Tees, Esk and Wear Valleys
NHS Foundation Trust

Patient Publication of information 2025

For General Release

Meeting of:	**The Board of Directors**
Date:	**9 October 2025**
Title:	**Patient Publication of information 2025**
Executive Sponsor(s):	**Hannah Crawford, Director of Therapies**
Report Author(s):	**Abigail Holder Equality, Diversity, Inclusion and Human Rights Officer** **Lisa Cole Inclusive Community Engagement Lead**

Report for:				
	Assurance	✓	***Decision***	✓
	Consultation		***Information***	

Strategic Goal(s) in Our Journey to Change relating to this report:

1: We will co-create high quality care	✓
2: We will be a great employer	
3: We will be a trusted partner	✓

Strategic risks relating to this report:

BAF ref no.	*Risk Title*	*Context*
4	**Quality of Care**	To ensure that we deliver quality care to all our diverse communities the Trust needs to understand differences in access and outcomes for patients from different communities.
2	**Demand**	To ensure we understand if there are communities that underrepresented or overrepresented in our services, leading to poorer experiences and outcomes.

EXECUTIVE SUMMARY:

Purpose:

This paper is presented to the Board to provide good assurance that the Trust is meetings its obligations under the Public Sector Equality Duty of the Equality Act 2010 to:
Have due regard to the need to eliminate discrimination, harassment, and victimisation. Advance equality of opportunity between people who share a protected characteristic and those who do not. Foster good relations between those who share protected characteristics and those who do not.
The Board is asked to confirm if they support the publication of this information, the Trust must publish information annually to demonstrate its compliance with the general equality duty. This information must include information relating to patients who share a relevant protected characteristic who are affected by its policies and practices. A more detailed document is attached to this report which contains patient data.

Proposal:

The Board is asked to confirm that it has good assurance that the Trust has followed a robust process in analysing its patient data by protected group and in doing so is meeting its Equality Act duties. The Board is asked to approve the proposed publication of patient information prior to publication on the Trust website as is required.

Overview:

The Trust is obliged to meet its public sector equality duties as outlined above. The proposal for good assurance is based on the patient data information in Appendix 7 which demonstrates that:
A robust analysis has been carried out on the patient EDI data the Trust currently has available.
The data in Appendix 7 includes trust wide and care group information for April 24 / March 25 on access to services; inpatient services and length of stay; disengagement rates; clinical outcomes; mental health data; patient experience; rates of access to services and admissions. Information on age, gender, sexual orientation, ethnicity, religion, and deprivation are included.
There continues to be high levels of data incompleteness, especially with regards to ethnicity, religion, and sexual orientation which significantly limits the ability to draw robust conclusions. This is a recurring concern, with up to 32% or more of ethnicity data not stated, and similar gaps for other protected characteristics. This year it was agreed that high level Trust themes would be drawn out across all protected characteristics. Recommended actions are included in Appendix 6.

Access to Services (Appendix 1)

There is underrepresentation of most ethnic groups in access to services compared to the census data, but this will be skewed by missing data (32% of ethnicity data not stated) (Figure 1).

Younger people (under the age of 20), 20–29 age group and 30–44 age group are accessing services at higher-than-expected rate. The 45–64 age group is accessing services at a lower rate than expected, despite being a high-risk group for suicide (Figure 2). National Confidential Inquiry into Suicide and Safety in Mental Health- Annual report 2025: UK patient and general population data, 2012-2022 noted “highest suicide rates in middle-aged groups, especially 40-44- and 45-49-year age groups.”

Patients are disproportionately from the most deprived deciles, highlighting the link between deprivation and mental health service use (Figure 3).

Rates of people who spent time in hospital per 100 people accessing services are highest for Black/ Black British other followed by Asian/ Asian British Pakistani, Black/ Black British African, Asian/ Asian British Indian, Asian/ Asian British Bangladesh, Asian/ Asian British Other and Mixed White / Black African (Figure 4)

Disengagement and DNA Rates (Appendix 2)

Disengagement rates by ethnicity are inconclusive due to low numbers and incomplete data (Figure 1). DNA and cancellation rates are higher in the most deprived areas (Figure 2).

Inpatient Length of Stay (Appendix 3)

White British patients have the highest admissions and discharges, but not the longest stays. Black/ Black British Other and Other Ethnic Groups have longer than average stays despite low admission numbers (Figures 1 & 2).

Trust wide males have slightly longer inpatient stays than females, but this varies by care group. Data may be skewed as they include services in SIS (Figure 3, 4 & 5).

People identifying as 'attracted to the same sex' have notably higher average lengths of stay, but this may be skewed by outliers (Figure 6).

Mental Health Act Detentions (Appendix 4)

Highest detention rates are for Other Ethnic Groups and Black/ Black British even when absolute numbers are low (Figure 1) and patients from the most deprived areas have higher detention rates (Figure 2).

Older adults (65+) have the highest number of detentions, followed by the age group (30 – 64) (Figure 3).

Patient Experience and Outcomes (Appendix 5)

Patient experience is generally reported as good or very good across most groups but is lower amongst those who do not report their ethnicity or amongst Black/African/Caribbean/Black British patients (Figure 1).

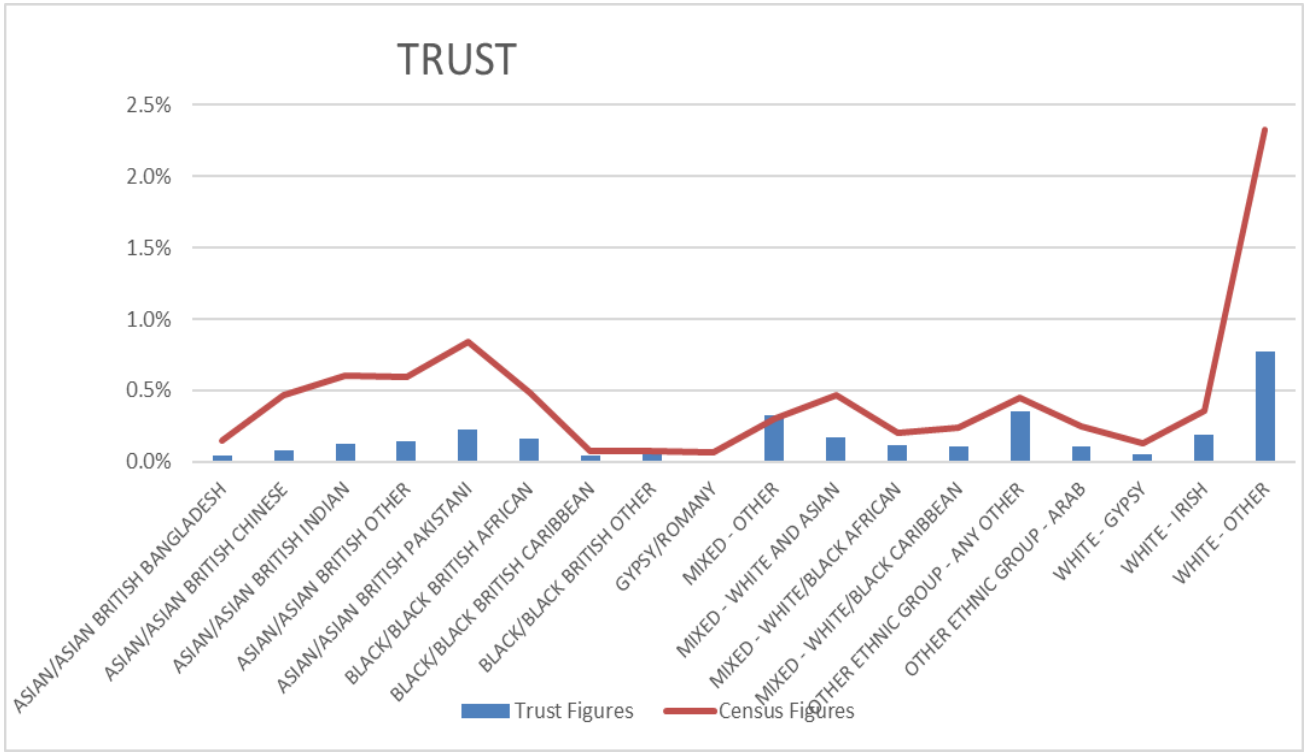
Prior Consideration and Feedback: The Trust's Business Analytics and Clinical Outcomes Information Department have undertaken the development of the patient data.

