EDS3 2022 framework report for year 2022/23

The main purpose of the EDS is to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using EDS, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

EDS3 2022

Over the past few years there has been on-going development to refresh and simplify the EDS2 grading system. The new process has been developed and a refreshed framework is now in place which has been called EDS3 2022. There are three domains in the new framework as follows:

1) Domain 1 – Commissioning and Provided Services
2) Domain 2 – Workforce Health and Well-Being
3) Domain 3 - Leadership

For 2022/23, the Trust has been working with Black Country ICB and a joint assessment was planned to take place in June. WMAS submitted all the available evidence for Domain 1 in a timely fashion to Black Country ICB. However there has since been some amendments to this schedule with the ICB acknowledging that it is proving logistically difficult to do a joint assessment and that a slightly different path would be followed.

Organisations have now been tasked to undertake a self-assessment with peer review, -however there is flexibility in this with the approach adopted. The aim of the EDS framework is to aid organisations in identifying gaps and improving services. It should also be noted that, originally, the ICB along with partner organisations planned two services to be assessed. However, this was subsequently reduced to one in the transition year. Therefore, collectively, it was decided that the outcomes would be assessed on the PALS service.

There are essentially four outcomes for Domain 1 as follows:

Domain 1: Commissioned or provided services
1A: Patients (service users) have required levels of access to the service
1B: Individual patients (service users) health needs are met
1C: When patients (service users) use the service, they are free from harm
1D: Patients (service users) report positive experiences of the service

Analysis and Grading

The WMAS assessment team went through the evidence, and it was observed that there were areas where the Trust was doing really well whilst areas for improvement were also identified. After assessing and analysing the evidence, the panel decided collectively that the service had elements which still needed further development. The evidence also found that certain elements of the service had met the **Achieving** grade. It was therefore decided, after much deliberation and discussion and through application of the EDS criteria, that the service would be graded as **Developing** overall. It was also acknowledged that with an effective action plan, the service could move from **Developing to Achieving** over the next 24 months, provided the elements within the action plan were delivered.

What difference did we make?

The EDS assessment has enabled the Trust to identify potential gaps in access to service. The recommendations in this report will be reviewed in 2024/25 enabling the service to move from a grading which is **Developing** to one which is **Achieving**. This will ensure that the PALS service is equitable and accessible to all. An action plan will be developed and agreed with the stakeholder in 2023/24 to progress on the gaps identified.

What were the keys to our success?

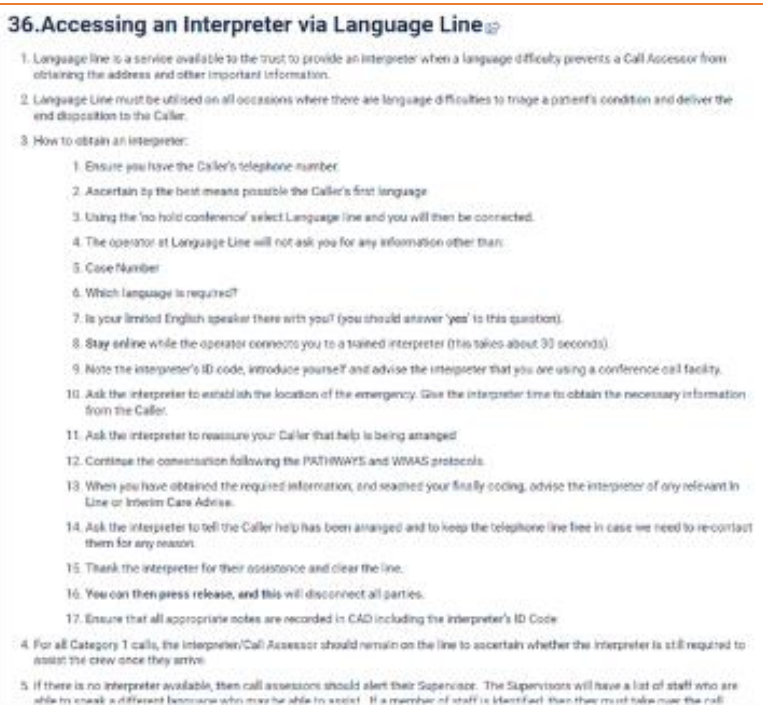
In order to get this project off the ground, collaborative working internally with colleagues at WMAS and with Black Country ICB (who approved the approach in the application of the EDS) was crucial as evidence gathered would be shared for external scrutiny and learning from best practice. By analysing the PALS service and establishing a subsequent action plan (to be developed), key gaps have been addressed which will ensure that the PALS service is one which considers all service users and is accessible to all that require its services.

