NHS Equality Delivery System

Name of Organisation:	Warrington and Halton Teaching Hospitals NHS Foundation Trust	**Organisation Board Sponsor/ Lead:**	
		Workforce: Michelle Cloney, Chief People Officer	
		Patients: Ali Kennah, Chief Nurse	
Name of Integrated Care System:	Cheshire and Merseyside		

Equality Delivery System Lead:	Rebecca Patel: Associate Chief People Officer (Culture and Wellbeing)		
Engagement Date(s):	**Engagement Audience:**	**Organisation Involvement:**	

• 5 October 2024
   15 October 2024
   21 October 2024
   28 October 2024
	• Healthwatch Warrington
	• Healthwatch Halton
	• n:Compass
	• Staff Networks
	• Staff Side
	• Clinical / Service Leads
	• Community Partner Groups
	• Deafness Resource Centre
		Individual Organisation:	• Warrington and Halton Teaching Hospitals NHS Foundation Trust

		NHS Partnerships:	• Cheshire and Merseyside Integrated Care System • Mersey and West Lancashire NHS Trust

Date Completed:	December 2024	**Month and Year Published:**	February 2025
Date Authorised:	19 February 2025	**Revision Date:**	December 2025

EDS Rating and Score Card

Trusts are required to score each question based on the score card below. Scores are then combined and added together to provide an over EDS Organisation Score.	
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**

Scoring Breakdown

Domain	Question	Score		
Domain 1: Commissioned or provided services				
Domain 1	**Question 1a:** Patients (service users) have required levels of access to the service.	Cancer Services (Macmillan Delamere Support and Information Service)	2	2
		Ophthalmology	3	
		Endoscopy	2	
	Question 1b: Individual patients (service users) health needs are met.	Cancer Services (Macmillan Delamere Support and Information Service)	3	2
		Ophthalmology	2	
		Endoscopy	2	
	Question 1c: When patients (service users) use the service, they are free from harm	Cancer Services (Macmillan Delamere Support and Information Service)	2	2
		Ophthalmology	2	
		Endoscopy	2	
	Question 1d: Patients (service users) report positive experiences of the service	Cancer Services (Macmillan Delamere Support and Information Service)	2	2
		Ophthalmology	2	
		Endoscopy	2	
Total Domain 1 score (Out of 12)				**8 / 12**

Domain 2: Workforce health and well-being			
Domain 2	**Question 2a:** When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions.	Excelling	3
	Question 2b: When at work, staff are free from abuse, harassment, bullying and physical violence from any source.	Achieving	2
	Question 2c: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.	Achieving	2
	Question 2d: Staff recommend the organisation as a place to work and receive treatment.	Developing	1
Total Domain 2 score (Out of 12)			**8 / 12**
Domain 3: Inclusive Leadership			
Domain 3	**Question 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.	Excelling	3

	Question 3b: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.	Achieving	2
	Question 3c: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.	Achieving	2
Total Domain 3 score (Out of 9)			**7 / 9**

Overall Trust Score (Out of 33)	**Achieving**	**23/33**

Evidence and Scoring

Domain 1: Commissioned or provided services
Question 1a: Patients (service users) have required levels of access to the service.
Lead: Cancer Nurse Transformation Manager, Endoscopy Lead nurse, Ophthalmology Lead Nurse

Stakeholder Engagement Outcome:	Achieving

Summary of evidence: Cancer Services (Delamere Macmillan Support and Information Services)

- **The service is available** to all patients from 16+, visitors and staff 5 days/week from 10am to 4pm along with a 24-hour answering machine
- The service is also available from the Living Well Hub in Warrington on a Monday from 9.30am to 4pm and a Thursday from 9.30am to 12pm
- The **team visits the Programmed Investigation Unit (PIU) and CANtreat** on a daily basis
- Referrals are received from patients, families and providers across Warrington and Halton
- **Access to all services can be located within the 'App'** which is specific for the Delamere Centre (supported with accessibility tools)
- **Promotion of the service** is through attendance and presentations at various events, meetings and Rehabilitation Programme at LiveWire
- **Robust digital promotion** presence via social media, internal staff extranet and external website to dissemination information
- **Generic email address/phone number** to allow all patients, families and service users to access support requests/queries
- **Attend various events** to support the hard-to-reach groups across both communities and support Health Inequalities
- The Macmillan Information & Support Centre **collates data** on behalf of Macmillan relating to protected characteristics including religion
- **Macmillan Quality Environment Mark 4** – 4 domains with accessibility, privacy & dignity, comfort & wellbeing, choice & control, support:
    - Design and use of space
    - The User's Journey
    - The Service Experience
    - The Users Voice

Summary of Evidence: Ophthalmology

- **Patients can be referred to the department** via NHS e-Referral Service (eRS) for non-urgent conditions, these are triaged so the right clinic in a timely manner
- **Urgent conditions** can be referred to the department via Integrated Clinical Environment (ICE) from inpatient wards, ED, GP, Urgent Care Centre
- **Clinics in schools** for special educational needs including the supply of glasses without having further appointments at an opticians
- **Department has own entrance**, making this easier for patients attending by ambulance, to be dropped off directly outside, for accessibility
- **Directional signage for visual impairments** to the area (yellow and black signage)
- **Patients' letters printed on yellow paper** and post clinic letters can be in large print if required
- **Patient Entertainment Portal (PEP)** introduced to allow patients to receive and change their appointments and enable accessibility tools
- **Interpretation support** where English is not the first language including British Sign Language (BSL), members of the clinical workforce (some Orthoptists) can use Makaton signing
- **Trust data to capture patient protected characteristics** through Lorenzo and alert system to provide support and reasonable adjustments information
- **Work with learning disability and autism specialist nursing teams** to arrange suitable appointments to meet the needs of the patient
- We ensure the **needs of patient who lack capacity are met** and have best interest meetings and MDT meetings to support these patients
- **Family and Friends Test Survey** (FFT) April 2023 to March 2024 achieved a positive 96.31% with a 15% response rate

