Equality Delivery System (EDS)

2025

Date: 12 November 2025

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 2025.

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 and December 2025: • Staff Inclusion Networks (Domain 1) • Staff Inclusion Networks 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	17th December 2025
Date authorised	5th February 2026 (Trust Board)
Month and year published	February 2026

Completed and ongoing actions from previous year

	Action/activity	Update	Related EDS and equality objective
1	Patient record systems: • Demographic data - ethnicity • Reasonable adjustments/accessible information	**Ethnicity coding project completed,** with updated definitions embedded within clinical systems, as aligned to Census 2011 and 2021. **Reasonable Adjustments Digital Flag implementation ongoing.** • Templates agreed to TPP and EMIS. Staff communications and patient information drafted. • Aligning implementation with wider integration and IT workstreams autumn/winter 2025 – 2026. **Accessible Information Standard implementation ongoing.** • Being jointly delivered with Warrington & Halton Teaching Hospitals NHS FT (WHH), including policy, templates, signage, digital communications, websites, and gap analysis against this Standard and the wider Reasonable Adjustments Digital Flag.	Domain 1 • Outcomes 1A and 1B Health Equity objective
2	Development of policy, process, and training offer for transgender support in services.	**On hold** following ruling of the Supreme Court in the For Women Scotland case. • Communications issued regarding legal duties of due regard to gender reassignment in workforce and service delivery, and messages regarding Choose Kindness (dignity and respect), and support offered to	Domain 1 • Outcomes 1A and 1B Domain 2 as per legal judgement

	Action/activity	Update	Related EDS and equality objective
		those affected through Staff Inclusion Networks with WHH. • Review of current policy ongoing to identify areas of non-compliance.	• Outcomes - all Health Equity objective
3	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.	**Ongoing.** • Joint Communications and Engagement Group for Better Care Together (integration of Trust with WHH), includes key workstreams for patient and community engagement. • New training offered for all staff re consultation and engagement legal requirements. • Integration of Council of Governors groups from November 2025.	Domain 1 • Outcome 1A Health Equity objective
4	Embedding EHIA.	**Ongoing.** • New EHIA document agreed, including joint document for integration programme. SOP signed off for EHIA in integration programmes. • EHIA policy updated, and toolkit for staff published. • Joint governance and quality assurance for Better Care Together EHIA agreed and established. • EHIA embedded within QIA Panel, as required, with sense check of all submissions to establish relevance for EHIA or simple equality risk rating. • Joint EHIA governance for policy, strategy etc being agreed November – December 2025, including engagement with Staff Inclusion Networks.	All domains Equality, Diversity, and Inclusion objective

	Action/activity	Update	Related EDS and equality objective
		• EHIA training offer shared by WHH, aligned as North Cheshire and Mersey to reflect one organisation from April 2026.	
5	Develop quarterly review process for Ulysses incident monitoring and review for incidents involving patients and/or family members.	**Completed.** • Violence and aggression incidents reports on agenda for EDI Working Group.	Domain 2 • Outcomes 2B and 2C Equality, Diversity, and Inclusion objective
6	Develop cultural awareness plan and plan for implementation.	**Ongoing.** • Cultural capability 'train the trainer' to be procured, with date confirmed for 6th February 2026. • Roll out and embedding to then be finalised, but agreed that of cohort of 12 trainers, each to co-host two events per year.	Domains 1, 2, 3 Equality, Diversity, and Inclusion objective
7	Continued implementation of Staff Networks action plans to mature and embed existing six networks across the Trust.	**Ongoing.** • Staff Networks in Common with WHH agreed by joint Executive Management Team July 2025. • Launch event held September 2025. • Work continuing on terms of reference, branding, membership lists and recruitment, and establishing joint priorities.	Domains 2, 3 Equality, Diversity, and Inclusion objective
8	Review 2023 – 2025 responses following flexible working project undertaken in 2023/24.	**Completed.** • Review of equality data undertaken on flexible working requests, with no identified patterns of inequality or under representation. • NHS Staff Survey still shows some disparity with some staff groups. HR teams continue to work in services to	Domain 2 • Outcome 2A Staff objective

	Action/activity	Update	Related EDS and equality objective
		embed understanding of flexible working types, and how to access. • Engagement continues with Staff Inclusion Networks, particularly around integration and TUPE.	
9	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** • See actions 3 and 4 for relevant updates.	All Equality, Diversity, and Inclusion objective
10	Speak to Executives and Trust Chair regarding the adoption of the Leadership Framework for Health Inequalities Improvement https://www.nhsconfed.org/articles/leadership-framework-health-inequalities-improvement	**Closed.** • Review for EDS 2025 domain 3 identifies alignment of other commitments and activities that meet the requirements of the Framework. • All executives and non-executives have equality objectives for 2025 – 2026.	Domain 3 • Outcome 3A Equality, Diversity, and Inclusion objective
11	Engage with UTC leads re PLACE assessment actions identified by stakeholders and using PLACE assessors to deliver collaborative actions		Domain 1 • Outcome 1A Equality, Diversity, and Inclusion objective Health inequality objective
12	Signposting to support in Drive Ability	**Completed.** Service led rebranding and website/information updates to ensure effective information and support provided to service users and referrers.	Domain 1 • Outcome 1A Equality, Diversity, and Inclusion objective Health inequality objective

	Action/activity	Update	Related EDS and equality objective
13	Bullying and harassment	**Ongoing.** • Choose Kindness campaign and messages are supported by the Behavioural Framework published in 2025, and the Creating Kinder Cultures training launched in 2025. • Regular planned and reactive communications, including following the For Women Scotland judgement, and anti-immigration protests. • Freedom To Speak Up Gurdian engagement with services, and EDI presentation relating to anti-racism to Champions Network.	Domain 2 • Outcome 2B and 2C Equality, Diversity, and Inclusion objective
14	EHIA	**Ongoing** See actions 3 and 4 for relevant updates.	All domains Equality, Diversity, and Inclusion objective Health inequality objective

Domain 1: Commissioned or provided services

Service overview

Halton Treatment Rooms

The Treatment Room service in Halton provides nursing care within a community clinic setting. The treatment room service is appointment based and can be accessed through self-referral or referral from the GP, hospital, other allied health professional. Services are provided in Halton at:

- Health Care Resource Centre, Oaks Place, Caldwell Road, WA8 7GD
- Beaconsfield Primary Care Centre, Bevan Way, WA8 6TR
- Chapelfield Clinic, Wilsden Road, WA8 7XS
- St Paul's Health Centre, High Street, WA7 1AB
- Hallwood Health Centre, Hospital Way, WA7 2UT
- Castlefields Health Centre, The Village Square, WA7 2ST
- Murdishaw Health Centre, Gorsewood Rd, WA7 6ES

As part of wider district nursing teams, the Treatment Rooms provide care such as surgical dressing changes (and suture removal), Vit B12 injections, oedematous leg care and dressings and holistic assessment

EDS 2025 scope:

In 2025 a deep dive into access and experience of patients using Halton Treatment Rooms was commissioned by the Bridgewater Engagement Group following patient and partner feedback. Within the scope for this review the following were discussed with a small number of Treatment Room patients who voluntarily provided feedback to two Bridgewater Governors undertaking a face-to-face conversation in the clinics:

- Phone line
- Website and Self Referral Service Leaflets
- Locations
- LD patients
- Layout/accessibility

Service overview

- Safety
- Services provided, e.g. ear care

This report looks at these outcomes and next steps.

