

**Quality and Safety Committee**  
**Equality Delivery System 2022 Domain 1 Update**  
**15.02.24**

<b>Paper title:</b>	Equality Delivery System 2022 (EDS22) Domain 1 Update	<b>Agenda Item</b>
<b>Presented by:</b>	Lisa Wright, Head of Equality, Diversity and Inclusion (EDI)	
<b>Prepared by:</b>	Lisa Wright, Head of EDI	
<b>Committees where content has been discussed previously</b>	Child and Adolescent Whole Service Meeting School Nursing Team EDS22 Workshop Quality and Safety Committee October 2024	
<b>Purpose of the paper</b> Please check <b>ONE</b> box only:	<input checked="" type="checkbox"/> For approval <input type="checkbox"/> For information <input type="checkbox"/> For discussion	

<b>Relationship to the Strategic priorities and Board Assurance Framework (BAF)</b>		
The work contained with this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	√
	Belonging to our organisation	√
	New ways of working and delivering care	√
	Growing for the future	√
Delivering Best Quality Services	Improving Access and Flow	√
	Learning for Improvement	√
	Improving the experience of people who use our services	√
Making Best Use of Resources	Financial sustainability	√
	Our environment and workplace	√
	Giving back to our communities	√
Being the Best Partner	Partnership	√
Good governance	Governance, accountability & oversight	√

**Purpose of the report**

This report provides the evidence and final draft self-assessment grades of the EDS22 Domain 1 for approval. The assessment has concentrated on Child and Young People's Mental Health focusing on School Nursing, Perinatal Mental Health and Child and Adolescent Mental Health (CAMHS).

### Executive Summary

The Trust has assessed the EDI performance of the School Nursing, CAMHS and Perinatal Mental Health Services using the EDS22 framework for domain 1. The assessment focuses on four outcome measures related to access, health outcomes, patient safety and patient experience. The results of the assessment are as follows:

Service	Final Draft Score
School Nursing	10
Perinatal Mental Health	12
CAMHS	7

A full breakdown of the rationale behind these draft scores and the evidence to support them is included in **appendix 1, 2 and 3**. These scores are added to the EDS22 Domain 2 and 3 scores to provide an overarching score for the Trust. That overarching score for 2023 is 23 which means within the EDS22 definitions the Trust is 'achieving'. The recommended actions that will further the service areas EDS22 rating are included in **appendix 4**. The paper containing domain 2 and 3 scores and evidence is going to the People and Culture Committee on 22.02.24.

A broad engagement process has been undertaken to develop these scores. Details of this is set out for information in **appendix 4**.

Once approved the reporting templates in appendix 1, 2,3 and 4 will be published on the BDCFT website before 28.02.24.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

- Yes** (please set out in your paper what action has been taken to address this)
- No**

### Recommendation(s)

The People and Culture Committee is asked to:

- Approve the draft score and EDS22 Template Reports for publication and submission to NHS England.

### Links to the Strategic Organisational Risk register (SORR)

The work contained with this report links to the following corporate risks as identified in the SORR:

<p><b>Care Quality Commission domains</b> Please check <u>ALL</u> that apply</p>	<p> <input checked="" type="checkbox"/> Safe                 <input checked="" type="checkbox"/> Caring  <input checked="" type="checkbox"/> Effective                 <input checked="" type="checkbox"/> Well-Led  <input checked="" type="checkbox"/> Responsive             </p>
<p><b>Compliance &amp; regulatory implications</b></p>	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> <li>• Equality Act 2010</li> <li>• NHS Equality Delivery System 2022</li> <li>• NHS Patient and Carer Race Equality Framework</li> </ul>

## People and Culture Committee

15.02.24

### Equality Delivery System 2022 Update

#### 1 Purpose

In 2022 NHS England launched EDS22. This was an updated version of the former EDS<sup>1</sup> which the Trust has used to measure performance relating to our equality compliance since 2015. The new framework has been aligned to NHS England's Long-Term Plan, the NHS Workforce Race Equality<sup>2</sup> and Disability<sup>3</sup> Standards and its commitment to an inclusive NHS that is fair and accessible to all.