Summary of Evidence: Endoscopy

- **Service available** Monday to Friday 08:00 – 18:00 across both sites at Warrington and Halton, with additional lists on some evening and weekends
- **All sites fully accessible** and Trust systems used to identity support required for patient, for example interpretation services
- **Collaborate with Learning & Autism Specialist Nurse** and Waiting List Team so first appointment used to support patients requiring a quieter environment

- **The Joint Advisory Group on Gastrointestinal Endoscopy (JAG) report** on the Trust Endoscopy service included the following; There were several outstanding examples of individualised patient care and innovation for example:
  - A mental health pathway with Arbury Court Healthcare offering a responsive pathway to patients who have ingested foreign bodies, bypassing A&E and arriving directly to the endoscopy department
  - Nutrition Nurse specialist (new role) is the link nurse within the Trust for patients who require any enteral feeding – looking after new/existing patients who require a PEG.   A PEG passport provides a detailed history of information for each patient with an enteral feeding device fitted. This supports and informs healthcare teams in the Trust and Community of the specific enteral feeding device and associated care
- **Quality Metrics** routinely score >95% in the domains related to Dementia and for learning disability
- The service has the **lowest DNA rate** in the region at 3.49%.
- **All patients are contacted** to agree the dates for their procedures, with additional text messaging service to serve as reminders.

Question 1b: Individual patients (service users) health needs are met.	
Lead: Cancer Nurse Transformation Manager, Endoscopy Lead nurse, Ophthalmology Lead Nurse	
Stakeholder Engagement Outcome:	Achieving

Summary of evidence: Cancer Services (Delamere Macmillan Support and Information Services)
- **Signposting to other services** to support hard to reach communities
- **Working with providers** on social deprivation to ensure hard to reach communities are offered information and support around cancer services.
- The **Macmillan Integrated Information and Support Manager** attends Health Inequality Meetings across Cheshire and Merseyside to enable the Centre to ensure that we are working with and reaching out to those hard-to-reach and seldom heard groups working with provider organisations within each community to reach out to refugees, asylum seekers, mental health, disabilities such as impaired hearing, sight, mobility and speech. Attending meetings with Warrington Disability Awareness and connecting with LGBT groups to enable them to share our support that we offer.
- **Attending events** such as Mela, Hong Kong Community Event, Polish Community Event and Disability Awareness Day (DAD) to raise awareness of the service
- **MCISS Healthcare App** – all information within the App is available in different languages
- **Impairment support** - Easy read booklets available within the Centre and Hearing loop available within the Centre
- **Wheelchair access** for the Centre and Wellbeing Garden available for use
- **Translation and Interpretation services** available through the Trust
- **Healthwatch Listening event** 100% treated with dignity and respect

Summary of Evidence: Ophthalmology
- **Children have a separate area** to wait within the clinic as recommended by Care Quality Commission (CQC)
- **Children's play area** for small children to aid distraction and reduce anxiety for patients/visitors
- **Learning Disability patients** are supported to access the service, at times that better suits them
- **Patients living with dementia** are supported by ensuring they can have all assessments completed at one appointment and to expediate the appointment time if possible
- **Transition services** for young adults with LD by supporting them with change of consultant
- **Eye Clinic Liaison Officer (ECLO**) advises and supports patients with a long-term eye condition and Certificate of Vision Impairment (CVI) registration (this is provided by Royal National Institute of Blind People RNIB)
- **Diabetic patients** who are in clinic for longer periods are provided with a snack box
- **Products containing alcohol** in limited use and declared when required

Summary of Evidence: Endoscopy
- **Work with Cancer Alliance**, best practice to achieve national targets for cancer fast track patients, to ensure they are scoped in a timely manner and results are processed and reviewed
- Introduction of **Care Pathway Assessment**, follows patient journey allowing staff to see support that is required
- **Endoscopy pathway** is designed by Endoscopy team/consultant/lead and reviewed annually
- Unit supports carers staying with patient where possible to support patients
- **Quality Metrics** – response from questions on LD and Dementia – average quality metric for LD - 93% overall for the year to date
  - * Autism, MCA & Mental health 97%   * Dementia 81%
- **Supporting patients** across other Trust areas such as ED , Theatres, for example : GI bleed, Mental Health, Peg fed patients
  - Mental Health and self harm, new provision to remove ED attendance –developed a collaborative mental health pathway for ingestion of foreign body with partners from Gateway Recovery Centre and Elysium Healthcare
- The bookings team will try and meet individual **patient requests** e.g. if patients prefer female/male endoscopist they will facilitate
- **In house teaching** – Northwest Endoscopy Academy, supporting inhouse and enhancing own departmental learning resulting in two Registered Nurses completing the Train the Trainer course
- **Relaunch of #hellomynameis** to build relationship and trust and communications support
- **Translation and Interpretation Service** used and pre-booked based on alert system
- **Increase in staffing** establishment to enhance service

Question 1c: When patients (service users) use the service, they are free from harm

Lead: Cancer Nurse Transformation Manager, Endoscopy Lead nurse, Ophthalmology Lead Nurse

Stakeholder Engagement Outcome:	Achieving

Summary of evidence: Cancer Services (Delamere Macmillan Support and Information Services)
- **Safe space** available to have difficult conversations
- Work towards **Macmillan MQEM Environment** requirements with MQEM Achieved
- Attendance and learnings from 123 Approach to Health Inequalities and Patient Experience and Inclusion training
- **Face to face Health Inequalities and Patient Experience (HIPE) training** has taken place for all members of the team. The training programme has been designed in collaboration with people who have lived experience of cancer and NHS colleagues working across cancer pathways. Enabling the team with the knowledge and skills required to tackle health inequalities and improve patient experience across the cancer pathway.
- Attended **Trust Conscious Inclusion Training** as a team to support patients and colleagues
- Ensure **equality and health inequality impact assessment (EHIA) tools** are used to inform decision-making at all levels and ensure learning from EHIAs is shared widely
- **Address inequalities** in specific patient groups by reaching out to other providers who can support specific patient groups and working with them to ensure all patients receive personalised care for their cancer journey
- To understand where inequalities are experienced in our communities and target support and action to address them through health promotion programmes by working in **collaboration with our partners** across Warrington and Halton to ensure all health inequalities are addressed and people are supported through their cancer experience
- In line with the **Patient Safety Improvement Framework** encourage an improvement culture including equality and health inequality themes
- Learn from **local and national enquiries** and research to improve outcomes for our patients