Altrincham Dental Hub

The Community Dental network provides specialised dental care on referral to people who for reasons of age, disability and special need are unable to access treatment from NHS high street dentists. Services include:

- Paediatric Dentistry (including Looked After Children & Youth Offending)
- Special Care Dentistry
- Paediatric General Anaesthetic Services
- Special Care General Anaesthetic (conservation and exodontias)
- Inhalation Sedation for patients with anxiety issues
- Domiciliary services
- Minor Oral Surgery
- Dental Student Teaching (Dentists and Therapists)
- Oral Health Promotion
- Dental Health Surveys

The Altrincham Hub opened in 2025, bringing together three teams under one roof in a modern specialist dental care environment.

EDS 2025 scope:

This review is to look at existing accessibility and potential enhancements for patients with disabilities and other special and individual needs through collaboration with the Altrincham staff.

Language interpretation and translation services:

Service overview

The Trust uses two providers for language interpretation services, procured using the specification and framework developed by what was Liverpool CCG. The providers are:

- Signalise Co-operative – signed languages
- Enable 2 (now Translate One) – spoken languages

EDS 2025 scope:

This review will look at the impact of service provision and provision challenges on relevant patients requiring communication support and accessible information, as this relates to spoken and signed languages. Out of scope for this review is wider accessible communication support, such as websites.

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

Evidence required for achieving score:

- Data and evidence to show relevant patients with higher risks due to a protected characteristic or at risk of health inequalities (75% of those using the service) have adequate access to the service.
- Patients consistently report good or very good (or the equivalent) when asked about accessing services.
- Demonstration that the organisation has identified barriers to accessing services.

Access – Halton Treatment Rooms patient feedback from deep dive:

- Venue (ease of access and parking). Patients could mark from poor to excellent:
    - 14 (100%) responded from good to excellent the access to the building.
    - For Parking facilities only 28% rated as good/very good (4), these were at UTC and Beaconsfield centres. 14% (2 respondents) rated Hallwood as very poor and even cited the issues with the registration for parking as being an issue. Another 4 (28%) were neutral.

- Clinic (meet and greet and waiting time at venue). Patients could mark from poor to excellent:

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

- 11 (78%) marked from good to excellent. 2 respondents (14%) rated the experience poor; these were both from Hallwood Health Centre. 1 Respondent was neutral.

- Appointment (ease of making appointment, satisfaction of prior information given, understanding care plan and follow up care/information). Patients could mark from poor to excellent:
  - 13 (93%) of respondents marked from good to excellent in all fields and only one (7%) marked neutral

Patient comments:

- *Service Delivery Brillant*
- *Staff professional and helpful*
- *Chairs too low (Hallwood)*
- *Poor signage (Hallwood)*
- *Confused where to book in (Hallwood)*
- *No foot spa at Hallwood, have to go to Widnes for leg wash.*
- *Environment depressing at Hallwood.*
- *Confusion where to book in (Hallwood)*
- *Nurses are great, nice and helpful.*
- *Excellent care, lovely nurses*
- *Building and facilities excellent (Castlefield's)*
- *Service 1st Class (Castlefield's)*
- *Good Reception (UTC)*
- *Good Reception on ground floor (Beaconsfield)*
- *No Bridgewater signage (Beaconsfield)*
- *GP receptionist not helpful (Beaconsfield)*

Governor's summary:

- *From the survey results and later debrief with Governors it is evident that patient care, delivery and information given to patients both before and after care is considered by users to be of a high standard. It is also evident that patients feel nursing staff go about their duties in a caring and helpful manner.*

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

- *From a venue perspective it appears that Hallwood Health centre has particular concerns as a venue in terms of meet and greet (reception), waiting areas (poor chairs, poor signage) and poor parking (having to use a confusing car registration login). Beaconsfield was seen as a good venue but a couple of concerns about signage in venue was an issue and being directed from reception to treatment room clinic. Patients at Hallwood also highlighted the fact that no leg washing facility was available and had to attend a Runcorn clinic if this was needed. For Castlefield's and UTC treatment room venues, these scored highly in all areas including estates*.

General supportive information regarding access in Halton Treatment Rooms:

- Self-referral, or referral from health professional.
- Locations across Widnes and Runcorn. Domiciliary visits available based on patient need.
- 5/7 clinics available on AccessAble website – for specific Bridgewater page go to AccessAble - Your Accessibility Guide
- Flexible approach to share care when needed (example joint visits at certain locations with disciplines such as podiatry)

Patient experience reports for April – September 2025 for Halton Treatment Rooms show:

Table 2: Showing talk to us results for Halton Treatment Rooms April to September 2025.

TTU	Number of TTU returned	Positive experience (%)	Poor experience (%)
April	152	94.1	2.0
May	176	95.5	2.3
June	192	95.8	2.6
July	202	96.0	2.5
August	173	96.5	1.7
September	206	94.6	4.0

85 compliments received in May 2025, including *"The nurse I saw was lovely and explained what she would be doing. She explained the aftercare thoroughly putting me at my ease as I was very nervous. I was able to ask any questions without feeling stupid"*
(Treatment Room Service, Halton – via SMS text message)

118 compliments received in June 2025, including *"The Treatment Room nurse was friendly and professional, as they all are and my wound dressing was completed quickly and efficiently"*

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

(Treatment Room Service, Halton – via SMS text message)

40 compliments received in July 2025

103 compliments received in August 2025, including *"I was treated by one of the nicest nurses I've met. Explained everything she was going to do and did an excellent job with my legs"*
(Treatment Room Service, Halton – via SMS text message)

127 compliments received in September 2025, including *"Appointment was on time, room spotless, [Name] was very warm and made conversation, she made me feel at ease. I have terrible anxiety,*
she is very kind & caring, definitely an asset to the team"
(Treatment Room Service, Halton – via SMS text message)

Table 3: Showing patient reported experience metrics for Halton Treatment Rooms April to September 2025.

