Communities Matter
Creating stronger, healthier, happier communities.

NHS
Bridgewater Community Healthcare
NHS Foundation Trust

Equality Delivery System (EDS)

2024

Date: 6 November 2024

Contents

The Equality Delivery System (EDS) for the NHS

The Equality Delivery System, or 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 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 Report is 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 and published on the Trust's website at https://bridgewater.nhs.uk/aboutus/equalitydiversity/equalityact2010/. This EDS report relates to 2024.

If you require this report in another language or accessible format please contact 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 2024: • Health Watch Halton (Domain 1) • Staff and Staff side (Domain 2) • Mersey Care NHS FT (Domain 3)
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	6 November 2024
Date authorised	6 February 2025
Month and year published	17 February 2025

Completed actions from previous year

Action/activity	Update	Related EDS and equality objective
Patient record systems: • Demographic data • Reasonable adjustments/accessible information	Project to improve ethnicity recording in SystmOne and EMIS in progress in autumn 2024. Led by Data Quality Steering Group. **Estimated completion time December 2024.** Task and finish group delivering NHS Digital Reasonable Adjustments Flag, using Accessible Information Standard principles. **Estimated completion by March 2025 for phase 1**.	Domain 1 • Outcomes 1A and 1B Health Equity objective
Development of policy, process, and training offer for transgender support in services.	In progress following Navajo LGBT+ Charter re-accreditation. **Estimated completion time March 2025.**	Domain 1 • Outcomes 1A and 1B Health Equity objective
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.	Partial completion. Engagement undertaken across communities in 2023 – 2024, and findings have supported activity such as recruitment of community link workers. Engagement on hold pending planning for BCHFT and WHH integration engagement. **Ongoing.**	Domain 1 • Outcome 1A Health Equity objective
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.	**Completed.** Choose Kindness campaign launched 2024; training in process of update for civility and respect aligned to Choose Kindness October/November 2024.	Domain 1 • Outcomes 1C and 1D Equality, Diversity, and Inclusion objective

Review phone in option via Signalise Co-op for D/deaf patients.	**Completed.** Unable to set up as requires single contact point, not available in Bridgewater.	Domain 1 • Outcomes 1A and 1B Health Equity objective
Work with Transformation Team to ensure EqIA embedded within directorate operational delivery planning.	Ongoing New EHIA document agreed, including joint document for integration programme. Work continuing to review and update policy, including alignment to Quality Impact Assessment Policy, and training and embedding EHIA governance throughout Trust. **Estimated completion date February 2025.**	All domains Equality, Diversity, and Inclusion objective
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.	**Completed.** Health and Wellbeing Prospectus published 2024 detailing support offers, training etc. Signposting document to local and national support for protected characteristic groups published on staff networks page. Occupational health query submitted re cultural support, confirmed that support is aligned to access requirement and cultural and other needs, wherever possible.	Domain 2 • Outcome 2A Staff objective
Review options for provision of health and wellbeing activities, events, and support in person across geographical spread of services.	**Completed.** Health and wellbeing team offer in reach to identified services. Wellbeing offers, particularly for Health and Wellbeing Fortnight offered virtually or across geographical spread. Annual vaccination campaigns offered across geographical spread.	Domain 2 • Outcome 2A Staff objective
Develop quarterly review process for Ulysses incident monitoring and review for incidents involving patients and/or family members.	Ongoing. Health and safety working group to review incidents flagged as related to violence, aggression, racism etc. Updated fields in 2023 allow better reporting and review of incidents. Incidents reviewed	Domain 2 • Outcomes 2B and 2C Equality, Diversity, and Inclusion objective

Delivery of Civility and Respect communications materials and plan.	as part of annual EDS evidence gathering. **Health and safety review embedding to be followed up by December 2024.** Choose Kindness campaign launched 2024; training in process of update for civility and respect aligned to Choose Kindness October/November 2024. **Completed.**	
Review recording of stress risk assessments – issue, completion, and follow up.	**Completed.** MIAA audit in 2023/24 provided limited assurance. Agreed action plan implemented, awaiting final MIAA sign off and updated rating October 2024.	Domain 2 • Outcomes 2B and 2C Staff objective
Develop cultural awareness plan, and plan for implementation.	**Ongoing, completion date TBC.** Meetings held with ICB October 2024 to discuss regional collaborative approach to cultural awareness training. ICB lead to speak to NHS NW Leadership Academy re training and funding to develop a train the trainer programme, this would allow collaboration and delivery at scale in Cheshire and Merseyside.	Domains 1, 2, 3 Equality, Diversity, and Inclusion objective
Continued implementation of staff networks action plans to mature and embed existing six networks across the Trust.	**Ongoing.** In November 2024 the organisation development team are facilitating a what next for the staff networks event, open to all staff as people with lived experience or as allies. The hope is to mature the networks, build membership, and start to support the networks to be more active as voice and delivery groups. **Estimated completion time March 2025.**	Domains 2, 3 Equality, Diversity, and Inclusion objective
Launch Wellbeing Policy and Toolkit, and monitor and review uptake, outcome, and feedback.	**Completed.** Wellbeing and absence management policy and toolkit launched April 2024. Monitoring ongoing through weekly HR team meeting, and through formal governance at JNCC.	Domain 2 • Outcome 2A Staff objective

Review 2023 – 2025 responses following flexible working project undertaken in 2023/24.	**Not yet due for completion. 31.03.2025** Making Flexible Work campaign launched spring 2024, with communications and webpage. Monitoring is via POD Council and People Committee. Significant interest and uptake in applications.	Domain 2 • Outcome 2A Staff objective
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.	Ongoing New EHIA document agreed, including joint document for integration programme. Work continuing to review and update policy, including alignment to Quality Impact Assessment Policy, and training and embedding EHIA governance throughout Trust. **Estimated completion date February 2025.**	All Equality, Diversity, and Inclusion objective
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	**Not completed**. Board commitments to equality detailed in EDS 2024 domain 3 evidence.	Domain 3 • Outcome 3A

Domain 1: Commissioned or provided services

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

Equality & Health Inequality Assessments have been completed for both services to support the EDS evidence gathering. If required these can be sent as separate documents.

Health inequalities/access:
- Trust Communities Matter Strategy places reduction of health inequity and meeting individual needs at centre of Trust approach.
- Strategic objectives in Strategy for health equity, equality, diversity and inclusion, and partnerships. Progress reported to Board monthly.
- Green Plan. With health inequalities directly relation to socio-economic and environmental inequalities the green plan work is aligned to other Trust strategy and action, to ensure for example that environmental racism is recognised as a contributor and cause of health inequality in some communities.
- Trust commitments to regional programmes for:
    - Anchor Institute
    - Prevention Pledge
    - NW Anti-Racist Framework
    - All progress reported through governance to Board.
- Updated process for equality analysis and quality improvement embeds new templates for equality and health inequality assessment forms. Policy, cost improvement, service changes can't progress without completion and sign off through governance of these.
- The borough plan for the UTC in 2023/24 aligned to the health equity strategic objective was: To explore service-user access to the Widnes Urgent Treatment Centre (UTC). Enabling us to ensure services are targeted at those most in need, to enhance outcomes and improve the health and wellbeing of local population. This includes increasing data review, upskilling staff, looking at new initiatives including a paediatric review clinic, and service representation on the Trust's new health equity group

Patient feedback:

Drive Ability North West:
- QR codes enabled for Drive Ability service in Qtr4 2023/24 and a push for completion of paper TTU forms as an alternative to online forms.
- In Qtr2 2023/24 there were 12 online and 12 paper TTU forms received with 100% positive feedback on patient experience.
- In Qtr3 2023/24 there were 11 online and 22 paper TTU forms received with 100% positive feedback on patient experience.
- In Qtr4 2023/24 there were 6 online and 21 paper TTU forms received with 100% positive feedback on patient experience.
- Two patient stories for Drive Ability are posted on the Trust website at [Patient Stories – Patient Information – Bridgewater Community Healthcare NHS Foundation Trust](#)
- One patient complaint in March 2023 related to outcome of assessment.

