



Warrington and Halton
Teaching Hospitals
NHS Foundation Trust

Equality Delivery System

2022/23

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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: Kimberley Salmon-Jamieson, Chief Nurse and Deputy Chief Executive
Name of Integrated Care System:	Cheshire and Merseyside	

Equality Delivery System Lead:	Adam Harrison-Moran, Head of Workforce EDI Jen McCartney, Head of Patient Experience and EDI		
		Organisation Involvement:	
Engagement Date(s):	<ul style="list-style-type: none"> • 24th January 2023 • 26th January 2023 • 27th January 2023 • 9th February 2023 • 15th February 2023 	Individual Organisation:	Warrington and Halton Teaching Hospitals NHS Foundation Trust
		Partnership:	Healthwatch Liverpool Women's NHS Foundation Trust Wirral University Teaching Hospital NHS Foundation Trust
		Integrated Care System:	Collaborative across the Cheshire and Merseyside Integrated Care System

Date Completed:	15 th February 2023	Month and Year Published:	February 2023
Date Authorised:	22 nd February 2023 by the Trust Strategic People Committee	Revision Date:	Review of data to be completed quarter 2 and 3 of 2023/24

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.	Developing	1
	Question 1b: Individual patients (service users) health needs are met.	Excelling	3
	Question 1c: When patients (service users) use the service, they are free from harm	Achieving	2
	Question 1d: Patients (service users) report positive experiences of the service	Achieving	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.	Achieving	2
	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)			7 / 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.	Achieving	2
	Question 3b: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.	Developing	1
	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)			5 / 9
Overall Trust Score (Out of 33)		Developing	20 / 33

Evidence and Scoring

Domain 1: Commissioned or provided services	
Question 1a: Patients (service users) have required levels of access to the service.	
Lead: Director of Midwifery / Long COVID Service Manager / Head of Patient Experience and Inclusion	
Stakeholder Engagement Outcome:	Developing
<p>Maternity Services:</p> <ul style="list-style-type: none"> ▪ The Trust collates data for protected characteristics however currently only has sufficient information for review, for, ethnicity, age, sex, pregnancy and maternity, religion and belief. ▪ Friends and Family Test results highlight 98% positive recommendation rate for Maternity services for the annual period of reporting. ▪ Maternity Survey 2021 results included demographic reviews for age, ethnicity, religion, sexuality (LGB+) and gender. <ul style="list-style-type: none"> ▪ C23. Thinking about your care during labour and birth, were you treated with respect and dignity? – Scored 9.2/10 ▪ Question F10 - Did you have confidence and trust in the midwife or midwifery team you saw or spoke to after going home? – Scored 8.3/10 ▪ BadgerNet is launched with the opportunity to self-record <u>some</u> diversity monitoring information. A Trust wide action plan is supported by the Patient EDI Strategy to improve monitoring information for all protected characteristics. <p>Long COVID:</p> <ul style="list-style-type: none"> ▪ The Trust collates data for protected characteristics however currently only has sufficient information for review, for, ethnicity, age, sex, pregnancy and maternity, religion and belief. ▪ Friends and Family Test results highlight 93% positive recommendation rate for the Long COVID service for the annual period of reporting. ▪ The service have made a targeted effort to engage with vulnerable and seldom heard groups to improve the accessibility of the service including charities, prisons, and multi faith groups. ▪ Leaflets containing information of the service has been delivered to over 50 local services including information on long COVID and how to access the service. ▪ Monthly GP newsletters are shared to actively encourage referrals into the service. ▪ Cafés have been set up in conjunction with social prescribers linked to the service to support an ongoing holistic approach to Long COVID care. 	

Question 1b: Individual patients (service users) health needs are met.

Lead: Director of Midwifery / Long COVID Service Manager / Head of Patient Experience and Inclusion

Stakeholder Engagement Outcome:

Excelling

Maternity Services:

- External data analysis review was completed of Maternity Care, recognising the importance of having dedicated continuity resource for vulnerable people accessing Warrington and Halton Teaching Hospitals
 - **Creation / ongoing development of Team River** – predominantly Warrington based
 - **Creation / ongoing development of Team Sunlight** - predominantly Halton based (following the merge of services from Bridgewater Community Health).
- Activity and referrals are actively monitored by BadgerNet to enhance multi-disciplinary approaches with referrals increasing overtime.
- Trust has setup a automated referral process via BadgerNet to the Family Nurse Partnership service ran by Bridgewater Community – to maximise on referrals and collates information from antenatal and provides this immediately to the dedicated team to ensure health needs can be considered in real time.
- In line with MBRACE-UK the Trust has linked this report to the MVP – who actively seek the views within the community for people of minority ethnic groups or vulnerable communities.

