



South Tees Hospitals
NHS Foundation Trust

EDS REPORT

2023/2024



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Equality Delivery Service (EDS) Report 2023/2024

Introduction

The following report summarises the Trust's implementation of the Equality Delivery System (EDS) for 2023/2024

Background

The EDS is part of the NHS standard contract and is the foundation of equality improvement within the NHS. It is an accountable improvement tool for NHS organisations to review and develop its services, workforce, and leadership by active communication with patients, staff, staff networks, community groups, and trade unions. It provides a focus for South Tees to understand the impact of discrimination, inequality, and stress; and provides opportunities for the Trust to support a healthier and happier workforce which in turn increases the quality of care provided for patients and service users.

The EDS is designed to encourage the collection and use of evidence and insight across a range of stakeholders and protected characteristics. This will help NHS organisations and to meet specific duties of the Public Sector Equality Duty (PSED) by publishing information, specifics, and measurable equality objectives. By using evidence and insight to assess and score equality performance, it will generate much information needed to demonstrate compliance with the PSED. 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 composed of eleven outcomes spread across three domains. These domains consist of:

Domain 1	Commissioned or Provided Services	EDS requires organisations to choose patient services for assessment that are a focus in the Core20PLUS5 which is a national NHS England's approach to reduce healthcare inequalities
Domain 2	Workforce Health and Wellbeing	Workforce health and wellbeing is required to be reviewed from an inclusive perspective
Domain 3	Inclusive Leadership	EDS will require an independent test, that is, by a third party with no direct involvement in managing or working for South Tees, alongside trade union staff and staff networks

Each domain has a number of outcomes that key stakeholders evaluate, score, and rate using available evidence and insight. It is these ratings that provide assurance or indicate the need for improvement and required action.

In June 2023, the NHS England Equality Diversity and Inclusion improvement plan was published. To embed the improvement plan across the Trust, the national objectives have been aligned with the Trust's action plan which support implementation of the EDS.

At South Tees, multiple teams have worked collaboratively to collate evidence for this report including: the Health and Wellbeing team, the Patient Experience team, the Leadership and Improvement team, the South Tees Accreditation for Quality of Care (STAQC) team and the EDI Steering Group.

Approach

As outlined within the EDS guidance for Domain 1, the Trust is required to evaluate three services with differing levels of current performance, and document findings against the domains and outcomes. These services have been identified by using recent outcomes from the South Tees Accreditation for Quality of Care (STAQC) assessments. This involves a comprehensive evaluation of the quality of care under four core competencies:

- Culture of compassionate care
- Well led.
- Avoidable harm
- Effective care

By driving continuous improvement in patient outcomes, the STAQC framework helps to increase both patient satisfaction levels and improve staff experience. Following the assessment process, services are awarded the following accreditation levels:

- Diamond – meets all of the standards all of the time (outstanding)
- Gold– meets most of the standards the majority of the time (good)
- Silver – meets some of the standards with variable compliance.

Services that have recently experienced a STAQC assessment and received various accreditation levels have been selected for review within the EDS, ensuring that areas with differing levels of current performance are evaluated. These services are:

- The Friarage Maternity Centre – Silver accredited.
- Ward 29 – Gold accredited.
- Cancer Services - Gold accredited.

To evidence performance against the outcomes within Domain 1, the outcomes of the STAQC assessments for the above services have been combined with patient and service user feedback for the same areas. This evidence has informed the current rating of performance within each measured outcome.

