

Classification: Official

Publication approval reference: PAR1262



NHS Equality Delivery System EDS Reporting – February 2025

Contents

Equality Delivery System for the NHS.....	2
---	---

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/

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 and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation	Wirral Community Health and Care NHS Foundation Trust	Organisation Board Sponsor/Lead		
		Debs Smith, Joint Chief People Officer Paula Simpson, Chief Nurse		
Name of Integrated Care System	Cheshire & Merseyside ICB			

EDS Lead	Neil Perris, Head of EDI (Domain1) Emma Ashley, Head of HR (Domain 2 & 3)		At what level has this been completed?	
				*List organisations
EDS engagement date(s)	13.01.25 – Domain 2&3, 14.01.25 – Domain 1		Individual organisation	
			Partnership* (two or more organisations)	Wirral Community Health & Care NHS Foundation Trust Wirral University Teaching Hospital NHS Trust
			Integrated Care System-wide*	

Date completed	31.01.25	Month and year published	February 2025

Date authorised	Wednesday 19 February 2025	Revision date	

Completed actions from previous year				
Domain	Outcome	Objective	Action	Status
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Improve engagement with key stakeholder organisations representing underserved or vulnerable groups or individuals to ensure and inclusion needs are addressed	<p>Adult LD SLT to work with Inclusion team to further develop the Accessibility & Inclusion Template to include options for 'no comprehension'.</p> <p>Sexual Health Wirral to make contact with Wirral Evolutions to improve awareness and explore further work to develop the service offer</p> <p>0-19 team to work with WMO to identify any barriers to accessing services</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p>
	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.	Open – ongoing

	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	Not Achieved 24/25 - Ongoing

Domain	Outcome	Objective	Action	Status
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	Continued to promote wellbeing initiatives for these health conditions in calendar of events	Completed
	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	Respect and Civility policy developed, and new Behavioural Standards launched in consultation with staff network groups	Completed
	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	Promoted FTSU for raising concerns and trust wide meeting on lessons learned for ER cases every 6 months. Feedback mechanism for ER cases introduced	Completed

	2D: Staff recommend the organisation as a place to work and receive treatment	To increase completion of survey	More staff completed the NSS in 2023 than previous years	Completed
--	---	----------------------------------	--	-----------

Domain	Outcome	Objective	Action	Status
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	Completed
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	<p>To demonstrate how we measure impact of our decision making on equality and health inequalities</p> <p>Improving staff capability around EQIA</p>	<p>Develop a mechanism to publish EQIAs</p> <p>Awareness sessions delivered to demystify processes</p>	<p>Under development</p> <p>Completed</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	Intentionally blank	Intentionally blank – no further actions identified	

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

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

Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services (Rating is the MODE of all submitted votes for each outcome)	1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> • Reasonable adjustments for Patients • Referral Criteria - Special Care Dentistry • Specialised Dental Services Webpage • Patients with additional needs contacted prior to appointment to fill out reasonable adjustments form. • Domiciliary Risk Assessments • Wheelchair Tipper/Hoist available • Message that was sent to all General Dental Practitioners via the Local Dental Committee informing that we could accept patients who exceed the weight limit of their dental chair but only as part of our Personal Dental Service at Leasowe. • Age and Gender report 2023-2024. • Choose and book letter which is sent to all appropriate patients following referral • Service Leaflets transcribed into a different language • Treatment leaflets in an easy read format. 	<p>Excelling 5 votes Achieving 7 votes Developing 3 votes</p> <p>Achieving</p>	Community Dental – Helen Adam (Specialist in Special Care Dentistry Clinical Director)

		<ul style="list-style-type: none"> • Walk through videos <p>Panel feedback included:</p> <p>“Evidence provided shows good consideration of the needs of the different patient community groups and a range of measures taken to ensure access to the service”.</p> <p>“Great work across patients and carers with additional needs - always room to improve. less evidence presented around other protected characteristics”.</p> <p>“Cleary demonstrated protected characteristics and health inequalities are being tailored and the literature offered is really useful and demonstrates barriers are mitigated when accessing services”.</p> <p>“Waiting area can be busy with other patient”.</p>		
	1B: Individual patients (service users) health needs are met	<p>In addition to the evidence above (1a) evidence included:</p> <ul style="list-style-type: none"> • Reasonable adjustments being identified, recorded and implemented. • SOP's and Policies in place for supporting hose with additional needs. 		

