NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

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 Culture and Inclusion		
Engagement Date(s):	**Engagement Audience:**	**Organisation Involvement:**	
• 27 November 2023 • 28 November 2023 • 29 November 2023 • 12 December 2023 • 15 December 2023 • 15 January 2024	• Healthwatch Warrington • Healthwatch Halton • n:Compass • Staff Networks • Staff Side • Clinical / Service Leads • Community Partner Groups • Deafness Resource Centre	**Individual Organisation:**	• Warrington and Halton Teaching Hospitals NHS Foundation Trust
		NHS Partnerships:	• Cheshire and Merseyside Integrated Care System • Mersey and West Lancashire NHS Trust

Date Completed:	19 January 2024	**Month and Year Published:**	February 2024
Date Authorised:	21 February 2024	**Revision Date:**	November 2024

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.	Maternity	3	2
		Long COVID	2	
		Chaplaincy	2	
	Question 1b: Individual patients (service users) health needs are met.	Maternity	2	2
		Long COVID	3	
		Chaplaincy	2	
	Question 1c: When patients (service users) use the service, they are free from harm	Maternity	2	2
		Long COVID	2	
		Chaplaincy	2	
	Question 1d: Patients (service users) report positive experiences of the service	Maternity	2	2
		Long COVID	2	
		Chaplaincy	1	
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.	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)			**6 / 9**

Overall Trust Score (Out of 33)	**Developing**	**21**

Evidence and Scoring

Domain 1: Commissioned or provided services

Question 1a: Patients (service users) have required levels of access to the service.

Lead: Consultant Midwife / Long COVID Clinical Team Manager / Lead Chaplain

Stakeholder Engagement Outcome:	Achieving

Maternity Services:
- The Trust collates data for protected characteristics for ethnicity, age, sex, pregnancy and maternity, religion and belief.
- Friends and Family Test results highlight 99% positive recommendation rate for Maternity services for the annual period of reporting.
- Maternity Survey 2022 results included demographic reviews for age, ethnicity & language, religion, sexuality (LGB+) and gender.
  - C15. Thinking about your care during labour and birth, were you spoken to in a way you could understand?
    - scored 99% (yes always and yes sometimes for birth and antenatal).
  - C17. Thinking about your care during labour and birth, were you treated with respect and dignity?
    - Scored 99% (yes always and yes sometimes)
- BadgerNet provides the opportunity to self-record diversity monitoring information. A Trust wide action plan is supported by the Patient EDI Strategy to improve monitoring information for all protected characteristics.

Long COVID:
- Recognising specific communication preferences such as easy read, braille, or large print etc. Information in relation to the service is held on the Trust website. Both paper versions and digital versions of the information is available for people to access who may require different formats of communication.
- An improvement programme has been undertaken to review did not attend (DNA) rates for the service with has resulted in an accessibility review of the letter to ensure it is clear and easy to read. This was in collaboration with patients and staff following feedback.
- Courtesy calls to remind patients of their appointments as some patients with brain fog or cognitive fatigue may not remember their appointment. We keep track of patient preferences on how they would like to receive notice of their appointments. For example, emailing to inform them of their appointments rather than sending a letter.
- People living with a physical disability are supported on a case-by-case basis with reasonable adjustments made as and when required. Reasonable adjustments have been initiated based on feedback received by people using the services.

Methods of which an appointment can be accessed are virtual, over the telephone, and face to face and home visits depending on their needs. Examples of reasonable adjustments include but are not limited to:

- For people of whom the ability to speak has been affected virtual appointments are in place to ensure patients can communicate via the chat function to ensure full participation in their appointment
- For people experiencing chronic fatigue it has been deemed that preference lends itself to a telephone appointment to negate the need to come onto the hospital site.
- Split appointments for patients who feel they cannot complete an entire consultation at once
- It was recognised that people who were homeless may not be able to access information of this service therefore the team have reached out in the community with a view to highlighting the service to places such as Room at the Inn, James Lee House, Haven House and Housing Solutions
- Campaign to engage with hard to reach and vulnerable groups
  - Health inequalities directory services all contacted with patient literature and guidance
  - Talks at local libraries
  - Video on recognising symptoms shared with Cheshire and Merseyside GP services, training at GP surgeries in WHH catchment and leaflet distribution
  - GP newsletters and internal newsletters

