

Title:	Equality Delivery System: <ul style="list-style-type: none"> ▪ Review of 2023-24 ▪ Objectives for 2024-25
Report to the:	People Participation and Equalities Committee
Meeting date:	28 February 2024
Agenda item:	5
Report author:	<ul style="list-style-type: none"> ▪ Sarah Feal, Trust Secretary and Freedom to Speak-up Guardian ▪ Angela Hartley, Deputy Director of Workforce ▪ Carol McIndoe, Equality, Diversity, and Inclusion Lead (Patient Experience)
Executive sponsor:	Anita Pisani, Deputy Chief Executive Officer

Assurance level:	Substantial <input checked="" type="checkbox"/> Reasonable <input type="checkbox"/> Partial <input type="checkbox"/> Minimal <input type="checkbox"/>
Rationale:	The Trust has an approved plan in place, which is monitored for delivery.
Assurance action:	Not applicable.

1.0 Executive Summary

- 1.1 The Equality Delivery System is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The Equality Delivery System was developed by the NHS (launched in November 2011), for the NHS, taking inspiration from existing work and good practice.
- 1.2 This report updates the Committee on the outcomes of our annual performance for 2023-24 and outlines our proposed Trust Equality Objectives for 2024-25.

2.0 Recommendation

2.1 The members are asked to:

- receive the 3 Domain outcomes for 2023-24 and their ratings for **noting**.
- **agree** to recommend the proposed Objectives for 2024-25 for Trust Board approval 20 March 2024.
- **agree** to the publication of the report ahead of the Trust Board meeting, due to the national publication date being 29 February 2024.

3.0 How the report supports achievement of the Strategic Objectives:

Provide outstanding care:	The Trust continues to promote equality and diversity across our diverse communities and in the workplace, to eliminate discrimination and 'foster good relations' in accordance with the Public Sector Equality Duty (The Equality Act 2010).
Be collaborative:	The Trust continues to work collaboratively with partners across the system.
Be an excellent employer:	The creation of an inclusive culture where staff have a strong sense of belonging and of being valued as a unique individual in line with the People Strategy.
Be sustainable:	Not specifically covered in this report.

4.0 How the report supports tackling Health Inequalities

4.1 Implementation of the Equality Delivery System will help the Trust to meet the requirements of the Public Sector Equality Duty (section 149) set out within the Equality Act 2010.

5.0 Links to Board Assurance Framework / Trust Risk Register

5.1 There are none identified.

6.0 Legal and Regulatory requirements

6.1 The following legal and regulatory frameworks are applicable:

- Equality Act 2010
- NHS Equality Delivery System 2022
- NHS Long Term Workforce Plan 2023
- NHS People Plan

7.0 Previous report

7.1 28 February 2023, Equality Delivery System Grading and Objectives 2022-23

8.0 Report

8.1 Introduction

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

8.2 The Equality Delivery System Report is a template which is designed to give an overview of the organisation's most recent implementation and grade. Once completed, the report should be submitted to the Trust Board and published on the organisation's website.

8.3 Domain 1: Commissioned or provided services. The detailed grading is attached in **Appendix A** and the objectives for 2024-25 listed below:

1. Reduce 'dna's by enhancing accessibility of communication methods with reminders and ability to respond via text.
2. Continuation and monitoring of the demographic data capture work from 2023-24. Running reports and utilising resulting data to inform service improvement.
3. Identify ways of adopting an ABCD approach to identify ways of improving access to our services for transient communities.
4. Scope addition to our main interpretation and translation service, have access to an 'on-demand' app as a convenient alternative to aid understanding.
5. Staff have access to enhanced cultural awareness and are aware of how important they are individually to the patient's experience.

8.4 Domain 2: Workforce health and well-being. The detailed grading is attached in **Appendix A** and the objectives for 2024-25 listed below:

1. To continue to support staff affected by the main health inequality conditions by the ongoing promotion of existing support and by fully utilising our Occupational Health contacts to offer additional health promotion and ill health preventions support.

8.5 Domain 3: Inclusive Leadership. The detailed grading is attached in **Appendix A** and the objectives for 2024-25 listed below:

1. To roll out the inclusive leadership programme across the Trust over the next 18 – 24 months.
2. Year 2 Service Plans to identify contribution towards addressing Health Inequalities.
3. Trust Board and senior leaders to take a leading role in the delivery of the Trusts ambitions in this area.

- 8.6 Each Outcome is scored based on the gathered evidence, then all the Outcome scores are added together to form Domain ratings. Ratings in accordance with the score are:

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

8.7 Overall Score

- 8.7.1 The table below sets out the Domain scores for this year 2023-24 and the comparison to last year 2022-23. Please note in Domain 1 where a different service may reach a different outcome, the majority score has been selected.

Domain	Un-developed 0	Developing 1	Achieving 2	Excelling 3	2022-23	2023-24	Total Possible
1	-	0	4	6	7	10↑	12
2	-	0	2	9	10	11↑	12
3	-	0	4	3	6	7↑	9
-	-	-	-	-	23 Achieving	28 Achieving	33

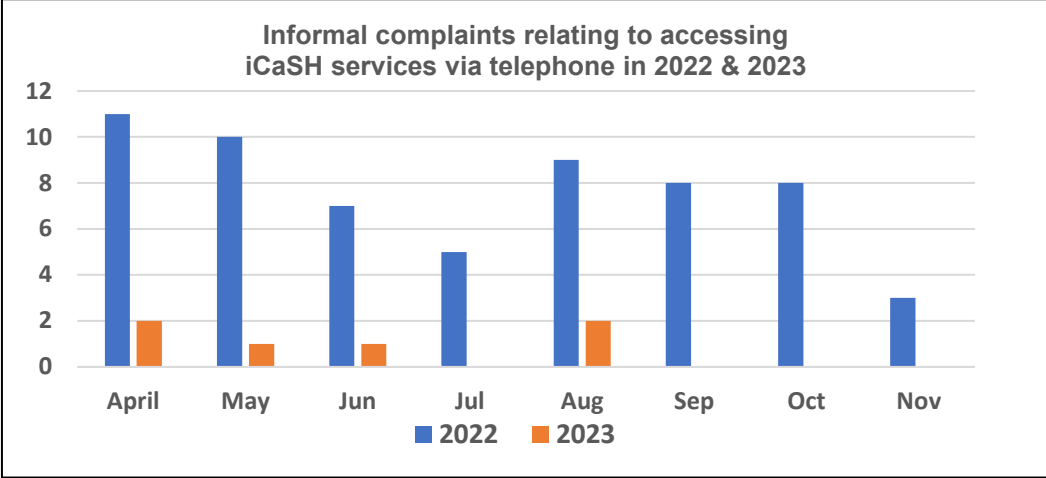
Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Equality Delivery System 2023-24

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 2023-24	
Bedfordshire, Luton and Milton Keynes Cambridge and Peterborough Norfolk and Waveney		1. Trustwide iCaSH (Contraception and Sexual Health)	
		2. Luton Adult Respiratory Service (Core20Plus5)	
		3. Mental Health Support Service (Core20PLUS5)	
EDS Leads	At what level has this been completed? – <i>list organisations*</i>		
Carol McIndoe, Domain 1 Angela Hartley, Domain 2 Sam Carr, Domain 3	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		Month and year published	
Date authorised		Revision date	

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Completed actions from the previous year (2022-23) – Domain 1

Action/Activity	Linked to Equality Objective																											
<p>A new centralised telephone service has been developed for iCaSH, with the aim of making accessing our service easier and quicker. It has not been without problems, but we have listened to our service-users and continue to make adjustments to meet their needs. For example, a deaf complainant worked with us to ensure access routes were available which were accessible for those who are deaf or hard of hearing, with clear directions available on our website.</p> <p>The chart below shows the numbers of informal complaints relating to accessing iCaSH services via telephone, compared with the same period (Apr-Nov) in 2022.</p> <div><p>Informal complaints relating to accessing iCaSH services via telephone in 2022 & 2023</p><table><thead><tr><th>Month</th><th>2022</th><th>2023</th></tr></thead><tbody><tr><td>April</td><td>11</td><td>2</td></tr><tr><td>May</td><td>10</td><td>1</td></tr><tr><td>Jun</td><td>7</td><td>1</td></tr><tr><td>Jul</td><td>5</td><td>0</td></tr><tr><td>Aug</td><td>9</td><td>2</td></tr><tr><td>Sep</td><td>8</td><td>0</td></tr><tr><td>Oct</td><td>8</td><td>0</td></tr><tr><td>Nov</td><td>3</td><td>0</td></tr></tbody></table></div>	Month	2022	2023	April	11	2	May	10	1	Jun	7	1	Jul	5	0	Aug	9	2	Sep	8	0	Oct	8	0	Nov	3	0	<p>1A: Patients (service users) have required levels of access to the service (iCaSH)</p>
Month	2022	2023																										
April	11	2																										
May	10	1																										
Jun	7	1																										
Jul	5	0																										
Aug	9	2																										
Sep	8	0																										
Oct	8	0																										
Nov	3	0																										