UTC Widnes:
- Qtr 1 2023/24 has 369 returned patient feedback forms with 98.6% positive feedback.
- Qtr 2 2023/24 has 589 returned patient feedback forms with 97.5% positive feedback. Main area of dissatisfaction waiting times.
- Qtr 3 2023/24 has 411 returned patient feedback forms with 91.7% positive feedback. Main area of dissatisfaction waiting times.
- Five patient complaints in period 2023 – 2024, one of which related to protected characteristic of disability (autism). While the clinical advice was considered appropriate after investigation, it was identified that staff failed to identify disability or possible reasonable adjustments. Work taking place to implement NHS Digital Reasonable Adjustments Flag in all Trust services, including training, communications and support options.

Barriers to accessing services:
- ReachDeck software embedded in Trust website to support access for people with different language and communication needs. All Trust information can be provided in other formats on request – a choice made based on the number of documents in use in the Trust in corporate and clinical services, and the diversity of languages spoken across Trust boroughs.
- Language interpretation support, including spoken and signed language, available in all services through pre-booked and on demand options.

- Data shows that from September 2023 to May 2024 the on-demand telephone interpretation service had been accessed 79 times by the UTC.
- No language interpretation data exists for Drive Ability North West - Deafness or hearing impairment is not a barrier to driving a car or motorbike, restrictions do apply for larger vehicles such as lorries and coaches.
- Engagement with Warrington Deaf Club has identified a potential gap in the provision of BSL interpretation support to relevant patients/families at the UTC. Continued engagement with the Deaf Club members is seeking to address this identified gap in staff awareness. Deaf Club members have been invited, and are taking part in, the 2024 PLACE assessment of the UTC.
- Work taking place to implement NHS Digital Reasonable Adjustments Flag in all Trust services, including training, communications and support options.
- Trust campaign Choose Kindness focusing on behaviours of civility and respect in services and in the workforce. Aligned to other programmes such as civility and respect, violence prevention and reduction, and anti-racism.
- Access to information and advice regarding religion and culture in healthcare available for all staff, and embedded within relevant policies.
- In 2024 the Trust has been working alongside AccessAble to survey Trust held buildings to support development of accessibility guides. These are being added to Trust webpages in 2024 for relevant services, and links added to other relevant service pages where landlords have undertaken this work (the majority of services):
  - [Widnes Health Care Resource Centre | AccessAble](#)
  - In 2024 Drive Ability North West is moving to a new location, therefore access guide is not currently available.
- Gender variant support policy in development, along with new training module. Trust is a Navajo Charter Mark holder for LGBTQ+ and is supported through this partnership in development of policy.
- Support for carers – [Information for Carers – Bridgewater Community Healthcare NHS Foundation Trust](#)
- Following PLACE assessment 2023 UTC staff developed a patient journey poster to support service users understanding.
- PARC: – paediatric rapid assessment clinic inclusion criteria in the UTC proposal, with all referrals to be discussed with team leads for asthma reviews, viral Induced wheeze reviews, bronchiolitis reviews (which can include feeding issues due to illness), ENT conditions – non resolving OE/OM, tonsilitis, D&V, febrile child (with a known diagnosis and focus), neonates – umbilical infections, skin problems, feeding, rashes – non-resolving, eczema exacerbations
- Holders of Veteran Aware and Defence Employer Recognition silver awards. Trust board commitment to Armed Forces Covenant.

Work in 2024/2025:

- Data quality project focused on ethnicity coding in patient records – will allow greater monitoring and analysis of health inequalities.
- NHS Digital Reasonable Adjustments Flag implementation phase 1 – phase 2 will implement API integration between patient record systems and the NHS Spine/NCRS direct, phase 1 implements requirements in local systems.
- UTC ethnicity and alcohol project to support NW Anti-Racist Framework.
- Gender variance in services support policy.
- EDI training module development, to include gender variance, anti-racism, cultural awareness, and armed forces.
- Improvements to staff information regarding language interpretation services. And similar website information for patient assurance.

Rating suggested	**1 – UTC, see comments and actions below** **2 – Drive Ability**
Reviewer comments	**A number of comments and suggested actions following PLACE 2024, and Healthwatch enter and view visits in 2024 (five in total, speaking to 98 patients, with 94% positive feedback):** **Same problem with toilet as PLACE 2023** **Pullcord absent in toilet** **Sink inaccessible to powered wheelchair users** **Hearing loop at reception audible by other hearing aid users in area** **Provision of an information board, in addition to whiteboard at end of room** **Consideration of communication needs when staff calling patient name** **Provision of accessible free water dispenser** **Improved signage to x ray rooms** **Signage at rear of building** **Stammer training** **Recommendation is to involve PLACE assessors with lived experience in delivery of above actions, and assessors have confirmed willingness to be involved.**
Actions	**As above**

Evidence 1B: Individual patients (service user's) health needs are met

Meeting needs/personalised care:

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 services, clinical and corporate. Examples include:

- Policy – consent, safeguarding, language interpretation, health records, and others.
- Voice of the Child.
- Reasonable adjustments, and language interpretation.
- NHS Digital Reasonable Adjustments Flag implementation.
- Community provision of care at a place of choosing, where at all possible.
- PARC – see above.
- PLACE assessment of UTC annually since 2022.
- Super MaDe
- End of life planning, and advance care planning/decisions.
- Chaperone policy and practice.
- Health and safety.
- Infant feeding policy.
- Patient access policy.
- PSIRF/incident reporting.
- Information on religion in health care.
- LD working group.
- Carers support.
- Civility and respect, Choose Kindness, and anti-racism framework.
- Armed Forces Covenant, Veteran Aware, and Defence Employer Recognition silver award.
- Navajo LGBTQ+ Charter Mark.
- Community and patient engagement.
- EHIA in policy and quality impact governance.

Consultation and engagement:
- Some community engagement, but still in development.
- Healthwatch membership and support to Bridgewater Engagement Group.
- EHIA embedding in policy and quality impact governance – includes consultation as per Gunning Principles for full EHIA.
- Engagement has taken place for significant service changes, for example dental services proposed move to Altrincham Hub, however Trust has recently not undertaken any significant service changes.
- Service level engagement for specific changes, such as WARPAC engagement with neurodevelopment pathway changes.
- The UTC does not have a cohort of patients as a drop in service, therefore engagement takes place via media routes – social media, local media, posters etc.
- Patient Partners – UTC and Drive Ability North West both involved.
- Voice of the Child/Adult.
- Engagement at a small level for projects such as learning disabilities working group, and carers support.
- A lot of engagement on employment opportunities, including at Warrington Disability Awareness Day (which also included service representation from Trust services to speak to communities), careers fairs, schools and DWP.

Signposting:
- Community link workers.
- Community health and wellbeing team.

