

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:	Adam Harrison-Moran, Associate Chief People Officer		
Engagement Date(s):	Engagement Audience:	Organisation Involvement:	
3 October 2025 7 October 2025 9 October 2025 14 October 2025 5 November 2025	<ul style="list-style-type: none"> • Public Governors • Healthwatch Halton • Healthwatch Warrington • Warrington Disability Partnership • Experts by Experience • Halton Haven Hospice • Halton Carers Centre • Warrington and Halton Hospital Colleagues • Bridgewater Colleagues • Warrington Carers Hub • ICB NHS Cheshire and Mersey 	Individual Organisation:	<ul style="list-style-type: none"> • Warrington and Halton Teaching Hospitals NHS Foundation Trust
		NHS Partnerships:	<ul style="list-style-type: none"> • Cheshire and Merseyside Integrated Care System • Mersey and West Lancashire NHS Trust

	<ul style="list-style-type: none"> • Victoria Park RA • St Rocco's Hospice • Macintyre • Mersey Care NHS Foundation Trust • Warrington and Halton Hospital Volunteers • Warrington Borough Council • Trans Without Abuse • Warrington Parents and Carers • Staff Side • Staff Networks • Culture Champions 		
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Date Completed:	January 2026	Month and Year Published:	February 2026
Date Authorised:	21 January 2026	Revision Date:	January 2027

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.	Radiology	2	2
		Outpatients	2	
		Palliative	2	
	Question 1b: Individual patients (service users) health needs are met.	Radiology	2	2
		Outpatients	2	
		Palliative	3	
	Question 1c: When patients (service users) use the service, they are free from harm	Radiology	2	2
		Outpatients	2	
		Palliative	2	
	Question 1d: Patients (service users) report positive experiences of the service	Radiology	2	2
		Outpatients	2	
		Palliative	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
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Evidence and Scoring

Domain 1 Commissioned or provided services; patient led
1a Patients (service users) have required levels of access to the service
Stakeholder Engagement Outcome: Achieving
<p>Summary of evidence: The Department of Clinical Radiology</p> <ul style="list-style-type: none">• Most services are delivered across multiple sites, giving patients a choice of locations.• Many routine services are available during evenings and weekends.• Ordinary X-rays are open access on weekdays with no appointment required.• No appointment is required for X-rays requested by outpatients or the fracture clinic.• CT scanning and X-rays are available 24 hours a day for urgent cases on the Warrington site.• MRI scans are available seven days per week.• A Consultant Radiologist is on call and available to discuss urgent referrals.• Radiology has a dedicated team of porters to support timely transfer of patients from wards to the department.• Inpatients are accommodated separately from outpatients where appropriate (e.g., separate rooms or lists).• All examinations are completed within six weeks.• All service areas are located on the ground floor for easy access.• Map from the main entrance is now included with appointment letters. <p>Summary of evidence: Main Outpatients</p> <ul style="list-style-type: none">• The Outpatients Departments are located within Warrington and Halton Hospitals, operating Monday to Friday, 8am–6pm.• Both departments provide full wheelchair access, disabled facilities, and accessible parking, including designated Blue Badge spaces.• Patients have access to the Patient Portal, enabling them to reschedule or cancel appointments at their convenience, supporting flexibility and autonomy.• Phlebotomy services operate via an online booking system (WASP – Walk Away Specimen Processor), with clinics also available within local community settings to ensure accessibility for all patients.• Same-day blood appointments can be arranged for patients attending clinics, helping to avoid repeat visits. These are coordinated through the hospital doctor to enhance convenience and continuity of care.• GPs can request urgent blood appointments through a dedicated central booking line (for healthcare professionals only), available during weekday office hours. This allows for immediate appointment allocation, ensuring faster test results and improved patient outcomes.• Clear, easy-to-read signage has been installed for blood appointment areas, helping patients to navigate the department confidently and independently.

- The Trust has implemented Patient-Initiated Follow-Up (PIFU) pathways, allowing clinicians to offer patients an “open” appointment. Patients can contact the service to arrange follow-up if symptoms persist or be discharged if further review is unnecessary. This promotes patient empowerment and flexible access to care.
- The introduction of electronic prescriptions within Outpatients enhances access and patient experience. Digital systems support alternative formats and translation, benefiting patients who speak different languages or use assistive technologies.
- Prescriptions are sent electronically to pharmacies, reducing waiting times and supporting patients with mobility challenges, caring responsibilities, or travel difficulties.
- Secure transmission ensures confidentiality and consistency, providing a safe, dignified, and equitable service for all patients.
- The departments make full use of the Trust’s Interpretation and Translation Services, with tablets available on-site offering virtual interpretation in over 100 languages.
- Waiting List Initiatives are delivered at both sites during weekdays and evenings to reduce waiting times by offering additional outpatient clinics.
- Outpatients compile a weekly ‘Pivot Table’ report to identify any patients with alerts due to attend clinic. This enables staff to prepare in advance, contact patients proactively, and ensure any reasonable adjustments or additional support are arranged prior to attendance.
- All staff are reminded and trained to add appropriate alerts within patient records to ensure that individuals receive the right support and that reasonable adjustments are implemented consistently.
- Collaborative working with Nurse Specialists ensures each patient receives individualised care, including support for those with Learning Disabilities, Autism, Dementia, and Delirium.
- The ‘Lilac Lounge’ dementia-friendly area provides a calm, comfortable space with reclining chairs, books, and reminiscence resources such as photos and memory prompts.
- Each waiting area includes Dementia-friendly boards displaying time, date, weather, and season, helping to orient and reassure patients.
- Waiting areas are spacious and uncluttered, providing ample seating, including chairs with arms to aid mobility. At Halton, seating includes different heights; at Warrington, additional seating is available in the Quiet Area.
- The department works in partnership with the Ambulance Service to support timely patient transfers. Identified patients are issued with laminated information sheets to aid communication and ensure efficient collection.
- The Gateway Recovery Centre liaises directly with Outpatients when patients are due to attend appointments, ensuring reasonable adjustments are made in advance for a positive experience.
- Communication aids, including flash cards and easy-read resources, are available at both sites to support non-verbal patients and those with communication needs.
- A Quiet Room is available at both Warrington and Halton for patients with Learning Disabilities or Autism, providing a low-stimulus environment before or after appointments.

