**Equality Delivery System 2023**

**Date: 9th February 2024**

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| Domain 2: Workforce health and wellbeing:  Outcome 2A: When at work staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions.  Outcome 2B: When at work staff are free from abuse, harassment, bullying, or physical violence from any source.  Outcome 2C: Staff have access to independent support and advice when suffering from stress, abuse, harassment, bullying, or physical violence from any source.  Outcome 2D: Staff recommend the Trust as a place to work and receive treatment. | 29  32  35  38 |
| Domain 3: Inclusive leadership:  Outcome 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.  Outcome 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.  Outcome 3C: B Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients. | 42  48  51 |
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**The Equality Delivery System (EDS) for the NHS**

The Equality Delivery System, or EDS, is an improvement tool for patients, staff, and leadersof 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 to addressing health inequalities through three domains:

* Domain 1 – Services
* Domain 2 - Workforce experience
* Domain 3 - Leadership.

EDS is driven by data, evidence, engagement, and insight.

Implementation of the Equality Delivery System (EDS) is a mandated requirement on both NHS commissioners and NHS providers, and organisations are encouraged to collaborate with commissioners and partner organisations, and to follow the implementation of EDS in accordance EDS guidance documents.

**The EDS scores and ratings**

In partnership with stakeholders the evidence gathered for each of the 11 outcomes is reviewed and given a score based on evidence of equality for protected characteristic groups. Added together these scores given a domain score and rating, and then a total score and rating. The table below details the EDS scores and ratings.

**Table 1: Showing the EDS scores and ratings table**

|  |  |
| --- | --- |
|  | |
| **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** |

This EDS Reportis adopted from the national template, and is designed to give an overview of the Trust’s most recent EDS implementation and grade. Once completed, the report is submitted via [england.eandhi@nhs.net](mailto:england.eandhi@nhs.net) and published on the Trust’s website at <https://bridgewater.nhs.uk/aboutus/equalitydiversity/equalityact2010/>. This EDS report relates to 2023.

**If you require this report in another language or accessible format please contact** [**ruth.besford@nhs.net**](mailto:ruth.besford@nhs.net)

**Trust overview**

|  |  |
| --- | --- |
| **Name of Organisation** | Bridgewater Community Healthcare NHS Foundation Trust |
| **Organisation Board Sponsor/Lead** | Paula Woods (Director of People and Organisational Development) |
| **Name of Integrated Care System** | NHS Cheshire and Merseyside |
| **EDS Lead** | Ruth Besford (Equality & Inclusion Manager) |
| **EDS engagement date(s)** | October 2023 – staff networks (Domain 2)  October 2023 – staff side (Domain 2)  December 2023 – Wirral Community Health and Care NHS FT (Domain 3)  January 2024 – Healthwatch Halton, and Warrington (Domain 1) |
| **At what level has this been completed?**   * **Individual organisation** * **Partnership\* (two or more organisations)** * **Integrated Care System-wide\*** | Individual - Bridgewater Community Healthcare NHS Foundation Trust |
| **Date completed** | 9th January 2024 |
| **Date authorised** | 8th February 2024 (Board) |
| **Month and year published** | February 2024 |

**Completed actions from previous year**

|  |  |
| --- | --- |
| **Action/activity** | **Related equality objective** |
| **Public engagement:**  Contact Healthwatch Halton, and Warrington for support on public engagement.  Develop Trust engagement strategy and action plan for equality/protected characteristic groups in the communities.  Further embedding of partnerships and collaboration. Review service links to partners in delivery of care and wellbeing support.  **Update:** Partial completion. Bridgewater’s Engagement Group re-formed and refreshed, engagement strategy in review. Healthwatch representation on group.  Communities Matter Strategy launched in 2023 which has engagement embedded as part of health inequalities Strategic Objective.  Public and Community Engagement Group formed 2023. This has membership in development, target engagement groups regarding equality and health inclusion identified and engagement started in 2023. Findings logged and shared through the Trust’s Transformation Team, and regular updates planned with groups to share progress on agreed actions.  Action deadline date amended to reflect further work to do to embed and complete this action set. | Draft and agree community engagement and oversight plan. |
| **Patient records:**  Review and update patient record systems to ensure equality information is captured for:   * Race/ethnicity * Disability   **Update:** Partial completion. Group formed to review patient records. Work has started on a review of ethnicity coding, and two main patient record systems are being prepared for updates to NHS Spine to record Accessible Information Standard/Reasonable Adjustments.  There is More to do so this action remains with a revised date. | Deliver inclusion and equity for disabled service users action plan. |
| **Making Every Contact Count (MECC):**  Review use of MECC in services.  Review and ensure alignment to signposting, and social prescribing where appropriate.  **Update:** Executive Management Team sign off of mandatory training recommendation has been completed. Service specific training is to be discussed with the Trust’s EPD lead in January 2024 for launch from April. |  |
| **Just Culture, Civility and Respect:**  We will embed equality voice in Just Culture and Civility and Respect governance through further establishment of Staff Networks, and equality engagement in the community.  **Update January 2024:** EDI Working Group established. Membership is in development, with expressions of interest received from Staff Network members and HR. The Working Group is to deliver an EDI Improvement Plan and is supporting the Board’s commitment to the North West Anti-Racist Framework. Further embedding of our Just Culture, Civility and Respect programmes is a priority.  Action date amended to reflect the continuation of this work. | Develop governance for Saff Networks. |
| **Health and wellbeing:**  Objective - Establishment of accessible and user-friendly single process, and one stop shop, for health and wellbeing support and advice.  **Update:** An extranet was launched in late 2023 which makes health and wellbeing information more accessible and easily found for staff, including ability to access via App or personal laptop with authentication code.  The Trust is an early adopter of an agreed regional Wellbeing Policy developed in partnership with Trade Union bodies. The Policy is more supportive of staff health and wellbeing from an holistic and person centred perspective, and with the developed toolkit and processes we have, this should embed a more holistic and preventative approach to illness and staff wellbeing.  There is further work to do to embed the very particular requirements of outcome 2A, so the deadline date has been amended to allow for continuation of this work. |  |
| **Abuse, harassment, discrimination, or physical violence reporting monitoring:**  We will embed the use of a new employee relations tracker to monitor and review cases related to protected characteristic groups and incidents involving staff members behaviours.  We will develop a quarterly review process for Ulysses incident monitoring and review for incidents involving patients and/or family members.  **Update:** Partial completion. A new employee relations tracker is embedded. Bi-monthly reporting of employee relations cases is progressed via the Trust’s People Committee where questions are asked regarding particularly ethnicity of staff. Civility and respect training has been rolled out to a small number of teams. This is under review as at January 2024 to make it more relevant to our Trust services. Policy review has been completed and updated policies relaunched with a new toolkit support it, including the embedding of a Behavioural Framework for staff. The Working group will align to Civility and Respect, Just Culture, and Violence Prevention and Reduction Standards. It should be noted that there are some delays on sign off for new publicity materials.  Action deadlines have been amended to reflect ongoing work with our Civility and Respect campaign, and further action is required on monitoring of patient related incidents through Ulysses. | Embed NHS EDI Improvement Plan in Working Groups and governance.  Review Equality Act compliance.  Further develop our action plan and governance for North West Anti-Racist Framework. |
| **Violence and Aggression Policy:**  Work with relevant Trust Leads is in train to review and update our Violence and Aggression policy to address the identified current issues in timeliness in addressing patient behaviours through devolved autonomy, and establishment of authority interventions to support engagement with patients/families involved.  **Update:** Staff comments have been fed back to the Policy Author, and the policy review included comments received from our Staff Network members in consultation with them. Further work is needed in relation to reporting and monitoring, as referenced above. This action is to be closed as it aligns to above continuing action. | Embed NHS EDI Improvement Plan in Working Groups and governance.  Review Equality Act compliance.  Further develop the action plan and governance for North West Anti-Racist Framework. |
| **Occupational Health:**  There will be links with our HR Team to explore our occupational health contract provision, and flag some comments raised by Staff Network members regarding this outcome.  **Update:** Comments have been shared with HR Colleagues. There is further work to do to embed culturally appropriate independent support options for staff, particularly in relation to incidents of bullying, harassment, abuse and violence. This aligns to the health and wellbeing action set above. This will be closed and merged with above.  A point to note is that our employee relations cases are fewer than they have been and we are seeing a positive trend in the number of formal cases. |  |
| **Recommendation of the Trust as a place to work:**  There has been a request for the addition of two Friends & Family Test (FFT) questions to the Trust’s exit interview questionnaire, via the Trust’s Recruitment and Retention People Operational Delivery Group (POD).  **Update:** Partially completed. Ongoing work is taking place via the People Operational Delivery Council (POD) to understand staff reasons for leaving, including the deletion of the ‘other’ option on ESR to prevent this being chosen with no explanation of the reason for leaving. Further work is to be undertaken, particularly on leavers within the first one to two years of starting, and reasons for returning, which the Trust is seeing increasing numbers of staff doing. Corporate Induction has a number of retire and return staff and also staff who have left the Trust and opted to come back at the earliest opportunity. | Relates to all equality objectives related to staff in some way. |
| **Inclusive leadership visibility:**  Develop an events and communications plan for equality, involving the Executive Team to build visibility on our existing commitment to equality.  **Update:** Staff Networks have active Executive sponsorship, and for some there are meeting Chairs. Executives supported events such as a Disability Awareness Day, and Menopause Cafes in 2023. Executive members (and Staff Network sponsors) participated in a Reciprocal Mentoring for Inclusion Programme. 2023, and 2024 equality calendars included details of communications plans for observances and events. Staff Networks were highlighted in Team Brief through Executive sponsors in 2023. |  |
| **EDI Council:**  We will develop governance, structures, and objective for the new EDI Council of Staff Networks and Executives.  **Update:** EDI Working Group under establishment, reports to People Operational Delivery Council (POD), People Committee to Board. Alignment with health inequalities/anchor institute group in progress. Membership in development, includes representation from Staff Networks. | Embed NHS EDI Improvement Plan in Working Groups and governance. |
| **EDI dashboard:**  We will finalise the draft EDI dashboard and embed this within business cycles of relevant governance structures for regular monitoring and review.  **Update:** Since agreeing this action, the Model Employer dashboard has been released. This action is closed. |  |
| **Equality Act compliance:**  We will develop a communications and training plan to further embed awareness and knowledge of the General Equality Duty in all leaders for policy, service delivery, and strategy development.  **Update:** Operational Managers and first line Managers training was held in 2023 covering equality duties and requirements. Equality impact and risk are embedded in Quality Impact Assessment Panels for service redesign and cost improvement plans. Further work is to be done and a meeting is planned with the Navajo Lead in January 2024 to discuss possible Trust training options and Equality Act compliance.  The deadline date has been amended to reflect ongoing work. | Review Equality Act compliance. |