Summary of Evidence: Ophthalmology
- All staff complete the **Learning Disability and Autism e-learning** modules with compliance rate of 92%
- All staff complete the **safeguarding training** with compliance rate of 93%
- 2 staff have attended the **Trust deaf awareness training**
- Datix is used to report incidents which allows us to understand why incidents have occurred and learn from these
- **Monthly department governance**/lesson learnt discussion
- **Patients falls** are minimal, only 3 falls in the department this year, which shows patients with a visual impairment, or any disability are supported to safely navigate the department
- No endo-ophthalmitis infections from the injection service, showing the **service is safe**
- **Best interest and MDT meetings** take place to support those patients living with LD and Dementia

- Staff in department can use **Makaton** allows us to communicate with non-verbal patients/carers

Summary of Evidence: Endoscopy
- **Cubicle available** to support patients requiring more privacy or support patient requests such as learning disabilities or gender reassignment
- **Morning huddles** in place and staff made aware of patients requiring reasonable adjustments and what they are which includes anything based on previous lived experience and/or concern
- **Freedom To Speak Up Champion** in place to support staff and ensure that environment enables both staff and patients to be safe
- **GOLD Ward accreditation** – aligns with the CQC – safe/caring/responsive/effectiveness/well led
- **Visual risk assessment** completed throughout the day from an environment and design perspective to ensure patients are in correct bedspace
- **Infection, prevention and control** in place to minimise infection risk by ensuring standards are maintained and isolate/escalate if appropriate
- **De-brief huddle** at the end of day

Question 1d: Patients (service users) report positive experiences of the service	
Lead: Cancer Nurse Transformation Manager, Endoscopy Lead nurse, Ophthalmology Lead Nurse	
Stakeholder Engagement Outcome:	**Achieving**

Summary of evidence: Cancer Services (Delamere Macmillan Support and Information Services)
- **MCISS worked with Macmillan**, formed a small group of around 8 people for their feedback about the Delamere Centre
- **Healthwatch Listening Event** – attended the Macmillan Coffee morning and asked a number of attendees questions about the Centre to provide service user feedback
- Healthwatch onsite at the Centre on a monthly basis for a period of time to speak to people in the waiting area about what they thought of the service of the Delamere Centre
- **Support Group** meets monthly at the Centre. Feedback is gained on any experience within the Centre they have
- **Patient Feedback** also available via a comments book
- Held a **Macmillan workshop with providers** from Warrington and Halton to gain feedback of the Centre regarding access of the services, environment, referral process. Feedback received was favourable and confirmed what we are doing is right for our patients and family members.
- We have not received any **complaints** in the three years
- We have received **feedback direct from patients** through 'Thank You' cards and the Visitor's Book. All very positive and support the service patients and their families have received.

- We are also **working with Healthwatch** to complete a bigger survey across both Warrington and Halton and how we can work with hard to reach and seldom-heard communities for future planning. This will be completed in January 2025.

Summary of Evidence: Ophthalmology
- Patients have **praised the department** tin thank you cards stating how they feel their care in the department has been outstanding
- **Feedback from PALs is positive**, as patients have commented when they have been supported by the team and PALs contacts are answered within 72 Hours
- **FFT score** April 2023 to March 2024 was a positive 96.31% with a 15% response rate
- **Compliments** sent via Executive Team for making such a big impact on the care of patients
- Direct feedback from patients having treatment with cards and chocolates to thank the team for their good and excellent care

Summary of Evidence: Endoscopy
- **Patient Story** shared at Trust Board which highlighted:
  - Privacy and dignity maintained throughout
  - Communicated with in a way that was understood by the patient
  - Reassured about my fear of the unknown with compassionate and caring staff
  - Given educational supporting literature on my diagnosis
- Received Trust **Patients Choice Award**
- **Friends & Family Test data** used to look for any improvement work required, then showcased as 'You Said, We Did' and QI work with 95% positive in September
- Service partner feedback

"You should be immensely proud of the work that has gone into this and the amazing teamwork and commitment that has been demonstrated by colleagues at Warrington and Halton. Your ambition and hard work is going to make a significant difference to thousands of families across Cheshire and Merseyside. We are enormously proud to be working with you as a partner of the Cheshire and Merseyside Endoscopy Network."

Domain 2: Workforce health and well-being

Question 2a: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions.

Lead: People Directorate

Stakeholder Engagement Outcome:	**Excelling**

Summary of evidence:

Health and Wellbeing services are available for all staff (temporary and permanent), volunteers and Governors, they include:

- **Occupational Health and Wellbeing (OHWB) –** support, recognising different characteristics may need different levels of support:
  - Options are available for management referrals or self-referrals based on individual needs.
  - Onward referrals to specialist services such as Mental Wellbeing Hub and Rugby League Cares are available
  - Direct support for managers to enable reasonable adjustments to be monitored
  - Workplace sleep ambassador pilot scheme for 2024
  - OHWB Support Services Information and Resources Leaflet
  - Maximus – Access to Work mental health support service
  - Targeted awareness events such has Smart Heart campaign, stress awareness event,
  - Links to Staff Networks to support pastoral support and onward wellbeing support for individual circumstances
  - Dedicated staff MSK physiotherapist appointments available to all staff
  - OHWB support Trust wide events through staff MOT checks – e.g. blood pressure, weight etc. with targeted dates and signposting to local GP / emergency pathways. Specific signposting would include:
    - **Obesity** – OHWB would contact dietetics for support or signpost to Livewire or the Halton support.
    - **Diabetes** – OHWB would signpost to GP.
    - **Asthma** – OHWB would signpost to GP.
    - **COPD** – OHWB would signpost to GP / A&E or the Mental Wellbeing Hub / other external providers
    - **Mental health conditions** – OHWB would signpost to Mental Wellbeing Hub, Get Warrington Talking, Livewire etc.
- **Mental Wellbeing Hub (MWB)–** available for all staff to access – offers a comprehensive range of services designed to support the mental health and overall wellbeing of our staff. This can be completed through a self-referral or via a manager's referral. The service includes coordination with local VCFSE services – e.g., Get Warrington Talking / Livewire / Menopause cafés. By prioritising the mental wellbeing of our staff, WHH Mental Wellbeing Hub aims to create a healthier, more supportive work environment, ensuring a well-rounded person-centred approach to mental wellbeing and ultimately

