NHS Equality Delivery System 2022
EDS Reporting Template

Tees, Esk and Wear Valleys NHS Foundation Trust – 2024/25

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. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

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

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

NHS Equality Delivery System (EDS)

Name of Organisation	Tees Esk and Wear Valleys NHS Foundation Trust	Organisation Board Sponsor/Lead
		Sarah Dexter-Smith
Name of Integrated Care System	North East & North Cumbria ICB & Humber & North Yorkshire ICB	

EDS Lead	Sarah Dallal		At what level has this been completed?	
				*List organisations
EDS engagement date(s)	- Staff Networks, staff, unions, chaplaincy, Freedom to Speak Up Guardians – 28.10.24. - NY&Y Care Group Board – 14.11.24 - Executive Directors Group – 26.11.24 - Durham, Tees Valley and Forensic Services – 27.11.24 - People, Culture & Diversity Committee – 11.12.24 - JCC – 14.1.25		Individual organisation	Tees Esk and Wear Valleys NHS Foundation Trust
			Partnership* (two or more organisations)	County Durham and Tees Valley Mental Health, Learning Disability and Autism Partnership

			Integrated Care System-wide*	Reviewed by Cumbria, Northumberland, Tyne and Wear Foundation Trust

Date completed		Month and year published	February 2025
Date authorised		Revision date	

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 with 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

Summary Domain 1 – Please see detailed ratings and evidence for the three services chosen

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	**Middlesbrough EIP – Score 2** We aim to offer all service users an assessment within 2 weeks of being referred to the service. To promote accessibility, we accept referrals from multiple sources, including self-referral, GP, access, crisis, inpatient and other community services (with the consent of the service user). Our annual NCAP audit demonstrates that we continuously meet the NCAP standard of over 60% for accepting people onto a pathway of care within 2 weeks of referral into TEWV (66% in 2024). In relation to Ethnicity the most recent census indicated that 82% of resident in Middlesbrough where White British or White other, while 18% or residents were from other ethnic groups. However, NCAP sample 2024 data indicated that 65% of EIP service users are white and 35% are from other ethnic groups. Further to this 32% of the white EIP SU accessed EIP through the wards whereas 57% of people from other ethnic groups are referred to EIP through the inpatient services. This indicates that people from Ethnic minoritised groups are accessing mental health services and EIP services later than their white counterparts. This perhaps reflects a lack of awareness of MH services and specifically EIP as well as different cultural understandings of MH and Psychosis. In this knowledge the teams are doing work to raise awareness of the services by developing posters to go out in GP, schools, colleges and the	2	Jennifer Simpson (Consultant Clinical Psychologist)

		university. The team are also building relationships with Health Watch in Middlesbrough to think about how to raise awareness of the service with local communities and making links with local community organisations such as the Ubuntu centre.

Age was also explored and over 35s were also more likely to access EIP through wards rather than through the community, which may again reflect different attitudes towards mental health in the older population. An action plan is still to be identified in relation to this.

Middlesbrough MHSOP – Score 3
The service recognised that it covers an ethnically diverse community and that given this, the service was not receiving as many referrals for cognitive assessment as may be expected from people of BAME background.   To support inclusion, we have made visits to several local BAME community spaces to spread awareness and build links.

The service recognised however that there was an increase in referrals from patients from refugee and asylum seeker background. Middlesbrough is one of the largest areas for settlement packages within the country. On assessment, themes were recognised around potential of PTSD symptoms on cognition, and we continue to work alongside the adult mental health service in line with community transformation to support these patients receiving support from the most appropriate service to meet their needs.

The Service has also worked with community partners to develop a video in Urdu/Punjabi about Dementia and how to access support. The Team is also working in collaboration with Public Health and Teesside University looking at "Improving mental health and dementia awareness in South Asian communities in Middlesbrough". We are also a need's led service and accept referrals for Dementia Assessments regardless of age, gender, disability, | **3** | Aliyah Akhtar (Service Manager) |

| | | sexual orientation, race, religion and other protected characteristics. We will tailor assessments towards patient need and can offer appointments at an alternative location appropriate for them if required. We will offer home assessments or at a place that is the patient's choice.

Tees CAMHS Getting Help Service – Score 3

• Getting Help Process and Patient Journey updated as part of Transformation of CAMHS embedded across Teesside to limit barriers to access.

Referral to Service is via SPOC Single Point of Access
• Average appointment following referral to CAMHS SPOC is 5 days for standard referral. Urgent referrals same day.

