Classification: Official

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NHS Equality Delivery System 22
EDS Reporting Template

Third Version (test)

Version 0.8, 18 February 2022

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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 (Director of People & Culture)	
Name of Integrated Care System		North East & North Cumbria ICB & Humber & North Yorkshire ICB			
EDS Lead	Lisa Cole (Head of Inclusive Cultures)		**At what level has this been completed?**		
				***List organisations**	
EDS engagement date(s)	Staff / Staff Networks - 27.11.25 Freedom to Speak Up Guardian Service – 8.12.25, EDI Champions – 17.12.25 Unions & Chaplaincy - 18.12.25 People, Culture & Diversity Committee – 12.1.26 Board – 12.2.26 EDG – 13.1.26 JCC – 20.1.26 Integrated Care Board – 22.1.26		**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 Chris Rowlands - Cumbria, Northumberland, Tyne and Wear Foundation Trust (5.12.25).

Date completed		**Month and year published**	February 2026
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	**AMH: Whitby & Ryedale Integrated Care Team** The population of the Whitby and Ryedale areas combined is approximately 78,000 according to the 2021 census figures. The census records also show that between 95-98% of residents described themselves as predominantly white British, with very small proportions of the community identifying from the Black, Asian or Minority Ethnic backgrounds. Whitby and Ryedale Integrated Community Team provide accessible and equitable services across the Ryedale and Whitby area, taking into account the rural geography, population diversity and individual patient needs. Patients can access the service through multiple referral routes, including (but not limited to) direct referral via the patients GP, through other internal teams, and urgent referrals via crisis pathways. Clear referral criteria is published and shared with our partner organisations which is regularly reviewed collaboratively by the trust including input from our service user and experience group members. In recognition of the rural geography and the limitations of accessing public transport systems, the team offer a range of appointment formats, including face to face meetings within the clinic space, the patient's own home or other agreed mutually convenient community settings, telephone consultations and video appointments. The team consider the patients individual requests,	**2**	Team Manager: Patrick Appleby-Reid; Service Manager: Nicky Scott

		physical health conditions, disability or social circumstances when planning appointments. The service is able to make reasonable adjustments where required to ensure equitable access, particularly for individuals that may be socially isolated, digitally excluded or experiencing deprivation. We are able to work flexibly offering appointment times to meet the needs of the patients, to use interpreter/translator services, making adjustments for patients with neurodiversity or sensory needs. The team are proactive and follow the trusts Did Not Attend/ Was Not Brought policy whilst maintaining an assertive outreach style approach where appropriate. The team works closely with our local partners including those who provide voluntary sector services, patients carers and their families by facilitating/attending drop-in sessions and Multi Agency Meetings to ensure that any barriers to accessing care or treatment are discussed and mitigated where possible/appropriate. Patients/service users, their family or carers and partner organisation colleagues are encouraged to provide feedback on the service through our independent IT system. Feedback is continually reviewed by the team's carers champion and team manager in weekly KPI reports made to the trust leadership. Patient concerns or complaints are addressed locally through communication with the leadership within the CMHT or through the trust complaints management team.		

		Overall, the CMHT aim to ensure that all patients who are referred into the service are offered an initial assessment within the 28 days for a routine referral. **CAMHS: Selby CAMHS Team** We aim to offer children and young people in need of an assessment of emotional wellbeing which are currently within 4 weeks for an urgent assessment and 12 weeks for a routine assessment. Over the last year we have consistently met this target however, we are looking at improving this with the new quality care standards but recognise there is work to do around this as a team in terms of diary management and room availability to ensure this works. We also offer assessment for autism and ADHD within Selby CAMHS and are saddened that there are long waits for these assessments in terms of waiting for the triage panel and then an assessment within the pathway. We have recently asked staff who work within the emotional wellbeing pathway to support the neuro pathways and have undertaken training in both ADHD and autism to enable additional assessments to take place each week to lessen waiting times. There are minimal numbers of non-English speaking families in the area however the team have made use of interpreter services to aid communications with these families when required. A monthly joint meeting has been established with partners in the area to discuss the needs of local children to ensure that the right services are involved in their care, this has helped lessen referrals to service and offer a quicker response to families in need of support not provided/suitable for CAMHS intervention.	**2**	Team Manager: Adele Peacock; Service Manager: Rob Berry