enhancing staff satisfaction and retention and fulfilling the NHS people promise.

The Mental Wellbeing Hub offers
- o EMDR Therapy
- o CBT
- o CBT Trauma Focused Therapy
- o Clinical Hypnotherapy
- o Talking Therapy
- o Group Therapy
- o Mental Health Workshops / Training to include:
- o Make Every Contact Count for Mental Health (MECCfMH) Public Health England
- o Mental Health First Responder (MHFR)
- o Mindfulness
- o Relaxation sessions for Stress/Anxiety and Depression
- o Wellness Treatments include:
- o Reflexology
- o Indian Head Massage
- o Thai Hand Massage
- o Pilates – new for autumn 2024
- o Breathworks – new for autumn 2024
- o Evidence for the service collates referrals and offers for all staff: total of 344 referrals from December 2023 to July 2024

- **Rugby League Cares -** provide bespoke wellbeing interventions for staff to enhance our current wellbeing offer. Anxiety, stress and depression remains one of the top three sickness absence reasons and the current wellbeing offer is continuing to be enhanced to support our staff. The OffLoad programme is delivered to teams identified as needing additional support because of a distressing incident, cultural issues or behaviour issues.

The programme is delivered by clinically trained current and former Rugby League players who cover the following education sessions: What is mental fitness

- o Stress and coping
- o Positive mindset
- o Analysing negative thinking
- o Managing emotions
- o Building resilience
- o Positive influences

- o Mindfulness
- o Nutrition
- o Sleep
- o Financial wellbeing
- Conditions **do not need to be work related** for a referral to be accepted in any wellbeing service
  - o Occupational Health
  - o Mental Wellbeing
  - o Workforce Occupational Health Physiotherapist
  - o Rugby League Cares
- **Men's Mental Health information leaflet -** sharing internal mental health support contacts and external support services resources
- **Culture and Inclusion Team –** working internally at the Trust and engaging at local / regional events, e.g. Pride Liverpool and Warrington, MELA. Targeted events in the calendar including focused workshops and group sessions as appropriate.
- **Sexual safety in the workplace**: resource and support launched in July 2024
- **Transitioning in the Workplace Policy** completed February 2024
- **Menopause Guidance for Managers and Staff** resource launched October 2024
- **People Promise Exemplar** programme commenced July 2024 to support retention
- **Ramadan and Eid guidance** 2024 for staff and managers, including diabetes support, information for those fasting, and how to support colleagues.
- Refresh of the **LGBTQ+ Wellbeing Guide** for Staff, targeted events in the calendar included focused workshops and group sessions, as appropriate
- **Trust Workplace Passport** and **Reasonable Adjustments Guidance** refreshed communications
  - o External agency support for long-term health conditions included
  - o Access to Work referral process and operating procedure developed
- **Staff Mental Wellbeing and Emotional Resilience Policy**
- **Agile Working #myflex** – refreshed working offer in place to support people to work flexibly with focus targeted on flexible working – pilot of 'preference rostering' for colleagues on two wards, allowing staff to bid for shifts in advance to suit their own work life balance needs. supporting people to work flexibly in work.
- **Culture and Engagement Team –** specifically focused on improving workforce experience and health through Trust wide improvements, e.g. events focused on NHS Games, Movember, getting people talking, encouraging local discussions – e.g. Mental Elf, staff choir, gardening club,

- **Population health and inequalities information review** completed.
- Established a health inequalities group at the Trust to help improve the health of our patients and tackle health inequalities, with representation from patients recruited through our Experts by Experience programme.
- Strengthened our Equalities Impact Assessment by including a strong focus on health inequalities. Reviewed current EIA processes and now have an **Equalities and Health Inequalities Impact Assessment** tool that is used by the Trust when developing a business case or introducing a change to a service area.
- Continue to develop and support wider knowledge of local health issues in the community – e.g. smoking and alcohol dependency.
- **Additional evidence collated –**
- Staff Survey questions broken down by protected characteristics (sex / race / sexual orientation / age / long-term health condition – disability / religion or belief):
  - Question 9d - My immediate manager takes a positive interest in my health and wellbeing. **72.30% up 4.89% on 2022**
  - Question 11a - My organisation takes positive action on health and wellbeing *64.14% compared to 63.46% in 2022*

Question 2b: When at work, staff are free from abuse, harassment, bullying and physical violence from any source.
Lead: People Directorate

Stakeholder Engagement Outcome:	**Achieving**

Summary of evidence:
- **'Restorative just culture' review** across people policies and practices
- Staff Networks now part of **People Policies and Procedures Working Group**, in addition to other representatives across the Trust
- **Resolving Workplace Issues Policy** in place and monitored in ER report
- In-house **Workplace mediation service**
  - Trust identified there was a need to try and resolve workplace issues before reaching formal interventions
  - Mediation Service started in June 2022
  - 15 mediation sessions have taken as of September 2024
  - Formal 'Mediation Training' with accredited suppliers CMP undertaken
  - 14 trained mediators across the Trust, as of October 2024
  - Introduction of a Mediation Network – encouraging and promoting a mediation first approach
- Protected characteristics review for disproportionate reporting via **Freedom to Speak Up**