Summary of evidence: Palliative Care Services

- The Trust captures patient protected characteristics to identify the need for support and reasonable adjustments.
- Alerts on patient records trigger a twice-daily email to inform the SPCT of patient admission for assessment if required.
- Patients, relatives, or carers can contact the SPCT directly for advice or support. Referrals are received from:
 - Parent teams within the acute trust
 - Primary care
 - Hospices
 - Tertiary centres (e.g., Clatterbridge, Christie)
 - Other hospitals
- The SPCT works closely with community partners to ensure a smooth transition between services, including hospice, home care, tertiary centres, and other hospitals.
- Close collaboration with children's and young adults' palliative care teams ensures smooth integration of young people into adult services. MDT attendance from the young person's transitional team supports continuity of care.
- Support is provided for young adults attending outpatient clinics, including:
 - Introduction to adult care teams
 - Visits to the Emergency Department
- Communication support:
 - A team member is qualified to BSL Level 1
 - The team has access to Interpretation and Translation Services
- All team members have completed dementia training, including the Virtual Living with Dementia programme.
- The SPCT receives approximately 1,600 new inpatient referrals per year, split roughly 50/50 between patients with life-limiting cancer and other life-limiting conditions.
- Outpatient clinics:
 - Held Wednesday mornings at Warrington
 - Held third Wednesday of the month at Halton
 - Patients are offered the clinic closest to their home to improve accessibility.
- Appointment letters include a direct contact number for the SPCT, allowing patients or families to communicate directly with the team.
- Accessible information formats are provided:
 - Letters in large print or different languages
 - Patient information leaflets in easy-read and large print formats
- Appointment letters are followed up with a telephone call from the team administration to ensure patients understand the information and can access services.

- Collaboration with the Learning Disability Team ensures suitable, flexible appointments with additional support from mental health services when required.
- Where patients have multiple complex needs, the SPCT coordinates appointment times alongside other specialties to reduce patient burden.
- Both Warrington and Halton sites are fully accessible, and Trust systems are used to identify and provide support where required.

Domain 1 Commissioned or provided services; patient led

1b: Individual patient's (service users) health needs are met

Stakeholder Engagement Outcome: Achieving

Summary of evidence: The Department of Clinical Radiology

- The aim of every Radiology examination is to achieve a diagnostic result that contributes to patient care while providing a satisfactory experience.
- Identification of individual patient needs, including the requirement for reasonable adjustments, begins at the referral stage. Electronic referrals include mandatory fields such as:
 - Patient's mobility
 - Infection risk
 - English language proficiency
 - Cognitive or safeguarding concerns
 - Pregnancy status
- Longer appointment times can be scheduled where necessary to support patient needs and ensure positive outcomes.
- Transport support for inpatients includes chairs, trolleys, or beds depending on condition; outpatients may arrive by ambulance if required.
- In the department, equipment and aids are available including: hoists, 'pat slides', stand aids, and slide sheets.
- Adult changing facilities are available in the new CDC unit.
- Language support:
 - Interpretation and translation services are available via Language Line or booked interpreters for complex procedures.
- Sensory and calming resources:
 - Main Radiology Department: Sensory box with puppets, projection lights, and sensory toys.
 - Ultrasound Department: Ceiling projector for calming images; counselling room for patients needing a quiet space.
 - Interventional Radiology Unit: TV, radio, magazines, books, dementia resources (twiddle mitts, colouring books), and 'workstation on wheels' for major TV events.
 - Interventional Radiology team arranges birthday banners/cards/cakes for patients undergoing procedures on their birthday.
- Paediatric care:

- Play facilities in waiting areas
- Ceiling projectors in ultrasound rooms to project videos during scans
- Radiographers trained in imaging children, including cases of suspected physical abuse
- Consultant Radiologists sub-specialising in paediatric imaging
- Visiting Radiologists from Alder Hey Children's Hospital
- Certain specialist paediatric procedures are referred to Alder Hey Children's Hospital

Summary of evidence: Main Outpatients

- Collaborative booking: The booking teams work closely with clinical staff to ensure patient needs are met, including access to early appointments, longer appointment slots, and other individual requirements.
- Interpreter coordination: Booking teams arrange BSL interpreters and communicate expected arrival times to clinical teams. Interpretation and translation services are available at both sites, including tablets for video interpretation.
- Family and carer involvement: Families and carers are encouraged to attend appointments to provide support, help communicate care plans, and ensure patient understanding. Health Passports completed by patients are recorded in Lorenzo and linked to the Pivot Table for coordinated care planning.
- Learning Disability and Autism support: The team collaborates with the Learning Disability and Autism Nurse to ensure patient needs are fully recognised and supported.
- Quiet Room facilities: These reduce sensory overload, enhancing dignity, comfort, and safety while waiting. Quiet environments promote better communication, engagement, and understanding, enabling patients to participate actively in their care.
- Transition support: Services are provided for young adults with learning disabilities moving into adult services, supported by a Transition Link Nurse.
- Communication of delays: Patients are regularly informed of clinic delays, both verbally and via departmental signage.
- Additional patient support:
 - Subsidised parking is provided during clinic overruns to reduce stress and anxiety.
 - A baby changing station is installed in the gender-neutral toilet at Warrington Main Outpatients.
 - A no-touch flush toilet has been installed at Delamere following patient feedback.
 - A bariatric chair, couch, and hoist are available at the Warrington site to accommodate patients with specific mobility needs.

Summary of evidence: Palliative Care Services

- Individualised care planning: Each patient receives a unique, holistic care plan tailored to their specific physical, emotional, social, and spiritual needs.

- The Specialist Palliative Care Team (SPCT) works closely with specialist parent teams for inpatients and outpatients, ensuring clinical expertise for specific illnesses is complemented by palliative support.
- Close collaboration with community partners in primary care, social care, voluntary and private sectors, and allied health professionals ensures continuity of care across settings.
- Weekly multidisciplinary meetings are held with partners in Warrington and Halton to review patient care and coordinate interventions.
- Carers and family involvement is central to holistic assessment, particularly when patients have cognitive impairments. Support is provided to loved ones and relatives as part of comprehensive care.
- Participation in the Warrington PEOLC Programme Board ensures oversight, governance, and strategic planning.
- Patients and families receive informative resources, including:
 - “What to expect at the end of someone’s life” leaflet
 - Forever Knitted Hearts: a heart for the deceased patient and a matching one for family
 - Support for multi-faith needs via the Chaplaincy and Spiritual Care Service
 - SUPPORT posters highlighting practical and emotional support available
 - Access to carers cafés and local community bereavement cafés
- The Trust participates in the National Audit of Care at the End of Life (Adults), an annual audit that compares quality outcomes of care for dying patients and those important to them. Recommendations are incorporated into process and strategy.
- Use of the CODE™ questionnaire: An internationally validated tool completed by bereaved relatives. Results influence process improvements, strategy, and bespoke training for non-palliative teams across the Trust. The questionnaire also collects EDI data (gender, gender identity, sexual orientation, ethnicity), highlighting areas for improvement in collecting feedback from diverse populations.
- Palliative and end-of-life care training is mandatory for all patient-facing staff, with 96% compliance across the acute trust.
- Each ward has link champions to support learning, continuous improvement, and implementation of quality initiatives.