		MHSOP: Memory Assessment Service York According to the 2021 census the population of York is 204,551. Within this population, 7% are classified as from an ethnic minority. Currently, we have ascertained that the proportion of people accessing our service who are from an ethnic minority is much less than this figure. We are awaiting a report from our IT team with the full figures. We are also aware that we need to ensure that the clinicians are always recording people's ethnic origin at assessment so we can be sure these figures are accurate. This is an action going forward. Connections have been made between York Memory Team and the York City Council diversity lead and their migrant lead, to explore ways to ensure that everyone who needs to access the memory service is able to. We have also made connections with the local mosque and are liaising with York Carers and the Community Volunteer service to maximise the reach of this work. As part of this work, we have been able to offer training to some of these services on positive approaches to care and communication with people with dementia. We plan to review progress in 6 months' time and to then plan to roll it out to the rest of our catchment areas (including Selby, Pocklington and Easingwold areas). We complete routine outcome measures at the beginning and then end of service users' journey within our service and have a high return rate of the feedback questionnaires that we give to patients. Over the last year we had 95% of responses advising that they had had a good or very good experience of our service. We respond to feedback suggesting changes; this has including ensuring that people are offered a drink during the appointments.	**2**	Team Manager: Rachel Cruickshanks Service Manager: Jeff Whiley

		Recently we have introduced appointment reminder calls and are planning to also offer text reminders also- to ensure people are always aware of the appointment being offered. If patients do not attend their appointments, clinicians always make contact by telephone to find out what has happened. If they cannot get in touch with them the GP is always informed, and they are offered another appointment following this.	**Average Score: 2**	
	1B: Individual patients (service users) health needs are met	**AMH: Whitby & Ryedale Integrated Care Team** The patients accessing Whitby and Ryedale Integrated Community team are able to have their individual health needs met. Living in a rural and coastal environment can influence the mental health needs of the local population with varying factors. Considerations need to be made around the patient's employment factors, such as being self-employed, working seasonally in tourism, hospitality or agriculture, which can contribute to financial insecurity, stress and fluctuating support needs. Living rurally or in social isolation can impact the health needs of our patients, especially when living in the smaller villages with limited transport options. Higher risks of social isolation, substance misuse, anxiety and mood disorders associated with rural deprivation can require significant multi agency approaches to meet the needs of the individuals accessing care. All patients are offered/engage with comprehensive biopsychosocial assessment taking into consideration their presenting mental health difficulties,	**2**	Team Manager: Patrick Appleby-Reid; Service Manager: Nicky Scott

		physical health and lifestyle factors, employment and financial status, housing stability, social networks, caring responsibilities and safeguarding concerns, cultural, communication and equality needs. Care planning and delivery is collaboratively created and co-produced with patients involving their family or carers where appropriate and with the consent of the patient. Plans are created to reflect the goals of the individual, with the plans being reflective, flexible and adaptive to meet changing needs. The team has access to a range of professionals working collectively as a Multi-Disciplinary Team. This includes colleagues in the Trust who do not work directly for the community team but provide interventions for specialist areas such as eating disorders or Perinatal Mental health. Patients can also be signposted to access care and support from partner organisations in the community to meet the complex needs of the individual.		