- Refresh of the Trust zero tolerance approach aligned with the NHS EDI Improvement Plan
  - Linked to the **Trust Violence and Prevention Strategy**
- **Mental Wellbeing Hub**
  - 344 referrals
  - Processes / support in place
- The Trust has a **Chaplaincy and Spiritual Care Team** available for its workforce where support can be sought as required
  - Different faith leads across the community for direct support
- Implementation of metrics, monitoring equality related performance at **Strategic People Committee** (SPC)
- Occupational Health are available to access by management and self-referral – now accessible through a digital system – **Cority**
- All Staff Network leads encouraged and supported to become **Mental Health First Responder** (MHFR)
- Over 50 trained MHFR's across the Trust, with bi-monthly support meetings for MHFR's
- Introduction of **'hate crime'** reporting via Datix – with monitoring to be completed by Health and Safety Sub-Committee
- Improved knowledge around 'hate crime' reporting via HR processes and Datix
- Services can be signposted by professional teams to access **VSFCE** organisations in the local region, e.g. Get Warrington Talking, Live Wire etc. – this is completed by Occupational Health and other services in the Trust
- Updated intranet includes dedicated access to the **'Staff Hub'** platform with resources to support people to access essential information on Occupational health and wellbeing, staff networks rewards and recognitions and external services
- **EDI Training programmes** for managers – including sections on discrimination, harassment and victimisation, being an Ally and Active Bystander:
  - Equality and Health Inequalities Impact Assessment
  - Conscious Inclusion – training for all, with bespoke sessions available to suit teams needs.
  - Pilot programmes of leadership development for EDI
- **Cultural Awareness** programmes
- Dedicated **compassionate and inclusion** programmes
- **Sexual safety in the workplace**: resource and support launched in July 2024
- **Transitioning in the Workplace Policy** completed February 2024
- Full implementation of **Violence Prevention and Reduction Strategy**
- **Let's Talk About…** workspaces on intranet to support continued awareness and knowledge and resources in race, disability, sexual orientation and menopause.

- Implementation of a pilot **Workforce Sexual Orientation Monitoring Standard**

Additional evidence collated –
- o Staff Survey questions broken down by protected characteristics (sex / race / sexual orientation / age / long-term health condition – disability / religion or belief):
  - o Question 13a - In the last 12 months how many times have you personally experienced physical violence at work from... patients / service users, their relatives or other members of the public. **14.57% up compared to 13.74% in 2022**
  - o Question 13b - In the last 12 months how many times have you personally experienced physical violence at work from... managers **0.42% down from 0.47% in 2022**
  - o Question 13c - In the last 12 months how many times have you personally experienced physical violence at work from... other colleagues **1.47% up from 1.34% in 2022**
  - o Question 14a - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from... patients / service users, their relatives or other members of the public **22.22% down from 24.02% in 2022**
  - o Question 14b - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from... managers **7.42% down from 10.82% in 2022**
  - o Question 14c - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from... other colleagues **15.90% down from 19.22% in 2022**

Question 2c: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.	
Lead: People Directorate	
Stakeholder Engagement Outcome:	**Achieving**

Summary of evidence:
- Northwest BAME Assembly certified **WHH Bronze Status** as an anti-racist organisation, August 2024
- Successful re-accreditation of **Navajo Mersey & Cheshire LGBTIAQ+ Charter mark,** July 2024
- **Staff side, Network Chair and Vice-Chair** members of the Workforce Inclusion and Culture Sub-Committee (WISC) (previously Workforce EDI Sub-Committee) and are active members of committees and staff forums across the Trust
  - o Implementation of an Anti-Racist Organisation Working Group
  - o Implementation of a Workforce EDI Steering Group
- **Partnership** meetings in place between Staff side and the People Directorate SNCC

- Guidance and Support materials available to all staff via **Lets talk about…** intranet Hub
- **Anti Racist Organisation working Group** workstreams include inclusive language glossary, reciprocal mentoring programme, drafting guidance on processes around received racial abuse from patients, public and colleagues
- **Executive Sponsors** for all Staff Network groups
- **Freedom to Speak Up:**
  - 31 reported cases 2023-2024
  - **Q1** – 6 disclosures / **Q2** – 6 disclosures / **Q3** 9 disclosures / **Q4** 10 disclosures
  - New Guardian and Deputy Guardian appointed to support 2 and 1 day respectively per week
  - Triangulation of themes linked to Staff Survey results and support being provided as part of the culture programme
  - Guardian walk arounds and surgeries in specific areas across the organisation
  - During October F2SU Month – promotion by F2SU Guardian, deputy Guardian and Champions, Executive lead and Non-Executive Director – undertaking a series of VLOG's to focus on Compassionate Engagement as part of FTSU engagement, links to culture and civility in the workplace and exploring opportunities to support
  - Developing a FTSU Strategy
  - Promoting FTSU training across WHH
  - Bullying and harassment associated themes included training for managers which is underway by the HRBP Team
  - Themes are linked to culture, relationships and civility – 22 cases related to inappropriate attitudes and behaviours.
  - Sessions focused on EDI lens within Freedom to Speak Up delivered, including at Strategic People Committee and Board Development, and All Staff Network meetings.
  - Staff Network Chairs encouraged and supported to become Freedom to Speak Up Champions
  - New Monitoring Information booklet launched to support staff with information about why EDI information is asked
- Implementation of formal **Mediation Training and creation of** a Mediation Network
- Development of **facilitated conversations** training to support knowledge and competency
- **Peer Café** created to a friendly informal café support international recruits who can come chat and gain confidence and meet their peers.
- Review of the **Trust Reciprocal Mentoring Scheme**, targeted initially for the Multi-Ethnic Staff Network, Progress LGBTQ+ and DAN
- **Staff Networks** support processes for people to raise concerns and seek support

