

# The Derby and Derbyshire Equality Delivery System 2022-2023



The Derbyshire  
VCSE sector  
Alliance



Derby City Council



# Introduction

Welcome- Claire Haynes, Senior Public Equality and Diversity Manager, NHS Derby and Derbyshire Integrated Care Board

What is EDS?

New reporting process

Agenda

Questions



# Agenda

- Presentation by Derbyshire Community Health Services- including scoring results
- Presentation by Chesterfield Royal NHS Foundation Trust
- Scoring
- Presentation by Derbyshire Healthcare NHS Foundation Trust
- Scoring
- Presentation by University Hospitals of Derby and Burton NHS Foundation Trust
- Scoring
- Presentation by Derbyshire Community Health Services on system work- including scoring results
- Questions and next steps

# What is EDS?

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 EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

The main purpose of the EDS was, and remains, to help local NHS systems and organisations, in discussion with local partners and local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010.

# EDS 2022/23

- New updated process with emphasis on joint working
- Pilot site- Derbyshire Community Health Services
- Linking those delivering and those commissioning services
- This year report on one area per provider and one joint
- Next year development and two areas per provider and one joint
- People invited today include: CVS infrastructure organisations and their members, public diversity forums both City and County, selected list of organisations covering the 9 protected characteristics, provider Governors, Integrated Care Board Public Partnership Committee members and providers have also shared with their patients and internal patient groups

# DCHS Domain 1

EDS February 2023 presentation

Domain 1: commissioned or provided services

## 1: About:

**Service aim:** To maximise sexual health of local residents

**At risk groups:** Most adults are sexually active & needs vary according to factors such as **age, gender, sexual orientation & ethnicity**.

**Relative deprivation** associated with worse health outcomes generally.

**Wide range of access** (clinics, online, subcontracted GPs, Pharmacies, & voluntary sector providers; weighted to more deprived areas.)

System captures required protected characteristics.

## 2: What we did

Undertook Health Equity Audit (HEA) during to prioritise restoration of clinics in covid recovery.

Compared the service profile from pre-covid baseline to recovery stage.

Since repeated comparing 2021-22 service profile with population.



## 4) Next steps

Once published consider learning from the:

- commissioned engagement work
- sexual health strategic health needs assessment
- ... identify improvement plan if applicable.

## 3) HEA findings including gaps identified

Latest iteration of the HEA identified statistically higher proportion of:

- Younger ages (15-37)
- non-White ethnicities
- Most deprived 40%
- Females (GUM only)

**Identified gap:** identify if/how to increase access for target groups.

**Action taken:** with LA partners, commissioned qualitative engagement with identified at risk groups to identify any barriers to access.

### About the service:

The Long Covid assessment service aims to help complex patients with long covid obtain a holistic package of care, tailored to specific needs optimising positive outcomes.

An MDT approach with partnership between patients and clinicians is taken to agree a treatment plan



### Health equity work undertaken:

A health equity audit was undertaken to look at access to the service compared to the population.

Four areas were considered:  
Age, sex, ethnicity, deprivation

This was then discussed with the service and next steps were created



Post (long) covid  
assessment  
service

### Actions taken to improve equality of access:

- Men – Advertised the service with Men's Wellbeing services.
- Deprivation – Health inequalities budget diverted to community champions in areas of deprivation. Patient leaflets developed.
- Weight / BMI – referred patients into a specific weight management programme for patients with post covid syndrome.



### Findings of the Health Equity Audit:

- women > men
- middle-age patients > any other age
- higher > lower deprivation decile
- Higher Weight / BMI > lower
- Access to the service from patients with a BAME background was not disproportionately impacted.



# Section 1a

1a. Patients (service users) have required levels of access to the service

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## ISHS

### **Actions post HEA**

- Commissioned Sexual Health Action Research Project (**SHARP**)
- To engage with under-represented groups / at risk of poorer sexual health outcomes – will conclude by year-end and inform next steps.

### **Patient / service user facing website:**

- Information available in different formats, with the website able to be translated, colours set to high contrast or spoken aloud.
- “How to find us and what to expect” videos on the website

### **Management information for assurance and oversight:**

- Key operational performance indicators (KPIs) are monitored via a weekly dashboard (including waiting times and results notification compliance)
- oversight by the service Senior Management Team (SMT)

### **Future developments**

- a quality assurance tool called “Integrated Quality, Performance and Assurance Matrix” (known as **IQPAM**) in development

## Long Covid

### **Actions post HEA**

- Advertised the service with Men's Wellbeing services.
- Health inequalities budget diverted to community champions in deprived areas. Patient leaflets developed.
- Refer patients into a specific weight management programme for patients with post covid syndrome
- Set up hub for child referrals
- Triage system to prioritise vulnerable groups: people at risk of losing their job who are referred to Citizens Advice Bureaux.
- Involve people, carers and families in patient care, and encourage an advocate for those with learning disabilities
- ‘Patient journey passport’ in development
- Oliver McGowan Mandatory Training in Learning Disability and Autism.
- Capita Interpretation telephone services used, and video calls via MS teams used if appropriate
- All NHS buildings meet standard DCHS accessibility

# 1a. E.g. adjustments for online access

Button for high contrast colours

Language selection

Button to speak aloud

Information leaflets

“how to find us and what to expect” video

Public transport information

Map of all clinics

Chatbot

**your sexual health matters**

NHS Derbyshire Community Health Services NHS Foundation Trust

High Contrast Select Language search this site

Home STIs and HIV Contraception Pregnancy Further support Professionals

You are here: Home > Clinic finder > List of all clinics > Alfreton Primary Care Centre

We are currently experiencing a high volume of calls to our information and booking line, so there may be a delay in us reaching your call. Thank you for your patience during this busy time.  
If you have a contraception or an STI need, you may be able to order online

### Sexual health services at Alfreton Primary Care Centre

SPEAK

#### Welcome to Alfreton Primary Care Centre

We are currently running face to face pre-booked appointments at this clinic.

#### Video

Sexual Health Service - Alfreton

Watch on YouTube

**Address**  
Church St  
Alfreton  
Derbyshire  
DE55 7AH

**Telephone**  
0800 328 3383

**Type**  
Clinic

**Clinic hours**  
Closed on bank holidays.  
Tues 11:00 - 19:00

**Additional Information**  
**Public transport information to access this clinic**

Southport Chorley Huddersfield

Chat to Pat  
Our sexual health chatbot

# Section 1b

1b. Individual patients' (service users') health needs are met

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## ISHS Specific

- **Sexual Health Promotion (SHP) team:** providing advice, guidance, free condoms and outreach screening facilities
  - Proactively engage with target groups at higher risk, using Quality Conversations approach.
  - Attending large events e.g. Pride, Fresher's Fairs, YNot festival.
- **Voluntary sector sub-contractors** for at risk groups, e.g.
  - Womens Work working with vulnerable women
  - Derbyshire LGBT+ - working with Men who have Sex with Men (MSM)
  - Community Action Funds (CAF)
- **Online STI provision and face to face** testing provision
- **Continuous service improvement** (to be informed by SHARP outputs / recommendations)
- Introduced **ethnically diverse communities practitioner** - to engage with diverse communities / differing ethnic backgrounds to promote service engagement.

## Long Covid specific

- Health literacy officer reviews documentation (e.g. use of colour and plain English)
- Referrals made to Citizen Advice for patients at risk of losing job(s)
- Discussed at Therapy/ Medical MDTs (holistic approach)
- comprehensive initial assessment to understand health needs / goals irrespective of protected characteristics
- 'Patient journey passport' in development to identify potential barriers faced when accessing service and reasonable adjustments to make.
- Wide geography of clinics
- Proactive approach targeting specific groups e.g. peri/menopausal

## Both ISHS / Long Covid

- Translator available
- Reasonable adjustments made (e.g. double appointments)
- Safe guarding trained.

# Section 1c

1c. When patients (service users) use the service, they are free from harm

# 1c. When patients (service users) use the service, they are free from harm

## ISHS Specific

- **Adjustments** (e.g. double appointments, accessible website)
- Staff “diversity and inclusivity” and “Female Genital Mutilation (FGM)” trained – ensuring staff are sensitive to the cultural context surrounding a patients’ presentation.
- Continuous improvement – e.g. Deaf-inately Women feedback / training to improve accessibility for the deaf community.
- Bespoke Sexual Health Promotion support, e.g. **Bosnia and Herzegovina centre in Derby** (inc. **translation services**, seeing settled and **transient vulnerable individuals** who are **refugees**)
- Tools to monitor compliance (e.g. **waiting times**)
- **Visual aid** for patients to indicate **reason for attendance** (useful with **language barriers** and **ensures confidentiality**)

## Long Covid specific

- Wait time to initial assessment is <3 weeks
- Weekly MDTs to discuss complex patients
- Referral form and triage process allows those that have more urgent needs/at risk to be prioritised
- On-call clinician if staff need urgent advice in a complex clinical situation
- All face to face clinics held at community hospitals with access to emergency equipment
- Regular clinical supervision sessions for clinical staff
- Weekly clinical meetings and in-service trainings for staff to discuss any incidents
- Hearing loop in place
- Identified problems:
  - Differential North/South Pathology access
  - Differential access North/South to SystemOne shared module

## Both ISHS / Long Covid

- Datix process to record any incidents
- Safe guarding measures in place for vulnerable clients and staff trained.
- All appropriate PPE used.
- Triage process in place to allow appropriate clinical prioritisation

# Section 1d

1d. Patients (service users) report positive experiences of the service



# 1d. Patients (service users) report positive experiences of the service

## ISHS

“The staff who did the tests, took the blood, and administered treatment were absolutely amazing. I felt calm, relaxed, in control, not judged, **accepted for who and what I am**, and offered the chances to make informed decisions on my treatment. The staff gave excellent information. **I couldn't have had a better experience.**” (Long Eaton)

**97%** : ‘Very good’ or ‘Good’ Friends & Family Test (FFT) results

## Long Covid

Can't begin to tell you how much better talking to you and getting all this information has made me feel. I actually feel as though there is some hope for me now!

**95%** : ‘Very good’ or ‘Good’ Friends & Family Test (FFT) results

**Thank you.**



# Score

Derbyshire Community Health services held a scoring event on 2<sup>nd</sup> February 2023.

Domain 1 of the iterated EDS in DCHS indicate that they are 'Achieving'. Scores, improvement actions and other relevant details will be included in the EDS reporting templates.

# NHS Equality Delivery System

Domain 1: Commissioned or Provided Services  
Service User Outcomes

Maternity Services



# About Chesterfield Royal Hospital

- Our acute Trust provides healthcare and community services for more than 400,000 people across Derbyshire.
- We employ more than 4,500 colleagues across Chesterfield Royal Hospital, Primary Care and DSFS (Derbyshire Support and Facilities Services). We also have some fantastic volunteers supporting our services.
- In May 2020 we received a Good overall rating from the CQC (Care Quality Commission).
- In the latest Staff Survey, 73.7% of respondents told us they are enthusiastic about their job, and 69.7% of colleagues told us they recommend Chesterfield Royal Hospital FT as a place to work – 11.3% higher than the national score.
- Our 'Together as One' strategy focuses on exceptional patient care delivered by exceptional people, supporting people, communities and partners working together to provide patient care we can all be proud of.
- We work closely with our partners through Joined Up Care Derbyshire, aiming to provide the best care and services for people and make them as efficient and effective as possible.
- We are committed to developing meaningful Equality, Diversity and Inclusion – focusing on the needs of our colleagues, patients and all connected to the Trust.
- In 2022, more than 2,800 babies were born at Chesterfield Royal.



**Compassion**  
Treating everyone with kindness.



**Ambition**  
Aspiring to be the best.



**Respect**  
Valuing and appreciating everyone.



**Encourage**  
Opportunities for all.

## 1a. Patients (service users) have required levels of access to maternity services

### Narrative:

- Developing - can't evidence 100% equal access.
- Community sites for maternity and continuity of carer teams in some areas of deprivation.
- Involvement in community engagement events and improvements made based on feedback,
- Work closely with Derbyshire Maternity and Neonatal Voices (MNV).

### Evidence:

- **Derbyshire MNV** - engagement work suggests Trust could improve access.
- **Friends and Family Test 2022** - 99.4% felt involved in decision making and 99.6% felt supported. Service users with protected characteristics other than pregnancy - 97.6% felt involved in decision-making and 100% felt supported.
- **National Maternity Survey 2022** – questions about being spoken to in a way that could be understood scored above 9.5. The Trust could improve on experience of choice on where to have baby.
- Trust **interpreting** 2022 - 15% of bookings were for maternity services (estimated 0.65% of hospital attendances for maternity).