		CAMHS: Selby CAMHS Team The team have provided specific examples where they feel they have considered that individual needs are met, these include: 1. Utilising a different door to the main entrance where patients need relates to minimising noise, consideration of sensory needs and others accessing the service. 2. Appointments agreed in well in advance, so families/YP have the opportunity to plan and avoid change and disruption. Trying to ensure that the same room is booked for appointments each time for consistency. 3. Video sessions offered if this is preferred to face to face appointments 4. School visits offered if required 5. Food parcels obtained for families if they require support to access this service. 6. Text reminders to remind families of their appointments 7. Thursday afternoon clinics offering height, weight, blood pressure checks 8. ADHD parent psychoeducation group and resources. 9. Prescriptions	**2**	Team Manager: Adele Peacock; Service Manager: Rob Berry

		MHSOP: Memory Assessment Service York We consider adapting appointments to people's needs and engage different professions as required. If needed, we have offered to break the assessment down into 2 parts and time them according to people's requests if possible. We can adapt the cognitive testing that we do to people's cultural experience, under the guidance of our psychologist. We offer home visits to people who are housebound or without transport. We can also support people to arrange transport. The team have recently updated our patient information leaflet, and we have asked the service user cocreation group to review this to ensure it reads clearly. We regularly use the interpreter service at 'Everyday Language Solutions' commissioned by TEWV as needed to ensure everyone receives a parity of service. Clinicians are encouraged to take part on the free training that is offered on how to work effectively with interpreters.	**2**	Team Manager: Rachel Cruickshanks Service Manager: Jeff Whiley

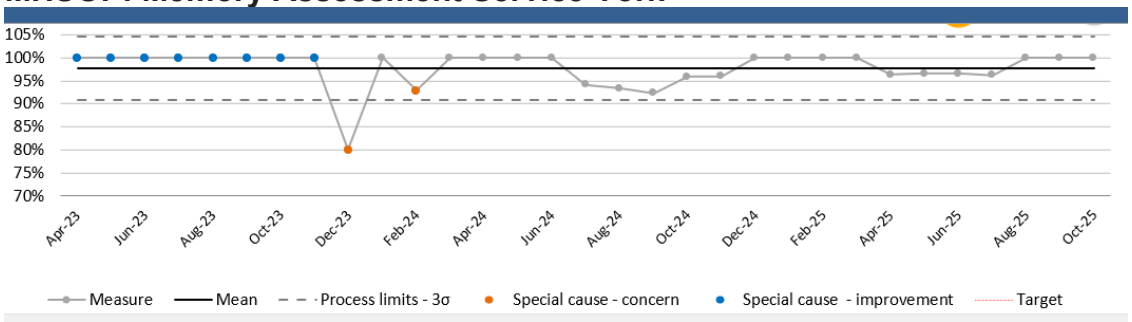
			Average Score: 2	
	1C: When patients (service users) use the service, they are free from harm	**AMH: Whitby & Ryedale Integrated Care Team** Working age adults in the Whitby and Ryedale area may experience risks associated with, rural isolation, employment insecurity/financial stress, substance misuse, delayed help seeking due to stigma in small rural communities. The local factors inform how the CMHT identify, manage and mitigate risks to ensure that patients are protected from avoidable harm. As part of the initial assessment, care planning and ongoing treatment/interventions provided by the CMHT risk is continuously reviewed using a comprehensive risk assessment tool documented in the patient's electronic health records.	**2**	Team Manager: Patrick Appleby-Reid; Service Manager: Nicky Scott

		Risks that are assessed are around the patients risk to self, risk to others and other risk factors such as substance use, social and environmental factors, physical health, social stressors such as housing or employment and safeguarding concerns. Other identified risks may include prescribed medication, administration/effectiveness or side effects and iatrogenic/unintentional harm. Safety summaries identify historical known risks and the patients current risk presentation. There are specific sections completed to reflect the patient's own views of their identified risks/needs, and the views and comments of their families or carers. Risk management plans are collaboratively created with the patient and their family/carers which can be shared with involved people with the consent of the patient. The plan will identify the role/actions that can be taken by the patient themselves, other involved people like carers and family members, then what services can provide that the patient has found useful/helpful/meaningful. The safety summary and plan will include factors that the patient can find triggering and will identify what the individual finds helpful at different stages in their mental health presentation so that early warning signs may be identified and responded to at the earliest opportunity to reduce harm.		