PREMS	Number of PREMS	Waiting time (%)	Being greeted (%)	Being listened to (%)	Communication and information (%)	Dignity and respect (%)	Involvement in care (%)	Treatment received (%)
April	4	100.0	100.0	100.0	100.0	100.0	100.0	100.0
May	4	100.0	100.0	100.0	100.0	100.0	100.0	100.0
June	10	100.0	100.0	100.0	100.0	100.0	100.0	100.0
July	81	98.0	100.0	100.0	100.0	100.0	100.0	100.0
August	71	100.0	100.0	100.0	99.0	99.0	99.0	99.0
September	17	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Access – Altrincham Dental Hub feedback from equality visit:

See page 5 for details of Dental service provision.

- Venue (ease of access):
  - Altrincham Dental Hub is in the town centre, with easy access from the bus, tram, and train public transport hub (0.3 miles on flat terrain).
  - There is limited on site car parking, though provision in the town centre itself is good.

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

- Access to the building is via two entrances, one is flat/street level, the rear entrance is accessible via steps or a ramp.
- There is a large open reception area on the ground floor that is the site of two GP practices. Signage to the dental hub is clear and accessible.
- The Dental Hub is on the second floor, with access via stairs or large lifts that can be accessed by patients using large specialist and bariatric wheelchairs and their carers.
- As a newly opened building there isn't as yet an AccessAble guide for the Hub.
- Staff have highlighted evacuation training as a priority, as while there is a refuge area evacuation chairs/ski pads are available and more staff would like training to use in case of an emergency.
- Emergency lock down plans are in place for the Dental Hub, these were recently reviewed following the Synagogue attack in Manchester. Trust lock down policy details specific support for patients with disabilities and other individual needs, including personal emergency evacuation plans.
- At the time of visiting the Dental Hub was still within the soft launch, therefore there was a smaller number of patients accessing the service that capacity will ultimately provide. All reports so far from patients have been positive.
- Altrincham Dental Update

- Clinic (accessibility and reception on arrival):
  - The reception area is a large open plan space, with a multi-level reception desk and varied seating.
  - The reception is staffed at all times, and dental staff meet patients rather than using a visual or audio call system.
  - Reception staff are familiar with supporting patients with reasonable adjustments needs, and the service is the largest user of language interpretation services in Bridgewater.
  - During the visit staff identified a number of areas for review to improve accessibility for patients, particularly neurodivergent and bariatric patients:
  - Accessible toilet hoists and changing bed – there is a large gender neutral accessible toilet equipped with support rails etc, however staff identified further enhancements that could further improve the facilities available.
  - Review Performing Rights Licence for playing music within the Hub.
  - A sensory space.
  - Space for children.
  - Hearing loops – portable.
  - Light dimmers for reception area.
  - These identified improvements are being developed jointly with the service lead and EDI Manager, this includes consideration of charitable funds and capital funding bids. Review is also taking place on best practice provision elsewhere that can be replicated.

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

Monthly dental patient experience reports are published on the Trust website, snapshots from April to July 2025 are shared below (these are for all of Dental, not specific to Altrincham Dental Hub):

Friends and Family Test - April 2025

Service	Positive Experience	Poor Experience
Dental	100%	0.0%

Patients Satisfaction Results - April 2025

Aspects	Satisfaction
Access and Waiting Time	92%
How you were greeted by our staff	98%
The way our staff listened to you	95%
The information you were given (verbal or written)	98%
Privacy, Dignity and Respect shown to you	100%
The opportunity for you to ask questions	100%
Overall experience of the care or treatment you received	100%

Number of Formal Complaints Received - 0
Number of Compliments Received - 30

Friends and Family Test - May 2025

Service	Positive Experience	Poor Experience
Dental	96.2%	2.2%

Patients Satisfaction Results - May 2025

Aspects	Satisfaction
Access and Waiting Time	88%
How you were greeted by our staff	92%
The way our staff listened to you	93%
The information you were given (verbal or written)	93%
Privacy, Dignity and Respect shown to you	96%
The opportunity for you to ask questions	95%
Overall experience of the care or treatment you received	94%

Number of Formal Complaints Received - 0
Number of Compliments Received - 126

Friends and Family Test - June 2025

Service	Positive Experience	Poor Experience
Dental	96.6%	3.4%

Patients Satisfaction Results - June 2025

Aspects	Satisfaction
Access and Waiting Time	98%
How you were greeted by our staff	100%
The way our staff listened to you	99%
The information you were given (verbal or written)	99%
Privacy, Dignity and Respect shown to you	100%
The opportunity for you to ask questions	100%
Overall experience of the care or treatment you received	100%

Number of Formal Complaints Received - 0
Number of Compliments Received - 169

Friends and Family Test - July 2025

Service	Positive Experience	Poor Experience
Dental	100%	0.0%

Patients Satisfaction Results - July 2025

Aspects	Satisfaction
Access and Waiting Time	100%
How you were greeted by our staff	100%
The way our staff listened to you	100%
The information you were given (verbal or written)	100%
Privacy, Dignity and Respect shown to you	100%
The opportunity for you to ask questions	100%
Overall experience of the care or treatment you received	100%

Number of Formal Complaints Received - 0
Number of Compliments Received - 175

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

The changing results for access and waiting time will be noted, this is recognised as the challenges arising from significant demand and waiting lists in the Greater Manchester dental sector. This is being actively managed by the Trust, including through cost improvement and service change projects to allocate unused Cheshire and Mersey appointments (particularly paediatric general anaesthetic to priority GM patients).

General supportive information regarding access in Altrincham Dental Hub:

- Further dental service information, including oral health promotion, and emergency out of hours care, along with lots of patient information on the website - Community Dental Network – Bridgewater Community Healthcare NHS Foundation Trust
- Monthly patient experience reporting to the Dental Clinical Governance Group.
- SMS patient feedback, in addition to paper and online Talk to Us forms, including child friendly version
- BBC Newsround piece October 2025 - Making the dentist more accessible - BBC Newsround

Access – Language interpretation and translation services review into provision and challenges:

The Trust recognises the importance of language interpretation provision to people with spoken language needs, or information and communication support needs as related to a disability. This is requirement relevant to patient access, experience, safety, and equitable outcomes, and is reflected in the Trusts legal and mandated duties as per the NHS Constitution, Health and Care Act 2022, Equality Act 2010, and others.

In 2022 the Trust published a new policy for language interpretation for patients and/or families and carers – previously this had been included in a larger 'patient support' policy.

Two contracts are in place for the provision of language interpretation and translation:

- Enable 2 – spoken languages
- Signalise Co-operative – signed languages

Every Trust service, both clinical and corporate has access to language interpretation services, and information is provided on the staff extranet, see snapshot below, and the patient facing website Patient Equality and Inclusion – Bridgewater Community Healthcare NHS Foundation Trust

Figure 1: Showing a snapshot of the staff extranet information for patient language interpretation.

In line with the Equality Act 2010, the NHS must have providers in place for professional language interpretation and translation services. This ensures that patients receive the right care, with informed consent.

Interpreters ensure that patients, carers, and clinicians understand each other when there is a language barrier. In a healthcare environment, a breakdown in communication can impact health outcomes, increase the frequency of missed appointments, increase potential safety risk, and negatively impact the effectiveness of both consultations and patient experience.