Work in 2024/2025:
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- UTC ethnicity and alcohol project to support NW Anti-Racist Framework.
- Gender variance in services support policy.
- EDI training module development, to include gender variance, anti-racism, cultural awareness, and armed forces.
- Improvements to staff information regarding language interpretation services. And similar website information for patient assurance.
- Further work to embed new EHIA, including training, governance, and communications updates.

Rating suggested	1 – UTC, see comments and actions below 2 – Drive Ability
Reviewer comments	No comments
Actions	n/a see 1A

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

Safety:

- PSIRF.
- Freedom To Speak Up.
- Just and Learning Culture
- 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.
- Mandatory training. And role specific/CPD training.
- Governance for training, policy, health and safety, patient experience, and incident management.
- Voice of the child/adult.
- 'Professional curiosity'.
- Regular communications – safeguarding, hate crime, domestic violence and others.
- NHS Sexual Safety in the workplace commitment.
- NW Anti-Racist Framework commitment.
- Care Leavers Covenant commitment.
- Armed Forces Covenant commitment.

Reporting:
- Governance.
- PSIRF.
- Just and learning culture.
- Freedom To Speak Up – including action plan and surveys.
- Patient experience.
- Corporate induction messages.
- NHS Staff Survey 2023:
  - 92.5% of staff believe the Trust encourages speaking up.
  - 76.5% believe the Trust takes steps to ensure incidents don't happen again.

- 80.9% feel secure to raise a concern.

Improvement culture:
- Just and learning culture.
- PSIRF.
- Quality review visits.
- Time to Talk.
- Time to Shine.
- Quality self-assessment documents for services.
- Patient partners.
- Safeguarding.
- Clinical audit.
- Record keeping audit.

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- Gender variance in services support policy.
- Improvements to staff information regarding language interpretation services. And similar website information for patient assurance.

Rating suggested	**2 – UTC** **2 – Drive Ability**
Reviewer comments	**No comments**
Actions	

Evidence 1D: Patients (service users) report positive experiences of the service.

Patient experience:
- Talk to Us forms – paper, SMS, child friendly.
- Complaints policy.
- Patient experience team.
- Patient Partners.
- Voice of the child/adult.

Drive Ability North West:
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- Five patient complaints in period 2023 – 2024, one of which related to protected characteristic of disability (autism). While the clinical advice was considered appropriate after investigation, it was identified that staff failed to identify disability or possible reasonable adjustments. Work taking place to implement NHS Digital Reasonable Adjustments Flag in all Trust services, including training, communications and support options.

Evidence based action plans:
- PSIRF
- Just and Learning Culture.
- Reasonable adjustments flag.
- Ethnicity coding data quality.
- Equality collaborative actions, including language interpretation quality standard.
- Community engagement link to transformation programmes, for example establishment of community link workers following community engagement.
- PLACE assessment action plans for UTC.
- Governance through Quality and Safety committee, or People Committee to Board.

Staff and patient treatment link:
- https://www.england.nhs.uk/wp-content/uploads/2018/02/links-between-nhs-staff-experience-and-patient-satisfaction-1.pdf
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215457/dh_129662.pdf
- Communities Matter Strategy, and six strategic objectives, including health equity, EDI, and staff. Activities on strategic objectives reported to Board. Enabling strategies include People and EDI.
- Health Equity Group led by Medical Director. Works in partnership with EDI Working Group that focuses on workforce experience.
- A Just and Learning Culture – since 2022:
  - 30+ ambassadors trained.
  - Embedded in Trust policy and practice.
  - Part of corporate induction.
  - Training available.
  - Clear reference to links between staff experiences of incivility, bullying or harassment and patient experience/outcomes. As per Civility Saves Lives.
  - Core element is wellbeing of all parties in any event.
  - See also Choose Kindness/civility and respect, and violence prevention and reduction.
- PSIRF. Included mandated training for all staff. Further embeds Just and Learning Culture.
- Choose Kindness:

- Launched 2024. Promotion of positive cultures in workplace and services, with zero acceptance of bullying, harassment, abuse, discrimination and violence.
- Violence Prevention and Reduction:
  - Implementation of national standard by internal group including staff side, H&S, and EDI since 2021.
  - Action plan to further embed activities.
  - NHS Staff Survey results from last five years show less than 6% of staff experienced incidents from public/patients; less than 0.3% from managers; less than 1% from colleagues. Racially minoritised staff reported lower incidents than white staff; disabled staff reported fractionally more than not disabled staff (generally 0.1 – 0.2% higher).
- Staff experience part of quality impact assessment/risk for service design and CIP.
- Staff networks for carers, disabled and neurodivergent staff, ethnicity, menopause, and LGBTQIA+. Provide a forum to raise issues, speak to executive leads, share ideas, and seek support.
- Freedom To Speak Up – also aligned to staff networks. Close working relationship with EDI ensures concerns raised a given an EDI lens to review.
- JNCC linking Trust and staff side.
- Staff health and wellbeing as a Trust priority.
- NW Anti-Racism Framework.
- Staff data:
  - 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 living locally to our dental service delivery footprint or close by in areas of Lancashire.
  - Data review undertaken for the launch of the 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.
- Current work on neurodivergent and disability support and inclusion in the workplace.
- Armed forces inclusion, and menopause support workstreams.
- Reports for the WRES, WDES, Gender Pay Gap, and annual equality report can all be found at https://bridgewater.nhs.uk/aboutus/equalitydiversity/equalityact2010/

Work in 2024/2025:
- NHS Digital Reasonable Adjustments Flag implementation phase 1 – phase 2 will implement API integration between patient record systems and the NHS Spine/NCRS direct, phase 1 implements requirements in local systems.

• Gender variance in services support policy.	
• EDI training module development, to include gender variance, anti-racism, cultural awareness, and armed forces.	
• Improvements to staff information regarding language interpretation services. And similar website information for patient assurance.	

Rating suggested	**2 – UTC** **2 – Drive Ability**
Reviewer comments	**No comments**
Actions	

Domain 1 overall score: 7 (based on average for each outcome)

UTC = 6 Stakeholders advised that due to the limitations of EDS scoring it had been felt necessary to score as developing, recognising activity still to take place on previous PLACE assessments, however this was felt to be at the very top end of the rating, just below achieving.

Drive Ability = 8

Domain 2: Workforce health and wellbeing.

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

Monitoring of health:
- All health and wellbeing work aligned to NHS Our People Promise, NHS Long Term Workforce Plan, and NHS EDI Improvement Plan.
- Health and wellbeing one of the key principles of the above.
- Sickness absence data monitored at Divisional Leadership Team meetings, People Operational Delivery Council, and People Committee – reporting through to Board. Trends by protected characteristic for some reporting, but more is being looked at as part of EDI Action Plan 2024/25.
- Health and wellbeing framework update and review annually.
- Just and learning culture has informed updates to Trust people policies since 2022, focus placed on health and wellbeing support to all involved in policy and process throughout. Follows recommendations made in the NHS nationally following review of the death of Amin Abdullah.
- Trust was an earlier adopter for the new regional wellbeing and absence management policy. Provides a holistic approach, looking at support and prevention as opposed to triggers and warnings. Launched in 2024, ongoing training and review being undertaken as policy embeds.
  - Annual PDR cycle updated, including policy, to incorporate health and wellbeing conversations. Training available to support embedding use of these in services.
- Supported by wellbeing at work action plan for agreeing and recording workplace support and reasonable adjustments. Manager Support :: MyBridgewater
- All Trust People Promise Champions have dual role as health and wellbeing champions, undertaking the national training offer. People Promise Champions :: MyBridgewater
- Occupational health support provided to all staff as required, manager and self-referral. Including counselling, trauma support, and reasonable adjustments advice.
- Rugby League Cares sessions offer to all teams and some individuals up to end August 2024. Targeted support post Augst 24 due to funding ceasing.