### Improvement work:

- Project with NHS England Experience of Care Collaboration
- Detailed access guides with AccessAble
- Expand continuity of carer



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## 1b. Individual patients' (service users') health needs are met

### Narrative:

- Developing - Trust is working to improve
- Outcomes for women and babies mostly maintained or improved - bookings and births increased in 2022.
- 2023 - continue to work on improving outcomes – support from Derbyshire Maternity and Neonatal Voices.

### Evidence:

- **Friends and Family Test 2022** - 99.6% felt they had support they needed. Service users with protected characteristics other than pregnancy - 100% felt they had support they needed.
- **National Maternity Survey 2022** – several questions related to health needs scored 'better than expected - the rest 'about the same' as other trusts.
- 2022 **shared decision making audit** - equality in all decision-making processes and informed choice.

### Improvement work:

- Induction of labour pathway
- Overnight triage service
- Pre-term pathway
- Repeat shared decision making audit



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## 1c. When patients (service users) use maternity services, they are free from harm

### Narrative:

- Developing - improvement work ongoing.
- Incidents and maternity incident management process under review - support from Integrated Care Board.
- Stillbirth and neonatal death rates below national average.
- Complex pregnancies - named consultant, regularly audited.

### Evidence:

- **Friends and Family Test 2022** - 99.4% felt safe. Service users with protected characteristics other than pregnancy - 100% felt safe.
- **National Maternity Survey 2022** - most had confidence and trust in staff and were asked about mental health. Scored better than other trusts for taking concerns raised during labour and birth seriously. Improvements - providing risk information and awareness of medical history.
- 14 **complaints** - 8 related to patient care and clinical treatment.
- No **patient safety incidents** meeting criteria for investigation.

### Improvement work:

- Strengthen safety action plans.
- National Maternity Survey action plan





## 1d. Patients (service users) report positive experiences of maternity services

### Narrative:

- Achieving - most maternity service users tell us about positive experiences
- Staff engage with Derbyshire Maternity and Neonatal Voices (MNV) and make improvements based on feedback
- Recruiting maternity volunteers to further improve experience

### Evidence:

- **Friends and Family Test 2022** – 98.64% had positive experience. Service users with protected characteristics other than pregnancy - 98.13% had positive experience.
- **National Maternity Survey 2022** – responses positive - no negative outliers or statistically significant decline. 25 questions 'better than expected' and 2 statistically significant increase.
- In 2022, 21 recorded **compliments** – plus informal compliments and thank you cards.
- **Derbyshire MNV** reports and **surveys** - compassionate, kind, friendly, supportive staff, who listen and give information, and birth partners allowed to stay.
- No **Healthwatch** concerns in 2022.
- Positive **15 steps** visit, led by **Derbyshire MNV**



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## Outcome 1A: Patients (service users) have required levels of access to the service

Rating	Score	Description	Evidence
Underdeveloped activity	0	<b>No or little activity taking place</b>	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	<b>Minimal/ basic activities taking place</b>	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	<b>Required level of activity taking place</b>	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	<b>Activity exceeds requirements</b>	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

## Outcome 1B: Individual patients (service user's) health needs are met

Rating	Score	Description	Evidence examples
Underdeveloped activity	0	<b>No or little activity taking place</b>	Patients with higher risks due to a protected characteristic receive little or no support to self-manage care needs. The organisations do little or no engagement surrounding services.
Developing activity	1	<b>Minimal/ basic activities taking place</b>	Patients at higher risk due to a protected characteristic needs are met in a way that works for them. The organisations often consult with patients and the public to commission, de-commission and cease services provided.
Achieving activity	2	<b>Required level of activity taking place</b>	<p>Patients at higher risk due to a protected characteristic needs are met in a way that works for them. The organisations often consult with patients with higher risks due to a protected characteristic to commission, designed, increase, decrease, de-commission and cease services provided.</p> <p>The organisations signpost to VSCE organisations and social prescribing. Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the organisations.</p>
Excelling activity	3	<b>Activity exceeds requirements</b>	<p>Patients at higher risk due to a protected characteristic and other groups at risk of health inequalities needs are met in a way that works for them.</p> <p>The organisations fully engage with patients, community groups, and the public, to commission, designed, increase, decrease, de-commission and cease services provided.</p> <p>The organisations work in partnership with VCSE organisations to support community groups identified as seldom heard. The organisations use social prescribing, where relevant. Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the organisations.</p> <p>The organisations work with, and influence partners, to improve outcomes for people with a protected characteristic and other groups at risk of health inequalities, across the system or where services connect</p>

## Outcome 1C: When patients (service users) use the service, they are free from harm

Rating	Score	Description	Evidence examples
Underdeveloped activity	0	<b>No or little activity taking place</b>	<p>The organisation may or may not have mandated/ basic procedures/initiatives in place to ensure safety in services.</p> <p>Staff and patients are not supported when reporting incidents and near misses. The organisation holds a blame culture towards mistakes, incidents and near misses</p>
Developing activity	1	<b>Minimal/ basic activities taking place</b>	<p>The organisation has mandated/ basic procedures/initiatives in place to ensure safety in services.</p> <p>The organisation has procedures/initiatives in place to enhance safety in services for patients in protected characteristic groups.</p>
Achieving activity	2	<b>Required level of activity taking place</b>	<p>The organisation has procedures/initiatives in place to enhance safety in services for patients in all protected characteristic groups where there is known H&amp;S risks. Staff and patients feel confident, and are supported to, report incidents and near misses.</p> <p>The organisation encourages an improvement culture giving consideration to equality and health inequality themes in safety incidents and near misses</p>
Excelling activity	3	<b>Activity exceeds requirements</b>	<p>The organisation has procedures/initiatives in place to enhance safety in services for all patients in protected characteristic groups where there is known H&amp;S risks.</p> <p>Staff and patients are supported and encouraged to report incidents and near misses. The organisation encourages and promotes an improvement culture actively including equality and health inequality themes in safety incidents and near misses.</p> <p>The organisations work with system and community partners to improve safety outcomes for people, using existing data and driven by service need/risk</p>

## Outcome 1D: Patients (service users) report positive experiences of the service

Rating	Score	Description	Evidence examples
Underdeveloped activity	0	<b>No or little activity taking place</b>	<p>The organisations do not engage with patients about their experience of the service.</p> <p>The organisations do not recognise the link between staff and patient treatment. The organisations do not act upon data or monitor progress.</p>
Developing activity	1	<b>Minimal/ basic activities taking place</b>	<p>The organisations collate data from patients with protected characteristics about their experience of the service.</p> <p>The organisation creates action plans, and monitors progress.</p>
Achieving activity	2	<b>Required level of activity taking place</b>	<p>The organisations collate data from patients with protected characteristics about their experience of the service.</p> <p>The organisations create evidence-based action plans in collaboration with patients and relevant stakeholders, and monitors progress. The organisation shows understanding of the link between staff and patient treatment and demonstrate improvement in patient experiences</p>
Excelling activity	3	<b>Activity exceeds requirements</b>	<p>The organisation actively engages with patients with protected characteristics and other groups at risk of health inequalities about their experience of the service.</p> <p>The organisation actively works with the VCSE to ensure all patient voices are heard. The organisations create data driven/evidence-based action plans, and monitors progress.</p> <p>The organisation shows understanding of the link between staff and patient treatment. The organisations use patient experience data to influence the wider system and build interventions in an innovative way.</p>

## Scoring- Chesterfield Royal

Click the survey monkey link to add your scores:

<https://www.surveymonkey.co.uk/r/EDS-CRH>



**Derbyshire Healthcare**  
NHS Foundation Trust

# Derbyshire Healthcare Foundation Trust

## Perinatal Community Mental Health Service

### EDS February 2023

### Domain 1



DHCFT



derbyshcft

[www.derbyshirehealthcareft.nhs.uk](http://www.derbyshirehealthcareft.nhs.uk)



Making a  
**positive**  
difference

# Who we are:

- Our team is made up of : A clinical Lead, Clinical Operational Managers, Community Mental Health Nurses, Doctor's, Nursery Nurses, Occupational Therapists, Peer Support Workers, Psychiatrists, Psychologists, a Social Worker and a Researcher.
- We are a multi-disciplinary team, with two bases, one at The Radbourne Unit in Derby covering the south of the county and one at Scarsdale in Chesterfield covering the North of the county.
- We are accredited by the Perinatal Quality Network - A faculty of the **The Royal College of Psychiatrists.**





# Where we are:



# What we do:

- The Derbyshire Perinatal Community Mental Health Service provides care for women who are experiencing severe and complex mental health problems in the perinatal period and their families as outlined in the Long Term Plan (LTP).
- One in five women will experience a mental health problem during their pregnancy and in the first year after birth, with depression and anxiety disorders being the most common. (LTP 2019)
- The LTP aims to ensure that by 2023/24, at least 66,000 women with moderate/complex to severe PMH difficulties can access care and support in the community. (LTP 2019)

NB :The perinatal period includes preconception, antenatal and postnatal.

# What we do:

- As a service we work towards meeting the objectives of the LTP we also work towards meeting the Perinatal Quality Network standards
- There are 7 sections of Perinatal Quality Network standards for care that services must meet (of varying degrees) to gain accreditation.
- **Referral and Access Standards**
- **Assessment**
- **Discharge and Transfer of Care**
- **Care and Treatment**
- **Rights, Infant Welfare and Safeguarding**
- **Staffing and Training**
- **Recording and Audit**

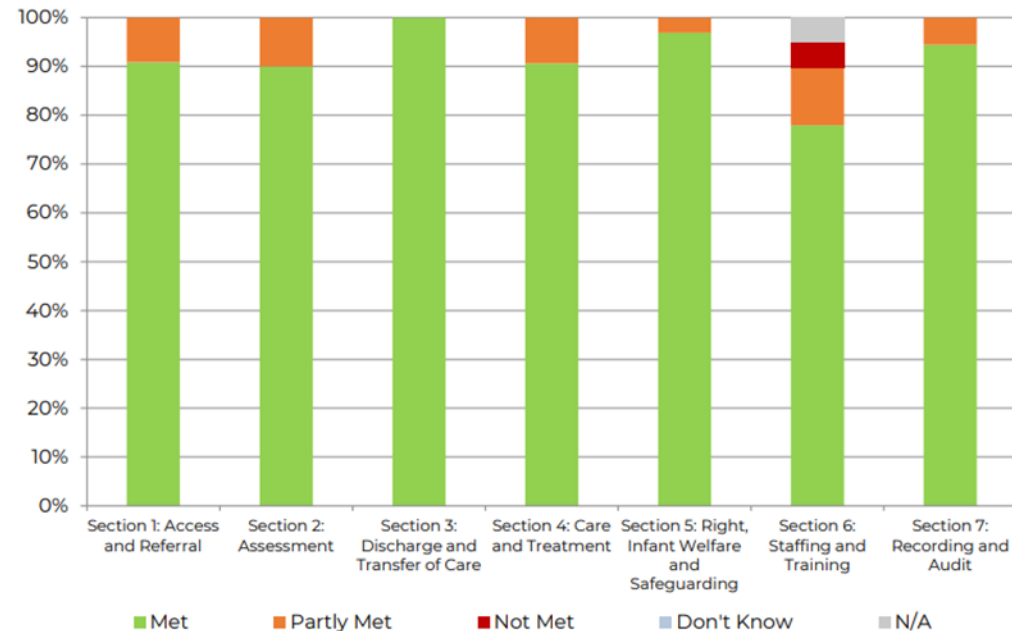
# Our last review PQN summary:

## Review summary

Derbyshire Perinatal Mental Health Team fully met 89% of standards for community perinatal mental health services.

The following graph summarises the key findings from the service's review.

