

# The Equality Delivery System (EDS) 2024

## Summary Report for North Staffordshire Combined Healthcare NHS Trust

(covering the period April 2021-March 2023)

### Introduction

This report is completed in fulfilment of the Trust's obligations under the (revised) Equality Delivery System framework for NHS Trusts, as required under the NHS Standard Contract to produce and publish a summary of their findings and implementation. A two-year review period is covered, but efforts have been made to bring this up-to-date where possible to end March 2024.

The Equality Delivery System (EDS) 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 main purpose of the EDS is to help local NHS systems and organisations, in discussion with local partners and local populations, to review and improve their performance for people with characteristics protected by the Equality Act 2010, as part of the Public Sector Equality Duty (PSED).

The EDS framework provides a means of reviewing organisational equality performance through the lens of the 9 protected characteristics and other equality groups, in relation to Patient services: access and experience (Domain 1), Workforce Health and Wellbeing (Domain 2) and Inclusive Leadership (Domain 3).

This report for 2024 focusses on Domain One only, due to the Trust and local ICS partners being involved in the national pilot project for the revised EDS, and also linked to the challenges of the pandemic and post-pandemic period and the associated concessions granted to NHS organisations with regard to EDS completion.

In addition to this **Summary EDS 2024 Report - for publication**, detailed analysis and evidence is **available on request** in relation to each of the 3 services reviewed (note these are predominantly internal working documents, but available on request).

### The EDS Framework

The (revised) EDS consists of 3 Domains.

**Domain 1: Commissioned or provided services (Access & Experience)**

**Domain 2: Workforce Health and Wellbeing**

**Domain 3: Inclusive Leadership**

As noted above, this report for 2024 covers **Domain One** only. This relates to the concessions given in relation to delivery of the EDS during and initially after the period of the Covid-19 pandemic. During this time, the Trust and local ICS partners were actively engaged with colleagues at NHS England on the development and piloting of the revised EDS Framework. The Trust and local ICS partners will be expected to deliver against the full suite of Domains in our 2025 EDS publication (covering data for the period 2023-24).

This report for 2024 focusses on **Domain One** of the EDS, covering 4 key aspects:

1A: Patients (service users) have required levels of **access** to the service.

1B: Individual patients (service users) **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

## **EDS Overview of Scoring / Rating**

Each of the services has been graded on their performance against the EDS. Our Trust 2024 EDS ratings are **2 - Achieving** for each of these services and overall, as a Trust.

Each service has identified areas of good practise and areas for action / improvement.

Examples of resulting action taken are: -

- Developing a system for improved service user feedback on interpretation services.
- Expanding the Physical Health and SMI Team to include service users under the age of 18.
- Promoting an increase in demographic recording from first the point of contact.
- Developing a Learning Disability digital portal to give increased access to refer into services.

## **Consultation on EDS ratings**

It is the intention that key stakeholders are involved in consultation on the ratings and supporting evidence. For this EDS, consultation has been completed at a number of different forums, as identified within the individual service sections of the report, and additionally at the Trust Community and Stakeholder Event on 13<sup>th</sup> March 2024. This event was well attended by a wide range of stakeholders from local community organisations, Trust service users and carers and nominated representatives, and the Trust's own workforce. Key protected characteristics groups were represented, including varied age groups, disability, ethnicity, genders and LGBT+ identity.

## **Areas of Identified Good Practise and Areas for Development**

This EDS has identified many areas of good and solid practise through the 3 services reviewed, where services are being delivered to or exceeding expected standards.

Examples of good practise included:-

### **Interpretation and Translation Services**

- Excellent fill rates for telephone interpretation, with prompt interpreter connection times (less than one minute for 99% of calls).
- Supporting across the ICS partner organisations during the Covid-19 pandemic in relation to access to interpretation services.
- Learning from UHNM 'Insight' system.