- HR and governance monitoring of both above offers.

Promoting self-management:

- Able Futures mental health support available for all staff via self-referral.
- Health and wellbeing hub has guidance, toolkits, and signposting:
  - Physical health. Includes healthy eating, alcohol and smoking cessation - Physical Health :: MyBridgewater
  - Mental health and wellbeing. Includes occupational health, Able Futures, Professional Nurse Advocates, and guidance to support an Apps for mental health, financial wellbeing, and suicide prevention - Mental Health and Wellbeing :: MyBridgewater
  - Menopause support. Includes signposting to guides, Apps, podcasts and other resources. Supported by a Trust policy - Menopause Support :: MyBridgewater
  - Occupational health.
  - Staff support. Includes all the above, plus contacts, directories, and support for carers - Staff Support :: MyBridgewater
  - Manager support. Includes toolkits, guidance (including to specifics such as autism in the workplace), and training - Manager Support :: MyBridgewater
- Weekly health and wellbeing messages in the MyBridgewater Bulletin, including Mental Health Week, Time to Talk, Stoptober and others.
- Engagement activities such as menopause cafes, health and wellbeing fortnight, and challenges for physical activity.
- Participation by staff in NHS NW Games every year – and Trust challenge back to organisers re inclusivity of options given barriers to accessing sport for some protected groups.

Using data:

- Data informed action plans including:
  - Making Flexible Work campaign – based on data from NHS Staff Survey.
  - Staff risk assessment audit – based on sickness absence data. Undertaken by MIAA, initial limited assurance given. As at October 2024 action plan based on recommendations completed and awaiting update assurance level from MIAA.
  - EDI Action Plan – includes elements related to health and wellbeing of staff.
  - Staff network engagement and involvement in action plan development and delivery, including for example international staff support.
- Health and wellbeing interventions in teams identified as needing support, undertaken by OD team.

Support for protected characteristic groups:

- Staff networks for carers, disabled and neurodivergent staff, LGBTQIA+ staff, racially minoritised staff, and staff experiencing menopause, all with executive sponsorship.
- FTSU aligned to staff networks.
- Risk assessments for staff for pregnancy and breast feeding, and stress. Menopause risk assessment in development in line with policy review in October 2024.
- Signposting for victims of harassment and hate against protected characteristic groups available in staff networks hub page, and regular messaging regarding this - Staff Networks :: MyBridgewater
- Reasonable adjustments provided to disabled staff, with recommendations sought where necessary from Occupational Health and Access to Work. Recorded in wellbeing at work action plan. Reasonable adjustments guidance and activity led by Trust EDI lead.
- Neurodivergent and disability task and finish group delivering co-designed action plan for inclusion and support in the workplace. Includes new 'All Kinds of Minds' campaign beginning in October 2023.
- Gender diversity in the workplace policy and toolkit.
- Trauma support offered to all staff through Occupational Health, and communications shared throughout period of race and religiously motived civil unrest in summer 2024.
- Promotion of national offers for ethnically diverse, disabled, and LGBTQIA+ staff.

Work-life balance and healthy lifestyles:

- Making Flexible Work campaign launched in 2024 has seen a large increase in applications for flexible working. Flexible Working at Bridgewater :: MyBridgewater
- Flexible working options available for all staff, and included as part of recruitment offer.
- 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.
- Policy for special leave includes support for home life emergencies and planned leave.
- New in 2024 the Working Carers Support Policy provides signposting and support, including an additional 5 days paid leave for unpaid carers to support planned appointments.
- New wellbeing and absence management policy provides additional support such as disability leave.

Signposting to external support:

- New Reservists Policy and toolkit provides support and advice for armed forces community members in the workforce, including improved 10 days paid leave, pro rata, for annual camp for reservists and CFAV.
- Armed forces community signposting.
- All signposting referenced earlier in health and wellbeing hub.
- Regular health and wellbeing and equality communications signpost to support organisations.

Rating suggested	Achieving to some degree = 2
Reviewer comments	Staffside are not aware of the support and processes in place for all the above
Actions	Do staff know the support is there and managers trained to support? Is it promoted enough?

Evidence 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source.

Zero tolerance of verbal or physical abuse, and
Actions to address incidents of verbal or physical abuse.

- The Trust uses the term zero acceptance as there is acknowledgement that not every instant can be anticipated, and that patient vulnerabilities may lead to behaviours that would be out of character. The Trust supports staff to manage these incidents to suit their needs, with staff safety upmost. Incidents where a patient or family member, or indeed a staff member, has capacity will be treated with a zero acceptance approach with penalties and reporting; incidents where patients may lack capacity are treated on a case by case basis.
- Anti-racism statement - https://bridgewater.nhs.uk/aboutus/
- Commitments to NHS sexual safety in the workplace charter.
- Choose Kindness campaign. Choose Kindness :: MyBridgewater
- Embedded messages in corporate induction.
- 2024 saw publication of behavioural framework for staff and for recruitment, includes expected standards related to harassment, bullying, abuse and violence.
- Violence and Aggression Policy – 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.
- Violence Prevention and Reduction Standard working group gap analysis/action plan includes EDI input.
- Dignity and Respect at Work Policy - Human Resources Policies :: MyBridgewater
- Civility and Respect Toolkit – in development and governance to replace dignity and respect at work policy in 2024/25.
- Equal Opportunities Policy - Human Resources Policies :: MyBridgewater
- Grievance Policy - Human Resources Policies :: MyBridgewater
- Disciplinary policy - http://nww.bridgewater.nhs.uk/policies/Human-Resources-Policies/Pages/Disciplinary-Toolkit.aspx
- Gender diversity in the workplace policy and toolkit - Human Resources Policies :: MyBridgewater
- Trust Just Culture and informal fact finding and formal grievance and disciplinary processes.

Reporting:
- Just Culture and Civility and Respect induction highlights links with patient experience and outcome.

- Reporting options for staff to report incidents, including incident management system, grievance processes, staff networks, staff side, and official hate crime reporting.
- Updated Ulysses to more effectively report incidents.
- Ulysses data April 2022 – March 2024:
  - 2 incidents of harassment, patient to staff.
  - 4 incidents of harassment, visitor to staff.
  - 34 incidents of physical violence to staff (hitting, slapping, kicking).
  - 3 incidents of objects being thrown at staff.
  - 3 racist incidents.
  - 6 sexual harassment incidents.
  - 118 incidents of verbal abuse, including 9 from staff to staff.
- Hate crime reporting information provided on staff networks page and highlighted frequently through communications channels.
- NHS Staff Survey 2023 data:
  - 5.48% experienced physical violence from patients/family/public.
  - 0.22% experienced physical violence from managers.
  - 0.36% experienced physical violence from colleagues.
  - 71.46% reported after experiencing physical violence.
  - 16.38% experienced harassment, bullying or abuse from patients/family/public.
  - 6.78% experienced harassment, bullying or abuse from managers
  - 13.03% experienced harassment, bullying or abuse from colleagues.
  - 53.23% reported after experiencing harassment, bullying or abuse.
  - Most indicators continue to improve, we recognise that very low numbers can skew statistical significance, but not the impact of these incidents on people.
  - Some differentials by protected characteristic groups of disability and ethnicity, some positive, some negative.
- Employee relations data shows very low numbers of incidents in relation to protected characteristic groups.

