NHS Equality Delivery System 2022

EDS Report

North Tees and Hartlepool NHS Foundation Trust

23 March 2023

Contents

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.

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.

NHS Equality Delivery System (EDS)

Name of Organisation		North Tees and Hartlepool NHS Foundation Trust	Organisation Board Sponsor/Lead		
			Dr Susy Cook, Chief People Officer		
Name of Integrated Care System		North East and North Cumbria	Lindsey Robertson, Chief Nurse and Director of Patient Safety and Quality		

EDS Lead	Services Lead: Alison Connelly, Patient Experience Manager Workforce Lead: Elizabeth Morrell, Employee Relations Manager		At what level has this been completed?		
					*List organisations
EDS engagement date(s)	- Accessibility Meeting participants during March 2023 - Patient and Carer Experience Committee members during March 2023 - Healthcare User Group members during March 2023 - Workforce engagement sessions held on 6, 7 and 9 February 2023.		Individual organisation		North Tees and Hartlepool NHS Foundation Trust

			Partnership* (two or more organisations)	
			Integrated Care System-wide*	

Date completed	7 March 2023	**Month and year published**	March 2023
Date authorised	23 March 2023 Board Approval	**Revision date**	February 2024

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**

Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Sources of information for North Tees and Hartlepool NHS Foundation Trust for Domain 1: National Cancer Patient Survey 2021 CQC National Maternity Survey 2022 Local Endoscopy Survey 2022 National Cancer Patient Experience Survey 2021 Complaint data 2022 Compliment data 2022 Incident data 2022 Friends and Family Test (FFT) data 2022 Trust Inequalities Dashboard				
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	**Colorectal Service** • **National Cancer Patient Experience Survey 2021, (NCPES 21)** 81% of colorectal cancer patients responded that they only spoke to primary care professional once/twice before cancer diagnosis. This compared to the trust average of 72%. • **2 week referral pathway survey** For gastrointestinal patients this showed good levels of satisfaction with referral process, including information about 2 week rule and speed of first contact with hospital team 90%.	**Developing** (1 Point)	Patient Experience Team Digital Team Nursing, Patient Safety and Improvement NTH Solutions

| | | **Local Endoscopy Survey**
87% felt the wait for their referral to Endoscopy was "about right".
Reasonable adjustments
There have been 2 appointments for interpreting services – across 2 different languages (Polish, Romanian).
Inequalities
There have been 1426 out-patient appointments and 495 inpatient episodes for Colorectal Services. The Inequalities Dashboard allows service user information categorised by:
<blockquote>- Age profile by the 5 quintile definitions in relation to deprivation; from the most deprived at level 1 to the least at level 5.
- Age profile by Ethnicity
- Age profile by Gender</blockquote>The service has a multi-disciplinary team high risk clinic which involved patients in their own care and decisions.

An independent charity fund has supported patients with transport costs, some patients are referred to Christie's in Manchester. The fund can support travel and accommodation costs.

<u>Community Midwifery</u>

CQC National Maternity Survey 2022 (NMS 22)
Women responding to being provided a choice of where to have their baby was 3.1/10 (*significantly better* than 2021 survey score). Women reporting they received enough information about where to have their baby was 6.7/10 (this *was better than 2021* score of 5.7) | | Outpatient Implementation manager

Public Health Consultant and the BI Team

Colorectal Services

Community Midwifery |

| | | • **Reasonable adjustments**
There have been 99 appointments (72 over the phone and 27 face to face) for interpreting services – across 28 different languages including British Sign Language. The most frequent interpreter engagement is for Arabic, Kurdish, Farsi, and Pushto.

• **Inequalities**
There have been 2,208 deliveries. The data allows breakdown showing:

   - Percentage of deliveries by Deprivation
   - Number of Normal and Non-normal deliveries per quintile
   - Feeding breakdown
   - Smoking status
   - Narcotics usage
   - Deliveries per month by Deprivation Decile

There is a gap in current data which does not make it possible to undertake analysis for other inclusion health groups as these are not routinely coded.

An individual risk assessment is completed for all service users to assess if they require additional support/reasonable adjustments at the initial appointment.

All community areas are wheelchair friendly, easy open door, disabled toilets available. East Durham service is upstairs but a new lift is in use. At initial contact question is asked about communication requirements, as per trust policy to ensure supporting services are arranged.