Long COVID:

- The Trust has established functions within the organisation to support the involvement of service users, carers and diverse groups in decision making and patient centered care pathways. Working with Communities Strategy is in place – included against a stakeholder map.
- In addition to extensive information sharing with the community the service has carried out visits to share the details of the service and how to be referred. For example recognising that COVID-19 cases in prisons were high and people may required support with long covid the service visited and developed relationships with local prisons to enable information sharing and support.
- The service is currently operating on a new model, adapting based on evidence to support Long COVID and in doing so is interacting with patients and the public (as evidenced on page 149 of pack).
- Service is reviewing opportunities to incorporate Qigong into its wellbeing treatment and currently utilises the English National Opera to support with breathing techniques.
- Social cafés working in conjunction with social prescribers to remove the traditional hospital environment and support wellbeing and care in a holistic approach.

- The service identified the GP's that served the most deprived area, due to research showing that people who lived in deprivation were more likely to contract COVID-19 as well as BME groups.
- The service has developed relationships with social prescribers and have attended social groups to receive feedback and understand lived experience allowing for improvements to be identified e.g., improvements made to patient letters. The main prescribers commissioned being: WDP, Warrington Wellbeing and Wellbeing Enterprises at Halton.
- Friends and Family data demonstrates an annual positive recommendation rate of 93%

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

Lead: Director of Midwifery / Long COVID Service Manager / Head of Patient Experience and Inclusion

Stakeholder Engagement Outcome:

Achieving

Maternity Services:

- Organisation has extensive processes in place to support incident reporting and risk assurance for all people across protected characteristics.
- Organisation has introduced monitoring of 'hate crime' within its incident reporting system, with a clear reporting route of the Health and Safety Sub-Committee to address incidents – this is aligned to Domain 2 of the EDS 2022.
- Freedom to Speak Up Guardian and Champions in place within Maternity Services – representative from a diverse range of backgrounds, staff groups and professional bodies.
- Introduction of Maternity Safety Champions – Executive and Non-Executive Director led.
- Professional Midwifery Advocates.
- Continuity Teams work in conjunction as one to support mandatory training compliance, utilising lived experience of people in their care to drive positive improvement and learning.
- EDI Leads linked to equality and health inequality related safety risks/themes to ensure representative views and health inequalities considerations.

Long COVID:

- Organisation has extensive processes in place to support incident reporting and risk assurance for all people across protected characteristics.
- Organisation has introduced monitoring of 'hate crime' within its incident reporting system, with a clear reporting route of the Health and Safety Sub-Committee to address incidents – this is aligned to Domain 2 of the EDS 2022.
- Freedom to Speak Up Guardian and Champions in place– representative from a diverse range of backgrounds, staff groups and professional bodies.

- EDI Leads linked to equality and health inequality related safety risks/themes to ensure representative views and health inequalities considerations.
- 0 Never Events in place across the service.
- Complaints and SIs are reviewed against any equality related impact, and are actioned by equality leads as and when required.
- Review of Equality Impact Assessment underway to ensure all protected groups are considered.

Question 1d: Patients (service users) report positive experiences of the service

Lead: Director of Midwifery / Long COVID Service Manager / Head of Patient Experience and Inclusion

Stakeholder Engagement Outcome:

Achieving

Maternity Services:

- Organisation has expanded the use of FFT to include accessibility features supporting neurodiverse people, people where English is not their first language and where accessibility tools such as contrast change, font size and read aloud is required – this has ensured a wider range of people with protected characteristics can share their experience.
- The National Maternity Survey includes specific reference to accessibility documentation.
- Maternity Governance meetings include the MVP as an agenda item to support learning and collaboration with evidence-based action plans.
- People’s experiences are embedded into the National Survey development workstreams – with MVP Sub-Groups forming based on experience and supporting the development of the Trust Moving to Outstanding workstreams (Ockenden / MBRACE).
- 15 Step Challenge review completed on site across all Maternity services lead by the MVP.
- Healthwatch supporting with Maternity walk arounds with future listening events to be held.
- BadgerNet launched with engagement of people using the service with a full EQIA completed across all groups.