SPOC -Standard Practice and Process
• Referral Route via free phone for patient/ carers
• Paper referral for external agencies
• Direct transfer of services from Universal/ VCS agencies for step up care, consultation, and support.

Direct face to face Access for Patients via:
• GP based TEWV Primary Mental Health Nurses
• School consultation leads in education for school to consult and concerns. - All schools have identified leads from TEWV or wider Getting Help Teams. | **3** | Jude Rose (Clinical Lead) & John Stamp (Associate Director of Partnerships & Strategy) |

| | | Fortnightly Multi agency Neurodevelopmental Triage Panel alongside representation: Local Authority, Speech and Language, VCS, Education, Health, SEN Department Daily Multi Agency Local Authority First Access Meetings Monthly Drop in sessions community events as part of Multi agency Offer.
Protected Characteristics:
All referral routes consider accessibility or specialist consideration for protected characteristics - Religion, race, Armed forces, gender, sex, trauma, poverty- access to phone line/internet, Relationships, age, language, disability, address for contacts, or reasonable adjustments.
Admin/clinicians update clinical records to evidence protected characteristic from referral information.: Cito record, Alerts, Share with Staff team.
Triage of referrals:
Protected characteristics taken into consideration for triage contact. If additional support is needed in relation to communication needs interpreters and translation services are considered and booked as required. Specialist services such as Text to speech are also considered where required. Other considerations can include appropriate adult, carer needs or additional support. Allocated triage clinicians in line with patient need, characteristics of race, gender, preference, disability awareness, religion considered. | | |

		Communicating Triage appointment:		
		- Offer of appointment sent via text, telephone call, letter to referrer and Parent/child in accessible format- coloured paper, font, simplified language. Reminder text and call. - Agree suitability of venue with parent/ referrer/ child in advance. If in doubt, contact referrer to discuss accessibility needs. Appointments offered as: - Telephone appointment. - Face to face triage on Trust site, community hubs, GP surgery, school, community location for ease of access. - Online if required. - Triage can be 15 minutes to hour if needed and split into sessions based on need. - Flexible times of appointments Collaborative Outcomes of Triage - Informed consent and psychoeducation given verbally when signposting to agencies based on patient and carer characteristics. Discussion includes advantage, disadvantaged of each service discussed. - Agree best way to signpost. - carer/ young person self-refer, guidance letter to referrer to support, referral by service, daily huddle with VCS. - Explore any barriers to accessing advice and advice given on support available, reasonable adjustments patient would benefit from: taxi's, supportive adult, location.		

	• Explanation of agreed signposting given verbally, written- easy read available, translated letters, consent gained to share outcomes with relevant support agencies. • Supporting visual literature provided from clinician in the outcome letter and agree copy of letter recipients. Progress to Assessment in CAMHS Getting Help Team • Direct access internally in CAMHS via weekly Meetings, referral forms, clinical discussions, Neuro Panel. • Trusted assessment processes in place with partner agencies • Triage information consulted and consideration for barriers to service and likelihood of support, adaptions needed, access to appointment, transport costs, communication support, time of assessment, location. • Identify best skilled clinician to assess based on needs and characteristics, considering gender of clinician, race, skill base etc. • Assessment location identified based on need in appointment letter/ text state offer of alternative option if unable to attend. • Appointment sent in text, letter, telephone discussion in accessible format- coloured paper, font, easy read. Reminder text and call, • Location of appointments considered near to patient address: Trust site, community hubs, GP surgery, school, community location. If in doubt, contact patient contact/ referrer to discuss access needs/ preference. • Telephone or Online offer available. • Assessment appointments range 45 minutes to hour or numerous appointments offered based on individual need, complexity, patient, carer health and characteristics and engagement.		

		• Flexible times of appointments considering childcare and carer responsibilities. • All adult parent figures are included in assessment to involve separated parents/ extended families/ foster carers. Communicating collaborative assessment outcomes with patient: • Feedback provided verbally and written format in line with needs and shared with consent to wider support services identified as helpful to family. • If young person requests confidentiality – based on risk, considered and alternative address for letter agreed if needed. • Update information on clinical records to evidence protected characteristics and additional information. • Parent Carer document on Cito completed with information applicable to include future access to services. • Collaborative safety summaries and plan include information for supporting and promoting patient and carers protected characteristic. • Ensure patient and carer voice obtained to identify characteristic i.e.: ethnicity, gender, identity, disability status and documented in Safety Summary Feedback from Patient to Service: • Positive FFT for patient and carers • Routine Outcome Measures • Wider agency feedback form • Telephone feedback calls to patient and carers. • Clinical response when patient barriers identified.		

