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# NHS Equality Delivery System 2022 EDS Reporting Template

Version 1, 5 February 2024

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# Equality Delivery System for the NHS

## ***The EDS Reporting Template***

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: [www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/](http://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/)

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via [england.eandhi@nhs.net](mailto:england.eandhi@nhs.net) and published on the organisation's website.

## NHS Equality Delivery System (EDS)

<b>Name of Organisation</b>	<b>Wirral Community Health &amp; Care NHS Foundation Trust</b>	<b>Organisation Board Sponsor/Lead</b>		
		Paula Simpson – Chief Nurse Claus Madsen – Chief People Officer		
<b>Name of Integrated Care System</b>	Cheshire & Merseyside ICB			

<b>EDS Lead</b>	Neil Perris – Head of Equity, Diversity & Inclusion Emma Ashley – Head of HR (Staff Wellbeing & Engagement)	<b>At what level has this been completed?</b>		
			<b>*List organisations</b>	
<b>EDS engagement date(s)</b>	17 Jan 2024 – Domain 1 31 Jan 2024 – Domain 2 5 Feb 2024 – Domain 3	<b>Individual organisation</b>	Wirral Community Health & Care NHS Foundation Trust, Peer reviewed by: Bridgewater Community Healthcare NHS Foundation Trust (Domain 3)	
		<b>Partnership* (two or more organisations)</b>		
		<b>Integrated Care System-wide*</b>		

<b>Date completed</b>	February 2024	<b>Month and year published</b>	Feb 2024
<b>Date authorised</b>		<b>Revision date</b>	

Completed actions from previous year	
Action/activity	Related equality objectives
<ul style="list-style-type: none"> <li>Bladder &amp; Bowel service have engaged with stakeholder groups including, Age concern, Tomorrow's Women Wirral, Wirral Multicultural Organisation via the Inclusion &amp; Partnership Forum and by direct contact.</li> <li>Bladder &amp; Bowel service to review service information on public website.</li> <li>Ensure the specific needs of homeless people are understood and addressed in the bladder &amp; bowel service by engagement with Homeless Liaison Nurse in CWP</li> <li>Ensure the specific needs of women exiting criminal justice system are understood and addressed in Bladder &amp; Bowel Service and Community Cardiology and Cardia Rehab</li> </ul>	Engagement with key stakeholder organisations representing underserved or vulnerable to ensure and inclusion needs are addressed.
<ul style="list-style-type: none"> <li>Increased awareness raising for health conditions and activities relating to NHS games</li> <li>Ongoing work regarding the Prevention Pledge implementation</li> </ul>	When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions and opportunities to improve their physical & mental wellbeing
<ul style="list-style-type: none"> <li>Increased completion rates of exit interviews</li> </ul>	Support our understanding of staff experience by increasing the numbers of exit interviews completed and being able

	to compare the experiences of people with different protected characteristics
<ul style="list-style-type: none"> <li>Enhanced inclusion data in TIG and monitored at monthly SAFE OPG meetings</li> </ul>	Continue to develop the Inclusion dashboard and embed scrutiny at divisional SAFE OPG meetings

## EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

<b>Undeveloped activity</b> – organisations score out of 0 for each outcome	Those who score <b>under 8</b> , adding all outcome scores in all domains, are rated <b>Undeveloped</b>
<b>Developing activity</b> – organisations score out of 1 for each outcome	Those who score <b>between 8 and 21</b> , adding all outcome scores in all domains, are rated <b>Developing</b>
<b>Achieving activity</b> – organisations score out of 2 for each outcome	Those who score <b>between 22 and 32</b> , adding all outcome scores in all domains, are rated <b>Achieving</b>
<b>Excelling activity</b> – organisations score out of 3 for each outcome	Those who score <b>33</b> , adding all outcome scores in all domains, are rated <b>Excelling</b>



# Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Overall moderated rating	Owner (Dept/Lead)
<b>Domain 1: Commissioned or provided service</b>	1A: Patients (service users) have required levels of access to the service	<p>Services provided data and evidence to show relevant patients with higher risks due to a protected characteristic or at risk of health inequalities have adequate access to the service.</p> <p>Patients consistently report very good or excellent (above 92% for all services) when asked about accessing services. The services and the trust as an organisation have knowledge of barriers and have changed outcomes for people who experience those barriers in accessing services and are actively working to identify and tackle further inequalities in their (and others) provision.</p> <p>The grading for Adult LD SLT was moderated from a service suggested score of Excelling to a moderated score of Achieving however participants were keen to acknowledge the excellent work that had been undertaken already by the service.</p> <p>The grading for Sexual Health and for 0-19 Neurodevelopmental remained at the service suggested gradings of Excelling. This resulted therefore in an overall <b>Excelling</b> grading for this outcome.</p> <p><b>Adult LD SLT</b> There was some challenge to Adult LD SLT due to reported waiting list and concerns on staffing</p>	<b>3 Excelling</b>	<p>Adult Learning Disability Speech &amp; Language Therapy, Andrea Cameron-Collier 0-19</p> <p>Sexual Health Wirral, Millie Williams/Sally Barlow</p> <p>Neurodevelopmental Team, Lindsey Costello/Rebecca Banks/ Nicky Birkby.</p>