Trust wide | | |

• The Trust has now reinstated PLACE audits – most recent audit in December 2022. The audit reviewed external areas, communal areas, emergency department, outpatient department, Ward 15 (Paediatric), Emergency Assessment Unit, Ambulatory Care, Delivery Suite, Maternity Ward and 7 other inpatient wards. Actions include; improved signage, sign posting for disabled parking to be improved, flooring in OPD may look wet to the visually impaired, the disabled toilets are to be refreshed with contrasting wall colour, seat colour and handrails. • The Trust has commissioned an external contractor to undertake a full Access Audit of the 3 Trust sites – work in ongoing to identify priority areas for improvement. • Key elements of the Accessible Information Standard (AIS) are discussed in the Trust's Accessibility Group for awareness and identification of any concerns around compliance with the Standards. • An accessibility/reasonable adjustment plan will be developed following implementation of a Corporate Quality Strategy. • The Trust has an Accessibility Lead and a number of Accessibility Champions in the Trust who will work within their wards/departments and link into the Trust's Accessibility Meeting to share good practice and feedback on improvements in relation to accessibility. • The Trust contributes to many workshops including Network to come to together (Stockton Borough Council). The workshops include updates and collaborative approaches/joint working. Two future topics are Insights from Talking about Healthy Weight with Disabled People in Stockton on Tees and Disability Insight Research.		

	• The Trust has set up a People, Public and Patients with Lived Experience Steering Group reviewing and refreshing the Trust's approach to engagement from full co-production to soft touch information giving.
	
	• An engagement workshop took place in December 2022 to ask people, public and patients and organisations who represent these, their suggestions/thoughts/ideas of how we can engage them in the planning, implementation and evaluation of health interventions and programmes of care. The workshop included invitations to organisations who represent patients who require reasonable adjustments in relation to their communication needs, for example:
	
	   - Hearing Impairment and Visual Impairment Support UK
	   - Hartlepool Carers
	   - North Regional Association Sensory Loss
	   - Hartlepool Borough Council
	   - Stockton Borough Council
	   - Age Concern
	   - The Deaf Club Hartlepool/Hartlepool Deaf Centre
	   - Independent Complainants Advocacy Service (ICA)
	   - Everyday Language Solutions
	
	• An Engagement Strategy will be developed to enable the Trust to embed better PPPLE views for quality improvement.
	
	• An Interpreter and Translation Policy is in place providing detailed guidance in relation to patients with communication needs e.g. sensory loss, dual sensory loss, dementia, learning disability and where their first language is not English. Guidance working with an interpreter is also included in the Policy and training has been re-introduced by our contracted translation service provider.		

• We have 80+ staff attending British Sign Language training, level 1 from an approved training organisation. • Additional methods of providing patient feedback, which includes patients and carers with accessible needs, are also currently being developed within the Patient Experience Team and Digital Team. The Trust external website is currently in the final stages of completion to ensure compliance with the AIS. • A patient's communication needs and how to meet them are documented on Trust's patient administration on referral or if this is not included, at the first patient intervention. This is flagged with an icon and visible to staff. Additionally, if a patient has a Hospital Passport or one is introduced during their admission, this can be uploaded to Trakcare for staff to view to ensure any additional needs are met. • When a patient receives an appointment or clinic letter from the trust they are advised that information is available in different formats on request, in case we have not been made aware prior to sending the correspondence that communication needs or support is required. • The Trust has developed a Trust level health inequalities dashboard with data broken down for gender, age groups, deprivation and ethnicity. There is also analysis undertaken for learning disability where this information is available, however our data does not allow easy comparison of access for patients with a learning disability and other patient groups.		

1B: Individual patients (service users) health needs are met	**Colorectal Service** • **National Cancer Patient Experience Survey 2021, (NCPES 21)**	**Achieving** (2 points)	Patient Experience Team

| | | For colorectal cancer, the Trust scored 70% for patients definitely being able to have a discussion about their needs or concerns prior to treatment, (*below the expected range*). This score was lowest in patients who responded aged between 35-44 years.

The Trust scored 92% *(within the expected range)* for patients reporting their care team helped them to create a care plan to address any needs or concerns. There were no differences in scores across the different equality groups.

The Trust scored 100% *(within the expected mean)* for patients reporting that their care team reviewed the patient's care plan with them to ensure it was up to date. There were no differences in scores across the different equality groups.

• **Patient Information**
Visual patient information sheets are available for patients with limited literacy. Braille information sheets are available on request.

The service is regularly involved in best interest meetings and work with families and carers and patients to make reasonable adjustments on an individual basis.

Community Midwifery

• **National Maternity Survey 2022**
Mental health needs discussed in antenatal setting was rated as 9.2/10, scoring *somewhat better than other trusts* nationally.

Mental health needs discussed in postnatal setting was rated as 9.9/10, *scoring better than other trusts)*. | | Colorectal Services

Community Midwifery |

| | | Patients reporting that they felt involved in their antenatal care scored 8.8/10 and for postnatal care this was 8.4/10 *(about the same as other trusts)*.