Chaplaincy and Spiritual Care:
- The Trust collates data for the protected characteristics including religion and belief
- The service is available to all patients, visitors and staff 24/7 365 days a year, along with the chapels and prayer room
- Chaplaincy awareness and communications:
  - A weekly ward visiting plan allows general weekly visits to inpatient areas
  - Referrals from areas direct to Chaplaincy Team for support
  - Meet the Chaplains and contact details displayed across the site
  - Quartey attendance and presentation at the Ward Managers meeting to promote service and events
  - Weekly Sunday service radio broadcast on Hospital Radio
  - Extranet and website presence and Social Media posts to share information
  - Generic email address/phone number to allow all Chaplains to access support requests/queries
  - Support in collaboration with the ward to make reasonable adjustments if required
- Services and events from a range of faiths have been marked by the Chaplaincy throughout the year
- Access to the baby loss memorial book to support grieving families

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

Lead: Consultant Midwife / Long COVID Clinical Team Manager / Lead Chaplain

Stakeholder Engagement Outcome:	Achieving

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 an 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 service has recognised that COVID-19 cases in prisons were high, and people may require support with Long COVID. Therefore, the WHH Long COVID Service arranged visits to Thorn Cross prison and Risley prison. The service has developed a relationship with Thorn Cross prison, sending newsletters and information when necessary.
- Outreach to GP surgeries to spread awareness of the service and improve accessibility for patients. Data from incoming referrals has been analysed, identifying the number of referrals coming in from each GP surgery. The service also identified the GPs that served the most deprived areas, due to research showing that people who lived in deprivation were more likely to contract COVID-19 as well as BAME groups.
- The nurse coordinator regularly attends support groups for patients with Long COVID during these support groups, the nurse coordinator identifies patients who may be struggling and offers further 1-1 support for these patients.
- We signpost to Access to Work to provide patients with an assessment of their workplace and equipment to support their return to work and to prevent sickness due to their disability
- We provide letters of support for PIP for patients who are unable to work due to Long COVID

Chaplaincy and Spiritual Care:
- Celebrations of religious and charity events:
  - Foodbank collections

- o Poppy Appeal
  - o Diwali, Ramadan
  - o Christmas, Easter
  - o Dying matters week
- Providing onsite religious support for:
  - o Weddings
  - o Funeral Streaming
  - o Scripture readings
  - o Prayer and blessing
  - o Last rites
  - o Holy Communion
  - o Baptism/Baby blessing
- Representing the Trust at baby funerals off site and translation of order of service
- The Chaplaincy service has been benchmarked against the 2015 UK National Chaplaincy Guidelines. This was presented at PEDISC, (Patient Equality Diversity and Inclusion Sub Committee)

Question 1c: When patients (service users) use the service, they are free from harm	
Lead: Consultant Midwife / Long COVID Clinical Team Manager / Lead Chaplain	
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 including PSIRF
- 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
- Development of new policy for discrimination of staff and patients.
- 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
- Staff mandatory training reported on under governance sub committees