	- Call to patient if DNA offer to explore barriers. - Barriers to access discussed in daily huddles, Supercell meetings, DNA data, clinical supervisions, team meetings, Session Rating scales, complaints, or concerns. - If service barrier identified, then re-engage patient and consider change in access arrangements and document in Cito Safety Summary, Patient carer. - Meetings with Parent Carer Forums. - VCS Forums - Drop-in Parent Carer sessions. - ICB Feedback on transformation of services and local need - Representation on Joint Service Needs Assessment - Attendance at all Early Intervention Forums with agencies - Service development events to include Patient and carers.	
	Average Score: 3	

	1B: Individual patients (service users) health needs are met	**Middlesbrough EIP – Score 2** When anyone is accepted into the service, they are offered a 12-week assessment to help understand their needs. This includes and assessment of their current circumstances, mental health needs, social needs, background history and risk. As part of the assessment, they will have their medical needs assessed usually by a psychiatrist but sometimes by a nonmedical prescriber under the supervision of a psychiatrist. They will also be offered an assessment of the Physical wellbeing. At the end of the assessment a formulation is offered with the service user and any significant others they would like to attend. At this meeting a person-centred care plan to address these needs will be developed. The service works closely with other third secret and voluntary organisations within the community to meet their needs. This includes taking consideration of a person's cultural needs and supporting people who may feel more isolated to link it with community they feel they have some connection with. The service is commissioned to deliver CBT, Family Intervention and Employment support to everyone on the First Episode in Psychosis Pathway. These interventions are offered to everyone through the formulation process. 32.5% or the case load had taken up CBT which is considered performing well by the standards set by NCAP, and 42.5% of the case load had taken up Family Intervention which is Top performing by NCAP standards. While take up for FI was similar across ethnicities, there was a greater take up for CBT from white SU (38%) compared with SU from other ethnic groups (21%). In part this may have been due to reduced staff at this time period, but this staff shortage was unequable across ethnic groups. Formulations will be used as an avenue to continue to show the value of CBT for everyone but if things continue to be inequitable this can be explored further. The service offers reasonable adjustments to help increase access to therapies, e.g. time and places of appointments, appointments at GP	2	Jennifer Simpson (Consultant Clinical Psychologist)

		surgeries and in the community to increase accessibility. The services always offer interpreters where first language is not English and Interpreters are regularly used in therapy. Key documents, such as formulation letters and therapy tools are also routinely translated if person's first language is not English.		
		Middlesbrough MHSOP – Score 3 The team recognised that we have a higher-than-average level of patients (compared to other areas within the locality) for whom English is not first language. As the generic assessment tool (ACE111) was not developed with this in mind we provided training for all our team on RUDDAS (Rowland University Dementia Assessment Scale), which is a cognitive screening tool which can minimise the effects of cultural learning and language diversity. We also optimise trust approved interpreters to support our assessment process. We also have BAME staff working within the Dementia and Wellbeing Hub in Middlesbrough to support with any language barriers. Our care and treatment is provided in line with patient need and choice, if we have a referral where we feel we are not the right team for the patient, we will discuss the referral within the multi-disciplinary team and multi-agency huddle to ensure the patient receives the right care by the right person.	3	Aliyah Akhtar (Service Manager)
		Tees CAMHS Getting Help Service – Score 3 Examples of where staff have considered individual characteristics in care: • Waiting at external door for patient to arrive to reduce triggers. • Booked rooms that do not require walking through waiting rooms. • Sessions pre-planned and shared to reduce uncertainty and expectations.	3	Jude Rose (Clinical Lead) & John Stamp (Associate Director of Partnerships & Strategy)

		- Flexibility in appointments with combined offers of online, telephone, face to face. - Offering consistent rooms - Ordering and funding taxis to appointments. - Resource making to reduce poverty inequalities. - Providing recommended resources in treatment to reduce inequality. - Offering books/resources/self-help material in alternative formats: audio, written, simplified, alternative languages. - Upgrading Manualised Treatment Programs that are available in multilingual options, so treatment is culturally sensitive and appropriate. - Updating treatment programs and investing in new training for staff to meet local need and protected characteristics: North England videos oppose US, Neurodiverse parents and children, culturally appropriate videos, and option of all languages. - Coloured paper for correspondence and in sessions. - Triangular, bigger pens to support fine motor skills. - Easy read resources - A reader for resources to ensure able to understand information: via telephone or weekly mid-week sessions face to face/ online. - Text reminders of sessions and key points of home tasks. 1:1 treatment option if unable to access group offers - Aligning characteristics and need of patient and carers in group offers. - Location of sessions close to home		