8.6/10 patients felt that the midwifery team took their personal circumstances into account when providing advice in postnatal care.

6.7/10 of patients felt they were given enough information about their physical recovery after the birth of their baby.

- **Patient Information**
Individual assessment is made with patient at initial appointment. This included learning and communication needs and falls assessment. Interpreters are arranged through Trust service for languages other than English and for BSL if required, this is a matter of routine. Face to face interpreters are requested for all appointments, however due to service provision this can be over the phone. A plan of care is arranged at the initial appointment.

Leaflets are available in many languages and in easy read style for those who require.

At every contact with maternity, the plan of care is reviewed and support arranged as required. Vulnerable women with complex needs are allocated a midwife who has capacity to give more time to care for them. All women are triaged to the appropriate level of maternity risk and care allocated accordingly.

Plans are underway to provide specialised services for teenage mothers.

Midwives receive equity and diversity training and are supported by the training lead on this. | | |

		Liaison with GP services and 0-19 services takes place to look at discharge of clients to other services to ensure that assessments can be passed to the next service. The community midwives are in contact with the hospital women choose to book at to ensure the care plan is appropriate.		
	1C: When patients (service users) use the service, they are free from harm	**Colorectal Services** • **Incidents** There is no data recorded on Datix that fits the criteria in relation to EDS/protected characteristics. • **Complaints** 13 complaints reviewed and categorised as follows: Gender (Male 3, Female 10) Age (25-34 = 1, 35-44 = 2, 45-54 = 1, 55-64 = 4, 65-74 = 2, 75-83 = 3) Disability (Non-disabled 11, Disabled 0, Information not provided 2) • **Risk** All staff are compliant with safeguarding training. Patients have open access to the colorectal nursing staff. **Community Maternity Services:** • **Incidents** No recorded incidents relating to service users.	**Achieving** (2 points)	Patient Experience Team Nursing, Patient Safety and Improvement Colorectal Services Community Midwifery

| | | • **Complaints**
6 complaints, categorised as follws:

Ethnicity   Not recorded

Gender   (Male 1 (partner), Female 5 (patient))

Age   (Under 10 = 1, 16 – 24 = 1, 25 – 34 = 2, 35 – 44 = 2)

Disability   (Non-disabled 6, Disabled 0)

• **Risk**
Fire and risk assessments are completed regularly in the local areas used. Policies are in place around assessing patients care in known to be a risk. Close work with social services where required to ensure service users are assessed and protected.

Trust-wide

• **National and Local Patient Surveys**
There are no questions in both the NCPES and NMS 22 regarding feeling safe during care and treatment (see action plan). | | |
| 1D: Patients (service users) report positive experiences of the service | **Colorectal Services**

• **National Cancer Patient Experience Survey 21**
8.7 colorectal patients rated their care as very good. 90% of colorectal patients felt they were always treated with respect and dignity. Reviewing the trust data, there were no differences in scores across the different equality groups.

• **Local surveys** | **Developing**
(1 point) | Patient Experience Team |

Including the 2-week referral pathway survey for gastrointestinal patients and local endoscopy survey, both rated the care they received as 96%.

- **Friends and Family Test (FFT) 2021/22 Data**

The Trust does not have FFT specific data for colorectal, however our Endoscopy FFT data showed 97% of patients reported as Very Good or Good. We have reviewed both our data by individual equality groups and also our comments and there are no specific concerns regarding care or treatment of individual groups.

- **Compliments**

We received 7 compliments for the colorectal service, however we are not able to break this down by the EDS reporting categories for 2021/22.

Community Midwifery

- **National Maternity Survey 22**

Although this survey did not specifically ask women to rate their care, they were asked if they were treated with respect and dignity during their community care.

9.3/10 patients said they were treated with respect and dignity during their antenatal care, *(scoring about the same as other trusts)*. Reviewing comments made by women, there was no concerns voiced with regard to individual equality groups.

- **Friends and Family Test (FFT) 2021/22 Data**

Our community maternity data rated 89% for overall care as being Very Good or Good.

- **Compliments**

		We received 20 compliments for community maternity, however we are not able to break this down by the EDS reporting categories for 2021/22.		
Domain 1: Commissioned or provided services overall rating			**Developing (6 points)**	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	The following sources of information were used to present information during the engagement sessions: **Workforce profile data from ESR (as at 1 April 2022)** During the engagement sessions, delegates were provided with detailed information regarding the Trust's Workforce Profile to fully understand the demographics of the organisation. The Trust headcount is reported as 5,513 employees (inclusive of our LLP organisation: NTH Solutions), and this has been broken down by the following protected characteristic groups: • Age, Ethnicity, Disability, Sexual Orientation, Gender and Religion. **Sickness absence data from ESR (1 October 2021 to 30 September 2022)** Sickness absence data has been analysed by the ESR specified protected characteristics as detailed under the workforce profile section. The refreshed EDS requests organisations to consider the data they hold in relation to the following health conditions: • Obesity • Diabetes	**Developing** (1 point)	• Employee Relations • People Services • Occupational Health • Health and Wellbeing