		<p>resource, however the service reported this will be mitigated by new member of staff starting in post recently. Participants accepted this mitigation at service level but were keen to point out that there are concerns around resourcing of LD services across the system.</p> <p>The service identified and reported a need to further develop the Accessibility &amp; Inclusion Template on the EPR to allow options for 'no comprehension of concept' for things like gender identity, faith/religion, sexual orientation as these were likely to be beyond the comprehension abilities of many of the clients in the Adult LD SLT service. <b>ACTION: Work with Inclusion team to further develop the Accessibility &amp; Inclusion Template to include options for 'no comprehension'.</b></p> <p>The Adult LD SLT service also highlighted that they felt their current patient feedback form didn't meet the needs of the service users. Support was offered from the Inclusion Team and LD day centres (Wirral Evolutions) and Healthwatch to support this work. <b>ACTION: Work with others including patients and carers and other stakeholders to develop a more accessible feedback form that would meet the needs of the patients and their carers</b></p>		
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		<p><b>Sexual Health Service</b>  The service was challenged to evidence how it supported people with learning disabilities as some of the stakeholders felt this evidence was absent from the presentation. The service apologised for the absence of content in the presentation around this and spoke about its Link team who can be contacted directly by those professionals caring for people with LD. A wide range of reasonable adjustments are offered by the service to support access and improved outcomes for patients with LD or ADHD/Autism. It was recognised that service awareness between Wirral Evolution and Sexual Health were limited, and this needed some attention.  <b>ACTION: Sexual Health Wirral to make contact with Wirral Evolutions to improve awareness and explore further work to develop the service offer.</b></p> <p><b>Wirral 0-19 Neurodevelopmental Team</b>  The 0-19 Neurodevelopmental Team identified that they wanted to further engage with communities from BAME backgrounds to ensure service awareness and they have recorded an <b>action.</b>  <b>ACTION: to work with Wirral Multicultural Organisation in Feb '24</b></p>		
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	<p>1B: Individual patients (service users) health needs are met</p>	<p>Patients at higher risk due to protected characteristic needs are met in a way that works for them across all three services. The service often consults with patients and stakeholders to design, increase &amp; decrease service elements within existing resources, and improve services provided. The services signpost to VSCE organisations and social prescribing appropriately. Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the services and are supported to do so by the organisation.</p> <p>Adult LD SLT service was graded at Excelling as a recommended grading, but this was moderated to Achieving. Both Sexual Health and 0-19 neurodevelopmental Team were graded as Excelling for this outcome. This resulted therefore in an overall <b>Excelling</b> grading for this outcome.</p> <p><b>Adult LD SLT</b> Strong evidence was provided around the personalisation of care based on individual need. Due to the issues identified around accurately recording protected characteristics on the current Accessibility &amp; Inclusion Template and due to the resourcing pressure described, the grading was moderated to achieving. The service also reported a lack of an accessible feedback form that was appropriate for their clients and were offered support in developing this from Healthwatch and Wirral Evolutions.</p>	<p>3 Excelling</p>	<p>Adult Learning Disability Speech &amp; Language Therapy, Andrea Cameron-Collier 0-19</p> <p>Sexual Health Wirral, Millie Williams/Sally Barlow</p> <p>Neurodevelopmental Team, Lindsey Costello/Rebecca Banks/ Nicky Birkby.</p>
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		<p><b>ACTION: Service to work with Inclusion lead, Wirral Evolutions &amp; Healthwatch to develop appropriate feedback form.</b></p> <p><b>Sexual Health Service</b>  The service presented evidence to show that personalisation of care is an important feature of the service and the service goes to some lengths to understand the needs of vulnerable groups and individuals. The service discussed how outreach service from the service and its key stakeholders are reaching some of the most vulnerable and those at risk of inequalities. The service also talked about the link team which is able to make a broad range of reasonable adjustments to accommodate the needs of individuals including those with disabilities, long term conditions and support those who are neurodiverse.</p> <p><b>0-19 Neurodevelopmental Team</b>  The service has undertaken and evidenced lots of work to personalise care to individual needs across the protected characteristics and other vulnerabilities. The team has undertaken work with system partners to improve patient pathways supporting a reduction in waiting times from (107 weeks in 2020 to 47 weeks in 2023) despite large increased in referral rates.</p>		
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	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>The organisation has procedures/initiatives in place to enhance safety in services for patients in all protected characteristic groups where there are any known H&amp;S risks. Staff and patients feel confident, and are supported to, report incidents and near misses. The organisation encourages an improvement culture giving consideration to equality and health inequality themes in safety incidents and near misses. Staff know how to and feel psychologically safe to raise concerns and our Freedom to Speak up Guardian is seen as trusted, approachable, and accessible and well supported by the numerous FTSU Champions across the organisation. This high performance in this area was recognised in the Trust recent CQC inspection.</p> <p>All three services rated themselves as <b>Achieving</b></p>	<p>2 Achieving</p>	<p>Adult Learning Disability Speech &amp; Language Therapy, Andrea Cameron-Collier 0-19</p> <p>Sexual Health Wirral, Millie Williams/Sally Barlow</p> <p>Neurodevelopmental Team, Lindsey Costello/Rebecca Banks/ Nicky Birkby.</p>
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>The services collate data from patients with protected characteristics about their experience of the service. The organisations create evidence-based action plans in collaboration with patients and relevant stakeholders, and monitors progress. The Quality Improvement approach across the organisation is well embedded. The organisation shows understanding of the link between staff and patient treatment and demonstrates improvement in patient experiences. Sexual Health and the 0-19 Neurodevelopmental team were able to show a range of positive and helpful feedback and demonstrate how this had been used to improve service provision. Both</p>	<p>2 Achieving</p>	<p>Adult Learning Disability Speech &amp; Language Therapy, Andrea Cameron-Collier 0-19</p> <p>Sexual Health Wirral, Millie Williams/Sally Barlow</p> <p>Neurodevelopmental Team, Lindsey Costello/Rebecca Banks/ Nicky Birkby.</p>

		<p>services rated themselves as Achieving and this was agreed during moderation. Whilst service improvements were also very apparent in the Adult LD SLT service, they acknowledged that the amount of formal feedback received from patients and carers was limited due to the absence of an appropriate form for patients to use. The service score of this service was therefore moderated down to Developing.</p> <p><b>The overall score for this outcome was</b> <b>Achieving</b></p>		
<b>Domain 1: Commissioned or provided services overall rating</b>			<b>10</b>	