Domain 1 Commissioned or provided services; patient led

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

Stakeholder Engagement Outcome: Achieving

Summary of evidence: The Department of Clinical Radiology

- Risk management in imaging: Radiology examinations carry inherent risks, including:
 - Ionising radiation exposure
 - Use of medicines and contrast agents
 - Ferro-magnetic effects associated with MRI scans
- Clinical justification: All examination requests are reviewed to ensure benefits outweigh risks prior to scheduling.

- Incident reporting and learning:
 - Any events where things go wrong are reported and investigated.
 - Feedback and learnings are shared through weekly Team Briefs and daily safety huddles.
- Staff training and competency:
 - Mandatory training and continuous professional development are completed by all registered staff.
 - Staff are trained to manage medical emergencies, including cardiac arrest, with resus equipment available across the department.
- Infection prevention and control:
 - Measures include regular cleaning audits and adherence to infection control protocols.
- Moving and handling: Equipment is available to support safe patient transfers.
- Safeguarding: Procedures are in place if a patient discloses any concerns.
- Radiation safety:
 - Only necessary examinations are performed.
 - Patient identity is checked prior to imaging.
 - Patients are asked about pregnancy status (inclusive terminology used).
 - Appropriate techniques and exposure factors are applied to minimise radiation risk.
- MRI safety:
 - Patients are screened for metallic implants or contraindications before scanning.
 - Access to MRI-controlled areas is restricted to authorised personnel only.

Summary of evidence: Main Outpatients

- The Outpatients Department has achieved Gold Ward Accreditation, aligning with CQC standards across safety, caring, responsiveness, effectiveness, and well-led domains.
- Morning huddles ensure staff are informed of patients identified via the Pivot Table, including reasonable adjustments required.
- Nurses are allocated to all bases to ensure every patient is seen before their appointment and monitored while in waiting areas.
- The Nurse in Charge is clearly identified to provide reassurance and facilitate escalation if needed.
- Link Nurses attend ongoing training to maintain knowledge and skills across different conditions.
- Joint working with Nurse Specialists ensures individual patient needs are met.
- Refreshments available for ambulance patients and diabetics (snack boxes, hot drinks, water coolers with cups).
- Quiet areas on both sites support privacy, dignity, or isolation requirements (can be arranged in advance).
- Freedom to Speak Up Champion available for staff concerns.
- Matron has an open-door policy and maintains visibility in the department.

- Staff have access to wellbeing services, including A&E and mental health liaison teams.
- Regular staff meetings provide opportunities to share best practice and discuss improvements.
- Collaboration with Infection Prevention and Control to minimise infection risk, particularly for vulnerable patients.
- Departmental risk assessments guide safe and preventative practices.
- Example of safeguarding practice: patient attending with domestic violence concerns was supported via quiet room, security, and Safeguarding team intervention.
- Weekly and monthly audits including hand hygiene, controlled drugs, Quality Metrix, and spot checks.
- COSHH risk assessments in place.
- Fire safety: designated fire marshal/link staff, weekly alarm testing.
- Safeguarding training mandatory for all staff.
- Cleaning logs completed daily and audited by Housekeepers.
- Opening and closing checklists regularly updated and followed by all staff.
- Band 6 nurses oversee RNs/HCAs for training, competencies, and welfare checks.
- Pagers available for Bands 6, 7, and 8 for emergencies.
- Electronic Prescribing and Medicines Administration (EPMA) training provided to all RNs to enhance skills and support ward areas.
- Topic of the Month emailed to all staff to share learnings.
- Trained staff are called upon to assist with emergencies in the department.

Summary of evidence: Palliative Care Services

- Evidence-based guidelines and policies: The department develops and implements guidelines for the treatment and management of patients with specialist palliative care needs, based on local and national best evidence.
- Governance and reporting:
 - Oversight through the Medical Care CBU.
 - Quarterly reporting via the Patient Safety and Clinical Effectiveness Group.
 - Biannual reports to the Quality Assurance Committee, including identified risks.
- Learning from mortality reviews: Outcomes from the mortality review group are shared to inform service improvement and reduce risk.
- Independent decision-making support: IMCA (Independent Mental Capacity Advocate) services are used when patients lack capacity and there is no next of kin.
- End-of-life prescribing: Local guidelines for prescribing medications at the end of life are aligned with network guidance and shared with community partners to reduce risk and ensure consistent practice.
- Staff training and competencies:

- 100% compliance with Learning Disability awareness, Autism, Diversity and Human Rights, Adult Safeguarding, and Dementia training.
- Team includes four non-medical prescribers, who are competent, supported, and maintain annual updates.

Domain 1 Commissioned or provided services; patient led

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

Stakeholder Engagement Outcome: Achieving

Summary of evidence: The Department of Clinical Radiology

- The department collects patient feedback through:
 - Friends and Family Test (FFT) for interventional Radiology
 - Patient Advice and Liaison Service (PALS)
 - Direct feedback from patients, including thank-you cards
- Feedback is discussed and celebrated in the weekly Radiology team brief, ensuring all staff are aware of the positive impact they make.
- Personalised patient support: For patients with additional needs, such as dementia, staff provide:
 - Private areas to increase comfort in unfamiliar surroundings
 - Family presence during procedures for reassurance and support
 - Allocation of additional nursing time during admission
 - Coordination with imaging teams to allow flexible scheduling to avoid rushing the patient
 - Use of fidget boxes and sensory resources to reduce anxiety and distraction during procedures
 - Additional nursing support during procedures, enabling one nurse to focus on the procedure while another supports the patient emotionally

Summary of evidence: Main Outpatients

- High-level reporting and governance:
 - Monthly briefing papers are submitted to relevant areas to provide assurance about services delivered to patients.
 - Papers are also presented to the Patient Experience Sub-Committee to highlight both positive and negative experiences.
- Patient stories: Shared at meetings to provide narrative context and showcase the work undertaken with families to ensure a positive patient experience.
- Feedback monitoring:
 - Friends and Family Test (FFT) data is collected and reviewed monthly to identify concerns and provide assurance that patient experiences meet expectations.
 - “You Said, We Did” boards highlight improvements made in response to patient feedback.