		• Asthma • COPD • Mental health Whilst we ask all colleagues to declare if they have a disability or a long term condition, we do not ask them to disclose the nature of the disability or condition therefore we are unable to report how many of our colleagues possess any of the above health conditions. Instead, we have reviewed our absence data to explore how many colleagues have taken absence linked to any of these conditions. We are mindful that we are unable to report on absence linked to obesity and diabetes as this is not a specific reason for absence on ESR. The highest reason for absence across all staff was Chest/Respiratory, followed by Anxiety/Stress/Depression, Pregnancy related conditions and then Asthma. **Annual NHS Staff Survey (2017-2021)** Question 11c of the staff survey asks: **During the last 12 months have you felt unwell as a result of work related stress?** The Trust response for this question for 2021 was 45.4%. The data has been further analysed over a five year period, and broken down by the following protected characteristics to identify any areas of differential experience:		

	• Age, Disability, Gender (including Gender Reassignment), Race, Sexual Orientation, and Religion/Belief. **Further Information** More detailed information regarding the above data is available as part of the information pack issued to delegates attending the EDS engagement sessions in February 2023. **Examples of Good Practice relating to Outcome 2a** • A range of wellbeing resources and signposting is available on the Trust's sharepoint site. • The Trust's Health and Wellbeing Magazine was highly commended in the 2022 NHS Communicate Awards in the 'Communications Team Health and Wellbeing Award' category. One of the strengths of the magazine is the contribution of our staff, telling their own stories and sharing their views. • We have a good occupational health referral process with a single point of contact. Support includes Occupational Health advice including access to Physiotherapy and both internal and external counselling services. • We have refreshed and improved our Attendance Management Policy in 2022, which has included delivery of a new training programme for all managers who are involved in the absence management process. • The new policy includes a Reasonable Adjustments Consideration form, which is an agreement between the	

		manager and an employee as to what reasonable adjustments have been discussed, considered and agreed in the workplace in accordance with the Equality Act 2010.		
		• The Trust's Flexible Working Policy supports staff who may wish to work on a flexible basis and this includes staff who may wish to work flexibly due to health reasons.		
		• Managers are required to conduct a wellbeing conversation as part of the staff appraisals process. The intention of this is to promote staff health and wellbeing and ensure that staff are made aware of any support services available and are enabled to access those services where needed.		
		• The Tees restaurant provides access to healthy menu choices for staff and patients.		
		• The Rainbow Room provides staff with access to fitness equipment, including showering facilities and we also promote membership with local gyms at discounted rates.		
		• We have started to review sickness absence data from a protected characteristic viewpoint as part of the EDS process for 2022/23. We plan for this to become part of our standard absence monitoring processes for 2023/24.		
		• Please also refer to the evidence referenced under Outcome 2c in respect of the various routes of support for staff experiencing stress, abuse, bullying harassment and physical violence.		

| | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | The following sources of information were used to present information during the engagement sessions:

Workforce profile data from ESR (as at 1 April 2022)

Please see Outcome 2A above for a summary of the headline data.

Safety and Quality Dashboard

The Trust maintains a Safety and Quality Dashboard which includes information relating to Violent Incidents. This information is regularly monitored by the Trust's Keeping People Safe Group which allows the data to be filtered by:

• Area: Care Group, Department and Ward;
• Category: abuse of staff by patients and abuse of staff by others;
• Date of incident;
• Aggravating Factors.*

* There are numerous categories within the aggravating factors section, however the ones most relevant to EDI are:

• Alcohol intoxication – Racial
• Alcohol withdrawal, drug withdrawal – Racial
• Known mental health problem - Racial, Sexual
• Racial
• Sexual

The Dashboard allows users to monitor the information to identify hotspot areas which would allow the organisation to target support to staff and seek feedback from colleagues to address areas of concern. | **Developing**
(1 point) | • Employee Relations

• People Services

• Keeping People Safe Group |

Employee Relations Cases

The People Services Team maintain a central record of all employee relations cases and for 2022, this also includes a record of all notified informal concerns.

To confirm, employee relations cases relate to:

- Requests for Resolution
- Supporting Performance Improvement
- Complaints under the Dignity and Respect Policy
- Disciplinary Investigations and Hearings

The information relates to all *new* cases reported between the period of 1 January 2022 to 31 December 2022.

This information has been analysed to extract the information related to staff complaints of harassment, bullying and abuse from managers and/or colleagues.