**Domain 1: Commissioned or provided services**

**Outcome 1A: Patients (service users) have required levels of access to the service.**

**Evidence:**

* Communities Matter strategy details borough specific data and priorities. <https://bridgewater.nhs.uk/communities-matter/>

#### Information regarding patient record challenges shared with stakeholders.

* Commitment to collaborative work across Cheshire and Merseyside detailed, including language interpretation quality standard, reasonable adjustments, and gender reassignment support – actions to improve identified barriers and inequalities to mitigate data limitations.
* Patient experience and feedback provided to stakeholders for three reviewed services, including any incidents, complaints, and lessons learned. Services reviewed were:
* Urgent Treatment Centre Halton.
* Podiatry Warrington.
* Bath Street Specialist Dental Warrington.
* Building accessibility was detailed, including where appropriate accessibility guides available through the AccessAble website.
* PLACE assessment took place at the Urgent Treatment Centre in September 2022. Action plans are being monitored through Borough Quality Meetings. Finding and recommendations were:
* Adult hoist for service users with physical disabilities accessing treatment beds.
* Other small accessibility actions such as moving pull cord in accessible toilet.
* Improved signage to UTC in main building.
* Improved calling system to avoid missed and repeated calls.
* Some basic housekeeping such as empty hand gel dispensers, some soft furnishings showing signs of wear and repair, and lack of water for service users.

#### Language interpretation support detail was provided, including procurement based on a quality standard developed in Cheshire and Merseyside following engagement and desktop evidence review of barriers to access related to language support provision.

#### ReachDeck software on the public facing website allows translation or interpretation of service information into suitable format for viewer’s needs.

#### Recording of reasonable adjustments in patient records discussed, including working group to update and embed recording through national updates to National Care Record System.

* The Trust is a Disability Confident Leader, and while this relates mostly to employment there are indicators relevant to service delivery, and the action plan notes these – including AIS/reasonable adjustment records, and patient engagement.
* All staff can access information and advice about different needs in healthcare including those related to religion (this includes annual Ramadhan advice through the relevant month of fasting).
* Staff are supported by policy and training relevant to protected characteristics, including child and adult safeguarding.
* Trust records in relation to gender diversity was detailed, including regional and Trust level work to improve recording, awareness, and the support provided to gender diverse patients and their families.
* Work has been undertaken in services to improve the recording of marriage and civil partnership, updating legacies within record systems that were not inclusive of the diversity of family units that exist.
* The Trust has in development new resources regarding civility and respect. At present zero tolerance posters are available for display in services, but this isn’t aligned to workforce messages and the new civility and respect toolkit and violence prevention and reduction standard. A working group that includes Human Resources (HR), Equality, Diversity, and Inclusion (EDI), Health and Safety, and Risk teams have worked together to update and align policy, develop new communication resources, and develop and start to deliver training.
* The Trust Board has committed to the NHS NW Anti-Racist framework and is working towards an application for bronze accreditation in the coming months. This is being led by the EDI working group. While predominantly about employment the framework does have a limited number of service facing deliverables, and of course good employment is one of the Marmot social determinants of health. Through engagement with the Staff Network, with local voluntary groups, and alignment with Anchor Institute/Health Equity leads in the Trust, the intent is to deliver actions that will support both workforce and the communities in which they live.
* Regular communications are issued to all staff regarding anti-bullying and harassment, racism, LGBT+phobia etc to raise awareness and provide signposting to support. Freedom To Speak Up (FTSU) is also aligned to EDI to provide additional reporting routes.
* The Trust launched its new carers strategy in 2023 and implemented service changes to ensure that carers attending services with loved ones or as patients themselves are identified, recorded, and signposted as appropriate to support services. Staff training has been rolled out to support this development. <https://bridgewater.nhs.uk/aboutus/information-for-carers/>
* The Trust was awarded Defence Employers Recognition Scheme bronze, and Veteran Aware accreditation in late 2022. Action plans are in place to ensure progression/re-accreditation as the Trust works to remove barriers to access for the armed forces community, and to improve equity and inclusion for the community in services and employment. This supports the new legal duty of due regard to the Armed Forces Covenant.
* Trust services work actively with asylum seekers housed throughout the boroughs, and signpost and support registration with services as needed to ensure barriers to accessing NHS services are removed or minimised.
* Commissioning and service practice was detailed to demonstrate inclusion culture in services for all patient and community groups.
* Engagement with local voluntary groups representing protected characteristic and vulnerable groups has commenced in 2023 and includes Irish Community Care, Trinity Safe Space, and Warrington Deaf Club (whose members include Halton residents). The information provided in this engagement is noted within public engagement trackers that are held by the transformation team who support services in delivery of borough operation plans, themselves aligned to the Trust’s strategic objectives. There is a commitment in the public engagement work to continue to engage with the same groups, and feedback actions undertaken as a result of conversations held.
* All Trust policies undergo equality impact assessment (EqIA) before submission for the first stage of approval, and the EDI lead is a core member of policy consultation. This works to ensure that negative impacts are eliminated or minimised, and positive impact highlighted, these EqIA are considered by policy review groups as part of discharge of due regard responsibilities.
* Research is important in the Trust with clinical and corporate staff supported to undertake individual and collaborative research, with the updates made in National Institute for Health and Care Research impact on inequalities is embedded in review of research proposals regionally. The Warrington Neurosciences service have in 2023 successfully bid for funding for two projects looking at inequality in Warrington.
* Trust strategy and commitments can be viewed on the webpages and documents linked through <https://bridgewater.nhs.uk/aboutus/>
* Borough operational plans for 2023/24 as related to three services was detailed for stakeholder review.
* The Patient Partners Programme, a well-established programme that involves patients at service level in improvements in service delivery, was detailed, including service alignment and involvement in this programme.