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Action/Activity	Linked to Equality Objective
<p>Note there were no informal complaints after August 2023 and that the numbers before that in 2023 are very small at 1 or 2 incidents per month, which compared with 2022 shows a significant reduction.</p> <p>In 2023 we implemented our online booking facility, which enables service-users who are deaf for example, to arrange appointment bookings.</p>	<p>1A: Patients (service users) have required levels of access to the service (iCaSH) – <i>continued</i></p>
<p>We offer multiple ways of providing feedback on iCaSH services such as online, SMS text and via medicine labels, and are proud of our high response rate to the Friends and Family Test (FFT), which is detailed in section 1D of this report, on page 32. Service-users completing the FFT can choose whether or not to include identifying information and can also indicate if they are happy for their comments to be used to evidence themes. We are still keen to explore more creative means of obtaining feedback, but this continues to be a challenge due to the sensitive nature of some of our services.</p>	<p>1B: Individual patients service users) health needs are met (iCaSH)</p>
<p>The areas around our iCaSH and Luton Adult Respiratory Service clinics are well-lit and maintained by our Estates and Facilities team, to optimise the safety for people accessing our services.</p> <p>Both services actively seek the involvement of service-users when considering changes to services, using the Co-Production model and facilitated by our in-house Co-Production Team. The Co-Production Leads for both services involve service-users who have expressed a willingness to be involved in service improvement. Some examples are: a piece of iCaSH staff training on how to ask sensitive questions being delivered by a person with insight into transgender experience. In Luton, service-users comments initiated the co-production of the Pulmonary Rehab. Buddy role.</p>	<p>1C: When patients (service users) use the service, they are free from harm (iCaSH and Luton Adult Respiratory Service)</p>

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Action/Activity	Linked to Equality Objective
<p>The new Co-Production Co-ordinator role has been introduced in Luton Adults Services to look at health inequalities and improving access to services, specifically for Diabetes and Pulmonary Rehabilitation.</p> <p>Since the Co-ordinator's arrival, the Co-Production Lead and Senior Clinical Services Manager have prepared a work plan which includes among the objectives further analysis and understanding of those currently accessing services and conversely those who are not; to determine and agree with local community leaders the best access routes for the client groups they represent; and re-branding our service offers by sharing the lived experience of patients through patient stories.</p>	<p>1C: When patients (service users) use the service, they are free from harm (iCaSH and Luton Adult Respiratory Service)</p>
<p>We have created a fully comprehensive and inclusive demographic questions template initially for our main electronic patient records system 'SystmOne', which we believe to be the first of its kind in our region. A pilot study to capture staff experience has been undertaken by staff from 10 different services in the Trust. Training has been developed for using the template, which is designed to give insight, enhance understanding and build confidence in staff who will be asking the questions of our service-users aged 13+ The demographic questions template was rolled-out to all our SystmOne users in December 2023</p> <p>Discussions have taken place with our other clinical systems' leads to consider the feasibility of developing similar templates for their services (Dental services and iCaSH) However, due to their specialist and closed design, we have concluded that it is not possible to incorporate a demographic questions template in Lilie (iCaSH) or Dently. We are currently exploring the option of using the survey tool IQVIA, which we use for the Friends and Family Test, to</p>	<p>Objective 1D: Patients (service users) report positive experiences of the service</p> <p>Narrative: The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable, and used to improve patient experience</p>

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Action/Activity	Linked to Equality Objective
<p>ask demographic questions of our service-users who use iCaSH or Dental services.</p> <p>Having insight into the characteristics and circumstances of our service-users, will help us understand where adjustments to our services are required to best meet the needs of those who are susceptible to experiencing health inequalities due to characteristics or circumstances</p>	<p>Objective 1D: Patients (service users) report positive experiences of the service - <i>continued</i></p>

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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	Trustwide iCaSH (Contraception and Sexual Health)	3	Ellen Ballantyne Head of iCaSH
		<p>We maintain diligence in ensuring enhanced access to our service for 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. We make adjustments across all our services to ensure equity of access for people from diverse communities and cultures by:</p> <ul style="list-style-type: none"> operating clinician-led access for service-users, with a choice of video, telephone or in-person appointments, which are promoted on our website and further information can be found via https://www.icash.nhs.uk/what-to-expect/when-you-visit-our-clinic offering extensive patient choice in regard to availability of online testing services, with both asymptomatic and symptomatic testing available. providing a medicines collection service, where service-users/a representative can collect medication or supplies directly from our clinics. operating 'Medication by Post', where medication/supplies are delivered direct to the service-user's designated address via Royal Mail's 'Click and Drop' service. 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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 - <i>continued</i>	<ul style="list-style-type: none"> • arranging for interpreters to attend appointments either in-person, via video or telephone, for service users whose first language is not English. • making it known to our service-users that an option is available for those with communication needs, to email PALS to request that they arrange an initial iCaSH face-to-face assessment. • offering 'out-of-hours' appointments for service users in education or employment in the evenings and on Saturdays. • making 'fast track' face-to-face appointments available for those for whom the remote model is a barrier. • offering pre-appointment facilitated visits to clinic for service users with additional needs, to ensure they feel comfortable and confident about their upcoming iCaSH appointment. • having bariatric seating and equipment available at all iCaSH sites. • the Trust website features 'Recite Me', which is an accessibility 'plug-in' that includes a translation facility for multiple languages and 		