- Personalised patient support:
 - Example: An anxious patient attended the first appointment of the day and waited comfortably in the room; staff were briefed in advance about the patient's needs, resulting in a smooth experience.
- Patient orientation:
 - Video tours of both Departments are available online to help ease anxieties.
 - Orientation sessions for Learning Disability patients support preparation and reduce stress before appointments.
- Real-time concerns resolution: Concerns or complaints are addressed immediately, escalating to the CBU or PALS as needed.
- Electronic prescriptions:
 - Prescriptions are sent securely to pharmacies, reducing waiting times, unnecessary trips, and supporting patients with mobility issues, caring responsibilities, or busy schedules.
 - Electronic systems allow information to be shared in alternative formats or translated to support patients who use assistive technology or speak other languages.
 - Secure electronic transmission protects patient privacy and confidentiality.

Summary of evidence: Palliative Care Services

- Patient and family feedback: The department uses the nationally validated CODE™ questionnaire to gather feedback from bereaved relatives, informing service improvements.
- Awareness and community engagement:
 - Support for National Dying Matters Week to promote discussion and education around end-of-life care.
 - Shared learning with community partners through facilitation of Advance Communication Skills courses and other educational events.
- Recognition and awards:
 - Recipients of the Excellence in Patient Care Silver Award.
 - Highly Commended Team of the Year 2021.
- Personalised patient support: Staff support ward areas with individualised requests, such as weddings, visits from pets, or other personal requests to enhance patient experience.
- Positive feedback: Volumes of patient and family feedback are received via surveys, letters, thank-you cards, and direct communication.

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
 - The service includes coordination and signposting with local VCFSE services – e.g., Get Warrington Talking / Livewire / Menopause cafés
 - Direct support for managers to enable reasonable adjustments to be monitored
 - Workplace sleep ambassador sessions expanded in 2025
 - Staff group physiotherapy sessions with Workforce Occupational Health Physiotherapist
 - OHWB Support Services Information and Resources Leaflet
 - Maximus – Access to Work mental health support service
 - Targeted awareness events such as 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 Health Wellbeing Hub (MHWB)**– 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. 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.

- **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

- Stress and coping
- Positive mindset
- Analysing negative thinking
- Managing emotions
- Building resilience
- Positive influences
- Mindfulness
- Nutrition
- Sleep
- Financial wellbeing
- **Conditions do not need to be work related** for a referral to be accepted in any wellbeing service
 - Occupational Health
 - Mental Wellbeing
 - Workforce Occupational Health Physiotherapist
 - 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 Disability Awareness Day. Targeted events in the calendar including focused workshops and group sessions as appropriate.
- **Sexual safety in the workplace guidance and other resources** available to all staff

- **Transitioning in the Workplace Policy** available to all staff
- **Menopause Guidance** for Managers and Staff available to all staff
- **Expressing in the workplace guidance** for staff and managers available to all staff
- **People Promise Exemplar** programme to support retention, flexible working, bullying in harassment,
- **Ramadan and Eid guidance** for staff and managers, reviewed in 2025, includes diabetes support, information for those fasting, and how to support colleagues.
- Refreshed **LGBTQ+ Wellbeing Guide** for Staff, targeted events in the calendar included focused workshops and group sessions, as appropriate
- Maintained **Disability Confident Leader** Accreditation in 2025
- **Trust Workplace Passport** and **Reasonable Adjustments Guidance** refreshed communications, lunch and learn sessions
- **Staff Mental Wellbeing and Emotional Resilience Policy**
- **External agency** signposting of support for long term health conditions.
- **Access to Work** referral process and operating procedure developed
- **Baby Loss Policy** staff engagement and review of new policy to be launched
- **Agile Working #myflex** – refreshed working offer in place to support people to work flexibly with focus targeted on flexible working
- roll out of **'preference rostering'** for colleagues on wards, allowing staff to indicate their preferred shifts within the boundaries of safe staffing levels and service delivery requirements 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. Mental Elf, staff choir, Movember, Brighten up August campaign with a focus on Bullying and Harassment
- **Active Bystander Training**, getting people talking, encouraging local discussions including targeted training focused on upskilling staff and managers to have the conversations to address incivility before it moves to bullying, harassment or abuse
- **Population health and inequalities information review** completed.
- Strengthened our Equalities Impact Assessment by including a strong focus on health inequalities. **Equalities and Health Inequalities Impact Assessment (EHIA)** tool that is used by the Trust when developing a business case or introducing a change to a service area, with EHIA training available to all staff
- 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. **73.78% up compared to 72.29% in 2023**
 - Question 11a - My organisation takes positive action on health and wellbeing. **63.57% down from 64.05% in 2023**

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
- **Disciplinary Policy** reviewed and launched April 2025
- 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 provides employees with a process in which they can raise concerns.
- **Occupational Development** team offers courageous conversations training which encourages employees to have the difficult conversations in a compassionate and professional manner.
- 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 aligned with See it, report it stop it campaign launched in August to tackle bullying, harassment, and incivility in the workplace.
 - 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 regular 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 and colleagues – including sections on discrimination, harassment and victimisation, being an Ally and Active Bystander:
 - Equality and Health Inequalities Impact Assessment (**EHIA**) **training**, one to one or group setting.
 - **EDI in Practice** – training for all, with bespoke sessions available to suit team's needs.
 - **Active Bystander** Training – with a focus on the 4 D's model and 'am I civil and respectful: sessions available for all staff
 - NHS Leaders Wellbeing session - **Leading through Wellbeing** – an opportunity for leaders to build resilience and confidence in supporting their team's wellbeing every day.
- **Cultural Awareness** programmes – such as Black History Month, South Asian Heritage Month, Pride month, Ramadan and Diwali events
- Dedicated **compassionate and inclusion** programmes
- **Sexual safety in the workplace** guidance document and intranet 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.