		<ul style="list-style-type: none"> Specialist equipment in place and being used appropriately to support those with complex needs and disabilities. Evidence of compliance with Accessible information standard including evidence of the use of alternate formats e.g. Easy Read documents. <p>Panel feedback included:</p> <p>“The amount of work undertaken and implemented demonstrates excelling activity”.</p> <p>“Strong evidence around personalisation of care across traditional boundaries and disciplines”</p> <p>“Great collaborate working to try meet all health needs not only dental, looking at the patient from a holistic approach. Individualised care identified”</p> <p>“Lots of examples of meeting the needs of those with additional needs. Go over and above to accommodate their client group.”</p> <p>“Liked the example about staff photos to help support patients feel at ease”</p>	<p>Excelling 14 votes Achieving 3 votes Developing 1 votes</p> <p>Excelling</p>	<p>Community Dental – Helen Adam (Specialist in Special Care Dentistry Clinical Director)</p>
--	--	---	--	--

	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Evidence provided included:</p> <ul style="list-style-type: none"> • 3 award nominations detailing reasonable adjustments that are put in place for our patients. • COSHH risk assessment for every item of material we use. • For any new equipment or services, we implement that may be different to what has been used\done before, an alert is issued which all staff must read and sign that they have understood the directive. • Each clinic completes a Quality Checklist each month. • Risk Assessment / Hoist / Wheelchair Tipper • Each month, our Datix report is shared via email to all staff along with actions\points for learning <p>Panel Feedback included:</p> <p>“Improvement culture in place”</p> <p>“Excellent evidence put forward and the conversations added to this, further strengthening what was put forward”</p> <p>“Strong evidence of learning from incidents, patient feedback and engagement, risks and</p>	<p>Excelling 6 votes Achieving 5 votes Developing 1 votes</p> <p>Excelling</p>	<p>Community Dental – Helen Adam (Specialist in Special Care Dentistry Clinical Director)</p>
--	---	---	---	--

		<p>risk management and good general governance. Strong culture of improvement”</p> <p>“Positive feedback from patients, friends and family”</p> <p>“Didn’t feel there was enough evidence for this section”</p>		
	1D: Patients (service users) report positive experiences of the service	<p>Evidence provided included:</p> <ul style="list-style-type: none"> • Local Survey Response Report • Experience ratings provided by patients. • FFT 98% positive (compared to trust wide figure of 92%) <p>Panel Feedback included:</p> <p>“Consider easy read, or more appropriate method of collecting data for patients with additional needs”</p> <p>“It has been agreed that feedback numbers are low and from carer rather than patient but plans are in place now to improve this-volunteer work / smiley face friends and family cards”</p> <p>“Examples given relating to learning from feedback and changes the services have made”</p>	<p>Achieving 8 votes Developing 3 votes</p> <p>Achieving</p>	<p>Community Dental – Helen Adam (Specialist in Special Care Dentistry Clinical Director)</p>

		<p>“Recognition that there is scope to get feedback from more people”</p> <p>“Strong evidence - room to improve collection of feedback and patient demographics/protected characteristics”</p> <p>“Some concerns as to if feedback is from patient or others who accompany service uses. Further analysis into other protected characteristics”</p> <p>“Didn’t feel like the team were confident in the feedback provided “</p>		
Domain 1: Commissioned or provided services overall rating			10	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
--------	---------	----------	--------	-------------------

<p>Domain 2: Workforce health and well-being</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. Introduced new SOPs including Pregnancy and Baby Loss Procedure, and Suicide Prevention Procedure</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. This has also been incorporated into our team development Organisational Development tools offer and delivered to smaller team cohorts.</p> <p>Revised and updated hub on Staffzone with access to mental and financial wellbeing support including an enhanced offer of staff benefits via VivUp.</p> <p>Achieved status of Charter for Employers who are Positive About Mental Health via Mindful Employer re-accreditation.</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</p>	<p>2 Achieving</p>	<p>Emma Ashley Head of HR (Engagement and Wellbeing)</p>
--	---	--	------------------------	--