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3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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 - <i>continued</i>	<p>extensive accessibility tools for people with learning difficulties.</p> <p>We are constantly striving to overcome any real or perceived barriers to accessing our service for people with protected characteristics, or those whose circumstances cause them to be susceptible to health inequalities.</p> <p>We do this by listening to our service-users via their FFT comments, informal/ formal complaints and PALS feedback, sexual health needs assessments, activity data and trends and demographic data. This then informs how and where we make improvements/adjustments to our services.</p> <p>Examples of some of the improvement work we have carried out during 2023 as a result of service-users' feedback are:</p> <ul style="list-style-type: none"> • We have enabled an online booking facility, so service-users are able to make their iCaSH appointments independently and are increasing the range of this online initiate to other areas of our service. • We offer repeat online ordering for POP (progesterone only pill). • All our sites are 'AccessAble' surveyed and registered; service-users are able to virtually 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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 - <i>continued</i>	<p>‘walk’ the route into the building to the waiting area prior to their visit, so they know what to expect and feel more confident.</p> <ul style="list-style-type: none"> • Our clinics have hearing induction loops to enhance communication with our staff for hearing aid users. • We offer self-referral access to our services within 2 working days. • We have an extensive outreach programme operating in non-clinical settings, for example in schools, colleges, youth venues, pubs and clubs, to be more accessible to people from a wide variety of backgrounds. • We monitor our telephone usage data in real-time, on a daily basis, to assess demand, capacity and call answering rates and the quality of service, to dynamically adapt the number of call takers, to improve call answer rates and ultimately to enhance patient experience of using our telephone service. • We are reshaping our social media accounts to single service platforms for Instagram, Facebook, Twitter/X, all of which have direct messaging functions for service-users to message us. 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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 Respiratory Service	3	
		<p>We maintain diligence in ensuring enhanced access to our service for patients who, due to their location in Luton, may have difficulty travelling a distance to a clinic because of their disability, ethnicity, or socio-economic situation. We make adjustments across all our services to ensure equity of access for people from diverse communities and cultures by continuing to:</p> <ul style="list-style-type: none"> • Offer patients a choice of accessing the clinician, either as face-to-face in the patient's home or clinic, 'AccuRx' video call or telephone consultation. • Offer patients a choice in regard to accessing the pulmonary rehabilitation service, either face-to-face, supervised home program, virtual pulmonary rehabilitation via video, or live on-line groups. • Offer the option of communication via SMS text or telephone for appointment confirmation. • Offer home, video or telephone consultations which are supported by Remote Health Monitoring via DOCCLA. 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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	<ul style="list-style-type: none"> • Service-users participating in the online pulmonary rehabilitation programme can now access a limited transport offer provided by the service. The service has identified staffing resource to drive patients to and from Luton Treatment Centre so that they can participate in-person at the Centre. • Disabled facilities are available at Luton Treatment Centre. • Our clinics have hearing induction loops to enhance communication with our staff for hearing aid users’. • Arrange for interpreters to attend appointments either in-person, via video or telephone, for service users whose first language is not English. • Urgent consultations are available where there is an identified clinical need. • Electronic prescribing supports the patient to obtain their prescription from a chemist that is accessible to them. • Pulmonary rehabilitation education videos are available in the majority of languages used by service-users in our region. 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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	<ul style="list-style-type: none"> Patients are encouraged to bring a carer to both clinic and pulmonary rehabilitation appointments to support access and uptake of appointments. 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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	Mental Health Support Service	3	<ul style="list-style-type: none"> Trust website and information Emotional Health & Wellbeing Service (EHWS) specification EHWS leadership team Standard Operating Procedure (SOP) in Document Library
		<p>As a fledgling service in the organisation (January 2023) we are still in the early stages of growing and developing our service in response to the feedback from our service-users and their families, but provide the following:</p> <ul style="list-style-type: none"> All children, young people and their families have access to the service based on the location of their school or college: We ensure service-users have the choice of face-to-face or video clinical sessions. Service-users whose first language is not English have interpreters arranged for them to attend either face-to-face, via telephone or video. <ul style="list-style-type: none"> Interpreters are arranged to support parents whose first language is other than English for parent-led training sessions. Written materials may be translated into a first language for parents whose first language is not English Materials are provided to parents who are unable to purchase any resources themselves 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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	<ul style="list-style-type: none"> • We offer online or in-person group sessions and training for educational staff. • ‘Out-of-hours’ appointments are available for service-users to accommodate individual circumstances. • Clinicians work collaboratively with parents, carers and professionals known to the child or young person, to ensure that service-users with additional needs can access the service in the manner that will best meet their needs. • We provide a signed ‘Memorandum of Understanding’ for all education settings we provide services in, which highlights the provision of ‘suitable private spaces’ for therapeutic interventions and manages expectations. 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Domain	Outcome	Evidence	Rating	Lead/Owner/Dept.
Domain 1: Commissioned or Provided Services – Outcome 1B	1B: Individual patients (service users) health needs are met	Trustwide iCaSH (Contraception and Sexual Health)	2	Ellen Ballantyne Head of iCaSH
		<p>We seek to identify the protected characteristics and diverse circumstances of our service-users, to better understand their needs so we can make adjustments to our services which best meet those needs. For example, we continue to offer the following:</p> <ul style="list-style-type: none"> • Service users who are Deaf British Sign Language (BSL) users, are flagged on the 'Lilie' 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. • Contraception and menstruation management advice is provided for young people with learning disabilities. 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Domain	Outcome	Evidence	Rating	Lead/Owner/Dept.
Domain 1: Commissioned or Provided Services – Outcome 1B	1B: Individual patients (service users) health needs are met - <i>continued</i>	<ul style="list-style-type: none"> The provision of remote services offers privacy for people who are transgender or transitioning as there is no need for single sex clinics. We provide gender-neutral facilities and access to services, for example, we run gender-neutral clinics and provide appointments and toilets which are gender-neutral. We use local, regional and national data to inform the responsiveness of our services, to meet the needs of our service-users. This data helps us identify emerging trends within sexual and reproductive health, so we can design and develop our service delivery based on health outcome needs. Our clinical system uses gender neutral service-user IDs. We addressed the inequity of certain nationally used Patient Group Directions (PGDs) towards transgender people and made adjustments to our processes to ensure all service-users receive the treatment they need without variation. As part of this work, we ensured that all iCaSH staff were aware of the adjustments to our processes so all our service-users who are transgender receive equitable care and treatment. 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Domain	Outcome	Evidence	Rating	Lead/Owner/Dept.
Domain 1: Commissioned or Provided Services Outcome 1B	1B: Individual patients (service users) health needs are met - <i>continued</i>	<ul style="list-style-type: none"> We work closely with our local public health commissioners to ensure services are accessible to those most at risk of sexual ill health and to improve accessibility across our geographic spread, focusing on the most deprived (Core20PLUS5) and hard to reach populations. Some of the ways we are doing this are: <ul style="list-style-type: none"> re-introducing 'walk in and wait' sessions, which are particularly useful for those most at risk such as school-age young people. we plan to involve service-users with HIV in the co-production and re-modeling of our HIV services so their effectiveness is optimised. planning to pilot group video consultations for coil pre-assessment consultations carrying out a survey for service-users who are HIV positive who did not attend (DNA) appointments, to understand the barriers and potentially adjust how services are provided to reduce DNA rates 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Domain	Outcome	Evidence	Rating	Lead/Owner/Dept.
Domain 1: Commissioned or Provided Services – Outcome 1B	1B: Individual patients (service users) health needs are met	Luton Adult Respiratory Service	2	
		<p>We seek to identify the protected characteristics and diverse circumstances of our service-users, to better understand their needs so we can make adjustments to our services which best meet those needs. For example, we offer the following:</p> <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 used 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. • The Pulmonary Rehabilitation (PR) programme 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Domain	Outcome	Evidence	Rating	Lead/Owner/Dept.
Domain 1: Commissioned or Provided Services – Outcome 1A	1B: Individual patients (service users) health needs are met	<p>offers newly referred patients PR ‘buddies’ as part of a trial research study. This study utilises lay people who are trained to support patients referred for PR. Buddies are patients who have completed PR themselves, and volunteer to motivate and engage others in the programme. The barriers to attendance and completion of PR are well documented and include travel issues, low mood, uncertainty about the benefits of PR, disruption to established routine and shame about smoking. The remit of the buddies is to help people with COPD overcome the barriers to taking part in PR through behaviour change techniques. All buddies participate in training before undertaking the role.</p> <ul style="list-style-type: none"> • 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. • Access to clinic rooms as needed to provide a “quiet space” for patients. • The team have trialed the new Health Equalities Demographic template to raise awareness of diversity and equality for our patients. 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Domain	Outcome	Evidence	Rating	Lead/Owner/Dept.
Domain 1: Commissioned or Provided Services - Outcome 1A	1B: Individual patients service users) health needs are met	<ul style="list-style-type: none"> • Electronic prescribing makes medications more accessible for the patient at a pharmacy of their choice. • The team attend the relevant primary and secondary care MDT meetings to ensure their patient's needs are discussed. 		

Grading rating	Meaning
3	Excelling
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0	Undeveloped

Domain	Outcome	Evidence	Rating	Lead/Owner/Dept.
Domain 1: Commissioned or Provided Services – Outcome 1B	1B: Individual patients (service users) health needs are met	Mental Health Support Service	2	<ul style="list-style-type: none"> Emotional Health & Wellbeing Service (EHWS) specification operating procedures. EHWS leadership team
		<ul style="list-style-type: none"> Services are commissioned to provide support to children, young people and their families from 5-19 years. Children, young people and families are effectively triaged by experienced clinicians and supported on the best pathway to meet their needs. Across the service we have practitioners with a diverse range of therapeutic skills and experience to support the delivery of care to meet a wide range of needs. Service users have access to assessment and individual intervention sessions with a practitioner. Practitioners offer evidence based guided self-help to support identified mental health concerns under close supervision of senior staff. For younger children intervention is directed at parents through parent led groups offering psychoeducation and advice. 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Domain	Outcome	Evidence	Rating	Lead/Owner/Dept.
Domain 1: Commissioned or Provided Services – Outcome 1B	1B: Individual patients (service users) health needs are met - <i>continued</i>	<ul style="list-style-type: none"> • Young people are offered sessions outside of the school setting if preferred, either remotely or in person, offering increased levels of confidentiality. • All staff complete Oliver McGowan Mandatory Training on Learning Disability and Autism, to ensure we are sensitive to the needs of this client group. • Service users requiring more specialist support are offered sessions with a senior clinician. • Service-users have the option of face-to-face or video appointments to best suit their individual needs. • Staff will arrange interpreters for service-users whose first language is not English, either in-person/face-to-face, by telephone or via video. 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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)	3	Ellen Ballantyne Head of iCaSH
		<p>Our practices continue to provide assurance for our service-users, that their physical, clinical and psychological safety are considered at all stages of their patient journey with us. We offer the following:</p> <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. • We provide annual routine monitoring of stable HIV positive service users, and in addition, offer extra telephone consultations. • Risk assessment-based clinical service: all service-users are risk assessed using clinical and safeguarding risk assessment templates, the latter including susceptibility to hate crime, discrimination, and domestic abuse. 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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 – <i>continued</i>	<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. Safeguarding is equitable across all of our services; digital, in-person and via telephone. Safeguarding measures are built into the iCaSH Telephone/video Consultation model, ensuring a face-to-face consultation is provided if needed, when any safeguarding risk is identified. Established care pathways are in place with Safeguarding services to ensure the appropriate and effective transition of patients from children to adult services. Chlamydia screening programme is 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. C-Card online registration available for people aged 16-24yrs, face-to-face registration provided for people under 13yrs for safeguarding purposes. 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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 – continued	<ul style="list-style-type: none"> • iCaSH is a confidential service, information is not shared with GP, other agencies, partner or family without the service-user's consent. • 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. • iCaSH have a chaperone policy, with the facility in place for when needed during face-to-face appointments. 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Domain	Outcome	Evidence	Rating	Lead/Owner/Dept.
Domain 1: Commissioned or Provided Services – Outcome 1C	1C: When patients (service users) use the service, they free are from harm	Luton Adult Respiratory Service	2	
		<p>Our practices continue to provide assurance for our service-users, that their physical, clinical and psychological safety are considered at all stages of their patient journey with us. We offer the following:</p> <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. 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Domain	Outcome	Evidence	Rating	Lead/Owner/Dept.
Domain 1: Commissioned or Provided Services – Outcome 1C	1C: When patients (service users) use the service, they free are from harm	<ul style="list-style-type: none"> • 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. • Incident forms are completed and any learning shared. • Longer appointments are offered where they may be a need identified. • The team are compliant with their safeguarding training and the team have a safeguarding champion. • The pulmonary rehab dashboard now includes a section to identify any risks to the patient attending. • Pulmonary rehab safety huddle and briefing at the start of every session. • Clinical supervision within the team identifying and discussing a complex patient who they may have concerns with. • Oxygen safety assessment is completed at every 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Domain	Outcome	Evidence	Rating	Lead/Owner/Dept.
Domain 1: Commissioned or Provided Services – Outcome 1C	1C: When patients (service users) use the service, they free are from harm	<p>assessments and service-users who are low or no oxygen users are assessed regularly.</p> <ul style="list-style-type: none"> Carbon monoxide testing is performed on those patients who are using oxygen but are potentially smoking – risk of combustion. Identification of patients in the community that require onward referral for ambulatory oxygen assessment. 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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	Mental Health Support Service	2	
		<ul style="list-style-type: none"> • Clients are routinely asked about their wellbeing and any risks they might pose to themselves or others – staff have clear pathways to share and escalate concerns and prioritise safety. • Individual risk assessments are carried out at assessment to ensure that their mental health needs are appropriately and effectively assessed and met. • Safety plans are implemented where risk is identified. • Recruitment processes ensure all staff have the appropriate skill set to meet role requirements. • Staff participate in relevant multi-disciplinary meetings to help promote safety. • Learning is shared from incidents and complaints. • Clinical notes are completed contemporaneously and there is senior clinical oversight to ensure high quality of shared information. • Relevant infection control policies are adhered to - to ensure safety of service users 		