Standards Summary



# 1a.

## Patients Have required levels of access to the service:

- As we work towards achieving the outcomes of the LPT and meeting the standards of the PQN - our service design and practice is also informed by the MBRRACE reports.
- **[MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK | MBRRACE-UK | NPEU \(ox.ac.uk\)](#)**
- Inequalities in perinatal mental health outcomes have been an ongoing issue in UK maternity services, with marginalised women and birthing people including those from ethnically diverse groups, lower socio-economic backgrounds and the LGBTQIA+ community being worst affected.
- <https://www.all4maternity.com/inequalities-in-perinatal-mental-health-outcomes/>

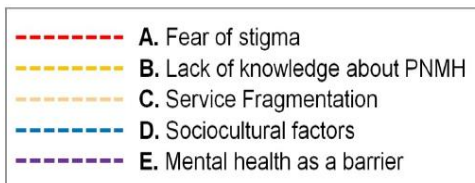
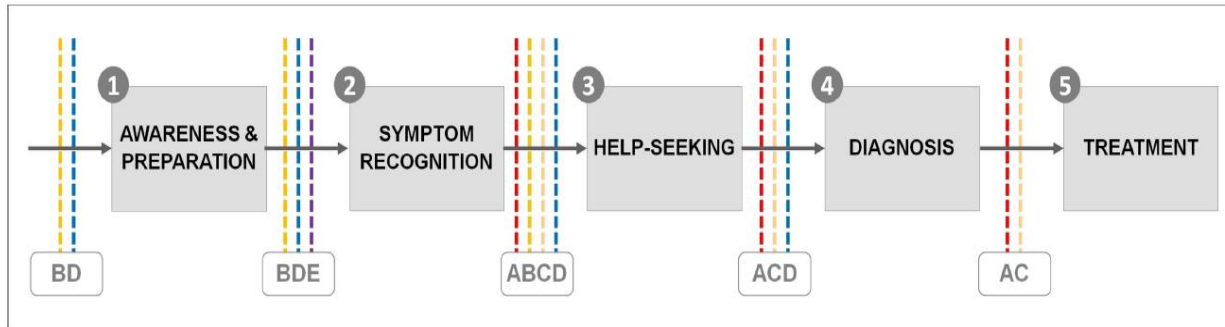


1a.

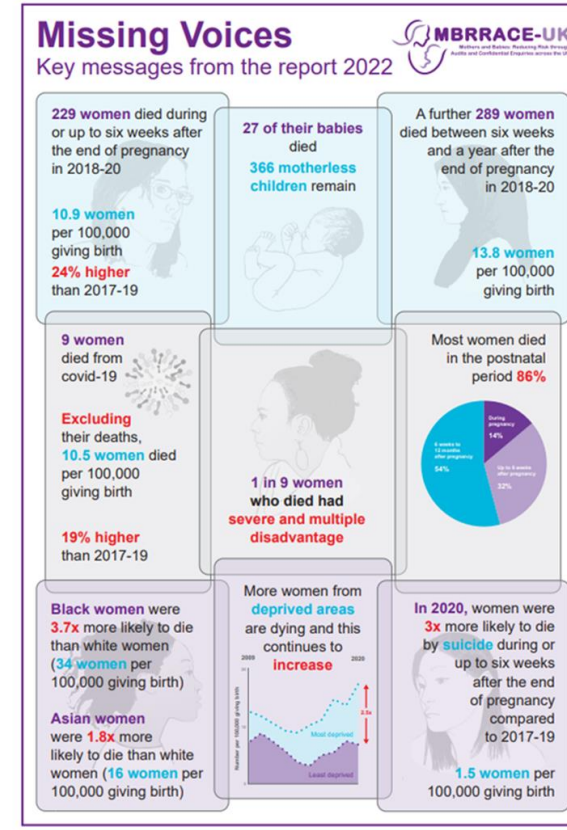
Patients Have required levels of access to the service:

# Barriers to access

- **Worries** (*stigma; removal of children*)
- **Service provision** (*location and accessibility; service criteria and capacity*)
- **Digital** (*access to digital appointments*)
- **Cultural/language differences**



**Figure: Conceptual model of key barriers in the care pathway to accessing mental health services during the perinatal period**  
(Sambrook-Smith et al (2019)).

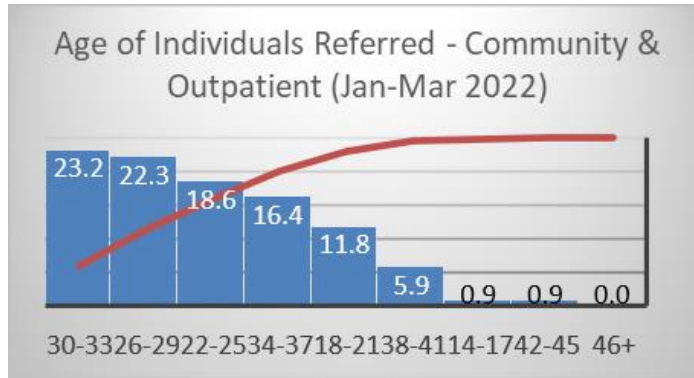


MBRRACE-UK - Saving Lives, Improving Mothers' Care 2022

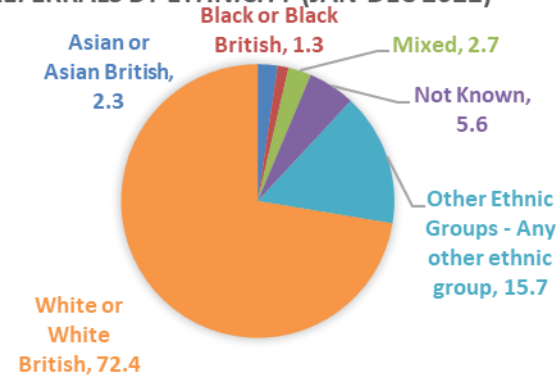
[MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK](#) | [MBRRACE-UK](#) | [NPEU \(ox.ac.uk\)](#)

1a. Patients Have required levels of access to the service:

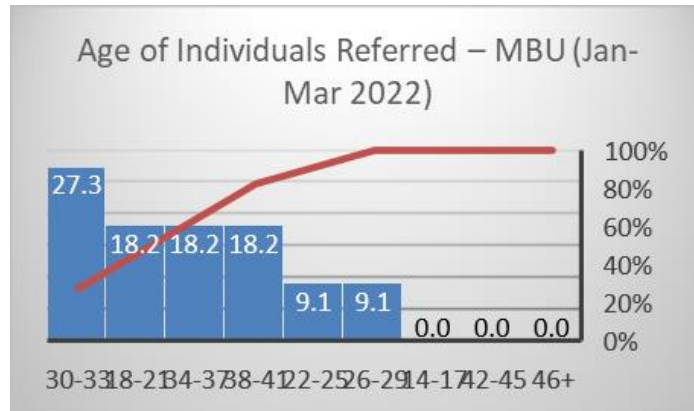
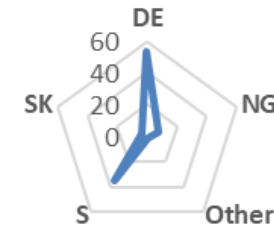
## What we did:



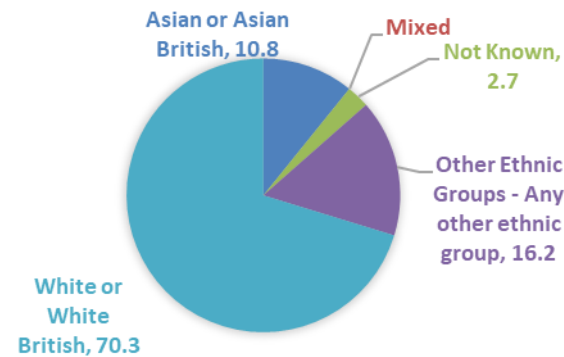
PERINATAL COMMUNITY AND OUTPATIENT REFERRALS BY ETHNICITY (JAN-DEC 2022)



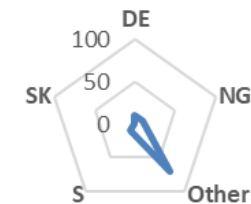
Location of Individuals Referred - Community & Outpatient (Jan-Mar 2022)



PERINATAL (MBU) REFERRALS BY ETHNICITY (JAN-DEC 2022)

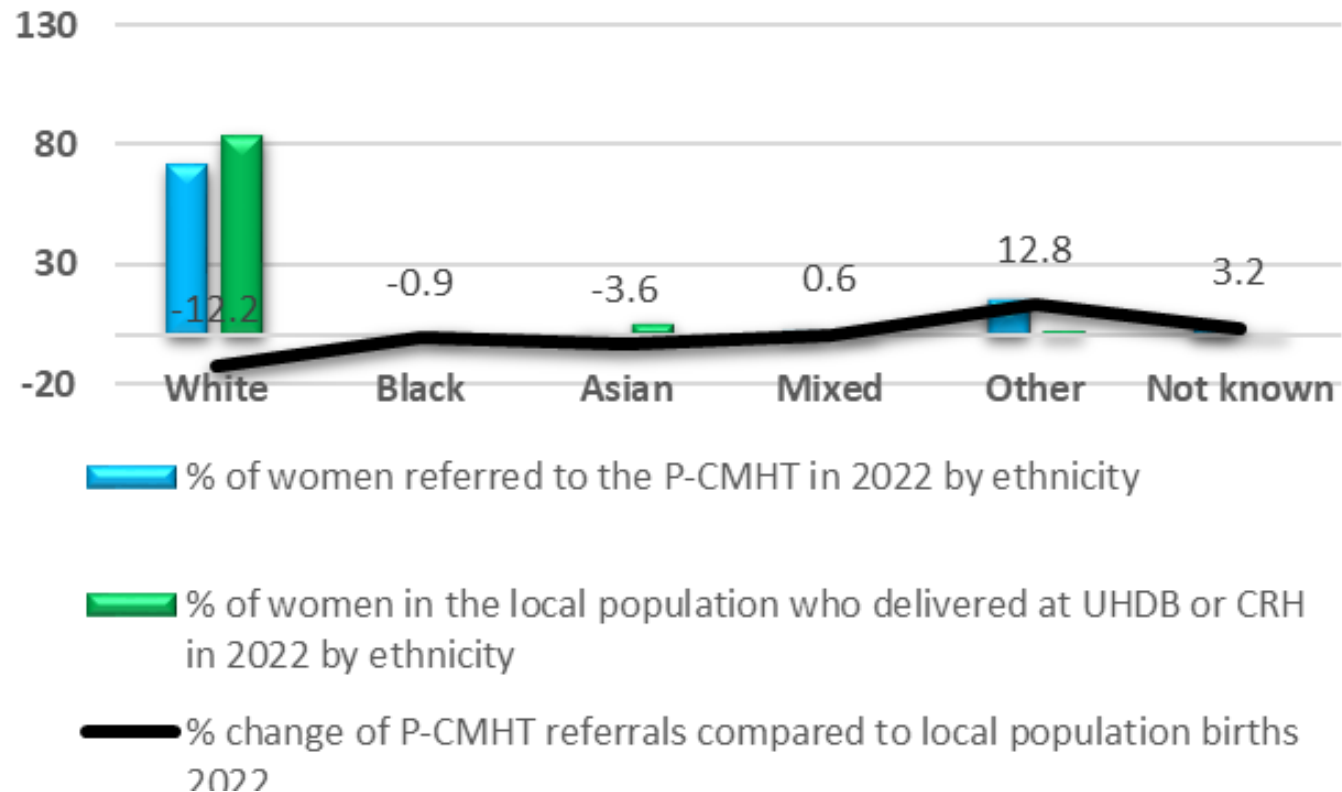


Location of Individuals Referred - MBU (Jan-Mar 2022)



1a. Patients Have required levels of access to the service:

## What we did:





1a.

## Perinatal Services Referrals and Service Access

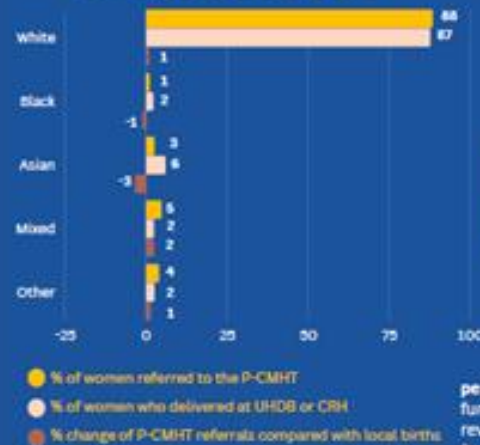
Access to mental health services in the perinatal period can be obstructed by complex, interlinking, multi-level barriers (1). Women from minority ethnic backgrounds often experience greater barriers which can lead to **reduced access to community mental health services and more involuntary inpatient admissions** (2).

Demographic characteristics for women referred to the perinatal community mental health team (P-CMHT) and The Beeches mother and baby unit (MBU), were explored to provide a benchmark of service access. Overall, in 2019 there were differences in the proportion of women from minority ethnic backgrounds that were referred to the MBU and the P-CMHT, with more **inpatient referrals** for women from minority ethnic backgrounds.