		<p>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, Debt advice, Mindful Employers and support also available through FTSU up guardians/champions, HR, JUSS (staff side), professional nurse advocates, practice education facilitators</p> <p>Being part of the C&M Prevention Pledge covers some of the health conditions listed and added commitment 13 Mental health, presented at summit in Warrington in November 2024.</p> <p>Veganuary promotion during January demonstrates commitment to supporting inclusive working for staff beyond protected characteristics</p> <p>Feedback – stakeholders agreed with rating.</p>		
--	--	--	--	--

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>For 2023 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 improved from the previous year from 32.29% to 27.66% (lower the better)</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.</p> <p>For 2023 staff survey results (WDES) Disabled staff continue to be more likely to state that they feel they have been harassed by service users, public, team leaders and colleagues than non-disabled staff. However, since the previous year the percentage of staff stating this has happened has decreased from 24.3% to 18.89%.</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, it is only slightly higher than the previous year: 8.28% compared to 8.13%. This remains below the national average.</p>	<p>2 Achieving</p>	<p>Emma Ashley Head of HR (Engagement and Wellbeing)</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 protected characteristics.</p> <p>Data on Bullying and harassment formal cases are reported to People and Culture Oversight Group and JUSS monthly.</p> <p>Clear Trust values developed and Behavioural Standards Framework in place.</p> <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. We will not tolerate poster campaign involving BAME staff network</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 and review of Withholding Treatment</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 2024 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. Behavioural Standards Framework session with leaders.</p> <p>Microaggression and allyship awareness part of leadership for all festival in Nov 2024.</p> <p>Encouraged FTSU champions with protected characteristics.</p> <p>Improved supervision rate recording for staff.</p> <p>Feedback from stakeholders – agreement with the rating.</p>		
--	--	---	--	--

	<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 regular promotes FTSU process/champions.</p> <p>Staff networks active and meet regularly through MS teams to increase access (all are staff led) – exec sponsors assigned and attend 50% of network meetings throughout the year.</p> <p>FTSU Champions in all of the Staff Networks and regular attendance from the FTSU Guardian.</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>Development of Respect and Civility Policy with staff networks.</p>	<p>3 Excelling</p>	<p>Emma Ashley Head of HR (Engagement and Wellbeing)</p>
--	---	--	------------------------	--

		<p>Opportunity to feedback through NHS staff survey and quarterly People Pulse.</p> <p>Supporting Mental Wellbeing policy WRAP plans and stress risk assessment.</p> <p>Staff networks embedded - Black, Asian, Minority Ethnic (BAME) Network, Ability Network, Pride Network (formally LGBTQ+), Working Carers Staff Network, Menopause (all are staff led).</p> <p>Active FTSU guardian and champions.</p> <p>Enhanced support – extra ordinary meetings with network demonstrating board support for staff after summer 2024 race riots.</p> <p>Feedback – stakeholders recommended rating to be at excelling level.</p>		
--	--	--	--	--

	2D: Staff recommend the organisation as a place to work and receive treatment	<p>This question is asked in the staff survey and in the quarterly pulse survey From Staff Survey 2023: 77.74% recommend treatment (2022 was 56.06%) People Pulse July 2024: 74.4% recommend treatment.</p> <p>From staff survey 2023: 63.87% recommend place to work (2022 was 71.64%) People Pulse July 2024: 59.2% 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 utilising ESR system – any concerns escalated for review.</p> <p>New reporting allows for comparison by some protected characteristics.</p> <p>Feedback – stakeholders agreed with this rating.</p>	1 Developing	Emma Ashley Head of HR (Engagement and Wellbeing)
Domain 2: Workforce health and well-being overall rating			8	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
--------	---------	----------	--------	-------------------