NHS22 implementation by NHS provider organisations is mandatory in the NHS Standard Contract. A template is now provided to report through. Once completed the template should be shared with NHS England and published as a key piece of evidence for Equality Act Compliance by 28.04.24 and then annually on that date.

The EDS22<sup>4</sup> is an improvement tool for patients, staff and leaders of the NHS. It supports active conversations with the people using NHS services, carers, staff, staff networks, community groups and trade unions to review and develop organisational approaches to addressing health and workforce inequalities.

There are 11 outcomes spread over three new domains: Services, Workforce and Leadership. The outcomes are evaluated, scored and rated using available data, evidence and insight through engagement. It is these ratings that provide assurance or point to the need for equality improvement. The outcomes are individually rated and scored either 'underdeveloped activity', 'developing activity', 'achieving activity' or 'excelling activity'. A final score is calculated which becomes the Trusts EDS rating.

Overall responsibility for the EDS lies with the Executive Board within each organisation. This responsibility may be discharged to the/an EDI Team/senior responsible officer within the organisation, but Board members should retain overall responsibility. It is stated within the technical guidance that organisations should select a Board champion for EDS BDCFT's champion is Chief People Officer who holds the EDI portfolio. A draft EDS score should be presented to the Trust Board for constructive challenge prior to approval and publication.

The completion of the EDS, and the creation of interventions and actions plans in response to the EDS findings contribute to NHS organisations achieving delivery on the Core20PLUS5 approach to reducing healthcare inequalities, the five Health Inequalities Priorities, and addressing inequalities in elective recovery highlighted in the 22/23 Guidance and set out below:

- Priority 1: Restore NHS services inclusively

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<sup>1</sup>[NHS England » Equality Delivery System for the NHS – EDS2](#)

<sup>2</sup>[NHS England » NHS Workforce Race Equality Standard](#)

<sup>3</sup>[NHS England » Workforce Disability Equality Standard](#)

<sup>4</sup>[NHS England » Equality Delivery System 2022 – Guidance and resources.](#)

- Priority 2: Mitigate against digital exclusion
- Priority 3: Ensure datasets are complete and timely
- Priority 4: Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes
- Priority 5: Strengthen leadership and accountability

There is specification within the framework to work collaboratively with place NHS partners and within the Integrated Care Systems (WYICS). The Head of EDI has been working closely within the West Yorkshire Integrated Care System EDS22 Task Group to agree a methodology and evidence sources to appraise scores and ratings. This proposal has been shaped alongside Bradford NHS Teaching Hospitals, Airedale FT Hospital and the WYICS equality commissioning lead. The process has also been discussed with the strategic equality lead for the Wellbeing Board.

This paper focuses on domain one. Domains two and three will be considered at the People and Culture Committee. The technical guidance suggests that organisations select three services to be assessed. The guidance talks about selecting one service that is doing well, one where performance is unknown and one where there are areas of improvement required. Within the WYICS Task Group Children and Young People’s mental health has been suggested as a focus for consideration. This is not mandated but selecting a shared area enables peer review.

### **Domain 1: Commissioned or provided services**

- 1A: Patients (service users) have required levels of access to the service.
- 1B: Individual patients (service user’s) health needs are met.
- 1C: When patients (service users) use the service, they are free from harm.
- 1D: Patients (service users) report positive experiences of the service.

### **Proposed Outcome**

The Trust selected three services that support Children and Young People’s Mental Health for review. These services are School Nursing, CAMHS and Perinatal Mental Health.

A comprehensive exercise to gather available data and engage with the workforce, partners including the VCS, people using services and their carers has been undertaken. A summary of that process and the outcome is included in **appendix 4**. It comprised of face to face and online workshops, peer review, online surveys, desk top report and data analysis. Data has been taken from the Integrated Patient Dashboard, the Friends and Family Test, Complaints data, Interpreting Usage information and Incident data.