### **Learning Disabilities Services**

- Use of Hospital Passports and Acute Liaison Nurses for LD across the ICS
- Expert by Experience Advisor roles at NSCHT
- Comprehensive assessment undertaken with all new Learning Disability referrals, including Positive Behavioural Support documents, OK health check and physical health check, About Me document, Health Action Plan and Person Centred Care and Support Plan.

### **Physical Health Checks in SMI Service**

- Core focus of the service is to proactively address known health inequalities for people with SMI
- Health Kit bags supplied to support self-management and monitoring of individual physical health
- Highly positive feedback from service users including enjoyability and lasting impact of resulting physical health interventions

## Areas of Exception and Concern highlighted by this EDS

This EDS review has also highlighted areas of concern for action / improvement, some of which are summarised below:-

- **Interpretation and Translation Services**

Concerns are noted in relation to the limited supply and non-availability of interpreters in some international languages and the failure on some occasions of the interpreter to attend, causing impact on service delivery and treatment experience for individual service users. Such issues with face-to-face interpretation mean we still need to develop our approach to video interpretation more to significantly increase the ratio of digital to face-to-face interpretation. Linked to this, a further recommendation is to review the potential application of the Insight system used in UHNM (being used by community midwives with much success) to community teams at Combined.

Also, it is noted that there hasn't been a user satisfaction survey carried out in relation to international languages interpretation at Combined in recent years (contributing to the score of 1 on the positive feedback section). A user satisfaction survey should be conducted during 2024-25.

- **Learning Disabilities Services**

Recording of equality data and information on accessibility needs (outside of those typical for service users with learning disabilities, such as Easy Read and Makaton) for service users with learning disabilities was identified as an area for improvement. A review of service operational policies is planned to ensure they outline how they will meet service user needs from an equality and diversity perspective. This will be completed during Summer 2024.

Whilst the Talk and Change Group is highlighted as an aspect of excellent practise, it was identified that service user feedback was not being obtained for the LD Assessment and Treatment (A&T) service. A working group has been established to review the previous tool and agree and implement changes required. The amended feedback tool will be embedded into the client's pathway from Summer 2024.

- **Physical Health Checks in SMI service**

It was identified that there was a need to review the scope of the service ensuring 16-year-olds with SMI and under CAMHS are referred to a CMHT and the PH Service. The CAMHS to Adults Transition policy has been updated to ensure governance processes are in place. The Team will pick up younger people who require an SMI PHC from the SMI register held by their GP practices from April 2024. There is no need for internal referral to be made.

It was also identified that team required support to facilitate discussion and deeper understanding in relation to the broad remit of inclusion issues and protected (and unprotected characteristics) – particularly around trans and non-binary inclusion, the Rainbow badge scheme, the Accessible Information Standard and the importance of making reasonable adjustments, to equip the team to be able to signpost service users to appropriate services and support more effectively. Education has been provided to all staff in the SMI Physical Health Team on the above and this forms part of the core purpose of the service which is embedded within the service specification in line with EDI and EDS documents, although some areas require further development as and when national system is updated (eg to enable capture of trans identity in the EPR).

### Process for 2023-24 data (to be published by 31 March 2025)

1. **Three further Trust services** to be reviewed (**services to be agreed**) and EDS performance consulted on. Services that have expressed an interest in participating in an EDS Assessment currently are: -
  - i. Trust Communications Team service
  - ii. Liaison and Diversion
  - iii. Parent and Baby Service(note: it is recommended to do a mix of small and big services, and mix of high performing / developing performance services – so SLT may wish to identify alternative services)
2. **Key further progress** / further action & outcomes resulting from the 2024 EDS should be included in the 2025 publication.
3. **Domain 2** (Workforce Health and Wellbeing) will also need to be reviewed and consulted on in 2024-25, for 2025 publication.
4. **Domain 3** (Inclusive Leadership) will similarly need to be reviewed and consulted on in 2024-25 for 2025 publication.

## Equality Delivery System (EDS)

### NSCHT focussed presentation following a collaborative approach between:

North Staffordshire Combined Healthcare Trust.