Implications: Failure to understand the differences in outcomes and experiences of our patients from protected groups in accordance with the public sector equality duties may have regulatory and reputational consequences. Failure to act to reduce differences in outcomes and experiences of our patients from protected groups may impact on their outcomes and experiences.

Recommendations: The Board is asked to: Confirm that it has good assurance that a robust process has been undertaken when developing the attached data on patients from protected groups and to agree to its publication on the Trust website as required by the Equality Act 2010.

Appendix 1 - Access to Services

Figure 1 Access to Services - Ethnicity



NB: The graph above does not include the White British ethnicity category; this is due to it being so high that is masks the other %'s listed

Figure 2 – Access to Services - Age

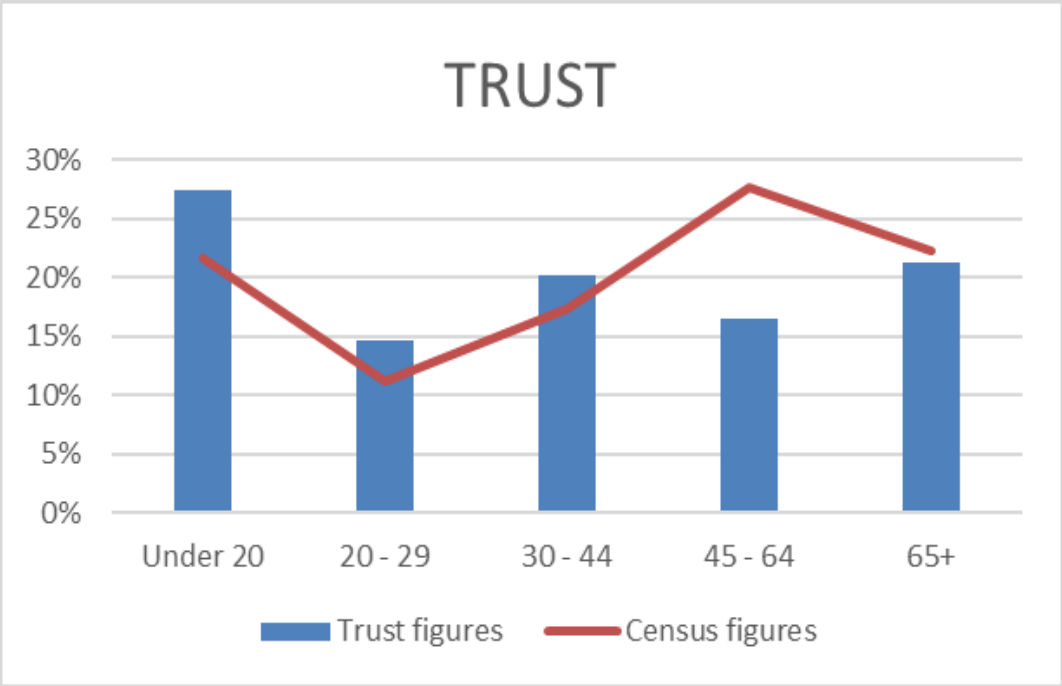
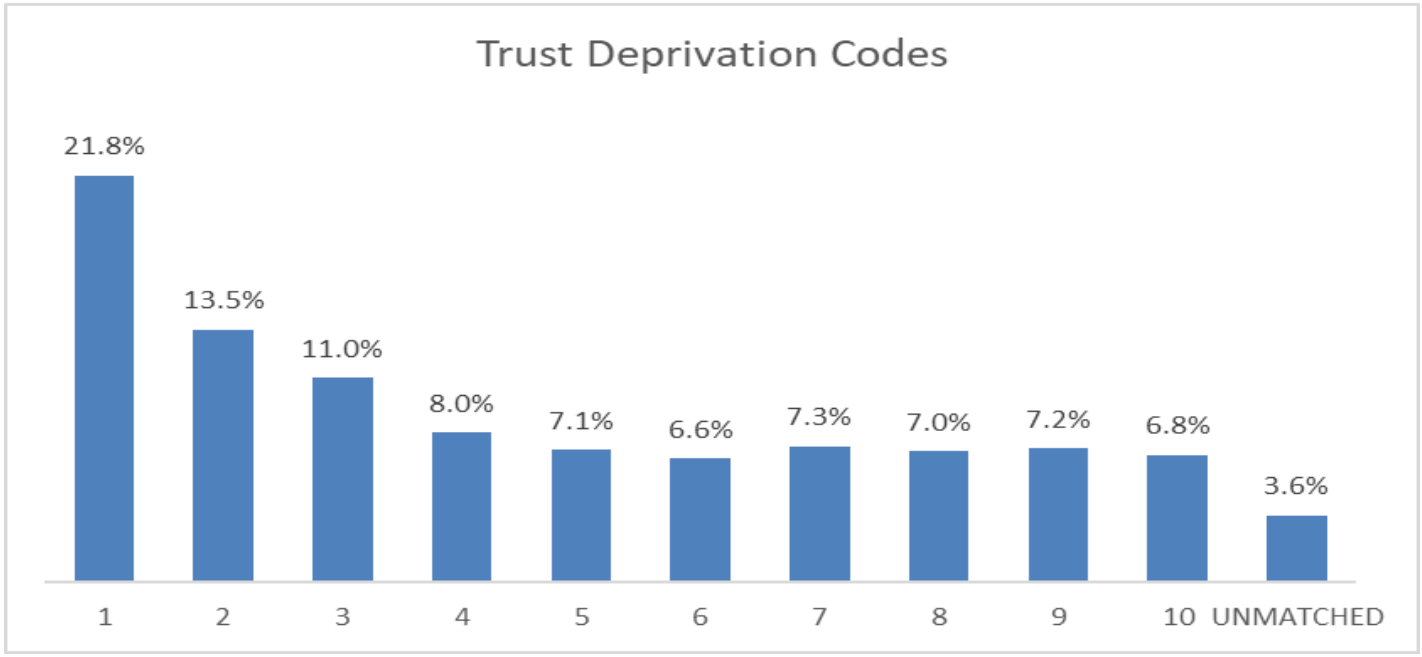
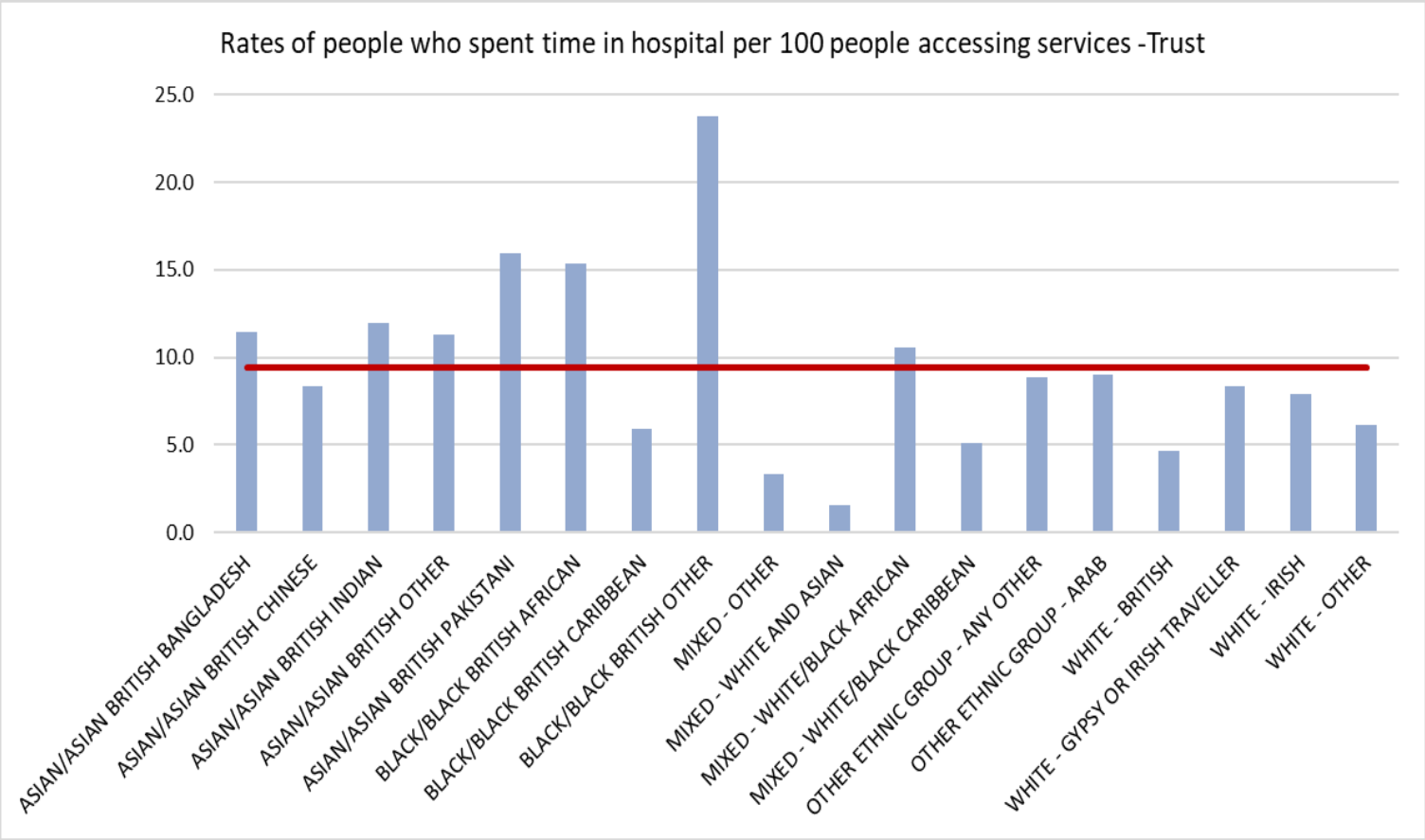