Long COVID:
- Incident Reporting Procedures are in place to monitor incidents and complaints with robust processes in place to recognise and act on area for improvement.
- Freedom to Speak Up Guardian and other Champions in place – The Trust has a F2SU Guardian with a Network of F2SU Champions which are representative from a diverse range of backgrounds, staff groups and professional bodies.
- To support staff to learn from incidents and complaints regular team meetings take place whereby staff can share experiences and case load information as a team.
- In the period of reporting for EDS2022 there have been 0 never events associated with the service. In the case of a potential Never Event, the Governance Manager alongside the Patient Safety Manager would highlight as a matter of urgency (within 24hours) to the Associate Director of Governance and the Director of Governance. An urgent rapid review would take place with CBU triumvirate, Governance Manager, Patient Safety Manager and Associate Director of Governance. Immediate safety actions would be put in place. A safety brief would be complete with the executive team. STEIS reporting would take place alongside discussion with PLACE.
- Currently incident reporting systems are not synced to protected characteristic data. However, there are plans in place to review integration against patient health records or processes of system specification.
- Staff adhere to mandatory training and are kept up to date with developing information for Long COVID causes and symptom management.

Chaplaincy and Spiritual Care:
- Chaplaincy Team members are all endorsed/referenced by their own faith groups which are part of Churches Together in England and Wales
    - experience in theology and pastoral, spiritual and religious care
    - licenced ministers in their own faith groups means undergoing regular training updates and monitored by a code of conduct, supervision, spiritual direction and PDRs via their faith group
- Modern Chaplaincy Team including training in Leadership, Moral Theology, Multi Faiths, Self-care and Wellbeing, High Level Safeguarding, Unconscious Bias, Sacramental Rites-Confession, Blessing, Holy Communion and practical placements in other churches and in prison chaplaincy
- The Chaplaincy Team is supported by ministers in the community who are endorsed and licenced by their own faith bodies including Catholic Priests, an Imam, a Rabbi, a Hindu, Sikh and a Buddhist minister.
- Access support arranged for patients to attend Chapel/Prayer Room
- Chaplains are trained and competent in some practical aspects at the hospital such as infection control, manual handling and more specific training to keep patients safe such as Children and Adult Safeguarding, Patient Safety, Dementia, Domestic Abuse, Autism, d/Deaf Awareness and EDI Training for EIA Analysis and conscious inclusion.

- Religion database was produced in 2022/3 for the Chaplaincy which lists patients' faith on a ward. These are used to support the weekly ward visiting plan, ensuring correct representation.
- A Multi faith visiting procedure is in place to ensure patients of faith that are not Christian are visited to ask if they would like a visit from their own community faith leader; a list of local faith leaders has been developed to support.

Question 1d: Patients (service users) report positive experiences of the service	
Lead: Consultant Midwife / Long COVID Clinical Team Manager / Lead Chaplain	
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:
- The WHH Long COVID Service has developed relationships with Social Prescribers and have attended support groups to receive feedback and allow the participants to share their stories with the service; this allows for service improvements to be identified. The service continually looks to improve and act on the information available, for example, patient letters have been improved to make them easier for patients to understand, patients are contacted 2 days before their appointment as a reminder (this is part of the DNA action plan), the Yorkshire questionnaire has been amended to include driving questions etc.
- Friends and Family Testing. This is accessible in both paper and digital formats. The digital format of the survey embodies accessibility tools enabling people to access in their own language or read aloud for example.
- The Trust complaints and PALS team support Long COVID service by monitoring themes and trends within feedback received. At a Trust level this is reviewed and monitored by the Patient Experience Sub Committee.
- Verbal feedback from social prescribers is regularly given in the monthly meetings.

- Case Studies – Case studies are regularly collated to review practice and seek opportunities for improvement

Chaplaincy and Spiritual Care:
- In September 2021 the Chaplaincy Team carried out a survey, with feedback supporting:
    - Enhancing the spiritual and religious service for patients, visitors and workforce
    - Recruitment processes
    - Environment review
- The Survey included demographic reviews for religion
- Positive feedback included the Chaplaincy Team being approachable, very caring and understanding
- Visits are of a very personal and often sad nature involving distress, end of life and bereavement, with some spiritual situations not easily quantifiable. Verbal feedback is received by the Chaplains and is reported via the Patient Equality Diversity and Inclusion Sub Committee monthly meetings
- Winners of the Trust 'You Made a Difference' Award in September presented by the Trust CEO