	- Home visits out of hours - Seeing young people in schools - Makaton - Carers for disabled parents involved in appointments and accessible venue for parent to attend group therapy. - Increasing staff delivering groups to enable epileptic parent to access group treatment and agrees epilepsy support plan. - Signer for deaf carer to access group offer. - Referring to parent by two different names session by session in line with their trauma needs. - Parking away for family home based on cultural community needs. - Staff alternatively dressing in line with cultural needs: family home, appointments, schools. - Additional training to meet needs of patients to reduce signposting and referrals to wider agencies. - Weekly meeting in Getting Help Triangle of Care Champions to explore access and engagement for all protected characteristics. - Terminology on forms refer to as: Parents, biological parents, gender, preference, identity. **Feedback Patient to Service** - FFT for patient and carers - Culture of open discussion when concern raised to explore barriers and experience. - Review of engagement and barriers to session at each contact	

- Wider agency feedback from VCS, ICB, Education, Local Authority, GP's - Engagement in treatment data - Clinical response when patient barriers to engagement. - All non-engagements are discussed timely in daily huddle, supervision to explore barriers. Review appointment then actioned with family to explore alternative adaptions. - Call to patient if DNA offer to explore barriers. - Barriers to access reviewed in team meetings, weekly Supercell review on data. - Supercell review and feedback to team, lessons learnt/ good practice following praise, complaints, or concerns. - Share good practice in Triangle of Care Meetings - Service evaluations. - Involve Patient and carers in peer review. - If service barrier identified, re-engage patient, and consider change in access arrangements and document in Cito Safety Summary, Patient carer. - Meetings with Parent Carer Forums. - Parent Feedback - ICB Feedback on transformation of services and local need - Multi-faceted level of joint working with VCS and wider agencies: strategic to clinical across all levels of workforce.	**Average Score:3**	

	1C: When patients (service users) use the service, they are free from harm	**Middlesbrough EIP – Score 3** Comprehensive risk assessment is undertaken and maintained throughout the patient journey. Safeguarding is central to the delivery of the service. There has only been one SUI in the last 12 months following a discharge from hospital. This now has led to an increased priority in ensuring that interpreters are offered to all whose first language is not English and this finding was shared with the ward. It sadly does however highlight an issue that in this instance all steps to prevent harm were not made for a person whose first language was not English. However, thorough processes identified this error so that lessons could be learnt from it.	3	Jennifer Simpson (Consultant Clinical Psychologist)
		Middlesbrough MHSOP – Score 3 All patients have a comprehensive risk assessment when first seen by staff within the service. This will take into account any risk of harm and implement measures to reduce this as much as possible through development of person-centred care plans taking into account the needs and wishes of individual patients and their care and support network. Regular engagement with local safeguarding teams to ensure practice is reflective of current policy. Daily and weekly MDT processes are undertaken to allow sharing of any concerns and take appropriate actions.	3	Aliyah Akhtar (Service Manager)
		Tees CAMHS Getting Help Service – Score 3 Examples of where staff have considered individual protected characteristics: - Waiting at external door for patient to arrive to reduce triggers in waiting rooms. - Booked rooms that do not require walking through waiting rooms. - Sessions pre-planned and shared with patients to reduce uncertainty in expectations.	3	Jude Rose (Clinical Lead) & John Stamp (Associate Director of Partnerships & Strategy)

		• Flexibility in appointments: combined offers of online, telephone, face to face. • Offering consistent clinical rooms • Ordering and funding taxis to appointments. • Resource making to reduce poverty inequalities for families needing resources in treatment: toys, puppets. • Providing recommended treatment resources to reduce inequality. • Offering books/resources/self-help material in alternative formats: audio, written, simplified, alternative languages. • Upgrading Manualised Treatment Programs to ones available in multilingual option so treatment culturally sensitive and appropriate. • Updating treatment programs and investing in new training for staff to meet local need and protected characteristics: North England videos oppose US, Neurodiverse parents and children, culturally appropriate videos, and option of all languages. • Coloured paper for correspondence and in sessions. • Triangular, bigger pens to support fine motor skills. • Easy read resources • A reader for resources provided to patient and carer to ensure able to comprehend information needed: via telephone or weekly mid-week sessions face to face/ online. • Text reminders of sessions and key points of home tasks. • 1:1 treatment option if unable to access group offers • Aligning characteristics and need of patient and carers in group offers so similar peer group if preferred.		