A lack of provision of these services can also mean patients are forced to rely on friends and family to support them with medical conditions they may not have otherwise shared.

The Trust provides professional language interpretation and translation services via contracts with a small number of providers:

- For spoken languages – Enable 2 provide telephone, video, and face to face interpretation, and written translations.
- For signed languages – Signalise Cooperative provide face to face and video interpretation.

On this page staff can find information about how to book interpretation appointments, and how to arrange interpretation of written materials. In addition, further information is available about staff training, extra resources, and signposting to support.

Telephone interpretation services ⌄

Video interpretation services ⌄

Face to face interpretation services ⌄

Written translation services ⌄

Signed language interpretation services ⌄

Staff training ⌄

Additional resources and guidance ⌄

Contact details   Show accessibility tools ⌄

In 2024/25 fulfilment rates for Enable 2 were as follows:

- Total bookings requested 2,165, fulfilment = 98.03%
- Face to face bookings requested 549, fulfilment = 95.78%
- Telephone bookings requested 944, fulfilment = 98.32%
- Video bookings requested 670, fulfilment = 98.18%
- Interpreter DNA = 15 in 2024/2025

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

- KPIs as established within the contract:
  - Face-to-Face Interpreting – 95% Fulfilment
  - Telephone & Video Interpreting – 98% Fulfilment
  - Translation & Transcription Services – 99% Fulfilment
  - Telephone interpreters are connected within 60 seconds.
  - Translation quotes are sent within 24 hours
  - Finance enquiries are dealt with within 2 working days
  - Dispute investigations commence on the same day and are resolved with 5 working days unless extension agreed

In 2024/25 fulfilment rates for Signalise Co-operative were as follows:

- Total bookings requested 201, fulfilment = 100%
- Face to face bookings requested 194, fulfilment = 100%
- Video pre-booked requests 6, fulfilment = 100%
- Video on demand bookings requested 1, fulfilment = 100%
- Interpreter DNA = 0 in 2024/2025
- KPIs as established within the contract:
  - Named interpreter requests = 98%
  - Preferred ex interpreter requests = 98%
  - OOH requests = 98%
  - Level of booking requests, all 98%:
    - Less than 15 minutes
    - Within 1 day
    - 1 - 3 days
    - 4 days to 2 weeks
    - 2 weeks + to appointment
  - Face to face = 98%
  - Video pre-booked = 98%
  - Video on demand = 98%

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

The top 10 spoken languages requested in BCH in 2024/25 are as follows:

Table 4: Showing the top 10 requested languages in 2024 to 2025.

Language	Total Bookings
Urdu	298
Cantonese	280
Arabic	232
Bengali	139
Romanian	165
Polish	139
Kurdish (Sorani)	118
Turkish	77
Mandarin Chinese	55
Persian	75

The biggest users of language interpretation services in the period 2024/25 as are follows:

- Pennine Dental
- Warrington OCATS
- Halton Urgent Treatment Centre
- Oldham Dental
- Warrington SLT
- Warrington Dermatology

General supportive information regarding access in Bridgewater:

The Trust recognises that barriers to accessing services are fundamental to creating and embedding health inequalities. These barriers may relate to access, awareness, previous experiences, and individual needs. And these barriers may include failure to make reasonable adjustments, including failure to provide accessible information and communication support; language barriers; previous experience of

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

discrimination, whether racism, LGBT+phobia, ableism, Islamophobia, and more; failure to understand cultural need and failure to provide culturally appropriate services; and indirectly discriminatory barriers that could include service criteria or practical provision. The below sets out some of the actions, policies and processes, and commitments the Trust takes to identify and remove barriers to accessing services.

- All Trust services can access language interpretation services, including face to face, via telephone, and via video. This includes on demand video interpretation for spoken and signed languages.
- Bridgewater is in the top 10 NHS organisations for website accessibility in 2024/25. Accessibility statement – Bridgewater Community Healthcare NHS Foundation Trust
- 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.
- Patient access policy for Trust details reasonable adjustments for patients with disabilities and other specific needs, such as longer appointment times, flexible venues, carers support, and provision of communication support.
- Policies also in place for language interpretation, reasonable adjustments for disabled patients, equal opportunities, violence and aggression, safeguarding, Mental Capacity Act, and others.
- Equality engagement with Trust data quality steering group. Through this collaborative work has been undertaken in 2025 to improve ethnicity recording within patient record systems. This will in future enable a snapshot of the ethnic demographic access to services, allowing gap analysis to be undertaken, particularly in relation to Core20Plus5 and the requirement to support the reduction of health inequalities.
- In 2024 – 2026 work has been focused specifically on accessibility for people with communication support and information format needs that relate to disabilities and sensory impairments. This includes the following that are scheduled for completion by the end of December 2025.
- Accessible information standard policy – joint policy with Warrington and Halton Teaching Hospitals to support compliance with DAPB 1665. Includes building signage, websites, health literacy, as well as communication support and accessible information for patients.
- Reasonable Adjustments Digital Flag (DAPB4015) compliance in TPP SystmOne and EMIS patient record systems. This includes a standard operating procedure for staff, and communications and support for all staff.
- 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/national programmes for:

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

- Anchor Institute
- Prevention Pledge
- NW Anti-Racist Framework – see anti-racism and zero tolerance statement
- Navajo EDIIE Chartermark
- Disability Confident Leader
- Veteran Aware
- Mandatory training for all staff, monitored at Board level, includes equality, health and safety, safeguarding, and others.
- Updated process for equality and health inequalities assessment and quality improvement. Policy, cost improvement, service changes can't progress without completion and sign off through governance of these. Developed in collaboration with WHH as part of integration, and embedded in all Better Care Together workstreams.
- 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 is available for all staff and embedded within relevant policies. For example, Trust policy for end of life care includes culturally appropriate care advice.
- Support for carers – Information for Carers
- Gender reassignment in services policy on hold following For Women Scotland ruling, messages regarding dignity and respect reiterated through Trust communications.
- Sexual safety campaign – We Say No To….
- Safeguarding – service, policy, training, and partnership protocols

See action plan on page 67.

Reviewer rating	2
Reviewer comments	Staff network members approved evidence, no comments to add.

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

Evidence required for achieving score:

- Patients at higher risk due to a protected characteristic needs are met in a way that works for them.
- The organisations often consult with patients with higher risks due to a protected characteristic to commission, design, increase, decrease, de-commission and cease services provided.
- The organisations signpost to VSCE organisations and social prescribing.
- Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the organisations.