Figure 3 – Access to Services – Deprivation Codes



NB: 1 Most Deprived – 10 Least Deprived
Unmatched means that there is no deprivation code available for that postcode, TEWV use the English indices of deprivation (2019)

Figure 4 – Hospital admissions - Ethnicity



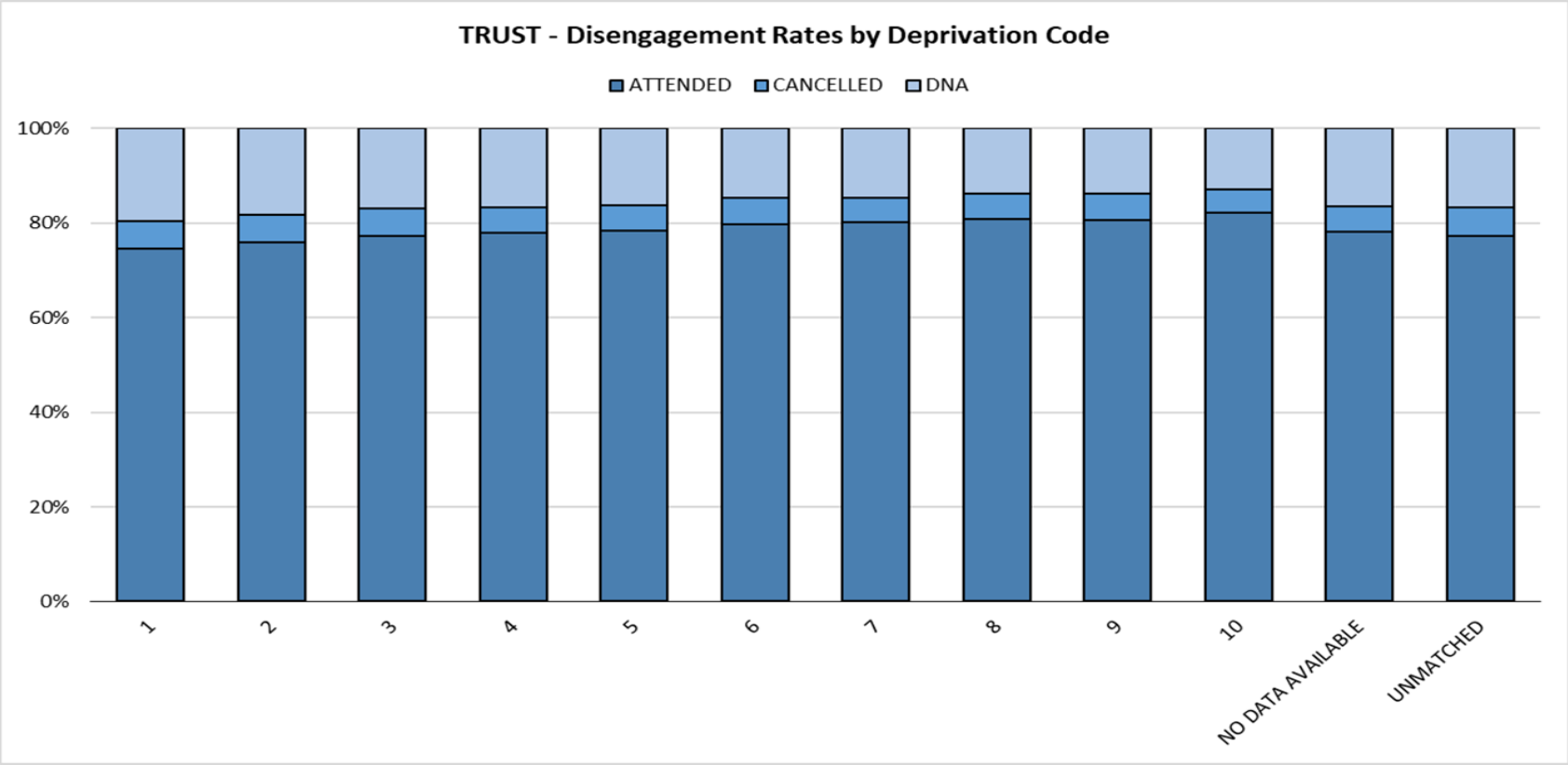
NB: The graph above shows that for every 100 people accessing TEWV services, how many go on to have an inpatient admission. The graph shows which communities maybe accessing services later in their mental health journey and therefore require hospital admission, and vice versa (groups who are seeking help sooner and only require community input). The red lines represent the average.