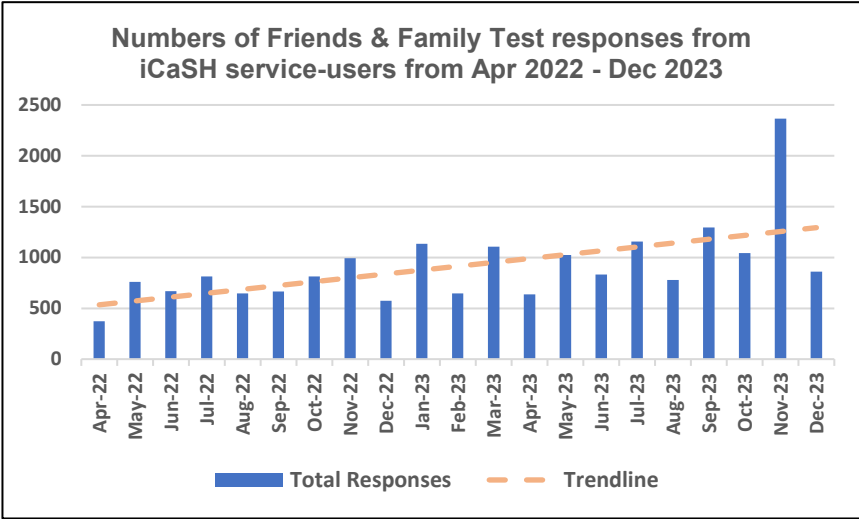
Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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	<ul style="list-style-type: none"> • Staff complete appropriate levels of mandatory safeguarding training to fit their role and ensure competence. • All clinical staff attend regular safeguarding supervision alongside regular clinical supervision. • Training needs analysis are used across the service to meet identified professional development and ensure we nurture a skilled and up-to-date workforce. • Mandatory training compliance is discussed at staff 1 to 1 sessions and annual appraisals. 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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	Trustwide iCaSH (Contraception and Sexual Health)	3	Ellen Ballantyne Head of iCaSH
		<p>As a service, we are keen to hear about the experiences of our service-users to help gauge how well we are doing and to help us to identify elements that could be improved. We encourage a 2-way dialogue with our service-users and believe in the value of keeping them informed when we have taken action as a result of their feedback.</p> <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 in our clinics. All boards are updated monthly and assure service-users that their feedback is heard and acted on where possible. • iCaSH service-users can give feedback in multiple ways: via QR codes on posters, SMS text with QR code, paper feedback forms in clinics • iCaSH service-users can give online feedback, for example, via the NHS England Friends and Family test (FFT). • FFT is accessible via SMS text message, online and on medicine labels, supporting our remote care model, and by scanning a QR code in any of our clinics. 		

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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	Trustwide iCaSH (Contraception and Sexual Health) <ul style="list-style-type: none"> iCaSH has the highest response rate of any service in the Trust which are consistently above the compliance threshold. The chart below shows the increasing trend in the response rate since April 2022:  <p>Numbers of Friends & Family Test responses from iCaSH service-users from Apr 2022 - Dec 2023</p> <p>The data below shows the ‘very good’/‘good’ and ‘very poor’/‘poor’ response rates for Quarters 1 – 3 in 2023</p>		Ellen Ballantyne Head of iCaSH


Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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 – continued	<table><tr><th>Q</th><th>Service rated 'very good' or 'good' (%)</th><th>Service rated 'very poor' or 'poor' (%)</th><th>No. of responses</th></tr><tr><td>Q1</td><td>95.71%</td><td>2.53%</td><td>2492</td></tr><tr><td>Q2</td><td>96.81%</td><td>1.42%</td><td>3232</td></tr><tr><td>Q3</td><td>97.59%</td><td>1.22%</td><td>4269</td></tr></table>	Q	Service rated 'very good' or 'good' (%)	Service rated 'very poor' or 'poor' (%)	No. of responses	Q1	95.71%	2.53%	2492	Q2	96.81%	1.42%	3232	Q3	97.59%	1.22%	4269		
		Q	Service rated 'very good' or 'good' (%)	Service rated 'very poor' or 'poor' (%)	No. of responses															
		Q1	95.71%	2.53%	2492															
		Q2	96.81%	1.42%	3232															
		Q3	97.59%	1.22%	4269															
<ul style="list-style-type: none">• We carry out annual Patient Recorded Outcome Measure Surveys (PROMS)• The wording on the iCaSH website has been adjusted to address difficulties highlighted by service users with Autistic Spectrum Disorder.• The 'Hello, my name is' campaign is embedded in the service, with all staff wearing dementia-friendly badges, and consultation rooms clearly displaying the member of staff's name who is occupying the room.																				

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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													
		<p>The Community Respiratory Service routinely refers to the Friends & Family Test (FFT) responses, to understand how service-users and families feel their care experience has gone. We are aware that the response rates are low, but this due partly to the nature of the treatment. Making improvements where we can form part of all our service improvement projects.</p> <p>The FFT helps the team achieve two goals; first, it provides assurance to stakeholders that the service functions as it should; and secondly, it identifies service deficiencies and opportunities for improvement.</p> <p>The following is data for Q1 – Q3 2023-24</p> <table><tr><th>Q</th><th>Service rated 'very good' or 'good' (%)</th><th>Service rated 'very poor' or 'poor' (%)</th><th>No. of responses</th></tr><tr><td>Q1</td><td>100%</td><td>0%</td><td>5</td></tr><tr><td>Q2</td><td>100%</td><td>0%</td><td>20</td></tr><tr><td>Q3</td><td>100%</td><td>0%</td><td>26</td></tr></table>			Q	Service rated 'very good' or 'good' (%)	Service rated 'very poor' or 'poor' (%)	No. of responses	Q1	100%	0%	5	Q2	100%	0%	20
Q	Service rated 'very good' or 'good' (%)	Service rated 'very poor' or 'poor' (%)	No. of responses													
Q1	100%	0%	5													
Q2	100%	0%	20													
Q3	100%	0%	26													

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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	<p>Below are a few comments from service-users who have received care with us:</p> <p><i>“A lovely lady explained everything and gave me useful tips on how to use inhalers to get the best use”</i></p> <p><i>“I like it because the nurse comes out to see me every three months, and I feel like somebody cares”</i></p> <p><i>“The team are brilliant. It’s a very hands-on, personal touch, so they are very good’.</i></p> <p>(Relative said they take everything on board that they say, discuss things and then get back to them the same day and communicate with doctor, hospital, whoever they work with).</p> <p>The team has resumed collecting patient stories to showcase the impact of its work from the service-user’s perspective.</p> <p>See example here:  John Patient Story Slide Final Version.p</p>	Leave blank	

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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	Mental Health Support Service	3													
		<p>The service encourages feedback from service users including the children and young people and their families by embedding the Friends & Family Test (FFT) across the service.</p> <p>The following chart shows FFT data for Q1 – Q3 2023-24, please note that Q2 and Q3 include 4 Norfolk areas:</p> <table><tr><th>Q</th><th>Service rated ‘very good’ or ‘good’ (%)</th><th>Service rated ‘very poor’ or ‘poor’ (%)</th><th>No. of responses</th></tr><tr><td>Q1</td><td>98.25%</td><td>0%</td><td>57</td></tr><tr><td>Q2</td><td>98.53%</td><td>0%</td><td>68</td></tr><tr><td>Q3</td><td>98.08%</td><td>0.64%</td><td>156</td></tr></table> <ul style="list-style-type: none">• All service users can give online feedback, by clicking on a QR code; we try to make this easily accessible to staff and service users. Staff carry QR codes on key rings and add to written letters/reports.• After work with any groups of service users / education staff, we seek feedback on its delivery and efficacy.			Q	Service rated ‘very good’ or ‘good’ (%)	Service rated ‘very poor’ or ‘poor’ (%)	No. of responses	Q1	98.25%	0%	57	Q2	98.53%	0%	68
Q	Service rated ‘very good’ or ‘good’ (%)	Service rated ‘very poor’ or ‘poor’ (%)	No. of responses													
Q1	98.25%	0%	57													
Q2	98.53%	0%	68													
Q3	98.08%	0.64%	156													