<p>Domain 3: Inclusive leadership</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 non-exec on national reference groups.</p> <p>Health Inequalities and Inclusion on the Terms of Reference for Quality & Safety committee and People & Culture Committee.</p> <p>Health inequalities key topic included as part of Leadership Festival in November 2024.</p> <p>Trust has a strategic equality and health inequality objective, both set out in the Inclusion and Health Inequalities Strategy.</p> <p>All PID and POG processes have QEIA build into the process.</p> <p>Patient stories shared with Board regularly, often arising from patient services contacts, Similarly, lessons learned are shared across the Trust and at Board and actions, including where needed allocation of additional resources, agreed.</p> <p>Close monitoring and oversight of implementation of Health Inequalities Waiting list project at Service Director, Exec and Board level.</p>	<p>2 Achieving</p>	<p>Debs Smith Chief People Officer</p>
--	---	--	------------------------	--

		<p>Exec sponsors for each staff network and has changed each year with the Chief People Officer lead for all exec sponsors. All networks meet every 4 – 6 weeks on average and execs attend on average 50% of meetings.</p> <ul style="list-style-type: none"> • Wirral Pride attendance • World Menopause Day 2024 events including cuppa and chat session with exec sponsor. <p>Engagement and feedback from staff networks inform Board commitment and action on areas such as diversity in recruitment panels, support for international staff, reasonable adjustment pathways.</p> <p>Celebrating Black History Month, LGBT+ History Month, Disability History Month featured a neurodiversity vlog by a member of the ability staff network</p> <p>Annual attendance by Board at Staff Network Celebration event contributing to celebrating successes, key outputs and refreshed annual plans for each network.</p>		
--	--	--	--	--

		<p>Social Value and Prevention pledge commitments made with supporting action plans reviewed at PCOG.</p> <p>NHS Staff Survey team level results and action plans mandated, including EDI theme and progress is monitored through people governance structure to Board.</p> <p>Commitment to NW Anti-Racist Framework in 2024/5 and statement approved.</p> <p>Training sessions provided to board by external company on inclusive leadership (BRAP).</p> <p>Feedback – stakeholders agreed with this rating.</p>		
--	--	--	--	--

	<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 and EDI embedded in:</p> <ul style="list-style-type: none"> • People and Culture Committee • Quality and Safety Committee • Board and People Committee have inclusion within business cycles, reviewed on annual basis to reflect national reporting changes • Exception reporting from People Committee and Quality & Safety Committee escalates anything outside of the business cycle • POG reviews inclusion impacts as part of panel business for every document presented. All P&E schemes also go through panel for sign off before progression. • Inclusion is a strategic objective for Trust embedded as part of Board and Committee papers oversight alongside BAF which was individual section for inclusion <p>EQIA review as part of policy consultation for HR, corporate, and clinical policy. SOPs also screened for impact. Embedded within policy process and governance.</p> <p>Inclusion and Health Inequalities embedded within strategies.</p>	<p>2 Achieving</p>	<p>Debs Smith Chief People Officer</p>
--	--	--	------------------------	--

		<p>Menopause supportive identifying of symptoms available for staff.</p> <p>Occupational health support to identify risk and mitigation including reasonable adjustments for staff.</p> <p>Workplace risk assessment embedded and led by H&S lead.</p> <p>Staff network engagement used to develop action plans for WDES and WRES, signed off by Board via People Committee.</p> <p>BAME Staff network engagement as part of NW Anti-racism framework action plan.</p> <p>Menopause and carers support groups support development of awareness actions</p> <p>PRIDE Staff Network work with Head of Equity, Diversity and Inclusion to lead on Rainbow action plans and accreditation.</p> <p>Workforce data used to inform all workforce plans for recruitment and retention, including where appropriate inclusion drivers and unequal impacts.</p>		
--	--	---	--	--

		<p>Stress risk assessments for team and individual available.</p> <p>Risk assessment for pregnancy and maternity, and breastfeeding embedded within pregnancy, maternity, and adoption policy.</p> <p>Anti-Racism Framework commitment signed.</p> <p>EQIA and panel including alignment to inclusion risk.</p> <p>Community engagement in place including Inclusion & Partnership Forum and engagement of stakeholders in Sharing & Celebration events.</p> <p>Anchor institute work in place aligning with inclusion lead for workforce alignment and general oversight.</p> <p>Oliver McGowan training and roll out – 97.4% e learning compliance (Dec 2024).</p> <p>Veteran Aware and Silver DERS accreditation achieved.</p>		
--	--	---	--	--