# Domain 2: Workforce health and well-being

<p style="text-align: center;"><b>Domain 2: Workforce health and well-being</b></p>	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p>Reasonable adjustment procedure for staff with disabilities/long term conditions and Supporting Mental Wellbeing policy. Also introduced Menopause policy, Staff Network and awareness sessions.</p> <p>Continue to deliver wellbeing conversation training for all staff based on NHS England’s health and wellbeing framework which enables self-reflection and supporting others as individuals.</p> <p>Dedicated wellbeing Hub on Staffzone with access to mental and financial wellbeing support including an enhanced offer of staff benefits via VivUp.</p> <p>Mindfulness session held with Poppy Factory on-line.</p> <p>Made a commitment to the Charter for Employers who are Positive About Mental Health via Mindful Employer.</p> <p>Employee Assistance programme in place and recently re - tendered with an enhanced service Have a standing item on the Trust update twice a week relating to wellbeing promotions/opportunities/initiatives. Promoted physical activity through NHS games. Colleagues participated in a range of events including the family orienteering, golf, and running.</p> <p>Signposts to national support including promotion of Access to Work, C&amp;M Resilience Hub, Debt advice, Mindful Employers and support also available</p>	<p style="text-align: center;">2 Achieving</p>	<p>Emma Ashley</p>
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		<p>through FTSU up guardians/champions, HR, JUSS (staff side), professional nurse advocates, practice education facilitators.</p> <p>As part of the Prevention Pledge covers some of the health conditions listed.</p> <p>Feedback – stakeholder event agreed with rating.</p> <p><b>Action identified – to continue to promote wellbeing initiatives for these health conditions</b></p>		
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	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>For 2022 staff survey results (WRES) BME staff are more likely to state that they feel they have been harassed, bullied or abused by patients, relatives or the public and/or other staff. The percentage of BME staff reporting this has doubled from the previous year from 16.2% to 35.3%.</p> <p>BME staff stated they are more likely than white staff to have experienced discrimination from a manager/team leader or other colleagues, although the percentage has reduced slightly from the previous year and mirrors the national results. For 2022 staff survey results (WDES).</p> <p>With regards to staff experiencing harassment, bullying or abuse from managers, although this continues to be higher than that reported by non-disabled staff, the Trust has seen a reduction for disabled staff experiencing this. It is the lowest it has been over the past 5 years and below the national average.</p> <p>Any concern received alleging verbal or physical abuse will be considered seriously under Trust Bullying and Harassment policy or Disciplinary policy which have been fully equality impact assessed and any cases raised are analysed by 9 protected characteristics.</p> <p>Clear Trust values developed with staff engagement and Leadership Qualities Framework (enabling leadership for all: living our values and leadership qualities).</p>	<p>2 Achieving</p>	<p>Emma Ashley</p>
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		<p>Local Security Management Specialist in place, ensuring that colleagues are safe and can perform their roles without fear of being subject to violence and aggression.</p> <p>Zero tolerance in place when issues of abuse from patients/ visitors towards staff –up to date policy in place for the Management of Violence and Aggression (reviewed September 2023).</p> <p>Any FTSU cases relating to bullying and harassment are shared for advice with a senior HR practitioner so that the appropriate process is followed and support offered.</p> <p>Just and Learning culture in place for managing any staff incidents fairly. Also, implemented Patient Safety Incident Response Framework (PSIRF) as an independent review and system-based approach to learn from patient safety incidents and ensure a proportionate response to improve patient safety.</p> <p>Leadership for All festival in 2023 for all staff irrespective of roles - we all influence others and have an impact in the way we 'lead ourselves', within our teams and with our service users and patients.</p> <p>Shadow Board and Senior Leadership Forums introduced.</p> <p>Encouraged FTSU champions with protected characteristics.</p>		
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		<p>Improved supervision rate recording for staff.</p> <p>Feedback from stakeholders – agreement with the rating as the Head of HR did outline that case numbers for bullying and harassment are shared on a monthly basis with JUSS and at the People and Culture Oversight Group. The behavioural framework is being consulted on currently and will support this outcome.</p> <p><b>Action – to ensure that when the bullying and harassment policy is reviewed to encourage more participation from staff networks.</b></p>		
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	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>Recognise a number of Trade Unions and have active staff side available for staff.</p> <p>FTSU guardian is embedded and regularly promotes FTSU process/champions.</p> <p>Staff networks active and meet regularly through MS teams to increase access (4 out of 5 are staff led) – exec sponsors assigned and attend 50% of network meetings throughout the year</p> <p>Equality impact assessments are integrated into our policy development process (including policy review or policy creation) with support from Inclusion lead if needed.</p> <p>Support is available for staff from FTSU, HR, Unions, OH or EAP – support is also extended to witnesses of investigations/incidents.</p> <p>Bullying and Harassment policy and Policy for the Management of Violence and Aggression direct to support available.</p> <p>Opportunity to feedback through NHS staff survey and quarterly People Pulse.</p> <p>Supporting Mental Wellbeing policy.</p> <p>WRAP plans and stress risk assessment.</p> <p>Staff networks embedded: Black, Asian, Minority Ethnic (BAME) Network, Ability Network, LGBTQ+</p>	<p>2 Achieving</p>	<p>Emma Ashley</p>
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		<p>Network, Working Carers Staff Network (4 out of 5 are staff led).</p> <p>Active FTSU guardian and champions.</p> <p>Feedback – agreed with the scoring.</p> <p><b>Actions – for the informal feedback routes to be formalised so that qualitative data is collated and reviewed alongside quantitative data.</b></p>		
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	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>This question is asked in the staff survey and in the quarterly pulse survey.  From Staff Survey 2022: 71.4% recommend treatment.  People Pulse July 2023: 73.7% recommend treatment.</p> <p>From staff survey 2022: 56.4% recommend place to work.  People Pulse July 2023: 58.9% recommend place to work.</p> <p>WRES and WDES completed annually to compare experiences of BME and disabled staff against others.</p> <p>Increased completion rate of exit questionnaires due to introduction of utilising ESR system – any concerns escalated for review.</p> <p>New reporting allows for comparison by some protected characteristics.</p> <p>Feedback – agreed with the scoring.</p> <p><b>Actions – to encourage completion of the surveys in the trust and understand fully why the scores are lower for staff recommending the trust as a place to work.</b></p>	<p>1 Developing</p>	<p>Emma Ashley</p>
<p><b>Domain 2: Workforce health and well-being overall rating</b></p>			<p>7</p>	

# Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p style="text-align: center;"><b>Domain 3: Inclusive leadership</b></p>	<p>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</p>	<p>CNO lead for health inequalities and 2 non-exec on national reference groups.</p> <ul style="list-style-type: none"> <li>• Health inequalities and inclusion on the Terms of reference for Quality &amp; Safety committee and People &amp; Culture Committee.</li> <li>• AIS inclusion progress monitoring to SAFE OPGs and then the SAFE Operational Group (SOG)</li> <li>• ‘Journey of care’ for patients accessing our services/ staff stories at each board meeting.</li> <li>• Exec sponsors for each staff network and recently revised with Chief People Officer lead for all exec sponsors.</li> <li>• Celebrating Black History Month, LGBT+ History Month and working with HIVE community involvement</li> <li>• Social Value and Prevention pledge</li> <li>• Strategic risk on BAF</li> </ul> <p>All networks meet monthly on average and execs attend on average 50% of meetings.</p> <ul style="list-style-type: none"> <li>• Trust has a strategic equality objective, and a strategic health inequality objectives, both set out in the Inclusion and Health Inequalities Strategy.</li> <li>• All PID and POG processes have EQIA build into the process</li> <li>• NHS Staff Survey directorate level results and action plans mandated, including EDI theme – progress is monitored through people governance structure to Board.</li> <li>• Patient stories shared with Board regularly, often arising from patient services contacts,</li> </ul>	<p style="text-align: center;">2 Achieving</p>	<p>Claus Madsen</p>
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		<p>similarly lessons learned are shared across the Trust and at Board and actions, including where needed allocation of additional resources, agreed.</p> <ul style="list-style-type: none"> <li>• Commitment to NW Anti-Racist Framework in 2024.</li> <li>• Wirral Pride</li> <li>• Black History Month support and involvement.</li> <li>• Exec vlog for World Menopause Day 2023.</li> </ul> <p>Feedback: rating of Achieving was agreed</p> <p><b>Action: ensure Rotation of the Executive sponsors for 2024 in April 24</b></p>		
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	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<p>Governance structure in place:</p> <ul style="list-style-type: none"> <li>• EDI embedded in:</li> <li>• People and Culture Committee</li> <li>• Quality and Safety Committee</li> <li>• Board and People Committee have inclusion within business cycles, reviewed on annual basis to reflect national reporting changes.</li> <li>• Exception reporting from People Committee and Quality &amp; Safety Committee escalates anything outside of the business cycle.</li> <li>• POG reviews inclusion impacts as part of panel business for every document presented. All P&amp;E schemes also go through panel for sign off before progression.</li> <li>• Inclusion is a strategic objective for Trust embedded as part of Board and Committee papers oversight alongside BAF which was individual section for inclusion.</li> <li>• EQIA review as part of policy consultation for HR, corporate, and clinical policy. SOPs also screened for impact. Embedded within policy process and governance.</li> <li>• EDI and HI embedded within strategies</li> </ul> <p>100% of ethnically diverse staff risk assessed as part of Covid 19 risk assessments.</p> <ul style="list-style-type: none"> <li>• Risk mitigations put in place, including working from home, PPE, reassignment of duties, and if needed medical suspension was an option.</li> <li>• Covid 19 risk assessments were completed for all staff with disabilities or LTCs, ethnically diverse staff, older staff, and staff who were pregnant, on maternity leave, or infant feeding.</li> </ul>	<p>2 Achieving</p>	<p>Claus Madsen</p>