**Outcome 1A score: 1**

**Outcome 1A rating: Developing**

**Outcome owner: Chief Nurse/Chief Operating Officer/Clinical Leads**

**Outcome 1B: Individual patient’s (service users) health needs are met.**

**Evidence:**

* Location for appointment meets needs as much as possible within restraints of treatment and equipment.
* Reasonable adjustments for patients with disabilities.
* Language interpretation support available in all services.
* All staff can access information and advice about different needs in health care including those related to religion (this includes annual Ramadhan advice through the relevant month of fasting).
* Staff are supported by policy and training relevant to protected characteristics, including child and adult safeguarding.
* Multi-disciplinary teams embedded in many services to support those with higher and more complex needs, particularly in relation to disability in either children or adults.
* Many services designed to support higher need related to protected characteristic, for example Bath Street Dental is commissioned to deliver services to people who are unable to access high street services as a result of additional needs related to disability, severe anxiety etc. See more in the embedded evidence document which provides health inequalities information by protected characteristic for three EDS2023 services.
* Civility and respect, and zero acceptance of harassment, bullying, violence, and abuse. Recognising still the impact of conditions and treatments on behaviours in some patients.
* Inequalities documents available for boroughs. Census 2021 and public health information available through Principal Lead for Public Health and Informatics team.
* The Trust is in the process of refreshing its patient and public engagement strategy and approach following the Covid 19 pandemic, as such this isn’t fully embedded yet.
* Engagement is undertaken and includes:
  + Public engagement with voluntary sector groups in 2023, and calendar in development for 2024.
  + Patient Partners programme – long standing programme of patient voice in service redesign.
  + Trust Governors input and challenge, public and staff.
  + Engagement through equality forums across region.

#### Regular patient feedback from all services is through the standard Talk to Us forms, and data from this in relation to the three services under this review is detailed throughout the stakeholder pack.

* The Patient Experience Team works with individual services on bespoke patient engagement exercises.
* The Team also leads on the Trust’s Patient Partners programme, an established programme for involvement of patients at service level in service improvements. Evidence detailed service involvement in the stakeholder pack.
* Individual services undertake engagement with local groups and with patients.
* The Trust’s Quality Impact Assessment panel includes standardised paperwork that includes engagement around service changes, and assessment of equality risk. The Trust’s EDI lead is a core member of the panel and using the EqIA risk guidance developed by Midlands & Lancs Commissioning Support Unit supports assessment of equality risk and due regard to the Trusts duties under the General Equality Duty.
* The Trust’s Director of Collaboration and Integration is leading on engagement with seldom heard and voluntary sector groups, supported by the EDI lead and transformation team.
* The public engagement that has taken place in 2023 is being used to inform the borough operational delivery plans, all of which include engagement as part of their plans for 2023/24. Equality impact was reviewed for all plans at the planning stage, and EqIA are being undertaken before plans go before the QIA panel for sign off, see example below:
* As a Trust committed to becoming an anchor institute the public health lead for the Trust is leading, with executive support, on action plans in relation to this. This is being aligned to workforce EDI work and to the public engagement taking place.
* The Community Health and Wellbeing Worker pilot in Warrington is providing family level interventions for self-referrals and referrals from other organisations/services. This is very much a holistic public health service with strong links to voluntary sector organisations who can support particular areas of health and wellbeing need. <https://bridgewater.nhs.uk/warrington/community-health-and-wellbeing-workers-oakwood-warrington/>
* In autumn 2023 the Trust appointed the first voluntary sector link workers following engagement with voluntary sector groups during 2023. Employed by the voluntary sector and working within Bridgewater the role is designed to link Trust services to voluntary sector organisations, providing a link for signposting and linking to opportunities such as social prescribing opportunities in our boroughs.
* Trust services regularly signpost to VSCE relevant to their area of service delivery, and when need arises look outside of their area of delivery to support patients, for example District Nurses looking for support when a need is identified in a holistic review of a patient.
* Person centred care that meets individual need is one of the Trust’s overarching values, and this is supported by policy and practice across all clinical and corporate services.
* **Outcome 1B score: 1**
* **Outcome 1B rating: Developing**
* **Outcome owner: Chief Nurse/Chief Operating Officer/Clinical Leads**

**Outcome 1C: When patients (service users) use the service, they are free from harm.**

**Evidence:**

#### Patient experience data, including incidents shared with stakeholders.

#### The Trust has policy and procedure in place to support patient safety, this includes but is not limited to:

* Advanced care planning.
* Chaperone.
* Children In Care (Looked After Children).
* CPR – Do Not Attempt (DNACPR).
* Incident reporting.
* Infection prevention and control.
* Patient access.
* Pressure ulcer.
* Safeguarding – adults and children.
* Services also have specific guidelines (using either regionally/locally agreed procedures, or the Royal Marsden clinical procedures) such as:
* UTC specific fracture guideline.
* UTC overarching clinical pathway guideline.
* Elements of many policies focus on safety and inclusion for applicable protected characteristic groups. For example:
* Age – safeguarding adults, and children, infant feeding policy, and many specific policies for children’s services, and some more relevant for elderly or frail patients such as wound care and pressure ulcer policies.
* Disability – reasonable adjustments policy, and working with people with learning disability guideline.
* Gender reassignment – policy in development in partnership with Cheshire and Merseyside equality colleagues and local trans groups, many complexities mean it is taking time. All Trust policies have EqIA and updates made to reflect trans needs and legislation as required.
* Marriage and civil partnership – all policies have an EqIA and updates made as required as to narrative and recording of opposite/same sex marriage and civil partnership.
* Pregnancy and maternity – supporting bereaved parents, surrogacy, and others.
* Race or ethnicity – language interpretation, domestic abuse, FGM, honour-based violence, forced marriage etc. policy. Trafficking and modern slavery guidelines.
* Religion or belief – violence and aggression policy, and dignity and respect policy for staff, end of life care.
* Sex – most policies relate to all genders, with no gender specific services the Trust does not generally have gender specific policies and work is ongoing through EqIA to ensure all policies reflect gender diversity. Some clinical procedures are relevant to a gender.
* Sexual orientation - all policies have an EqIA and updates made as required as to narrative and recording of opposite/same sex marriage and civil partnership and next of kin etc.
* The Trust is actively working to embed policy and practice to implement the new NHS Patient Safety Incident Reporting Framework (PSIRF), which will replace existing serious incident reporting processes in 2023/24. This work is led by the Board with representatives from across the Trust, including engagement with the Equality Lead.
* All Trust staff must undertake regular mandated training, compliance is actively monitored and managed by Board. Some training is role specific, such as level three safeguarding, some is for all staff including the new Oliver McGowan training.
* Additional training is identified in annual service training needs analysis, or if appropriate as a result of HR processes such as disciplinary or capability.
* Training recommendations are governed through the Education Governance Group, part of the quality and people governance structures, to ensure all training is appropriate and of high quality.
* Additional training may be identified through reviews and incidents, for example a safeguarding review in Halton has identified a training need in relation to Gypsy, Roma, and Traveller communities, training that is being developed for the 0 – 19s services in Halton and Warrington with Irish Community Care.
* Voice of the child is an important programme in the Trust, ensuring the capturing of a child’s voice, whatever, age, so that their needs are included in care planning. A dedicated intranet page provides guidance and resources for staff, and programme lead regularly presents on the programme to relevant forum in the Trust, for example to the engagement group, and to Time to Shine (the monthly forum for showcasing learning and best practice in Trust services).
* Professional curiosity is a further programme, this time led by safeguarding, that teaches clinicians to look further and explore holistically the factors influencing the health and wellbeing of an individual or family.

#### All Trust staff are enabled to report incidents and near misses. The incident reporting policy is available to all staff, including via a quick link on the intranet. From November 2023 this is also available via other devices as the Trust has moved to an extranet accessible to all our staff via their nhs.net email address. The Ulysses reporting system was updated in 2022 to more effectively record incidents related to protected characteristic groups, particularly those related to violence, aggression, harassment, and abuse related to a protected characteristic.

* The NHS Staff Survey asks questions about reporting of incidents and staff feeling safe to do so. The Trust recognises the difference in responses for some protected characteristic groups, and through the Staff Networks, FTSU engagement etc is working to improve staff confidence and awareness of reporting of any incidents of concern. Differential responses for disabled and ethnically diverse staff for every staff indicator in 2023 was presented to Board in August.