<u>Meeting individual needs:</u>

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 but are not limited to:

Age:
- Specialist service provision, for example health visiting and school nursing – Halton 0-19 (25) Healthy Child Service – Bridgewater Community Healthcare NHS Foundation Trust
- Family Hub partnerships.
- Safeguarding policy, team, training, and partner collaboration – children, and adults.
- Mental capacity, consent, Gillick and Fraser guidelines.
- Voice of the Child.
- MaDe/Super MaDe – multi-agency discharge event.
- End of life planning, and advance care planning/decisions.
- Chaperone policy and practice.

Voice of the Child.docx

Disability:
- Specialist service delivery, including dental, LD community matrons in Halton, paediatric medical services, and adult mental health

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

Wellbeing services in Halton.
- Reasonable adjustments policy and practice. Including activity to deliver:
  - NHS Digital Reasonable Adjustments Flag implementation – due for completion December 2025.
  - NHS Accessible Information Standard implementation – ongoing to reflect updates nationally.
- Community provision of care at a place of choosing, where at all possible.
- LD and Autism working group.
- Engagement at Warrington Disability Awareness Day.
- Website accessibility.
- Digital inclusion within equality and health inequalities assessments.
- Carers support and involvement – Information for Carers – Bridgewater Community Healthcare NHS Foundation Trust
- Hospital passports.

Gender reassignment:
- Following the For Women Scotland ruling the Trust is working to ensure legal compliance while the updated code of practice from the EHRC is awaited.
- Messages have been sent and published setting out commitments to ensure trans patients are treated with dignity and respect at all times within services, meeting our legal duties to eliminate transphobic discrimination and harassment, advance equality of opportunity, and foster good relations.
- Following the ruling meetings were set up for any staff affected to meet in a safe space to share concerns and access support.
- Patient Equality and Inclusion – Bridgewater Community Healthcare NHS Foundation Trust

Pregnancy and maternity:
- Specialist services – family nurse partnership, and health visiting. Close partnerships with local maternity units, and community support and advice groups.
- https://bridgewater.nhs.uk/warrington/breastandinfantfeeding/
- https://bridgewater.nhs.uk/warrington/breastandinfantfeeding/halton/
- Warrington 0-19 Infant Feeding Team – Bridgewater Community Healthcare NHS Foundation Trust
- Family Hubs - Bridgewater's partnership in Halton is nationally recognised for progress on delivering Family Hubs – Bridgewater Community Healthcare NHS Foundation Trust
- Links, when required to local asylum seeker families.
- Infant feeding policy.

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

Race and ethnicity:

- Anti-racism commitment and zero tolerance statement - [About us – Bridgewater Community Healthcare NHS Foundation Trust](#)
- Equal opportunities, and violence and aggression policies.
- Behavioural framework for staff launched in 2025, follows from recruitment throughout employment, and highlights anti-racism specifically.
- Updated incident reporting to support identification of racism, including towards patients.
- NHS NW Anti-Racist Framework actions – achieved bronze in May 2025, working collaboratively with WHH for silver award in the future. Embedding racial health inequalities in communities activities is a key deliverable for the Framework.
- Language interpretation policy and provision – not exclusively related to race, but added here for ease. Includes same sex requests, where applicable.
- Culturally appropriate care in policy and practice, such as end of life care.
- Chaperone policy – we try to meet same sex clinician requests, but in small teams this is not always possible, so we work with the patient to ensure their comfort and safety.
- Equality and Health Inequalities Assessment templates updated in line with integration, and governance strengthened, including through QIA Panel:
    - Dermatology Skin Analytics equality and health inequalities assessment for service redesign looked at potential impacts based on differing skin colour. Research and evidence suggests improved identification of skin cancers in darker skins using AI.
- VE80 and VJ80 comms with a focus on contributions of diverse groups.

Religion or belief:

- Information on religion in health care.
- End of life planning, and advance care planning/decisions.
- Policy and practice to support faith in medical care, such as requirements of particular faiths such as Sikh and Jehovah's Witness.
- Islamophobia Awareness Month, Ramadan, Diwali, and other communications to staff and on social media throughout the year.

Figure 2: Showing the respect extract from the behavioural framework.

Behaviour:

Respectful – showing consideration and regard for someone or something.

Examples of the behaviour:

Listen when individuals are speaking and expressing their views, value everyone's contribution.

Commit to being anti-racist, challenge overt and unconscious behaviours that perpetuate racism, racist ideas and actions.

Be non-judgemental towards others and avoid rumours and gossip.

Be respectful of people's views, beliefs and identity.

Use gestures and actions that show signs of respect - like speaking at a moderate volume, offering a drink if you are making one yourself, greeting people and acknowledge their presence.

Be aware of bias, discrimination and hatred - reflect on your own and others' behaviour and language - challenge and educate when this falls short. Do not accept LGBTQ+phobia, disabilism, religious hate, misogyny, or sexual harassment.

When we see inappropriate behaviour we will challenge it, we will not stay silent.

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

Religion Quick
Guide.pdf

Sexual orientation:
- Navajo LGBTQ+ Charter Mark – re-accredited 2024.
- Choose Kindness and other communications focused on dignity and respect.
- Civility and respect, and dignity and respect at work policies highlight discrimination and harassment.
- Hate crime signposting, including LGB+ hate crime.
- Ongoing review of patient records, policies, strategy etc to ensure LGB+ inclusive message.

Sex:
- Sexual safety.
- Chaperone policy and same sex clinician requests.
- Domestic violence support in services.
- Signposting.
- Communications, for example Men's health Week.

Other groups, or inequalities:
- Health and safety policy and practice.
- Patient access policy, including reasonable adjustments, and Armed Forces Covenant commitment.
- PSIRF/incident reporting, including from 2025 health inequalities requirements.
- Carers support.
- Armed Forces Covenant, Veteran Aware, and Defence Employer Recognition silver awards and commitments.
- EHIA in policy and quality impact governance – includes children in care, and care leavers, socio-economic, lower literacy, armed forces community, migrant workers, sex workers, carers and others.

Consultation and engagement:
- Improved process for engagement with development of Better Care Together integration work.
- Consultation and engagement training available to all staff, delivered by WHH Patient Experience team.

Evidence 1B: Individual patients (service user's) health needs are met	
<td colspan="2">

- Consultation and engagement embedded in new EHIA templates and governance, including through QIA Panel for relevant service changes, example of AI Skin Analytics in Warrington Dermatology shared below:

[W] Full EHIA - Dermatology - Skin A

- Better Care Together workstreams for service redesign and pathway review led by joint Communications and Engagement Group, with stakeholder mapping completed, monthly review and action meetings, and small scale engagement commenced – topics such as future Trust name. Service/pathway reviews still in development so consultation not yet begun.
  - [Better Care Together – Bridgewater Community Healthcare NHS Foundation Trust](#)
  - [NHS North Cheshire and Mersey Partnership](#)
- Staff engagement and consultation began November 2025 as part of formal TUPE and organisational change arrangements.
- Healthwatch membership and support to Bridgewater Engagement Group.
- Joint Health Equities Group, and further joint groups with WHH to deliver EDI work such as anti-racism – engagement with Staff Networks a fundamental part of many workstreams.
- Engagement has taken place for move to Altrincham Dental Hub.
- Service level engagement for specific changes, such as WARPAC engagement with neurodevelopment pathway changes.
- Patient Partners programme supports service level engagement with patients and bringing back ideas and issues to central group.
- Voice of the Child/Adult.
- Engagement at a small level for projects such as learning disabilities working group, and carers support.
- 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:
- Established at service level, including in corporate services.
- Signposting includes to support for hate crime, racism, and other discrimination.