Long COVID:

- Organisation has expanded the use of FFT to include accessibility features:
 - Supporting neurodiverse people,
 - People where English is not their first language
 - Accessibility tools such as contrast change, font size and read aloud are included
- This has ensured a wider range of people with protected characteristics can share their experience and learnings can be applied.
- FFT can collate information based on protected characteristics.

- Case studies are embedded for the service based on experience – with specific reference to protected characteristics and impact on socioeconomic factors outside of healthcare, providing a connected approach to patient voice.

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: **Achieving**

Summary of evidence:

- Occupational Health service available for all staff, with management and non-management referrals accepted.
- Mental Health and Wellbeing offer – targeted against National Campaigns.
- Targeted health and wellbeing support in areas of high sickness, led by HR Business Partners.
- Implementation of the LGBTQ+ Wellbeing Guide for Staff.
- Introduction of the Agile Working Task and Finish Group and policy.
- NHS Staff Survey (Questions 9c and 11a) broken down by protected characteristic to monitor outcomes based on organisational response.
 - Findings were less favourable in ages 21-30, people of male sex, people who declared 'Yes' to having a disability and those who declared 'No religion', 'Muslim' and 'Other religion'.

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:

- Policy reviews in line with 'restorative just culture' review – including the introduction of the 'Resolving Workplace Issues' policy.
- Accredited Mediation Training in place with an internal mediation network.
- Introduction of the Violence and Prevention Strategy – supporting the Trusts zero tolerance approach for workforce.

- Formation of equality and diversity metrics to be monitored in line with the strategy delivery plan.
- Introduction of 'hate crime' reporting via the Trust Incident Management System, allowing for focused monitoring of incidents and assurance of actions taken to mitigate and support staff.
- Occupational Health and Mental Wellbeing Hub support for staff who are impacted by any form of abuse, harassment, bullying or physical violence. This includes signposting to local VCFSE organisations where applicable or required.
- Chaplaincy and Spiritual Care Team available for staff where support may be required.
- Dedicated resources via the Trust extranet, with both internal and external services to support staff.
- NHS Staff Survey (Question 13a-c and 14a-c) broken down by protected characteristic to monitor outcomes based on organisational response.
- Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) outcomes and action plan updates for 2021/22 and 2022/23.

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:

- Implementation of 4 Staff Networks:
 - Multi-Ethnic Staff Network – The Chair of this Network is also a Freedom to Speak Up Champion
 - Disability Staff Network
 - PROGRESS Staff Network – The Chair of this Network is also a Freedom to Speak Up Champion
 - Armed Forces and Military Veterans Community Staff Network
- Trade Union representatives on the Workforce EDI Sub-Committee, as well as active members of other workforce related forums and groups.
- Partnership meetings in place between the People Directorate and Staff side.
- Freedom to Speak Up integrated into the Trust culture with updates reported via Workforce EDI Sub-Committee, Strategic People Committee and Trust Board.
- Implementation of a Mediation Network with accredited training opportunities.
- Piloted Reciprocal Mentoring programme.
- Equality Impact Assessments are integrated into policy design and development, as well as other organisational processes. An updated process has been designed to ensure quality and accuracy is monitored and maintained.

- NHS Staff Survey (Question 13d and 14d) broken down by protected characteristic to monitor outcomes based on organisational response.

Question 2d: Staff recommend the organisation as a place to work and receive treatment.

Lead: People Directorate

Stakeholder Engagement Outcome: **Developing**

Summary of evidence:

- NHS Staff Survey (Question 21c and 21d) broken down by protected characteristics to monitor outcomes based on organisational response.
 - Overall rating for recommending the Trust as a place to work – 60.7%
 - Overall rating for recommending the Trust as a place to receive treatment – 63.7%

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 Workforce EDI

Stakeholder Engagement Outcome: **Achieving**

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 with a lens 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 (Chairs Log) – including Staff Network updates.
- 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.

