows organisations to identify gaps and areas requiring action

Undeveloped activity – organisations score 0 for each outcome	Those who score under 8 , adding all outcome scores in all domains, are rated Undeveloped
Developing activity – organisations score 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 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 3 for each outcome	Those who score 33 , adding all outcome scores in all domains, are rated Excelling

Overall score for Domain 1 = 7 (out of a maximum of 12)