*I feel safe to speak up about anything that concerns me in this Trust (agree/agree strongly):*

* **2020** - disabled staff 59.2% not disabled staff 69.4%. Ethnically diverse staff 72.7% white staff 67.4%
* **2021** – disabled staff 62.4 not disabled staff 72.0% Ethnically diverse staff 64.4% white staff 70.2%
* **2022** – disabled staff 65.0% non disabled staff 70.8%. Ethnically diverse staff 60.4% white staff 70.1%

*If I spoke up about something that concerned me, I am confident that this Trust would address my concerns (agree/agree strongly):*

* **2021** – disabled staff 48.6% not disabled staff 60.2%. Ethnically diverse staff 55.6% white staff 57.8%
* **2022** – disabled staff 55.2% not disabled staff 59.1%. Ethnically diverse staff 52.1% white staff 58.8%
* Incidents are monitored through the quality governance structure of the Trust to Board, with root cause analysis undertaken, and lessons learned shared with all staff in Bridgewater Bulletins.
* Patients can report via services and through Patient Experience, with all contacts monitored, recorded, and reviewed. Patient experience in the Trust is largely positive, with the majority of complaints or poor feedback relating to waiting times, understandable as many services have significant waiting lists following the Covid 19 pandemic measures that impacted on delivery in many Trust areas. More work could be done to increase access to patient reporting, while mechanisms are in place to report using talk to us forms, and a child friendly version, and through SMS messaging, telephone etc. there are still potential barriers for people with language needs and/or sensory impairments, and work is starting to engage with local groups to look at effective ways of eliminating or mitigating against these barriers. <https://bridgewater.nhs.uk/patient-information/>
* The Trust has a Freedom to Speak Up Guardian who is actively engaging with staff to support understanding of reporting mechanisms, including FTSU. They are supported in their role through a second guardian and a small group of champions – a project is underway to recruit a champion in every service in 2023/24. FTSU is embedded in the governance of the Trust through both the People structures and the quality structures, all leading to Board.
* The Trust is committed to the Just and Learning Culture programme led by Mersey Care, and following training of approx. 60 ambassadors in 2022 has seen updates to policy and practice to improve reporting and learning from incidents and near misses.

#### The Trust’s Equality Lead is actively involved in both Just Culture, and Violence Prevention and Reduction workstreams to ensure equality voice is heard, they are also embedded within Trust governance, including at the Trust’s Health & Safety Working group.

#### Engagement with the Trust Equality Lead also takes place when protected characteristic groups are identified in patient safety incidents or formal complaints. For example, in 2023 there has been a complaint received about provision of care to an autistic patient at the UTC; information was provided on possible training options for staff in this instance as part of the patient safety review.

**Outcome 1C score: 1**

**Outcome 1C rating: Developing**

**Outcome owner: Chief Nurse/Chief Operating Officer/Clinical Leads**

**Outcome 1D: Patients (service users) report positive experiences of the services.**

**Evidence:**

* **See also previous outcomes.**

#### The primary mechanism for receiving patient feedback is via the national talk to us (TTU) processes, these look at experiences including communication and respect, but in Bridgewater don’t identify by protected characteristic group – the forms are processed manually and to complete this extra data analysis would take a lot of resource. Patient experience reports are reviewed by the Bridgewater Engagement Group and reported through the governance structure for quality and safety to Board.

* The Trust has a child friendly TTU form in use across services and also uses text messaging to receive feedback after an appointment. Work is ongoing in partnership with local groups to develop a TTU form for patients with learning disabilities.
* Where more formal feedback is gathered, for example complaints, the patient experience team work to understand any potential equality factors and work closely with the equality lead on any lessons learned or further understanding that is needed to better address the complaint and make necessary changes as a result.
* The UTC is supported by the Trust’s Communications Team in social media and poster campaigns to support the service, and this of course is supported by national campaigns regarding effective and timely access to NHS services – right time, right service messages to minimise demand on accident and emergency services.
* The Patient Experience Team leads on the Trust’s Patient Partners programme, an established programme for involvement of patients at service level in service improvements. See previous outcome.
* The Trust, in partnership with other providers and commissioners in the EDS Collaborative commenced work on actions to identify and address inequality in access and outcome. With the changes to the NHS commissioning landscape this group became part of the overall Patient Equality Focused Forum, with work on one piece of work continuing – transgender support in services. Actions completed and embedded in Bridgewater include the quality standard for language interpretation in procurement; and work is continuing in some areas, such as armed forces community support, using best practice developed by the collaborative. The local standard contracts also include requirements related to accessible information, and action plan that is being delivered across the Trust.
* The public engagement referenced in the previous box includes actions to embed improved support, access, and engagement with the groups linked with, and these action plans, through the Trust’s Transformation Team, are used to inform operational delivery plans.
* An example of action taken following engagement is the appointment of voluntary sector Link Workers in autumn 2023, employed by the voluntary sector and working within Bridgewater the role has been designed to provide a link between Trust services and the range of voluntary sector organisations in our borough, allowing signposting to appropriate services and opportunities.

#### The Trust’s Just and Learning Culture programme makes the clear link between staff and patient experience. Just Culture is an approach that looks to informally fact find following any instance where things didn’t go to planned or where something occurred that is outside of expected standards, this may include medication errors, bullying, and other instances involving staff. The informal fact find looks to determine what factors led to an incident, and what can be put in place to prevent a re-occurrence, this might include better IT, training, reasonable adjustments, or health interventions. Through this process only those incidents that merit formal processes are escalated to disciplinary or grievance sparing staff the experience of protracted HR procedures that can detriment individuals and teams. Throughout the health and wellbeing of all involved is now prioritised.

#### Just Culture is a core element of corporate induction, which all new starters are expected to attend (average attendance in person at this monthly event above 99%. There is an option to complete this virtually or one to one for those unable to attend).

* The Just Culture programme is aligned to the civility and respect, violence and aggression, and equality workstreams, recognising that staff experiences of bullying, harassment, violence, aggression, or abuse impacts on patient experience. The programmes are aligned at corporate induction, as referenced above.
* A working group is leading implementation of refreshed programmes for civility and respect, and violence prevention and reduction standard, this includes EDI input to ensure the Staff Network voice is included.
* The Trust’s staff Networks provide a safe space for staff from particular identity groups to regular meet and discuss issues and ideas with executive sponsors. Topics for action have included centralisation of reasonable adjustment budgets and input into occupational health contract decision making, and currently support for international staff and diversity representation in recruitment.
* Freedom To Speak (FTSU) Up is aligned to EDI in the Trust, and the Guardians attend the Staff Networks periodically to talk about FTSU to members. Speaking up regarding incidents of bullying, harassment, and discrimination is encouraged as it recognises that these experiences and behaviours impact on patient experience as well as staff.
* Health and wellbeing of staff is a priority in the Trust and staff are encouraged and enabled to access both formal and informal support for their health and wellbeing. Regular events are held, such as a Health and Wellbeing Fortnight, and communications are issued every week in the Bridgewater Bulletin. This might include topics such as smoking cessation, suicide prevention, mental health awareness, physical exercise, or financial wellbeing. Health and wellbeing is embedded within staff governance structures. Proactive interventions include an employee adjustment passport for disabled staff and carers in the workforce, health and wellbeing conversations and action plans, training, and organisational development intervention in teams that require support/interventions.
* Limited data is available through the national NHS Staff Survey. While it is possible to review data at directorate level it is not possible to look at this at service level. This is due in part to data protection as many Trust services have small numbers of staff who would be potentially identifiable at that granular level. The Trust engages with staff through six support networks to understand experience and develop and implement action plans for staff experience aligned to data such as the WRES and WDES, and to national mandate such as the NHS EDI Improvement Plan.
* The Trust is committed to the NW Anti-Racist Framework, seeing Board level engagement and oversight of this key programme to improve the workplace and service experience of ethnically diverse people.
* The Trust recognises too that our staff, and their families, are also likely our patients. Data reviewed by workforce in 2022 showed that 77% of staff live in our core areas of Cheshire and Merseyside, and the majority of the rest are living locally to our dental service delivery footprint or close by in areas of Lancashire. A data review undertaken for the launch of the Trust’s new Communities Matter Strategy identifies that in any one year about 1/3 of the population in our community services footprint access our services, whether on a single occasion or multiple services and dates.
* The Communities Matter Strategy itself makes the clear link of staff and patients through its six strategic objectives – including health inequalities and equity. Reports for the WRES, WDES, Gender Pay Gap, and annual equality report can all be found at <https://bridgewater.nhs.uk/aboutus/equalitydiversity/equalityact2010/> .