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:**
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 is available
    - Direct support for managers to enable reasonable adjustments to be monitored
    - Links to Staff Networks to support pastoral support and onward wellbeing support for individual circumstances
    - 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 Wellbeing Hub –** available for all staff to access – this can be completed through a self-referral or via a manager's referral. The service includes coordination with local VCFSE services – e.g., Get Warrington Talking / Livewire / Menopause cafés. Evidence for the service collates referrals and offers for all staff:
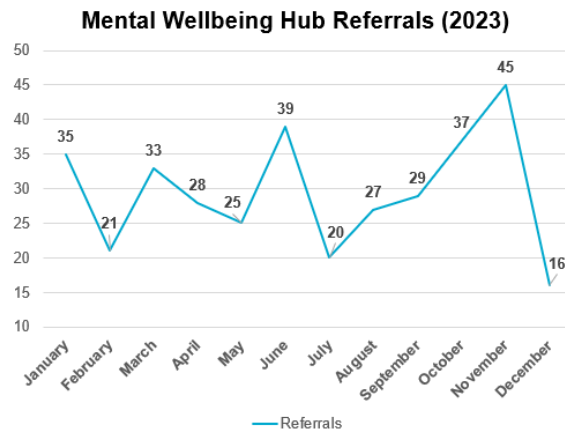
Mental Wellbeing Hub offers:
- • CBT Trauma focused therapy
- • Talking Therapy
- • EMDR Therapy
- • Hypnotherapy
- • Mindfulness
- • Relaxation sessions and holistic therapy for stress/anxiety and depression
- • Group Therapy
- • Bespoke Mental Health Training
- • Mental Health Workshops

Total Referrals = 355
Up to 07/12/2023

- **Rugby League Cares** (case study supplied as evidence during engagement)
- **Workforce EDI Team –** working internally at the Trust and engaging at local / regional events, e.g. Pride Warrington / MELA
- **Staff Engagement Team –** specifically focused on improving workforce experience and health through Trust wide improvements, e.g. events focused on Movember, getting people talking, encouraging local discussions – e.g. Mental Elf.
- Review and refresh of the **LGBTQ+ Wellbeing Guide** for Staff, targeted events in the calendar included focused workshops and group sessions, as appropriate
- **Agile Working** Task and Finish Group is in place to support people to work flexibly with focus targeted on flexible working - targeted pilot sites to commence, supporting people to work flexibly in work
- Conditions **do not need to be work related** for a referral to be accepted in any wellbeing service
  - o Occupational Health
  - o Mental Wellbeing
  - o Rugby League Cares
- Launch of the **Trust Workplace Passport** and **Reasonable Adjustments Guidance**

- External agency support for long-term health conditions included
- Access to Work referral process and operating procedure developed
- Review of **population health information** completed and will continue to be developed to 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
  - Question 11a - My organisation takes positive action on health and wellbeing

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

Summary of evidence:
- 'Restorative just culture' review across people policies and practices
  - Staff Networks now part of People Policies and Procedures Working Group, in addition to other representatives across the Trust
  - Resolving Workplace Issues Policy in place and monitored in ER report
- Formal 'Mediation Training' with accredited suppliers undertaken
  - Introduction of a Mediation Network – encouraging and promoting a mediation first approach
- Refresh of the Trust zero tolerance approach aligned with the NHS EDI Improvement Plan
  - Linked to the Trust Violence and Prevention Strategy
- Mental Wellbeing Hub
  - 355 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
- Occupational Health are available to access by management and self-referral – now accessible through a digital system - Cority
- Introduction of **'hate crime'** reporting via Datix – with monitoring to be completed by Health and Safety Sub-Committee