Figure 1: Referrals to the MBU and P-CMHT by ethnicity (% 2019)



Figure 2: P-CMHT referrals and births by ethnicity at UHDB and CRH (% 2021)



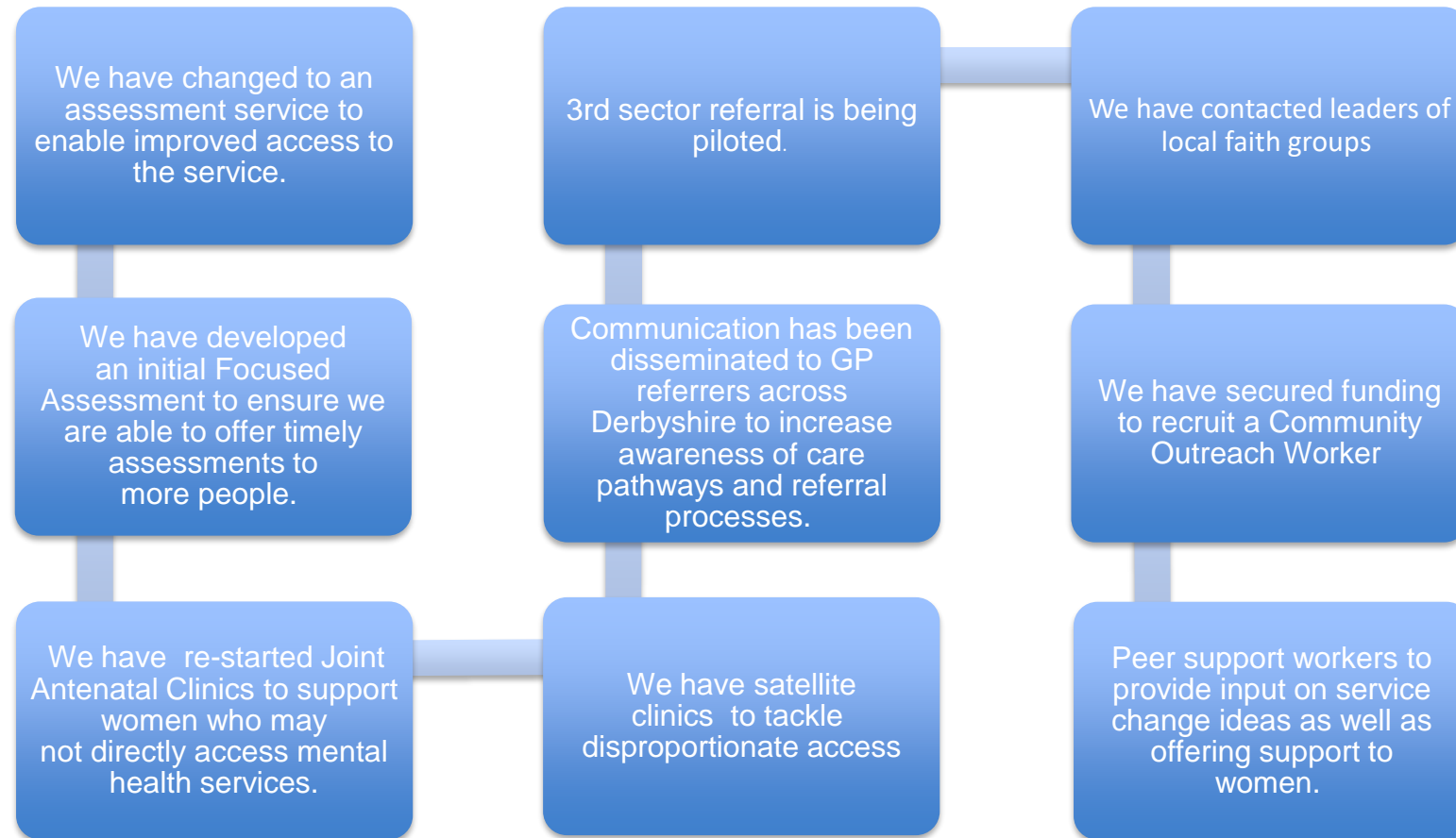
A difference in the proportion of P-CMHT referrals and consequently service access was also seen when births in 2021 at University Hospitals Derby and Burton (UHDB) and Chesterfield Royal Hospital (CRH) were matched by ethnicity. Figure 2 shows that women from white, Asian and black backgrounds had **fewer referrals** to the P-CMHT which we would expect to be proportional to locally recorded births.

perinatal outreach clinics in some localities to further improve access. The next step will involve a review of initiatives run by other perinatal services for underrepresented groups that suitably match local needs to **increase engagement and expand service provision**, so that all women who require mental health support from pregnancy and up to 24 months after birth, can access **vital assessment and treatment** at the earliest opportunity.

anita.pates33@nhs.net

1. Tamborelli-Smith, M., Lawrence, V., Seiber, E., & Fisher, A. Barriers to accessing mental health services for women with perinatal mental illness: systematic review and meta-synthesis of qualitative studies in the UK. *BMJ Open* 2020; 8, doi: 10.1136/bmjopen-2020-024802.  
 2. Jankovic, J., Parsons, J., Jovanovic, N., Birchard, G., Ogilvie, A., et al. Differences in access and utilisation of mental health services in the perinatal period for women from ethnic minorities – a population-based study. *BMJ Medicine* 2020; 18, doi: 10.1136/bmjmed-2020-001714.

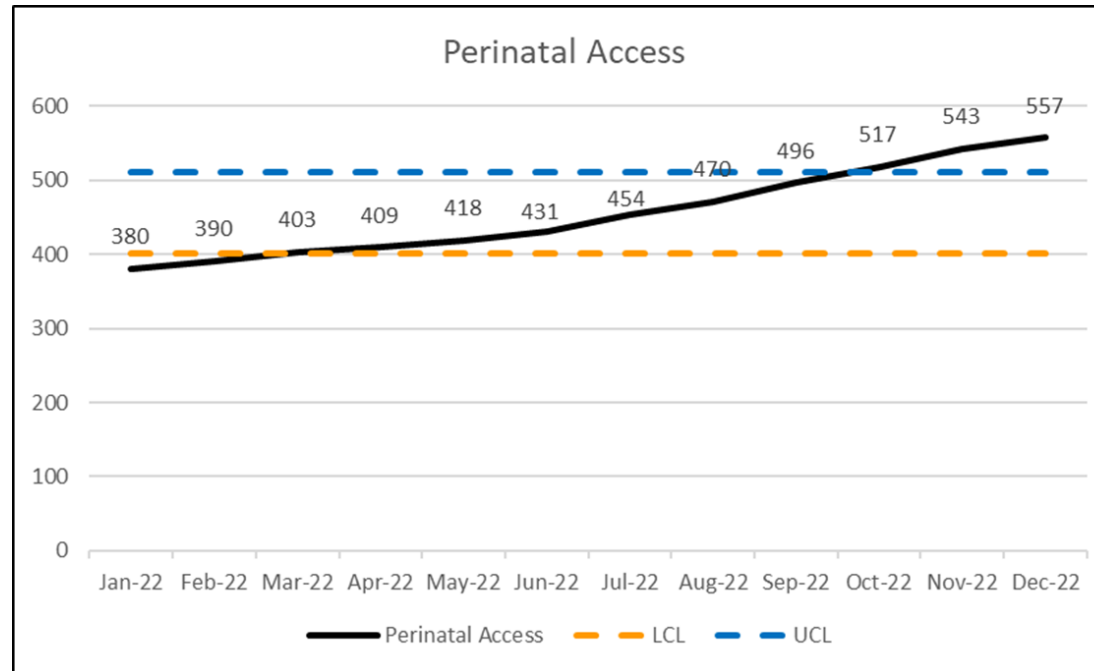
# 1a. Patients Have required levels of access to the service: Outcomes actioned and plans for piloting



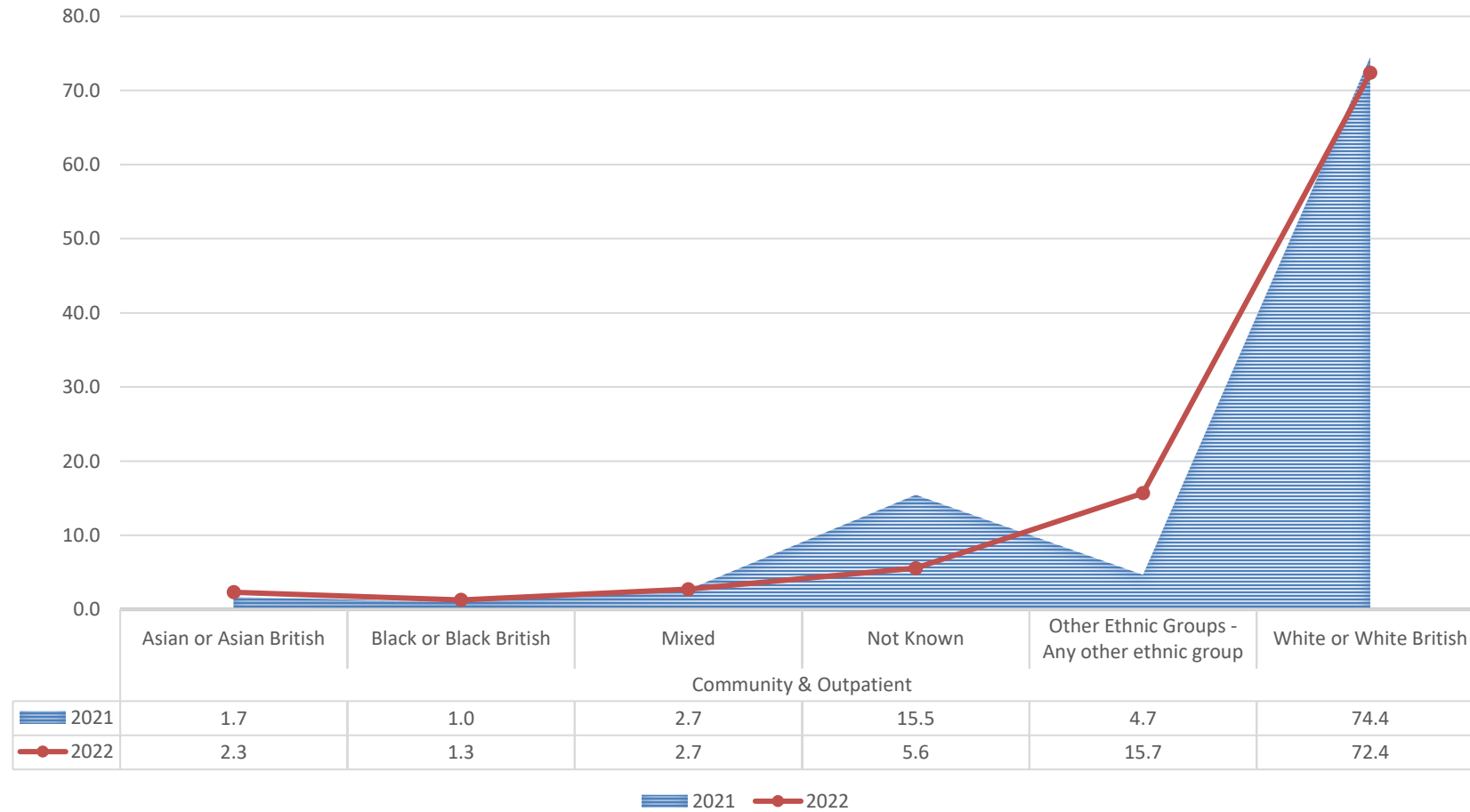
# 1a.

## Patients Have required levels of access to the service:

- We are increasing our access rates as part of the requirements of the LTP
- Previously we would have typically seen 3-4 % our population, and we are aim to see/assess 10% of our population.