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		<p>Stress risk assessment for team and individual available</p> <ul style="list-style-type: none"> <li>• Risk assessment for pregnancy and maternity, and breastfeeding embedded within pregnancy, maternity, and adoption policy</li> <li>• Menopause supportive identifying of symptoms available for staff (new section added to Managing Attendance policy pending approval)</li> <li>• Occupational health support to identify risk and mitigation including reasonable adjustments for staff.</li> <li>• Workplace risk assessment embedded and led by H&amp;S lead.</li> </ul> <p>Staff network engagement used to develop action plans for WDES and WRES, signed off by Board via People Committee.</p> <ul style="list-style-type: none"> <li>• BAME Staff network engagement to be used in delivery of NW Anti-racism framework action plan.</li> <li>• Menopause and carers support groups support development of actions relevant to inclusion actions.</li> <li>• LGBTQ+ Staff Network leads on Rainbow action plans and accreditation.</li> <li>• Workforce data used to inform all workforce plans for recruitment and retention, including where appropriate inclusion drivers and unequal impacts.</li> <li>• Inclusion embedded with governance, including BAF.</li> </ul>		
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		<ul style="list-style-type: none"> <li>• Anti-Racism Framework commitment to but not signed as yet.</li> <li>• EQIA and panel including alignment to inclusion risk.</li> <li>• Local partnerships and collaborations.</li> <li>• Community engagement in place including Inclusion &amp; Partnership Forum and engagement of stakeholders in Sharing &amp; Celebration events</li> <li>• Anchor institute work in place aligning with inclusion lead for workforce alignment and general oversight.</li> <li>• Oliver McGowan training and roll out – 90% e learning compliance</li> </ul> <p>Feedback: rating of Achieving was agreed</p> <p><b>Action: Develop a mechanism to publish EQIAs</b></p> <p><b>Action: Deliver awareness sessions to demystify processes</b></p>		
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	<p>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</p>	<p>All of the below have action plans embedded within governance:</p> <ul style="list-style-type: none"> <li>• Trust is Disability Confident Employer accredited through external validation.</li> <li>• Trust is a Defence Employer Recognition scheme silver level holder.</li> <li>• Trust holds Veteran Aware accreditation.</li> <li>• Trust holds Rainbow badge</li> <li>• Trust is an Age Positive Employer.</li> <li>• Trust commitment to application to Employers for Carers accreditation scheme.</li> <li>• Trust is due to be a signatory to the sexual safety charter.</li> <li>• PSIRF.</li> <li>• Mindful Employer</li> <li>• Menopause Pledge</li> </ul> <p>WRES data shows that Board and senior leaders are not representative of the trust, as the board is 100% white.</p> <p>Associate NED development role for BME applicants, positive action launching 2024.</p> <p>WDES data shows that Board is representative of the workforce and community. Under-representation is identified in the WRES and WDES action plans.</p> <p>Board is 55% female to 45% male, at non-executive level there are more male than female</p>	<p>2 Achieving</p>	<p>Claus Madsen</p>
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		<p>NEDS. The Trust is 88% female overall. We have a female CEO.</p> <p>Data for LGB+ is low, and for gender identity national ESR is quite restrictive so the Trust will support gender changes for staff but are restricted in options by the national record.</p> <p>Reports are updated annually and discussed at the People and Culture Committee this is then presented at Board</p> <p>Improvements have been made however the indicators do vary and not consistent in improvement</p> <p>Staff network and working group – Board senior leadership sponsorship</p> <p>Menopause Policy.</p> <p>Health and wellbeing conversations and adjustment passport includes menopause.</p> <p>Menopause to be included in new MA Policy Menopause buddy system. Menopause champions in Trust. World Menopause Day Menopause cafes including exec speaker with menopause clinical expertise. Uniforms support in hot weather, including update to policy in 2023.</p>		
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<b>Domain 3: Inclusive leadership overall rating</b>		<b>6</b>
<b>Third-party involvement in Domain 3 rating and review</b>		
<b>Trade Union Rep(s):</b>	<b>Independent Evaluator(s)/Peer Reviewer(s):</b>	
Joint Union Staff Side	Bridgewater Community Trust	