**Outcome 1D score: 2**

**Outcome 1D rating: Achieving**

**Outcome owner: Chief Nurse/Chief Operating Officer/Clinical Leads**

**Domain 1 score and rating – 5: developing.**

**Domain 2: Workforce health and wellbeing.**

**Outcome 2A: When at work staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions.**

**Evidence:**

* Sickness absence data monitoring at Divisional Leadership Team (DLT), People Operational Delivery (POD) Council, and People Committee – reporting through to Board.
* Stress risk assessments, display screen equipment assessment, pregnancy risk assessment, health and safety assessments, eye test support, etc are all available and actively used with applicable staff.
* A staff risk assessment audit was undertaken in 2023, including communications and support to all teams to complete team and individual assessments.
* There is signposting to support including mental health and occupational health, external support organisations, reasonable adjustments, carers support, flexible working and special leave options.
* Occupational Health, Able Futures, Access to Work, and other support is offered to relevant staff – some options area accessible through self-referral.
* Rugby League Cares sessions are offered to all teams and some individuals are focusing on mental health and the wider healthy lifestyle choices that support mental health and resilience.
* Human Resources (HR) and Health and Wellbeing (HWB) Teams are monitoring both of the above offers.
* Support to attend medical and treatment appointments is within the HR policy.
* There is HR support to staff and line Managers to access support during or following sickness absence.
* Support is provided to staff in any informal or formal HR process, and following any incident such as violence, bullying, harassment, clinical error etc.
* There is a Policy for special leave which includes support for home life emergencies and planned leave. in 2023 this was being updated to include annual camp for reservists and cadet force adult volunteers, and carers.
* We have options for career breaks, and purchasing additional annual leave.
* There are various flexible working options available including term time working, part time, compressed hours, job share, agile and home working. Most staff are digitally enabled to support flexible working.
* We have had a push on flexible working following our staff survey results – audit, communications, Electronic Staff Record (ESR) recording.
* Flexible working is open in all recruitment, with exceptions to be agreed by HR only after thorough investigation of the rationale.
* Carers support is provided to approximately 40% of staff who are unpaid carers.
* HWB is included within the POD Council business cycle, including for example discussions on dental support for staff.
* HWB conversation training is ongoing – HWB conversations are part of annual appraisal and line manager conversation cycle. Aligns to passport/wellbeing plans for all staff.
* There is a HWB intranet (Hub) pages and links.
* We hold an Annual HWB fortnight with virtual and face to face events for all staff, and signposting through ‘market place’ area.
* We have HWB Organisational Development (OD) interventions.
* We have HWB champions.
* Ther are regular activities, such as stop smoking day, and cycle to work day promoted.
* We have a Menopause café, Hub page, and support group for all staff with lived experience and allies.
* Ther are strong links between HWB, HR, and Equality, Diversity, and Inclusion (EDI) to embed equality and inclusion, and reduction of health inequalities in HR and HWB work.
* We have signposting to harassment and hate crime support.
* There is the promotion of national offers for ethnically diverse, disabled, and LGBTQIA+ staff.
* There is Armed Forces community signposting to support for staff and patients.
* Weekly communications to all staff feature in the Bridgewater Bulletin, for example:
  + Rugby League Cares sessions: Offload wellbeing sessions for all staff.
  + April is Stress Awareness Month.
  + Managing Emergency Alerts on your phone to stay safe if you're experiencing domestic abuse.
  + Staff wellbeing – support and self-help.
  + Hormone Replacement Therapy (HRT) pre-payment certificate.
  + Health & Wellbeing Training – Looking after yourself and each other.
  + Mental Health Awareness week: 15–19 May.
  + Launch of the new Warrington Happy? Ok? Sad? Website.
  + Continued free access to wellbeing apps.
  + Menopause Café – Save the date!
  + Access to occupational physiotherapy.

**Outcome 2A score: 2**

**Outcome 2A rating: Achieving**

**Outcome owner: People Directorate**

**Outcome 2B: When at work staff are free from abuse, harassment, bullying, or physical violence from any source.**

**Evidence:**

* Policy:
* Violence and Aggression Policy – including flags/alerts and red card system. does not state that staff can refuse to see patients who have abused them, but duty of care will support staff to make that choice where possible, and where not possible (due to staffing numbers for example) other steps will be put in place through formal policy and informal practice to ensure staff feel safe and supported.
* Civility and Respect at Work Policy and Toolkit.
* Equal Opportunities Policy.
* Grievance Policy and Disciplinary Policy and toolkits.
* Reporting options for staff to report incidents. Including updated Ulysses system to more effectively report and monitor incidents of racism etc.
* Support provided to staff after incidents. Occupational Health services including 24/7 self-referral to confidential counselling and trauma support. Able Futures mental health support is available for all staff.
* Signposting to external support for protected characteristic groups is available for staff on the intranet.
* Violence Prevention and Reduction Standard Working Group gap analysis/action plan includes EDI input.
* Race Inclusion Network have been consulted on our Violence and Aggression Policy review.
* Anti-racism statement - <https://bridgewater.nhs.uk/aboutus/>
* Trust Just Culture and informal fact finding and formal grievance and disciplinary processes.
* Corporate induction covers civility and respect, anti-racism and equality, Freedom to Speak Up (FTSU), and Just Culture.
* Just Culture and Civility and Respect induction highlights links with patient experience and outcome.
* The Trust’s OD Team support services through in-reach training and support where closed or bullying cultures are reported.
* Franklin Covey and other learning and development programmes re leadership and team behaviours available for staff.
* Civility and respect training, aligned to national toolkit in rollout to Trust teams.
* Executive sponsorship of staff support networks ensures voice to Board.
* Staff-side colleagues support is available to all members. Close working relationship between Staff-side, Executives and HR.
* FTSU Guardian and Champion aligned to Staff Networks.
* Equality Delivery System engagement and action plan focusing on bullying and harassment.
* Communications via Team Brief and Bulletin for relevant events and awareness weeks including anti-bullying week.
* Data in the NHS Staff Survey has shown some progress in relation to race and disability since 2015 and 2019 when the Standards were launched – other protected characteristic groups are too low to analyse.
* Employee relations data – monitored through governance detailed in outcome 2a evidence.
* Employee relations data shows very few cases being managed through dignity and respect policy and process.
* NHS Staff Survey 2022 data shows that:
* 22.8% of Trust staff have experienced bullying, harassment, or abuse from patients in last 12 months. Average for Community Trusts.
* 7.3% of staff have experienced bullying, harassment, or abuse from managers. Average for Community Trusts.
* 13.4% of Trust staff have experienced bullying, harassment, or abuse from colleagues in the last 12 months. Average for Community Trusts.
* Indicators showing a pattern of slow improvement, included for staff from PC groups – where there is still a gap between their experience and that of comparator groups.
* Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data show improvements from the start of reporting, though this shows annual fluctuations.
* Staff Network engagement in WRES and WDES action planning re bullying and harassment.

**Outcome 2B score: 2**

**Outcome 2B rating: Achieving**

**Outcome owner: People Directorate and Health and Safety Team**

**Outcome 2C: Staff have access to independent support and advice when suffering from stress, abuse, harassment, bullying, or physical violence from any source.**

**Evidence:**

* Support for staff including occupational health service, (including trauma support), and Able Futures.
* Signposting to external support agencies, including for hate crime and suicide prevention available to all staff on intranet.
* Regular Bridgewater Bulletin communications including hate crime awareness, anti-bullying week, LGBT History Month.
* Anti-racism Framework commitment - <https://bridgewater.nhs.uk/aboutus/>
* Staff-side Representatives active in Trust.
* Facilities time for Staff-side Representatives in Trust.
* Joint Negotiating and Consultation Committee and Local Negotiating Committee provide regular formal engagement with leadership and staff side.
* Regular meetings between staff side and CEO/other Executives.
* Good working relationship with Staff-side, though impartiality and challenge remain active.
* Two FTSU Guardians in place – one based in HR, and one recruited from clinical services.
* Active FTSU promotion work over last 12 months.
* Strong alignment to EDI with collaborative work on for example FTSU month.
* FTSU champions recruited from across the Trust, including from Staff Networks.
* Executive and Non-Executive Director (NED) leadership and support for FTSU, including support from a NED looking to engage Race Inclusion Network membership in FTSU awareness raising.
* FTSU at least an annual conversation at staff support networks.
* Plans in implementation following the Lucy Letby trial, including attendance at a HBW fortnight supported by Executives/NEDs.
* [Trust](http://nww.bridgewater.nhs.uk/staff-zone/Pages/Freedom-to-Speak-Up---Raising-Concerns-.aspx) FTSU intranet page - new extranet supports access via telephone and external device to improve staff access.
* Five active staff support networks for carers, disability, menopause, LGBTQIA+, and race/ethnicity. All have executive sponsorship and engagement.
* Networks meet monthly via Microsoft Teams, EDI Lead and chairs are available at other times to support staff.
* FTSU further embedding within Staff Networks following Letby trial.
* Staff Networks engaged on NHS Staff Survey results for WRES, WDES, and Navajo.
* Staff Network maturity action plan part of EDI action plan 2023 – 2024.
* Team Brief Staff Network focus slides throughout spring 2023.
* Regular Bridgewater Bulletin communications highlight Staff Networks.
* New starter email action in progress to highlight Staff Networks, HWB, civility and respect, and FTSU reporting.
* Staff Networks promoted at staff events.
* Face to face menopause cafes started 2023 – two topics this year included symptoms and managing mental health.
* Equality impact assessments (EqIA) completed for all HR, corporate and clinical policies. EqIA is embedded within policy governance.
* Staff side representation part of governance in Clinical and Corporate Policy Group and HR Policy Group.
* Lone Workers, and violence and aggression policies and procedures. Policy provides detail of ‘after’ incidents.
* Staff Race Inclusion Network engaged in violence and aggression policy consultation.
* Violence Prevention and Reduction Standard working group and gap analysis/action plan, includes EDI lead and staff side.
* Civility and respect policy refresh as part of local alignment with training and new toolkits, all aligned to national Civility and Respect, and Violence Prevention and Reduction workstreams.
* Civility and respect working group developing communications package for staff, services, and public.
* Just Culture programme – including refresh of grievance and disciplinary policy.