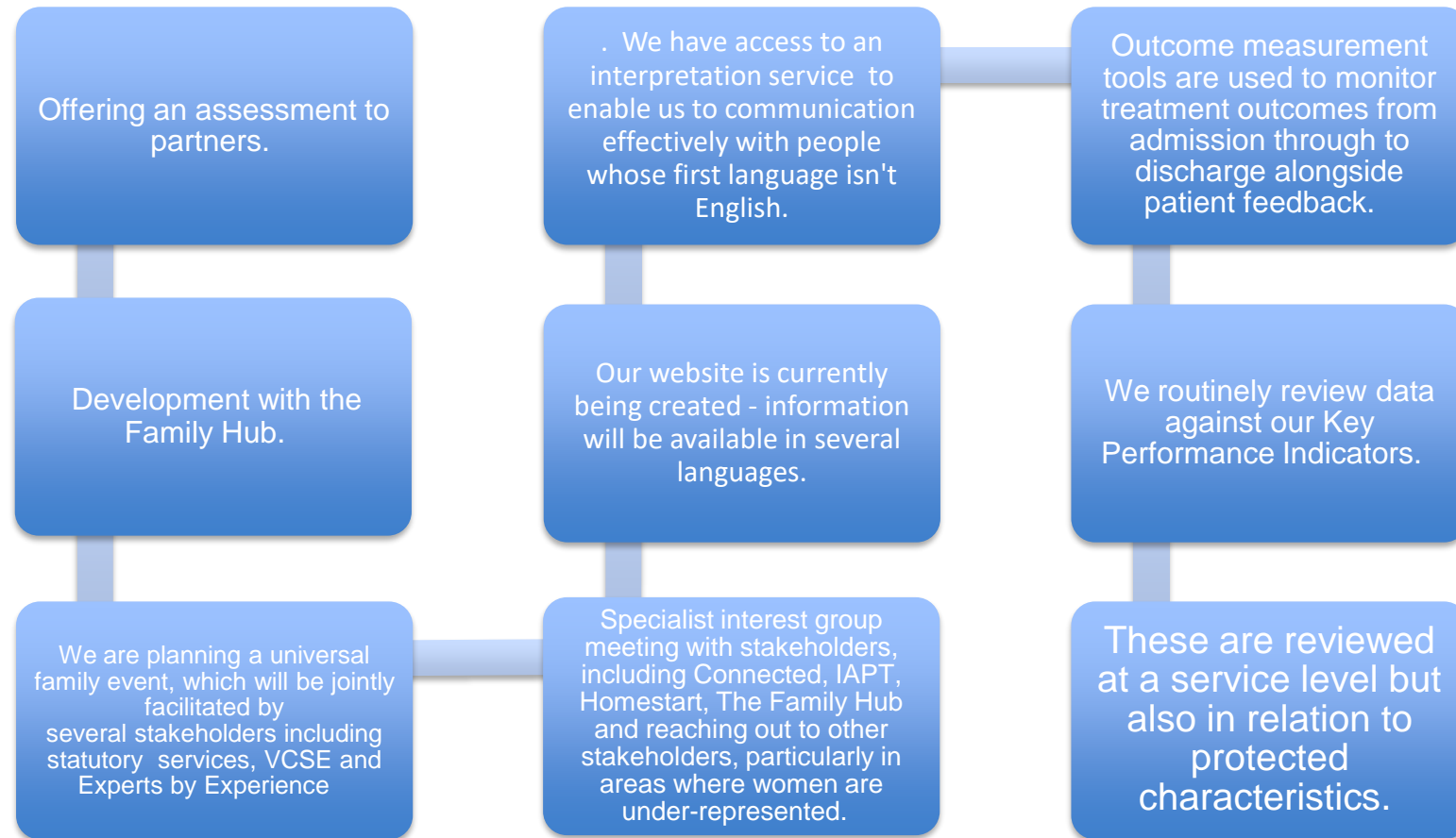


# Increased Access Rates:



# 1b.

## Individual patients' (Service Users') health needs are met:



1b. Individual patients' (Service Users') health needs are met:

# Stake holder event



**PERINATAL STAKEHOLDER EVENT.**  
An opportunity to share service developments, invite feedback and promote partnership engagement.

**Agenda**  
Date: 25<sup>th</sup> January 2023. Time: 09.00-3.30 Location: Kingsway conference room.

TIME	ITEM	FACILITATOR
09.00-	Registration and coffee.	
09.30	Opportunity to view poster presentations	
09.30-	Welcome	Dr Rahul Gandhi
10.45	MBRACE-UK Summary. Mother and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK. Perinatal red flags and risk indicators	Perinatal Consultant Psychiatrist
10.45-	Perinatal Care Pathways	Dr Madeline Bonney-Hellwell
11.45	Access and Egress	Perinatal Consultant Psychiatrist
10.45-	East Midlands Provider Collaborative	
11.45		
12.00-	Lunch	
12.45	Opportunity to view poster presentations Invitation to feedback	
12.45-	Arts Psychotherapy within the Perinatal Period	Amy Stanhope
13.30		Art Psychotherapist
13.30-	Introduction to Maternal Mental Health Service	Dr Kelly Houston Consultant
2.30	Tokophobia Pathway Loss Pathway	Clinical Psychologist, Lead for Maternal Mental Health Service. Leesa Jones Specialist Maternal Mental Health Midwife Annie Jukes Specialist Maternal Mental Health Midwife
2.30-	Perinatal Awards Presentations- Innovation champion award Demonstrating an impact on patient safety and/or quality award Improvement award	





The event provided an opportunity for direct dialogue with referrers and other local stakeholders to provide feedback on service provision to inform future service developments that should contribute towards health needs being met.

1b.

## Individual patients' (Service Users') health needs are met: Understanding Needs through Partnerships and Training:



Home  
START



Training from LGBT Mummies and on Cultural Sensitivity training in the perinatal period

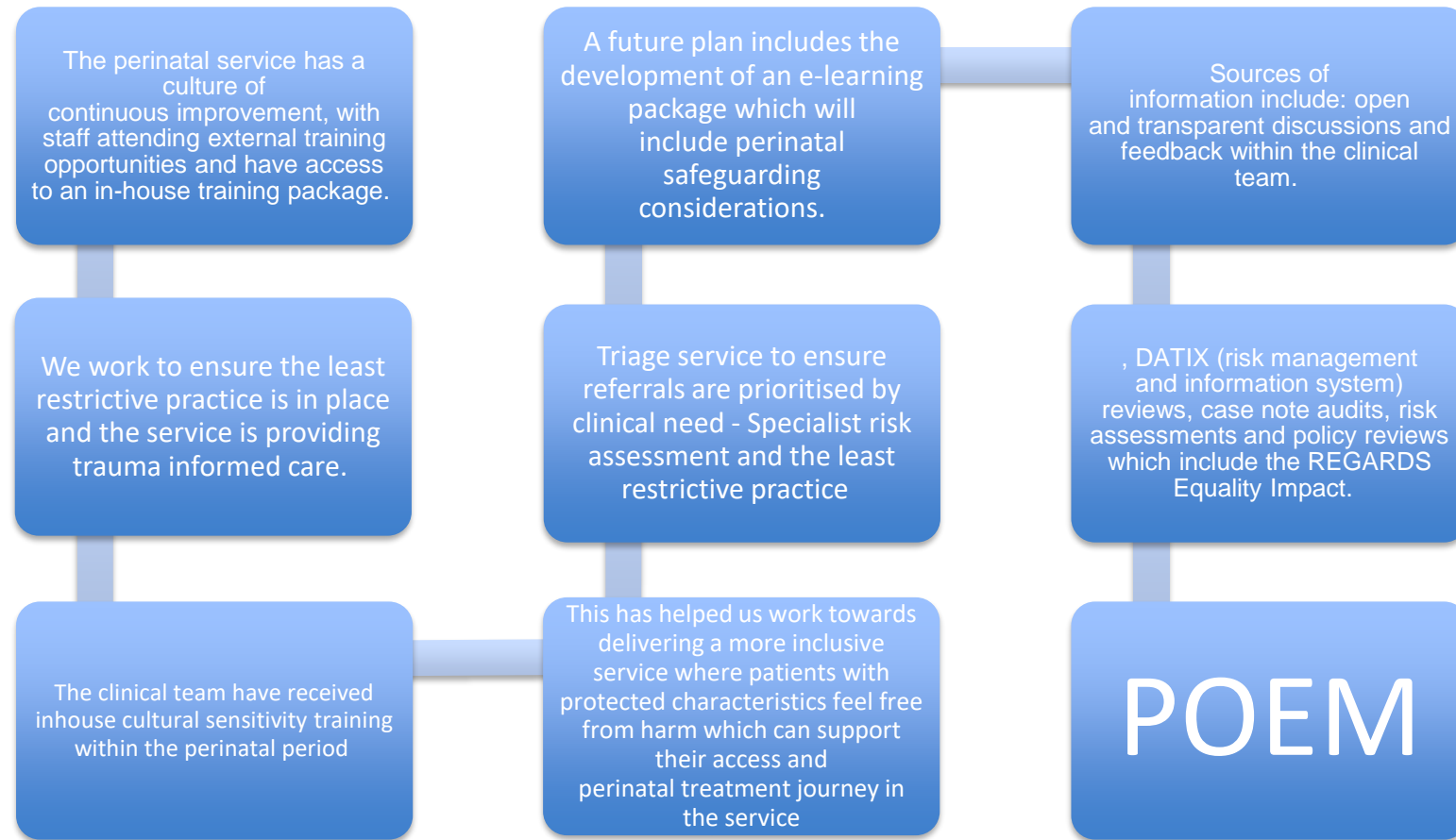
Close working links with Connected ensuring a comprehensive training package for Peer Support Workers

Development of The Family Hub (with Derby City Council)

New Peer Support Worker roles and Experts by Experience Network

# 1c.

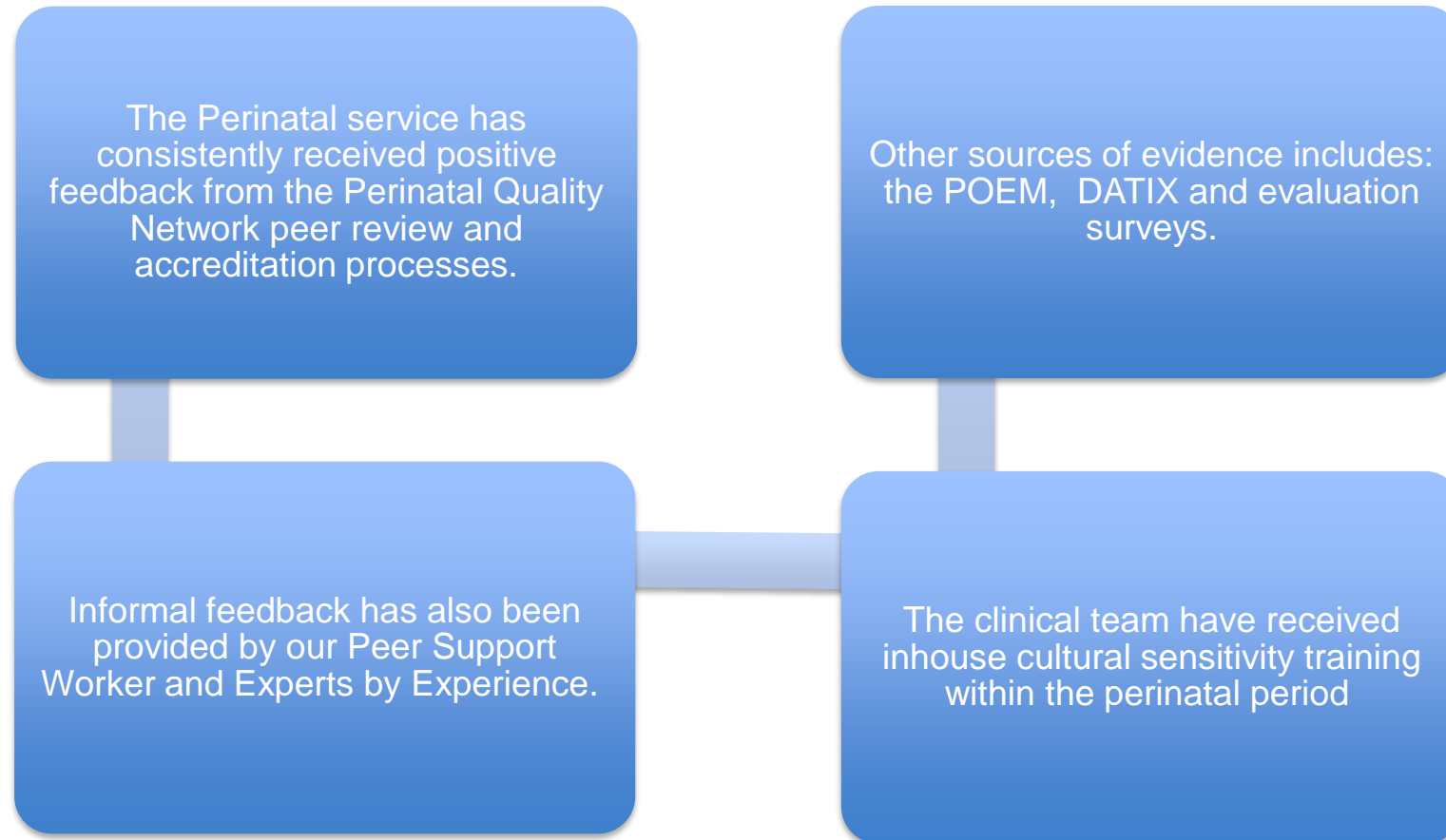
When patients (service users) use the service, they are free from harm