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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 - <i>continued</i>	<ul style="list-style-type: none"> Feedback is collated by the Co-production team on a monthly basis and shared with the team leads. All feedback is discussed with the service manager and actions around 'negative' comments are explored around the 'You said, we did' theme. If action around feedback is required, this is discussed and explored and shared widely as a service. We are holding 'focus groups' in some of the schools in which we provide services, to ensure that the young person's 'voice' is at the centre of the service we offer. We are implementing the 'Children and Young People's Mental Health Charter' across the service and have a working group in place to move this forward at speed. Any issues raised via Complaints, PALS or Datix are shared, and the learning is used to inform service development. Termly 'stake holder events' in localities allow us to seek feedback from users of the service across education. 	Leave blank	

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Domain 1: Commissioned or Provided Services – Trustwide iCaSH Services

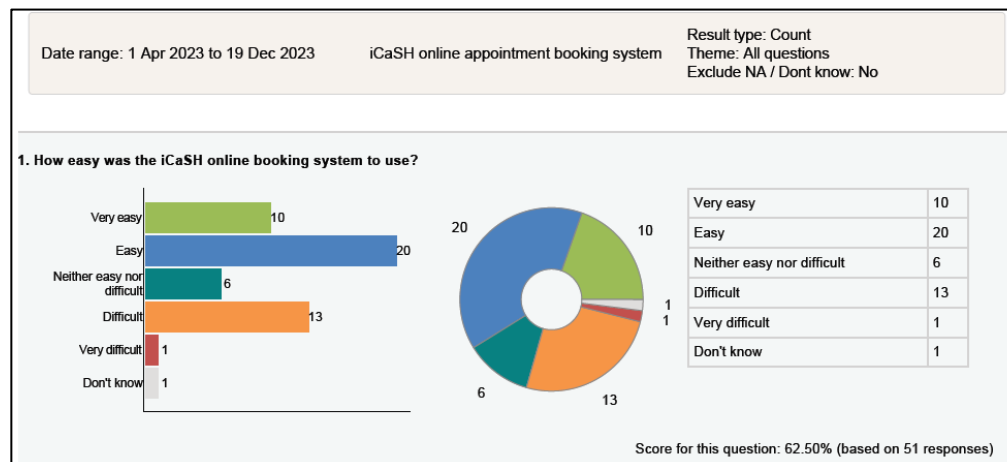
Engagement

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

We review PALS/complaints incidents to assist us in identifying the improvements that could be made to our services.

Two surveys were added to the online contraception portal to gain insight into how accessible the Progesterone Only Pill service is, so adjustments could be made if required. The response rate was good and provided the service with positive feedback on its accessibility.

A survey was carried out on the online booking system which showed that 58.8% of respondents found the system very easy/easy, and 27.4% reported finding it difficult/very difficult, which qualitative feedback showed was partly due to there being too few appointments available and a need for more. This has informed service development and adjustments will be made to improve availability of online appointments.



Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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

Engagement	<p>Please explain how you engaged with your patients and services users, their carers and representatives?</p> <p>Was this different to previous engagement?</p> <p>- <i>Continued</i></p>	<p>iCaSH service users took part in focus groups to review and update the Patient Experience Policy, the first time a NHS patient experience policy has been co-produced in England.</p> <p>Service users also sat on recruitment panels for iCaSH staff for the first time for Deputy Clinical Nurse Manager posts and both staff and service users had a very positive experience. Service users were trained in recruitment by the Co-Production team prior to taking part.</p> <p>This engagement has been different to previous methods as it has involved the newly launched online booking portal. This portal is more accessible to people with disabilities such as hearing loss, speech impairment and some mental health conditions.</p>
	<p>When did you start engagement with your patients and services users, their carers and representatives?</p> <p>Was this different to previous engagement?</p>	<p>A new Co-Production Lead from January 2023 has been actively engaging with iCaSH service-users by visiting clinics and speaking to people, by utilising the online booking portal for surveys and through the review of FFT feedback with iCaSH staff. A tick-box to indicate a person would be willing to be more involved with service development appears on the FFT feedback form.</p>
	<p>Who was part of your engagement?</p> <p>How did you decide who to engage with?</p>	<p>Service users who have been given links to the Contraception Portal or booked an appointment through the Online Booking Portal were targeted with links to the appropriate survey to complete and submit.</p>

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Domain 1: Commissioned or Provided Services – Trustwide iCaSH Services (<i>Continued</i>)		
Engagement	Who was part of your engagement? How did you decide who to engage with? - <i>continued</i>	Service users who had declared an interest in engagement work with us on the Friends and Family Test were asked if they would be interested in taking part in the Patient Experience Policy co-production work and/or being involved on recruitment panels.
	Please describe any issues or barriers you experienced during the delivery of your engagement	Historically it has been difficult to recruit involvement partners due to the nature of the service. It is difficult to attract diverse representation due to fear of disclosure in the wider community: confidentiality concerns due to stigma being much more prevalent in some communities than others
	If you have delivered your engagement differently to your last EDS submission, what impact has it had on your process and outcomes?	Including service users on recruitment panels will now become work as usual and alongside the inclusion of staff from ethnic minority backgrounds, may lead to a more diverse workforce.
	Please provide any other comments	We are planning to include co-production with service-users and staff in 2024 for iCaSH Bedford Outreach services. Co-production also forms part of the iCaSH Bedford contract bid.
Evidence	Please describe the sources you have used to collate your evidence. Why have you used these sources?	The evidence has been provided by the Head of iCaSH services and the designated Co-Production Lead for Ambulatory Care. Evidence has been sourced from the Friends & Family Test, PALS and complaints and verbal patient feedback

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Domain 1: Commissioned or Provided Services – Trustwide iCaSH Services <i>(Continued)</i>		
Evidence	Have you identified any new sources of data and information? What type of impact has this made?	n/a
	Please provide any information on difficulties and/or barriers you experienced whilst collating evidence?	We are unable to implement the full range of demographic questions that we have developed for our main clinical system, SystmOne, on the specialist sexual health system 'Lilie'. This is due to 'Lilie' being a closed system which does not permit adjustments. We are consequently exploring other means of obtaining comprehensive demographic data from our iCaSH service-users.
	Please provide any other comments	n/a

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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

Engagement

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

There are several mechanisms in place which enable patients to influence the activities of the respiratory team and the wider community nursing service:

- The FFT as described previously (in Section 1D)
- The Adult Service Working Together Group in which a group of service-users provide a function like that of a Patient Participation Group in General Practice
- The service is building a repository of patient stories and testimonials with the support of the adult co-production team. The stories allow for learning and inform service improvement. Furthermore, the stories allow patients to contribute to marketing and branding the respiratory service offer positively.

These are a marked departure from engagement methods; in regards the FFT, the Working Together Group invites patients to contribute from the outset, not just after they have received care as is the case with surveys. At the time of writing this report, the group is supporting several community nursing teams including the Respiratory Team, to develop the resources provided to families during bereavement.

Elsewhere, the team, again with the support of the co-production team, have been undertaking a series of exit surveys to identify why some service users do not complete the full seven weeks of the pulmonary rehabilitation programme.

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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

Engagement	Please explain how you engaged with your patients and services users, their carers and representatives? Was this different to previous engagement? <i>- continued</i>	<p>Finally, there have been attendances at several local engagement events, to talk to local people and professionals about the benefits of using the community respiratory service and to listen to people's challenges in accessing care. These events have included:</p> <ul style="list-style-type: none"> • Lewsey Community Centre Coffee Morning • MacMillan World Café Coffee Morning • Alzheimer's Society's Dementia Voices Group and Carers Group • Luton Adult Learning (LAL) Centre Health Information Session • Inspire Radio • Women's Aid in Luton (WAIL) Health Information Session
	When did you start engagement with your patients and services users, their carers and representatives? Was this different to previous engagement?	<ul style="list-style-type: none"> • November 2022 marks the beginning of the Working Together Group • July 2023 marks the beginning of renewed community outreach activity; this date coincides with when the Co-Production Co-ordinator started in post.
	Who was part of your engagement? How did you decide who to engage with?	Many of the people participating in the Working Together Group were those who had previously received care from CCS. Others were residents of Luton who had expressed an interest in participation, following calls to action. Those who attended the engagement events mentioned above were from a cross section of the Luton community.

