

Classification: Official

NHS Equality Delivery System 2025
**Wirral Community Health &
Care NHS Foundation Trust**

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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/

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) 2025

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

EDS Lead	Neil Perris, Patient EDI and Staff Wellbeing Lead (interim) and Johanna Ashworth Jones, Programme Developer Patient Experience and Nursing Quality Domain1 Emma Ashley, Staff Inclusion and Engagement Lead (interim) Domain 2 & 3	At what level has this been completed? Joint		
				*List organisations
EDS engagement date(s)	04.12.25 – Domain 2&3, 5.01.26 – 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	28.02.26	Month and year published	April 2026
Date authorised	2 April.26	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	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	Complete
	1B: Individual patients (service users) health needs are met	Left Blank	Left Blank	
	1C: When patients (service users) use the service, they are free from harm	Left Blank	Left Blank	

	1D: Patients (service users) report positive experiences of the service	<p>Increase amount of patient feedback using alternative methods and formats.</p> <p>Ensure that feedback mechanisms capture whether the feedback is directly from the patient or a carer</p>	<p>Work with EDI and Patient Engagement team to develop feedback for patients with complex needs and their carers.</p> <p>Review current and future feedback mechanism to ensure we can distinguish feedback from patients and feedback from carers.</p>	Complete
Domain 2: Workforce Health & 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	Offer enhanced for staff
	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	Complete as new policy implemented incorporating learning
	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 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	Complete
	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.	In progress
	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	

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)
<i>Domain 1: Commissioned or provided services (Rating is the MODE of all submitted votes for each outcome)</i>	1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> • Private treatment room available • Reception staff attending to the desk (Implemented via responding to feedback) • Interpretation & Translation services: • Specific Quality Improvement Project on Translation and interpretation services • Referral Form • Treatment Leaflet in easy to read format • Flexible Appointment • Process in place to create Staff awareness of alternative communication formats (Easy Read, large print, other languages). • Variety of Clinic locations across different sites • System available to flag up patient requiring reasonable adjustment as an alert on their note (for WCHC) • Patient can book appointment through a text link (for WCHC) • Designated web page 	Developing 1	<p>Mike Milton – Service Lead, MSK Physio, WCHC</p> <p>Leanne Penny – Service Lead, MSK Physio, WUTH</p> <p>Helen Griffin - Clinical Lead for Outpatient Therapies, WUTH</p>

		<ul style="list-style-type: none"> • Wheelchair (for WCHC) • There is Process in place Look at patient individual needs and access what is required. • Email address in place for patients who prefer to communicate via email (WUTH) • Patient Portal with visibility of patient appointments (WUTH) • A system in place that enables patients to communicate directly with clinicians and facilitates appointment scheduling. (WCHC) • DNA rates reviewed and monitored through formal governance processes • FFT in different formats <p>Panel Feedback included: agreed developing level</p>		
	<p>1B: Individual patients (service users) health needs are met</p>	<p>In addition to evidence above (1a), evidence included:</p> <ul style="list-style-type: none"> • Flexible workforce (male and female staff) • Chaperon policy • Latex Allergy risk assessment • Double appointment slot for patient who require more time (WUTH) • Quiet room (WCHC) • Accessible toilet 	<p>Developing 1</p>	<p>Mike Milton – Service Lead, MSK Physio, WCHC</p>

		<ul style="list-style-type: none"> • Sensory-friendly lighting • Support with consent • Support to have a blood test - Needle phobia film & leaflet • Reasonable Adjustment for parents and carers • Clinical Pathways • Pre appointment questionnaire identifying individual needs (WCHC) • Desensitisation visits available • Reception staff attending to the desk (Implemented via responding to feedback) <p>Panel Feedback included: agreed developing level</p>		<p>Leanne Penny – Service Lead, MSK Physio, WUTH</p> <p>Helen Griffin - Clinical Lead for Outpatient Therapies, WUTH</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"> • Incident reporting systems • Training package for staff (WUTH) • SOPs • Patient Risk assessment • Risk register • IPC process and audit • Supervision in place for staff and patient • Confidential waste • Clinical Pathways 	<p>Achieving 2</p>	<p>Mike Milton – Service Lead, MSK Physio, WCHC</p> <p>Leanne Penny – Service Lead, MSK Physio, WUTH</p>