**Outcome 2C score: 2**

**Outcome 2C rating: Achieving**

**Outcome owner: People Directorate and Health and Safety Team**

**Outcome 2D: Staff recommend the Trust as a place to work and receive treatment.**

**Evidence:**

* Workforce project 2022 looked at staff base/home locations. In Warrington and Halton 50% staff on average were local.
* NHS Staff Survey 2022 results for questions 23c and 23d:
* Age average = 67.7%
* Disability = 65.8%
* Ethnically diverse = 68.8%
* Female = 69.8%
* Male = 69.0%
* Self-described gender identity = 63.6%
* No religion = 68.1%
* Christian = 70.6
* Muslim = 80.8%
* Other religion = 68.6%
* LGB+ = 77.3%
* Carer = 68.1%
* Average is in 60 - 70% range and therefore between developing and achieving for this outcome.
* Staff survey, and monthly sickness absence data taken to People Committee, Board, and underlying governance for review and action planning.
* Recruitment and retention groups looking at actions including retention/stay and exit interviews.
* ‘Other’ removed as an option for staff leaving question to support better understanding of reasons for leaving.
* Primary reasons for leaving in 2022-23:
* Health
* Retirement
* Work-life balance
* Flexi-retirement
* Promotion
* Relocation
* Exit interview and termination forms monitored by the Trust’s People POD
* Involvement and leadership of local place based ‘people’ work groups focusing on recruitment and retention in health care at a borough level, allows engagement and understanding of other Trust’s offers, challenges, and successes.
* EDI involvement at place and regional level to share good practice – including development of trans support policy, Armed Forces support, and disability support.
* Engagement work with local charity sector groups to improve experiences for protected characteristic groups in workforce and services.
* Close alignment with local education providers to improve offer to local communities in apprenticeships and other opportunities.
* Health and wellbeing support for all staff including Occupational Health, Able Futures, Access to Work, resilience hubs, Rugby League Cares.
* Resources and signposting for self-care.
* Regular HWB communications.
* HWB fortnight held annually.
* HWB conversations training and mandated within annual appraisal and line Manager conversation cycle.
* Employee Adjustment Passport – policy and guidance published in 2019/20. Updated to wellbeing plans in 2023.
* Signposting to external support for specific conditions.
* Staff support networks available for staff.
* WRES, WDES, Disability Confident Leader, and Navajo LGBT+ Charter Mark all require regular review of data for staff from these groups.
* Staff Networks engaged on results and development of action plans.
* Accreditations and standards signed off and monitored through governance, including full staff survey breakdown for WRES and WDES.
* Carers support – 38% of staff in 2022 NHS Staff Survey stated they provided unpaid care. Support includes special leave, Staff Network, flexible working options, and employee adjustment passport.
* Menopause support – circa 48% of staff are female and aged over 45. The figure doesn’t include early and premature menopause, differential by ethnicity and some disabilities, or those who identify with diverse gender identities. Support includes Staff Network, signposting, Teams Channel, cafes, policy, HWB conversations, employee adjustment passport.
* Staff risk assessments undertaken for stress, pregnancy/maternity/breastfeeding, and occupational risks.
* Flexible working is available and promoted to all staff, including in all recruitment. This includes working hours/days/period, part time and job sharing, agile working, and working from home when travelling to visit patients. Audit being undertaken of all staff flexible working as part of NHS Staff Survey action plan.

**Outcome 2D score: 2**

**Outcome 2D rating: Achieving**

**Outcome owner: People Directorate**

**Domain 2 score and rating – 8: achieving.**

**Domain 3: Inclusive leadership.**

**Outcome 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.**

**Evidence:**

* Internal governance structure: 
* EDI embedded in:
* Health and Safety Sub-Committee.
* People Committee.
* People Operational Delivery Groups - PODs (as at August 2023 these have been reviewed and a new POD Council established with EDI as standing agenda item, working/task and finish groups remain under this new POD Council, and EDI Working Group in stage of establishment).
* Corporate and Clinical Policy Group – EqIA for every policy as part of consultation.
* Education Governance.
* Time to Shine.
* Attendance at Safeguarding and other meetings is as required/invited.
* Board and People Committee have EDI within business cycles, reviewed on annual basis to reflect national reporting changes.
* Exception reporting from the Trust’s People Committee and Quality & Safety Committee escalates anything outside of the business cycle.
* Quality Impact Panel reviews EDI impacts as part of panel business for every document presented. The Trust’s EDI Lead is a core member of the panel. All Cost Improvement Plan (CIP) schemes also go through panel for sign off before progression.
* The POD Council and People Committee provide governance for EDI and Staff Networks, JNCC and LNC provides a forum for engagement with Staff-side.
* EDI strategic objective for Trust embedded as part of Board and Committee papers oversight alongside Board Assurance Framework which has individual section for EDI. Update: strategic objectives updated since initial evidence gathering for EDS – now two strategic equality objectives – health inequalities, and compassion and inclusion, Board Assurance Framework revised and updated in line with these changes.
* The Trust has leads for EDI and for public health and health inequalities. Both have Executive Leads/sponsors as per the Director of People & OD and Medical Director.
* There is Warrington and Halton commissioner oversight for EDI.
* Staff support networks all have executive sponsorship and regular attendance:
* Carers Support Network – Chief Nurse/Deputy Chief Executive.
* Enabled Network – Director of Finance - active participant in reciprocal mentoring for inclusion programme with network member. Supported by Director of People and OD.
* LGBTQIA+ Staff Network – Chief Operating Officer and Trust Secretary.
* Menopause Support Network – Medical Director. Network chairs - Trust Secretary and Head of Corporate Governance.
* Race Inclusion Network – Director of People and OD, with Chair role also, supported by CEO and Trust Chair. Deputy Chair recruited from Staff Network membership.
* All networks meet monthly on average (August excluded) and execs attend on average 50 – 75% of monthly meetings.
* The Trust is running a pilot Reciprocal Mentoring for Inclusion Programme facilitated by Liverpool John Moores University. Six partnerships of Executive and senior leaders with staff members who identify with ethnically diverse, disabled, or neurodivergent identities.
* Reciprocal mentoring programme being aligned to EDI Working Group planning.
* The Trust has a strategic equality objective, and a strategic health inequality objective, both set out in the Communities Matter and People Strategies <https://bridgewater.nhs.uk/communities-matter/>