		CAMHS: Selby CAMHS Team All young people complete a collaborative risk assessment when meeting their key worker. This is regularly reviewed and updated through their journey with the service: • A trauma informed walkaround is completed with the support of service users • Staff have completed trauma informed care training • Staff safeguarding training is up to date • Confidentiality and safeguarding are explained at appointments • CCTV has been installed covering the care park as well as communal areas of the building • All staff have up to date DBS	**2**	Team Manager: Adele Peacock; Service Manager: Rob Berry

		MHSOP: Memory Assessment Service York Each patient that has an assessment with our service engages in an assessment of their safety. They are then given a clear safety plan with advice and numbers to contact if they should have concerns about safety in the future. Information is gathered from them, their carers (if appropriate) and primary care services. We have a clear transfer pathway to the community mental health teams if the person is presenting with risks that cannot be safely managed within the memory service. We also have ready access to the TEWV safeguarding team who will respond quickly to any questions or queries and give clear advice and support as to next steps to take to ensure people are safe guarded. There are posters clearly displayed in our waiting area to advise that we do not tolerate hate towards other people, with advice to inform the clinician they see if they do.	**3** **Average Score: 2**	Team Manager: Rachel Cruickshanks Service Manager: Jeff Whiley

	1D: Patients (service users) report positive experiences of the service	**AMH: Whitby & Ryedale Integrated Care Team** The team use I Want Great Care as a structured and accessible way for feedback to be collected of the experiences of patients, their families or carers and our partner organisation colleagues. Feedback can be provided anonymously and at different stages in care delivery. The questionnaire uses clear, simple questions that encourage honest responses. This approach can encourage patients to provide feedback that can be negative or positive and can be inclusive for those people who would be less likely to raise formal complaints or concerns. Feedback can be provided digitally or via a freepost paper version. Feedback can be used to provide service improvement initiatives. The team are able to display feedback to show that the team is listening and any themes or trends can be reviewed. Any service improvements are shared with the trust involvement colleagues and service user groups to ensure they are developed collaboratively to meet the needs of the community. Staff prioritise consistent, compassionate and person-centred interactions which are reflected in the feedback questionnaires received by the team. The results of percentage of patients reporting their experience of good or very good has consistently been around 90-100%, this is reviewed weekly and reported to the locality leadership.	**2**	Team Manager: Patrick Appleby-Reid; Service Manager: Nicky Scott

		CAMHS: Selby CAMHS Team There is limited information on IIC and IWGC in relation to recent feedback from families. The service will look at ways to encourage families to provide feedback about the service so that patient experience can be evidenced and monitored going forward. In December the team have received numerous cards and small gifts from families expressing their gratitude for the help and support that they have been offered. This is however not recognised formally.	**1**	Team Manager: Adele Peacock; Service Manager: Rob Berry
		MHSOP: Memory Assessment Service York  The graph above demonstrates that 95% of people accessing the York memory service last year rated it as good/ very good. We have a high rate of returns (on average 40 a month) for feedback and check these monthly, adapting our service where possible in response. In the future we plan to work with the patient experience leads in TEWV, to break down the feedback forms to have more of an understanding of how people from ethnic minorities are experiencing our service, compared with the wider population, so that we may adapt the service if needed.	**3** **Average Score: 2**	Team Manager: Rachel Cruickshanks Service Manager: Jeff Whiley

