

NHS Equality Delivery System

EDS Report for Lincolnshire ICB, December 23

Report 1 for Domain 1 – Commissioned or
Provider Services

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Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

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

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation		Lincolnshire ICB		Organisation Board Sponsor/Lead		
				Martin Fahy, Director of Nursing and Quality		
Name of Integrated Care System		Lincolnshire ICS				
EDS Lead	Kamljit Obhi / Vanessa Wort		At what level has this been completed? Domain 1			
				*List organisations		
EDS engagement date(s)	Ongoing September 23 to January 24		Individual organisation	Lincolnshire ICB task and finish group		
			Partnership* (two or more organisations)	ICB Working with Lincolnshire Community Health Services (LCHS) review of 2 services		
			Integrated Care System-wide*	As above Shared practice with other ICBs – Bedford Luton and Milton Keynes (BLMK) and Coventry and Warwickshire		

Date completed	December 2023	Month and year published	February 2024
Date authorised	SMODG January 24	Revision date	

Completed actions from previous year	
Action/activity	Related equality objectives
None as EDS Domain 1 completed for the first time in 2023	

Domain 1: Commissioned or Provider Services

1. Introduction

This report focuses on Lincolnshire ICB's work on Domain 1 of the new NHSE EDS. This is the first year that work on Domain 1 is being conducted – with limited examples of previous work it has been a process of learning, familiarisation and developing working relationships around the whole EDS framework. In view of this, this year, ICB chose to work with Lincolnshire County Hospital Services (LCHS) and decided to focus on two service areas:

- **Assess to Discharge – Team focus**
- **Stroke team – Team focus**

Please note each example stated in this report for these services may not be organisation specific. Some examples of evidence are included from wider afield. Evidence collated for each service focused mainly on the following areas: -

- Policies/practices development – for staff and patients
- Equality Impact Assessments as part of review/development of services
- Monitoring of staff/patient data
- Communication and engagement

When going through this report, please refer to tables 1 and 2 in Appendix 1a for the outcomes and evidence collated for these services, and table 3 in Appendix 1b for the Domain 1 EDS Action plan 2024-25.

2. How Domain 1 was implemented

- Identified and met with key ICB/ICS staff (service managers/leads), responsible for the chosen services, to work on reviewing the outcomes of Domain 1
- Created a questionnaire template for recording evidence based on domain 1 outcomes: -
 - Access to services
 - Individual patient health needs are met
 - When patients use the services, they are free from harm
 - Patients report positive experiences of the service
- Set up a Task and Finish Group to collect and analyse evidence/data – representatives included staff from EDI, nursing and quality, Health inequalities team, Contracting and comms and engagement

- Indicative scoring of evidence
- Engagement with LCHS to consider provider and commissioning perspectives of EDS domain 1 requirements for the 3 service areas
- Stakeholder feedback and final score agreed for domain 1 (Domain 1 scores have been allocated to each question. These will be added to other domains once completed and a final median score will be given)
- Draft report and action plan produced (note the Domain 1 report will be a draft and information from this report will be included in a final EDS report covering outcomes of all domains in Q4)
- Updates shared via organisational equality forums.

3. Stakeholder Review – this mainly consisted of meetings with

- Task and finish group
- LCHS
- LICB Equality forum
- Shared practice with other ICBs – Bedford Luton and Milton Keynes (BLMK) and Coventry and Warwickshire

4. Senior Managers Operational Group (SMODG) meeting – Draft report

The EDS domain 1 draft report/action plan was taken to SMODG meeting for further discussion and sign-off on 25 January 2024


5. Other forms of monitoring and assessment of EDS

- LICB Equality Forum – meetings take place on a bi-monthly basis and EDS feedback is a standard item on the agenda, which enables all provider organisations and ICB to share updates
- Schedule 6 assessment of Tier 1 Provider organisations – assurance of PSED compliance
- Quarterly reporting to LICB Executive committee

Appendix 1a –EDS Domain 1 – Commissioned or provided services.