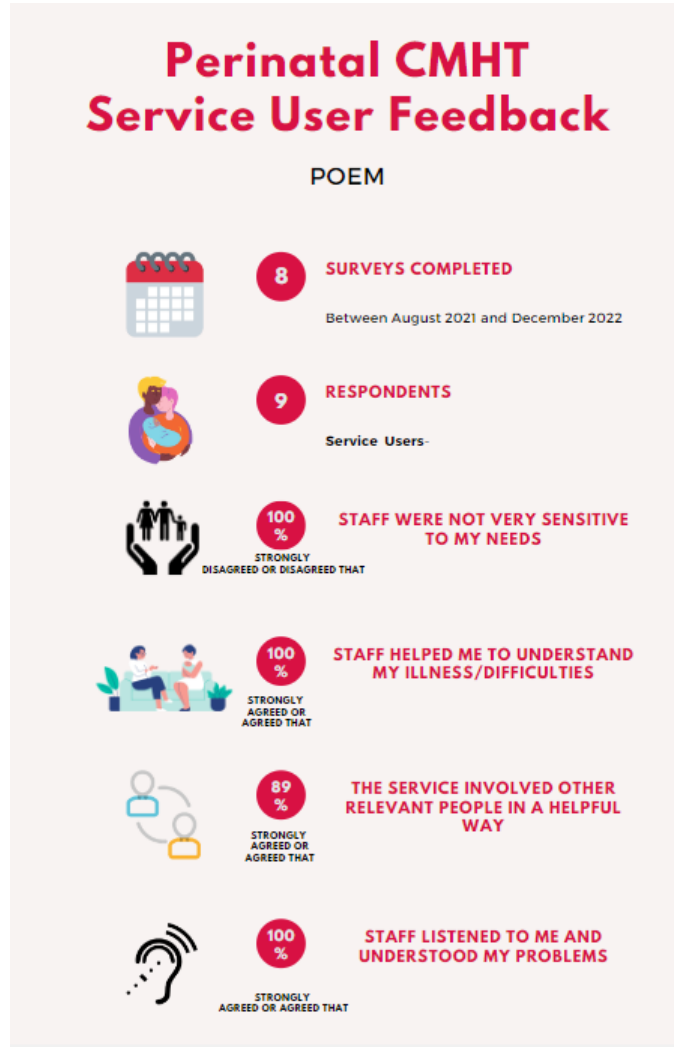


# 1d.

When patients use the service, report positive experience of the service:



# 1d. When patients use the service, report positive experience of the service: Feedback



*“I can't thank the service enough for the support I received during a very difficult time where I felt scared and extremely vulnerable. I felt listened to, cared for and understood ~ thank you”*

**POEM Feedback, August 2021**

*“The care I received from Staff (member M) was exceptional. She is incredibly personable and was always willing to offer me time and space to discuss my care and concerns. I felt that the way she communicated with me, both through video chat and in writing, was always clear and compassionate. Her written summaries of our appointments arrived promptly and were written in a way that felt less so notes 'about me' and more so notes both for and including me....”*

**POEM Feedback, March 2022**

1d. When patients use the service, report positive experience of the service:

## Patient (Service user) feedback:

*“Every member of staff i spoke to went above and beyond to help me and make me feel supported. ... Both (Staff K and Staff M) wrote really personal appointment summary letters that spoke to me like a person. They made me feel respected and involved in my care, normally doctors write them in a very formal third person way. **Doing appointments via video link was actually easier for me and meant I could access support at times when I couldn't have done if I had to travel somewhere.** It has been a little hard going from such fantastic support to nothing but I was given good clear advice on where to go and how to access support...”*

Perinatal Patient Experience Outcome Measure October 2021.

1d.

When patients (service users) use the service, report positive experiences of the service



A CURRENT CHALLENGE IS UNDERSTANDING EXPERIENTIAL DATA AT A SERVICE LEVEL FROM DISADVANTAGED GROUPS AND THOSE WITH PROTECTED CHARACTERISTICS.



THIS WILL REQUIRE IDENTIFICATION OF DEMOGRAPHIC CHARACTERISTICS TO BE BUILT INTO THE FEEDBACK OPPORTUNITIES

Thank you for listening  
From the  
Derbyshire Perinatal Mental Health Service



## Outcome 1A: Patients (service users) have required levels of access to the service

Rating	Score	Description	Evidence
Underdeveloped activity	0	<b>No or little activity taking place</b>	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	<b>Minimal/ basic activities taking place</b>	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	<b>Required level of activity taking place</b>	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	<b>Activity exceeds requirements</b>	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

## Outcome 1B: Individual patients (service user's) health needs are met

Rating	Score	Description	Evidence examples
Underdeveloped activity	0	<b>No or little activity taking place</b>	Patients with higher risks due to a protected characteristic receive little or no support to self-manage care needs. The organisations do little or no engagement surrounding services.
Developing activity	1	<b>Minimal/ basic activities taking place</b>	Patients at higher risk due to a protected characteristic needs are met in a way that works for them. The organisations often consult with patients and the public to commission, de-commission and cease services provided.
Achieving activity	2	<b>Required level of activity taking place</b>	<p>Patients at higher risk due to a protected characteristic needs are met in a way that works for them. The organisations often consult with patients with higher risks due to a protected characteristic to commission, designed, increase, decrease, de-commission and cease services provided.</p> <p>The organisations signpost to VSCE organisations and social prescribing. Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the organisations.</p>
Excelling activity	3	<b>Activity exceeds requirements</b>	<p>Patients at higher risk due to a protected characteristic and other groups at risk of health inequalities needs are met in a way that works for them.</p> <p>The organisations fully engage with patients, community groups, and the public, to commission, designed, increase, decrease, de-commission and cease services provided.</p> <p>The organisations work in partnership with VCSE organisations to support community groups identified as seldom heard. The organisations use social prescribing, where relevant. Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the organisations.</p> <p>The organisations work with, and influence partners, to improve outcomes for people with a protected characteristic and other groups at risk of health inequalities, across the system or where services connect</p>

## Outcome 1C: When patients (service users) use the service, they are free from harm

Rating	Score	Description	Evidence examples
Underdeveloped activity	0	<b>No or little activity taking place</b>	<p>The organisation may or may not have mandated/ basic procedures/initiatives in place to ensure safety in services.</p> <p>Staff and patients are not supported when reporting incidents and near misses. The organisation holds a blame culture towards mistakes, incidents and near misses</p>
Developing activity	1	<b>Minimal/ basic activities taking place</b>	<p>The organisation has mandated/ basic procedures/initiatives in place to ensure safety in services.</p> <p>The organisation has procedures/initiatives in place to enhance safety in services for patients in protected characteristic groups.</p>
Achieving activity	2	<b>Required level of activity taking place</b>	<p>The organisation has procedures/initiatives in place to enhance safety in services for patients in all protected characteristic groups where there is known H&amp;S risks. Staff and patients feel confident, and are supported to, report incidents and near misses.</p> <p>The organisation encourages an improvement culture giving consideration to equality and health inequality themes in safety incidents and near misses</p>
Excelling activity	3	<b>Activity exceeds requirements</b>	<p>The organisation has procedures/initiatives in place to enhance safety in services for all patients in protected characteristic groups where there is known H&amp;S risks.</p> <p>Staff and patients are supported and encouraged to report incidents and near misses. The organisation encourages and promotes an improvement culture actively including equality and health inequality themes in safety incidents and near misses.</p> <p>The organisations work with system and community partners to improve safety outcomes for people, using existing data and driven by service need/risk</p>



## Outcome 1D: Patients (service users) report positive experiences of the service

Rating	Score	Description	Evidence examples
Underdeveloped activity	0	<b>No or little activity taking place</b>	<p>The organisations do not engage with patients about their experience of the service.</p> <p>The organisations do not recognise the link between staff and patient treatment. The organisations do not act upon data or monitor progress.</p>
Developing activity	1	<b>Minimal/ basic activities taking place</b>	<p>The organisations collate data from patients with protected characteristics about their experience of the service.</p> <p>The organisation creates action plans, and monitors progress.</p>
Achieving activity	2	<b>Required level of activity taking place</b>	<p>The organisations collate data from patients with protected characteristics about their experience of the service.</p> <p>The organisations create evidence-based action plans in collaboration with patients and relevant stakeholders, and monitors progress. The organisation shows understanding of the link between staff and patient treatment and demonstrate improvement in patient experiences</p>
Excelling activity	3	<b>Activity exceeds requirements</b>	<p>The organisation actively engages with patients with protected characteristics and other groups at risk of health inequalities about their experience of the service.</p> <p>The organisation actively works with the VCSE to ensure all patient voices are heard. The organisations create data driven/evidence-based action plans, and monitors progress.</p> <p>The organisation shows understanding of the link between staff and patient treatment. The organisations use patient experience data to influence the wider system and build interventions in an innovative way.</p>

## Scoring- Derbyshire Healthcare Foundation Trust

Click the survey monkey link to add your scores:

<https://www.surveymonkey.co.uk/r/EDS-DCHFT>

# TOBACCO DEPENDENCY TREATMENT

EDS February 2023 presentation  
Domain 1: commissioned or provided



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# Overview of Service

- Smoking is the leading cause of preventable illness and premature death in England, with about half of all lifelong smokers dying prematurely, losing on average around 10 years of life. Delivery of NHS long-term plan ambitions contributes to achieving a smokefree society by 2030 with an adult prevalence of 5% or less.
- The challenge is significant, with smoking prevalence across Derby City, Derbyshire and Staffordshire ranging from 12-16%. It is estimated that across the Derbyshire ICS smoking causes 10,625 hospital admissions and 4,061 premature deaths. Within Staffordshire ICs smoking causes 12,831 hospital admissions and 4,519 premature deaths (ASH, 2022).
- UHDB has a clear role in helping to reduce the number of people that smoke. The focus within the CORE20PLUS5 approach to addressing health inequalities - 20% most deprived communities and 5 priority clinical areas (maternity, service mental illness, chronic respiratory illness, early cancer diagnosis and hypertension) are all impacted by smoking. The NHS target is to rollout tobacco dependence treatment services in all inpatient and maternity settings by the end of 2023/24. The proposed changes impact every inpatient ward all clinical patient-facing staff to identify smokers, offer brief advice and nicotine replacement therapy.
- To prepare for these changes, we have been working closely with Integrated Care System (ICS) and Local Authority (LA) partners who currently provide tobacco dependency treatment services within the wider population (Livewell and Live Life Better Derbyshire and Everyone Health Staffordshire) so that they provide an on-site in-reach service across our sites. This is a new, integrated way of working for UHDB.



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# Overview of Service Cont.....

- Each person is also offered in depth support from an on-site tobacco dependency advisor and supported for up to 12 weeks in their quit attempt and provide important continuity post discharge. We have made changes within our clinical systems to ensure a straightforward referral process and to track the success of the change as it is embedded.
- During pilots over the summer almost 600 people were referred into the service.
- For UHDB, this went live on 5<sup>th</sup> September across RDH and QHB and is now starting to see increasing referrals week on week. Over the coming months the local authority will steadily increase tobacco advisor capacity, which will help to ensure the changes are embedded.
- The first months of implementation have centred around supporting appointed advisors to acquire the skills and knowledge to serve patients, whilst efficiently navigating our Trust EPRs and local authority systems. We have been required to remain agile whilst tackling challenges with recruitment, IT and systems, advisory capacity, and data handling.