Appendix 2 - Disengagement and DNA Rates

Figure 1 - Disengagement and DNA Rates - Ethnicity

Ethnicity			
	ATTENDED	CANCELLED	DNA
ASIAN/ASIAN BRITISH BANGLADESH	26	Below 5	5
ASIAN/ASIAN BRITISH CHINESE	46	Below 5	8
ASIAN/ASIAN BRITISH INDIAN	99	10	22
ASIAN/ASIAN BRITISH OTHER	86	8	24
ASIAN/ASIAN BRITISH PAKISTANI	138	15	31
BLACK/BLACK BRITISH AFRICAN	86	9	25
BLACK/BLACK BRITISH CARIBBEAN	27	Below 5	11
BLACK/BLACK BRITISH OTHER	38	5	14
MIXED – OTHER	201	18	65
MIXED – WHITE AND ASIAN	92	Below 5	20
MIXED – WHITE/BLACK AFRICAN	52	Below 5	22
MIXED – WHITE/BLACK CARIBBEAN	68	6	24
OTHER ETHNIC GROUP – ANY OTHER	205	18	52
OTHER ETHNIC GROUP – ARAB	49	6	10
IRANIAN	Below 5	Below 5	
TRAVELLER	Below 5		
EASTERN EUROPEAN	Below 5		
WHITE – BRITISH	41252	3134	8929
WHITE – GYPSY	41	Below 5	10
WHITE – IRISH	121	13	24
WHITE – IRISH TRAVELLER	Below 5	Below 5	Below 5
WHITE – OTHER	510	48	126
DECLINE TO DISCLOSE	101	Below 5	17
NOT STATED	1370	82	306
UNKNOWN	8277	381	1487

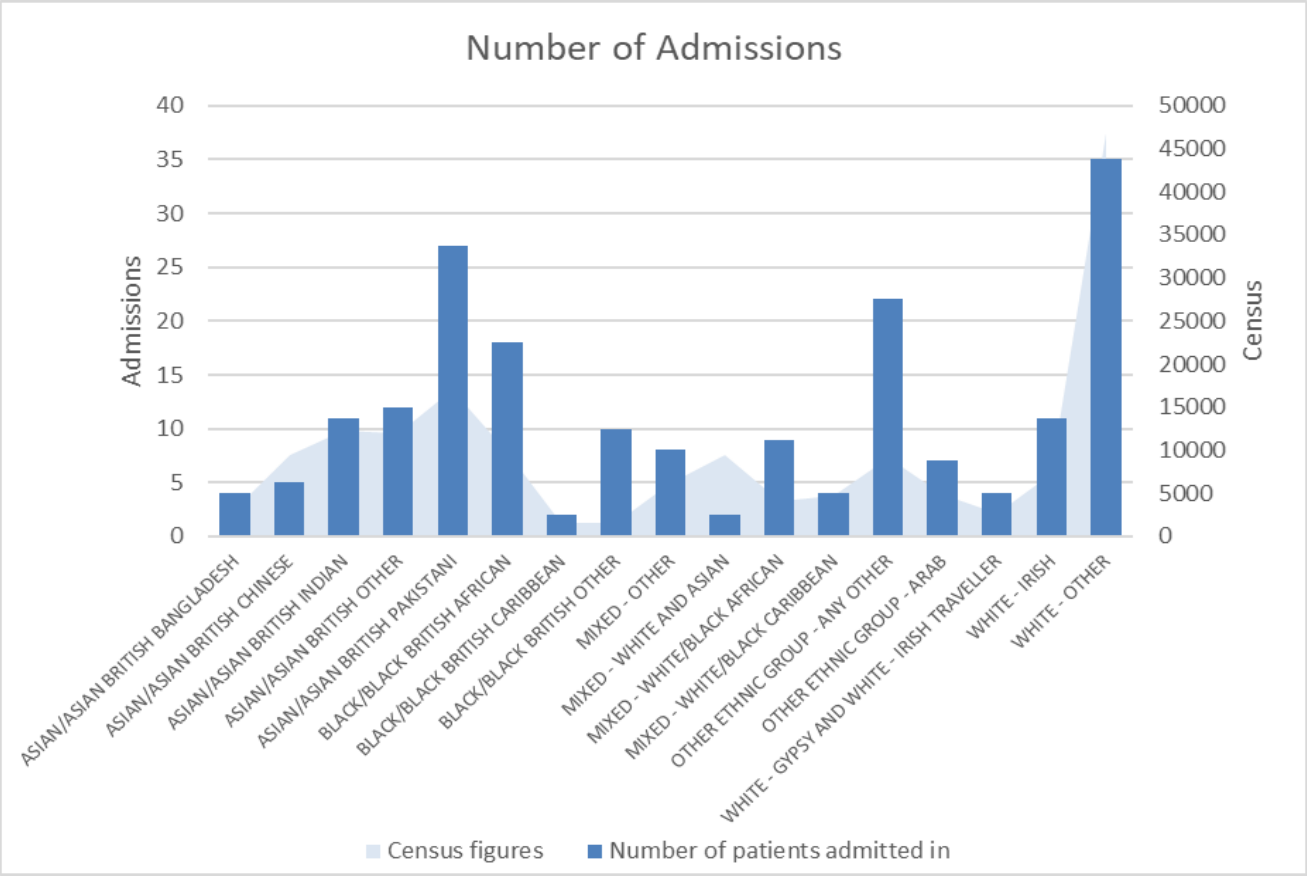
Figure 2 – Disengagment Rates – Deprivation Code