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 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. **16.96% up compared to 14.81% in 2023**

- Question 13b - In the last 12 months, how many times have you personally experienced physical violence at work from... managers **0.29% down from 0.41% in 2023**
- Question 13c - In the last 12 months, how many times have you personally experienced physical violence at work from... other colleagues **1.18% down from 1.49% in 2023**
- 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 **22.79% up slightly from 22.46% in 2023**
- Question 14b - In the last 12 months, how many times have you personally experienced harassment, bullying or abuse at work from... managers **7.62% up slightly from 7.43% in 2023**
- Question 14c - In the last 12 months, how many times have you personally experienced harassment, bullying or abuse at work from... other colleagues **16.38% up from 15.99% in 2023**

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
- Implementation of an Anti-Racist Steering Group
- **Partnership** meetings in place between Staff side and the People Directorate SNCC
- Guidance and Support materials available to all staff via **Let's talk about...** intranet Hub
- **Anti Racist Organisation Steering Group** workstreams include inclusive language glossary, reciprocal mentoring programme, drafting guidance on processes around received racial abuse from patients, public and colleagues
- **Staff Networks** support processes for people to raise concerns and seek support
- **Executive Sponsors** for all Staff Network groups
- New **Workforce Equality and Diversity Monitoring Information** booklet launched to support staff with information about why EDI information is asked
- Review of the first **Trust Reciprocal Mentoring Scheme**, 'Your Future Your Way' targeted initially for the Multi-Ethnic Staff Network, Progress LGBTQ+ and DAN staff Networks Developed second phase to start Q4.

- Development of **facilitated conversations** training to support knowledge and competency
- **Resolving Workplace Issues** policy launched in August 2025. Policy provides employees with a process in which they can raise concerns.
- **Organisational Development Team (OD)** offer the following in house development session for leaders
 - **Appraisal Training** (Appraisee and Appraiser- including talent conversation)
 - **Career Development – Application and Interview Skills**
 - **Coaching Conversations** – coaching to support with workplace goals
 - **Compassionate Leadership** – how to use compassionate leadership to benefit staff, patients and organisations
 - **Courageous Conversations** – confidence in handling courageous conversations
 - **Leadership Peer Support** – sharing experiences and leadership development
 - **Psychological Safety** – How to build a psychologically safe work environment
 - **WHH Values** – explore WHH Values and Behaviours in practice
 - **Level 3 CMI accredited Leadership development programme**
 - **Bespoke OD intervention** following consultation

Additional evidence collated –

- **Freedom to Speak Up:**
 - 87 reported cases 2024-2025
 - **Q1** – 15 disclosures / **Q2** – 15 disclosures / **Q3** 36 disclosures / **Q4** 21 disclosures
 - October 2024 FTSU promotion month entitled 'Listen up' hosted stalls at both Warrington and Halton Hospital sites
 - Themes are linked to culture, relationships and civility – 72 cases related to inappropriate attitudes and behaviours.
 - New Guardian appointed February 2025
 - Inducted 4 new champions, lost 4 long standing champions, maintaining a total of 50 active champions
 - Champions meetings held quarterly with attendance from Exec lead and non-exec lead for FTSU
 - Staff networks engaged with to explore specific reasons for workers not feeling able to speak up
 - Trust wide survey launched to gather wider evidence of barriers to speaking up
 - Delivery of sexual safety in the workplace sessions for senior clinicians
 - Your Future Your Way and staff induction sessions delivered promoting FTSU
 - Supporting the development of a reduction in bullying and harassment educational programme 'Brigten up August' in conjunction with people directorate
 - CEO morning messages and items in staff bulletin

- Identification of 5 areas in the Trust from staff survey results and other worker data that require support around improving culture. This work will be linked to the support programme around bullying and harassment reduction educational programme
- Cultural review of a significant clinical support service with recommendations accepted and being worked through
- Regular updates provided to WESIC, OPC, JNCC
- Biannual reports to SPC and Trust Board
- Biannual meeting with CEO, Chair, NED and Executive lead
- 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
- Developed a FTSU Policy
- Promoting FTSU training across WHH
- Sessions focused on EDI lens within Freedom to Speak Up delivered, including at Strategic People Committee and Board Development, and All Staff Network meetings.
- Availability of Freedom to Speak Up Champions training for all Staff Network Chairs
- **Staff Survey questions** broken down by protected characteristics (sex / race / sexual orientation / age / long-term health condition – disability / religion or belief):
 - Question 13d - The last time you experienced physical violence at work, did you or a colleague report it? **73.05% slightly down from 73.34% in 2023**
 - Question 14d - The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it? **50.05% down from 51.32% in 2023**

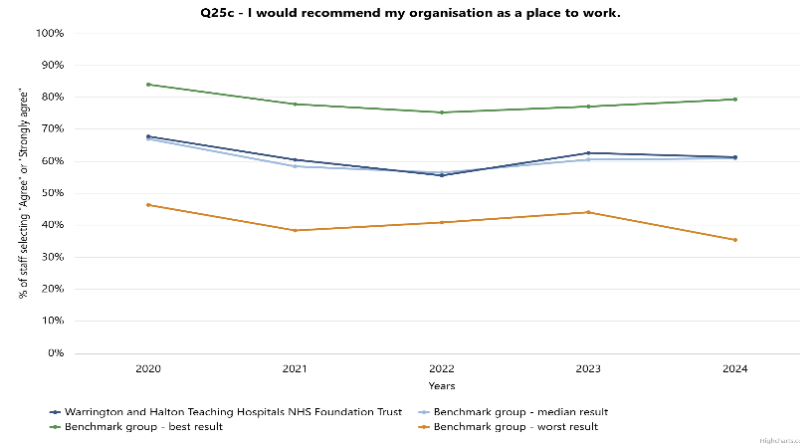
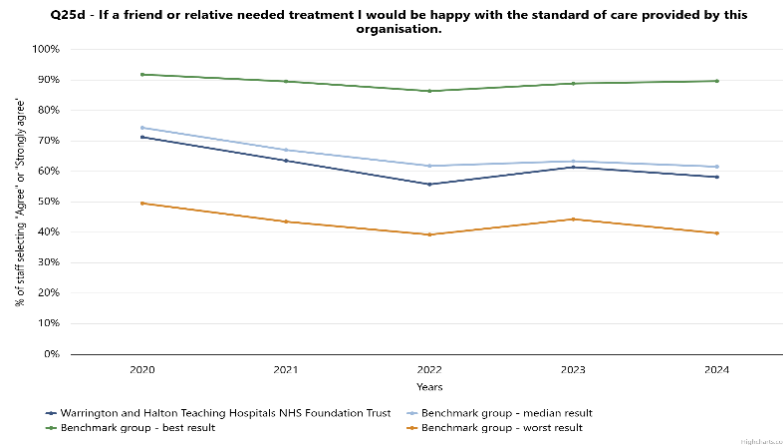
Question 2d: Staff recommend the organisation as a place to work and receive treatment.