		<ul style="list-style-type: none"> • Formal governance review meetings of incidents and risk (PSIRF) • Health and safety link member of staff • All staff regular mentoring (WUTH) • Supervision in place (WCHC) • Staff uniform and ID badges • Complaint process in place (WCHC) • Training compliance figures <p>Panel Feedback included: agreed achieving level</p>		<p>Helen Griffin - Clinical Lead for Outpatient Therapies, WUTH</p>
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Evidence provided included:</p> <ul style="list-style-type: none"> • Review of complaints , numbers themes and trends • Friends and family test scores and feedback • Questionnaire • Responding to feedback examples • Training and improvement action • Thank you cards • APH recognition feedback - social media - nice files <p>Panel Feedback included: agreed achieving level</p>	<p>Achieving 2</p>	<p>Mike Milton – Service Lead, MSK Physio, WCHC</p> <p>Leanne Penny – Service Lead, MSK Physio, WUTH</p> <p>Helen Griffin - Clinical Lead for Outpatient Therapies, WUTH</p>

Domain 1: Commissioned or provided services overall rating	6	
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Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p style="text-align: center;">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. Menopause policy in place with awareness sessions. Ability Staff Network and launch of new network Armed Forces. 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 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>Maintained status of Charter for Employers who are Positive About Mental Health via Mindful Employer re-accreditation.</p> <p>Employee Assistance programme accessible for staff to access. Twice weekly promotion of activities in staff wide communications relating to wellbeing promotions/opportunities/initiatives.</p>	<p style="text-align: center;">2 Achieving</p>	<p>Emma Ashley Staff Inclusion and Engagement Lead</p>
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		<p>Promoted physical activity through NHS games and colleagues participated in a range of events.</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, JUC (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>Development of new return to work programme Well WUTH which has been extended to WCHC staff.</p> <p>Offered Mental First Aid Training and now have a cohort of trained staff that will join the WUTH cohort to provide support across both organisations</p>		
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		<p>Resilience sessions offered with Clinical Psychologist – as part of widening access to psychological support from WUTH</p> <p>For Corporate TUPE transfer specific wellbeing support has been developed including sessions for line managers leading during change and a roadmap to wellbeing interactive poster.</p> <p>Additional focus on supporting staff sickness with individual case reviews and enhanced support offered</p> <p>Panel Feedback – stakeholders agreed achieving level.</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>Results show BME staff are more likely than white staff to report experiencing harassment, bullying or abuse (HBA) from patients, relatives or the public. However, the percentage of BME staff experiencing this has reduced significantly over the last couple of years from 35% in 2022 to 26.8% in 2023 and 21% in 2024 (the lower the better). Results are now also equal to the national average.</p> <p>2024 results also show a reduction in the number of BME staff experiencing (HBA) from staff (from 32% in 2022 to 22% in 2023 and 20% in 2024).</p> <p>BME staff stated they are more likely than white staff to have experienced discrimination from other staff, although the percentage has reduced for the last 3 years showing a year-on-year improvement.</p> <p>However, a slight increase can be seen in the number of BME staff experiencing discrimination at work from manager/ team leader or other colleagues, increasing from 8.7% to 9.1% in 2024. This does however continue to remain below the community average of 10.2%.</p> <p>WDES – 2024 Results show that disabled staff continue to be more likely to experience</p>	<p>2 Achieving</p>	<p>Emma Ashley Staff Inclusion and Engagement Lead</p>
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		<p>harassment, bullying or abuse (HBA) from patients, service users, their relatives or other members of the public than non-disabled staff. This unfortunately increased from the previous year from 19.2% to 26.6%.</p> <p>With regards to staff experiencing harassment, bullying or abuse from managers, this continues to be higher than that reported by non-disabled staff, and is higher than the previous year: 8.4% to 12.6% (2024). This is above the community average.</p> <p>However, less staff have reported experiencing HBA from colleagues over the last couple of years, reducing from 21.5% in 2022, to 18.4% in 2023 and further reducing in 2024 to 14.7%. Results are now also better than the national average.</p> <p>Staff with disabilities are also more likely to report experiences of HBA since 2021, with 55.7% in 2021 – rising year on year to 66% in 2024, the highest for at least 5 years and above the national average.</p> <p>Any concern received alleging verbal or physical abuse will be considered seriously under Respect and Civility policy or Disciplinary policy which have been fully equality impact assessed and any cases raised are analysed by</p>		
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		<p>protected characteristics. Data on Bullying and harassment formal cases are reported to People and Culture Oversight Group and Joint Forum 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 approached to learn from patient safety</p>		
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		<p>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. Newly developed Respect and Civility policy developed with staff networks and Joint Union Staff Side</p> <p>Enhanced training for managers as part of leadership skill development on Courageous Conversations</p> <p>Trained an additional 6 mediators to support cases and de-escalate issues within the organisation</p>		
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		<p>Anti Racism statements promoted across both organisations and promoted Red Card to Racism Day</p> <p>Held series of listening events for BAME staff across WCHC and WUTH to build on “we have a voice” people promise principles</p> <p>Feedback from stakeholders – agreed achieving level.</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 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>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>2 Achieving</p>	<p>Emma Ashley Staff Inclusion and Engagement Lead</p>
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		<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, Armed Forces (all are staff led).</p> <p>LSMS pro-active in supporting any incidents of abuse and harassment and provides bespoke training to teams.</p> <p>Anti Racism statements promoted across both organisations and promoted Red Card to Racism Day</p> <p>Held series of listening events for BAME staff across WCHC and WUTH to build on “we have a voice” people promise principles</p> <p>Launch of Sexual Misconduct training for line managers in April 2025 and then in November this was then launched for all staff to complete as part of mandatory training.</p> <p>Feedback – agreed achieving level.</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 2024: 74.64% recommend treatment (2023 was 77.74%) People Pulse July 2025: 72.5% recommend treatment</p> <p>From staff survey 2024: 63.21% recommend place to work (2023 was 63.81%) People Pulse July 2025: 40.7% recommend place to work</p> <p>WRES and WDES completed annually to compare experiences of BAME and disabled staff against others. This is then shared with the staff networks and analysed to then identify actions in the 2025/6 plan</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>New EDI dashboard developed which monitors inclusion demographics during employee lifecycle and supports identification of Trust EDI key priorities</p>	<p>2 Achieving</p>	<p>Emma Ashley Staff Inclusion and Engagement Lead</p>
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		Enhanced support for managing attendance including revised manager training, case conferences with OH provider Feedback – stakeholders agreed achieving level.		
Domain 2: Workforce health and well-being overall rating			8	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)

