Quality and Safety Committee

15.01.25

Paper title:	Equality Delivery System 2022 (EDS22) Domain 1 Assessment Outcome	**Agenda Item**
Presented by:	Lisa Wright Head of Equality, Delivery and Inclusion (EDI) and Abi Larvin Reducing Inequalities Lead.	**XX**
Prepared by:	Lisa Wright Head of EDI, Abi Larvin Reducing Inequalities Lead. Assessed service leads.	
Committees where content has been discussed previously	Quality and Safety Committee, Patient and Carer Race Equality Partnership.	
Purpose of the paper Please check **ONE** box only:	☒ For approval ☐ For information ☐ For discussion	

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
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	Y
	Belonging to our organisation	Y
	New ways of working and delivering care	Y
	Growing for the future	Y
Delivering Best Quality Services	Improving Access and Flow	Y
	Learning for Improvement	Y
	Improving the experience of people who use our services	Y
Making Best Use of Resources	Financial sustainability	Y
	Our environment and workplace	Y
	Giving back to our communities	Y
Being the Best Partner	Partnership	Y
Good governance	Governance, accountability & oversight	Y

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 concentrating on three services; Intensive Home Treatment (IHTT), Physical Health Checks for people with Serious Mental Illness (SMI) and Palliative Care.

Executive Summary

The Trust has assessed the EDI performance of the Intensive Home Treatment, Physical Health Checks for SMI and Palliative Care 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 assessment views these criteria through an equality lens. The results of the assessment are as follows:

Service	Final Draft Score
Intensive Home Treatment	8
Physical Health Checks for SMI	8
Palliative Care	11

A full breakdown of the rationale behind these draft scores and the evidence to support them is included in **appendix 1a, b and c**. These scores are added to the EDS22 Domain 2 and 3 scores to provide an overarching score for the Trust. That overarching score for 2025 is 22 which means within the EDS22 definitions the Trust is 'achieving'.

The recommended actions that will further the service areas EDS22 rating are included in the action plan in **appendix 2.** The paper containing domain 2 and 3 scores and evidence is going to the People and Culture Committee on 16.01.25.

A broad engagement process has been undertaken to develop these scores. Details of this is set out for information in **appendix 3**.

Once approved the reporting templates in appendix 1 a, b and c, and the accompanying actions in appendix 2 will be published on the BDCFT website before 28.02.25.

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 Quality & Safety Committee is asked to:

- Approve the draft scores 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:
Care Quality Commission domains Please check **ALL** that apply	☒ Safe ☒ Effective ☒ Responsive ☒ Caring ☒ Well-Led
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • Equality Act 2010 • NHS Equality Delivery System 2022 • Patient and Carer Race Equality Framework • Accessible Information Standard • Sexual Orientation Monitoring Standard

Quality and Safety Committee

15.01.25

Equality Delivery System 2022 (EDS22) Domain 1 Assessment Outcome

1 Purpose

In 2022 NHS England launched EDS22. This was an updated version of the former EDS2[1] 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[2] and Disability[3] 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[4] 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 the 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

[1] NHS England » Equality Delivery System for the NHS – EDS2
[2] NHS England » NHS Workforce Race Equality Standard
[3] NHS England » Workforce Disability Equality Standard
[4] NHS England » Equality Delivery System 2022 – Guidance and resources.

addressing inequalities in elective recovery highlighted in the 22/23 Guidance and set out below:

- Priority 1: Restore NHS services inclusively
- 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

The Trust is in the process of developing a Health Equity Approach, this work will support with implementation of these requirements in the future. The Trusts Belonging and Inclusion Plan is based on the categories and outcomes of the EDS22.

There is specification within the framework to work collaboratively with place NHS partners and within the Integrated Care Systems (WYICS). The EDI Team has been working with the West Yorkshire Integrated Care System EDS22 to agree a methodology for the assessment and the possible evidence sources to appraise scores and ratings. This proposal has been shaped alongside Bradford NHS Teaching Hospitals and the WYICS equality commissioning lead.