NB – 1 Most Deprived – 10 Least Deprived
Unmatched means that there is no deprivation code available for that postcode, TEWV use the English indices of deprivation (2019)

Appendix 3 - Inpatient Length of Stay

Figure 1 – Inpatient Stay - Ethnicity



NB: Unknown ethnicity has been removed from the graphs also White British has been removed from the graphs, due to it having such large numbers it was masking the other data

Figure 2 – Discharges & Length of Stay – Ethnicity

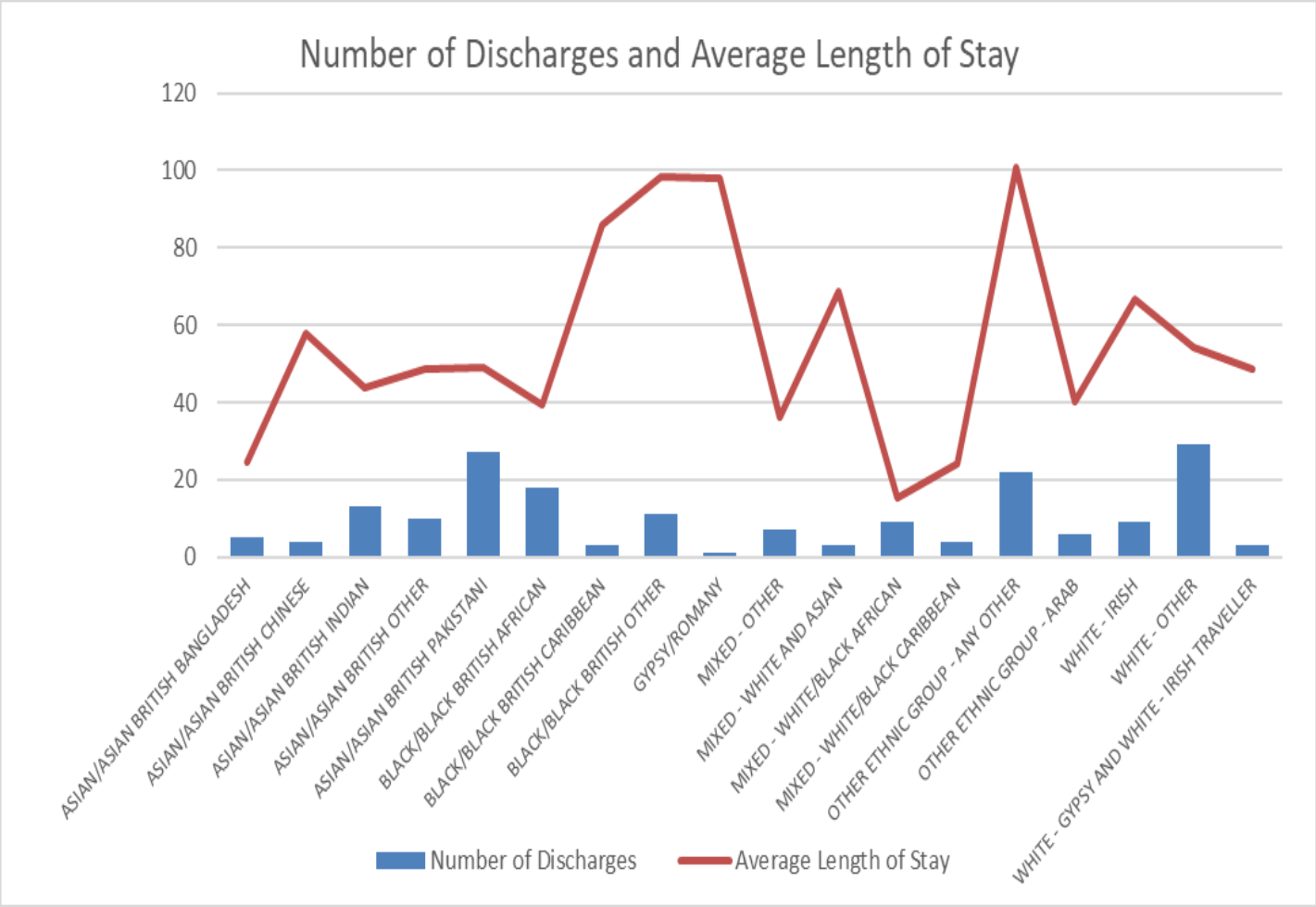
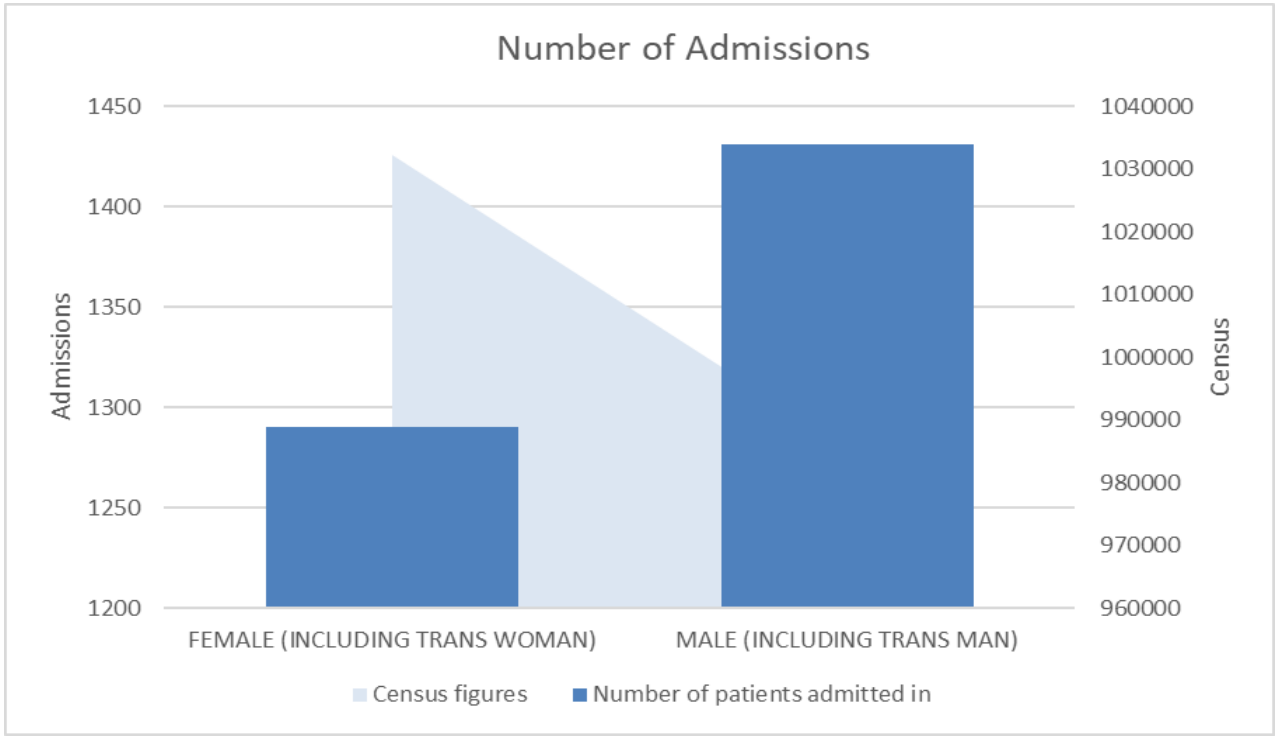