Midlands Partnership NHS Trust.



University Hospitals North Midlands Trust.



## EDS Pilot: Process and Design

### The National Equality Delivery System domains:

1. Commissioned or Provided services
2. Workforce health and well-being
3. Inclusive Leadership

Comprises of Eleven outcomes across the Domains.

Here we look at services reviewed within **Domain 1** against the 4 outcomes:

**1A:** People can readily access the service

**1B:** People's health needs are met

**1C:** When people use the service, they are free from harm

**1D:** People report positive experiences of the service



## Ratings are completed against each outcome

Rating	Score	Description	Evidence
Underdeveloped activity	0	No or little activity taking place	Organisations/systems have little or nothing in place to ensure patients with protected characteristics have adequate and appropriate access to the services they require. Feedback from patients is not acted upon. Organisations have not identified barriers facing patients
Developing activity	1	Minimal basic activities taking place	Data and evidence to show some protected characteristics (50%) have adequate access to the service. Patients consistently report fair or good (or the equivalent) when asked about accessing services. Demonstration that the organisation has identified barriers to accessing services
Achieving activity	2	Required level of activity taking place	Data to show those with protected characteristics (100%), and other groups at risk of health inequalities, have adequate access to the service. Patients consistently report good or very good (or the equivalent) when asked about accessing services. Demonstration that the organisation has identified barriers to accessing services
Excelling activity	3	Activity exceeds requirements	Data to show those with protected characteristics (100%), and other groups at risk of health inequalities, have tailored access to the service. Patients consistently report very good or excellent (or the equivalent) when asked about accessing services. Demonstration that the organisation has knowledge of barriers and have changed outcomes for people who experience those barriers in accessing services



## Services Assessed:

### Two Services were assessed by NSCHT, MPFT and UHNM

#### 1. Interpreter and Translation Services

Provision of accessible communication and information support for Languages including BSL, Communication support for DeafBlind, Information and document Translation

#### 2. Learning Disabilities Services

Provision of support for members in relation to health care including Mental and Physical Health, emergency and in-patient care.

### NSCHT assessed the above along with:

#### 3. SMI and Physical Health Team

A newly developed service promoting all service users with an SMI to have an annual physical health check



# 1. Interpreter and Translation services:

## Good Practice as a System

- One point of contact and portal: detailed picture of use and coverage, follow up on meeting request/cancellation/no show
- Supporting communities to feedback: engagement, communities 2gether and HUB networks
- Staff resources and training re: effective use of service
- Supporting over Covid across Shropshire and Staffordshire: community engagement and involvement in steering the Covid programme and developing localised information and resources: Remote video interpreters at vaccination centres
- Easy read documentation and accessible websites
- Risk and safety dashboards for interpreter/communication related incidents- Communication alerts on Patient Records.
- Formal complaints process with Provider Companies and quarterly activity reviews
- Data and feedback from staff, service users, carers, families and external community groups: including compliments, complaints, satisfaction surveys



## Areas for Improvement for the system

- Develop further the process to complaints and risk reporting
- Develop a consistent and regular approach to obtain feedback from patient, carer and communities about the service
- Improve process of complaints back to provider company
- Continue to develop services to be provided within different platforms: digital remote access and face to face consultations
- Reduce the need to change appointments due to availability of interpreter- more control for patient and organisation to offer timely appointments.



# The 5 Steps to implementation



**Ask** people if they have any information or communication needs and find out how to meet their needs.



**Record** those needs in a set way on patient records.



**Highlight** a person's file, so it is clear that they have information or communication needs, and clearly explain how these should be met.



**Share** information about a person's needs with other Trust Teams/Departments, NHS and adult social care providers, when they have consent or permission to do so.