A self-assessed score was generated by cross referencing the data and qualitative feedback based on the EDS22 scorecard <sup>5</sup>. This has then been shared and tested with stakeholders and a final score drafted for approval.

The scores are as follows:

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<sup>5</sup> [EDS Ratings and Score Card Guidance \(england.nhs.uk\)](https://www.england.nhs.uk/eds22/)

Service	Final Draft Score
School Nursing	10
Perinatal Mental Health	12
CAMHS	7

These domain 1 scores have been added to the domain 2 and 3 scores giving the Trust an overall EDS22 score of 23 which is 'Achieving' within the framework.

A detailed report of all the evidence collected is included in appendix 1, 2 and 3.

### 3 Options

The EDS22 Action Plan is included in **appendix 4**. Actions include:

- Publication and submission of the EDS22 reporting templates to NHS England and on the BDCFT website.
- Development of Family and Friends Test data collection methods that improve demographic data completeness and enable EDI analysis of patient experience on a systematic basis.
- Development of demographic data analysis of complainants to enable the Trust to understand differentiated patient experience and complaint outcome.
- Explore methods for identifying inequality themes and trends within incident reporting to understand the experiences of equality protected groups.
- Celebrate the good practice identified within all three services.
- Create a space online to communicate the Trusts work on Health Inequalities.

### 4 Risk and Implications

There was much to celebrate in the assessment findings. The people working in CAMHS, Perinatal Mental Health and School Nursing were passionate about EDI. They all had working examples of excellence:

School Nursing are offering confidential drop in provision within high schools where young people considering their sexuality or gender identity can talk in a safe space. They talked about creating room for young people to talk about religion and belief, mental health and wellbeing. They had many examples of providing their service in locations that would engage and be safe for Gypsy and Travellers, asylum seekers and refugees and religious groups.

CAMHS have develops multidisciplinary teams that work closely to offer a comprehensive offer of support. The team demonstrated innovation in looking for ways to engage with young people in sessions by for example using sensory toys. They have also developed an engaging website in the Neurodevelopmental Team to support families and young people waiting for support and assessment on their waiting lists. This aims to minimise the negative impacts of waiting.

The Perinatal Mental Health Service have established an impressive ethos where EDI runs core to everything they do. They seek and analyse in depth data to understand their EDI performance as standard; they are engaged in research on health inequalities and the impact of the inclusive resources they have developed called 'ready to relate'. They have evidence that the service user profile reflects the ethnic diversity of the local population – a real

achievement. They spread understanding of perinatal mental health risks and pathways amongst other professional groups within and outside of the Trust to tackle health inequality.

Despite this all teams talked about challenges to EDI. These included demand and capacity pressures on their service and the services they worked in partnership with and relied upon to refer people using their service onto. Where waiting lists are long there was a noticeable difference in engagement levels around the EDS22 assessment. This is understandable as the teams are under a lot of pressure to meet that need.

Although there are excellent good practice examples the data is not always available to look at health inequalities as standard. Some teams are seeking the information themselves. The Integrated Dashboard developed by the Business Intelligence Team is a great source of information to analyse access by some EDI groups for CAMHS and Perinatal Mental Health but it is not available for all services and all groups. There are plans to further develop this as part of the Patient and Carer Race Equality Framework requirements.

Friends and Family Test data for all three services was overwhelmingly positive ranging between 96% to 89% of respondents describing their experience as good or very good however a large proportion (20%) of all complaints received in the last three months related to the Neurodevelopmental Team in CAMHS due to waiting times. This indicates a potential inequality for neurodiverse young people in access. The team have worked hard to mitigate this impact, but it remains a risk. Specialist School Nursing also talked about increasing demand for their finite service.

## **5 Results**

This information has been shared with the services assessed via email, in workshops and through electronic questionnaires and with local stakeholders at a community engagement event on 01.02.24.

Ongoing progress and reporting will be brought to the Quality and Safety Committee in February 2025. Actions agreed will be embedded into the service plans as service EDI objectives.

**Lisa Wright**  
**Head of Equality, Diversity and Inclusion**  
**01.02.24**