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 suicide prevention and early diagnosis/cancer care was selected 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.

2 Proposed Outcome

The Trust selected three services that support suicide prevention and early diagnosis/cancer care for review. These services are Intensive Home Treatment, Physical Health Checks for SMI (PH&W) and Palliative Care.

A comprehensive exercise to gather available data and engage with the workforce, partners including the Voluntary and Community Sector 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 check ins, online surveys, desk top reports 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 [5]. This has then been shared and tested with stakeholders and a final score drafted for approval.

The scores are as follows:

Service	Final Draft Score
Intensive Home Treatment	8
Physical Health Checks for SMI (PH&W)	8
Palliative Care	11
Total	27 – **median average for Domain 1 = 8**

The median of these domain 1 scores have been added to the domain 2 (8) and 3 (6) scores giving the Trust an overall EDS22 score of 22 which is 'Achieving' within the framework. A detailed report of all the evidence collected is included in appendix 1, 2 and 3.

There was much to celebrate in the assessment findings.

The Physical Health & Wellbeing Service is set up to reduce the physical health inequalities faced by patients with serious mental illness. The team have developed a new referral system which improves access by streamlining referrals, allowing for more effective triaging and person-centred care. They are actively involved in research, including a study for smoking cessation and a pilot to improve access to physical health checks for people with SMI. As part of the latter, the team worked in partnership with GPs, identified patients on the GP SMI register who hadn't accessed health checks and conducted outreach. This improved access to health checks as well as access to social prescribing and statin prescriptions for those with the highest risk of cardiovascular disease. They work in close partnership with VCSE and system partners, particularly collaborating with Mind Healthy Living Advisors.

The Palliative Care team conduct active engagement with the public via local radio stations to build awareness across the local community of the palliative care service and have also engaged with BDCFT staff via an all staff broadcast, including guidance on how to speak to carers and families about death and dying. The team also engage with system partners, particularly via their End-of-Life facilitator and educator. The team have developed a toolkit to signpost staff to key resources, including accessible resources for people with Learning Disabilities. They have also developed policies on the provision of culturally and spiritually appropriate care, including key religious practices prior to and following death. They are currently working in partnership on a national scale to contribute to developing a broader understanding and evidence base for culturally appropriate palliative care as part of a research project with the International Observatory on End of Life Care. The team proactively seek feedback from service users and/or their families over the phone - which is overwhelmingly positive.

The Intensive Home Treatment Team provide person-centred care to those in crisis, including signposting to wider system partners to support service users with wider social determinants of health, such as housing. The team have developed partnerships with VCSE organisations, including co-work with Bradford Breathing Spaces. The provision of the First Response service

[5] EDS Ratings and Score Card Guidance (england.nhs.uk)

supports access to the service, removing barriers to crisis support for professional-led referral routes. The service works with the communications team and with Healthy Minds to ensure that First Response is advertised across the system, including cascading via voluntary and community sector organsations across Bradford and Craven. The team regularly monitor key performance indicators to ensure that care plans, risk assessments and multi-disciplinary team reviews are completed for all patients, and these are completed for 99-100% of service users, including those from protected characteristic groups.

There was strong engagement with all three services and staff had a good understanding of the need to address barriers faced by service users from inclusion health groups. Leaders and team members had a clear desire to improve access and experiences of underrepresented groups. The team would like to understand more about interpreting provision and cultural competency. The IHTT also raised a specific risk that long FRS call times may impact IHTT access.

3 Options

An EDS22 Action Plan has been drafted with the assessed service leads and is included in appendix 4. It is based upon the gaps and strengths identified in the analysis. Actions include:

Organisational Priorities

- Publication and submission of the EDS22 reporting templates to NHS England and on the BDCFT website.
- Develop an EDI flag within the incident reporting system and dashboard to ensure that EDI related incidents are visible to the EDI team and monitored.
- To develop a communications campaign which supports roll out and ongoing use of the EDI flag within incident reporting.
- To develop our online presence to communicate the Trusts work on Health Equity.
- To work to understand interoperability issues which prevent incident and complaints data from being broken down by demographic and work with the relevant teams to identify both short term mitigations and a long-term solution.
- To develop demographic data and EDI thematic analysis of complaints to enable the Trust to understand differentiated patient experience and complaint outcomes. To develop accessible information relating to the complaint processes. Support the fulfilment of the requirements set out in the Patient and Carer Race Equality Framework (PCREF) relating to complaints.