Exit Questionnaires

The Trust contacts all individuals who voluntarily leave the organisation, to seek feedback about their employment and to understand the reason for leaving so that we may explore any areas of concern to improve future retention rates.

The information from 279 questionnaires has been analysed to understand any concerns which may link to equality, diversity and inclusion.

Annual NHS Staff Survey (2017-2021)

There are various questions in the staff survey, which ask respondents to confirm their experience in relation to physical violence at work and also experience of bullying, harassment and abuse. This includes incidents from patients/service users/managers/colleagues.

We reported the following information as part of the annual staff survey for 2021.

- Staff experience of physical violence from patients/service users, their relatives or other members of the public. **11.8%**

- Staff experience of physical violence from managers. **0.3%**

- Staff experience of physical violence from other colleagues. **1%**

- Staff experience of harassment, bullying or abuse from patients/service users, their relatives or other members of the public. **25.9%**

- Staff experience of harassment, bullying or abuse from managers. **9.6%**

- Staff experience of harassment, bullying or abuse from other colleagues. **15.2%**

- Number of staff who would report harassment, bullying or abuse at work. **46.5%**

		The above data has been further analysed over a five year period, and broken down by the following protected characteristics to identify any areas of differential experience:		
		• Age, Disability, Gender (including Gender Reassignment), Race and Sexual Orientation.		
		Further Information		
		Detailed information is available as part of the information pack issued to delegates attending the EDS engagement sessions in February 2023.		
		Examples of Good Practice relating to Outcome 2b		
		Concerns regarding violence, harassment, bullying and abuse are taken seriously by the organisation. Our new Dignity and Respect Policy encourages positive working relationships as well as constructive and lasting solutions to workplace issues which have arisen.		
		Colleagues can raise their concerns via a number of routes:		
		• Line manager • People Services Team • Freedom to Speak Up service • Trade Union • Chaplaincy service		
		All concerns raised are recorded by the People Services team as part of the investigation process, which allows the case to be monitored from a progress update, timescales		

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and EDI perspective. It also allows the team to report on the outcome of the case and any recommendations made as part of the investigation process.

There is evidence to show that concerns have been investigated with examples of formal action being taken against staff who abuse, harass or bully other members of staff.

A Trust-wide campaign took place in October 2022 to raise awareness of bullying in the workplace and encouraging staff to raise their concerns.

As part of our new approach to people practices and our work in relation to Just and Restorative Culture, we undertake a full case review process for our ER cases and this includes consideration of feedback from individuals who have been directly involved in the process. Learning from cases is cascaded within the team as part of our peer review process.

There is evidence to show that information is analysed from a protected characteristic viewpoint, however this can be expanded to include additional detail and 'real time' reporting.

Reported incidents are monitored monthly through the Keeping People Safe group and the People SMT team.

The Trust values are embedded within our approach to values based recruitment and this includes promotion of those values linked to civility and respect.

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	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	The following sources of information were used to present information during the engagement sessions: **Workforce profile data from ESR (as at 1 April 2022)** Please see Outcome 2A above for a summary of the headline data. **Occupational Health Data** Occupational health data shows the number of staff referrals to the Trust's Mental Health Advisor. The data is provided for a five-month period commencing August 2022 to December 2022. The information shows the number of referrals by Care Group/Corporate area, however it is not broken down by protected characteristic and therefore we are unable to show which groups of staff are accessing the service and those which are not. The data does not indicate the reason for the referral, therefore we are unable to drill down to establish whether the individual is suffering from stress, or if they are seeking support with experience of abuse, bullying harassment and physical violence from any source. Occupational health data indicates that 118 individuals were referred to the Trust's Mental Health Advisor during a five-month period. **Further Information**	**Achieving** (2 points)	• Employee Relations • People Services • Occupational Health • Health and Wellbeing • Psychology

More detailed information is available as part of the information pack issued to delegates attending the EDS engagement sessions in February 2023.

Examples of Good Practice in relation to Outcome 2c

We promote a number of routes where staff may seek further support, internal to the organisation:

- Mental Health First Aiders
- Occupational Health Service
- Chaplaincy Service
- Domestic Violence Advocate
- Staff Psychology Support Hub
- Freedom to Speak Up Service
- Trade Union Colleagues

The following sources of support are available on an external basis:

- The North East and North Cumbria (NENC) Staff Wellbeing Hub is open to anyone who works in health or social care in our area. It is an easy to access and highly confidential source of support.
- Able Futures provide regular advice, guidance and support.
- Recovery College online provides a range of online courses to support with aspects of wellbeing and mental health.
- Samaritans.
- Tees, Esk and Wear Valley staff wellbeing hub.
- IMPACT on Teesside provides talking therapy, counselling and alternative therapies.

| | | Our new Dignity and Respect Policy encourages positive working relationships as well as constructive and lasting solutions to workplace issues which have arisen.