<p style="text-align: center;">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>Former 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</p>	<p style="text-align: center;">2 Achieving</p>	<p>Debs Smith Chief People Officer</p>
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		<p>Waiting list project at Service Director, Exec and Board level.</p> <p>Exec sponsors for each staff network and had 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> <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>		
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		<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 and statement approved.</p> <p>Training sessions provided to board by external company on inclusive leadership (BRAP).</p> <p>Executive sessions held with BRAP, a charity that specialises on working with public sector organisations to challenge and refresh their understanding of human rights, equity/ equality, diversity and inclusion.</p> <p>Wirral Pride attendance at New Brighton</p> <p>World Menopause Day 2025 events including in person cafe session and Let's Talk Menopause at APH which was a joint event inviting both staff networks</p> <p>Part of the Remembrance Day 2025 parade at Birkenhead representative laying a wreath at the cenotaph</p>		
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		<p>Listening events held for BME staff as part of we each have a voice people promise principles at WCHC and WUTH</p> <p>Carers Rights Day and events, attended Wirral Carers Alliance workshop and Commitment to Carers Event</p> <p>Regular communications to promote inclusion events</p> <p>Strategy development sessions including health inequalities as a key thread</p> <p>Regular attendance at C&M ICB Prevention Pledge meetings and summit conferences Regular attendance at Place based Core 20 plus 5</p> <p>Attendance at Liverpool Race Equality Strategy Conference Nov 2025</p> <p>Feedback – stakeholders agreed achieving level.</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 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. <p>All CIP schemes also go through panel for sign off before progression.</p> <ul style="list-style-type: none"> • 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>2 Achieving</p>	<p>Debs Smith Chief People Officer</p>
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		<p>Inclusion and Health Inequalities embedded within strategies.</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>Stress risk assessment for teams and individuals available</p> <p>Risk assessment for pregnancy and maternity, and breastfeeding embedded within pregnancy, maternity, and adoption policy</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 lead involved in Rainbow action plans and accreditation.</p>		
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		<p>Workforce data used to inform all workforce plans for recruitment and retention, including where appropriate inclusion drivers and unequal impacts.</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 – 92.2% e learning compliance (Nov 2025).</p> <p>Executive sessions with BRAP a charity that specialises on working with public sector organisations to challenge and refresh their understanding of human rights, equity/ equality, diversity and inclusion.</p>		
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		<p>Wirral Pride attendance at New Brighton</p> <p>World Menopause Day 2025 events including in person cafe session and Let's Talk Menopause</p> <p>Veteran Aware re accreditation</p> <p>EDI Dashboard developed first phase and approved at EDI Steering Board</p> <p>Strategy development sessions including health inequalities as a key thread</p> <p>Feedback – stakeholders agreed achieving level</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"> • 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 NHS Rainbow badge • Trust is an Age Positive Employer • Trust commitment to application to Employers for Carers accreditation scheme • Sexual Safety Charter Signatory • Patient Safety Incident Response Framework • 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 (April 2025). However in Autumn there was an appointment of the youngest NED in the NHS from a BME background</p> <p>Associate NED development role appointed – specific positive action from applicants from marginalised groups.</p>	<p>2 Achieving</p>	<p>Debs Smith Chief People Officer</p>
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		<p>WDES data shows that Board is representative of the workforce and community.</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 does support gender changes for staff but are restricted in options by the national recording system.</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.</p>		
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		<p>Menopause and reasonable adjustments included in the revised Managing Attendance Policy.</p> <p>Menopause buddy system and champions in Trust.</p> <p>Procedures developed during 2024 including Support for pregnancy loss and miscarriage and suicide prevention</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>Gender - Board is 50% female to 50% male, at non-executive level there are more male than female NEDS. The Trust is 89% female overall. (Nov 2025)</p> <p>Disability - Board is more representative at 15.3% disabled whereas total workforce is 8.33% (April 25)</p>		
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		<p>EDI dashboard developed first phase and approved at EDI Steering Board which includes EDI High Impact Actions progress Quarterly Reporting as part of Regional EDI LEAF assurance template</p> <p>Gender Pay Gap - 2025 for the mean average hourly rate demonstrate a pay gap of 7.84%, a slightly improved position compared to 2024 (8.59%). The second measure is the median difference with a 2.29% gap, a deteriorated position compared to 2024 (0.56%).</p> <p>Accessible Information Standards – continuous focus and improvement in recording and associated reasonable adjustments for patients.</p> <p>For 2024 staff survey results (WRES) Some metrics have improved such as the percentage of BME staff experiencing this has reduced significantly over the last couple of years from 35% in 2022 to 26.8% in 2023 and 21% in 2024 (the lower the better). Results are now also equal to the national average.</p>		
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		<p>2024 results also show a reduction in the number of BME staff experiencing (HBA) from staff (from 32% in 2022 to 22% in 2023 and 20% in 2024).</p> <p>BME staff stated they are more likely than white staff to have experienced discrimination from other staff, although the percentage has reduced for the last 3 years showing a year-on-year improvement.</p> <p>For 2024 staff survey results (WDES) Some metrics have improved such as less staff have reported experiencing HBA from colleagues over the last couple of years, reducing from 21.5% in 2022, to 18.4% in 2023 and further reducing in 2024 to 14.7%. Results are now also better than the national average.</p> <p>Staff with disabilities are also more likely to report experiences of HBA since 2021, with 55.7% in 2021 – rising year on year to 66% in 2024, the highest for at least 5 years and above the national average.</p> <p>Feedback – stakeholders agreed achieving level.</p>		
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Domain 3: Inclusive leadership overall rating		6	
Third-party involvement in Domain 3 rating and review			
Trade Union Rep(s): Unite, Rebecca Smith RCN, Di Moore		Independent Evaluator(s)/Peer Reviewer(s): Ruth Besford, Equality & Inclusion Manager Bridgewater Community Healthcare NHS Foundation Trust	