Support and signposting:
- Support provided after incidents embedded in policy, including Occupational Health, trauma support, counselling available 24/7, police intervention if required.

- OD team support services through in-reach training and support where closed or bullying cultures are reported.
- Franklin Covey and other L& OD programmes re leadership and team behaviours.
- Staff networks, all sponsored by executive lead.
- Staffside support available to all members. Close working relationship between staff side and execs/HR.
- FTSU Guardian and Champion aligned to staff networks.
- Able Futures mental health service for self-referral and support up to a year.
- Communications via Team Brief and Bulletin for relevant events and awareness weeks including anti-bullying week.
- Staff support networks signposting to external support agencies for protected characteristic groups - Staff Networks :: MyBridgewater

Rating suggested	Achieving = 2
Reviewer comments	FTSU can fall short of staff expectations in terms of feedback and any actions
Actions	Feedback from FTSU

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

Impartial union representation.
- Staff side representatives from Unison, BDA, RCN, and Royal College of Podiatry active in Trust. Other unions represented but not engaged as regularly by Trust leads.
- Facilities time for staff side reps in Trust.
- JNCC and LNC.
- AfC support and guidance.
- Regular meetings between staff side and CEO/other execs.
- Good working relationship, though impartiality and challenge remain active.

Embedded FTSU guardians and champions:
- 2 x FTSU Guardians in place – one based in HR, one recruited from clinical services.
- FTSU self assessment and action plan in place and active.
- Active promotion work over last 12 months, including FTSU Month in October.
- Strong alignment to EDI with collaborative work on for example FTSU month.
- [FTSU champions](#) recruited from across the Trust.
- FTSU governance, including annually reporting, through to Board.
- FTSU at least annual conversation at staff support networks.

Active staff networks:
- Five active staff networks for carers, disability/LTC/neurodiversity/mental health, menopause, LGBTQIA+, ethnicity. All have executive sponsorship and engagement.
- Networks meet monthly via MS teams, EDI lead and chairs available at other times to support staff.
- Staff network maturity action plan part of EDI action plan 2024 – 2025, with planned networks event for November to look at next steps for building the networks.
- Staff networks promoted at staff events and at monthly corporate induction.
- Staff networks engaged in equality action plan development/delivery, including anti-racist framework, and international staff support.
- Staff network members engaged in Neurodivergent and Disability Task and Finish Group.

- Staff network members engaged in EDI Working Group.
- Staff networks engaged on NHS Staff Survey results for WRES, WDES, and Navajo.
- Staff network members kept updated on areas such as corporate induction review.
- Face to face menopause cafes started 2023.
- Staff networks embedded within Trust people governance.

EqIA or similar:
- EqIA policy and templates for policies/procedures, strategy, cost improvement, and service redesign.
- With integration work ongoing with Warrington and Halton Hospitals a joint equality and health inequalities assessment (EHIA) template has been approved and is being implemented.
- Updates to governance, training, and policy taking place to embed new template and strengthen legal compliance with due regard.
- EDI lead part of standard consultation for policy etc – this will move to a quality assurance activity as opposed to an authoring activity with planned changes referenced above.
- Staff side representation part of governance in CCPG and HRPG.

Support for staff:
- Staff support, see also earlier evidence in 2A and 2B. Independent support from:
  - FTSU Guardian and Champions
  - Staff networks.
  - HR.
  - Staff side.
  - Equality lead.
  - Professional Nurse Advocates.
  - Health and safety lead.

Rating suggested	**Achieving = 2**
Reviewer comments	**Wholly agree**
Actions	**None at this time**

Evidence 2D: Staff recommend the organisation as a place to work and receive treatment.

Recommendation as a place to receive treatment (50% +):
- 80.5% of staff would recommend the Trust as a place to receive treatment. A small improvement on previous years.
- Differentials for disabled and racially minoritised staff, fractionally lower for disabled staff, and fractionally higher for racially minoritised staff.

Recommendation as a place to work (50% +):
- 64.9% of staff would recommend the Trust services as a place to work. A significant improvement on previous years.
- Differentials for disabled staff, with approximately 5% fewer responding positively. Racially minoritised staff reported the same as the overall workforce result.

Deliverables for achieving: As above, 70% for staff recommending in FFT.

Living locally:
- Workforce project 2022 looked at staff base/home locations. In Warrington and Halton 50% staff on average were local to their service, most dental staff lived locally to their place of work.

Comparing the experiences of minoritised staff:
- NHS Staff Survey, employee relations, and other data scrutinised by available protected characteristic data (usually ethnicity and disability) and reviewed and reported through people governance. Further work developing to expand this with a potential dashboard or similar to compare differences monthly.
- Engagement with staff networks and via anonymous survey with wider staff on equality experiences and activities.
- 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.
- Trust holds the following equality accreditations:

- Disability Confident Leader.
- Navajo LGBTQ+ Charter Mark.
- Veteran Aware.
- Defence Employer Recognition Silver.

Using data for sickness and leavers:
- Staff survey, and monthly sickness absence data taken to People Committee, Board, and underlying governance for review and action planning.
- Recruitment and retention working groups undertaken actions including retention and exit interview data capture – still embedding.
- 'Other' removed as an option for staff leaving question to support better understanding of reasons for leaving. Primary reasons for leaving:
  - Health
  - Retirement
  - Work-life balance
  - Flexi-retirement
  - Promotion
  - Relocation
- Conversations taking place regionally regarding retention, and potential practices in other Trusts that impact staff retention.

Rating suggested	Developing, with some elements of achieving = 1
Reviewer comments	Agree with all comments
Actions	

Domain 2 overall score: 7

Domain 3: Inclusive leadership.

Evidence 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.

Both equality and health inequalities are standing agenda items and discussed in board and committee meetings:
Strategy:
- Equality and health inequalities within Communities Matter Strategy – Objective 2 (Health Equity), Objective 3 (Staff), and Objective 5 (EDI).
- People Strategy – Strategic Priority 3 (Equality & Diversity). An enabling strategy for Communities Matter Strategy.
- EDI Strategy 2024/2027 - an enabling strategy for Communities Matter and People Strategies.
- Board annual objectives based on Trust Strategic Objectives set out in Communities Matter Strategy. Annual cycle of PPDR, and regular review of objective progress.

Governance:
- Board and People Committee have EDI 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.
- EDI attendance and standard items in:
  - People Committee - provide governance for EDI and staff networks.
  - JNCC - forum for engagement with staff side.
  - Health Equity Group.
  - Health Equity Group provides governance for NHS Digital Reasonable Adjustments Task and Finish Group.
  - People Operational Delivery Council (POD Council) - provide oversight for EDI and staff networks.
- Quality Impact Assessment Panel - reviews EDI impacts as part of panel business for every document presented. EDI lead core member of panel. All CIP schemes also go through panel for sign off before progression.
  - HR Policy Group.
  - Corporate and Clinical Policy Group – do not attend, but EqIA for every policy as part of consultation.
  - Education Governance.
  - H&S Sub-Committee.