The Trust's Health and Wellbeing Magazine was highly commended in the 2022 NHS Communicate Awards in the 'Communications Team Health and Wellbeing Award' category.

The People Directorate have established a Trust-wide working group to support staff and ultimately reduce absence. This includes a further review of the Trust's Attendance Management Policy.

The Trust has identified and appointed a board-level Wellbeing Guardian, who is a Non-Executive Director of the Trust.

Our staff networks offer a place for staff to come together, share experiences and facilitate learning and development. They also assist in the shaping and delivery of organisational strategy and policy, working with us to improve staff experience on specific issues relating to each network. Network leads have protected time as part of their lead role.

EQIA training has been commissioned from our external consultancy and this included development of a new EIA process which provides detailed consideration of not only the nine protected characteristics, but also wider factors such as social deprivation and military veterans.

We have refreshed and improved our Attendance Management Policy in 2022, which has included delivery of | | |
|---|---|---|---|---|

| | | a new training programme for all managers who are involved in the absence management process. The new policy includes a Reasonable Adjustments Consideration form, which is an agreement between the manager and an employee as to what reasonable adjustments have been discussed, considered and agreed in the workplace in accordance with the Equality Act 2010.

We hosted our second Disability Awareness Day in December 2022. The event was delivered across both hospital sites and included external guest speakers from Walking with the Wounded, as well as listening to the experiences from our own disabled workers.

The events were supported by the disability staff network, and targeted at our non-disabled colleagues with the intention of securing allies across the organisation who are committed to improving the working experiences for our disabled workers.

We were accredited with Disability Confident – Leader status in March 2023 as part of the Disability Confident Scheme.

We have held two financial wellbeing events in 2022 to provide advice and information to staff during the current cost of living situation.

We provide Resilience workshops via our people development team.

We have published a Bereavement Guide for managers and teams on how to support colleagues who may have experienced bereavement. The People Services team provide advice and guidance about the formal procedures | | |
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| | | which should be followed as well as the care and sensitivity that should be adopted in these circumstances.

The Freedom to Speak Up Guardian service is regularly promoted and evidence shows increased number of contacts made for 2022/23.

There is good engagement with Trade Union colleagues, with numerous meetings occurring on a regular basis to facilitate and foster good relations. This includes staff side executive, joint forum, policy review group, job evaluation and also various task and finish groups, such as attendance management.

Equality impact assessments are completed for all new/ updated policies. | | |
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| 2D: Staff recommend the organisation as a place to work and receive treatment | The following sources of information were used to present information during the engagement sessions:

Workforce profile data from ESR (as at 1 April 2022)

Please see Outcome 2A above for a summary of the headline data.

Exit Questionnaires

The Trust contacts all individuals who voluntarily leave the organisation, to seek feedback about their employment and to understand the reason for leaving so that we may explore any areas of concern to improve future retention rates.

The questionnaire ask the following question:

Q27 – Would you consider applying to this Trust in the future?

There were 279 individuals who submitted an exit questionnaire during the period 1 January 2022 to 31 December 2022, of which:

• 61.3% (171 individuals) answered **Yes** to this question.
• 38.7% (108 individuals) answered **No** to this question.

The % response rate is exactly reflective of the response received to the staff survey advocacy score (61.4%).

Unfortunately, as the responses are not broken down by an individual's protected characteristics, we are unable to analyse the responses at a deeper level. | **Developing** (1 point) | • Employee Relations
• People Services
• People Development |

		Annual NHS Staff Survey (2017-2021)		
		Question 21c of the staff survey asks respondents to rank the following statement: **I would recommend my organisation as a place to work.** The Trust response for 2021 was 61.4%.		
		Question 21d of the staff survey asks respondents to rank the following statement: **If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.** The Trust response for 2021 was 69.5%.		
		When analysing the data, it can be seen that a higher % of staff are more likely to recommend the Trust as a place to receive care, as compared to recommending the Trust as a place to work. It is noted that the responses to both of these questions are higher than the national average scores.		
		The data has been further analysed over a five year period, and broken down by the following protected characteristics to identify any areas of differential experience:		
		- Age - Disability - Gender (including Gender Reassignment) - Gender Identity - Race - Sexual Orientation - Religion/Belief		
		Further Information		

		More detailed information is available as part of the information pack issued to delegates attending the EDS engagement sessions in February 2023.
		Examples of Good Practice
		Staff Survey information is analysed by individual protected characteristic data to help inform improvement plans and monitor progress.
		The Trust offers stay conversations to leavers to understand reasons for leaving and to establish if any actions can be agreed to encourage them to remain in employment with the Trust.
		Exit questionnaires and interviews are undertaken for all staff voluntarily leaving the Trust, with thematic analysis provided to care groups to identify future improvements.