- 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:
 - Multi-Ethnic Staff Network
 - PROGRESS Staff Network (LGBTQ+)
 - Disability Awareness Network
 - Armed Forces and Military Veterans Network
- Reciprocal Mentoring Programme continued in 2022/23 with members of Staff Networks (Multi-Ethnic Staff Network, PROGRESS and Disability Awareness Network) and Executive Board (Band 9 and VSM) members. This included:
 - Chief Executive
 - Chief People Officer
 - Chief Finance Officer and Deputy Chief Executive
 - Chief Nurse and Deputy Chief Executive
 - Chief Operating Officer
 - Executive Medical Director
 - Deputy Medical Director
 - Deputy Chief Finance Officer
 - Deputy Chief People Officer
 - Deputy Chief Nurse
- Strategy reports focused on health inequalities and the approach the organisation has committed to as an 'Anchor Institute' across Warrington and Halton boroughs.
 - Acute Collaboration – An Oversight Group has been established with St Helens and Knowsley Teaching Hospitals to identify opportunities to tackle care backlogs, address health inequalities and deliver more efficient sustainable services for local populations.
 - New Hospitals Expressions of Interest included reference to health inequalities and EDI matters in association with care delivery.
 - Overall Strategy Refresh – plans underway with engagement prepared for refresh approval in March 2023.
 - Trust signed up to the Anchor Institution Charter & Principles.
- 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:
 - Meetings between the Trust and Warrington Ethnic Communities Association (WECA) – Chairman and Cllr Hussein meeting in August 2022 to continue to develop the relationship between the Trust and Warrington’s minority ethnic communities.
 - Attendance at inaugural Asian Professionals Networks Association (APNA)
 - Chairman and Chief People Officer were attendees and speakers at the Asian Fire Association Conference on equality and leadership associated matters.
- Chair of the Board has commissioned an EDI package to support Board members and Governors with equality development and risk association, including:
 - 3 Board development days to be undertaken over 15 months.
 - Governors EDI Session
 - Masterclasses on Allyship and its impact.

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 Workforce EDI

Stakeholder Engagement Outcome:

Developing

Summary of evidence:

- Equality and Health Inequalities are agenda items and standing core items on some Board/ Sub-Committees Cycle of Business. This is not currently associated with all Board level papers and meetings.
- 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 (Chairs Log) – including Staff Network updates.
- 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).
- 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 Workforce 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.
- Equality impact assessments sit on the organisation Risk Register for patients and workforce, with progress reports updated via the Workforce and Patient EDI Sub-Committee, chaired by the Chief People Officer and Deputy Chief Nurse.
- 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.

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 Workforce EDI

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
 - 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 EDI Sub-Committee, chaired by the Chief People Officer.

- The Trust ascertained year on year improvement for WRES/WDES performance (2021/22 datasets) – improvements associate with indicators 1/2/3/6/9. There is however significant work to improve other indicators which is monitored at WEDISC, SPC and Board.
- The Trust completes a 'BAME Representation' 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.

Action Plan

Domain	Outcome	Maternity	Long COVID	Completion Date
Domain 1	1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> • Equality and Diversity Monitoring campaign to increase diversity information. • Review of handheld digital platform to improve monitoring details that can be self-recorded. • Analysis reports to enhance monitoring of information when collated. • Integrate the current Friends and Family Test online survey into the BadgerNet application tool to increase monitoring information 	<ul style="list-style-type: none"> • Equality and Diversity Monitoring campaign to increase diversity information. • Review of handheld digital platform to improve monitoring details that can be self-recorded. • Analysis reports to enhance monitoring of information when collated. • Enhance FFT response rate by improving touchpoints for feedback. • Collating and sharing Case Studies internally and externally 	
Domain 1	1B: Individual patients (service users) health needs are met	<ul style="list-style-type: none"> • Following the EDS 2022 review for Maternity Care, enhanced partnership working as a system to develop maternity services addressing 	<ul style="list-style-type: none"> • Enhanced system working to influence and promote partnership working across PLACE and the wider system 	