The Equality Delivery Report (EDS) containing domain evidence and ratings can be found in Appendix 1

Trust Overview

EDS outcome	Evidence presented	Rating
Domain 1: commissioned or provided services		
1A: patients (service users) have required levels of access to the service	<p>We are currently undertaking a number of projects that address patient access, experience, and outcomes to ensure patients' needs are met. This is done via telephone call surveys, interviews and focus groups.</p> <p>DNA/WNB Pilot focusing on paediatrics, maternity, and LD patients from neuro from decile one (most deprived areas in south tees) and telephoning patients 2 weeks prior to their appointment to confirm awareness of appointment/identify barriers to attending and offering support to attend (support offered includes (hospital transport, travel costs, rearrange date, location, or type of appointment)</p> <p>Qualitative Maternity project is exploring experiences, perceptions impacting ethnic minority pregnant women in relation to access, experience, and outcomes of their maternity care. We are currently conducting Interviews/focus groups to gather insights into barriers, challenges to not seeking antenatal care.</p> <p>Community insight work with families, single parents that live close to the hospital. Data from the Health Inequalities dashboard shows that patients living close to the Trust have high DNA rates. This is particularly evident for Children across all specialities, and we would like to understand what the barriers are to access and what we might put in place to support attendance/reduce DNAs. We have identified 3 key areas we would like to focus on Beechwood across the road from the hospital, Berwick hills – over the bridge from the hospital and university – BAME, vulnerable communities.</p>	<p>Developing</p> <p>Developing</p> <p>Developing</p>
1B: individual patients (service users) health needs are met	<p>Patient Experience and Involvement Strategy</p> <p>Please refer to individual services:</p> <p>FHN Maternity Centre</p>	
1C: individual patients (service users) use the	<p>Cancer services</p> <p>Ward 29</p>	

services, they are free from harm		
1D: patients (service users) report positive experiences of service		
Domain 2: workforce health and wellbeing		
2A: when at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions	<p>Evidence has been sourced from Staff Intranet pages Data from the Health and wellbeing Team</p> <p>We also have a: Provision of Occupational Health Service. Health and Wellbeing Strategy Disability Passport new wellbeing and attendance policy Trust People Plan</p> <p>In 2023/24 the Trust has achieved the ‘Better Health at Work’ Gold award.</p> <p>Specific work was done around staff health checks, men, and women health awareness months and in March on International Women’s Day.</p> <p>We are supporting a Tees wide “Proof of Concept” staff menopause clinic which is accessible by staff from across the Trusts.</p> <p>National and local resources have been shared in the staff area of the internet making this accessible to all staff.</p> <p>Workplace and health Risk assessments are embedded within the Trust.</p>	Achieving

<p>2B: when at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Evidence has been sourced from:</p> <ul style="list-style-type: none"> • Staff intranet pages • WRES • WDES • Staff Survey • Staff Networks <p>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 psychological support and counselling services.</p> <p>The Staff survey feedback is analysed, and improvement plans are developed in collaborative areas with each collaborative feeding back to the People Committee on improvements and actions.</p> <p>Mandatory Training is in place for all staff – Equality and diversity training is completed every 3 years. We provide equality diversity training which is mandatory for all our staff with 96.88% of completion rate as of February 2024.</p> <p>Enhanced leadership and work-based training is available, as appropriate to individual roles.</p> <p>Our Trans Policy (P74) is available for all staff to access via the Intranet.</p> <p>Our Schwartz rounds allow staff to be part of sharing events which look at the emotional impact of working in healthcare.</p> <p>Our ‘Safe at Work’ group reviews all Datix incidents relating to safety incidents.</p> <p>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.</p>	<p>Achieving</p>
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	<p>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.</p> <p>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.</p> <p>The staff have access to Freedom to Speak up champions and guardians which encourages staff to report internal abuse and bullying.</p> <p>The Trust has a Zero tolerance stance toward staff abuse and violence from members of public,</p>	
<p>2C: staff have access to independent support and advice when suffering from stress, abuse, harassment, bullying and physical violence from any source</p>	<p>Evidence has been sourced from:</p> <ul style="list-style-type: none"> • Staff intranet pages • WRES • WDES • Staff Survey • Staff Networks • Occupational Health <p>Staff have access to:</p> <p>Health Checks with signposting</p> <p>Better Health at Work Award Campaigns</p> <p>Flexible working Policy P45</p> <p>Psychological training team courses</p> <p>External wellbeing provision e.g. apps #DoingOurBit</p> <p>There is limited data on staff with the specific named condition.</p> <p>Our recent (Health Needs Assessment) HNA survey results demonstrated that 50% of staff questioned declared underlying health conditions.</p>	<p>Developing</p>