| Domain 2: Workforce health and well-being overall rating | Developing (5 points) | |

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	The external EDI review indicates changes in leadership & more recently increased realisation of the need to ensure clarity in terms of roles and responsibilities across system leaders when focusing on equality and health inequalities. Senior leaders recognise the population base is both diverse but increasingly so from a socio economic and social mobility perspective as well as the need to consider the cost-of-living crisis & impact also needs to be considered. Roles and responsibilities for leaders are slowly being embedded across the organisation, focusing on equality and health inequalities. The trust has committed to developing the capacity of the board to assist in the process of supporting members to use their roles to embed inclusion across business strategy, governance, talent, integrity, and performance all areas that senior leaders have traditional oversight.	**Developing** (1 point)	Trust BoD and the People Directorate

3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Equality impact assessments are used to ensure that trust policies, services and legislation do not discriminate against anyone and promote equality of opportunity. The trust is now moving toward ensuring actions and interventions are measured as part of work focusing on enhancing the quality & application of findings. Information and data is used as part of impact assessment/risk assessment and giving due regard to the public sector equality duty though this does vary and need to ensure consistency. The Trust has started the process of developing the capacity and capability of senior leaders to embed inclusion across business strategy, governance, talent, integrity, and performance - all areas that they as senior leaders have traditional oversight.	**Developing** (1 point)	Trust BoD and the People Directorate

	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	The organisation uses the governance process as a driver for change & to monitor implementation. The organisation benchmarks its achievements in terms of WRES/WDES/GPG against comparable others and shares its experience in developing good practice. The board is now moving towards using the above metrics to track regular progress and outcomes and requesting information from management to inform the board's guidance for addressing the organisation's gaps/progress in line with the above metrics. Discussion with members indicates an appetite for increasingly sharing the responsibility for managing progress and at the same time recognising the difference between management executing and advancing the ED&I agenda, and the board holding management and the organisation accountable. It is encouraging to note the link expressed by board and senior leaders and the important link between ED&I and continuous improvement.	**Developing** (1 point)	Trust BoD and the People Directorate
Domain 3: Inclusive leadership overall rating			**Developing** (3 points)	
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s):		**Independent Evaluator(s)/Peer Reviewer(s):**		

Margaret Wardrobe, Staff Side Chair and RCN Representative	**Mohammed Jogi, Head of Culture & Transformation, Merseyside Fire & Rescue Service** **Jagtar Singh, JSA Associates**

EDS Organisation Rating (overall rating): Score 14 - Developing
Organisation name(s): North Tees and Hartlepool NHS Foundation Trust

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**

<table>
<tr>
<th colspan="2">EDS Action Plan</th>
</tr>
<tr>
<th>EDS Lead</th>
<th>Year(s) active</th>
</tr>
<tr>
<td>Services Lead:
Alison Connelly, Patient Experience Manager

Workforce Lead:
Elizabeth Morrell, Employee Relations Manager</td>
<td>1 April 2023 to 31 March 2024</td>
</tr>
<tr>
<th>EDS Sponsor</th>
<th>Authorisation date</th>
</tr>
<tr>
<td>Dr Susy Cook, Chief People Officer

Lindsey Robertson, Chief Nurse and Director of Patient Safety and Quality</td>
<td>23 March 2023 (Board Approval)</td>
</tr>
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<table>
<tr>
<th>Domain</th>
<th>Outcome</th>
<th>Objective</th>
<th>Action</th>
<th>Completion date</th>
</tr>
<tr>
<td>Domain 1: Commissioned or provided</td>
<td>1A: Patients (service users) have required levels of access to the service</td>
<td>To measure satisfaction of service users in relation to how quickly they received care and treatment. This will include the ability to understand the data by protected characteristic detail.</td>
<td>An access question will be included in the Trust's local digital inpatient survey which will be piloted early 2023. This will ask patients how quickly they felt they received care and treatment. Protected characteristic questions to be included.</td>
<td>August 2023</td>
</tr>
</table>

1B: Individual patients (service users) health needs are met	To ensure patients are given a dedicated opportunity to ask questions and receive information and support at the end of their treatment.	A second Health Needs Assessment will be undertaken at the end of a patient's treatment.	December 2023
	To measure satisfaction of service users with regards to meeting individual health needs. This will include the ability to understand the data by protected characteristic detail.	A health needs question will be included in the Trust's digital inpatient survey.	August 2023
1C: When patients (service users) use the service, they are free from harm	To provide feedback on how our safe our patients feel in hospital. This will include the ability to understand the data by protected characteristic detail.	The digital inpatient survey will include a question asking patients how safe they feel in hospital.	August 2023
1D: Patients (service users) report positive experiences of the service	To provide feedback of how our patients rate their care. This will include the ability to understand the data by protected characteristic detail.	The digital inpatient survey will include a question asking how service users rate the care they have received.	August 2023