- 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
- Extranet includes dedicated access to the **'How am I Supported'** platform with resources to support people to access external services
- Introduction of **EDI Training programmes** for managers – including sections on discrimination, harassment and victimisation:
  - Equality Impact Analysis
  - Conscious Inclusion – training for all
  - Pilot programmes of leadership development for EDI
- **Cultural Awareness** programmes
- Dedicated **compassionate and inclusion** programmes
- **Sexual safety at work** programmes
- **Let's Talk About…** workspaces to support continued awareness and knowledge in race, disability and sexual orientation
- Implementation of a pilot **Workforce Sexual Orientation Monitoring Standard**

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
  - Question 13b - In the last 12 months how many times have you personally experienced physical violence at work from... managers
  - Question 13c - In the last 12 months how many times have you personally experienced physical violence at work from... other colleagues
  - 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
  - Question 14b - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from... managers
  - Question 14c - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from... other colleagues

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:

- **Staff side Chair and Vice Chair** members of the Workforce EDI Sub-Committee and are active members of committees and staff forums across the Trust
  - Implementation of an Anti-Racist Working Group
  - Implementation of a Workforce EDI Steering Group
- **Partnership** meetings in place between Staff side and the People Directorate
- **Freedom to Speak Up:**
  - **Q1** – 6 disclosures / **Q2** – 6 disclosures / **Q3** (November) – 5 disclosures
  - Bullying and harassment associated themes included training for managers which is underway by the HRBP Team
  - Themes are linked to culture, relationships and civility
  - Rollout of F2SU Month – including promotion by F2SU Guardian, Executive lead and Non-Executive Director – including a Grand Round supported through an EDI lens
  - Sessions focused on EDI lens within Freedom to Speak Up delivered, including at Strategic People Committee and Board Development
  - Staff Network Chairs developed and supported to become Freedom to Speak Up Champions
  - New Monitoring Information booklet launched to support staff with information about why EDI information is asked
- Implementation of formal **Mediation Training and creation of a Mediation Network**
- Development of **facilitated conversations** training to support knowledge and competency
- Review of the **Trust Reciprocal Mentoring Scheme**, targeted initially for the Multi-Ethnic Staff Network, Progress LGBTQ+ and DAN
  - Staff Network support processes for people to raise concerns and seek support

Additional evidence collated –

- Staff Survey questions broken down by protected characteristics (sex / race / sexual orientation / age / long-term health condition – disability / religion or belief):
  - Question 13d - The last time you experienced physical violence at work, did you or a colleague report it?
  - Question 14d - The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?

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

- Staff Survey questions broken down by protected characteristics (sex / race / sexual orientation / age / long-term health condition – disability / religion or belief):
  - Question 23c - I would recommend my organisation as a place to work
  - Question 23d - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.

Domain 3: Inclusive Leadership	
Question 3a: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities.	
Lead: Executive Team / Deputy Chief People Officer / Head of Culture and Inclusion	
Stakeholder Engagement Outcome:	**Achieving**
Summary of evidence:	

- **Patient stories** feature as agenda items on both public board and board assurance meetings, with different lenses applied, including:
  - Learning disabilities
  - Mental health
  - Maternity care – Ockenden and EMBRACE
  - Access by characteristic – including d/Deaf access and visual visibility.
  - Armed Forces and Military Veterans (link to staff health and wellbeing)

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. **Examples included in committee minutes and available in staff training.**

- Staff stories features as an agenda item for Strategic People Committee / Workforce EDI Sub-Committee, as well as ad-hoc for-Trust Board – this includes:
  - Freedom to Speak Up and actions taken to address bullying and harassment as well as build a culture of safety – including the links to EDI.

- o Staff development and progression through career paths.
- o Allyship and gender diversity – including "Being non-binary at WHH".

Examples included in committee minutes and available in staff training.