Domain 1: Commissioned or provided services overall rating			**8**	

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 Service Provision • Employee Support Service/Employee Psychology Service (including support groups such as Burnout group) • VIVUP wellbeing platform (includes 24-7 Counselling service for staff) • Long Term Health Conditions staff network and numerous other support network groups which meet regularly • Achieved Better Health at Work Award Scheme Gold level in 2024, working towards Continuing Excellence level (assessment October 2025 – campaigns have included Focus on Stress, Occupational Health service, Hard to Reach Staff Groups – Health & Justice (Prisons) Service), Mini MOT - Workplace Health Checks programme & Dignity at Work/Staff Engagement). • Long term sickness absence team • Permanent Reasonable Adjustments Team • Nutrition and weight management programmes • 370+ Health & Wellbeing (H&W) champions • Staff led Health Council meets every two months, four rounds of charitable monies have been allocated to staff following 66 successful project bids, amounting to over £124,000	**2**	Helen Cooke & Michelle Brown (Health & Well-being Leads), Lisa Cole (Head of Inclusive Cultures)

		• Focus on Violence & Aggression and wellbeing, including sexual safety in • the workplace and support for those impacted by domestic abuse • H&W pages on the staff Intranet reviewed and updated • Working carer support - network • Staff Mindfulness Programme • Bereavement Support • Central staff Health and Wellbeing team (2.4 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/bite sized Health & Wellbeing topic to be rolled out across the Trust during 2025 and into 2026 • Face to face Trust Welcome for new staff (Induction) – twice monthly • Employee Psychology service demonstrating positive outcome data for individuals accessing the service. Most staff who access the EPS for support with work-related stress/trauma experience significant improvements in their mental health, general mental well-being and their functioning at work and home		

		• Employee support service receiving 87 referrals per month with 96% of staff recommending the service to colleagues. • Signatory to the Charter for Employers Positive About Mental Health (Mindful Employer) until the 16 April 2027. • Staff Mindfulness Programme providing education for 406 patients and staff per term and demonstrating positive outcome data for the 6 and 8-week courses in relation to mental health, functioning and compassion • Monthly delivery of Schwartz rounds where staff gain insights into how they feel about their work and the lives of patients and carers. • 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 strategy development • 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 • Publication of information Staff survey results (harassment, bullying & abuse) - Age and Gender • Co Facilitated LGBTQ+ Awareness training including lived experience. • Upstander Training available for staff to access trust wide • WRES/WDES/SOWES action plans • Equality objectives (include verbal & physical aggression actions) • Disciplinary data • Support offered following Inphase reported incidents. • Hate crime campaigns. • Staff Council • Staff Support – 24 / 7, 365 days Speak 24 / 7, 365 days Up Guardian service, ESS, EPS	**1**	Helen Cooke & Michelle Brown (Health & Well-being Leads), Lisa Cole (Head of Inclusive Cultures)

		• 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 • Development of an Anti-Racism Steering Group that meets monthly • Show Racism the Red Card Programme and training offered trust wide to staff • Sign up to Anti-Racism Charter		

	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 an EDIHR Team • Staff Networks which all have an Exec Sponsor • 24 / 7 Freedom to Speak Up Guardian Service • PNA – Professional Nurse Advocacy Service • Employee Support Service, VIVUP platform (including Counselling service), Employee Psychology Service • Input from Show Racism the Red Card for staff • The introduction of an Anti-Racism Steering Group • The development of an Anti-Racism Policy • The Trust signed up to the Anti Racism Charter • The EDIHR Team deliver Upstander Training to ward staff • The EDIHR Team have carried out outreach work on wards where high level of discrimination towards staff is being reported. Feedback from staff is escalated to senior management and is also taken to the Anti-Steering Group • The EDIHR Steering Group oversees incidents where discrimination is being reported. The EDIHR Team follow up incidents with staff and managers to offer	**2**	Helen Cooke & Michelle Brown (Health & Well-being Leads), Lisa Cole (Head of Inclusive Cultures)

		support and team support is offered by the EDIHR Team. • The EDIHR Team are working with the police to develop a poster / communications campaign for patient areas regarding incidents of racism, discrimination & sexual safety • Actively work with Unions • 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. • Overall recommend as a place to work: 57.77% • Overall happy for friend or relative to be cared for: 56.45% • Reasons for leaving data broken down by demographics. • Disciplinary data broken down by demographics		