	- Offering treatment in alternative localities if emotional/ physical safety is of concern for the patient. - Location of sessions close to home - Home visits out of hours - Seeing young people in schools - Makaton - Carers for disabled parents/patients involved in appointments. - Paid carers have attending group treatment to provide care for parent and promote inclusivity. - Accessible venue for treatment. - Increasing staff delivering groups to enable epileptic parent to access group treatment and agrees epilepsy support plan. - Signer for deaf carer to access group offer. - Referring to parent by two different names, session by session in line with own trauma care plan in adult services. - Parking away from family home based on cultural community needs. - Staff considering dress in line with cultural needs: family home, appointments, schools. - Additional training to meet needs of patients and reduce signposting and referrals to wider agencies oppose service not suitable for the patient need. - Weekly meeting of Getting Help Triangle of Care Champions to explore access and engagement for all protected characteristics. - Terminology on forms refer to: Parents, biological parents, gender, preference, identity.		

		Feedback Patient to Service:		
		• Positive FFT for patient and carers • Review of engagement and barriers to sessions with patient each session • Wider agency feedback • Engagement in treatment data • Clinical response when patient barriers identified and engagement. • All non-engagements offered review appointment to explore barriers and concern then agreed actions with family to explore alternatives. • Call to patient if DNA offer to explore barriers. • Barriers to access reviewed in team meetings, weekly Supercell review on data. • Supercell review and feedback to team lessons learnt/ good practice. • Share good practice in Triangle of Care Meetings/ fundamental standards. • Service evaluations. • Involve Patient and carers in peer review. • Accurate documentation in Cito Safety Summary, Patient carer. • Inphase • Meetings with Parent Carer Forums. • Parent/ patient Feedback • ICB Feedback on transformation of services and local need		
			Average Score: 3	

	1D: Patients (service users) report positive experiences of the service	**Middlesbrough EIP – Score 2** We continually monitor trust FFT system (Meridian) with quantitative and qualitative feedback and act upon comments / suggestions – and produce actions plans for any areas for improvement. We follow trust complaints / PALS process. The FFT data for the last 12 months is presented below and indicates positive patient experience.	**2**	Jennifer Simpson (Consultant Clinical Psychologist)
		All surveys in the Patient Experience module Ward/Team: Middlesbrough EIP FFT data also shows that the service has received a significant amount of positive feedback in relation to Carers support. The service has received nil complaints from January 2024 – August 2024.		

		There is also a Trust Wide EIP service user involvement group which is an opportunity for service users and their carers to provide feedback to services and be involved in the continuous improvement. A number of young carers from Middlesbrough have also been involved in a young carers group which received positive feedback. Feedback has not been looked at in relation to ethnic diversity, but this could be a way we could improve out access to EIP for people from non-white ethnic groups. **Middlesbrough MHSOP – Score 2** Patients are given opportunity throughout input with the service to give verbal or formal written feedback on their care. Any concerns can be discussed, and service changes made if needed to support patient care. We will be completing a study in line with Teesside University and Public Health, reviewing episodes of care and patient experience in line with the associated episode of care. The Team also receives monthly patient and carer feedback which is discussed through the governance channels and used to improve patient care. We also have a patient and carer participation group, which is a group of participants through lived experience of using and accessing services that will offer support in improving the service. Additional work is planned to improve engagement with local VCSE organisations supporting our client group.	2	Aliyah Akhtar (Service Manager)
		Tees CAMHS Getting Help Service – Score 3 - FFT - Active engagement Parent Forum Groups - Active engagement VCS	3	Jude Rose (Clinical Lead) & John Stamp (Associate Director of