- Learning Disability and Autism Working Group.
- Attendance at DIGIT, Safeguarding and other meetings is as required/invited.
- BAF reviewed and updated at People Committee and Quality & Safety Committee before monthly Board review. BAF linked to Communities Matter Strategic Objectives, including health equity, EDI, and staff.
- Trust has leads for EDI and for public health and health inequalities, both have executive leads/sponsors in Director of People and Medical Director.
- Warrington and Halton CQPG provides commissioner oversight for EDI.
- EDI Working Group, and sub task and finish groups engage and deliver equality action plans, reporting to POD Council or Health Equity Group.

Board members and senior leaders meet staff networks at least 3 or more times a year:
- **See below for executive alignment.**
- All networks meet monthly or bi-monthly, excluding August when Networks take a break.
- Executive sponsors attend on average 50 – 75% of monthly meetings. All sponsors can also be contacted outside of Network meetings.
- The Trust completed a pilot reciprocal mentoring for inclusion programme facilitated by Liverpool John Moores University in February 2024. Six partnerships of executive and senior leaders with staff network members who identify with ethnically diverse, disabled, or neurodivergent identities.

Staff networks have a senior sponsor:
- Carers Support Network – Lynne Carter (Chief Nurse and Deputy Chief Executive)
- Enabled Network – Nick Gallagher (Director of Finance, and active participant in reciprocal mentoring for inclusion programme with network member). Supported by Paula Woods (Director of People and OD).
- LGBTQIA+ Staff Network – Sarah Brennan (Chief Operating Officer) and Jan McCartney (Trust Secretary).
- Menopause Support Network – Dr Ted Adams (Medical Director).
- Race Inclusion Network – Paula Woods (Director of People and OD, with Chair role also), supported by Colin Scales (CEO) and Karen Bliss (Trust Chair).

Board members hold services to account, allocate resources, and raise issues relating to equality and health inequalities on a regular basis:

- Communities Matter Strategy embeds equality and the reduction of health inequalities at the centre of Trust activity. Regular updates on Communities Matter Strategy progress are taken to Board.
- Communities Matter Strategy objectives guide operational delivery plans for services.
- Trust Board commitment to NHS Anchor Institute and Prevention Pledge, both support Core20Plus5 adults and children/young people.
- People Strategy aligned to NHS Long Term Workforce Plan and regional requirements, updates and governance through People Committee.
- EDI Strategy aligned to NHS EDI Improvement Plan, NHS NW Anti-Racist Framework, and other mandates and voluntary commitments. Strategy of engagement and co-design following staff feedback from Network members and through RMfI programme.
- Governance structure for EDI and health equity, for example ethnicity in disciplinary processes is a standing item in the People Committee employee relations paper.
- NHS Staff Survey annual action plans and feedback via 'You Said, We Did' at directorate and service level, governance through People Committee. Staff engagement a core element of action plan development.
- Quality Impact Assessment Plan reviews all service changes, including CIP and redesign. EDI risk a core element of Panel review. New HEAT document to be embedded in QIA Panel from 2024.
- Transformation delivery is supported through the transformation team, including through the BOOST (Building On Our Strengths Together) co-production programme.
- Regular patient stories to Board and published on website Patient Stories – Patient Information – Bridgewater Community Healthcare NHS Foundation Trust
- Regular Board updates on challenged services, for example Paediatric Neurodevelopment Pathways. This is added to risk on EDI BAF as required.9
- Time to Talk events held with all Trust teams on a cyclical basis. All events are included in the monthly Board papers.
- Listening to Staff Voices sessions started in January 2024, including focus on speaking up safely following the Letby trial outcome. Board requested that future reports included actions taken as a result of staff feedback.
- Time to Shine events are held monthly showcasing lessons learned and best practice examples from services across the Trust.
- 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 in development.
- Board led centralisation of staff reasonable adjustments budget following engagement with Enabled Network.

- Feedback from pilot Reciprocal Mentoring For Inclusion programme being aligned to EDI working group action plan.
- In September 2024 regular staff communications regarding staff support, safety, and commitments to anti-racism/discrimination following incident in Southport.

Board members and senior leaders engage in religious, cultural, or local events and/or celebrations:
- Warrington D.A.D – sponsor organisation.
- Leader in Me – Compassionate and Inclusive (July 2024) and We Each Have A Voice That Counts (April 2024).
- Black History Month support and involvement.
- Executive presentation/speaker at menopause cafés.
- Commitment and leadership on NHS NW Anti-Racist Framework.
- Executive support for Navajo LGBT+ re-assessment.
- Executive engagement as Enabled Network sponsor in RMfI programme.
- Social media and communications for armed forces day, reservists day, IDAHOBIT, Trans Day of Remembrance, Mental Health Awareness, WMD etc.

Board members implement the Leadership Framework for Health Inequalities Improvement:
- Unable to evidence implementation of LFfHII at this time.
- Board commitment and leadership of the following:
  - NHS NW Anti-Racist Framework.
  - Disability Confident.
  - Navajo LGBT+ Charter.
  - Carer Leavers Covenant.
  - Employers for Carers.
  - Veteran Aware.
  - Defence Employer Recognition Silver level.
  - NHS Sexual Safety Charter.
  - NHS Anchor Institute.
  - Prevention Pledge.
  - Social Value Charter.

Board members and senior leaders demonstrate commitment to health inequalities, equality, diversity, and inclusion:

- Trust strategy – People, Communities Matter, EDI.
- EDI strategic objectives.
- EDI objective for every Board member annually – overall accountability Paula Woods (workforce) and Dr Ted Adams (HI in community).
- Trust EDI governance and oversight.
- Board re-confirmed commitment to 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.
- Board commitment to Trust accreditations including Disability Confident Leader, Veteran Aware, Defence Employer Recognition SILVER, Navajo LGBT+ Charter Mark, and Employers for carers accreditation.
- Board led Just Culture and Civility and Respect programmes running since 2020.
- Local events support and engagement.
- Staff Network sponsorship, chairs, and attendance.
- Public engagement through PACE.
- EDI lead resource.
- PH/HI lead resource.

Board members and senior leaders enable underserved voices to be heard:

- Staff Networks.
- Executives have open door for staff network members to raise concerns or ideas.
- Board led public engagement with voluntary sector representative groups, supported by EDI lead, transformation team lead, and governors lead.
- Bridgewater Engagement Group.
- EDI working group 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.
- Time to Talk, Listening to Staff Voices, and attend Time to Shine events.
- Patient stories to Board.
- FTSU Guardian and Champions.

- People Promise Champions and Ambassadors.
- Staff Side.

Board members and senior leaders actively communicate with staff and/or system partners about health inequalities, equality, diversity, and inclusion. *(Excelling):*
- Staff networks, see previous.
- HR Directors Network – including health and wellbeing, anti-racist framework, and other EDI topics.
- Warrington Together Health & Wellbeing Project.
- WEG.
- Cheshire and Merseyside, and NW EDI forums.
- Warrington Armed Forces Network membership.
- Place based partnerships, including leadership of.
- Sponsorship and attendance at events.

Rating suggested	Excelling = 3
Reviewer comments	Solid evidence provided by Bridgewater Community Healthcare NHS FT. The EDI Lead was able to provide an overview against all the criteria above. Progress observed from previous year's peer assessment in 2023 across almost all metrics in domain 3a.
Actions	

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

Both equality and health inequalities are standing agenda items in some board and committee meetings:
Strategy:
- Equality and health inequalities within Communities Matter Strategy – Objective 2 (Health Equity), Objective 3 (Staff), and Objective 5 (EDI).
- People Strategy – Strategic Priority 3 (Equality & Diversity). An enabling strategy for Communities Matter Strategy.
- EDI Strategy 2024/2027 - an enabling strategy for Communities Matter and People Strategies.
- Board annual objectives based on Trust Strategic Objectives set out in Communities Matter Strategy. Annual cycle of PPDR, and regular review of objective progress.
- Board commitment to NHS NW Anti-Racist Framework, and other voluntary commitments and accreditations that support due regard. Delivered through EDI Working Group with staff with lived experience involvement at centre.