* EDI objective for every Board member annually, including 360 Board appraisal.
* The Trust’s EDI Strategy was due for review in 2023 in line with the Communities Matter and People Strategies. This was postponed while the Trust awaited the publication of the NHS EDI Improvement Plan and the updated North-West Anti-Racist Framework. A strategy refresh is scheduled from winter 2023.
* All borough directorates have annual operational plans aligned to Communities Matter and People strategies embedding EDI and health inequalities objectives in annual service plans.
* Oversight of plans is via Senior Leadership Team. Delivery is supported through the Transformation Team, including through the BOOST (Building On Our Strengths Together) co-production programme.
* The Trust’s EDI Lead has been engaged in reviewing all draft plans and providing an informal EqIA review of each workstream.
* All workstreams will go through the Quality Impact Assessment panel before progressing.
* Lived experience panels in development with AqUA.
* The Bridgewater Engagement Group is being re-launched following pandemic pause, with a strong focus on engagement with public/communities/patients/staff under one group as opposed to spread across teams and meetings.
* Through the Transformation Team learning and actions from public engagement is being embedded within operational delivery plan implementation. This includes engagement with local disability, Deaf, carers, race/ethnicity, and asylum seeker representative groups.
* NHS Staff Survey directorate level results and action plans are mandated, including EDI theme – progress is monitored through people governance structure to Board.
* Patient stories are shared with the Trust 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.
* Time to Talk events are held with all Trust Teams on a monthly basis. This is a space for staff members to raise issues and ideas direct to Board members so that actions can be taken. This might include facilitating resources to support simple actions that improve workplace experience.
* Time to Shine events are held monthly showcasing lessons learned and best practice examples from services across the Trust.
* The Trust Board re-confirmed its commitment to the NW Anti-Racist Framework in 2023 and has previously facilitated events such as Board Development, and Leader in Me days for staff to learn more and discuss experiences and ideas around racism and discrimination in the workplace and in service delivery.
* We have Board commitment to Trust accreditations including Disability Confident Leader, Veteran Aware, Navajo LGBT+ Charter Mark, and Employers for carers accreditation.
* Board led Just Culture and Civility and Respect programmes have been running since 2020. These are now embedded.
* Engagement and feedback from Staff Networks informs Board commitment and action on areas such as diversity in recruitment panels, support for international staff, reasonable adjustment pathways – all are in development.
* Board led centralisation of staff reasonable adjustments budget following engagement with the Staff Enabled Network in 2021.
* Trust Executive support for events including:
* Warrington Disability Awareness Day.
* Liverpool Pride and Bridgewater Pride Month.
* Board Development Day – anti-racism, facilitated by Real and Authentic Representations of African People (RARA).
* Leader in Me – anti-discrimination, facilitated by RARA.
* NED support for Ramadan including staff lunch and learn opportunity.
* Black History Month support and involvement.
* Blogs and other comms regularly produced that include EDI.
* Executive speaker (medical director) at menopause café, further external speakers for World Menopause Day 2023.
* EDI working group in development - open to all staff with lived experience, allyship, or commitment to EDI.
* Trust Governors aligned through corporate governance for oversight and feedback on Trust governance and meetings. Regular governor meetings held, supported by executives. Governors also support with Time to Talk and attend Time to Shine events.
* FTSU Guardian regular attends Staff Network meetings and is engaged with Staff Network members as applicable.
* Staff side have strong working relationship with Board and senior leads and meet regularly through JNCC, LNC, and other meetings to discuss staff concerns and ideas – Staff-side Chair meets regularly with Chief Executive Officer and Director of People & OD.
* There is regional and national HR Directors Network membership – including health and wellbeing, anti-racist framework, and other EDI topics.
* Place based partnerships, including leadership of these in the region.

**Outcome 3A score: 2**

**Outcome 3A rating: Achieving**

**Outcome owner: Board**

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

**Evidence:**

* **See also 3A, above.**
* There is an EqIA review as part of policy consultation for HR, corporate, and clinical policy. Standard operation procedures also screened for impact. Embedded within policy process and governance.
* Review of ‘publishing’ requirement part of EDI action plan for 2023 – 24: advised by NHS England EDS lead that publishing is best practice and can support avoidance of early legal challenge, is not however mandated as long as contemporaneous EqIA evidence available if required.
* EDI and health inequalities embedded within People, Communities Matter, and Carers Strategies, and EDI lead consulted in development of same.
* EDI Strategy for Trust – for review in December 2023 following publication of NHS Workforce Long Term Plan, NHS EDI Improvement Plan, and refreshed People and Communities Matter Strategies.
* EDI integral to Quality Impact assessment of service redesign, CIP, borough operational plan workstreams, and any services flagged as part of business continuity. EDI Lead is part of the QIA panel, and provides additional support to service leads in development of EqIA and EDI risk for QIA.
* Work is ongoing to build public engagement on service redesign following Covid19 pandemic. This is led by the Programme Director for Collaboration and Integration.
* 100% of ethnically diverse were staff risk assessed as part of Covid 19 risk assessments.
* Panel reviewed all high risk assessment forms – using form developed in Cheshire and Merseyside these were all assessments for ethnically diverse staff, staff with disabilities and long term conditions that led to clinical vulnerabilities, older staff, and pregnant/infant feeding staff.
* Risk mitigations put in place, including working from home, Personal Protective Equipment, reassignment of duties, and if needed medical suspension was an option.
* Covid 19 risk assessments were completed for all staff with disabilities or long-term conditions, ethnically diverse staff, older staff, and staff who were pregnant, on maternity leave, or infant feeding.
* Stress risk assessment for team and individuals are available – an audit being undertaken by HR on usage and quality in autumn 2023.
* Risk assessment for pregnancy and maternity, and breastfeeding embedded within pregnancy, maternity, and adoption policy, and HR training for managers.
* Draft menopause risk assessment completed – awaiting publishing of national menopause support policy to ensure alignment.
* Occupational health support to identify risk and mitigation including reasonable adjustments for staff.
* Workplace risk assessment, including display screen equipment, embedded and led by the Trust’s Health and Safety Lead.
* Risk assessment embedded within relevant policy, including in relation to lone workers, and occupational risks. Includes alignments to violence and aggression, and civility and respect, and includes racism and other hate incidents.
* Risk assessment monitoring is via the Health and Safety Sub Committee and through the People governance structure including JNCC to capture Staff-side views.
* Staff Network engagement used to develop action plans for WDES and WRES, signed off by Board via the People Committee.
* Staff Network engagement to be used in delivery of North-West Anti-racist Framework action plan through membership of the EDI Working Group.
* Menopause and carers support groups support development of actions relevant to gender pay gap.
* LGBTQIA+ Staff Network leads on Navajo LGBT+ Charter Mark action plans and re-accreditation.
* Community and patient data used to develop Communities Matter Strategy.
* Workforce data used to inform all workforce plans for recruitment and retention, including where appropriate EDI drivers and unequal impacts.
* EDI embedded with governance, including in EDI Board Assurance Framework.
* Actions embedded within overarching EDI action plan for 2023 – 2024 which is aligned to national NHS EDI Improvement plan

**Outcome 3B score: 2**

**Outcome 3B rating: Achieving**

**Outcome owner: Board**

**Outcome 3C: B Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.**

**Evidence:**

* Mandated reports for Gender Pay Gap, WRES, WDES, and EDS on POD Council, People Committee and Board business cycles, including signing off action plans.
* All above action plans included in overarching annual EDI action plan; monitoring, and exception reporting through People Committee to Board.
* Trust EDI work monitored by commissioners through quarterly quality meetings.



* Board commitment to NW Anti-racism Framework, commitment to apply to refreshed framework in 2023/24.