</td> |
| **Reviewer rating** | **2** |
| **Reviewer comments** | **Staff network members approved evidence, no comments to add.** |

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

Evidence required for achieving score:

- The organisation has procedures/initiatives in place to enhance safety in services for patients in all protected characteristic groups where there is known H&S risks.
- Staff and patients feel confident, and are supported to, report incidents and near misses.
- The organisation encourages an improvement culture, giving consideration to equality and health inequality themes in safety incidents and near misses.

Safety:

- Patient Safety Incident Response Framework (PSIRF). Now also includes new requirements regarding health inequalities:

Figure 3: Showing the health inequalities slide.

Figure 4: Showing the patient safety health inequalities reduction framework slide.

Health inequalities
What are they?

- Healthcare inequalities refers to the avoidable differences in relation to access, experience and outcomes between different groups of people, for example lower life expectancy.

- People living in areas of high deprivation, those from Black, Asian and minority ethnic communities and those from inclusion health groups, for example the homeless, are most at risk of experiencing these inequalities (NHSE)

- Healthcare inequalities are NOT inevitable

- When healthcare inequalities increase the risk of harm to patients in healthcare, they are considered to be patient safety healthcare inequalities

- Patient safety incidents can have a devastating impact on patient outcomes and experience of care.

- They can also result in significant additional costs to the NHS

Patient safety health inequalities reduction framework
What is this?

- **The National Patient Safety Strategy:2021 update (NHSE, 2021)** makes an explicit intention to address patient safety health inequalities.

- In 2025 the **Patient Safety Health Inequalities Reduction Framework (NHSE, 2025)** was developed which describe the national actions NHS organisations can take to start to reduce patient safety healthcare inequalities.

Further reading to support you on your learning journey:

- NHSE (2021). The National Patient Safety Strategy:2021 update. Accessed from: Report template - NHSI website
- NHSE. What are healthcare inequalities. Accessed from: NHS England » What are healthcare inequalities?
- NHSE (2025). Patient safety healthcare inequalities reduction framework. NHS England » Patient safety healthcare inequalities reduction framework
- Wade et al., (2022). Action on patient safety can reduce health inequalities Providers and health systems should use ethnic differences in risk of harm from healthcare to reimagine their role in reducing health inequalities. BMJ 2022;376:e067090 | doi: 10.1136/bmj-2021-067090

- 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
  - Wound care
- Services also have specific guidelines (using either regionally/locally agreed procedures, or the Royal Marsden clinical procedures) such as:
  - Dental inhalation sedation administration.
  - Dental domiciliary dental care procedure.
- 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 – gender diversity in the workplace policy published. Patient specific policy on hold waiting new code following For Women Scotland ruling.
  - Marriage and civil partnership – all policies have an EqIA/EHIA 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 EHIA to ensure all policies reflect gender diversity. Some clinical procedures are relevant to a gender.
  - Sexual orientation - all policies have an EqIA/EHIA 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.

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

- Voice of the child/adult.
- 'Professional curiosity'.
- Regular communications – safeguarding, hate crime, domestic violence and others.
- NHS Sexual Safety in the workplace commitment, policy, communications, and training.
- NW Anti-Racist Framework commitment and training in development with WHH.
- 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 2024:
    - 94.0% of staff believe the Trust encourages speaking up, an improvement of 1.49% from 2023 and just short of equalling the best group result.
    - 78.73% believe the Trust takes steps to ensure incidents don't happen again, an improvement of about 2% from 2023.
    - 81.23% feel secure to raise a concern, a small improvement from 2023.

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.

Evidence 1C: When patients (service users) use the service, they are free from harm
• Record keeping audit.

Reviewer rating	2
Reviewer comments	**Staff network members approved evidence, no comments to add.**

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

Evidence required for achieving score:

- The organisation collates data from patients with protected characteristics about their experience of the service.
- The organisation creates evidence-based action plans in collaboration with patients and relevant stakeholders, and monitors progress.
- The organisation shows understanding of the link between staff and patient treatment and demonstrates improvement in patient experiences.

Patient experience:

- Talk to Us forms – paper, SMS, child friendly.
- Complaints policy.
- Patient experience team – collaborative work with EDI lead, including in Bridgewater Engagement Group, and Patient and Community Engagement Group.
- Patient Partners.
- Voice of the child/adult.

Please see patient experience data for Halton Treatment Rooms and Dental services in outcome 1A.

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

Evidence based action plans:

- PSIRF
- Just and Learning Culture.
- Reasonable adjustments digital flag.
- Accessible information standard policy and project.
- Ethnicity coding data quality project.
- Equality collaborative actions, including language interpretation quality standard.
- PLACE assessment action plans for UTC.
- Governance through Quality and Safety committee, or People Committee to Board.
- Patient Partners.
- Patient experience team support services with bespoke and time limited patient feedback projects, contacting patients usually by telephone to get a further understanding of experiences.
- Feedback from Healthwatch and patients informed Halton Treatment Rooms deep dive, and patient feedback informed the action plan.
- Transformation projects linked to best practice, and staff and patient feedback.
- Better Care Together will strongly link consultation, engagement, including with equality groups, on service review and any redesign.

For EDS2025 access review action plan see page 24.

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 – joint group with WHH, includes patient experts by experience, and Trust EDI leads.
- A Just and Learning Culture – since 2022:
  - 30+ ambassadors trained.
  - Embedded in Trust policy and practice.
  - Part of corporate induction.
  - Training available.

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

- - 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.
  - Also Choose Kindness/civility and respect, and violence prevention and reduction.
- PSIRF. Included mandated training for all staff. Further embeds Just and Learning Culture. From 2025 clearly links health inequalities.
- 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.
- From 2025 Executives have agreed the establishment of Staff Networks in Common with WHH - joint networks delivering priority actions determined by members across both Trusts.
- As part of the Staff Networks in Common a new standard operating procedure has been signed off, which includes protected time for Staff Chairs to undertake their roles.
- Freedom To Speak Up – also aligned to Staff Networks. Close working relationships with EDI ensures concerns raised a given an EDI lens to review.
- JNCC linking Trust and Staff-side colleagues.
- Staff health and wellbeing as a Trust priority.
- NW Anti-Racism Framework - commitment and zero tolerance statement.
- 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/

Evidence 1D: Patients (service users) report positive experiences of the service.	
Review rating	2
Reviewer comments	Staff network members approved evidence, no comments to add.