				Partnerships & Strategy)
		• Daily huddles and staff feedback • Routine outcome Measures • End of treatment evaluations • School and wider agency feedback forms/ meetings • Patient cards/ letters/ reports • Staff advocating for patients and carers in Supercell what works well. • ICB events to gain strengths of service. • Monthly team meetings clinical feedback reviewed and focus on positive experience.	**Average Score:3**	
Domain 1: Commissioned or provided services overall rating			**12**	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)

main 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	• Occupational Health and physiotherapy Service Provision • Employee Support Service/Employee Psychology Service (including support groups such as Burnout group/Resilience) • VIVUP wellbeing platform (includes Counselling service for staff) • Long Term Health Conditions staff network, BAME staff network, Rainbow staff network, Neurodivergent staff network, Armed Forces staff network, Menopause Café, Working Carers staff network and numerous other support network groups which meet regularly. • Achieved Better Health at Work Silver level, in 2024 working towards Gold level (assessment October 2024 – campaigns have included Domestic Abuse & Sexual Safety, Alcohol, Substance & Other Drugs Safe Use, Active Travel & Moving More in 24!, Work-Life Balance for harder-to-reach staff groups, such as Estates staff, Bank staff and those who work in Health & Justice Services, Stress (focus on Men's Health and harder to reach staff groups). • Long term sickness absence team • Nutrition and weight management programmes	2	Sarah Dallal

		337 Health & Wellbeing (H&W) champions - Staff led Health Council meets every two months, two rounds of charitable monies have been allocated staff following successful project bids, amounting to over £100,000. - H&W pages on the staff Intranet reviewed and updated. - Smarter Working initiative - Reasonable adjustments – Central Team - Working carer support – including monthly network - Staff Mindfulness Programme - Bereavement Support - Increased capacity within the central staff Health and Wellbeing team (2.25 wte's) - Bi-monthly Strategic Health & Wellbeing Group which meets made up of MDT staff and Services. - H&W coordinator (Durham & Darlington Locations) - Health & Wellbeing Conversations training programme to be rolled out across the Trust during 2024 - Face to face Trust Welcome for new staff (Induction) to be re-started from October 2024 - Review of Trust wide Managers Bitesize training programme to include health and wellbeing.		

		• Staff Wellbeing Hub – Accessible via CNTW.		

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	- Violence Reduction and prevention strategy development and working group. - Verbal & Physical Aggression procedure - Indicator 5 WRES – Staff experiencing harassment, bullying or abuse from patients, relatives, public. - Indicator 6 WRES - Staff experiencing harassment, bullying or abuse from staff. - Indicator 4 WDES - Indicator 5 SOWES - Indicator 6 SOWES - Professional Nurse Advocacy Service (PNA) - LGBTQ+ Awareness training including lived experience. - Publication of information Staff survey results (harassment, bullying & abuse) - Age and Gender - WRES/WDES/SOWES action plans - Equality objectives (include verbal & physical aggression actions) - Disciplinary data - Support offered after incidents – Post incident Peer Support (PIPS) - Hate crime campaigns. - Staff Council - Staff Support – Speak Up Guardian, ESS, EPS - Show Racism the Red Card Programme	1	Sarah Dallal

		- Training available including in leadership programmes. - Domestic violence workstream, including toolkit and planned training. - Sexual Safety in the workplace workstream, including toolkit and planning training.		

2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	• The Trust has a EDIHR Team • Active staff networks • Freedom to Speak Up Guardian embedded & increase in capacity for Freedom to Speak Up with the FTSU Officer • Employee Support Service, VIVUP platform (including Counselling service), Employee Psychology Service • PNA – Professional Nurse Advocacy Service • Actively work with Unions • Work agreed in partnership with Unison as part of their 'Year of Black workers' to provide co developed training. • Equality Impact Assessments completed on all policies/procedures. • WRES/WDES/SOWES & Publication of Information data led to actions. • Chaplaincy Team • A relaunch of the Speaking Up Ambassadors • Speaking Up policy and includes information on how workers can access support for their wellbeing and Equality Impact Assessments these are also applied to other related policies. • Staff Survey Q21c & Q21d – Age, Ethnicity, Gender, LTHC, Sexual Orientation.	2	Sarah Dallal

		• Overall recommend as a place to work: 57.2% • Overall happy for friend or relative to be cared for: 55.4% • Reasons for leaving data broken down by demographics. • Disciplinary data broken down by demographics. • Recruitment data by demographics		
	2D: Staff recommend the organisation as a place to work and receive treatment	• Staff Survey Q21c & Q21d – Age, Ethnicity, Gender, LTHC, Sexual Orientation. • Overall recommend as a place to work – 57.23%. • Overall happy for friend or relative to be cared for 55.41%. • Reasons for leaving data broken down into demographics. • Disciplinary data broken down into demographics. • Recruitment data broken down into demographics. • Exit data presented by directorates/areas only.	1	Sarah Dallal
Domain 2: Workforce health and well-being overall rating			**6**	