* All of the below have action plans embedded within governance:
* Trust is Disability Confident Leader, accredited through external validation.
* Trust is a Defence Employer Recognition scheme bronze level holder.
* Trust holds Veteran Aware accreditation.
* Trust holds Navajo LGBT+ Charter Mark.
* Trust commitment to application to Employers for Carers accreditation scheme.
* Trust is a signatory to the sexual safety charter.
* Trust is a signatory to the care leavers charter and is engaging with local care leavers.
* Accessible Information Standard action plan part of Halton and Warrington commissioner business cycle for oversight.
* Patient Safety Incident Response Framework being implemented in the Trust.
* Patient and Carer Race Equality Framework not applicable and not a mental health Trust.
* Trust well led review held in 2023, led by independent evaluation.
* WRES data shows that Board and senior leaders are representative of the boroughs served, and ethnically diverse Board members were over-represented compared to the overall workforce.
* WDES data shows that Board is not representative of either workforce or community.
* Data at Agenda for Change band 8c and above is difficult to assess due to very small numbers – data suggests that in clinical roles there is better representation of ethnically diverse staff at these higher bands, reflective of the population and workforce, and for disabled staff representation in non-clinical roles is representative.
* Under-representation in the workforce is identified in the WRES and WDES action plans and aligns to those priorities outlined in the Trust level reports from the national teams.
* The Trust Board is 50/50 female to male. At Non-Executive level there are more female than male NEDS. The Trust is 90% female overall.
* 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.
* In relation to religion the low numbers don’t allow statistical significance to be assigned to the diversity of religions in our areas – many Trust staff identify with no religion.
* The data below is taken from ESR as at 31st March 2023. It includes all staff in Agenda for Change pay bands, including a small number in medical and dental roles paid through this pay scheme. It does not include very senior managers, for this information is available in the WRES and WDES but is otherwise not referenced due to data protection.
* Between the ages of 31 and 60 staff overall representation gradually increases. Younger staff and those over 60 have smaller representation in the Trust. Older staff are more likely to be in higher pay bands than younger, reflective of years of experience and ongoing career development.
* Disability overall = 3.2%. Over-represented at bands 7, 8a, and 8c, under at bands 8b and 8d. No staff with disability in band 9.
* 6.23% of staff identify with global majority ethnic heritages. Global majority staff are over-represented at band 7 but under-represented at higher bands – the WRES disparity ratio shows the differences between non-clinical and clinical groups. In medical and dental there is much greater representation, this reflects patterns across the NHS.
* Women account for 89.8% of the workforce. Women are over-represented in the workforce up to and including band 7, but then representation drops to 50/50% at band 8d.
* ESR data for religion, sexual orientation and gender diversity are too low for statistical review.
* Pattern of small improvements since reporting began for frameworks and standards, but consistent improvement not achieved – in part due to often very small numbers of staff influencing statistical significance.
* Governance to Board via POD Council and People Committee. Monitoring of action plans developed in partnership with Staff Networks through same governance.
* Staff Network and EDI Working Group – Board and senior leadership sponsorship and Chair.
* Menopause Support Policy.
* Health and wellbeing conversations and adjustment passport includes menopause.
* Menopause included in new Wellbeing Policy – Trust an early adopter/pilot site for this new regional policy.
* Menopause Teams Channel for Staff Network members.
* Intranet page includes factsheets and signposting.
* Menopause Champions in place in Trust.
* Trust engagement at Warrington and St Helens borough level on menopause friendly.
* World Menopause Day/Bridgewater Menopause Fortnight comms.
* Menopause cafes including Executive Director speaker with menopause clinical expertise, and external speakers.
* Fresh Packs through charitable funds for staff emergency access to sanitary supplies.
* Action plan to ensure sanitary vending machines in new buildings.
* Staff lived experience stories shared to raise awareness of menopause impacts.
* Social media including for other female by birth conditions.
* Occupational health – counselling, physiotherapy, and Cognitive Behavioural Therapy available and used by staff affected by menopause.
* Uniforms support in hot weather, including update to policy in 2023.
* Draft menopause risk assessment – awaiting release of national policy to ensure alignment.
* Menopause recording in ESR engagement undertaken with network members.
* Borough operational delivery plans aligned to Communities Matter Strategy.
* Place based partnership working as collaboratives for providers and workforce. Leadership of some regional/borough groups by Trust Executives.
* Links to groups across place, including EDI, supportive of collaboration on work such as reasonable adjustments, language interpretation quality standards, and trans support.
* Integration of services such as One Front Door in Warrington. Service changes routed through QIA panel, which includes review and risk rating of equality impact.

**Outcome 3C score: 2**

**Outcome 3C rating: Achieving**

**Outcome owner: Board**

**Domain3 score and rating – 6: achieving.**

**EDS 2023 Final score and rating**

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| **Organisation name: Bridgewater Community Healthcare NHS Foundation Trust (RY2)** |
| **EDS overall organisational rating: 19 (Developing)** |
| **Note:**  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 2023 action plan.**

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| --- | --- | --- | --- | --- |
| **EDS Lead:** Ruth Besford (Equality & Inclusion Manager) | | | | |
| **EDS action plan activity:** 2023 - 2025 | | | | |
| **EDS Executive sponsor(s):** Dr Ted Adams (Medical Director) and Paula Woods (Director of People and OD) | | | | |
| **Authorisation date:** | | | | |
|  | | | | |
| **Domain** | **Outcome** | **Objective** | **Action** | **Completion date** |
| 1 | 1A | Build on existing data available within patient record systems. | Review and update patient record systems to ensure equality information is captured for:   * Race/ethnicity * Disability * Sexual orientation * Religion or belief   Embed Accessible Information Standard recording and flagging requirements in EMIS and SystmOne as a standardised process. | 31.12.2024 |
| 1 | 1A | Improved staff confidence for supporting transgender and gender diverse patients. | Development of policy, process, and training offer for transgender support in services. | 31.03.2025 |
| 1 | 1B | Public engagement - further embedding of partnerships and collaboration. | Review service links to partners in delivery of care and wellbeing support.  Roll out 2024 community engagement plan.  PACE membership to include operational leads from four directorates for links to operational delivery plans and service delivery. | 31.03.2025 |
| 1 | 1C | Alignment of Just Culture and Civility and Respect work programmes, with inequality work programmes. | Embed equality voice in Just Culture and Civility and Respect governance through further establishment of staff networks, and equality engagement in the community.  Launch Civility and Respect within services. | 30.06.2024 |
| 1 | 1C | Better access for D/deaf patients. | Review phone in option via Signalise Co-op for D/deaf patients. | 30.06.2024 |
| 1 | 1D | Embedding EqIA in service redesign. | Work with Transformation Team to ensure EqIA embedded within directorate operational delivery planning. | 31.03.2024 |
| 2 | 2A | Establishment of accessible and user-friendly single process, and one stop shop, for health and wellbeing support and advice. | Establish task and finish group to look at all options available to staff and managers and develop action plan to meet objective.  Consider access to independent culturally appropriate support and advice for protected characteristic groups. | 30.09.2024 |
| 2 | 2A | Improved health and wellbeing offer across geographical spread. | Review options for provision of health and wellbeing activities, events, and support in person across geographical spread of services. | 31.03.2025 |
| 2 | 2B | Improved quarterly monitoring: 1. | Develop quarterly review process for Ulysses incident monitoring and review for incidents involving patients and/or family members.  Delivery of Civility and Respect communications materials and plan. | 30.06.2024  30.06.2024 |
| 2 | 2B | Improved quarterly monitoring: 2. | Review recording of stress risk assessments – issue, completion, and follow up. | 31.12.2024 |
| 2 | 2B | Expanded equality awareness offer. | Develop cultural awareness plan, and plan for implementation. | 31.03.2025 |
| 2 | 2C | Staff Networks further embedded and engaged, including in decision making and equality analysis and assessment of strategy, policy, and programmes of work. | Continued implementation of staff networks action plans to mature and embed existing six networks across the Trust. | 31.03.2024 – amended to align with equality objective deadline. |
| 2 | 2C | Improved staff experience of absence management processes. | Launch Wellbeing Policy and Toolkit, and monitor and review uptake, outcome, and feedback. | 31.03.2025 |
| 2 | 2C | Improved NHS Staff Survey results for flexible working questions. | Review 2023 – 2025 responses following flexible working project undertaken in 2023/24. | 31.03.2025 |
| 2 | 2D | FFT questions within exit interviews. | Further review of reasons for leaving after one to three years.  Review of reasons for return. | 31.07.2024 |
| 3 | 3B | EqIA training and further awareness embedded across leadership. | Develop communications and training plan to further embed awareness and knowledge of General Equality Duty in all leaders for policy, service delivery, and strategy development. | 31.12.2024 |
| 3 | 3C | Embedded equality and inequality information in Board and Committee papers. | Speak to Executives and Trust Chair re adoption of Leadership Framework for Health Inequalities Improvement  <https://www.nhsconfed.org/articles/leadership-framework-health-inequalities-improvement> | 31.12.2023 |

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| **Acronyms used within document:** | BAF – Board Assurance FrameworkCQC – Care Quality CommissionEDS – Equality Delivery System  * EMIS – Egton Medical Information Systems (company) * EqIA – Equality impact assessment * FFT – Friends and Family Test * FNP – Family Nurse Partnership service * FTSU – Freedom To Speak Up * GPG – Gender Pay Gap * H&S – Health and Safety * HR – Human Resources * HV – Health Visiting service * JNCC – Joint Negotiating and Consulting Committee * LGBT+/LGBTQIA+ – Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual/Agender. The + specifies other diverse gender and sexual identities * MECC – Making Every Contact Count * MIAA – Mersey Internal Audit Agency * NHS – National Health Service * OH – Occupational Health * Place – refers to collaboration across region of Cheshire and Merseyside * POD – People Operational Delivery groups * PSED – Public Sector Equality Duty * WDES – Workforce Disability Equality Standard  WRES – Workforce Race Equality Standard |