- Board meetings commence with **Leadership Observation** rounds (Executive and NED led), observation rounds include targeted questions and discussion points on culture, EDI and wider access to health – this includes speaking with staff on issues pertinent to staff development and health and wellbeing which influences Trust Board development and discussion. **Examples included on observation documentation.**
- **Workforce EDI** – Strategic People Committee (Board level) regularly review workforce equality related matters as standing items on the Cycle of Business. This includes equality related reporting, bi-annual strategy updates and bi-annual Health and Wellbeing Guardian reports.
- **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.
- **Staff Networks** are sponsored by the Executive Chief People Officer (bi-monthly meetings) and meet quarterly with the Chief Executive Officer to discuss progress, thematic reviews and opportunities for development. Additionally, from September 2023, Staff Networks were supported by a specific executive sponsor, which includes attend meetings or hold separate meetings with network chairs to discuss priorities, events, topics and issues (this is completed separately to formalised meetings to enable meaningful discussions). Staff Network sponsors are:
  - o Multi-Ethnic Staff Network – Kate Henry, Director of Communications and Engagement
  - o PROGRESS Staff Network (LGBTQ+) – Paul Fitzsimmons, Executive Medical Director
  - o Disability Awareness Network – Dan Moore, Chief Operating Officer
  - o Armed Forces and Military Veterans Network, Kimberley Salmon-Jamieson, Chief Nurse and Deputy Chief Executive
  - o Women's Staff Network (July 23 onwards) – Lucy Gardner, Director of Strategy and Partnerships
  - o Young Voices Network (November 23 onwards) – Jane Hurst, Chief Finance Officer

  Staff Networks have a dedicated budget to support training, external resources / conferences and materials.
- Chief Nurse and Deputy Chief Executive is the executive lead and sponsor for the **Your Future Your Way** programme. Which includes a senior leadership development programme for Band 7 and above nurses, midwives and AHPs as well as 3 cohorts in 2023/24 of Band 5 and 6 Black, Asian and Minority Ethnic nurses, midwives and AHPs. Awards won and nominated through HPMA, PENNA, RCN etc. - More details can be found here
- **Investment in local community and public health initiatives**, including partnership with the local authority and neighbouring NHS organisations.
- Strategy reports focused on **health inequalities** and the approach the organisation has committed to as an 'Anchor Institute' across Warrington and Halton boroughs

- **Brand refresh** – led by Director of Communications and Engagement includes a new inclusive language guide for all staff to use to ensure that the values of the organisation are integral through writing and take into account knowledge around health literacy age.
- Equality impact assessments now a core part of **financial processes** and review – including Finance and Sustainability Committee (Board assurance group) – including capital / revenue business planning, cost improvement and PIDS, as well as GIRFT planning.
- **Business Case** proposals including equality related matters for review, for example, Living Well Hub, Breast Screening Relocation and the C&M Community Diagnostic Centre.
- **Shadow Board** inclusion of equality and diversity training and development, with matters discussed as part of Board learning and oversight – including the Board Assurance Framework and Corporate Affairs.
- Chairman lead for **CMAST**, including interlinks to equality and diversity implementation for workforce – working to increase diversity to better reflect the organisations population and health needs of those it serves.
- **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. For example Rainbow Badge achievement / Employment law update and links with EDI / International Staff Celebration Event – led by the Chief Nurse and Chair / MELA / South Asian Heritage Month / National Carers Week / National EDI Improvement Plan (including Board Development) / Equality analysis training / Pride month / Disability History Month / Black History Month.
- Executive event support and guidance, including:
  - Lunar New Year
  - LGBT History Month – all Execs
  - International Women's Day – CPO / CNO / CFO / DoC / DoS
  - Ramadan – Chief People Officer/ Chief Executive
  - Diwali
  - Eid al-Fitr
  - Eid al-Adha
  - South Asian Heritage Month – event in collaboration with WBC
  - Pride Month
  - Black History Month
  - Section 28 – 20th Anniversary
  - MELA
  - Jewish New Year
  - Sexual Safety
  - Saying NO to Racism

- o Remembrance Sunday
- EDI Board Development session to support Board members and Governors with their equality knowledge, including masterclasses on allyship and its impact, equality analysis and race.
- Chief People Officer review of workforce equality, diversity and inclusion to ensure it is embedded across the people priorities – aligning organisational culture and engagement to EDI creating the Culture and Inclusion Team.