Domain 1 overall score: 8 (based on average for each outcome)

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.
The deliverables for achieving are: **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 Strategic People Committee in Common – reporting through to Board. Trends by protected characteristic for some reporting. • Health and wellbeing framework update and review annually.

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

- 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.
- HR and governance monitoring of offers.

Promoting self-management:

- Occupational Health, PAM, includes access to counselling 24/7, trauma support, and physiotherapy.
- 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

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

- 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, and others.
- Engagement activities such as menopause cafes, health and wellbeing fortnight, and challenges for physical activity.

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 the Trust's 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. Disability/reasonable adjustments risk assessment in development as part of toolkit, September 2025.
- 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.
- Gender diversity in the workplace policy and toolkit.

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

- 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 the Trust's 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. The policy was developed in partnership with the Carers Support Network, supporting the voice of carers in the development of specific support.
- 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	**2 = achieving (1 x 3 excelling)**
Reviewer comments	
Actions	

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

The deliverables for achieving are:

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 with efforts made to establish a respectful relationship for future interactions.
- Anti-racism statement - https://bridgewater.nhs.uk/aboutus/
- Zero tolerance statement - About us – Bridgewater Community Healthcare NHS Foundation Trust
- Commitments to NHS sexual safety in the workplace charter - Sexual Safety :: MyBridgewater
- Choose Kindness campaign. Choose Kindness :: MyBridgewater
- Kinder Cultures training - Developing Kinder Cultures session for Bridgewater teams 💙 :: MyBridgewater
- Behavioural framework - https://my.bridgewater.nhs.uk/people-zone/staff-communications/news/say-hello-our-teambridgewater-choose-kindness-campaign
- Embedded messages in corporate induction.
- 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.
- New Creating Kinder Cultures toolkit.

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

Reporting:

- 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 2024 – August 2025:
  - 2 incidents of harassment, patient to staff.
  - 1 incident of harassment, visitor to staff.
  - 1 incident of disability harassment towards staff.
  - 33 incidents of physical violence to staff (hitting, slapping, kicking).
  - 3 incidents of objects being thrown at staff.
  - 3 racist incidents.
  - 13 sexual harassment incidents.
  - 99 incidents of verbal abuse, including 6 from staff to staff.
- Hate crime reporting information provided on Staff Networks page and highlighted through communications channels.
- NHS Staff Survey 2024 data – see appendix 1 for data.
  - Bullying, harassment and abuse of racially minoritised staff by patients/public improved by 8% in 2024, down to 20.75%.
  - Bullying, harassment and abuse of racially minoritised staff by colleagues deteriorated by 3% in 2024, up to 22.64%.
  - Bullying, harassment and abuse of disabled staff by patients/public improved by 8% in 2024, down to 16.44%.
  - Bullying, harassment and abuse of disabled staff by managers improved by 3% in 2024, down to 10.4%.
  - Bullying, harassment and abuse of disabled staff by colleagues improved by 2.5% in 2024, down to 15.77%.
  - 5.66% of racially minoritised staff experienced physical violence from patients/public, there were no reports of physical violence from managers or colleagues to racially minoritised staff.
  - 5.69% of disabled staff experienced physical violence from patients/public, 0.33% reported this from managers, and 0.68% from colleagues.
  - 1.89% of racially minoritised staff reported experiencing some type of sexual abuse from patients/public, there were no reports of sexual abuse from managers/colleagues.
  - 5.02% of disabled staff reported experiencing some type of sexual abuse from patients/public, 1.68% from managers/colleagues.
- A corporate risk has been raised to reflect the disparity in reported data between employee relations cases and the NHS Staff Survey.

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

Support and signposting:

- Support provided after incidents embedded in policy, including Occupational Health, trauma support, counselling available 24/7, police intervention if required.
- Hate crime reporting information shared on extranet, and provided in relevant communications.
- 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.
- Staff-side support available to all members. Close working relationship between Staff-side and Executives/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	2 = achieving
Reviewer comments	
Actions	

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

The deliverables for achieving are:

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.

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

- 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, and involvement of both Guardians in EDI Working Group.
- FTSU champions recruited from across the Trust.
- FTSU governance, including annually reporting, through to Board.

Active staff networks:

- Five Staff Networks for carers, disability/LTC/neurodiversity/mental health, menopause, LGBTQIA+, ethnicity, with Executive sponsorship and engagement. The Carers Support Network in particular is seeing active engagement and expansion.
- Networks meet monthly via MS teams, EDI lead and chairs available at other times to support staff.
- Staff Networks promoted at monthly corporate induction.
- Staff Networks engaged in equality action plan development and 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 Networks embedded within Trust people governance.
- Integration plan for 2025/26 to create Staff Networks in common with WHH. SOP agreed by executives June 2025. In collaboration with all the Staff Networks a soft launch is taking place in July and August 2025, with a full formal launch in September 2025.
- New SOP agrees protected time for staff network Chairs and embeds commitment to supporting member attendance at team level.

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

EqIA or similar:
 	
• New joint equality and health inequalities assessment (EHIA) template has been approved in November 2024 and is being implemented in BCH and WHH.
• Updates to governance, training, and policy taking place to embed new template and strengthen legal compliance with due regard duties re EHIA.
• EDI Lead is 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.
• EHIA and equality risk embedded in QIA which covers CIP, service redesign, staffing reduction etc.
• EHIA assurance established for integration programme, with respective EDI Leads providing final assurance and sign off, and providing guidance and instruction to the seven workstream leads and teams.
• EHIA (formerly EqIA) policy review is being finalised at August HRPG. Policy has been aligned to policies for QIA and policy writing.
 	
Support for staff:
 	
• Staff support, see also earlier evidence in 2A and 2B. Independent support from:
   • FTSU Guardian and Champions
   • Staff Networks.
   • HR – where support is required in relation to colleague relations.
   • Staff-side.
   • Equality lead.
   • Professional Nurse Advocates.
   • Health and safety lead
   • Occupational Support
   • People Promise Champions

Rating suggested   **2 = achieving**

Evidence 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.	
Reviewer comments	- More focus on what happens after the reporting, investigation and outcome – how to integrate back into the team and feel safe. - Ensure managers direct employees to Staff-side, if applicable. - Not that I disagree with the score for 2C and the reference to freedom to speak up, but as a champion (FTSU) I think it's important to acknowledge that there is still some improvement needed in getting staff to speak up in the first place and have confidence that doing so will make a difference. Improvements to timely responses from managers is linked to this. - It is usually the relationship with the manager and the employee would rather leave the Trust than submit a grievance. They are unconvinced that submitting a grievance would change things and they worry about what would happen after that, as they still must work with the team. I ask them to state this in exit statements but not sure this happens, as I usually get the response of "it's not worth it"
Actions	Speaking up. Follow up – including a how are you, how are things going check in.