	<p>Data is limited in Health Needs Assessment survey but will be extended with the development of a staff health dashboard.</p> <p>Evidence showed a range of wellbeing support available, with the Trust providing support as well as signposting to externally available support. However, data on access to support is limited, including data split by protected characteristic.</p>	
<p>2D: staff recommend the organisation as a place to work and receive treatment</p>	<p>Using data from our WRES and WDES actions to improve the experiences of our workforce, we have discussed with Freedom to Speak Up (FTSU) leads ways we can make the FTSU process more inclusive by linking in with our staff networks. Additionally, we work closely with OD to support trust wide team support initiatives.</p> <p>We will be providing training to support managers to look at a more inclusive culture as part of the Management Essentials programme. It focuses on the importance of creating an inclusive culture within teams and how to challenge and report inappropriate behaviour to ensure line managers have the skills to be able to embed an inclusive culture within their teams.</p> <p>The implementation of the Restorative, Just and Learning Culture is now becoming embedded within the organisation and training to support line managers is now being delivered as part of the Management Essentials programme. A short online training programme is available to all staff. The restorative conversation tool that is available for all managers is intended to reduce harm and support reengagement of colleagues following a serious or untoward incident.</p> <p>Sickness absence reporting from Integrated Performance Reports</p> <p>2023 Staff Survey – health and wellbeing questions split by protected characteristic.</p> <p>Legacy mentors have been introduced into the organisation to provide practical and pastoral care to colleagues.</p> <p>Our coaching has been extended and we have a dedicated coaching lead who provides support and supervision to a network of coaches.</p> <p>The EDI Steering Group continues to provide evidence-based feedback, guidance, and assurance to the People Committee to ensure that the organisation is committed to EDI legislation and standards.</p>	<p>Achieving</p>

Domain 3: inclusive leadership		
<p>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</p>	<p>South Tees FT Hospitals Trust are committed to equality and addressing health inequalities across the Trust. This can be demonstrated through the appointment of a Public Health Consultant, a Population Health Fellow, Clinical Lead Health Inequalities, and an apprentice Public Health Data Analyst. – we also have a Public Health Registrar to support this work</p> <p>The Trust has also established a Health Inequalities Group to maximise the Trusts positive impact on the significant health inequalities faced by our patients and communities, including our workforce. The group is chaired by the Chief Medical Officer who reports to the Clinical Policy Group, and the Trusts Quality Assurance Committee. The groups' work plans ensure that all NHS health inequality regulatory and legislative items are adequately reviewed and acted upon.</p> <p>The following workstreams feed into the Health Inequalities group:</p> <ul style="list-style-type: none"> • Understanding inequalities in our organisation • Addressing inequalities in access, experience, and outcomes • Opportunities for preventative programmes • Identifying and addressing social determinants of health • Looking after the workforce • Partnership working • Strengthening our role as an anchor institution <p>We demonstrate openness and transparency by reviewing and publishing key documents relating to equality and diversity:</p> <p>Our regulatory reports are published on our public facing internet: https://www.southtees.nhs.uk/about/trust/equality-diversity/.</p> <p>CPG Health Inequalities Update MS</p> <p>Talking Point Summer 2023 - South Tees Hospitals NHS Foundation Trust</p>	<p>Achieving</p>

Evidence shows that Board and committee meetings regularly discuss inclusion and health inequalities including Workforce Race Equality Standard (WRES)/ Workforce Disability Equality Standard (WDES).

Since summer 2022, South Tees Hospitals NHS Foundation Trust has hosted the Widening Participation Initiative which brings together partners from across the Tees Valley including 5 NHS Trusts, local authorities, voluntary, community and social care organisations to improve access to employment in the sector.

The partners have coproduced and designed the Discover Care campaign in response to feedback captured from communities which found that people felt it was difficult to navigate career information and find local opportunities, young adults particularly did not consider the sector as a career option. The need was identified for a coordinated and collaborative approach to improve access to career information and promote the wide range of opportunities the sector has to offer in the Tees Valley. The campaign connects people exploring their career options with real life stories and the latest information about local careers, education and employment opportunities and events.