Additional evidence collated –

- Staff Survey questions broken down by protected characteristics (sex / race / sexual orientation / age / long-term health condition – disability / religion or belief):

o Question 13d - The last time you experienced physical violence at work, did you or a colleague report it? **73.93% up from 67.58% in 2022**

o Question 14d - The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it? **51.35% up from 47.07% in 2022**

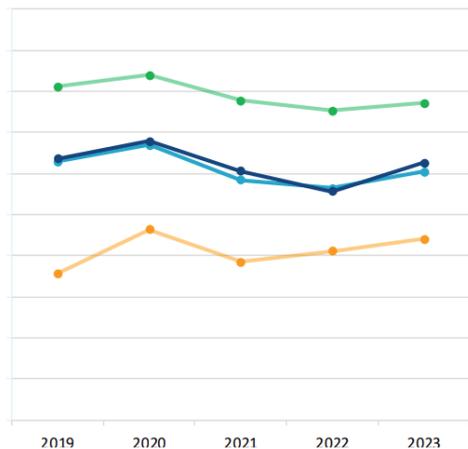| **Question 2d:** Staff recommend the organisation as a place to work and receive treatment.	
Lead: People Directorate	
Stakeholder Engagement Outcome:	**Developing**
Summary of evidence:	

Q25c I would recommend my organisation as a place to work.

	2019	2020	2021	2022	2023
	63.48%	67.81%	60.54%	55.66%	62.68%
	81.18%	83.99%	77.82%	75.24%	77.09%
	62.94%	67.00%	58.40%	56.48%	60.52%

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question
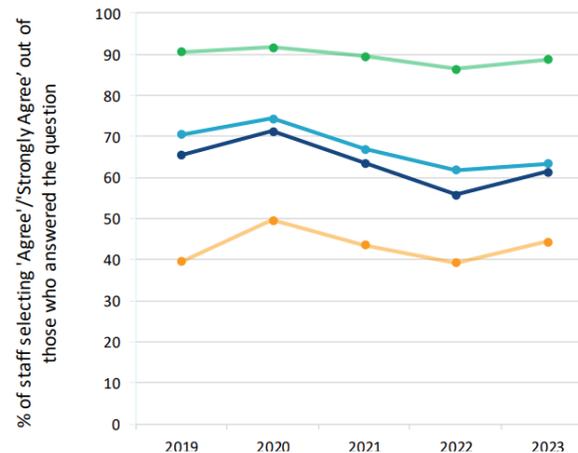
	2019	2020	2021	2022	2023
Your org	65.37%	71.28%	63.60%	55.82%	61.40%
Best result	90.62%	91.76%	89.51%	86.38%	88.82%
Average result	70.57%	74.32%	66.99%	61.82%	63.32%

- **We are WHH: Culture Plan 2024-2027** published March 2024, with three-phase vision
  o Phase 1. Getting the basics right – a good day at work
  o Phase 2. Enhancing workforce experience – what makes you proud at work
  o Phase 3. When we are at our best

- **Collaborative approach** to staff engagement, with a lens of EDI across events – ensuring where possible both are
- In March 2024 the Trust was recognised by NHS England for the high-quality support provided to internationally recruited nurses and midwives. **The NHS Pastoral Care Quality Award** is presented to organisations that have met a set of standards for pastoral and professional support throughout the recruitment process, on joining the organisation and beyond.
- **You Said We Did** – resource for staff of some examples of what we have done and updated since last years Staff Survey
- **Staff Voice Forum and Culture Champions** – empowering our staff by providing a platform to share thoughts, ideas and concerns, Exec feedback is shared and ideas are tested out.
- 'W**hat matters to me'** survey where issues can be raised anonymously.
- **Your Future Your Way programme** implemented Trust wide including a mix of clinical and non-clinical opportunities, with an aim of increasing diversity of the Trust workforce in senior management roles.
- Refreshed WHH flexible working offer, Renamed to **#myflexWHH** a proactive inclusive approach to flexible working. Trial and pilot 'preference rostering' for our shift workers on two wards to bid for shifts in advance to suit their own work/life balance needs
- **Menopause Guidance for Managers and Staff** resource launched October 2024
- Staff Survey questions broken down by protected characteristics (sex / race / sexual orientation / age / long-term health condition – disability / religion or belief):
  - Question 25c - I would recommend my organisation as a place to work, **7% improvement in 2023**
  - Question 25d - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation**, 5.58% improvement in 2023**.

Domain 3: Inclusive Leadership

Question 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.

Lead: Executive Team / Deputy Chief People Officer / Head of Culture and Inclusion

Stakeholder Engagement Outcome:	**Excelling**

Summary of evidence:

- **Trust Board and Committees** have examples of lived experience stories which highlight continued learning and work to improve the experiences of patients and WHH workforce. Stories often focus on health inequalities or known barriers to accessing care. This allows for discussions around Trust approach and targeted discussion setting for the Board meeting.
- **Workforce EDI – Strategic People Committee** regularly review workforce equality related matters as standing items on the Cycle of Business. This includes equality related reporting and bi-annual Health and Wellbeing Guardian reports.
  - Workforce EDI Sub-Committee reports bi-monthly into Strategic People Committee via a Chairs Log – including Staff Network updates.
  - This committee transitioned to the Workforce Inclusion and Culture Sub-Committee from May 2024 recognising the impact of culture, sexual safety and staff survey to the EDI agenda.
- **Patient EDI – Quality Assurance Committee** regularly review patient equality related matters as standing items and patient stories. Examples of patient stories included, patients living with a learning disability, mental health etc.
  - Patient EDI Sub-Committee reports bi-monthly into this committee.
  - This committee transitioned to the Patient Experience and Inclusion Sub-Committee from November 2024 recognising the interlink to patient experience and EDI.
- **Staff Networks are sponsored** by the Executive Chief People Officer and meet quarterly with the Chief Executive Officer to discuss progress, thematic reviews and opportunities for development. This includes the following Staff Networks:
  - Multi-Ethnic Staff Network
  - Progress LGBTQ+ Staff Network
  - Disability Awareness Network
  - Armed Forces and Military Veterans Network
  - Women's Staff Network – new for 2024/25
- **Executive sponsors** in place for each Staff Network:
  - Multi-Ethnic Staff Network – Director of Communications and Engagement
  - Progress LGBTQ+ Staff Network – Executive Medical Director
  - Disability Awareness Network – Chief Operating Officer
  - Armed Forces and Military Veterans Network – Chief Nurse