Lead: People Directorate

Stakeholder Engagement Outcome:

Developing

Summary of evidence:



% of staff selecting "Agree" or "Strongly agree"

Organisation	2020	2021	2022	2023	2024
Warrington and Halton Teaching Hospitals NHS Foundation Trust	71.21%	63.50%	55.74%	61.39%	58.13%
Benchmark group - median result	74.30%	67.01%	61.79%	63.34%	61.54%
Benchmark group - best result	91.73%	89.48%	86.30%	88.79%	89.59%
Benchmark group - worst result	49.51%	43.50%	39.23%	44.30%	39.72%

% of staff selecting "Agree" or "Strongly agree"

Organisation	2020	2021	2022	2023	2024
Warrington and Halton Teaching Hospitals NHS Foundation Trust	67.78%	60.48%	55.56%	62.60%	61.31%
Benchmark group - median result	66.98%	58.40%	56.46%	60.53%	60.90%
Benchmark group - best result	84.01%	77.87%	75.29%	77.14%	79.38%
Benchmark group - worst result	46.35%	38.38%	40.89%	44.05%	35.43%

- **We are WHH: Culture Plan 2024-2027** published March 2024, with three-phase vision
 - Phase 1. Getting the basics right – a good day at work
 - Phase 2. Enhancing workforce experience – what makes you proud at work
 - Phase 3. When we are at our best
- **Collaborative approach** to staff engagement, with a lens of EDI across events

- 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 QR code poster** – resource for staff of some examples of what we have done and updated since last year's 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.
- **People Promise Manager** focus on staff engagement, retention and flexible working, staff want to stay and work for WHH, this in turn will encourage them to advocate for us and recommend us as a great place to work, the number of staff who completed our staff survey this year increased and our results improved in the people promise areas of 'we work flexibly' and 'we are always learning'
- **'What matters to me'** survey where issues can be raised anonymously.
- **Your Future Your Way programme** continues 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. Phase 2 scheduled for Q4
- **#MyflexWHH** intranet Hub available to all staff, a proactive inclusive approach to flexible working.
- **E-Preference rostering pilot.** Successful trial of 'preference rostering' for our shift workers on two wards to bid for shifts in advance to suit their own work/life balance needs, which has been rolled out to 4 other wards. Positive feedback - 84% of staff who expressed a preference received their preferred shifts.
- **Menopause Guidance for Managers and Staff** resource.
- **Corporate Induction and Marketplace** teams offer development, and support offers in the corporate induction and deliver a session on the organisation's values and behaviours
- **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, **61.31% decrease of 1.29% from 2023**
 - Question 25d - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation, **58.13% decrease of 3.36% from 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 Reviewer: Associate Chief People Officer: Strategic Workforce Development & Culture – Warrington and Halton Teaching Hospitals NHS Foundation Trust

Peer Reviewer: Head of Equality, Diversity and Inclusion – Mersey and West Lancashire Teaching Hospitals NHS Trust

Previous Year Score – 2024/25:

Excelling

Proposed Score – 2025/26:

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 Inclusion and Culture Sub-Committee reports bi-monthly into Strategic People Committee via a Chairs Log – including Staff Network updates. This committee has oversight for culture, sexual safety and staff survey performance, as well as equality, diversity and inclusion.
- 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 overall by the Chief People Officer and meet bi-annually with the Chief Executive Officer to discuss progress, thematic reviews and opportunities for development.
- As part of integration with Bridgewater Community Healthcare the executive team have agreed changes to the governance of networks from July 2025, with collaboration of BCH and WHH networks, as Networks in Common as follows:
 - Carers Support Network (new to WHH in 2025)
 - Enabled Network (BCH) and Disability Awareness Network (WHH)
 - LGBTQIA+ Staff Network (BCH) and Progress Network (WHH)
 - Race Inclusion Network (BCH) and Multi-Ethnic Staff Network (WHH)
 - Women’s Health Network (both)

- Armed Forces and Community Veterans Network (both)
- Refreshed executive sponsorship to reflect changes at executive level and new joint roles.
- Protected time for Network Chairs/Co-Chairs to deliver Network tasks.
- Improved governance for engaging with the Networks as part of policy review/service redesign/small scale projects.
- 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.
- Launch event for Staff Networks in Common held on 18 September 2025, led by the Chief Executive.
- Board / Governor member involvement in events across the Trust related to EDI (through communications, events and pledges), including:
 - Warrington Pride
 - Disability Awareness Day
 - Menopause Awareness Month
 - International Women's Day
 - Religious events
 - Remembrance Day
- New WRES and WDES Quarterly Oversight Meetings were scheduled for 2025/26 (commencing October 2025) for more scrutiny and assurance on progress and action plan performance. Updates reporting through the Strategic People Committee in Common.
- 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.
 - Inclusive Stakeholder Engagement: Board members and system leaders engage with a wide range of stakeholders, including local authorities, voluntary sector leaders, MPs and community organisations, to ensure that diverse perspectives inform service development and delivery. This engagement supports the integration of equality and health inequalities considerations into decision-making.
 - Development of Community-Focused Services: Projects such as the Runcorn Health and Education Hub and the Living Well Warrington online platform are designed to improve access to services for all, with a particular focus on prevention, early intervention and empowering self-care. These initiatives are targeted at reducing health inequalities and supporting the most deprived areas of the community.
 - Workforce Planning and Development: The Trust's five-year plan includes specific workforce objectives to ensure a diverse, engaged and future-ready workforce. This includes addressing unplanned workforce gaps and supporting staff wellbeing, which are critical for delivering equitable care.
 - Recognition and Sharing of Best Practice: The Living Well programme has been shortlisted for national awards (HSJ Awards) as an exemplar of integrated care and provider collaboration, demonstrating a commitment to high-quality, equitable service delivery.

- Monitoring and Reporting: Regular strategic project highlight reports to the Trust Board ensure that progress on equality and health inequalities is visible at the highest level of governance, supporting accountability and continuous improvement.
- The Chief Strategy and Partnerships Officer is the named executive board-level lead for health inequalities.
- The Chief Nurse is the executive lead for the patient and service users' equality, diversity and inclusion agenda.
- The Chief People Officer is the executive lead for the workforce equality, diversity and inclusion agenda.
- Tackling health inequalities embedded within Trust strategic priorities for 2023 to 2026.
- The Trust has a Director of Population Health and Inequalities which leads on specific programmes to ensure alignment of population health including a working group, from 2025 this is now collaborative with Bridgewater Community Healthcare.
- Signed up to the Cheshire and Merseyside Anchor Institution Charter.
- All staff have an equality, diversity and inclusion objective which is being reviewed in line with the new 10 Year Health Plan for England. Executive and non-executive directors have dedicated objectives as part of their planning review. These objectives include:

Belonging in WHH

Executive Directors:

I will act as a sponsor for a Staff Network, working closely with the Chair and members to identify priorities, remove barriers, and celebrate achievements. My role will also involve empowering the network to shape organisational decision-making, particularly in relation to the lived experiences of both network members and the wider workforce.