Discover Care has reached more than 30,000 people in its first 8 weeks, through community activities, social media and its landing page www.discovercare.org.uk where people considering career options can sign up to receive newsletters and connect to partner opportunities

Discover Care:


- Has a distinctive brand style, colour and imagery that deliberately looks different to other campaigns is popular with the sector and within the community who feel it appeals to new entrants.
- Brings health and social care employers together working in collaboration promoting a sector 'offer' under one brand.
- Acts as a 'one stop shop' for the public to access information about the sector.
- Helps the public understand the variety of roles in health & social care.
- Is building a database of candidates for future recruitment.
- Promotes a diverse range of employee stories and experiences of the sector.
- Features BAME and young employees to help overcome employment perceptions.

	<ul style="list-style-type: none"> Universally promotes Tees Valley Health & Social Care sector as a whole. <p>Prospect Programme The Prospect programme provides an opportunity for members of the local community to develop and build upon their employability skills. The programme runs for 12 weeks and provides a placement opportunity complemented with bespoke training and pastoral care. The Prospect programme for the current year to date</p>	
<p>3B: board/committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<p>There has been a health inequalities development session for board members, and the Trust reports back progress on health inequalities work to CPG – key messages are communicated in staff bulletin. This is reported to QAC 6 monthly basis and the Chief Medical Officer reports back to SLT monthly after HIG.</p> <p>Board and senior-level meeting papers include BAF ‘risks identified’ section.</p> <p>EDI has been part of the Annual Report for the past three years.</p> <p>Gender Pay Gap is discussed at Board each year.</p> <p>EDI Annual Report is received by Board each year.</p> <p>WRES / WDES findings and action plan is presented and agreed at Trust Board each year.</p> <p>Health Inequalities Group Terms-of-reference</p> <p>Board Assurance Framework</p> <p>Minutes of the People Committee 2023/24</p>	
<p>3C: board members, system leaders (band 9 and VSM) ensure levers are in place to manage performance and monitor progress</p>	<p>We are developing a Trust Health inequalities Strategy.</p> <p>We will be developing a Workforce Health Inequalities Dashboard</p> <p>Trust - RTR South Tees Hospitals NHS Foundation Trust (24/05/2023) INS2-13487874421 (cq.c.org.uk) - (CQC report from Jan 2023)</p> <p>NHS staff Survey results 2022</p>	

with staff and patients		
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Individual Services

<i>Domain 1: FHN Maternity Centre</i>	
1A: patients (service users) have required levels of access to the service	<p>Pilot of pre-appointment telephone calls in maternity services to review the impact of DNAs. Support offered to aid attendance where required.</p> <p>Information is available in easy-read formats.</p> <p>Pregnancy and postnatal information available in the 14 most common languages locally. Multilingual signs and QR codes throughout department.</p> <p>Standard operating procedure (SOP) created for alternative translation support when main provider is unable to provide a translator.</p> <p>Research project in progress with Teesside University, Maternity Voices Partnership Group and STHFT exploring experiences, and perceptions impacting ethnic minority pregnant women in relation to access, experience, and outcomes of their maternity care.</p>
1B: individual patients (service users) health needs are met	<p>The Maternity Voices Partnership (MVP) is well established and exists as a team of parents, midwives, health visitors and other professionals who work together to develop and improve maternity and neonatal services. The group has a coproduction charter and is actively involved in all work within maternity services.</p> <p>Learning Disability Maternity Health and Care Passport has been developed to support those with a learning disability.</p> <p>Toolkit and training available for staff caring for those with a learning disability to support high quality, reasonably adjusted care.</p> <p>Vulnerabilities Team created to provide antenatal and postnatal care tailored to those who are assessed as vulnerable.</p> <p>Information about informed consent provided to service users.</p>
1C: individual patients (service users) use the services,	<p>Antenatal Corticosteroids in the late preterm period information available for staff caring for those between 34+0 and 36+6 of pregnancy.</p> <p>Glucose monitoring of pregnant women with type 1 diabetes who meet the criteria.</p> <p>Mandatory training needs analysis syllabus and assessment framework in use.</p>