- o Women's Staff Network – new for 2024/25 – Chief Strategy and Partnerships Officer
- **Each Staff Network has a ringfenced budget** within the workforce EDI portfolio available for Staff Network related activities to progress and respond to the needs of the network.
- **Strategy report** published to Trust Board focused on health inequalities and the approach the organisation has committed to as an 'Anchor Institute' across Warrington and Halton boroughs.
  - o Continued work across the five metrics for improvement:
    - restoring NHS services inclusively
    - mitigating against digital exclusion
    - ensuring datasets are complete and timely
    - accelerating preventative programmes
    - strengthening leadership and accountability.
  - o Halton Health and Wellbeing – The Trust Director of Strategy and Partnerships co-chairs the Wider Determinants workstream within the One Halton place-based partnership. The workstream aims to address factors affecting the overall health and wellbeing of Halton residents focussing on economic regeneration, (violent) crime reduction, workforce and education, living conditions, adopting a Marmot approach.
  - o Prevention Pledge – The Trust was an early adopter of the prevention pledge across Cheshire and Merseyside, recognising how the community continues to experience widespread preventable illness and inequalities in health.
  - o Appointment of the Director of Strategy and Partnerships as the named executive board-level lead for health inequalities.
  - o The Chief Nurse is the executive lead for the patient and service users' equality, diversity and inclusion agenda.
  - o The Chief People Officer is the executive lead for the workforce equality, diversity and inclusion agenda.
  - o Tackling health inequalities embedded within Trust strategic priorities for 2023 to 2026.
  - o Appointment to the role of Director of Population Health and Inequalities.
  - o Signed-up to the Cheshire and Merseyside Anchor Institution Charter.
  - o Recipient of the Cheshire and Merseyside Social Value Award.
  - o Ensuring health inequalities is a key agenda item for all – the focus of the Trust Quality Academy Summit (led by the Executive Medical Director) on 4 July 2024 was reducing health inequalities and patient and public involvement. This highlighted the importance of this agenda in achieving exceptional quality healthcare for all through equitable access, excellent experience and optimal outcomes. 114 individuals came together from across the Trust, our Governors, Experts by Experience and external partners.
- **Business Case proposals** including equality related matters for review, for example, Halton Health Hub, Breast Screening Relocation and the C&M Community Diagnostic Centre.

- **Leadership Observations** launched in July 2022 and are completed in the hour prior to Trust Board commencing. All board members are allocated an area of the Trust (corporate and clinical) to complete an observation. Included in the discussions are CQC red flag indicators, patient safety, patient and workforce experience and equality, diversity and inclusion related matters, including accessibility of services.
- **Chairman and Chief Executive** activity reports produced for each Trust Board, including activity detail for attending, partaking and/or showing interest in religious, cultural or local events and/or celebrations.

Question 3b: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.	
Lead: Executive Team / Deputy Chief People Officer / Head of Culture and Inclusion	
Stakeholder Engagement Outcome:	**Achieving**

Summary of evidence:
- **Equality and Health Inequalities** are agenda items and standing core items on some Board/ Sub-Committees Cycle of Business.
- Workforce EDI – Strategic People Committee regularly **review workforce equality related matters** as standing items on the Cycle of Business. This includes equality related reporting and bi-annual Health and Wellbeing Guardian reports.
    o Workforce EDI Sub-Committee reports bi-monthly into Strategic People Committee (Chairs Log) – including Staff Network updates.
    o This committee transitioned to the Workforce Inclusion and Culture Sub-Committee from May 2024 recognising the impact of culture, sexual safety and staff survey to the EDI agenda.
- Patient EDI – Quality Assurance Committee regularly **review patient equality related matters** as standing items and patient stories. Examples of patient stories included, patients living with a learning disability, mental health etc. **Safeguarding sub-groups have key equality related concerns** (e.g. Mental Health and Learning Disabilities and Autism).
    o This committee transitioned to the Patient Experience and Inclusion Sub-Committee from November 2024 recognising the interlink to patient experience and EDI.
- All policy templates, including standard operating procedures and guidance documents include **an equality impact assessment (EIA) as standard**. This ensures that the author must record their equality related findings. To support this, from June 2022 the Culture and Inclusion and Patient EDI Teams sit on Trust policy and procedure groups to monitor EIA reporting. Policies that require Trust Board sign off, e.g., Accessible Information Standards, including the EIA for reference and discussion. Clinical associated policies are reported via Quality Assurance Committee with workforce policies reported via the Strategic People Committee.

- An updated process is underway to manage equality impact assessments to ensure they are completed for all policies and projects in line with the Public Sector Equality Duty.
- Evidence of **COVID-19 Risk Assessments** are completed, monitored and tracked with a robust governance process in place for identifying risks and planning mitigation. Managers were alerted where risk assessments were not completed and BAME Staff were included in the risk associations requiring a risk assessment to be implemented.
- Introduction of **Equality and Health Inequalities Impact Assessments** – to ensure alignment with existing Trust processes, embedding health inequalities as part of business-as-usual activity, there has been a review of the equality analysis process as a Trust. This now requires leaders and decision-makers to review the need to complete a **Health Equity Assessment Tool (HEAT)** within the existing Equality Impact Assessment process.
- **Health inequalities approach** embedded into Occupational Health and Wellbeing delivery

Question 3c: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.