Non-Executive Directors:

I will actively explore and question how the lived experiences of the Trust workforce are shaping organisational decisions. Through my role on assurance committees and the Trust Board, I will seek evidence that staff voices are being heard and reflected in executive portfolio performance.

Supporting Our Patients, Service Users and Their Families

Executive Directors:

I will support a deeper understanding of the health needs of communities in Warrington and Halton by actively contributing to the organisation's review of population health needs, especially concerning protected characteristics and health inequalities. Insights gained will inform and guide service reviews and investment priorities within my Executive portfolio.

Non-Executive Directors:

I will contribute to a deeper understanding of local population health needs by constructively challenging how service reviews and investment decisions are prioritised. At both the assurance committees and the Trust Board, I will ensure these decisions are informed by health inequality data and community insight.

Equality Analysis and Accountability

Executive Directors:

I will lead on promoting, overseeing, and monitoring the completion and quality of equality and health inequalities impact assessments within my portfolio. I will ensure that the voices of those with lived experience meaningfully shape my decisions, priorities, and actions, and escalate matters to assurance committees and the Trust Board when appropriate.

Non-Executive Directors:

I will strengthen equality accountability across the Trust by reviewing how equality considerations are embedded in decision-making. I will provide constructive challenge where equality analysis is lacking or where concerns have been escalated, ensuring these issues receive appropriate attention and action.

Cultural Awareness

Executive Directors:

I will foster an environment where cultural awareness is actively developed across my teams. This will include encouraging participation in training, sharing learning from equality and health inequalities impact assessments, and reviewing relevant Freedom to Speak Up cases and employee relations issues, particularly those involving discrimination. Through this, I will help embed the Trust's values and behavioural standards throughout the organisation.

Non-Executive Directors:

I will champion a positive and inclusive culture across the Trust by ensuring the values of 'inclusive' and 'kind' are reflected in both staff and patient experience. I will support efforts to embed these values at all levels and promote fair and equitable treatment throughout the organisation.

Health Inequalities

Executive Directors:

I will collaborate with my teams and professional groups to implement and sustain service improvements that address health inequalities. This will be achieved by recognising and responding to barriers, identifying innovative solutions, and embedding practices that promote health equity for the communities we serve in Warrington and Halton.

Non-Executive Directors:

I will provide strategic oversight and constructive challenge to ensure that actions to address health inequalities are embedded across the Trust's services and priorities. Through my role on assurance committees and the Trust Board, I will seek assurance that decisions are informed by data on inequality, the voices of underserved communities, and a commitment to reducing disparities in access, experience, and outcomes for patients in Warrington and Halton.

- 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.
- Bespoke Board Development session held on cultural competency and capability in November 2025, commencing a senior leadership campaign and programme based on improving the experience of the culturally diverse workforce. Ongoing programme to continue within Q4 2025/26.

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 Reviewer: Associate Chief People Officer: Strategic Workforce Development & Culture – Warrington and Halton Teaching Hospitals NHS Foundation Trust

Peer Reviewer: Head of Equality, Diversity and Inclusion – Mersey and West Lancashire Teaching Hospitals NHS Trust

Previous Year Score – 2024/25:

Achieving

Proposed Score – 2025/26:

Achieving

Ongoing actions from previous year (2024/25):

- Updated Board paper covers to include links to the Public Sector Equality Duty and principles of ‘due regard’ – **action continued and in place**
- Equality, Diversity and Inclusion Strategy workplans and monitoring dashboards will include enabling indicator metrics to WRES/WDES and performance frameworks – **action continued and reported through the Strategic People Committee in Common**

Summary of evidence:

- Equality and Health Inequalities are agenda items and standing core items on some Board/ Sub-Committees Cycle of Business.
- Equality and Health Inequalities Impact Assessments (EHIA) in place 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.

- New EHIA standard operating procedure approved and in place.
- Equality, Diversity, Inclusion and Human Rights policy updated.
- Dedicated local training tool available for staff to access on EHIA's and public consultation duties. This is not mandated but instead used as a training mechanism to support people in completing their public sector duties.
- Quality Impact Assessment Plan reviews all service changes, including CIP. Workforce and EDI risk a core element of the newly established panel review.
- Workforce EDI – Strategic People Committee in Common 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 Inclusion and Culture Sub-Committee reports bi-monthly into Strategic People Committee (Chairs Log) – including Staff Network updates.
 - Bi-annual papers are submitted showing progress of work to embed equality and diversity, including risks and associated mitigations.
 - Risk 2103 sits on the Board Assurance Framework (Corporate Risk Register) and is monitored by the Strategic People Committee in Common and focuses on disparities in bullying and harassment.
- Patient EDI – Quality Assurance Committee regularly review patient equality related matters as standing items and patient stories.
- 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, the Culture and Inclusion and Patient Experience and Inclusion Teams sit on Trust policy and procedure groups to monitor EHIA reporting. Policies that require Trust Board sign off, e.g., Accessible Information Standards, including the EHIA for reference and discussion. Clinical associated policies are reported via Quality Assurance Committee with workforce policies reported via the Strategic People Committee.
- Updated EHIA process in place with sign off for EHIA's completed pre-policy approval. Currently in 2024/25 (as of January 2026) there are a total of 263 EHIA's completed compared with 134 in 2024/25.
- Health inequalities approach embedded into Occupational Health and Wellbeing delivery.
- Mechanisms for staff safety agreed through the executive management team recognising the impact of national and local incidents which can impact staff of different protected characteristics. Leadership forum discussions held with senior leaders.
- Evidence of COVID-19 Risk Assessments were 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 Black, Asian and Minority Ethnic staff were included in the risk associations requiring a risk assessment to be implemented.
- EHIA completed for the integration of Warrington and Halton Teaching Hospitals and Bridgewater Community Healthcare with full sign off by the executive management team and noted within Board reporting for assurance.