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	• Brents/Senior staff Blogs/Vlogs include EDI. • BoD & committees – EDI & Health Inequalities discussed (minutes) • Board members & senior leaders sponsor & attend staff networks. • EDI Lunch & Learn sponsorship from BoD and Senior Leaders. • Significant increase in board declarations of EDI characteristics and over representation of some characteristics at board compared to community. • Commitment to review the new structure brought in April 2022 to check impact on protected characteristics which was completed. • All execs have EDI specific objective. • All networks have exec sponsor. • Rates of discrimination reducing on staff survey • SRTRC has board sponsorship. • Staff stories (and patients) are now a regular feature of board – including specific stories from our neurodiverse, AF, and trans colleagues. • Management group papers on health inequalities	2	Sarah Dexter-Smith

		• Management group minutes inequalities team challenge • Exec sponsorship and chairing of patient safety summit on health inequalities and reflective session		
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	• EDI & Health inequalities are discussed at BoD (minutes) • BAME staff risk assessments were completed during the pandemic. • EIAs are complete for policies & procedures and projects. • Health inequalities challenge adopted by EDG.	2	Sarah Dexter-Smith

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	• BoD and committees monitor Gender Pay Gap, WRES (including Model Employer), WDES & SOWES, EDS, leavers information. • Executive clinical lead identified to oversee EDI data related to patient care. • CG leads in place to support this work. • Employee relations reports to EDG and committee now have detailed focus on protected characteristics and processes are changing as a result. • Health inequalities is a cross cutting priority this this year's annual plan. Key milestones and objectives are monitored as part of annual plan governance. • A statement if information of health inequalities has been developed and will be published alongside this year's. • annual report and prevented at AGM.	2	Sarah Dexter-Smith
Domain 3: Inclusive leadership overall rating		**6**	
Third-party involvement in Domain 3 rating and review			
Trade Union Rep(s): JCC approval	**Independent Evaluator(s)/Peer Reviewer(s): Chris Rowlands CNTW**		

EDS Organisation Rating (overall rating): 24
Organisation name(s): Tees, Esk and Wear Valleys 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**

EDS Action Plan	
EDS Lead	**Year(s) active**
Sarah Dallal	2024/25
EDS Sponsor	**Authorisation date**
Sarah Dexter-Smith	

Middlesbrough EIP

Domain	Outcome	Objective	Action	Completion Date
Domain 1: Commissioned or provided services.	1A: Patients (service users) have required levels of access to the service	To ensure people from all ethnic back grounds are aware of EIP and how to access this. We will know that we have achieved this when the referral route to EIP is equivalent across all ethnic back grounds	Working with Health Watch Middlesbrough to liaise with local community group to find ways to raise awareness of Psychosis, The Early Intervention Service and how to access this. Adapt our posters aimed at raising awareness to meet the needs of the individual communities. Complete a case note review to identify any missed opportunities for supporting people to access services sooner.	1/4/24 1/4/24 31/10/24
	1B: Individual patients (service users) health needs are met	To increase offer and take up f CBT for people from the BAME community. This will be picked up within the data collected as part of the National Clinical Audit of Psychosis.	To ensure time is given with in formulation to offer CBT to everyone irrespective of cultural and ethnic back grounds, informing all of the potential benefits. Share current PCI on CBT with our communities to help inform how our information can be more targeted for different community groups.	1/4/24

1C: When patients (service users) use the service, they are free from harm	To minimise risk to all and ensure language barriers do not a contributing factor for SUIs within the service. This will be evidenced within SUI reports	Ensure all people whose first language is not English are offered an interpreter for every appointment.	Ongoing
1D: Patients (service users) report positive experiences of the service	To understand better what the perspective of EIP is for people from various background and cultures.	To invite a selection of SU and carers from a range ethnic back grounds to provide qualitative feedback on their experiences of accessing the service and experience within the service. Including exploration of both met and unmet needs.	1/4/24

Middlesbrough MHSOP

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services.	1A: Patients (service users) have required levels of access to the service	Patients have required level of access to the service and reducing health inequalities and access to service within the local population	We will be actively engaging the community to reduce stigma and discrimination of mental health. We have attended places of worship and will be attending community centres. We will be using digital technology to raise awareness of the service	October 2025
	1B: Individual patients (service users) health needs are met	Patients and Carers have their needs met, identifying appropriate use of cognitive assessment tools for patients from a BAME background	We are completing an audit of BAME patients to ensure effective assessment. We are reviewing dementia assessment tool and ensuring efficacy and appropriateness for BAME patients. We are providing cultural awareness and education to staff within the team. We are collaborating with Voluntary Care Agencies, Public Health and Local University to tackle health inequality.	October 2025