Governance:
- Board and People Committee have EDI 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.
- EDI attendance and standard items in:
  - People Committee - provide governance for EDI and staff networks.
  - JNCC - forum for engagement with staff side.
  - Health Equity Group.
  - Health Equity Group provides governance for NHS Digital Reasonable Adjustments Task and Finish Group.
  - People Operational Delivery Council (POD Council) - provide oversight for EDI and staff networks.
- Quality Impact Assessment Panel - reviews EDI impacts as part of panel business for every document presented. EDI lead core member of panel. All CIP schemes also go through panel for sign off before progression.
  - HR Policy Group.
  - Corporate and Clinical Policy Group – do not attend, but EqIA for every policy as part of consultation.
  - Education Governance.
  - H&S Sub-Committee.
  - Learning Disability and Autism Working Group.

- Attendance at DIGIT, Safeguarding and other meetings is as required/invited.
- BAF reviewed and updated at People Committee and Quality & Safety Committee before monthly Board review. BAF linked to Communities Matter Strategic Objectives, including health equity, EDI, and staff.
- Trust has leads for EDI and for public health and health inequalities, both have executive leads/sponsors in Director of People and Medical Director.
- Warrington and Halton CQPG provides commissioner oversight for EDI.
- EDI Working Group, and sub task and finish groups engage and deliver equality action plans, reporting to POD Council or Health Equity Group.
- Actions taking place to embed new equality and health inequalities assessment in Trust governance for policy, strategy development, cost improvement, and service redesign. This will also look at embedding within papers that get reported through governance to Board.

Equality and health inequalities impact assessments are completed for all projects and policies and are signed off at the appropriate level where required:
- EqIA Policy. Reviewed 2024.
- EqIA completed as part of policy consultation for HR, corporate, and clinical policy. SOPs also screened for impact.
- Policies must have recommending group, and ratifying group (People Committee/Q&S Committee) and first decision making takes place at HRPG and CCPG.
- EDI integral to Quality Impact Assessment Panel of service redesign, CIP, borough operational plan workstreams, and any services flagged as part of business continuity. EDI lead part of QIA panel, and provides additional support to service leads in development of EqIA and EDI risk for QIA.
- In 2024 a HEAT template is being embedded in the QIA Panel documentation to effectively capture analysis and comments re HI and alignment to Anchor Institute and Prevention Pledge.
- New EqIA agreed by Boards for Trust integration work with WHH – EDI leads from both Trusts to meet monthly to complete quality review of EqIA completed as part of integration workstreams.

BME staff risk assessments are completed. And,
Required actions and interventions are measured and monitored:
- 100% of ethnically diverse staff risk assessed as part of Covid 19 risk assessments.

- Risk Review 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, PPE, reassignment of duties, and if needed medical suspension was an option.
- Pregnancy and maternity/breast feeding risk assessments.

Staff risk assessments, specific to those with protected characteristics, are completed and monitored (where relevant). *(Excelling)* **Required actions and interventions are measured and monitored:**
- CV19 risk assessments were completed for all staff with disabilities or LTCs, ethnically diverse staff, older staff, and staff who were pregnant, on maternity leave, or infant feeding.
- 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, PPE, reassignment of duties, and if needed medical suspension was an option.
- Stress risk assessments for individuals and teams. MIAA audit on use of stress risk assessments in 2023/24 – actions following audit completed by end July 2024.
- Risk assessment for pregnancy and maternity, and breastfeeding embedded within pregnancy, maternity, and adoption policy, and HR training for managers.
- Occupational health support to identify risk and mitigation including reasonable adjustments for staff.
- Workplace risk assessment, including DES, embedded and led by H&S 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 H&S Sub Committee and through the People governance structure including JNCC to capture staff side views.

The WRES, WDES and/or NHS Oversight and Assessment Framework are used to develop approaches and build strategies. (Excelling):
- Engagement and co-design with staff with lived experience at core of EDI strategic approach.

- Staff network engagement to develop action plans for WDES and WRES, signed off by Board via People Committee.
- Staff network engagement for NW Anti-racism 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 People Committee for delivery of national mandates such as LTWP, EDI I/P, and NHS People Promise, and in new EDI BAF.
- All workforce related EDI action plans delivered through EDI Working Group, those related to patients and communities via the Health Equity Group.

Equality and health inequalities are reflected in the organisational business plans to help shape work to address needs. (Excelling):

See previous evidence for the below:
- Strategy – Communities Matter, and People.
- Strategic equality objective.
- Anti-Racism Framework commitment.
- Communities Matter operational delivery plans – Outcome 3a.
- QIA and panel including alignment to EDI risk.
- Local partnerships and collaborations – outcome 3a.
- Community engagement plan and group.
- Anchor institute and Prevention Pledge.

Rating suggested	Excelling = 3
Reviewer comments	The evidence presented identified significant progress when compared to the assessment records and evidence presented in the peer assessment for year 2023, across most metrics in domain 3b. There is room for exploring the current equality analysis process and templates, which can be looked over in the 2025 peer assessment for EDS 2022.
Actions	Review current equality analysis process and templates during 2024-2025.

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

Board members, system and senior leaders ensure the implementation and monitoring of the relevant below tools:

Governance:

- Identified leads for EDI in the workforce, and for health inequalities in services and the communities.
- WRES (including WRES: A Model Employer), WDES, EqIA, Gender Pay Gap, staff risk assessments and other employment relations/support processes, EDS, NHS Digital Reasonable Adjustments Flag, Learning Disability Improvement Framework, and PSED annual reporting all embedded within Trust governance to Board.
- Day to day work is undertaken through the EDI Working Group, and the Health Equity Group.
- Action plans are aligned to mandated standards before sign off is agreed.
- EDI Strategy is aligned to deliver improvements in these mandated standards, or to ensure compliance with reporting schedules.
- EDI is a standing agenda item in Committees.
- Assurance against these is provided in the annual reporting cycle to commissioners.
- PSIRF embedded with Quality & Safety Committees structure, including Directorate Incident Review Learning Group.
- PCREF not applicable.
- Trust well led review held in 2023, led by independent evaluation.

Voluntary commitments:

- NHS NW Anti-racism Framework.
- Disability Confident Leader.
- Defence Employer Recognition Scheme silver level holder.
- Veteran Aware accreditation.
- Navajo LGBT+ Charter Mark.
- Employers for Carers.
- NHS Sexual Safety Charter.
- Care Leavers Covenant.
- Menopause Workplace Pledge.

- Just Culture.
- Anchor Institute.
- Prevention Pledge.

Interventions for unmet goals and objectives are present for the relevant below tools:
- Unmet or delayed objectives and actions plans identified through governance from EDI Working Group ultimately to Board, allowing interventions to be made to support delivery through POD Council, People Committee, and Health Equity Group.
- Membership of further Trust working groups supports delivery, including Health and Safety, Violence and Aggression Prevention Standard, and Learning Disability and Autism.
- Exception reporting to Board via Chair's reports.