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 Reviewer: Associate Chief People Officer: Strategic Workforce Development & Culture – Warrington and Halton Teaching Hospitals NHS Foundation Trust

Peer Reviewer: Head of Equality, Diversity and Inclusion – Mersey and West Lancashire Teaching Hospitals NHS Trust

Previous Year Score – 2024/25: **Achieving**

Proposed Score – 2025/26: **Achieving**

Actions from previous year (2024/25):

- Develop a range of EDI KPIs to be monitored and regularly reviewed at the Workforce EDI Steering Group and Strategic People Committee. **Action completed and ongoing**, four equality, diversity and inclusion KPIs report through the Workforce Inclusion and Culture Sub-Committee and Strategic People Committee bi-monthly including:
 - Non-disabled staff compared to disabled staff being appointed from shortlisting – improved since reporting commenced
 - White staff being appointed from shortlisting compared to Black, Asian and Minority Ethnic staff – improved since reporting commenced
 - Representation of Black, Asian and Minority Ethnic staff at Band 7 and above (Agenda for Change only) – improved since reporting commenced
 - Improvement of disability declaration rates – improved since reporting commenced

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 from the Patient Experience and Inclusion Sub-Committee. This includes:
 - Annual Equality, Diversity and Inclusion Report (includes Equality Duty Assurance Report and Workforce Equality Analysis Report)
 - Gender Pay Gap reporting
 - Ethnicity Pay Gap reporting
 - Disability Pay Gap reporting
 - Equality Delivery System
 - 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.
 - Deep dive into bullying and harassment completed in 2025 following a decline in survey results, primarily focused on race and disability. New executive led campaign commenced called ‘See it. Report it. Stop it.’ which triangulates bullying and harassment, sexual safety and violence and aggression.
 - 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.
- A new violence and aggression working group is in place to support a refresh of the approach to violence, prevention and reduction. Group focuses on a new policy, supporting materials, risk assessment and guidance. Group reports to the Health and Safety Sub-Committee and into Quality Assurance Committee.
- A new bullying and harassment working group is in place triangulating HR, FTSU and Culture to align a new programme of improvement and monitoring of data. Early intelligence shows an improvement since launch in August 2025. New materials and support packages endorsed by executive leads and directed through a series of CEO messages Trust wide.
- Population review against those at Band 8C and above shows they are reflective of the population served for ‘race’:

Cluster 4: AfC bands 8c to VSM	Black, Asian and Minority Ethnic	White	Unknown
Clinical	5.9%	94.1%	0%
Non-clinical	6.3%	93.7%	0%

Cluster 4: AfC bands 8c to VSM	Disabled	Non-disabled	Unknown
Clinical	0%	82.4%	17.6%
Non-clinical	4.2%	91.6%	4.2%

- Further work to complete to improve representation of disability which is aligned with programmes to reduce unknown declaration rates and develop Your Future Your Way into a positive action programme for race and disability from 2026/27.
- Review of Staff Survey responses by protected characteristics completed and presented to Strategic People Committee in April 2026 – dedicated work is embedded within WRES/WDES and other action plans for improvement. Continued progress for this to follow in 2026/27.
- PSIRF fully embedded into clinical governance processes with reporting through the Quality Assurance Committee.

Action Plan

Domain	Outcome	Radiology	Outpatients	Palliative Care
Domain 1	1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> Electronic method to change/ cancel Radiology appointments 	<ul style="list-style-type: none"> Makaton training Patients' leaflets available in other languages Availability of bariatric equipment available at Halton 	<ul style="list-style-type: none"> Work with ICB to understand demand for service Increase knowledge of local population structure Recruit people with lived experience
Domain 1	1B: Individual patients (service users) health needs are met	<ul style="list-style-type: none"> Staff training for Equality and Health Inequalities Assessments Learning Disability and Autism champions Communicate to patients reasonable adjustment support Easy read formatted letter 	<ul style="list-style-type: none"> Non touch Pedal bins in all areas of outpatients Look at children's facilities in waiting area at Warrington Bariatric equipment available at Halton 	<ul style="list-style-type: none"> Continue with individual care planning Maintain privacy and dignity with reduction in ward moves Introduce the palliative care outcome scale
Domain 1	1C: When patients (service users) use the service, they are free from harm	<ul style="list-style-type: none"> Maintain mandatory training levels Maintain radiation protection and MRI safety measures 	<ul style="list-style-type: none"> Train all staff in Immediate Life Support Electronic Prescribing and Medicines Administration Training 	<ul style="list-style-type: none"> Explore service viability for face-to-face assessment 7 days a week Compliance with mandatory n role specific training

				<ul style="list-style-type: none"> Work to continue with NW Coast Clinical Network
Domain 1	1D: Patients (service users) report positive experiences of the service	<ul style="list-style-type: none"> FFT utilisation in all areas Local surveys 	<ul style="list-style-type: none"> Increase FFT response rate Share best practice at PEISC Create local surveys 	<ul style="list-style-type: none"> Continue with CODE questionnaire reporting biannually Monitor that objectives in strategy map against National Ambitions Framework for Palliative Care Continue to work with Warrington Palliative Care, aging well and Halton PLACE PEOLC locality groups

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	<ul style="list-style-type: none"> 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 2026/27
Domain 2	2B: When at work, staff are free from abuse, harassment, bullying	<ul style="list-style-type: none"> Develop refreshed campaign aligned to staff survey results and EDI Improvement plan (HI6) 	Q3 2026/27

	and physical violence from any source	<ul style="list-style-type: none"> • Triangulate WRES / WDES data with organisation incident reporting and Freedom to Speak Up disclosures to identify hotspot areas for targeted interventions associated with See it. Report it. Stop it. 	
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"> • Embed workforce EDI inequalities into organisational Freedom to Speak Up action plan • Alignment of integration programmes to embed anti-bullying workstreams • Alignment of integration programmes to develop staff networks and peer groups 	Q1 2026/27
Domain 2	2D: Staff recommend the organisation as a place to work and receive treatment	<ul style="list-style-type: none"> • Review of organisational health and wellbeing offer aligned to health inequalities • Review engagement data points to deploy supportive resources equitably 	Q1 2026/27

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"> • Implement Board Development programme supporting effective duties of the PSED • Implement new EDI objectives in line with the 10 Year Health Plan for England 	Q2 2026/27
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"> • Develop and undertake EIA audit programme for qualitative assurance to embed learning 	Q2 2026/27

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"> • Embedding reciprocal mentoring programme aligned to updated staff survey results • Develop and implement shadowing programme within organisation 	Q2 2026/27
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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