		• Recruitment data by demographics • Trust wide Violence and Aggression Steering Group • Post Incident Peer Support network		
	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 – 2023 – 57.20% 2024 - 57.77%. • Overall happy for friend or relative to be cared for 2023 – 55.39% 2024 - 56.45%. • 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**	Helen Cooke & Michelle Brown (Health & Well-being Leads), Lisa Cole (Head of Inclusive Cultures)
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	• CEO / 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, Armed Forces, and Trans colleagues. • Management group papers on health inequalities	**2**	Sarah Dexter- Smith (Executive Director of People and Culture), Catherine Parker (Consultant in Public Health)

		• Management group minutes inequalities team challenge • Exec sponsorship and chairing of patient safety summit on health inequalities and reflective session • Lived experience 'lunch with leaders' session and health inequalities showcase • Benchmarking exercise against NHS provider inequalities tool completed and presented to EDG and informing future planning and exec objectives		
	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. • Annual report section on health inequalities and presentation at AGM • EDG update on health inequalities exec objectives	**2**	Sarah Dexter- Smith (Executive Director of People and Culture), Catherine Parker (Consultant in Public Health)

	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 • Statement of information on health inequalities published Statement on information on health inequalities - Tees Esk and Wear Valley NHS Foundation Trust and refresh drafted • Executive leadership in place for PCREF	**2**	Sarah Dexter- Smith (Executive Director of People and Culture), Catherine Parker (Consultant in Public Health)

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 5.12.25**		

EDS Organisation Rating (overall rating): 20
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**
Lisa Cole	2025/26
EDS Sponsor	**Authorisation date**
Sarah Dexter-Smith	

AMH: Whitby & Ryedale Integrated Care Team

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 continue to develop the referral criteria, to include our main referrers and service users/lived experience colleagues in the process. To share any updates with partner organisations. To improve access and reduce waiting times for patients.	To work with senior leadership and trust to create a collaborative modernised version of the adult Mental Health Pathway.	April 2026
	1B: Individual patients (service users) health needs are met	To include information on all flexible appointment opportunities available to patients within our first contact/ offer of appointment.	To create a standard communication format that allows patients to be aware of options and make an informed decision about how they may engage with services. To discuss with senior leadership	April 2026

	1C: When patients (service users) use the service, they are free from harm	To continue to provide the opportunities for patients, carers and/ or their family to engage with and contribute to the creation of their risk management plan (safety summary and safety plan). To have this documented in the patient's electronic records and offered a printed version.	To ensure that all staff follow the trust guidance and trust policy on safety management/harm minimisation. To hold regular team meetings where learning can be shared.	April 2026
	1D: Patients (service users) report positive experiences of the service	To continue to use feedback to create/adapt and improve services across the Whitby and Ryedale area	Monitor and review feedback. Make contact with people who have provided feedback where appropriate. To discuss service improvement initiatives with senior leadership within the trust.	April 2026

CAMHS: Selby CAMHS Team

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 that families that require interpreters have a smooth and easy access to this service. To ensure that families requiring assessment through the emotional pathway have a prompt and timely service	Liaise with interpreter service ELS to enable families at assessments and follow up appointments access to interpreters The modern matrons are running a workshop with the team on the new quality care standards to introduce the new waiting time guidelines with the team. Ongoing capacity and demand work with the team to maximise appointment slots in diaries. Continuous work with SPA (single point of access) to ensure that the right people are offered appointments and cut down on wastage.	Ongoing 6.1.26 Ongoing Ongoing