**Act** to make sure that people get information in an accessible way and communication support if they need it.

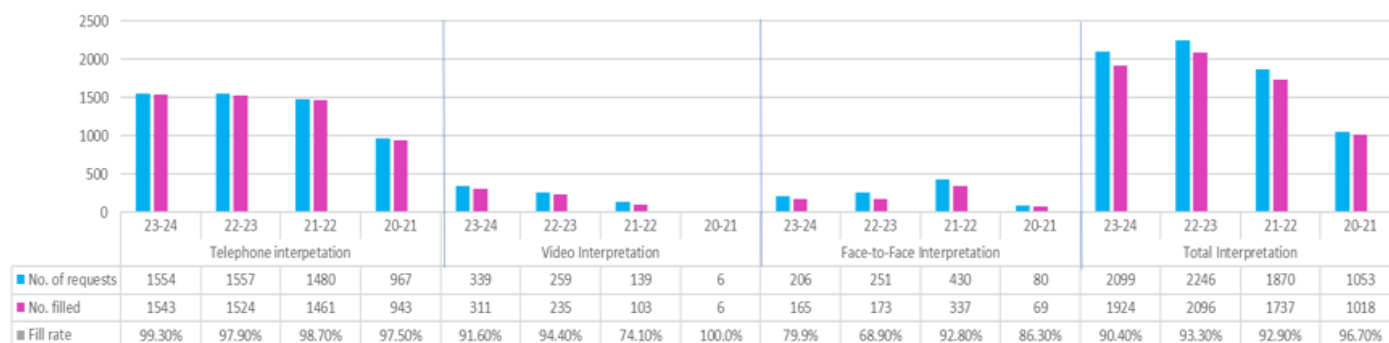


## North Staffordshire Combined Healthcare

### Interpretation services

Telephone interpretation is the default service for the majority of international language interpretation needs. Where there are special circumstance face-to-face interpretation may be provided. Increasingly, video interpretation is being utilised as an alternative to face to face or telephone interpretation and there is scope for significant further development in this regard. NSCHT international language interpretation data for the last 4 complete financial years is summarised below, with an overall fill rate of 90.4% in 2023-24.

Interpretation Provision 2020-24



## Interpretation services

- Demand for interpretation services had been increasing annually but has stabilised in 23-24. The variation seen previously may largely be due to the impact of the pandemic on attendances.
- Interpretation in 2022-23 covered **35 languages**, demonstrating the rich diversity of our service user population. The top 5 languages were; Urdu, Slovak, Oromo, Kurdish (Surami) and Polish.
- There were 3 complaints in 2021-22, one in 2022-23 and 5 in 2023-24.
- **99%** of telephone interpretation requests were **connected within 60 seconds** in 2021-22, 2022-23 and 2023-24
- The average duration of telephone calls was 28 minutes in 2021-22 and 25 minutes in 2022-23
- There was a significant increase in demand for telephone interpretation between 2020-21 and 2021-22 and a slight further increase in 2022-23, remaining stable 2023-24. Video interpretation was new in 2021-22 but has increased significantly since that period – but this remains a small percentage of overall interpreter use. **This remains an area for development to improve interpreter access and experience.**
- Fill rates for telephone interpretation are consistently high at **98-99%**. However, 33 calls were unserved in 2022-23, this reduced to 11 in 2023-24.
- Fill rates for video interpretation were slightly lower at **94%** in 22-23.
- Fill rates for face-to-face fell sharply in 2022-23 to just **69%**, increasing to **80%** 2023-24 **This area requires further review.**
- In 2022-23, 19 face to face requests were unfilled and 5 rescheduled. There were 25 customer 'do not attends', 8 substituted for remote (online) interpretation and 59 substituted for telephone interpretation.



## North Staffordshire Combined Healthcare

### Interpretation Services

2023 – 2024 Data

	Requests	Fill Rate	Position from last year (fill rate)
Face 2 Face	206	79.9%	↑
Virtual	339	91.6%	↓
Telephone	1554	99.3%	↑

Last year saw x3 instances where the interpreter failed to attend and x1 instance where the service was unable to supply.

Also, to note NSCHT received an additional 80 requests for a virtual service compared to the previous year.