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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

Engagement

Who was part of your engagement?
How did you decide who to engage with?
- continued

For example, pre-event discussions with LAL (Luton Adult Learning) revealed the diversity of the people enrolling on their courses. This prompted our engagement with LAL in the beginning. The following table shows the ethnicity of the learners in the classes that were held on the same day CCS delivered the health information session.

ETHNICITY	REMAIN
African	20
Any other Asian background	16
Any other Black / African / Caribbean background	2
Any other ethnic group	8
Any Other White background	43
Arab	39
Bangladeshi	67
Caribbean	4
Chinese	1
English / Welsh / Scottish / Northern Irish / British	5
Indian	7
Pakistani	36

While not all these service recipients attended the CCS health information session, some of them did attend and the figures show the potential to reach audiences our LAL partners can engage with.

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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

Engagement	<p>Who was part of your engagement? How did you decide who to engage with? - continued</p>	<p>Pursuing this approach means we can hear from people who have less opportunity to shape our service offer and we can focus our resources and delivery on those people who have either been historically excluded, or experienced challenges in accessing care, as in the case of women and families fleeing domestic violence.</p> <p>Among those service recipients shall be those for whom English is not their first language, but who are taking ESOL (English for speakers of other languages) classes - the teaching of English to students whose first language is not English, but who are living in an English-speaking country.</p>
	<p>Please describe any issues or barriers you experienced during the delivery of your engagement</p>	<p>The Working Together Group meets online. This may have an impact on those who do not have access to digital resources which enable them to participate. Our recent efforts to meet face-to-face have been challenging however, due to the flu season, covid infections and the availability of suitable community venues.</p> <p>The other notable challenge has been securing the time of clinical staff to attend engagement events.</p> <p>The availability of literature in the right formats and languages to share with the public.</p>
	<p>If you have delivered your engagement differently to your last EDS submission, what impact has it had on your process and outcomes?</p>	<p>The existence of the Working Together Group has given staff and the public more opportunities to work together. Furthermore, the presence of CCS staff at public events makes our service offer much more visible.</p>

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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

Engagement	<p>If you have delivered your engagement differently to your last EDS submission, what impact has it had on your process and outcomes?</p> <p>- continued</p>	<p>Among the benefits, are greater transparency of how services such as respiratory works, allowing for greater understanding and better management of expectations. Furthermore, we obtain insight into what our patients require from services.</p> <p>Following delivery of our health information sessions for LAL and WAIL (Women's Aid in Luton), we are currently reviewing with our partners what worked well and what could be improved upon. Partners will be asked to consider the experience of working alongside CCS from start to finish and whether we achieved successful outcomes following the completion of the event such as:</p> <ul style="list-style-type: none"> • Introducing the public to more resources, services and signposting to help them better manage their health • Upskilling in-house staff with specialist knowledge so that they can help their service users spot symptoms or signpost accordingly • Educating service users on self-management, for example, exercises, nutrition and diet
	Please provide any other comments	None

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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

Evidence	Please describe the sources you have used to collate your evidence. Why have you used these sources?	<ul style="list-style-type: none"> • IQVIA - our database system for capturing all patient feedback activity such as FFT and local surveys, as well as demographic data when this has been declared. This system helps us track monitor qualitative as well as quantitative data about care received from the community respiratory team and our other services. • Working Together Group Meeting recordings • Conversations with community partners and stakeholders
	Have you identified any new sources of data and information? What type of impact has this made?	None
	Please provide any information on difficulties and/or barriers you experienced whilst collating evidence?	None
	Please provide any other comments	None

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Domain 1: Commissioned or Provided Services – Mental Health Support Service

Engagement	<p>Please explain how you engaged with your patients and services users, their carers and representatives?</p> <p>Was this different to previous engagement?</p>	<p>As a new service, we are still growing the patient engagement aspect of our service, although we have begun gathering FFT feedback.</p> <ul style="list-style-type: none"> • We have involved children and young people in our recruitment process, both on interview panels and at 'speed interviewing' events. • We seek feedback on all our interventions and adapt and review accordingly. • We are beginning to set up focus groups in schools to identify the priorities of our young people. • Termly planning meetings are held with mental health leads in the schools in which we provide services, using an audit tool to demonstrate progress and help us identify areas for focus. • Involvement partners are included in interview panels and arranged in collaboration with co-production team. • Feedback is routinely collected after each contact. • Complaints processes are explained to service-users and where a complaint is submitted, is promptly investigated. <p>No different to previous engagement.</p>
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Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Domain 1: Commissioned or Provided Services – Mental Health Support Service - *continued*

	<p>When did you start engagement with your patients and services users, their carers and representatives? Was this different to previous engagement?</p>	<p>Engaging with services users, parents /carers and representatives is key to the evolution of the Mental Health Support Service and we are now in a position where we can build on this across the service.</p> <ul style="list-style-type: none"> • We are developing our user feedback forms and have embedded the FFT in our correspondence, which we share with service-users at end of our intervention with them. • We have worked with the Trust's Co-Production team to ensure we seek feedback from a diverse group where possible. • We have been engaging with our service-users since inception.
	<p>Who was part of your engagement? How did you decide who to engage with?</p>	<p>We want to have a breadth of engagement across all 'users of MHSTs' which includes children and young people, their parents/carers and wider families where possible, as well as their school families.</p> <ul style="list-style-type: none"> • We have sought engagement from children and young people and their families who attend schools in which we provide services, or who are using Mental Health Support Services in a different setting, as well as those engaged with services such as 'Youth in Mind'. • We seek to engage with those working in school communities who are pivotal in the effectiveness of our service. • Stakeholders including local authorities, ICB commissioners and other Children & Young People's Service in the same settings

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Domain 1: Commissioned or Provided Services – Mental Health Support Service - *continued*

	Please describe any issues or barriers you experienced during the delivery of your engagement	<p>There are several barriers to engagement:</p> <ul style="list-style-type: none"> • The limited capacity or headspace of busy school staff to engage. • Time in busy school curriculum when CYP have any capacity, such as school hours exams. • Inconsistent attendance. • The availability of suitable space for face-to-face sessions with the child or young person as space in schools is in huge demand. • NHS acronyms and culture
	Who was part of your engagement? How did you decide who to engage with?	<p>We want to have a breadth of engagement across all ‘users of MHSTs’ which includes children and young people, their parents/carers and wider families where possible, as well as their school families.</p> <ul style="list-style-type: none"> • We have sought engagement from children and young people and their families who attend schools in which we provide services or are using Mental Health Support Services in a different setting, as well as those engaged with services such as ‘Youth in Mind’. • We seek to engage with those working in school communities who are pivotal in the effectiveness of our service.

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Domain 1: Commissioned or Provided Services – Mental Health Support Service <i>-continued</i>		
	If you have delivered your engagement differently to your last EDS submission, what impact has it had on your process and outcomes?	This is not applicable as 2023-24 is the Mental Health Support Service' first submission
	Please provide any other comments	n/a
Evidence	Please describe the sources you have used to collate your evidence. Why have you used these sources?	<ul style="list-style-type: none"> • Service policy and procedures • Standard Operating Procedures (SOPs) • IQVIA (surveys and FFT) • Datix incidents
	Have you identified any new sources of data and information? What type of impact has this made?	<ul style="list-style-type: none"> • New dashboard with ethnicity data not previously accessible for our clinical contacts
	Please provide any information on difficulties and/or barriers you experienced whilst collating evidence?	<ul style="list-style-type: none"> • Time to carry out data analysis
	Please provide any other comments	n/a

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

EDS 2023 Action Plan – Objectives for 2024-2025 – Domain 1	
EDS Lead	Year(s) active
Carol McIndoe – Patient Experience EDI Lead	
EDS Sponsor	Authorisation
Anita Pisani – Executive Lead for EDI	

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or Provided Services	1A: Patients (service users) have required levels of access to the service	<p>Reduce 'dna's by enhancing accessibility of communication methods with reminders and ability to respond via text.</p> <p>Continuation and monitoring of the demographic data capture work from 2023-24. Running reports and utilising resulting data to inform service improvement</p>	<p>Pilot effective two-way communication (text/email) as an alternative to the telephone, for booking and cancelling appointments with one service initially.</p> <ul style="list-style-type: none"> • Continue roll-out of process across SystmOne • Implement monitoring plan • Develop process for Dentily and Lilie • Implement plan for data use 	

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or Provided Services	1B: Individual patients (service users) health needs are met	Identify ways of adopting an ABCD approach to identify ways of improving access to our services for transient communities.	Scope providing mobile services that are more accessible to transient communities, for example Gypsy, Roma and Traveller communities, in one service initially.	
	1C: When patients (service users) use the service, they are free from harm	Scope addition to our main interpretation and translation service, have access to an 'on-demand' app as a convenient alternative to aid understanding.	<ul style="list-style-type: none"> • Research approved apps • Find out what others are using • Identify best option and if necessary write a business case 	
	1D: Patients (service users) report positive experiences of the service	Staff have access to enhanced cultural awareness and are aware of how important they are individually to the patient's experience.	Develop meaningful and relatable cultural awareness training through co-production with people and communities susceptible to health inequalities, and charities and voluntary organisations who have valuable insight.	