Appendix: Evidence and Grading

Domain 1: Commissioned or provided services overall rating				
Domain	**Outcome**	**Evidence**	**Rating**	**Owner (Dept/Lead)**
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	• Friends and Family Test • Complaints • Incidents • Staff feedback and Survey • Quality Account • ***The above information is available in the supporting evidence documents for Outcome 1A.*** • CQC rating of Outstanding: West Midlands Ambulance Service University NHS Foundation Trust - Overview - Care Quality Commission (cqc.org.uk) • Performance and improvement is reviewed internally on a Quarterly basis at the Quality Governance Committee	Score 2 2 = Achieving Rationale: Evidence of service provided: 999 and NEPTS service available to all patients that require it at point of call.	Marie Capper, Head of Patient Experience. Marie.capper@wmas.nhs.uk

	1B: Individual patients (service users) health needs are met	• The Trust serves a population of 5.6 million people covering an area of more than 5,000 square miles made up of Shropshire, Herefordshire, Worcestershire, Staffordshire, Warwickshire, Coventry, Birmingham and Black Country conurbation. • West Midlands is full of contrasts and diversity. It includes the second largest urban area in the country (Birmingham, Solihull and the Black Country) yet over 80% of the area is rural. We are the second most ethnically diverse region in the country after London which makes it vital that we work closely with the many different communities we serve. Ensuring we listen and respond to their suggestions and comments ensures that our service meets the needs of everyone in the region. • As the region's emergency ambulance service, we respond to around 4,000 '999' calls each day. To manage that level of demand, we employ approximately 7,000 staff and operate from 15 new fleet preparation hubs across the region. In addition, the Trust took over provision of the NHS 111 service in the West Midlands (except Staffordshire) in November 2019. The 111 service answers in excess of 20,000 calls every week.	Score 2 2 = Achieving Patients/service users cater for all patients based on individual health needs	Simon Taylor, Consultant Paramedic for Professional Standards & Clinical Risk simon.taylor@wmas.nhs.uk

		nergency Calls using SMS Emergency Text Service SMS emergency text service was introduced in 2009 and has been developed as an alternative method of contacting em ces by those who may be deaf and hard of hearing. However, the service is available to anyone who registers their mobil ndividual registered with the service will send a text via the mobile to 999. If the text is from a registered mobile the infor ie sent through to a Relay Centre which is manned by experienced operators. Text Relay operator will use a conference call facility to connect with IEUC advising the Call Assessor they are being conr n emergency SMS. In most circumstances CLI information will also be available. Call Assessors should record the inform ed as normal. If there is insufficient information in the initial text, the Call Assessor should ask additional questions as n e questions will be communicated back to the Caller by the Text Relay operator. The 999 operators will remain on the lin s. ther questions need to be asked do not ask them one after the other, questions must be kept to a minimum as they will b to the caller and the response required will take a little longer than normal. In most cases the priority will be to establish tion and problem to determine the correct response to the patient, although a full triage should take place whenever poss e event a full triage is not possible, after ruling out life threatening signs and symptoms the call assessor should use the function and identify that an ambulance response is required based on the exclusions in the 'No Send' Policy which ident nts with pre-existing disabilities should have a low acuity response allocated. need to call a patient back you will need to call the Relay call centre on 0870 240 5152, give the name and contact num elay assistant will connect you to the caller **alls from a Soft Dial Tone ICB** Dial Tone ICB' is a BT telephone line status, when applied it means the subscriber can dial 999 (or 112) they cannot recei e any other calls. IEUC will be unable to ring the Caller back under any circumstances. Any attempt to do so results in the sage 'This line does not receive incoming calls' being played. Call Assessor should enter the words 'Soft Dial' in the call notes and ask the Caller if there is another number they can be acted on and record any number in call notes. re is no alternative number and the call is disconnected for any reason a resource must be responded to the location usi Exit option **'the phone line went dead'** following the question flow as appropriate. As it is not possible to re-contact the (sential contact is made with the operator to confirm the available Caller details.		



36.Accessing an Interpreter via Language Line

1. Language line is a service available to the trust to provide an interpreter when a language difficulty prevents a Call Assessor from obtaining the address and other important information.
2. Language Line must be utilised on all occasions where there are language difficulties to triage a patient's condition and deliver the end disposition to the Caller.
3. How to obtain an interpreter:
    1. Ensure you have the Caller's telephone number.
    2. Ascertain by the best means possible the Caller's first language.
    3. Using the 'no hold conference' select Language line and you will then be connected.
    4. The operator at Language Line will not ask you for any information other than:
    5. Case Number
    6. Which language is required?
    7. Is your limited English speaker there with you? (you should answer 'yes' to this question).
    8. **Stay online** while the operator connects you to a trained interpreter (this takes about 30 seconds).
    9. Note the interpreter's ID code, introduce yourself and advise the interpreter that you are using a conference call facility.
    10. Ask the interpreter to establish the location of the emergency. Give the interpreter time to obtain the necessary information from the Caller.
    11. Ask the interpreter to reassure your Caller that help is being arranged.
    12. Continue the conversation following the PATHWAYS and WMAS protocols.
    13. When you have obtained the required information, and reached your finally coding, advise the interpreter of any relevant In Line or Interim Care Advise.
    14. Ask the interpreter to tell the Caller help has been arranged and to keep the telephone line free in case we need to re-contact them for any reason.
    15. Thank the interpreter for their assistance and clear the line.
    16. **You can then press release, and this** will disconnect all parties.
    17. Ensure that all appropriate notes are recorded in CAD including the interpreter's ID Code.
4. For all Category 1 calls, the interpreter/Call Assessor should remain on the line to ascertain whether the interpreter is still required to assist the crew once they arrive.
5. If there is no interpreter available, then call assessors should alert their Supervisor. The Supervisors will have a list of staff who are