<p>they are free from harm</p>	<p>Exceptional sepsis knowledge amongst all staff was noted during centre accreditation.</p> <p>Training room was created in response to obstetric emergencies to allow staff to practice emergency procedures and skills.</p> <p>Operational Policy for Friarage Maternity Centre (FMC) Midwifery Led Stand Alone Unit in use. These details the criteria of women/birthing people who can birth at the centre to reduce risk of harm.</p> <p>All transfers from Friarage maternity centre to James Cook Hospital between Nov 22 and Sep 23 were appropriate as documented in monthly transfer audit.</p>
<p>1D: patients (service users) report positive experiences of service</p>	<p>41 local birth surveys were completed and 90% of patients reported a “Very good” or “good” experience.</p> <p>18 congratulations cards were sent to staff following compliments in survey comments.</p> <p>1 compliment was received by patient experience about the antenatal clinic.</p> <p>The centre was awarded silver in their baseline accreditation which includes patient feedback.</p>
<p>Overall rating</p>	<p>Developing (in line with silver accredits)</p>
<p>Evidence links</p>	<p> STAQC Final Report Friarage Maternity Ce</p>



Domain 1: Cancer services

<p>1A: patients (service users) have required levels of access to the service</p>	<p>24,771 2-week referrals to cancer pathways accepted. 1957 patients accessed Macmillan Information Centre FHN. 8903 patients accessed Macmillan Information Centre JCUH. 7185 patients accessed Trinity Holistic Centre 2022/23.</p>
<p>1B: individual patients (service users) health needs are met</p>	<p>2237 patients received a Holistic Needs Assessment (HNA) to assess their individual needs. This is offered at a number of points across a patients' cancer journey for example on diagnosis, change of treatment modality and at the end of treatment.</p> <p>Patients are assigned a cancer nurse specialist support at the start of their cancer journey. COSD data reveals 90.7 % compliance with this standard in 2023.</p> <p>Cancer care coordinators are employed in all 13 tumour sites which support with assessing care needs and signposting to relevant services that may be needed</p>
<p>1C: individual patients (service users) use the services, they are free from harm</p>	<p>Each process within the James Cook Cancer Institute collaborative is BSI registered, and compliance is monitored.</p> <p>Weekly Patient Timeline meetings are undertaken to expedite patient pathways following referrals with a suspicion of cancer.</p> <p>Weekly Cancer performance meetings are undertaken to ensure managerial oversight of cancer pathways.</p> <p>Governance processes in place for SACT and radiotherapy treatments.</p> <p>Embedded safety culture highlighted during ward 14 STAQC accreditation with examples including tracheostomy and nutrition trolleys, red aprons for medication safety.</p> <p>Macmillan Quality Environmental Mark external assessment process undertaken across a number of cancer areas which assesses the physical environment and how this supports cancer patient wellbeing and recovery. All areas assessed exceeded the accreditation level.</p> <p>Cancer Educator role introduced and delivering focused education to health care professionals in relation to the needs of the cancer patient.</p>
<p>1D: patients (service</p>	<p>49% of comments in the 2022 National Cancer Patient Experience Survey were positive (1034 comments)</p>

<p>users) report positive experiences of service</p>	<p>Overall rating of Care in National Cancer Patient Experience Survey 8.8 out of scale 0 – 10. 626 local surveys were completed with an average positive score of 92%. 17 congratulations cards were sent to staff following compliments in survey comments. 61 compliments were received by patient experience. Service considering how to increase feedback from patients from an ethnic minority. Chemotherapy Day Unit awarded diamond STAQC accreditation in July 21 which included positive patient feedback. Ward 14 awarded gold accreditation in Dec 22 which included positive patient feedback. Positive feedback about Sir Robert Ogden Centre and specialist nurses received from patients during community engagement. In 2023 Cancer services won a Nursing Times workforce award for the Cancer Internship Programme which is a joint collaboration with Sunderland and South Tyneside Hospital. The programme aims to develop junior nursing staff, so they have the skills needed to develop into future cancer nurse specialist roles.</p>
<p>Overall rating</p>	<p>Achieving – Gold</p>
<p>Evidence link</p>	<p>   STAQC Final Report ward 14.docx STAQC post accreditation report </p>