Table 1 Service 1: Assess to Discharge – Team focus

Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p>1A: Patients (service users) have required levels of access to the service</p>	<p>1. Lincolnshire Discharge Campaign Engagement Survey– report of findings February 2023</p> <p>Lincolnshire Integrated Care Board wants to ensure patients are discharged safely and in a timely manner as evidence shows that the patient’s overall physical and mental wellbeing improves when they leave the acute hospital setting as soon as they are medically optimised for discharge</p> <p>To understand and to improve the discharge process, two surveys were shared with patients and staff across Lincolnshire to gather their views. The findings from the surveys were shared with the discharge services and used to inform the messages for the discharge campaign. The aims of the discharge campaigns:</p> <ul style="list-style-type: none"> - Inform and educate staff to work in a way that supports the Patient Flow and Discharge Strategy. - Educate patients, their families, and carers about the benefits of out-of-hospital care <p>The surveys were live from 9 January 2023 to 23 January 2023. A total of 171 responses were received for the service user survey and 64 responses for the staff survey.</p> <p>The survey report lists the questions used, e.g. barriers and challenges to discharge and how can the discharge process be improved. Survey also included demographic profiling of service users showing that the majority of respondents were White British, Christian, aged 60+, and heterosexual. There were 61% of females and 37% male respondents and in terms of disability 41% were non-disabled, whilst the largest percentages of those people who had a disability were physical disability (30%) and long-term illness (22%). Findings, conclusions and recommendations of the report can be found here: -</p> <div data-bbox="577 1225 712 1321">  <p>Lincs discharge report V3 (002).pdf</p> </div>	<p>1</p>	
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	<i>Proposed Action: Target seldom heard groups to gain further insight to patient discharge.</i>		
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<p>1B: Individual patients (service users) health needs are met</p>	<p>1. Home First Hospital Discharge Hubs - Summary of Patient Experiences by report by HWLinCs, the engagement to insight people and Health Watch Lincolnshire, March 23</p> <ul style="list-style-type: none"> • HWLinCs and Healthwatch Lincolnshire were asked by Lincolnshire Adult Social Care to carry out a targeted piece of work into peoples' experiences of hospital discharge, focusing on those that were managed via the hospital hubs at Lincoln County and Pilgrim Hospital due to ongoing health and care needs • This work was supported by the Home First Discharge Team • 31 patients were interviewed over two days at the two sites – 14 at Pilgrim hospital (7 March) and 17 at Lincoln County (20 March). The framework consisted of a maximum of 14 qualitative questions. There was also a separate set of demographic questions (optional) taken from the ICB's inequalities monitoring framework. Interviews took place at patient's bedside • Equality breakdown based on those who filled in the equality monitoring questions <ul style="list-style-type: none"> ○ 29/31 had been admitted as an emergency ○ Most frequently (11/31) patients had been in hospital for 1-2 weeks ○ 14/31 were female ○ 13/31 were male ○ 12/31 were White: British/English/Scottish/Welsh/Northern Irish ○ 23/31 patients were aged between 50-80+, with 12/31 being 80+ • The Home First Discharge Team did gain some positive feedback from patients, but also identified several barriers to a timely discharge: industrial action, self-funders, patient choice, working with partners, pathway 1, cross borders, workforce and service capacity • The report set some system recommendations/suggestions including: - <ul style="list-style-type: none"> ○ That a longitudinal study is undertaken periodically throughout the year, with repeat reviews to identify continuous improvement, or challenges 	<p>2</p>	