EDS Organisation Rating (overall rating): 23  
**Achieving**

Organisation name(s):  
Wirral Community Health & Care NHS Foundation Trust

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan	
EDS Lead	Year(s) active
Emma Ashley – Head of HR Neil Perris – Head of Inclusion & Health Equity	2024/25
EDS Sponsor	Authorisation date
Paula Simpson/Claus Madsen	

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Improve engagement with key stakeholder organizations representing underserved or vulnerable groups or individuals to ensure and inclusion needs are addressed	Adult LD SLT to work with Inclusion team to further develop the Accessibility & Inclusion Template to include options for 'no comprehension'	30 June 24
			Sexual Health Wirral to make contact with Wirral Evolutions to improve awareness and explore further work to develop the service offer	30 June 24

	1B: Individual patients (service users) health needs are met	Ensure there are effective mechanisms in place to understand and meet patients/carers individual needs	Adult LD SLT to work with others including patients and carers and other stakeholders (incl. Wirral Evolutions & Healthwatch) to develop a more accessible feedback form that would better meet the needs of their patients and their carers.	30 Sept 24
	1C: When patients (service users) use the service, they are free from harm	Intentionally blank	Intentionally blank– no further actions identified	
	1D: Patients (service users) report positive experiences of the service	Increasing feedback mechanisms	increase the amount of patient experience feedback received by Adult LD SLT service by 30% by the end of quarter 4	31 March 25

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Improve awareness and access to support for named health conditions	continue to promote wellbeing initiatives for these health conditions	31 March 25

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Increase the presence of the staff voice in the development of the policy	ensure that when the bullying and harassment policy is reviewed we encourage more participation from staff networks.	30 Sept 24
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Increasing feedback opportunities for bullying and harassment and learning lessons mechanisms	For the informal feedback routes to be formalised so that qualitative data is collated and reviewed alongside quantitative data.	30 Sept 24
	2D: Staff recommend the organisation as a place to work and receive treatment	To increase completion of survey	To encourage completion of the surveys in the trust and understand fully why the scores are lower for staff recommending the trust as a place to work.	31 March 25

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Ensure Staff Network exec sponsors are benefiting from hearing the lived experience of members across each of our staff networks	Rotation of the sponsors for 2024	30 April 24
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	To demonstrate how we measure impact of our decision making on equality and health inequalities	Develop a mechanism to publish EQIAs	30 Sept 24
		Improving staff capability around EQIA	Awareness sessions to demystify processes	30 Sept 24
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	Intentionally blank	Intentionally blank – no further actions identified		

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