EDS Organisation Rating (overall rating): **20 Developing**

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 – Patient EDI and Staff Wellbeing Lead (interim) and Johanna Ashworth Jones, Programme Developer Patient Experience and Nursing Quality	2026
Emma Ashley – Staff Inclusion and Engagement Lead (interim)	
EDS Sponsor	Authorisation date
Chris Douglas - Joint Chief Nursing Officer Debs Smith – Chief People Officer	

Domain	Outcome	Objective	Action	Completion date
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Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Improve access to the service across all protected characteristics and vulnerabilities	<p>To share good practice identified in the EDS assessment across both organisations as the MSK service continues its integration via the Quality Improvement pathway ensuring project management and oversight</p> <p>Enhance the collection, monitoring and analysis of patient EDI data across both WCHC and WUTH to support personalisation of care</p>	Nov 2026
	1B: Individual patients (service users) health needs are met	Ensure that patients individual needs are met, supporting equitable access and improved outcomes	Ensure a unified system is in place across the service for identifying, flagging, recording, implementing and reviewing reasonable adjustments for patients and their carers	Nov 2026
	1C: When patients (service users) use the service, they are free from harm	None identified		
	1D: Patients (service users) report positive experiences of the service	Feedback mechanisms are accessible to all	Further develop mechanisms for patient feedback for people who have English as a second language or require alternate format communication e.g. easy read	Nov 2026

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	Promotion of support and access available for staff relating to these health conditions	Widening offer of support and signposting to staff through networks Embedding Well WUTH and WCHC programme	Nov 2026
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Reduce HBA in hot spot areas	Workshop with external experts on race related ER cases in partnership with staff side	Oct 2026
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Increase FTSU champions with protected characteristics	Work with network leads to increase visibility	Nov 2026
	2D: Staff recommend the organisation as a place to work and receive treatment	Improve scores for questions in NSS	Incorporated into staff survey action plan to increase staff experience	Sept 2026

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	Review of executive sponsors for 2026	Promotion of exec leads for each network	June 2026
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Review of board/ committee papers as part of governance arrangements	As stated	May 2026
	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	Ensure inclusion related factors are considered for protected characteristics as part of service delivery and any changes	Review of EIA process and embed implementation	July 2026

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