Domain	Outcome	Evidence	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	<p>Staff wellbeing is a core programme in our People strategy and includes a focus on tackling health inequalities. Specific support available to staff includes:</p> <p>Occupational health service providing pre- employment checks, management referrals and self-referrals.</p> <p>Services aimed at reducing health inequalities including:</p> <ul style="list-style-type: none"> • Health risk assessments for COVID high risk colleagues. • Stress at work policy and associated risk assessment, for work related stress. <p>Commissioned Psychological Wellbeing Service offering:</p> <ul style="list-style-type: none"> • 24/7 counselling services, apps and support to families of staff members • A wide range of therapies from brief intervention to counselling and high intensity therapies • training for managers • A mindfulness offer. • ICS Hubs for higher level interventions • Bespoke support commissioned from OH provider as required. <p>Rapid Access MSK / Physiotherapy service, colleagues can self-refer for advice, guidance, and physiotherapy sessions to support MSK health.</p> <p>All colleagues have access to an employee assistance programme offering support across the full range of health and personal issues. Access to a 24/7 helpline, 6 free telephone counselling sessions, podcasts, blogs, self-help books and free apps. Health and wellbeing intranet page providing information, resources, and signposting in relation to a wide range of wellbeing topics. (see table below)</p>	3	AP/AH

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Condition		Support available for staff <i>*list is not exhaustive, more support on each platform</i>
COPD/Asthma	Quit Smoking	<p>CCS intranet: a range of resources and support information i.e. QUIT SMOKING SUPPORT Local Stop Smoking Services Quitting Tips Stop Smoking Treatments NHS Quit Smoking app - free Get a free Personal Quit Plan</p> <p>Health Assured website: 4 week stopping smoking training plan External links to support Fact sheets and information</p> <p>Wisdom App/website: Articles on the benefits of stopping smoking, links to free national stop smoking campaigns</p>
	Regular exercise	<p>Trust Intranet: Articles, videos, podcasts and guides to help staff to get active</p> <p>Rapid access to physiotherapy Health Assured website: Training plan Fact sheets Links to external support services</p> <p>Wisdom App/website: Personalised Four week programmes, including yoga, mobility for back, HIIT for beginners, upper, middle, lower body exercises etc</p>

	Maintain Healthy Weight	<p>Trust intranet: BMI health weight calculator Articles/tips/resources to support staff to lose weight loss Link to support for staff who are underweight Tips to help staff maintain their weight</p> <p>Health Assured website: 4 week health eating training plan Fact sheets Recipes</p> <p>Wisdom App/website: Healthy recipes Four weeks plans Water intake tracker Tips on reducing caffeine</p>
	Get the Flu vaccination	CCS seasonal flu vaccine programme
	Breathing techniques	<p>Wisdom App/website: Breathing exercises, range of breathing exercises that staff can follow online in their own time</p>
	Talk to others	<p>Intranet: Details of the Trust's two EAP's counselling services, Health Assured and the Counselling Foundation</p> <p>Staff support hub: Counselling services Call back counselling services The First Response Service provides 24 hour access, seven days a week, 365 days a year, to mental health care, advice and support.</p>
Diabetes	Eat Healthier	<p>Trust intranet: BMI health weight calculator Articles/tips/resources to support staff to lose weight loss Link to support for staff who are underweight Tips to help staff maintain their weight</p>

		<p>Health Assured website: 4 week health eating training plan Fact sheets Recipes</p> <p>Wisdom App/website: Healthy recipes Four weeks plans Water intake tracker Tips on reducing caffeine</p>
	Regular exercise	<p>Trust Intranet: Articles, videos, podcasts and guides to help staff to get active</p> <p>Rapid access to physiotherapy Health Assured website: Training plan Fact sheets Links to external support services</p> <p>Wisdom App/website: Personalised Four week programmes, including yoga, mobility for back, HIIT for beginners, upper, middle, lower body exercises etc</p>
	Sleep	<p>Intranet: Tips on how to get a good nights sleep</p> <p>Health Assured website Sleep assessment Sleep better training plan</p> <p>Wisdom App/website: Podcasts including - Sleep stories Deep sleep relaxation mediation, countdown for sleep, breathing into sleep World sleep day articles</p>

	Additional resources	<p>Intranet: Information and links in relation to diabetic eye screening</p> <p>Wisdom App/Website: Articles on World diabetes day</p> <p>Staff support Hub: Articles and newsletter re diabetes</p>
Obesity	Eat Healthier	<p>Trust intranet: BMI health weight calculator Articles/tips/resources to support staff to lose weight loss Link to support for staff who are underweight Tips to help staff maintain their weight</p> <p>Wisdom website: Healthy recipes Four weeks plans Water intake tracker Tips on reducing caffeine</p>
	Regular exercise	<p>Trust Intranet: Articles, videos, podcasts and guides to help staff to get active</p> <p>Rapid access to physiotherapy</p> <p>Health Assured website:</p> <p>Wisdom App/website: Personalised Four week programmes, including yoga, mobility for back, HIIT for beginners, upper, middle, lower body exercises etc</p>

	Additional Support	<p>Intranet: Information on breast and bowel cancer (can be linked to obesity)</p> <p>Counselling services (can cause depression): Health assured Counselling foundation Through the staff support hub</p>
Mental Health conditions	<p>EAP's Health Assured</p> <ul style="list-style-type: none"> - 24 hour counselling helpline, live chat function, call back function, live video calling option - Wisdom AI—a pool of mental health knowledge combined of professional counselling expertise and the latest Artificial Intelligence. <p>The Counselling Foundation (Luton only staff):</p> <ul style="list-style-type: none"> - Provides a free, confidential service to staff to explore issues impacting on emotional and mental wellbeing <p>C&P Staff Support Hub:</p> <ul style="list-style-type: none"> - Counselling service - Call back service (staff who are feeling worried about their mental health and want to discuss this with a trained mental health professional, they can self-refer to our Callback Service) - Acute mental health care, The First Response Service provides 24 hour access, seven days a week, 365 days a year, to mental health care, advice and support. - Staff Mental Health Service Specialist mental health support providing assessment, diagnosis and treatment for moderate to severe mental health conditions. Available for anyone working in the following organisations 	

		<p>Active health and wellbeing information via social media accounts allowing colleagues to access the latest information easily and quickly.</p> <p>Bi annual HWB newsletter:</p> <ul style="list-style-type: none"> • Signposting for physical activity, healthy eating and mental health support • Promotion of awareness campaigns planned via an annual campaign calendar e.g., know your numbers week, heart health, dry January, national no smoking day. <p>Policies developed through active engagement with staff networks</p> <p>Our suite of supportive policies includes:</p> <ul style="list-style-type: none"> • Sickness policy • Supporting disability Staff policy • Flexible working policy • Remote working policy • My CCS Staff (Adjustments Passport) 		
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		<p>Manager's educational programmes, covering a range of workforce, wellbeing and OD topics including: Training for managers relating to reasonable adjustments and holding wellbeing conversations.</p> <p>Satisfaction with health and wellbeing support is measured via the annual staff survey 2022, the organisation takes positive action on health and wellbeing:</p> <p>66.9% National average (National results in benchmarked group – Community Trusts)</p> <p>75.1% Trust overall</p> <p>70.2% Disability</p> <p>73.5% Ethnicity</p> <p>68.8% Gay, Lesbian,</p> <p>64.7% Bisexual and other</p> <p>New starters introduced to full range of wellbeing support and diversity and inclusion commitment available via organisation's induction.</p>		
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<p>Domain 2: Workforce health and well-being</p>	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Action plan to meet the Violence Prevention & Reduction Standards, focused on preventing and reducing incidents from patients and service users.</p> <p>Self-assessment against national Violence Prevention & Reduction standards, with significant improvements in compliance, since first assessment undertaken in 2021.</p> <p>Best performing trust for Freedom to Speak up.</p> <p>Datix incident reporting system, with incidents involving staff reported and analysed through the organisation's health and safety governance frameworks.</p> <p>Zero tolerance approach and commitment to act in ALL cases.</p> <p>Civility and respect awareness raising</p> <p>Schwartz rounds programme in place in our adult services'</p> <p>Robust and as required, bespoke, training for staff around conflict resolution, enhanced communication skills and de-escalation.</p>	<p>3</p>	<p>MR/KH</p>
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		<p>WRES: 2022/3 25% of colleagues from ethnic minority backgrounds experienced bullying, harassment and abuse from patients and the public (25% white colleagues) 28% of colleagues from ethnic minority backgrounds experienced bullying, harassment and abuse from colleagues (21% white colleagues)</p> <p>WDES:2022/3 Colleagues reporting bullying, harassment, or abuse: Disabled: 57% Non-disabled: 57%</p> <p>Colleagues experiencing bullying, harassment, or abuse from patients, relatives or public: Disabled: 27% Non-disabled: 21%</p> <p>Colleagues experiencing bullying, harassment, or abuse from managers: Disabled: 12% Non-disabled: 6%</p> <p>Colleagues experiencing bullying, harassment, or abuse from colleagues: Disabled: 19% Non-disabled: 11%</p>		
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		<p>Annual Staff survey 2022 (*NB all National results = bench marked group – Community Trusts):</p> <p>13a) In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public:</p> <p>National average 6.8%</p> <p>Trust Overall 3.2%</p> <p>Disability 4.3%</p> <p>Ethnicity 3.6%</p> <p>Gay, Lesbian, 18.8%</p> <p>Bisexual and other 11.8%</p> <p>13b) In the last 12 months how many times have you personally experienced physical violence at work from Managers?</p> <p>National average 0.3%</p> <p>Trust Overall 0%</p> <p>Disability 0%</p> <p>Ethnicity 0%</p> <p>Gay, Lesbian, Bisexual and other 0%</p> <p>13c) In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.</p> <p>National average 0.5%</p> <p>Trust Overall 0.2%</p> <p>Disability 0%</p> <p>Ethnicity 0.7%</p> <p>Gay, Lesbian, Bisexual and other 0%</p> <p>Annual staff survey 2022(*NB all National results = bench marked group – Community Trusts):</p> <p>14a) In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from Patients / service users, their relatives or other members of the public.</p> <p>National average - 22.3%</p> <p>Trust Overall - 20.8 %</p>		
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		Disability - 25.1% Ethnicity - 21.1% Gay, Lesbian - 25% Bisexual and other - 23.5%		
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		<p>14b) In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from Managers:</p> <p>National average - 7% Trust Overall – 6.3 % Disability – 9.5% Ethnicity – 12.5% Gay, Lesbian - 0% Bisexual and other – 11.8</p> <p>14c) In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues: National average - 12% Trust Overall – 12 % Disability – 17.2% Ethnicity - 19% Gay, Lesbian – 6.3% Bisexual and other – 5.9%</p>		
	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>Support is available through a variety of sources including:</p> <ul style="list-style-type: none"> • Union representatives • Freedom to speak up guardian and champions • Workforce teams • Psychological Wellbeing Hub Service • Employee assistance programme • Occupational health • Mental health first aiders • Health and Wellbeing Champions • Safeguarding team • Volunteer incident supporters • Wellbeing Guardian • See me first Champions • CEO / senior team 	3	AP/AH