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	<ul style="list-style-type: none"> ○ Future reviews would need to fully consider the sample population to gain a more representative view of the discharge process – to do this provision of various metrics on those admitted and discharged on pathways 1-3 would need to be supplied. The provision of this would also help mitigate the issues experienced when collecting the demographic data ○ Reviewing and addressing the rurality and inequality issues of care provision <p>2. Patient Flow Programme - Pathway 1 Health Offer Health inequalities impact assessment (HEAT) undertaken March 22</p> <p>The intention of the service is to prevent unnecessary physical deconditioning of patients in the acute environment. This is something which could have significant implications for those patients experiencing health or social deprivation if they were to develop further complications because of an extended stay in hospital. (there should be something in the tool referencing protected characteristic e.g. its particularly relevant to frail/elderly?)</p> <p>This work will also aim to benefit staff experience and factor in current health inequalities which may impact on access to services. Specific consideration is being given to ensure the service is accessible to all. The communications and engagement for both staff, service users, and the wider community, will be inclusive of all ages, races and religious beliefs.</p> <p>There was no quantitative data in both the HEAT and EIA assessment e.g., relating to patient data/demographics – only qualitative references to specific groups made.</p> <p><i>Proposed Action: Ongoing work around conducting EIAs and HEAT to assess impact in service/review and development and collecting both quantitative and qualitative data is essential as part of the processes.</i></p>	1	
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<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>The ICB and LCHS has a number of policies relating to protecting patients and service users. links to these are on the websites, including policies related to: -</p> <p>ICB and LCHS antidiscrimination/harassment/bullying policies ICB Equality policy ICB complaints policy and procedures LCHS policies and procedures to ensure patients and service users are free form harm Incident reporting policies and EIA's relating to these policies Equality monitoring form revised and shared systemwide</p> <p>Policies :: Lincolnshire Community Health Services NHS Trust</p> <p>Documents Library - Lincolnshire ICB</p> <p><i>Proposed action: To ensure all policies exist and/or are uptodate. Regular review of complaints data to assess disproportionate impact on different groups and assess outcomes across different protected characteristics in relation to Assess to Discharge service provided</i></p>	<p>2</p>	
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1D: Patients (service users) report positive experiences of the service	<p>The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It's a quick and anonymous way to give your views after receiving NHS care or treatment.</p> <p>Quarterly Review of Friends and family test via CSEG meetings – check level of data (LCHS Quality Risk Committee Integrated Performance Report).</p> <p>LCHS Quality Account 2023-24 priorities include developing a range of options to increase informed involvement of patients and their families/carers in incident investigation. (June CSEG Planning of Quality Account priorities 2023-24).</p> <p><i>Proposed action: More data to assess outcomes across different protected characteristics and socially excluded groups required</i></p>	1	
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Table 2 Service 2: Stroke team – Team focus

Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p>1A: Patients (service users) have required levels of access to the service</p>	<p>The main aims of the Lincolnshire Stroke Service are to reduce the length of stay of patients within stroke units, to improve the patient and carer rehabilitation experience following a stroke, and to offer a seamless transfer of care from hospital to home.</p> <p>The Lincolnshire Stroke Service aims to assist earlier discharges from hospital for patients within Lincolnshire who have been admitted with a diagnosis of stroke. They are also able to provide specialist advice to Integrated Community Therapy and Transitional Care Teams</p> <p>The stroke service was set up as part of Lincs CCGs Acute Services Review to consolidate hyper-acute and acute stroke services on the Lincoln County Hospital site, supported by an enhanced community stroke rehabilitation service. This was one of 4 service to be reviewed at the time.</p> <p>As part of this review: -</p> <ul style="list-style-type: none"> • Equality impact assessments (EIAs) on the proposed Stroke service • Extensive engagement/consultation process. Exercises were carried out targeting different Lincolnshire locations and diverse and seldom heard groups • Equality Review of the Public Consultation Relating to four of Lincolnshire's NHS Services 30th September 2021 – 23rd December 2021 <p><u>Equality Impact Assessments</u> Assessed the potential adverse impact on different protected characteristics and social excluded groups.</p> <p><u>Engagement public consultation 2021- feedback report 2022</u> Evidence relating to the analysis of questionnaire and survey responses indicated local concerns that accounted for differences in views, with members of different demographic or protected characteristics groups</p>	<p>2</p>	
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	<p>tending to share the views of others living in the same area, predominantly on travel and transport, particularly for those with limited access to private transport. Specific groups and communities were mentioned in this regard, including:</p> <ul style="list-style-type: none"> • People with physical disabilities, and long-term conditions and co-morbidities • People with learning disabilities, and neurodiverse people such as those ASD • Older people • People living in areas of deprivation or with low incomes • Residents in rural and isolated communities • Those without access to private vehicles or who routinely relied on public transport <p>lack of familiarity with 'new' or different locations. The unfamiliar setting, it was felt, could cause additional distress. Furthermore, there was a concern that increased travel times for care would have a negative impact on the mental health of the older population in particular</p> <p>Similarly, the needs of people with sensory disabilities who might be used to accessing certain hospitals and were therefore confident that they would receive any additional support they might require at those locations, were also raised as an issue for consideration.</p> <p>Healthwatch Lincolnshire strongly urged the CCG to fully consider all potential impacts on people and communities when reviewing the public consultation feedback and Equality Impact Assessments, which were taken as part of this change process.</p> <p><u>Equality Review of the Public Consultation Relating to four of Lincolnshire's NHS Services</u> – Stroke services was included in this 30th September 2021 – 23rd December 2021 review. It concluded that:-</p>		
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	<p>The design of the consultation process aimed to remove common barriers to participation, such as lack of information, difficulties in the use of English and lack of time. It also aimed to simplify the route to making a contribution by offering multiple opportunities and different methods of providing views and preferences.</p> <p>For transparency, all formal consultation patient and public participation documents were available on the consultation hub website Changes to NHS services :: Lincolnshire STP</p> <p>The CCG worked in partnership with the voluntary sector and directly engaged with representatives of seldom heard groups. By doing this, they sought to provide opportunities for local people to raise any issues of negative impacts and any barriers to access to services, information, and premises.</p> <p>The analysis of responses to the consultation by ORS was disaggregated by protected groups, such as it was collected, to help decision makers to identify any significant trends and to consider all feedback received in advance of any decision being made.</p> <p>This can be found in the Communications & Consultation activity report.</p> <p>Overall, in a large rural county with relatively small numbers of diverse race and ethnic communities, the CCG made reasonable attempts to reach the protected groups identified in the area, particularly those who would be affected by the options proposed and decisions taken. Communities such as Travellers, Eastern Europeans and people in economically deprived areas were targeted and supported to participate in a way that they chose.</p> <p>This was a good example embedding EDI into service re-design through acquiring the views of local communities through targeted comms and engagement exercises.</p>		