Question 3b: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.

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

Stakeholder Engagement Outcome:	Achieving

Summary of evidence:

- Equality and health inequalities are standing items in:
  - o Strategic People Committee – Workforce EDI through the Cycle of Business
    - Workforce EDI Strategy updates
    - People Strategy updates
  - o Quality Assurance Committee – Patient EDI through the Cycle of Business
    - Patient Experience Strategy updates
    - Patient, Service User and Carers Diversity, Inclusion and Belonging Strategy updates
  - o Finance and Sustainability Committee – Health inequalities and financial impact through the Cycle of Business
  - o Trust Board – monitoring across all assurance committee updates (bi-monthly through the Cycle of Business)
- From 2023/24 every Trust Board and Committee paper features an equality considerations update aligned to the Public Sector Equality Duty:

EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	Patients	Workforce	Public
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	Yes	No	N/A
	Further Information / Comments:			

This was implemented in August 2023 following Board development to support NED-level oversight and assurance.

- Equality impact assessments now a core part of **financial processes** and review – including Finance and Sustainability Committee (Board assurance group) – including capital / revenue business planning, cost improvement and PIDS, as well as GIRFT planning.
- 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. Policies that require Trust Board sign off, e.g., Accessible Information Standards, include the EIA for reference and discussion.
  - Workforce EDI and Patient EDI Teams sign off all policies through the relevant Policy and Procedure Group process.
  - Staff Network Chairs are core members of the Workforce Policy and Procedure Working Group, effective from June 2023.
  - Patient Safety Partners are part of policy design and review aligned to clinical and patient related policies.
  - Experts by Experience / Community Partners and external stakeholders linked to EDI are part of policy ratification at the Patient Experience Sub-Committee.
- COVID-19 Risk Assessments 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 an RA to be implemented. All documents stored in line with GDPR.
- EIA Dashboard is available for 2023/24 with completed EIAs monitored in line with PSED guidance.
- Published access to EIA process available here: https://whh.nhs.uk/about-us/corporate-publications-and-statutory-information/equality-diversity-and-human-rights
- Equality Assurance Review Panel in place from 2023/24 including oversight from patients, community groups, workforce groups, staff side and Executive assurance – reporting to WEDISC and SPC

Question 3c: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.	
Lead: Executive Team / Deputy Chief People Officer / Head of Culture and Inclusion	
Stakeholder Engagement Outcome:	**Achieving**

Summary of evidence:
- Trust Board have EDI objectives in place, mapped to risk and the Board Assurance Framework for improvement:
  - Objectives have now been mapped for the wider organisation to support EDI as a golden thread through all workstreams.
  - Full review of the appraisal process completed – alignment to e-forms allows for triangulated themes and oversight (for EDI related performance) which is monitoring through SPC EDI updates.

- Monitoring of the EDI Improvement Plan has been mapped into the Cycle of Business for Strategic People Committee for oversight and assurance. This includes the addition of risks on the BAF.
- Implementation of the Workforce EDI Dashboard – supporting oversight for reporting and review / workforce profile and index, showing YoY improvement in race, disability and sexual orientation in 2023/24.
- 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 monitored 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 completes a 'BAME Representation' report bi-annually to the 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.
- 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 with bi-annual updates each year.