		Feedback – stakeholders agreed with this rating.		
--	--	--	--	--

	<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"> • Trust is Disability Confident Employer accredited through external validation • Trust is a Defence Employer Recognition scheme silver level holder • Trust holds Veteran Aware accreditation. • Trust holds Rainbow badge • Trust is an Age Positive Employer • Trust commitment to application to Employers for Carers accreditation scheme • Sexual safety charter signatory • PSIRF • Mindful Employer • Menopause Pledge <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 appointed – specific positive action from applicants from marginalised groups.</p> <p>WDES data shows that Board is representative of the workforce and community.</p>	<p>2 Achieving</p>	<p>Debs Smith Chief People Officer</p>
--	--	--	------------------------	--

		<p>Under-representation is identified in the WRES action plans.</p> <p>Board is 55% female to 45% male, at non-executive level there are more male than female NEDS. The Trust is 89% female overall.</p> <p>Joint CEO role with WUTH and continues to be female CEO.</p> <p>Data for LGBT+ 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 are not consistent.</p> <p>Staff network and working group – Board senior leadership sponsorship.</p> <p>Menopause Policy embedded.</p>		
--	--	---	--	--

		<p>Health and wellbeing conversations and adjustment passport includes menopause. Menopause and reasonable adjustments included in the revised Managing Attendance Policy.</p> <p>New procedures developed during 2024 including</p> <ul style="list-style-type: none"> • Support for pregnancy loss and miscarriage • Suicide Prevention <p>Menopause buddy system and champions in Trust.</p> <p>Working carers passport in place to identify additional support for staff.</p> <p>“We will not tolerate” anti-abuse posters launched across trust with input from BAME staff network and following actions to support staff post summer 2024 race riots.</p> <p>Feedback – stakeholders agreed with this rating.</p>		
Domain 3: Inclusive leadership overall rating			6	
Third-party involvement in Domain 3 rating and review				

Trade Union Rep(s): Unison, Diane McGonnell Unison, Ann Bayley	Independent Evaluator(s)/Peer Reviewer(s): Sharon Landrum, Head of People Experience, Wirral University Teaching Hospitals NHS Foundation Trust
---	---

EDS Organisation Rating (overall rating): 24 Achieving

Organisation name(s): Wirral Community Health and 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
Neil Perris – Head of Equity Diversity & Inclusion Emma Ashley – Head of HR (Wellbeing & Engagement)	2024
EDS Sponsor	Authorisation date
Paula Simpson – Chief Nurse Debs Smith – Chief People Officer	

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Whilst evidence is strong around access to the service for people with disabilities or impairments, evidence across other protected characteristics or other inclusion groups is a little weaker.	Ensure there is a mechanism to review service access against all protected characteristics at least bi-annually.	Sept 2025
	1B: Individual patients (service users) health needs are met			
	1C: When patients (service users) use the service, they are free from harm			

	1D: Patients (service users) report positive experiences of the service	Increase amount of patient feedback using alternative methods and formats.	Work with EDI and Patient Engagement team to develop feedback for patients with complex needs and their carers.	June 2025
		Ensure that feedback mechanisms capture whether the feedback is directly from the patient or a carer.	Review current and future feedback mechanism to ensure we can distinguish feedback from patients and feedback from carers.	June 2025

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	Collating data and use this to support staff to self-manage long term conditions .	Demonstrate effectiveness of health and wellbeing interventions relating to these conditions	Sept 25
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Decline in numbers of staff raising concerns Improved scores relating to bullying and harassment in NSS.	Improving staff experience and learning from feedback	July 25
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Left blank	Left blank	
	2D: Staff recommend the organisation as a place to work and receive treatment	Left blank	Left blank	

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	Staff exec sponsors	Rotation of the sponsors for 2025	April 25
	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.	June 25
	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	Left blank	Left blank	

Patient Equality Team
NHS England and NHS Improvement
england.eandhi@nhs.net