Figure 3 – Length of Stay - Gender

Gender	Number of patients admitted	Number of Patients discharged	Average length of stay (days)
FEMALE (INCLUDING TRANS WOMAN)	1290	1297	72.97
MALE (INCLUDING TRANS MAN)	1431	1445	81.02
NON-BINARY	6	7	101.57
UNKNOWN	36	34	46.85

Figure 4 – Admissions - Gender



NB: The graph includes services in SIS. Please note.The graphs exclude Non - binary, Indeterminate and Not Known gender caegories.

Figure 5 – Discharges & Length of Stay - Gender

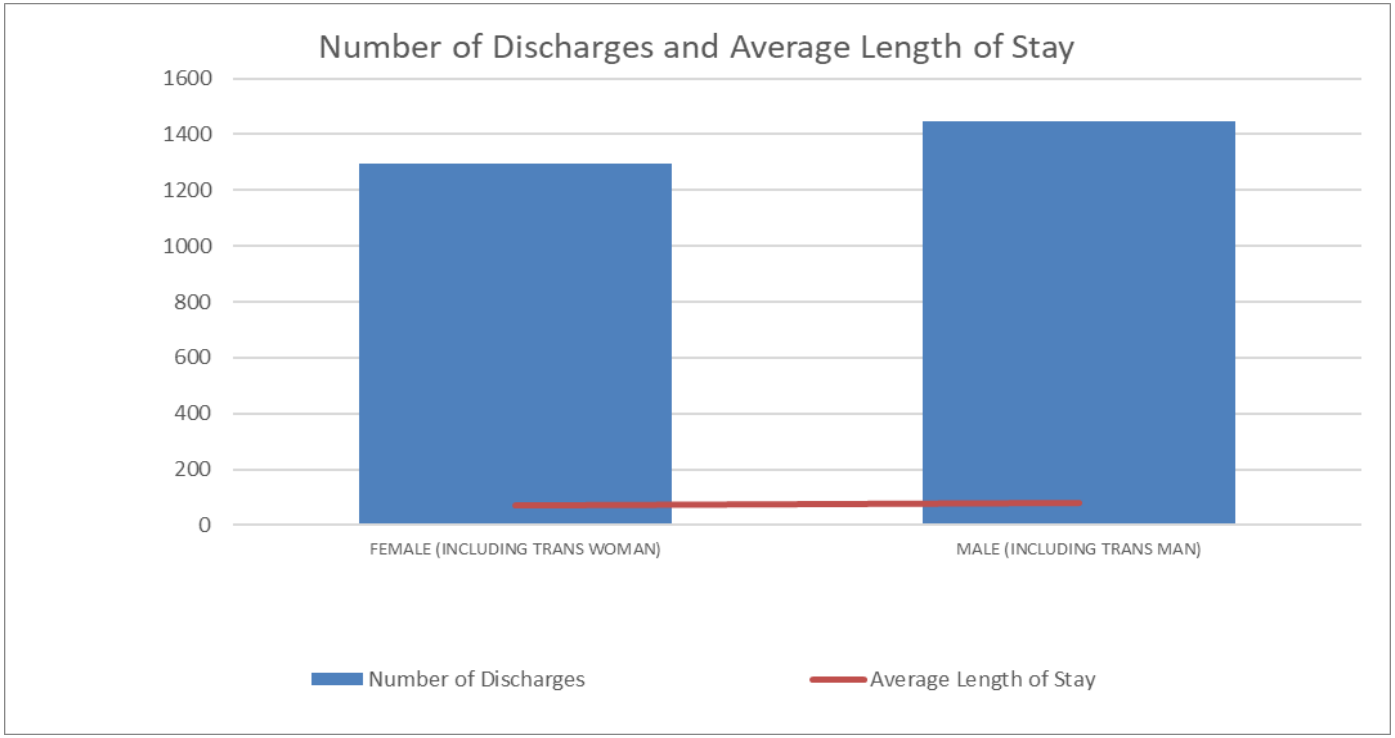


Figure 6 – Length of Stay – Sexual Orientation

Sexual Orientation	Number of patients admitted	Number of Patients discharged	Average length of stay (days)
NOT AGE APPROPRIATE	67	65	30.83
NOT DEVELOPMENTALLY APPROPRIAT	54	54	26.06
OTHER	Below 5	Below 5	163.50
PERSONS OF OPPOSITE SEX	1728	1771	75.88
PERSONS OF SAME OR OPP SEX	46	42	56.45
PERSONS OF SAME SEX	36	35	287.91
UNKNOWN	829	814	77.96