		<ul style="list-style-type: none"> Peers via Staff networks 		
	2D: Staff recommend the organisation as a place to work and receive treatment	Staff recommend the organisation as a place to work: Q23c) National average – 65.3% Trust Overall – 71.8% Disability – 63.3% Ethnicity – 77.2% Gay, Lesbian – 81.3% Bisexual and other – 58.8% If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation: Q23d) National average – 76.5% Trust Overall – 79.1% Disability – 74.7% Ethnicity – 76.7% Gay, Lesbian – 87.5% Bisexual and other – 76.4%	2	AP/KH
Domain 2: Workforce health and well-being overall rating			11	

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Equality Delivery System 2022 (EDS 2022) – Domain 3

Completed actions from the previous year	
Action/Activity	Linked to Equality Objectives (2022/23)
Trust Board signed off anti-racism pledge	2
Trust Board members signed off their personal anti-racism pledges	2
Further cultural ambassadors were trained	2
Additional Diversity Mentors have been trained and linked to senior leaders in the Trust	2
Trust Board and Sub-committee template updated to include new EDS objectives	2
Trust Board development session held on health inequalities	2

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Domain	Outcome	Evidence	Rating	Lead/Owner/Dept.
Domain 3: Outcome 3A 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	<ul style="list-style-type: none"> Trust Board signed off 3 year refreshed strategy in March 2023. This included 12 ambitions. 4 of which are specific in relation to equality and health inequalities. Trust Board pledge and individual Board members pledges for anti-racism. Cultural diversity network/Communications Cascade newsletter includes Board member personal pledges and how they are delivering them. Trust Board development session with Staff Network Chairs – October 2023. Trust Board Development session held with Reverend Denny on his report on Health Inequalities across BLMK. Trust Board has signed up to contributing to the delivery of the recommendations. Trust Board is signed up to the delivery of the system inclusive leadership programme across Cambridgeshire and Peterborough. 4 Board members undertaking the training with 8 other individuals across the Trust. Knowledge will be shared widely. Trust Board refreshes their equality and diversity training every 3 years. Trust Board are exploring ways to have representation at the board from more diverse backgrounds including. Two NEDs from a culturally diverse background and well represented from a gender and disability viewpoint. 	3	Deputy Chief Executive / Medical Director

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

		<ul style="list-style-type: none"> • Senior leadership team and Trust Board Chair undertook unconscious bias training. • People Participation Committee chaired by a NED and included 4 other board members. • Senior leaders attend Staff Network meetings. • The Trust's leadership behaviours cover ALL staff and include competencies around behaviour which is culturally sensitive and practices equality and diversity. • Diversity mentoring and majority of Board members are linked with a diversity mentor (80% Board members) • Cultural Ambassadors introduced to ensure bias is challenged at and illuminated from formal management procedures seem to have had a factor, is now embedded in the Trust. Additional Cultural Ambassadors have been trained this year. • Positive feedback on support from managers in Staff Opinion Survey. • Patient and Staff stories linked to protected characteristics discussed at Trust Board and Clinical Operational Board meetings. • Mentoring for culturally diverse staff introduced in 2016 and continues. • The responsible officers for Diversity and Inclusion (Staff and Patient) are part of regional diversity networks to share best practice. • The Trust has built the NHS Equality and Diversity principles into the staff behaviours and into specific equality & diversity objectives for anyone who manages staff within the Trust. 		
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Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

		<ul style="list-style-type: none"> Equality and diversity is part of the induction for all staff and for the skills development programme for line managers on Management training. Cultural awareness information is available. Equality impact assessments are undertaken on ALL major changes, policies and procedures within the Trust. The Trust supports staff on national and regional positive action programmes. The Trust supports a variety of diversity and inclusion days/initiatives throughout the year. The CEO regularly writes articles in staff communications prompting diversity and inclusion. The Board is leading on ensuring diverse interview panels are in place for all interviews. Robust Bullying and Harassment Policy which specifically addresses robust line management and bullying and harassment. Agreed Outcomes Policy introduced in 2018 to support resolution to issues and minimise negative outcomes. Freedom to Speak Up Champions to support staff to raise issues. Wider Executive Team have agreed to “no more tick boxes” and widening diversity on interview panels. Leadership Forum have discussed health inequalities and diversity and inclusion activities. Numerous examples of service changes made to meet health inequalities. Care Quality Commission ‘outstanding’ rating for Trust and ‘well led domain’ 		
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Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Domain	Outcome	Evidence	Rating	Lead/Owner/Dept.
Domain 3: Outcome 3B Inclusive Leadership	3B: Board / Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	<ul style="list-style-type: none"> The template for the Trust Board and Committee papers includes a section on how the paper addresses health inequalities. All papers have this section completed. Quality Impact Assessment (QIA) and Equality Impact Assessment (EIA) policy and process in place. EIA standard operating process reviewed and amended as required. QIA and EQIA for service changes / improvements in place. Integrated Governance Report identifies how we are meeting our local EDS objectives from a provider of services and as an employer perspective. People Participation and Equalities Committee has oversight of co-production taking place in this area especially in relation to equality and health inequalities. Workforce Race Equality Standards and Workforce Disability Equality Standards performance and actions also reported here. 	2	Trust Secretary and Freedom to Speak-up Guardian

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

Domain	Outcome	Evidence	Rating	Lead/Owner/Dept.
Domain 3: Outcome 3C Inclusive Leadership	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	<ul style="list-style-type: none"> Trust strategy diversity and inclusion ambitions. Workforce policies Co-production work Patient Participation and Equalities Committee <ul style="list-style-type: none"> Disparity metrics that have been agreed WRES and WDES reporting and action plans Gender pay gap reporting and action plans Trust wide Working Together Group Bi-annual workforce review to Trust Board – delivery of the People strategy which includes EDI performance. Annual Trust Objectives have measures and indicators linked to EDI and discussed at Trust Board on a regular basis. Integrated Governance report includes regular updates in both the outstanding care and excellent employer sections of the report. 	2	Deputy Chief Executive

Grading rating	Meaning
3	Excelling
2	Achieving
1	Developing
0	Undeveloped

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	To roll out the inclusive leadership programme across the Trust over the next 18 – 24 months.	Board members, operational leaders, and culturally diverse members of staff to complete their training and to take a lead in rolling this out across the Trust.	October 2026
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Year 2 Service Plans to identify contribution towards addressing Health Inequalities.	Monitored through Clinical Operational Boards and through regular reporting to the Trust Board through the Integrated Governance Report.	March 2025
	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	Trust Board and senior leaders to take a leading role in the delivery of the Trusts ambitions in this area.	Progress to be reported to the Trust Board bi-annually.	March 2026