Lead: Executive Team / Deputy Chief People Officer / Head of Culture and Inclusion

Stakeholder Engagement Outcome:	Achieving

Summary of evidence:
- The Trust completes all **statutory reporting** on an annual basis, this is reported via Strategic People Committee (SPC) and updated via the SPC Assurance Report to Trust Board. Some reporting is directly linked to the Trust Board and is reported via other committees, including Council of Governors.
- Patient related equality reporting has oversight and approval monitoring from the **Quality Assurance Committee**, recorded as (+QAC) below. This includes:
  - Equality Duty Assurance Report (+QAC)
  - Workforce Equality Analysis Report
  - Gender Pay Gap reporting
  - Ethnicity Pay Gap reporting
  - Equality Delivery System (+QAC)
  - Workforce Race Equality Standards (WRES)
  - Workforce Disability Equality Standards (WDES)
- This allows for detailed discussions and deep dives into datasets to ensure that monitoring of tools is achieved. The SPC delegate responsibility for oversight of all equality, diversity and inclusion related matters for workforce to the Workforce Inclusion and Culture Sub-Committee, chaired by the Chief People Officer.
- The Trust ascertained **year on year improvement for WRES/WDES performance** (2023/24 datasets). Specifically noting performance improvement in Staff Survey and retention metrics.

- The Trust completes a '**Workforce EDI Strategy / EDI Improvement Plan' report bi-annually** to the Strategic People Committee and Clinical Quality Focus Group which provides an update on the trajectory outlined in the WRES 'Model Employer' Strategy.
  - Progress against this report monitors the representation of leaders against the local population by ethnicity. This similarly is reporting and discussed by the Council of Governors bi-annually.
  - Progress against this trajectory remains above target year on year.
- The Trust has **launched a Violence, Prevention and Reduction Strategy** which in turn will support improved focus on bullying and harassment indicators in WRES and WDES with equality related monitoring. An EDI lens has been applied to the Strategy as was presented to Trust Board for assurance in September 2022. A refreshed review is being undertaken led by the Deputy Chief Nurse in 2024/25, with EDI considerations applied.

Action Plan

Domain	Outcome	Cancer Services: Macmillan Delamere Support and Information Service	Ophthalmology	Endoscopy
Domain 1	1A: Patients (service users) have required levels of access to the service	• Increase current disability parking for cancer patients visiting the facility • Increase awareness of service offering support • Increase number of people aware of services offered at Delamere Centre • Increase the services available via the App for those living with and beyond cancer, including hard-to-reach communities	• Improve accessibility in the department through the provision of electronic doors • Implementation of digital screen to support individuals hard of hearing • Consultation to review clinic times • Increased clinical activity at Halton Health Hub	• Enable positive and negative feedback to be shared with team • Team are able to articulate actions responding to patient feedback • Work with Estates and facilities team to accommodate different seating height levels • Explore options to improve patient booking and management of appointments
Domain 1	1B: Individual patients (service users) health needs are met	• To continue to support hard to reach communities within Warrington and Halton by raising awareness by attending cultural events	• Feasibility study to improve access within clinic for older children aged 10+ years • Feasibility study for quiet room implemented within department to	• Care Pathway Assessment to be further developed as required • Enable named Champions within department such as

			support patient requirements	LD Champion, Dementia Champion • To continue mandatory training compliance
Domain 1	1C: When patients (service users) use the service, they are free from harm	• To continue work towards best practice for the MQEM requirements for the environment of the centre. • Collect more structured feedback • Set-up a Service User Group to provide direction • All members of the team to have completed all mandatory e-learning regarding equality, diversity, human rights, LD, Autism, Dementia and Adult safeguarding	• Increase the number of Nurses and Orthoptists to attend British Sign Language course and deaf awareness training • Implement a Service User Group	• Engagement with community groups • Team to attend Trust Conscious Inclusion training • Undertake communications audit

		• An EHIA to be completed for all work and services identified within the centre		
Domain 1	1D: Patients (service users) report positive experiences of the service	• Develop action plan to support National Cancer Patient Experience survey • Implement a local survey relating to patient experience in partnership with Healthwatch • To support hard-to-reach communities offering support and information relevant to culture, religion or deprived areas • To continue work with Cheshire Cancer Alliance to share best practice	• Increase FFT response • Capture patient experience to celebrate and highlight improvements • Develop virtual tours for patients available on external Trust website	• Monitor results of FFT and observations to identify areas for improvement • Analyse free text comments within FFT results to identify any theme changes • Work with Trust Knowledge and Evidence Service to identify best practice • Maintain a "you said, we did" approach within the department to highlight and act upon patient feedback

Domain	Outcome	Objective	Completion Date
Domain 2	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	- Continue to embed data triangulation approach in Occupational Health to identify themes on protected characteristics. - Annual review of health and wellbeing offer aligned to national Health and Wellbeing framework and EDI lens	Q4 2025/26
Domain 2	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	- Develop refreshed campaign aligned to staff survey results and EDI Improvement plan (HI6) - Triangulate WRES / WDES data with organisation incident reporting and Freedom To Speak Up disclosures to identify hotspot areas for targeted interventions	Q3 2025/26
Domain 2	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	- Training Needs Analysis undertaken for Staff Network Chairs and Vice Chairs to support any development needs - Embed workforce EDI inequalities into organisational Freedom To Speak Up action plan	Q2 2025/26
Domain 2	2D: Staff recommend the organisation as a place to work and receive treatment	- Review of organisational health and wellbeing offer aligned to health inequalities - Review engagement data points to deploy supportive resources equitably	Q1 2025/26

Domain	Outcome	Objective	Completion Date
Domain 3	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	• Review EIA training package and refresh for organisation aligned to health inequalities.	Q2 2025/26
Domain 3	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	• Develop and undertake EIA audit programme for qualitative assurance to embed learning	Q2 2025/26
Domain 3	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	• Embedding reciprocal mentoring programme aligned to updated staff survey results • Develop and implement shadowing programme within organisation	Q4 2025/26

If you require this document in a different format please contact the Culture Inclusion and Engagement Team by email at whh.inclusion@nhs.net or by telephone on 01925 636911