Ongoing reviews are held with the respective services to promote ongoing improvements.

**There is a need to gather more feedback from users of this service to inform future improvements.**



Domain	Outcome	Individual Provider Organisation Score
Domain 1: Commissioned or provided services	1A: Service users have required levels of access to the service	MPFT= 2 <b>NSCHT=2</b> UHNM=2
	1B: Individual service user's health needs are met	MPFT=3 <b>NSCHT= 2</b> UHNM = 1
	1C: When service users use the service, they are free from harm	MPFT= 2 <b>NSCHT=2</b> UHNM=2
	1D: Service users report positive experiences of the service	MPFT=2 <b>NSCHT=1</b> UHNM=2



## 2. Learning Disabilities services: Good Practice across the system:

- Hospital Passports in use co-produced with NHS organisations
- Use of Acute Liaison Nurses; routine use of COVID and Hospital Passports
- Nursing risk assessments have LD focus Checklist
- Easy Read leaflets available for numerous physical health issues.
- Specific Emergency Department Learning Disability training for Nursing Staff
- Trust Awarded for its work on a Maternity Pathway – co produced between adult LD services and local maternity services
- Expert by Experience Advisor roles (RID1 AWARD 2021)
- AccessAble availability at Trust sites



## Areas for Improvement across the system:

- Develop further the process for complaints and risk reporting
- Develop a consistent and regular approach to obtain feedback from patient, carer and communities about the service
- Improve process of complaints back to provider company
- Continue to develop services to be provided within different platforms: digital remote access and face to face consultations
- Continue to improve recording of all equality data for LD Service users
- Scope AccessAble implementation across other NHS and wider ICS level.
- Review the links within organisations at PCN and GPs- sharing of seamless service and information.



### North Staffordshire Combined Healthcare Learning Disability Services

**A full review was undertaken of four NSCHT LD services against each outcome.**

#### Outcomes 1A and 1B

**Inpatient Assessment and Treatment Unit, Childrens Short Breaks, Childrens community LD Team & Adults Community LD Team and Intensive Outreach**

Referrals can be received from anywhere, GP's, schools, other agencies this includes self-referral Commissioners may approach directly for those needing to be repatriated to the locality Each service has a Referral or pre-admission assessment process which gathers the required information. to assist with decision making; family, carers, providers and MDT are fully involved in this process.

**A Full Assessment is then undertaken for every client which includes:**

- Positive Behavioural Support (PBS) documents
- OK health check and an annual Physical Health check for all.
- About Me document
- Health Action Plan
- Access to hospital appointments for specialist assessment and intentions
- External access to dentist and chiropody
- Service level agreement access to Speech and Language Therapy.
- Medical assessment from Psychiatry
- PCSP person centred care and support plan
- Access to specialist consultants and specialist nurses
- The commencement of a Health Passport and close working with the Leder team
- The LD Specialist nurse ensures all reasonable adjustments are considered and actioned



## **Outcomes 1C & 1D**

The Assessment and Treatment unit and the Short Breaks service are 24-hour inpatient provisions;

- The levels of supervision allocated to each client is person centred and those with higher needs around physical psychological health will have varied supervision or observation levels
- The levels will ensure that clients are free from harm from others and will support them to reduce the risk of harm to themselves
- All clients have a personalised risk assessment that clearly outlines clinical need and safety measures  
additional safety measures for NSCHT LD Services include:
  - consideration of registering on the Risk Register
  - weekly “cases of concern” meetings
  - Several communication systems aid effective reporting alongside national systems such as the Community Treatment Reviews (CTR) and Leap processes



## **Outcomes 1C & 1D cont'd**

- All staff are trained in nationally recognised safety intervention training and least restrictive practices
- Regular safer staffing level reviews and single sex areas within inpatient settings
- A clear complaints process and management system is embedded into practice
- Monitoring against National LD standards
- Each service has their own feedback processes and the Trust use the FFT which is reported monthly and feedback to teams.
- The teams have members who have been nominated by various families and clients for Compassion Awards
- Nominations have also been made by clients and carers for other awards for example Reach Awards.
- Embedded outcome measures
- x4 Experts by experience have been appointed
- CQC visits and Regulation 44 visits take place