		<p>health inequalities and local evidence-based approaches.</p> <ul style="list-style-type: none"> • Further work to co-produce maternity services with the community • Full engagement with patients, community groups, and the public, to design and review services with Maternity Teams 		
Domain 1	1C: When patients (service users) use the service, they are free from harm	<ul style="list-style-type: none"> • To embed the recommendations set out within the PSIRF, to integrate Patient Safety Partners into the organisations processes and systems. • Enhanced work between Maternity Voice Partnerships and governance processes to triangulate incident data with external feedback and views. • Direct reporting of equality datasets in incident reporting / complaints and risk mechanisms to enhance equality analysis and themes 	<ul style="list-style-type: none"> • Enhanced work between Social Prescribers, Service Manager and governance processes to triangulate incident data with external feedback and views. • Direct reporting of equality datasets in incident reporting / complaints and risk mechanisms to enhance equality analysis and themes 	
Domain 1	1D: Patients (service users) report positive	<ul style="list-style-type: none"> • Enhancing feedback outcomes with the 	<ul style="list-style-type: none"> • Streamlined information externally to support 	

	<p>experiences of the service</p>	<p>collaboration of the MVP to drive informative change.</p> <ul style="list-style-type: none"> • Streamlined information externally to support ongoing care and treatment support. • Maternity Service review, including marketing and communications. • Development of the Patient Safety Improvement Framework with the integration of the Patient Safety Partners in operational working 	<p>ongoing care and treatment support.</p> <ul style="list-style-type: none"> • Long COVID Service review, including marketing and communications. • Promote external presence of positive feedback and the impact of the Long COVID service across Warrington and Halton • Promotion of Case Studies, internally and externally of bespoke care pathways utilising innovative services • Development of the Patient Safety Improvement Framework with the integration of the Patient Safety Partners in operational working 	
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Domain	Outcome	Objective	Completion Date
Domain 2	2A: When at work, staff are provided with support to manage	<ul style="list-style-type: none"> • High-level triangulation of sickness absence data, individual demographics and Occupational Health referral themes to ascertain if there are any trends based on protected characteristics. 	

	obesity, diabetes, asthma, COPD and mental health conditions	<ul style="list-style-type: none"> • Launch of the Workforce Health Passport. • Review opportunities to incorporate protected characteristic demographics into health and wellbeing programme referrals to allow for monitoring and action to be taken where required. 	
Domain 2	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<ul style="list-style-type: none"> • Scope the introduction of the Workforce Sexual Orientation Monitoring Standard to triangulate findings with WRES/WDES and initiate targeted action where required – as found in the NHS Staff Survey. • Support and EDI lens for the implementation of the Violence and Prevention Strategy, including associated policies, zero tolerance campaigns and data deep dives. • Targeted 'Inclusive Leadership' EDI training for managers to support and embed zero tolerance approaches and mitigations, preventing staff from experiencing abuse, harassment, bullying and physical violence. 	
Domain 2	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	<ul style="list-style-type: none"> • Review of Freedom to Speak Up opportunities to capture equality and diversity monitoring information, in line with other NHS Trusts across the region. • Review of Staff Network reporting and training – supporting Chairs and Vice Chairs to provide independent advice and support where required. 	
Domain 2	2D: Staff recommend the organisation as a place to work and receive treatment	<ul style="list-style-type: none"> • Targeted Staff Survey campaigns with 'under-represented' groups in survey response rates by the Workforce EDI Team. • Targeted listening events with staff from vulnerable or 'under-represented' groups across the Trust based on Staff Survey responses. 	

		<ul style="list-style-type: none"> • Alignment of Workforce EDI and Staff Engagement for events and yearly plans to ensure a golden thread of EDI across all staff. • Alignment of health inequalities and health promotion activities between Patient EDI and Workforce EDI planning to support continued improvement, health equality and targeted learning based on local health needs. 	
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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	<ul style="list-style-type: none"> • Facilitate EIA training sessions for all Band 8c and above and develop programmes to support ongoing training of analysis and health inequalities. 	
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	<ul style="list-style-type: none"> • Updated Board paper covers to include links to the Public Sector Equality Duty and principles of 'due regard'. • Equality, Diversity and Inclusion Strategy workplans and monitoring dashboards will include enabling indicator metrics to WRES/WDES and performance frameworks. 	
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	<ul style="list-style-type: none"> • Develop a range of EDI KPIs to be monitored and regularly reviewed at the Workforce EDI Steering Group and Strategic People Committee. 	



If you require this document in a different format please contact the Workforce Equality, Diversity and Inclusion Team by email at whh.workforceediteam@nhs.net or by telephone on 01925 636911