Service Level Priorities

- Celebrate the good practice identified within all three services.
- The business intelligence and EDI team will complete an analysis of the Palliative Care caseload in Spring 2025, the EDI team to support the Palliative Care team to identify any actions to understand any groups of underrepresentation.
- As part of the PCREF Data and Insights workstream, complete analysis of caseloads across Community Mental Health Teams, who refer into PH and W and IHTT, to understand underrepresentation of any ethnically diverse communities.

- Recognising underrepresentation, particularly of the Pakistani community, within these caseloads, include improving access for this group as a local priority within the PCREF action plan.
- Deliver bespoke training for Intensive Home Treatment Team and Physical Health and Wellbeing on accessing interpreting services, enabling staff to feel confident in accessing and using our interpreting providers and reporting incidents when they have concerns.
- Develop link between PH&W and dentistry to ensure people with SMI are signposted to appropriate services and explore how physical health checks could incorporate dental health.
- Deliver training for the IHTT on equality impact assessments, supporting members of the team to develop these where appropriate to evidence that equity is embedded within policies and processes.
- Explore appropriate service-level feedback mechanism for First Response / IHTT, including asking about experiences of access.
- Work with the Patient and Carers Experience and Involvement Team to ensure Friends and Family Test data for the Physical Health and Wellbeing clinics is separate to the wider Community Mental Health Teams to ensure the team have access to service-specific feedback.

Services will embed these into their service plans. An update on progress will be brought to the QSC in November 2025.

4 Risk and Implications

The business intelligence integrated dashboard allowed for easy understanding of the caseload demographics of service users for IHTT and PH&W, it highlighted areas where there is underrepresentation or data quality issues. However, this resource isn't available for Palliative Care due to the shared SystmOne module. The qualitative evidence and information about how the team ensure they are meeting the needs of our diverse communities was strong but it would be good to know what impact it is having on the data. The EDI team and Business Intelligence team will produce a manual analysis of the Palliative Care service data in financial year 25/26, but the wider system issues presents a risk that the Palliative Care service will be unable to monitor their caseload demographics.

Access to qualitative data and feedback also remains a challenge. Demographic data quality for incidents and complaints is low and incomplete due to lack of interoperability between SystmOne and Ulysses Safeguard. This prevents the organisation from identifying and addressing themes by ethnicity and other protected group. PCREF requires disaggregation of feedback data by ethnicity, so this issue presents a further risk of non-compliance with PCREF requirements. Compliance against the framework will be assessed during CQC inspections from March 2025. This issue will be a top priority for the PCREF Partnership and interim solutions are being explored.

Due to the closure of business of the previous Friends and Family Test platform provider, paper uptake has been particularly low which has prevented feedback data from being explored fully

for the IHTT and PH&W teams. The new FFT system has been rolled out, and data will be available by demographic groups, to identify feedback themes specific to protected characteristics.

The assessments identified underrepresentation of the Pakistani community in both PH&W and IHTT caseloads. For PH&W, this could exacerbate health inequalities. This group already face higher risks of conditions such as diabetes and cardiovascular disease, which are often undiagnosed or untreated without regular monitoring, leading to poorer health outcomes and increased mortality. Similarly, within Intensive Home Treatment Team (IHTT), underrepresentation may result in delayed interventions, prolonged crises, and poorer mental health outcomes. This intelligence will be incorporated into our PCREF work, which will consider how we improve access to mental health care for ethnically and culturally diverse communities.

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 in January 2025.

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

Lisa Wright Head of EDI and Abi Larvin Reducing Inequalities Lead
18.12.24