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<p>1B: Individual patients (service users) health needs are met</p>	<p>Stroke Support Services and Activity Quarter 1 - 2023/24, Lincolnshire. Stroke Recovery Service</p> <p>Updates from the Stroke Association who work collaboratively with the LCHS Stroke service report has information about service referral numbers, demographics, client contact figures, community and volunteering activity, case studies and more.</p> <p>The role of the Stroke Recovery Service is to provide information, practical advice and emotional support to stroke survivors as well as their families and carers.</p> <p>By assessing the individual needs of each service user and their family, the Stroke Association coordinator delivers an appropriate, bespoke and flexible service, personalised and tailored to the needs of the individuals involved. Service users are offered help to manage and adjust to life after stroke, optimising quality of life for stroke survivors and their families.</p> <p>In addition, the coordinator liaises with other professionals on behalf of service users on a range of issues and refers or signposts to appropriate organisations locally.</p> <p>The coordinator also supports stroke survivors in regaining confidence to achieve their recovery goals and helps them to access local leisure and social activities.</p> <p>To aid recovery and reduce the risk of stroke recurring, a primary focus of the service is to guide service users through lifestyle changes based on their identified risk factors.</p> <p>Support may be provided for up to twelve months if needed, with some service users ready to move on independently fairly quickly and others needing more intensive continuing support.</p> <p>Support service users and how they have been supported the report highlights some equalities/health inequalities data:–</p> <ul style="list-style-type: none"> • continue to receive an increased number of referrals for stroke survivors of working age. All stroke service users who are able to 	<p>2</p>	
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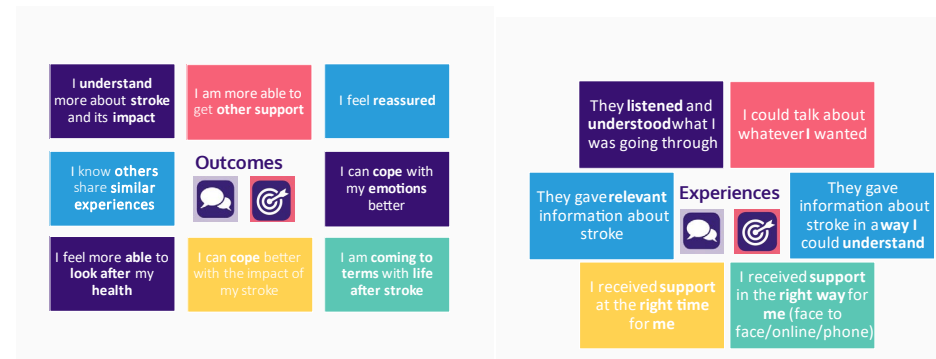
	<p>access online activities are offered online support, and all of the working age service users are offered access to our specific online activities for younger stroke survivors</p> <ul style="list-style-type: none"> • In Q1, 98% of service users class themselves as White ethnicity with 95% classing themselves as White British. As an organisation, we continue to challenge our own ways of working to try to establish how we can better support and connect with BAME communities and reduce health inequalities <p><i>Proposed action: More data to assess outcomes for different protected characteristics, and socially excluded groups required regarding the service provision especially where there may be a potential high risk of stroke in certain protected characteristics/socially excluded groups.</i></p>		
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<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>The ICB and LCHS has a number of policies relating to protecting patients and service users. links to these are on the websites, including policies related to: -</p> <p>ICB and LCHS antidiscrimination/harassment/bullying policies ICB Equality policy ICB complaints policy and procedures LCHS policies and procedures to ensure patients and service users are free form harm Incident reporting policies and EIA's relating to these policies Equality monitoring form revised and shared systemwide</p> <p>Policies :: Lincolnshire Community Health Services NHS Trust</p> <p>Documents Library - Lincolnshire ICB</p> <p>ICB Equality monitoring form revised 2023 and shared systemwide</p> <p><i>Proposed action: To ensure all policies are uptodate. Regular review of complaints data to assess disproportionate impact on different groups and assess outcomes across different protected characteristics in relation to services provided by Stroke team.</i></p>	<p>2</p>	
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<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Stroke Support Services and Activity Quarter 4- 2022/23</p> <p>Stroke recovery service Ask and Act – working closely with the Lincolnshire Stroke Service to improve stroke survivors’ long-term outcomes.</p> <p>Ask and Act Approach</p> <ul style="list-style-type: none"> • Using Beneficiary Voices • Empowering learning and Action • Person Centred • Experience and changes in lives (focus on outcomes) <p>2023/24 rolling out of our new service outcome and experience measures Ask and Act, Stoke Services new approach for gathering feedback from the people we support to help us understand, and improve, the outcomes and experience of our support. Through this, able to gain more direct feedback from stroke survivors and carers about the difference the work of the Stroke support service makes to them.</p> <p>In March, method of accessible paper surveys used. From April, started to share accessible digital surveys, make calls and log direct comments from stroke survivors and carers in relation to the outcome and experience measures.</p> <p>We’ll start to share these perspectives in the quarter one report, in place of “attributed outcomes” which had been recorded by Coordinators. We’re aware reporting will vary according to size of contract and location. We’ll continue to monitor how the approach works in different areas, as well as using the responses in identifying priorities and actions to help us to improve the support we provide to people affected by stroke.</p> <p>Stroke Support Services and Activity Quarter 1 - 2023/24 – Ask and Act update</p> <p>Also incorporated the need to address health inequalities through Ask and Act - Analysis of feedback received from people who may experience</p>	<p>2</p>	
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health inequalities will help to identify learning and priority areas for follow up. This will help the service to further address accessibility within the Stroke Association.