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Use of available data to support staff to manage long-term conditions.	Extend the analysis of sickness absence data to include consideration of protected characteristic data.	October 2023
			Undertake a staff health needs assessment to understand the number of staff who have conditions linked to: Obesity, Diabetes, Asthma, COPD and Mental Health.	December 2023
			Identify what support staff would like the organisation to provide to assist in the self-management of long-term conditions.	December 2023
		Promote support available at a national and VCSE level, ensuring that staff are signposted to these services.	Update policies, staff information leaflets and ensure this information is shared using the approach of Making Every Contact Count (MECC).	October 2023

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Promote support available at a national and VCSE level, ensuring that staff are signposted to these services.	Update policies, staff information leaflets and ensure this information is shared using the approach of Making Every Contact Count (MECC).	October 2023
		Consider how the Trust can use the internal case review and peer discussion process for our people practices cases, to influence other system partners to do the same.	Discussion with stakeholders from the People Services team as part of joint partnership working with neighbouring Trusts.	August 2023
			Enhance current reporting systems to capture information related to protected characteristics – particularly in relation to violence and aggression from patients/public.	March 2024
			Implement EDI calendar of events to promote inclusion. To include Trust-wide events, awareness campaigns and training/workshops.	September 2023
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Facilitate pooling of union representatives with partner organisations, to encourage independence and impartiality.	To be taken forward initially as part of the Trust's partnership working in relation to job evaluation.	September 2023
		Consider how the Trust can use the internal case review and peer discussion process for our people practices cases, to influence other system partners to do the same.	Discussion with stakeholders from the People Services team as part of joint partnership working with neighbouring Trusts.	August 2023

2D: Staff recommend the organisation as a place to work and receive treatment	Increase the % of staff who would: - Choose to use the services of the Trust. - Recommend the Trust as a place to work. - Recommend the services of the Trust.	Consider and implement alternative methods for obtaining staff feedback so that responses are considered alongside staff survey results.	July 2023
		Amend the Exit Questionnaire to include the requirement for staff to provide details of their protected characteristic information.	July 2023
		Staff Survey action plans to be refreshed and updated at a departmental and Trust-wide level.	July 2023

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Equality and health inequalities are embedded at board and committee meetings.	Develop and maintain a Trust-level Culture and EDI Dashboard, which will allow for the review of workforce data on a regular basis. This can then be taken forward as a standing agenda item at executive meetings.	August 2023
			Culture and Leadership paper to be presented to Executive Team on a monthly basis, with updates in relation to the EDI programme of work.	In place
			Continue to include EDI within the Board Development Sessions.	Ongoing
		Staff networks have consistent high level support enabling underserved voices to be heard.	Executive Sponsors to be aligned to each staff network, and invited to attend meetings/awareness events.	June 2023
			Implement Reciprocal Mentoring for executive level members and staff from minority backgrounds.	July 2023
			Raise the profile of executive leadership in relation to equality through internal articles, media at events and making the EDI connection across all areas of their work.	Ongoing

3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Equality and health inequalities are embedded at board and committee meetings.	Develop and maintain a Trust-level Culture and EDI Dashboard, which will allow for the review of workforce data on a regular basis. This can then be taken forward as a standing agenda item at executive meetings.	August 2023
	Equality and health inequalities impact assessments are completed for all projects and policies and are signed off at the appropriate level where required.	Revised process for undertaking EQIA to be embedded within the organisation, including appropriate governance to record evidence of due regard.	September 2023
		Ensure consistent completion of BME Risk Assessment.	September 2023
	Implement the Leadership Framework for Health Inequalities Improvement.	Explore implementation of the Leadership Framework for Health Inequalities Improvement.	June 2023
3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Annual reports show year on year improvement using Gender Pay Gap reporting, WRES and WDES.	WRES, WDES and Gender Pay Gap reports to be discussed at BoD, Executive Team, People Committee, EDI Committee.	In place
	Board members, system and senior leaders monitor the implementation and impact of actions required and raised by the below tools: WRES (including Model Employer), WDES, Impact Assessments, Gender Pay Gap reporting, Accessible Information Standard,	Information and metrics relating to the above reports to be monitored on a more frequent basis through a new Culture and EDI Dashboard. Details to be discussed at senior meetings, including the operational People Group with representation form Care Groups/corporate areas.	August 2023

		end of employment exit interviews, (EDS subject to approval).		