Those holding roles at AFC Band 8C and above are reflective of the population served:
- As the Trust covers a wide geographical area across areas of great diversity this data is going to focus on the two areas where the bulk of Trust services are delivered, Halton and Warrington.
- In Halton the gender split is 51% female to 49% male. 3.5% of the population identify with ethnically diverse heritages. 2.6% were LGB+ and 208 in total as trans. 1.6% identified with faiths, not including Christian, and 10.7% were disabled as per the Census 2021.
- In Warrington the gender split is 50.5% female to 49.5% male. 6.5% of the population identify with ethnically diverse heritages. 2.5% were LGB+ and 402 in total as trans. 3.4% identified with faiths, not including Christian, and 7.6% were disabled as per the Census 2021.
- WRES data shows that Band 8c and above (excluding VSM and Medical and Dental) were broadly representative of the Trust's two community services boroughs and the overall workforce, however numbers of staff are too low to report being <20 and are therefore not statistically significant.
- Board, including NEDs are over-represented for ethnic diversity compared to the workforce and the community, however again very low numbers affect the statistics.
- WDES data shows that Band 8c and above are over-representative of the disabled workforce and of the disabled population in Warrington, but under-representative slightly of the Halton disabled population, but as above caution should be used due to low numbers.
- Board is over-representative of both the disabled workforce and population, but low numbers mean statistics are not significant.
- Board including executives and the Trust Chair are 50/50 female/male. At NED level representation of gender is again 50/50. The Trust is 89% 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.

Organisations are able to show year on year improvement using Gender Pay Gap reporting, WRES and WDES:
- All metrics and indicators have improved since reporting for each mandated standard began, however consistent improvement not achieved – in part due to often very small numbers of staff influencing statistical significance.
- Ethnicity Pay Gap reporting completed for first time as at 31st March 2024, included within 2024 WRES report.
- WRES, WDES and Gender Pay Gap all have action plans developed based on staff feedback and signed off by Board.
- Governance to Board via POD Council and People Committee. Monitoring of action plans developed in partnership with staff networks through same governance.
- Review of all NHS Staff Survey indicator for disabled and ethnically diverse staff to be presented to EDI Working Group in August 2024.

Board members, system and senior leaders monitor the implementation and impact of actions required and raised by the below tools:
Governance:
- Identified leads for EDI in the workforce, and for health inequalities in services and the communities.
- WRES (including WRES: A Model Employer), WDES, EqIA, Gender Pay Gap, staff risk assessments and other employment relations/support processes, EDS, NHS Digital Reasonable Adjustments Flag, Learning Disability Improvement Framework, and PSED annual reporting all embedded within Trust governance to Board.
- Day to day work is undertaken through the EDI Working Group, and the Health Equity Group.
- Action plans are aligned to mandated standards before sign off is agreed.
- EDI Strategy is aligned to deliver improvements in these mandated standards, or to ensure compliance with reporting schedules.
- EDI is a standing agenda item in Committees.
- Assurance against these is provided in the annual reporting cycle to commissioners.
- PSIRF embedded with Quality & Safety Committees structure, including Directorate Incident Review Learning Group.
- PCREF not applicable.
- Trust well led review held in 2023, led by independent evaluation

- Unmet or delayed objectives and actions plans identified through governance from EDI Working Group ultimately to Board, allowing interventions to be made to support delivery through POD Council, People Committee, and Health Equity Group.
- Membership of further Trust working groups supports delivery, including Health and Safety, Violence and Aggression Prevention Standard, and Learning Disability and Autism.
- Exception reporting to Board via Chair's reports.
- WRES, WDES and Gender Pay Gap all have action plans developed based on staff feedback and signed off by Board.
- Governance to Board via POD Council and People Committee. Monitoring of action plans developed in partnership with staff networks through same governance.
- Review of all NHS Staff Survey indicator for disabled and ethnically diverse staff to be presented to EDI Working Group in August 2024.

Board members, system and senior leaders actively support those experiencing the menopause within the working environment:
- Menopause Workplace Pledge commitment.
- Staff network and working group – executive sponsorship.
- 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 national policy.
- Menopause Teams Channel.
- Hub page – http://nww.bridgewater.nhs.uk/staff-zone/health-hub/Pages/Menopause-support.aspx includes factsheets and signposting.
- World Menopause Day/Bridgewater Menopause Fortnight comms.
- Menopause cafes including exec speaker with menopause clinical expertise and external speakers.
- Fresh Packs through charitable funds for emergency access to sanitary supplies.
- Action plan to ensure sanitary vending machines in new buildings.
- Staff lived experience stories shared to raise awareness.
- Social media including for other female by birth conditions.
- Occupational health – counselling, physio, CBT available and used.
- Uniforms support in hot weather, including update to policy in 2023.

Those holding roles at AFC Band 7 and above are reflective of the population served:
- See above re population data and Board data.
- WRES data shows that staff at Band 7 and above, excluding VSM and Medical and Dental, are broadly representative of the population at 5.34% ethnically diverse staff. This is also representative of the overall workforce.
- WDES data shows that staff at Band 7 and above, excluding VSM and Medical and Dental, are under-representative of the population in relation to disability at 4.02%, but are representative of the disabled workforce.
- In relation to gender there is over-representation of female staff, as is common in the NHS.

Organisations work with system partners to refocus work, to meet unmet need and demonstrates change:
- 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 execs.
- 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.
- BOOST.

Rating suggested	Achieving = 2
Reviewer comments	There has been evidence presented and explored in the assessment that showed improvements across most of the metrics outlined in domain 3c. Bridgewater Community Healthcare Trust can demonstrate strong leadership commitments around equity and inclusion**.**
Actions	

Domain 3 overall score: 8

EDS 2024 Final score and rating

Organisation name: Bridgewater Community Healthcare NHS Foundation Trust (RY2)

EDS overall organisational rating: 22 (achieving)

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 2024 action plan.

EDS Lead: Ruth Besford (Equality & Inclusion Manager)	
EDS action plan activity: 2024 - 2025	
EDS Executive sponsor(s): Paula Woods (Director of People and OD)	
Authorisation date: 6th February 2025 (Board)	

Domain	Outcome	Objective	Action	Completion date
1	1A	Effective adjustments to service delivery area for patients with disabilities	Engage with UTC leads re PLACE assessment actions identified by stakeholders and using PLACE assessors to deliver collaborative actions	August 2025
1	1A	Signposting to support in Drive Ability	Engage with service on review and development of signposting to organisations that can effect adaptations following assessment	March 2025
2	2A	Embedded awareness of support available across all teams.	Engage with staff and staff side regarding support for those experiencing bullying, harassment, abuse or violence. Look at experiences, outcomes, and barriers.	February 2025
			Develop and implement action plan based on engagement.	June 2025
2	2B	Embedding of FTSU in staff support networks	Engage with FTSU leads and staff networks to develop a partnership for engagement and support.	December 2024

3	3B	Ensured compliance with due regard requirements of Equality Act 2010 across all Trust activities.	Review policy and governance practice.	December 2024
			Develop new policy, toolkits, and training.	March 2025
			Engage with 2 x policy group leads.	April 2025
			Engage with Risk Management Council.	April 2025
			Engage with Board.	April 2025
			Develop and implement action plan to embed new policy, templates, toolkit, training, and governance across the Trust.	August 2025

Acronyms used within document:	• BAF – Board Assurance Framework
	• BOOST -
	• CQC – Care Quality Commission
	• EDS – 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