### Developments:

- The team are working with the Digital programme team to develop an LD portal which would give increased access to refer into services via the Internet. The team now have a central e-mail for faster information processing.
- Ongoing “Towards outstanding” sessions are being undertaken
- The Teams have almost completed a full review against the National Accessible Information Standards.
- A Quality Improvement Project is underway to review the current referral hub process to determine if there is any scope to speed up access.



Domain	Outcome	Individual Provider Organisation Score
Domain 1: Commissioned or provided services	1A: Service users have required levels of access to the service	MPFT= 2 <b>NSCHT=2</b> UHNM=2
	1B: Individual service user's health needs are met	MPFT=2 <b>NSCHT= 2</b> UHNM = 2
	1C: When service users use the service, they are free from harm	MPFT= 2 <b>NSCHT=2</b> UHNM=2
	1D: Service users report positive experiences of the service	MPFT=2 <b>NSCHT=2</b> UHNM=2



## North Staffordshire Combined Healthcare SMI & Physical Health Service



Recent commissioning seeks to ensure that everyone receives an annual physical and mental health review, with no ambiguity over who is doing what and when across primary care and secondary mental health services. As part of this it is the responsibility of the Trust to ensure that all service users with a severe mental illness under our care will be supported to access a comprehensive and systematic mental and physical health check on a yearly basis. This includes:

- Offering advice, intervention and signposting as required following the review (physical, mental and social).
- Provision of an information sharing pathway, in the absence of a digital solution.
- Developing knowledge and skill of primary care staff in working with people with severe mental illness.

### **The following elements will be captured in the health check:**

- Physical health measurements
- Blood tests
- Screening
- Lifestyle advice/management
- Medication review
- Mental health review

### **The assessment will result in:**

- Brief advice/ information
- Signposting to relevant services i.e. healthy lifestyle, smoking cessation, substance misuse or GP.
- Referral onward if needed.
- Further review/ investigations, as necessary.
- Possible changes in treatment /care plan.



## North Staffordshire Combined Healthcare SMI & Physical Health Service



**Addressing health inequalities** is a core purpose of the SMI physical health team. The service covers the NSCHT footprint and accepts referrals from aged 16 with no upper age limit.

The Team have seen an increase in patients receiving their service from 1301 to 2014 from 2022 – 2024 the review focussed on how accessible and inclusive their service was against the 9 protected characteristics:

- **Age:** highest number were between 46 – 55 with the oldest patient being 91
- **Gender:** the split was proportionate and representative of the group, gaps in recording was noted.
- **Sexual orientation:** "Heterosexual" (26%) "Unknown" (72.9%) with only a tiny minority recorded as being of other sexual orientation (0.53%).
- **Marital/ Civil Partnership:** The largest group being supported by the service is recorded as being single (49%).
- **Religion / Belief:** Over 30 different religions were captured in the most recent data which is encouraging, however 20% are recorded as either Not Known or Declined to say.
- **Ethnicity / Race:** "White" (89%); "Mixed" (0.76%), "Black" (2.29%), "Asian (4.42%), "Unknown (0.68%) and "Not stated" (1.06%).
- **Disability:** The primary disability can be captured within the patients EPR; however, consideration needs to be given for those with multiple disabilities which will still need to be captured within a service users care plan. Letters have been reviewed and AIS reviewed across centres to ensure no accessible barriers to attendance
- **Gender Reassignment:** currently the service has no patients who identify as Trans; however, education and training has been provided and the Trust has a higher emphasis on data capture
- **Pregnancy/maternity/paternity:** This data is not able to be extrapolated from the patients EPR without a manual review The wider team's initial assessment document covers all protected characteristics including maternity status and awareness sessions have been held with all staff.