- Many people still think ambulance services only take patients to hospital. In fact, only just over 50% of our patients end up going to an emergency department with the rest either being treated at the scene, given advice over the phone or taken to another service such as a GP or minor injuries unit.

- We have achieved that by investing heavily in the skills that our staff. We are the first Trust in the country to have a paramedic on every vehicle. The additional skills they bring enable them to carry out many more treatments at

		the scene and en-route to hospital if it is required, which improves patient care. • We also provide non-emergency patient transport services across some parts of the region for those patients who require non-emergency transport to and from hospital and who are unable to travel unaided because of their medical condition or clinical need. Our staff complete approximately 1,000,000 non-emergency patient journeys each year. • PTS is provided for patients who have a clinical need and eligibility questions are determined by each commissioner based on national guidance [noting this is currently being reviewed nationally]. Patients or their representatives are asked questions to decide eligibility and, importantly, to ensure the appropriate resource [staff, vehicle and equipment] is allocated to the journey. • Patient demographics is collected at the booking stage including age, gender and relevant medical and disability information. We do not collect ethnicity data, though our operating system has the functionality for this. • As an organisation, we were formed in 2006 bringing four previous services together. In January 2013, we were authorised as a Foundation Trust and in line with the provisions of the Health and Social Care Act 2012, was licensed as a provider of NHS Services on 1 April 2013. As a Foundation Trust, we must have a Constitution that is compliant with current statute and the regulators		

		Code of Governance. More information about a Foundation Trust, can be found within the page What is a Foundation Trust? • ***Evidence documents 1B.***		
	1C: When patients (service users) use the service, they are free from harm	• Incident Reporting Policy • Health, Safety and Risk Framework • Risk Appetite Statement • Safety Culture Survey • ER54 Incident Reporting Guidance • ***The above information is available in the supporting evidence documents for Outcome 1C.***		Matt Brown, Head of Risk Matt.brown@wmas.nhs.uk

		• Duty of Candour (Being Open) Policy • Patient Safety & Serious Incident Guidance] • ***The above information is available in the supporting evidence documents for Outcome 1C.*** • The trust is utilising language line during 999 calls, currently we have seen a number of ER54's being raised about delays with language line joining the calls, this can delay assessing the needs of the caller/patient and could impact significantly if CPR instructions are required. In addition to this the trust audits call assessors monthly on call taking and additional call audits are done for complaints, coroners and investigations. The trust has no way to audit the calls when an interpreter has been used, so we have no way of knowing if the call is compliant and if the information being passed is conveyed correctly. Having no governance means we can't say if these patients receive sub-standard care or additional delays. • The serious Incident Framework 2015 is due to be replaced by The Patient Safety Incident Response Framework (PSIRF) the trust has a statutory requirement to work to this. • The new framework has a big focus on staff, patient and family engagement, ensuring inclusivity for all involved in Patient Safety Investigations (p15 of the attachment) as an organisation we need to be able to respond to staff, patients and family's needs. This is more face-to-face contact, the ability to produce the investigation report in different languages/format, considering the report format might not be compatible digitally with everyone's IT etc. Some people who can't read may require the report in audio format so many things to consider.	Score 1 1 = Developing (see rationale left)	Christina Clinton, Head of Patient Safety • Clinical and Quality Christina.clinton@wmas.nhs.uk

	1D: Patients (service users) report positive experiences of the service	• TiP report shows number of compliments and table of FFT results YTD • Patient surveys available on line Feedback Surveys – West Midlands Ambulance Service University NHS Foundation Trust (wmas.nhs.uk) • Friends and Family Test NHS Friends and Family Test – West Midlands Ambulance Service University NHS Foundation Trust (wmas.nhs.uk) • Patient Experience Team annual report 2021/22 – ***Evidence document 1D*** Areas which need further developing include listening and taking into account the views and experience of patients with a Disability, and from different ethnicities.	Score 1 1 = Developing	Marie Capper, Head of Patient Experience. marie.capper@wmas.nhs.uk

Equality Delivery System 3 Report for West Midlands Ambulance Service University NHS Foundation Trust

Area: Patient Experience and Engagement (Including PALS)