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# EDS Domain 1:Commissioned or Provided Services

**1a. Patients (Service Users) have required levels of access to the service**



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# 1a. Patients (Service Users) have required levels of access to the service

## At risk population:

- No readily available expected rate of attendance or presentation, however the Trust has implemented this service for all inpatient areas and those pregnant ladies using the Trusts maternity services.
- Protected characteristics that are recorded within the Trust Patient Administration Systems (PAS) allows the capture of accessible information standards as well as the following protected characteristics:
  - Age
  - Ethnicity
  - Sex
  - Sexual Orientation
  - Disability
  - Pregnancy
  - Religion



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# 1a. Patients (Service Users) have required levels of access to the service

## UHDB Inpatient Tobacco Dependency Treatment data 1.9.22-31.1.23

Inpatient referral total	361
Opt ins	200
Opt outs	92
Discharged and referred to community	69
4 week QITs	39
12 week QITs	14

- 361 referrals to the service, with 164 patients opting into the full pathway including continuing support post-discharge.
- The % smoking status of all admissions has risen from 20.2% 28.2% reflecting hard work to embed the process and an increase in screening engagement.
- Further work is now required to continue implementation and support clinicians across divisions to work to meet project targets and improve the quality of initial conversations with patients. As such, we have recently partnered with the Quality Conversations team from Derbyshire Community Health Services to highlight the alignment between QC methodology and the CURE protocol being implemented with TDT.



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# EDS Domain 1:Commissioned or Provided Services

**1b. Individual patients' (service users') health needs are met**



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# 1b. Individual patients' (service users') health needs are met

- The Tobacco Dependency team provide advice and guidance to patients on how to stop smoking and commenced on a TDT pathway whilst an inpatient at UHDB and also pregnant women who use the maternity services at UHDB.
- Derbyshire LA have recruited three of four tobacco advisors to work on site at RDH. Team leader in post is also seeing patients in an advisory capacity to provide resilience to the team in the interim.
- Staffordshire LA have now recruited the team of two tobacco advisors to work on site at QHB.
- Proactively engaging with patients in target groups known to be at higher risk of poorer health outcomes from the impact of smoking e.g. pregnant women.



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# 1b. Individual patients' (service users') health needs are met

- Undertake a comprehensive initial assessment to understand their health needs and goals irrespective of any protected characteristic
- All inpatient areas of covered.
- The need for a translator is asked at the point of assessment and on further ongoing referral forms post discharge.
- TDT treatment commenced at initial assessment



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# EDS Domain 1:Commissioned or Provided Services

**1c. When patients (service users) use the service, they are free from harm**



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# 1c. When patients (service users) use the service, they are free from harm

- To prepare for these changes, we have been working closely with Integrated Care System (ICS) and Local Authority (LA) partners who currently provide tobacco dependency treatment services within the wider population (Livewell and Live Life Better Derbyshire and Everyone Health Staffordshire) so that they provide an on-site in-reach service across our sites. This is a new, integrated way of working for UHDB.
- Each person is also offered in depth support from an on-site tobacco dependency advisor and supported for up to 12 weeks in their quit attempt and provide important continuity post discharge. We have made changes within our clinical systems to ensure a straightforward referral process and to track the success of the change as it is embedded.
- Respiratory Consultant available for any staff member if they need any urgent advice or support with more complex patients to facilitate supportive conversations with colleagues.



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# 1c. When patients (service users) use the service, they are free from harm

- All work is currently undertaken in inpatient areas where access to any emergency equipment is available
- Training package is available on My Learning Passport and is also accessible to clinicians via their ward representatives.
- A lead trainer is identified for the majority of clinical areas.
- Adjustments are made when patients need them
- All required staff safe guarding trained and safeguarding team available should they be required.
- Datix process to record any incidents

# 1c. When patients (service users) use the service, they are free from harm

- Staff have received diversity and inclusivity training
- Use and development of Business Intelligence dashboards to support
- Regular mentoring sessions for the TDT advisors with Lead Respiratory Consultant
- Advise patients to wear a mask for face to face appointments

# EDS Domain 1:Commissioned or Provided Services

## 1d. Patients (service users) report positive experiences of the service



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# 1d. Patients (service users) report positive experiences of the service

- The TDT programme is currently reporting a 12% 12 week QUIT rate across both acute sites of UHDB. A process to obtain patient feedback is due to be implemented as part of this process to inform future work.
- There have been no complaints received to date (accepting this is a relatively new programme of work). All complaints regarding the service would be processed via the Trusts formal complaints process.
- In general, the patients who have engaged have given positive feedback.
- Patients report being happy that the service is accessible because of telephone support and NRT being delivered to their homes.
- Some patients stated that they wanted to stop smoking but did not know who to turn for help and was happy to get support while they are in the hospital.
- One patient opted in when he found out that the service is free.



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# When patients (service users) use the service, they are free from harm. Scoring key:

Rating	Score	Description	Evidence examples
Underdeveloped activity	0	<b>No or little activity taking place</b>	<p>The organisation may or may not have mandated/ basic procedures/initiatives in place to ensure safety in services.</p> <p>Staff and patients are not supported when reporting incidents and near misses. The organisation holds a blame culture towards mistakes, incidents and near misses</p>
Developing activity	1	<b>Minimal/ basic activities taking place</b>	<p>The organisation has mandated/ basic procedures/initiatives in place to ensure safety in services.</p> <p>The organisation has procedures/initiatives in place to enhance safety in services for patients in protected characteristic groups.</p>
Achieving activity	2	<b>Required level of activity taking place</b>	<p>The organisation has procedures/initiatives in place to enhance safety in services for patients in all protected characteristic groups where there is known H&amp;S risks. Staff and patients feel confident, and are supported to, report incidents and near misses.</p> <p>The organisation encourages an improvement culture giving consideration to equality and health inequality themes in safety incidents and near misses</p>
Excelling activity	3	<b>Activity exceeds requirements</b>	<p>The organisation has procedures/initiatives in place to enhance safety in services for all patients in protected characteristic groups where there is known H&amp;S risks.</p> <p>Staff and patients are supported and encouraged to report incidents and near misses. The organisation encourages and promotes an improvement culture actively including equality and health inequality themes in safety incidents and near misses.</p> <p>The organisations work with system and community partners to improve safety outcomes for people, using existing data and driven by service need/risk</p>

## Outcome 1A: Patients (service users) have required levels of access to the service

Rating	Score	Description	Evidence
Underdeveloped activity	0	<b>No or little activity taking place</b>	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	<b>Minimal/ basic activities taking place</b>	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	<b>Required level of activity taking place</b>	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	<b>Activity exceeds requirements</b>	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

## Outcome 1B: Individual patients (service user's) health needs are met

Rating	Score	Description	Evidence examples
Underdeveloped activity	0	<b>No or little activity taking place</b>	Patients with higher risks due to a protected characteristic receive little or no support to self-manage care needs. The organisations do little or no engagement surrounding services.
Developing activity	1	<b>Minimal/ basic activities taking place</b>	Patients at higher risk due to a protected characteristic needs are met in a way that works for them. The organisations often consult with patients and the public to commission, de-commission and cease services provided.
Achieving activity	2	<b>Required level of activity taking place</b>	<p>Patients at higher risk due to a protected characteristic needs are met in a way that works for them. The organisations often consult with patients with higher risks due to a protected characteristic to commission, designed, increase, decrease, de-commission and cease services provided.</p> <p>The organisations signpost to VSCE organisations and social prescribing. Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the organisations.</p>
Excelling activity	3	<b>Activity exceeds requirements</b>	<p>Patients at higher risk due to a protected characteristic and other groups at risk of health inequalities needs are met in a way that works for them.</p> <p>The organisations fully engage with patients, community groups, and the public, to commission, designed, increase, decrease, de-commission and cease services provided.</p> <p>The organisations work in partnership with VCSE organisations to support community groups identified as seldom heard. The organisations use social prescribing, where relevant. Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the organisations.</p> <p>The organisations work with, and influence partners, to improve outcomes for people with a protected characteristic and other groups at risk of health inequalities, across the system or where services connect</p>

## Outcome 1C: When patients (service users) use the service, they are free from harm

Rating	Score	Description	Evidence examples
Underdeveloped activity	0	<b>No or little activity taking place</b>	<p>The organisation may or may not have mandated/ basic procedures/initiatives in place to ensure safety in services.</p> <p>Staff and patients are not supported when reporting incidents and near misses. The organisation holds a blame culture towards mistakes, incidents and near misses</p>
Developing activity	1	<b>Minimal/ basic activities taking place</b>	<p>The organisation has mandated/ basic procedures/initiatives in place to ensure safety in services.</p> <p>The organisation has procedures/initiatives in place to enhance safety in services for patients in protected characteristic groups.</p>
Achieving activity	2	<b>Required level of activity taking place</b>	<p>The organisation has procedures/initiatives in place to enhance safety in services for patients in all protected characteristic groups where there is known H&amp;S risks. Staff and patients feel confident, and are supported to, report incidents and near misses.</p> <p>The organisation encourages an improvement culture giving consideration to equality and health inequality themes in safety incidents and near misses</p>
Excelling activity	3	<b>Activity exceeds requirements</b>	<p>The organisation has procedures/initiatives in place to enhance safety in services for all patients in protected characteristic groups where there is known H&amp;S risks.</p> <p>Staff and patients are supported and encouraged to report incidents and near misses. The organisation encourages and promotes an improvement culture actively including equality and health inequality themes in safety incidents and near misses.</p> <p>The organisations work with system and community partners to improve safety outcomes for people, using existing data and driven by service need/risk</p>

## Outcome 1D: Patients (service users) report positive experiences of the service

Rating	Score	Description	Evidence examples
Underdeveloped activity	0	<b>No or little activity taking place</b>	<p>The organisations do not engage with patients about their experience of the service.</p> <p>The organisations do not recognise the link between staff and patient treatment. The organisations do not act upon data or monitor progress.</p>
Developing activity	1	<b>Minimal/ basic activities taking place</b>	<p>The organisations collate data from patients with protected characteristics about their experience of the service.</p> <p>The organisation creates action plans, and monitors progress.</p>
Achieving activity	2	<b>Required level of activity taking place</b>	<p>The organisations collate data from patients with protected characteristics about their experience of the service.</p> <p>The organisations create evidence-based action plans in collaboration with patients and relevant stakeholders, and monitors progress. The organisation shows understanding of the link between staff and patient treatment and demonstrate improvement in patient experiences</p>
Excelling activity	3	<b>Activity exceeds requirements</b>	<p>The organisation actively engages with patients with protected characteristics and other groups at risk of health inequalities about their experience of the service.</p> <p>The organisation actively works with the VCSE to ensure all patient voices are heard. The organisations create data driven/evidence-based action plans, and monitors progress.</p> <p>The organisation shows understanding of the link between staff and patient treatment. The organisations use patient experience data to influence the wider system and build interventions in an innovative way.</p>

## Scoring- University Hospitals of Derby and Burton Foundation Trust

Click the survey monkey link to add your scores:

<https://www.surveymonkey.co.uk/r/EDS-UHDB>



# EDS Domain 1

DCHS Overview | Planned Developments | System Overview



# Overview:



1. Methods and resources used in DCHS
2. Examples of application of these resources/HEA method
3. Planned developments
4. System collaboration



# 1. Current methods and resources



Health Equity Audit-  
tools and approach

Methods used

Friends and family test  
&  
Incidents

Surveys

Focus groups

# Resources



## Staff:

### ***DCHS:***

- Specialty Registrars and Population Health Management Specialist
- Informatics Team
- Patient Experience Team
- Service representatives

## Data sources:

### ***Internal:***

- Electronic patient record data from data warehouse
- Friends and Family Test (FFT)
- Incident reporting via incident management system (e.g. DATIX)

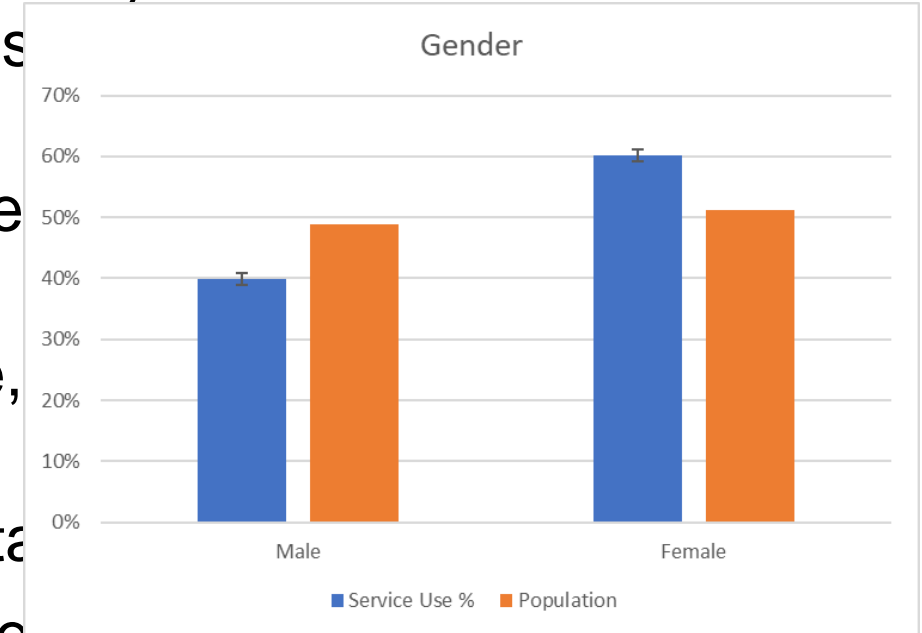
### ***External:***

- Population profile via Office for National Statistics
- Prevalence estimates (if available) from:
  - Academic literature
  - grey literature
  - Expert opinion