North Staffordshire Combined Healthcare  
**SMI & Physical Health Service: Developments:**

- The Team and experts by experience have co-produced an information leaflet which can be translated into any language, and they are in the process of developing an easy read document with LD colleagues.
- The Trust are working with NHSE in an endeavour to ensure all Gender identities and sexual orientation can be captured within the patients EPR system.
- The Trust has developed a KPI to reach 90% demographic data capture which includes, sexual orientation and ethnicity.
- The team's success has allowed them to become a team in their own right within the Trust EPR and therefore any patient recorded has experiencing an SMI is automatically added onto their team's caseload and the teamwork as a bolt on service to the owning care team.
- The proactive approach to support has achieved over 90% success rate to date
- There is now a QR code attached to all appointment letters or sent via text to enable people to plan their visit. Feedback will be gathered in June 2024
- Health Kit bags have been supplied to encourage people to self-manage/monitor their physical health. These contain a BP monitor, scales, pedometer, exercise bands, healthy lifestyle literature and a healthy portion plate.
- In 2021, as part of the SMI work stream, the Trust commissioned an 18-week healthy lifestyle service that people can be signposted to following their SMI health check to support lifestyle changes in the longer term.



North Staffordshire Combined Healthcare  
**SMI & Physical Health Service:**  
**Examples of some Service User Feedback**

**Participant Feedback**

*Really enjoying the exercise, can't believe how I have progressed from the start. I would like to look at a boxercise class in the future.*

**Participant Feedback**

*I have been to other group sessions and never stuck to it as it was always complicated, the group is so friendly that I want to come and making small changes has been easy and I can feel the difference.*

**Participant Feedback**

*Having a home visit with my support worker really helped with how anxious I was, it helped me understand.*



Domain	Outcome	Individual Provider Organisation Score
Domain 1: Commissioned or provided services	1A: Service users have required levels of access to the service	NSCHT=2
	1B: Individual service user's health needs are met	NSCHT= 2
	1C: When service users use the service, they are free from harm	NSCHT=2
	1D: Service users report positive experiences of the service	NSCHT=3



## Domain 1: Commissioned or provided services TRUST SUMMARY

Domain	Outcome	Evidence	Score	Rating
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Interpretation & Translation services Learning Disabilities Services Physical Health Checks in SMI	2 2 2 <b>Average 2</b>	2 - Achieving 2 - Achieving 2 - Achieving
	1B: Individual patients (service users) health needs are met	Interpretation & Translation services Learning Disabilities Services Physical Health Checks in SMI	2 2 2 <b>Average 2</b>	2- Achieving 2 - Achieving 2 - Achieving
	1C: When patients (service users) use the service, they are free from harm	Interpretation & Translation services Learning Disabilities Services Physical Health Checks in SMI	2 2 2 <b>Average 2</b>	2 – Achieving 2 - Achieving 2 - Achieving
	1D: Patients (service users) report positive experiences of the service	Interpretation & Translation services Learning Disabilities Services Physical Health Checks in SMI	1 2 3 <b>Average 2</b>	1 - Developing 2 - Achieving 3 – Excelling
Domain 1: Commissioned or provided services overall rating			<b>Total score 8</b>	<b>Achieving</b>



## NSCHT EDS Summary and Next Steps

Undertaking these EDS projects has been a great opportunity to review services through an Inclusive and Diverse lense; allowing services to review, challenge and adapt services to improve equity of access for everyone with a protected characteristic.

### Next Steps will include:

- Developing a system for improved service user feedback on interpretation services.
- Expanding the Physical Health and SMI Team to include service users under the age of 18.
- Promoting an increase in demographic recording from first the point of contact.
- Developing a Learning Disability digital portal to give increased access to refer into services.

**In 2024 – 25**, We will be reaching out to Teams across the Trust and onboarding managers to undertake an EDI approach to their Services (3 new services to be selected and reviewed) and at Trust level in relation to Domains 2 and 3.



# THANK YOU

Comments / Queries / Further Information requests to:-

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