Action Plan

Domain	Outcome	Maternity	Long COVID	Chaplaincy and Spiritual Care

Domain 1	1A: Patients (service users) have required levels of access to the service	• Integrate the current Friends and Family Test online survey into the BadgerNet application tool to increase monitoring information
		• 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
			• The Long Covid support group will start to be attended by:
			  o Nursing team,
			  o Occupational Therapist
			  o Respiratory Physio
			• Placement of an extended 12-month PIFU in place of discharge
				• Awareness Campaigns as population of patients, visitors and staff change.
				  o Increase visibility with lanyard usage
				  o 12-month communication campaign to promote service
				• Extend faith leader contact list to include full complement of all religions
				• Electronic recording and handover log
				• Provide Chaplaincy advice in different communication formats:
				  o Languages
				  o Non- verbal
				  o Support to service via an App

Domain 1	1B: Individual patients (service	• Further work to co-produce maternity services with the community	• An employer's support pack has been created to ensure	• New Chaplaincy Guidelines August 2023

	users) health needs are met	• Full engagement with patients, community groups, and the public, to design and review services with Maternity Teams
		• Following the EDS 2022 review for Maternity Care, enhanced partnership working to develop maternity services addressing health inequalities and local evidence-based approaches
			patients are well supported in the workplace.
			  o One authorised by the trust, this is to be printed and utilised
			  o Sent to all patients that are under our Vocational Rehab service currently
			  o Sent to any new patients that may need Vocational Rehab input in the future
			• Patient leaflets continue to be updated 6-12 monthly
			• Designated appointment slots with the Nursing team for patients that are:
			  o Requiring more frequent input
			  o Complexities
			  o Adjusting to returning to work
				o Updated benchmarking activity
				o Updated workplan

Domain 1	1C: When patients (service users) use the service, they are free from harm	• Direct reporting of equality datasets in incident reporting / complaints and risk mechanisms to	• To commence monthly training sessions for clinical team. Sessions to include:
			  o Internal agencies
			  o External agencies
				• Develop a policy/guidance document describing the service and care that

		enhance equality analysis and themes • Enhanced work between Maternity Voice Partnerships and governance processes to triangulate incident data with external feedback and views • To embed the recommendations set out within the PSIRF, to integrate Patient Safety Partners into the organisations processes and systems	o Current team	those using the service can expect to receive • A method of assessing belief, religion and pastoral needs • Local induction documentation • Volunteer Training • Awareness campaign on recording of religion/faith/belief

Domain 1	1D: Patients (service users) report positive experiences of the service	• Enhancing feedback outcomes with the collaboration of the MVP to drive informative change.
		• Streamlined information externally to support ongoing care and treatment support.
		• Maternity Service review, including marketing and communications.
		• Development of the Patient Safety Improvement
			• A feedback form has been created for clinicians to log feedback at the time of appointment
			• Monthly reporting of feedback to:
			  o Trust management Team
			  o Staff
				• Utilise the Friends and Family Test
				• Annual reporting
				• Collate and record feedback from Volunteer service
				• Manage collation of feedback from supporting faith leaders
				• Environment to better reflect other religions and beliefs represented in the

		Framework with the integration of the Patient Safety Partners in operational working		hospitals, in addition to Christianity

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	• 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. • Review opportunities to embed demographics into health and wellbeing programme referrals to allow for monitoring and action to be taken where required - including onboarding and pre-employment reviews.	
Domain 2	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	• Embed 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 – aligning improvements to metrics associated with the EDI Improvement Plan (HI6).	
Domain 2	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	• Review of Freedom to Speak Up opportunities to capture equality and diversity monitoring information, in line with other NHS Trusts across the region. o Aligning this action to the updated workplan for the new Freedom to Speak Up Guardian. • Review of Staff Network reporting and training – supporting Chairs and Vice Chairs to provide independent advice and support where required.	

Domain	Outcome	Objective	Completion Date
Domain 2	2D: Staff recommend the organisation as a place to work and receive treatment	• 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. • Review of opportunities to capture data throughout the year, embedding multiple data sources (quantitative and qualitative).	

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	• 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	• Quality assurance review of EIA processes and considerations at Board and assurance committees – reviewing purpose and discussion points.	
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	• Further analysis to improve representation of Band 7+ by protected characteristic – including the introduction of a Reciprocal Mentoring programme aligned to updated data metrics from Staff Survey 2023.	

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