	1B: Individual patients (service users) health needs are met	Continue to offer video sessions for young people if/as and when identified. Continue sending text message reminders for appointments to minimise DNA rates. Increase the number of staff trained in physical health checks to offer wider based appointments than one afternoon	Identified at first appointment and agreed collaboratively to suit family and clinician need Admin to continue sending these on a weekly basis until the CITO booking system is fully in place as reminders can be automatically sent via this system. Discussions to take place with modern matron re training opportunities for health care assistants.	Ongoing CITO Lead to offer a session in team meeting in March 26 Requires follow up as no training identified previously.
	1C: When patients (service users) use the service, they are free from harm	Ensure staff training is up to date around trauma informed care and safeguarding Ensure staff using the building have an up to DBS	Verify training with ESR records within management supervision. Ensure all staff are on the DBS update service and that no new recruits start without a DBS clearance.	Ongoing Ongoing

	1D: Patients (service users) report positive experiences of the service	Increase the numbers of feedback obtained from friends and families for Selby CAMHS	Remind the team again about asking families for feedback at appointments Automatically send the feedback questionnaires with written/posted appointment/discharge letters Put more posters around the building with the feedback details Discuss with how other teams how they have increased their feedback loops and replicate where possible	Ongoing Ongoing Ongoing Date TBC

MHSOP: Memory Assessment Service York

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 gain a clear understanding of percentage of people with ethnic minorities who are accessing the memory service	To acquire a report from the IT team into the current figures. To ensure all clinicians are recording people's ethnic minorities into patient electronic record system- through discussion and team meetings	31st Jan 2026
	1B: Individual patients (service users) health needs are met	To send out patient information leaflet to everyone accessing the service.	To amend leaflet as suggested by co creation group then start sending out.	31st Jan 2026
	1C: When patients (service users) use the service, they are free from harm	For posters in main reception advising that TEWV do not tolerate hate to include contact details from someone outside of their care team	To speak to communication team and diversity lead in TEWV to find out how this can be put in place.	31st April 2026

	1D: Patients (service users) report positive experiences of the service	To gain a clear understanding of how people from ethnic minorities are experiencing the memory service compared with the wider population, so that we can adapt the service as needed	To meet with the patient experience leads to learn how best to break down this information and then report on this at the team meeting monthly	31st March 2026

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	To promote and provide innovative initiatives for work-life balance, healthy lifestyles, encourages and provides opportunity to exercise.	The Health and Wellbeing Team will continue to run specific wellbeing campaigns on specific conditions such as COPD, Asthma and weight management, in the coming year (2025/26) campaigns have focussed on Focus on Stress, Occupational Health service, Hard to Reach Staff Groups – Health & Justice (Prisons) Service), Mini MOT - Workplace Health Checks programme & Dignity at Work/Staff Engagement	Ongoing

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Ensure we support and respond to staff who experience verbal & physical aggression and proactively reduce the number of incidents of verbal aggression from service users, carers, and members of the public towards staff.	To follow the actions detailed in the objective set in 2023 as one of the Trust's 2023-2026 Equality Objectives. Continue to Promote Procedure for Addressing Verbal & Physical Aggression Towards Staff by Patients, Carers Relatives Actions identified as part of the Trust self-assessment – Violence Prevention and Reduction Standard Sexual safety charter actions and support for those affected by domestic abuse.	Ongoing
		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

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source		Rolling out the new Respectful Resolution guides and eLearning - Respectful Resolution, Kind Life | TEWV Intranet	
	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 People Management Bite Size Training sessions. All on Intranet Promote New Managers Programme. - this is being replaced by the Expectations of Line Managers Programme – October 2025. Promote TEWV Leadership and Management Academy. Information session rolled out in 2025. (face to face and MST)	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 improve organisational population health and inequalities planning and governance	Develop organisational population health and inequalities plan and governance framework	03/26
	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 adopt an approach to assess organisational progress in relation to health inequalities in line with the NHS Oversight and Assessment Framework	BoD to implement executive objectives identified from the health inequalities self-assessment.	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.	

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