Appendix 4 - Mental Health Act Detentions

Figure 1 – Detention Rates - Ethnicity

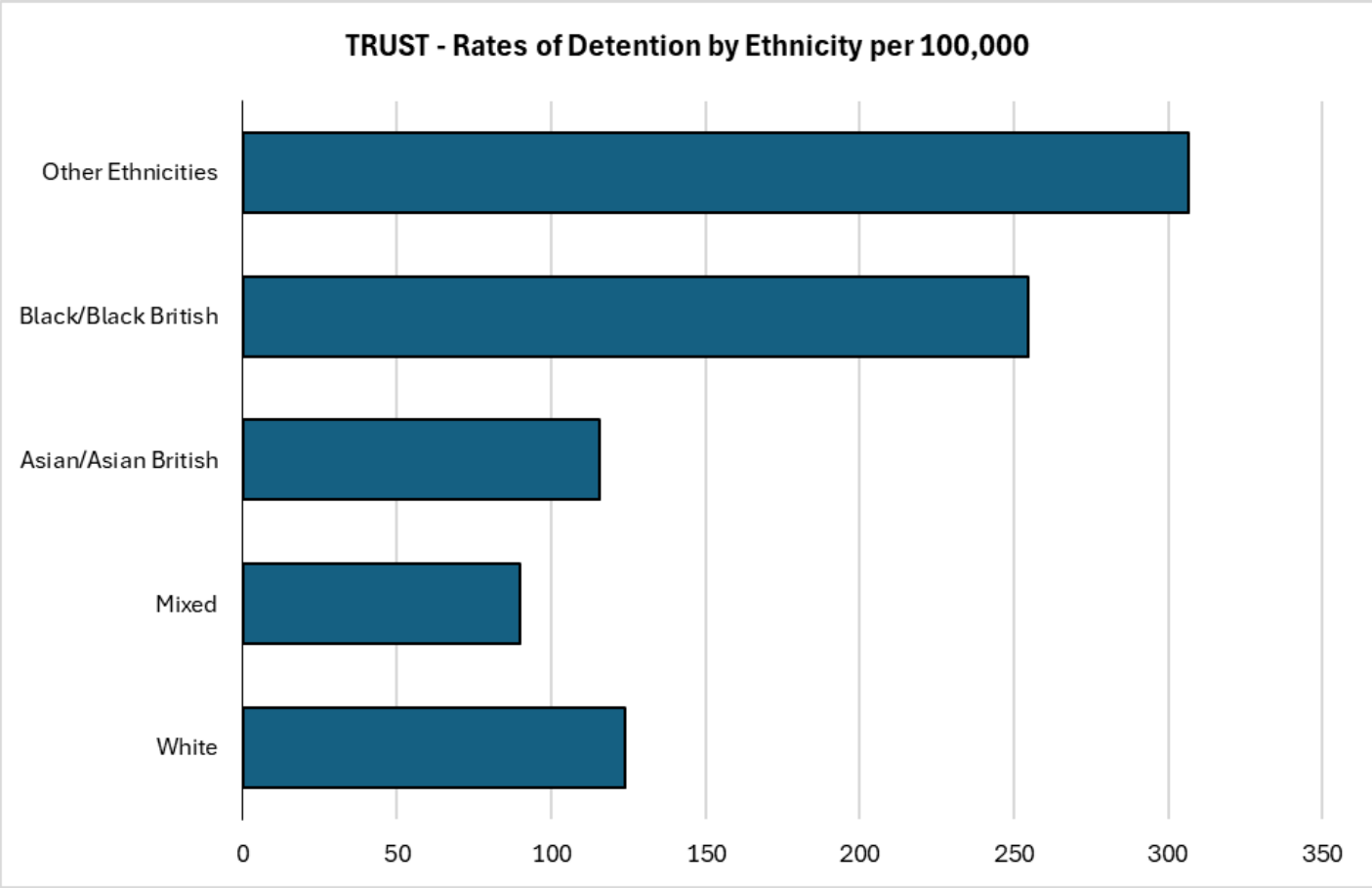


Figure 2 – Detention Rates – Deprivation Codes

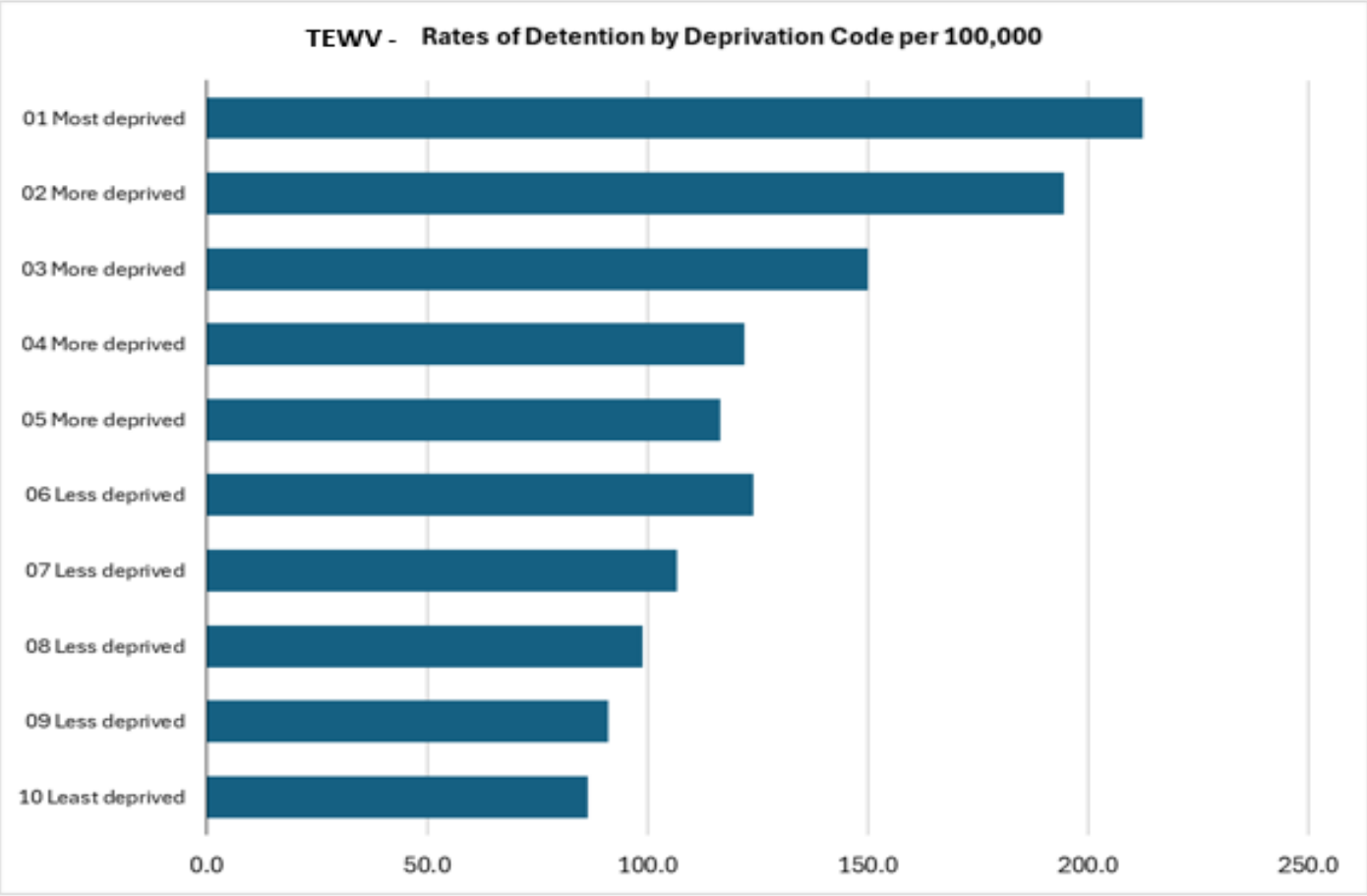
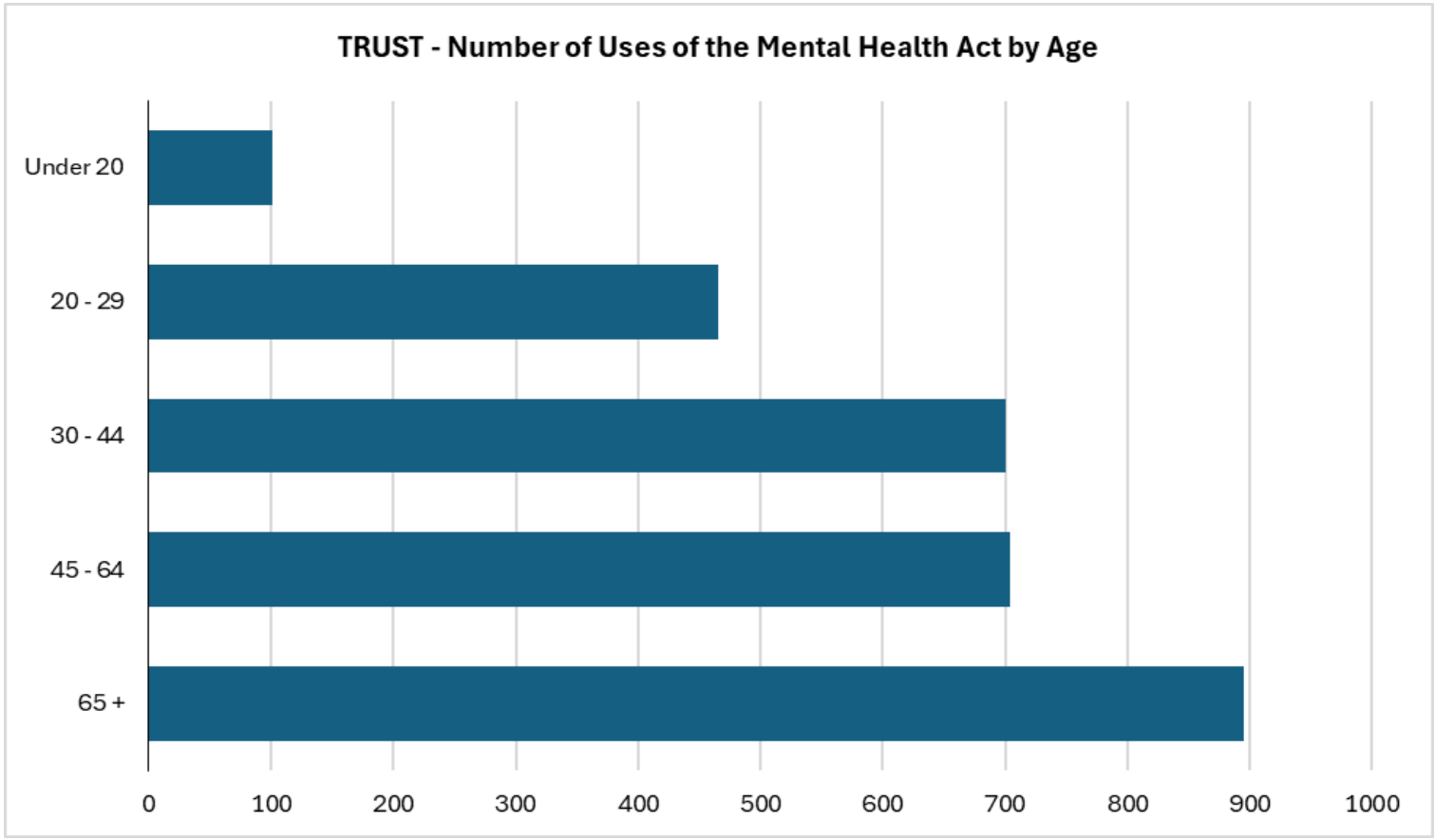
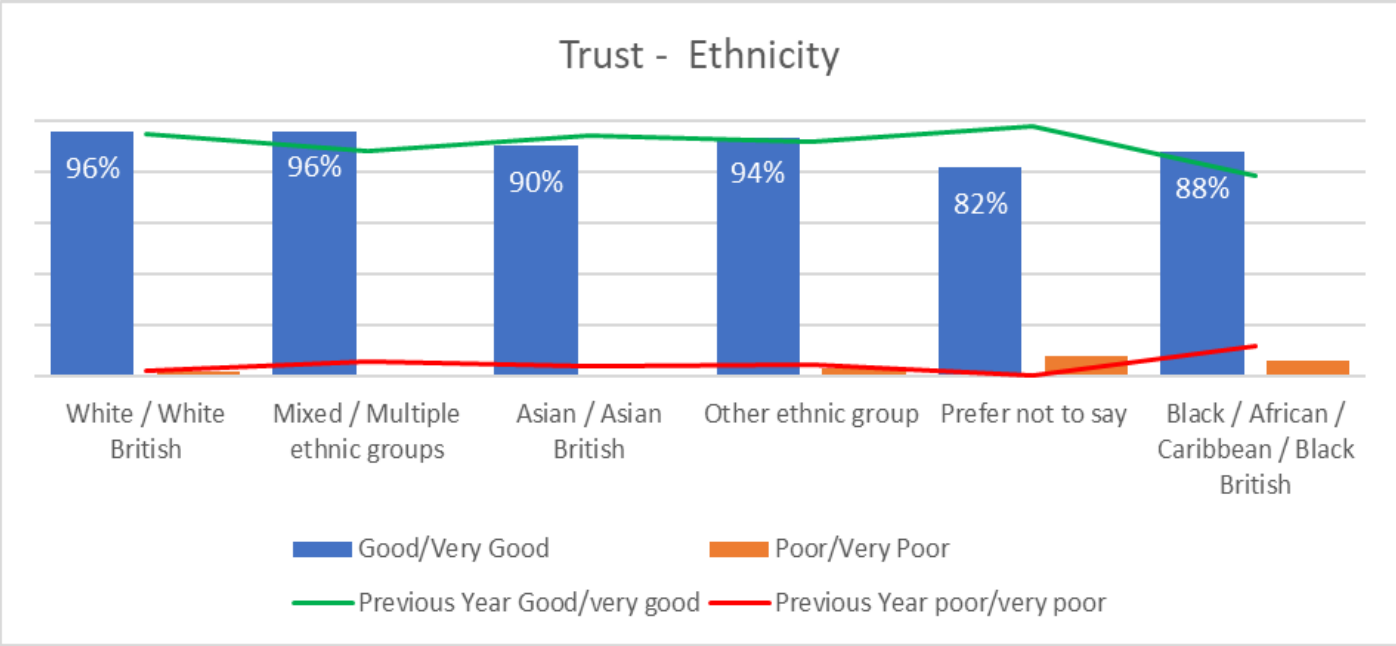


Figure 3 – MHA - Age



Appendix 5 - Patient Experience and Outcomes

Figure 1 – Patient Experience - Ethnicity



Appendix 6

Recommended Actions

- Agree that there is a piece of work that needs to be completed to identify which services need support with recording of data to help improve staff awareness and system prompts to increase data recording rates and to improve data completeness and quality.
- Agree that Care groups look at their data and identify actions to address the issues identified in this report.
- Agree that figures from the previous year are compared to the current year to enable comparisons to be made to commence in 2026 with comparisons to 2025's data.
- Agree that a piece of work is carried out to identify the routes that people are taking to access services.
- Agree that a piece of work is carried out to remove data relating to SIS from figures in relation to gender and length of stay to identify if this shows a different picture in relation to length of stay for male patients.

Appendix 7

Publication of Patient Information Excel Spreadsheet