1C: When patients (service users) use the service, they are free from harm	All patients are free from harm when using our services	We will review any incidents relating to BAME patients/ carers whilst using our services.	October 2025
1D: Patients (service users) report positive experiences of the service	Patients and carers report positive experiences of the service	If ethics approval, we will be setting up a focus group of individuals who have experience of the service to allow feedback for BAME patients and carers. We will be focussing on active recruitment of BAME patients/carers into the speciality Patient and carer Participation Group to support co-creation of services	October 2025

Tees CAMHS Getting Help Service

Domain	Outcome	Objective	Action	Completion Date
Domain 1: Commissioned or provided services.	1A: Patients (service users) have required levels of access to the service	Patients with mobility equipment will be offered accessible buildings for treatment	Maintain list of accessible buildings to use for appointments in community and stored by admin.	Ongoing
	1B: Individual patients (service users) health needs are met	Disseminate and share good practice of supporting protecting characteristics and reducing health inequalities	• Completion of health inequalities video to be shared in clinical network, Health Inequalities presentation event, CAMHS website via co-corporate TEWV teams and Service Managers • Monitor standards. • Share good practice with partner agencies to promote inclusivity. • Monitor outcomes of piloting carers assessments and impact on appointments attended.	Ongoing

1C: When patients (service users) use the service, they are free from harm	Continue to monitor standards of and share good practice. TO include Health inequalities video and Poverty proofing video with staff and wider services to promote reducing health inequalities	• Shared health inequalities video for wider dissemination • Awaiting official release of poverty proofing video via Catherine Parker	31/10/24
1D: Patients (service users) report positive experiences of the service	Continue to monitor feedback in huddles, team meetings, senior management and maintain current standard.	Continue to monitor standards	Ongoing

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	Continue to develop data and intelligence-led Wellbeing initiatives and evaluate Wellbeing sessions that have taken place to ensure topics are relevant and effective.	Agree outcome measures for specific wellbeing initiatives and continue to use pre and post evaluation metrics.	Ongoing
		Deliver Health & Wellbeing Conversations Training and other Wellbeing training such as Bitesize Leadership & Management training.	Include scenarios on recent themed work such as DASV, Financial Wellbeing and Alcohol, Substance & Other Drugs Safe Use	03/25
		Review, consult and implement Staff Health, Wellbeing and Attendance procedure.	Procedure requires full review, consultation and implementation Trust wide.	02/25

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Establish how effective the toolkits for domestic abuse and sexual safety are in the workplace.	Carry out review of newly implemented toolkits.	07/25
		Establish required actions / risk assessments that are needed to prevent inappropriate sexualised behaviours in the workplace.	Carry out scoping exercise with operational HR.	07/25
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	To have a robust, high-performing and efficient Occupational Health and Physiotherapy Services.	Commence new contract awarded from 1.4.25.	04/25
	2D: Staff recommend the organisation as a place to work and receive treatment	To improve the % of staff reporting that they would recommend the organisation to work or receive treatment.	Promote exit interviews – Thinking about leaving or moving roles questionnaire. Promote People Management Bite Size Training sessions. Promote New Managers Programme. Promote TEWV Leadership Academy.	Ongoing

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	To implement the trust approach to Health Inequalities	Management Group to work with Health Inequalities Lead in the Trusts approach to Health Inequalities Health inequality challenge taken on by EDG	Ongoing
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	To continue to use adopted approach to assess organisational progress in relation to health inequalities in line with the NHS Oversight and Assessment Framework	BoD to implement the framework and use this to develop approaches and build strategies for equality and health inequalities related impacts.	Ongoing
	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	For Board members and senior leaders to monitor the trusts approach to Health Inequalities.	BoD to implement the NHS Oversight and Assessment Framework. To review that all the following are monitored: WRES (including Model Employer), WDES, NHS Oversight and Assessment Framework, Impact Assessments, Gender Pay Gap reporting, staff risk assessments (for each relevant protected characteristic), SOM, end of employment exit interviews, (EDS	Ongoing

			subject to approval), Accessible Information Standard, partnership working – Place Based Approaches.	