Domain 1: Ward 29 and Ward 29 Monitored Bay

<p>1A: patients (service users) have required levels of access to the service</p>	<p>Patients admitted under Cardiology via Emergency department, Same Day Emergency Care, Cardiology Out-Patient Department, other wards within James Cook and Friarage Hospitals and regional referrals.</p> <p>Patients admitted from other wards under the care of Respiratory Medicine.</p> <p>QR board on ward allows patients to access information including specific lifestyle information for patients with heart conditions, and generic patient information.</p>
<p>1B: individual patients (service users) health needs are met</p>	<p>Ward accesses patient passports, carers passports.</p> <p>Physiotherapists assess patients that are referred by nursing team.</p> <p>Cardiology specialist, cardiac rehabilitation and heart failure nurses assess, review and support cardiology patients as required.</p> <p>Families of patients with dementia are encouraged to complete 'Forget me not cards' to support the patients and staff caring for them.</p> <p>Families of patients with Dementia/ needing mealtime support are encouraged to provide this.</p> <p>Open visiting is encouraged for vulnerable patients and those nearing end of life.</p> <p>Patients with protected characteristics are supported as needed.</p> <p>Snacks and refreshments are available between mealtimes to support individual patient needs.</p> <p>Staff have received dementia and delirium training.</p> <p>Cardiac bedside and telemetry monitoring is provided on individual need requirement.</p>
<p>1C: individual patients (service users) use the services, they are free from harm</p>	<p>Patients nutritional and hydration needs are assessed, and clear management plans implemented.</p> <p>Nurses have Cardiology specific training and experience to work in the monitored bay and ward areas.</p> <p>Electronic prescribing in use which has reduced medication incidents alongside implementation of Omnicell (fingerprint access medication cupboard)</p> <p>Digital noting system enables notes to be recorded within one system for all staff to access.</p> <p>Overnight falls check implemented</p>
<p>1D: patients (service</p>	<p>423 inpatient surveys completed. 96% of patients said their care was "very good" or "good".</p>

<p>users) report positive experiences of service</p>	<p>18 compliments received by Patient Experience 36 compliments received by the ward. 13 congratulations cards sent to staff following compliments in surveys. Ward 29 was awarded 'silver' in a STAQC accreditation in August 2022 which included positive patient feedback.</p>
<p>Overall rating</p>	<p>Achieving</p>
<p>Evidence link</p>	<p>STACQ assessment to be completed (Unknown service)</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>STAQC Final Report ward 29 2022.docx</p> </div> <div style="text-align: center;">  <p>STAQC Final Report ward 29 2023.docx</p> </div> </div>

Actions

Action	EDS outcome(s) supported	Alignment with existing work	Lead	Completion timescale
Develop a Trust Health Inequalities Strategy		Health inequalities group	Public health consultants	
Develop a workforce Health Inequalities dashboard			Public health consultants	
Identify 3 Key Services for next year	3 Domains	Assurance to the EDS Steering Group and People Committee	TBC	April 2024
Set up an EDS Steering Group from April 2024 to determine key criteria and priorities for each domain for 2024/25 to align with the NHS Long Term Improvement Plan and the Public Sector Equality Duty	To be able to complete the 3 domains of the EDS Report	Assurance to the EDS Steering Group and People Committee	TBC	April 2024- March 2025
Identify key Leads and stakeholders to be part of the review and assessment EDS working group.	To be able to complete the 3 domains of the EDS Report	Assurance to the EDS Steering Group and People Committee	TBC	April 2024
Review and implement Terms of reference for EDS for 2024/25	To be able to complete the 3 domains of the EDS Report	Assurance to the EDS Steering Group and People Committee	TBC	May 2024