# Health Equity Assessment Tool (HEAT)



- **What-** A health equity assessment is a tool used to identify and tackle the causes of health inequalities. It can identify **how fairly** resources relation to the needs of different groups
- **Why-** Allocate resources according to need, tackle ine accessible
- **How** – Compare service use by 4 demographics, age, population
- **Product-** Charts displaying the over/ under-representa
- **What next-** take action to improve access- comms, service location

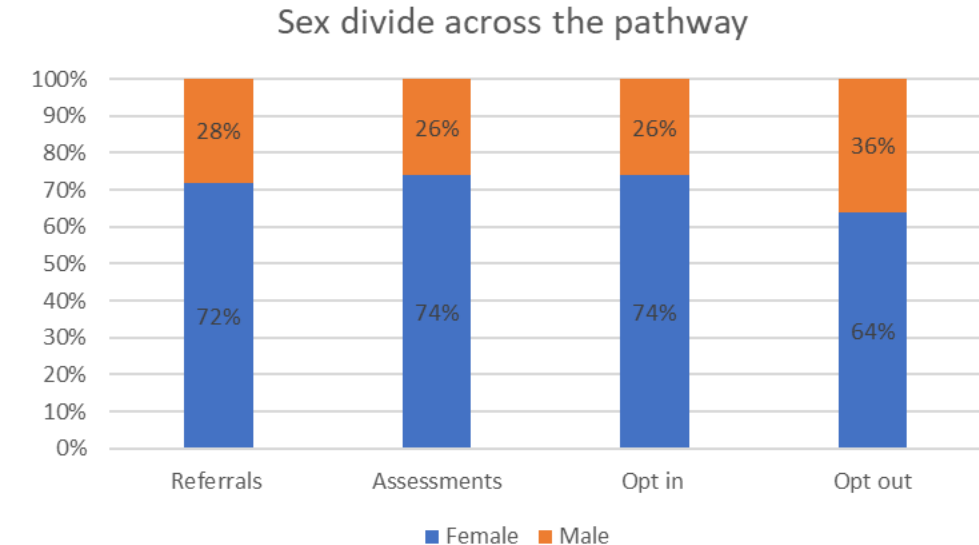


Pro's	Con's
Simple, logical process	Manual / time consuming
Consistent approach	Dependent on available data at various geographies
Tool for action	Competencies / skill set required
Easy to interpret	Focus on "access" more than "outcomes"

# Health Equity *Approach*



- HEA **tool** focusses on **access**
- Adopting a manual HEA approach can be applied to *outcomes* and *pathways* through service
- Analysis of referrals and who is opting in -
  - where the issue of inequity lies in the pathway
- Outcomes e.g. length of stay in service, planned/ unplanned discharge
- Tailored to each service e.g. weight lost, breastfeeding sustained, mental health scores



# Friends & Family Test and Incidents



- Started capturing (some) protected characteristics this year
- Can identify significant variation in *experience* by demographic groups

## Potential development areas:

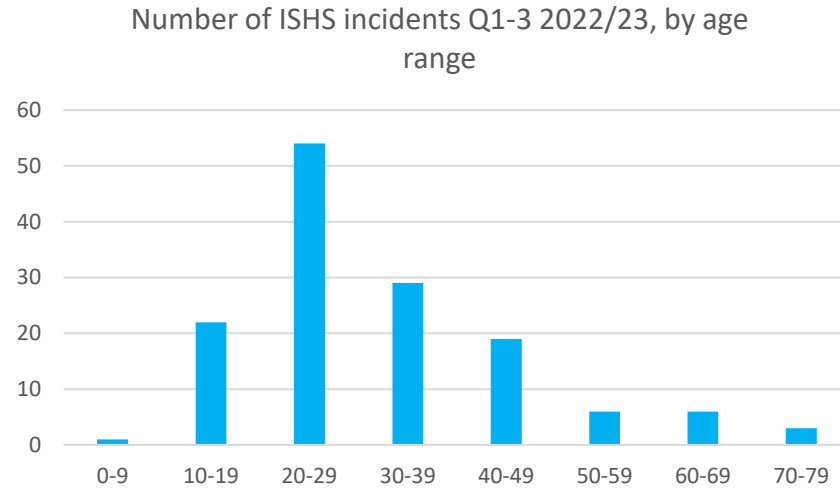
- Data quality (e.g., consistent definitions, completeness and means to account for intersectionality)
- Manual analysis method - may require brief training
- Looking into options for automation.

Pro's	Con's
Utilises already-captured data for the purpose of understanding patient experience within an equity lens	Manual / time consuming analysis process
	Specific analysis technique may require training to scale
	Data quality may require improvement

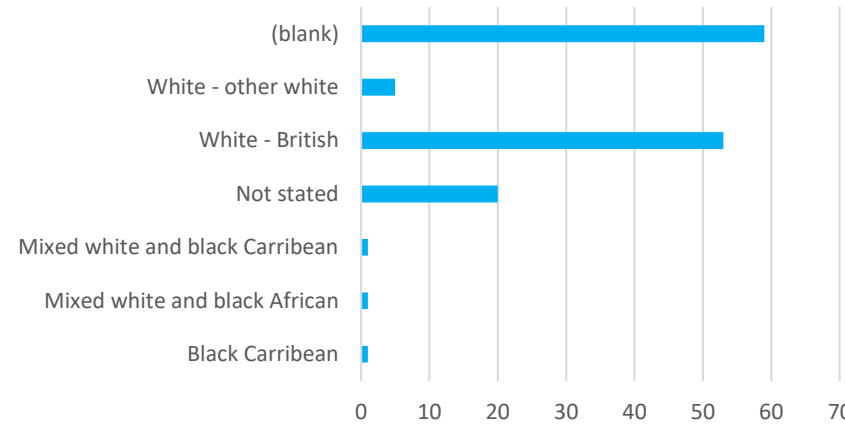
# Examples of incidents and FFT by available characteristics



## Incidents



Number of ISHS incidents Q1-3 2022/23, by ethnicity



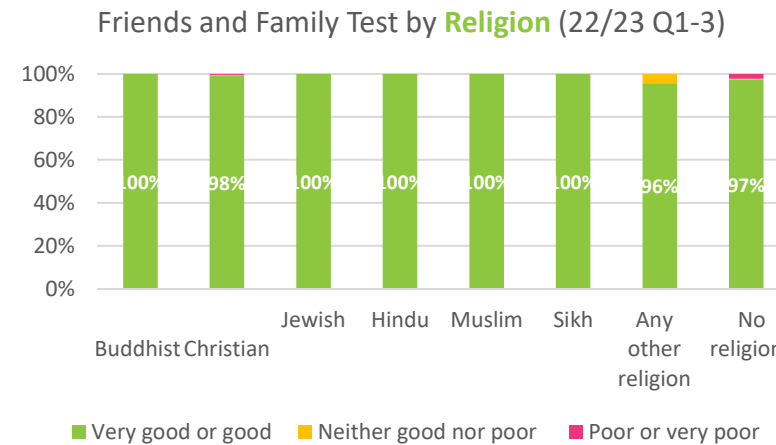
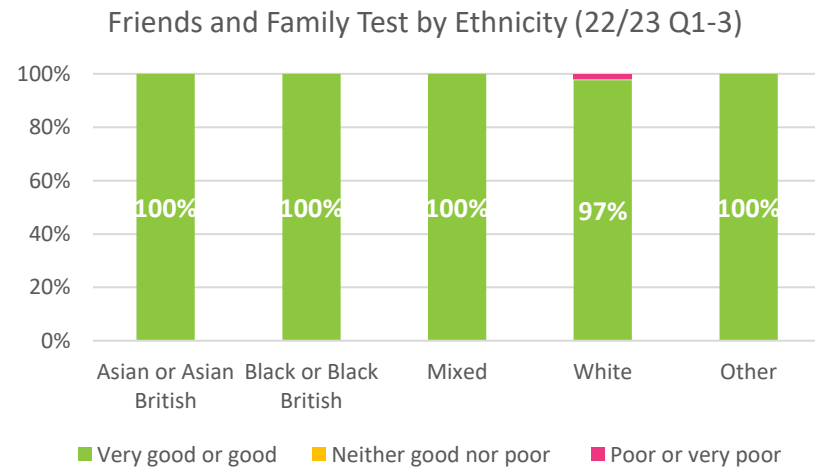
## Available demography:

- Age
- Gender
- Sexual orientation
- Ethnicity
- Disability status
- Religion (FFT only)

## Development area:

- Improving data quality

## Friends and Family



**Example finding:** ISHS patients with a religion significantly greater odds of giving high FFT score.





## 2. Examples of completed Health Equity Assessment

# HEA tool and HEA approach



## Derbyshire Dales Nursing and Therapy

- **HEA tool**
- Access vs population make up for each service and combined
- Consistent findings across all services
- Actions and deep dive recommended to address inequity
- Unexpected findings- drivers of service use inform action on prevention and demand management –age driver

## Tier 3 weight management

- **HEA approach**
- HEAT already completed
- Looked at pathways, 3 different outcomes at 24 and 52 weeks
- Identified disparities in access, reviewed literature to understand evidence to address this
- Outcome analysis also enabled knowledge of how service is best delivered – time in service



# 3. Planned developments

# Semi-Automated Health Equity Assessments

- Proof of concept pilot produced Oct 2022
- Semi-automated: requires parameters to be agreed / recorded in excel file
- DCHS Change Control Board Jan 2023 supported resource to scope scaling application of this to other services.
- Project initiation meeting arranged early March 2023.

Pro's	Con's
Utilises already-captured data for the purpose of understanding patient experience within an equity lens	Training may still be required on what to do in response to the findings from an HEA (as opposed to <i>how to undertake an HEA</i> ).
Potential to significantly improve process time to undertake an HEA / produce stakeholder report	Technical work required from informatics / IT to ensure datasets are available in the required format (using data already captured / stored in the data warehouse)
Additionally provides insight into estimated carbon emissions from patients travelling to / from appointments.	Governance processes required though conversations have started regarding this, involving DCHS Head of IT and DCHS Head of Information Governance.

# Automated FFT and Incident Analysis



- Very early stages – identified potential to automate the currently manual analysis methods for FFT and Incidents by demographics.
- Feasibility to be explored.

Pro's	Con's
Utilises already-captured data for the purpose of understanding patient experience within an equity lens	Training may still be required on what to do in response to the findings (as opposed to <i>how to undertake the method</i> ).
Potential to significantly improve process time to undertake these analyses	Technical work required from informatics / IT
Removes the current constraint re capability to undertake the specific analysis method	Still a requirement to review the text / comments where provided for the detail behind the score being given.



# 4. JUCD System Collaboration

Sharing learning and practice across the System

# Collaboration and sharing learning



- **January 2023:** meeting between all Joined Up Care Derbyshire NHS providers
- **Purpose:**
  1. baseline what Health Equity work is taking place across providers
  2. encourage sharing methods / tools / resources / learning across all parties.
- **Outcome:**
  - All agreed to share
  - Acceptance that partners are at different stages.
- **Action taking place:**
  - DCHS coordinating overview of system Health Equity work – in progress.
- **Example work taking place:**
  - HEAT tool kit produced, shared and applied to services
  - Quick electronic referral process introduced into clinical system to health behaviour change support services
  - Considering equity in access to screening programmes in acute settings.


# Score

Derbyshire Community Health services held a scoring event on 2<sup>nd</sup> February 2023.

Domain 1 of the iterated EDS in DCHS indicate that they are 'Achieving'. Scores, improvement actions and other relevant details will be included in the EDS reporting templates.



# Next steps

- Publish results on ICB and provider websites
  - Update ICB and Provider Governance Committees
  - Finalise and changes to websites
  - Set timeline and action plan for the next year
  - Continue joint working
- 

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