Examples of patient feedback based on outcomes and experience



Good example of how Patients (service users) report positive experiences of the service, however implementation of Ask and Act service user engagement isn't currently broken down by different protected characteristics. Different methods of engagement to support wider feedback from different protected characteristics is recommended to address wider health inequalities. Moving forward – Ask and Act aims to be empowering for beneficiaries. enabling them to tell their story, and at a time and in a way that suits them including

- those who may be digitally excluded
- people of different ethnicities
- People who don't speak English
- people with difficulties affecting their communication or sight

Proposed Action: use of AIS as part of the process

More data broken down by protected characteristics and socially exclusion groups.

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

Undeveloped activity – organisations score out of 0 for each outcome	Those who score under 8 , adding all outcome scores in all domains, are rated Undeveloped
Developing activity – organisations score out of 1 for each outcome	Those who score between 8 and 21 , adding all outcome scores in all domains, are rated Developing
Achieving activity – organisations score out of 2 for each outcome	Those who score between 22 and 32 , adding all outcome scores in all domains, are rated Achieving
Excelling activity – organisations score out of 3 for each outcome	Those who score 33 , adding all outcome scores in all domains, are rated Excelling

EDS Organisation Rating (overall rating):

Organisation name(s):

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

Appendix 1b: Table 3 EDS Action Plan	
EDS Lead	Year(s) active
Kamljit Obhi/Vanessa Wort	April 24 – March 25
EDS Sponsor	Authorisation date
Martin Fahy	January 24

The action plan covers objectives and actions for the ICB to support both services

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Monitoring and review patient and service user feedback	Target seldom heard groups to gain further insight to find out if patents have required levels of access to the Assess to Discharge and Stoke services. Review/assess complaints data by different protected characteristics Review results from patient/service user feedback forms/surveys by different protected characteristics and social exclusion groups.	
		Quality contract – schedule 6 EDI assurance reporting	Review Provider work for these service areas to assess EDI PSED compliance for this outcome	

	1B: Individual patients (service users) health needs are met	<p>Continue to improve comms and engagement methods to ensure that patient, their carers and the public understand services provided in an accessible way.</p> <p>All organisations that provide NHS care and / or publicly funded adult social care are legally required to follow the Accessible Information Standard</p> <p>Continue to assess equality impact of how health needs are met by services through the use of appropriate EDI assessment tools.</p>	<p>Implement the NHS England Accessible Information Standard (AIS) which aims to ensure that people with a visual, hearing or learning disability have access to information they can understand, and any reasonable communication support they may need.</p> <p>Make reasonable adjustments for people with disabilities.</p> <p>Provide easy access to information and make reasonable adjustments.</p> <p>Documents written in plain Language and provided in alternative formats.</p> <p>Support for those who want to participate in non-English or sign language for example, should be offered.</p> <p>work with local voluntary organisations to raise awareness that this is available.</p> <p>Use of EIA and HEAT assessment to allow Health inequalities impacts to be identified so that provisions can be made to mitigate any adverse risks to particular groups. Both these</p>	
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		Quality contract – schedule 6 EDI assurance reporting	<p>processes are essential as ideal evidence sources for EDS domain 1 work.</p> <p>Review Provider work for these service areas to assess EDI PSED compliance for this outcome</p>	
		Policy development and/or review, implementation, monitoring and review	<p>To ensure all policies are exist (analysis of policies) and develop and/or update as required</p> <p>Regular review of complaints data to assess disproportionate impact on different groups and assess outcomes across different protected characteristics in relation to services provided.</p>	
	1C: When patients (service users) use the service, they are free from harm	Quality contract – schedule 6 EDI assurance reporting	Review Provider work for these service areas to assess EDI PSED compliance for this outcome	

	1D: Patients (service users) report positive experiences of the service	Ongoing monitoring of feedback	<p>Target seldom heard groups to gain further insight to find out if patents have required levels of access to the Assess to Discharge and Stoke services.</p> <p>Review/assess complaints data by different protected characteristics</p> <p>Review results from patient/service user feedback forms/surveys by different protected characteristics and social exclusion groups.</p>	
		Quality contract – schedule 6 EDI assurance reporting	Review Provider work for these service areas to assess EDI PSED compliance for this outcome	

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