Evidence 2D: Staff recommend the organisation as a place to work and receive treatment.
The deliverables for developing are: **Recommendation as a place to receive treatment (50% +):** **Recommendation as a place to work (50% +):** NHS Staff Survey 2024:

Table 5: Showing the NHS Staff Survey 2025 results for recommendation of the Trust as a place to work or receive treatment.

Metric	People Promise	People Promise Sub-score	Theme	Organisation	White	BME	Disabled	Not Disabled	
RAG Percentage Difference from Organisation Average: 5%	Number of respondents:			1,010	941	53	299	698	
I would recommend my organisation as a place to work (Agree/Strongly agree).	We are compassionate and inclusive	Compassionate culture	Staff engagement	63.6%	64.2%	64.2%	58.1%	65.9%	
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (Agree/Strongly agree).	We are compassionate and inclusive	Compassionate culture	Staff engagement	80.7%	81.1%	80.8%	78.4%	81.5%	

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:
    - Anti-Racist Framework bronze.
    - Disability Confident Leader.
    - Navajo LGBTQ+ Charter Mark.
    - Veteran Aware.

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

- Defence Employer Recognition Silver.

Deliverables for achieving:

As above, 70% for staff recommending in FFT.

The organisation collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members.

- NHS Staff survey data for protected groups presented to EDI W/G, POD Council, and further in WRES and WDES reports.
- Staff inclusion networks provide real time lived experience/qualitative data regarding workplace experiences.
- Ethnicity data included with employee relations data taken through governance.
- Sickness absence, turnover, promotion and other metrics available by protected characteristic group through QLIK.
- NHS Model Hospital EDI Dashboard used for data monitoring.
- 'Other' removed as an option for staff leaving question to support better understanding of reasons for leaving. As at September 2025 the top reasons for racially minoritised staff leaving:
  - Other – reducing following removal of this option.
  - Pay and reward
  - Data is not available for disabled staff due to low numbers.

Rating suggested	1 = developing
Reviewer comments	
Actions	

Additional Information for Domain 2: NHS Staff Survey 2024

Rating format:

RED	**5% or more negative difference to organisational result**
AMBER	**Up to 5% difference to organisational result**
DARK GREEN	**5% or more positive difference to organisational result**
LIGHT GREEN	**Positive score of 100%**
GREY	**Data suppressed due to low numbers**

Table 6: Showing the NHS Staff Survey 2024 results for the compassionate and inclusive People Promise domain.

		Metric	People Promise	Organisation	White	BME	Disabled	Not disabled	21 - 30	Bisexual
Question score	Q13a	In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public (Never).	We are safe and healthy	95.1%	95.1%	94.3%	94.3%	95.5%	95.1%	90.0%
Question score	Q13b	In the last 12 months how many times have you personally experienced physical violence at work from managers (Never).	We are safe and healthy	99.8%	99.8%	100.0%	99.7%	99.9%	100.0%	100.0%
Question score	Q13c	In the last 12 months how many times have you personally experienced physical violence at work from other colleagues (Never).	We are safe and healthy	99.4%	99.3%	100.0%	99.3%	99.4%	98.8%	100.0%
Question score	Q13d	The last time you experienced physical violence at work, did you or a colleague report it (Yes).	We are safe and healthy	59.6%	61.4%	*	62.5%	56.7%	*	*
Question score	Q14a	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public (Never).	We are safe and healthy	85.9%	86.5%	79.2%	83.6%	86.7%	81.7%	70.0%

		Metric	People Promise	Organisation	White	BME	Disabled	Not disabled	21 - 30	Bisexual
Question score	Q14b	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers (Never).	We are safe and healthy	93.6%	94.6%	84.9%	89.6%	95.2%	93.9%	90.0%
Question score	Q14c	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues (Never).	We are safe and healthy	87.3%	87.8%	84.9%	84.2%	88.6%	87.8%	60.0%
Question score	Q14d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it (Yes).	We are safe and healthy	54.1%	56.3%	50.0%	57.3%	51.8%	81.3%	*

Domain 2 overall score: 7 (based on average for each outcome)

Domain 3: Inclusive leadership.

Evidence 3A:

The deliverables for excelling are:

Both equality and health inequalities are standing agenda items and are discussed in board and committee meetings.

Governance:
- EDI within Board and Strategic People Committee annual business cycles, with attendance by invitation.
- Exception reporting through governance from People Operational Delivery (POD) Council to Strategic People Committee and Quality & Safety Committee escalates anything outside of the business cycle.
- EDI attendance also within governance for:

Evidence 3A:

- JNCC - forum for engagement with Staff-side.
- Health Equity Group – leads on health inequalities duties within service delivery, alongside Anchor Institute and Prevention Pledge commitments.
- Bridgewater Engagement Group.
- Public and Community Engagement Group.
- Quality Impact Assessment Panel.
- People Operational Delivery Council (POD Council) - provides oversight for EDI and Staff Networks.
- EDI Working Group – leads on delivery of all mandated standards, voluntary commitments, and EDI priority action plans.
- HR Policy Group.
- Clinical and Corporate Policy Group.
- Health and Safety Sub Committee.
- Learning Disability and Autism Working Group.
- Education and Professional Development Group.
- Digital Quality and Safety Group.
- Warrington Together Health and Wellbeing Group.
- 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.
- **Board and committee cover sheets updated as part of integration in 2025 to have a clear, front page, section on likely equality and human rights impacts of papers being presented.**

Board members and senior leaders meet Staff Networks at least 3 or more times a year.

- **See below for executive alignment.**
- Prior to integration agreements BCH Executives regularly met with their relevant Staff Networks at the monthly meetings, as allies or for the Race Inclusion Network as Co-Chair.

Integration:
- As part of integration with Warrington and Halton Teaching Hospitals NHS FT (WHH) the Executives have agreed changes to the governance of Staff Networks from July 2025:

Evidence 3A:

- Collaboration of BCH and WHH networks, as Networks in Common as follows:
- Carers Support Network (both)
- Enabled Network (BCH) and Disability Awareness Network (WHH)
- LGBTQIA+ Staff Network (BCH) and Progress Network (WHH)
- Race Inclusion Network (BCH) and Multi-Ethnic Staff Network (WHH)
- Women's Health Network (both)
- Armed Forces group – format to be agreed with members in 2025/26.
- Refreshed executive sponsorship to reflect changes at executive level and new joint roles.
- New protected time for Network Chairs/Co-Chairs to deliver Network tasks.
- Improved governance for engaging with the Networks as part of policy review/service redesign/small scale projects.
- Embedded engagement with overall executive sponsors (Director of People and OD, and Chief People Officer) and with CEO.
- Launch event for new networks 18th September 2025

<u>Staff Networks have a senior sponsor.</u>

Up to June 2025:
- 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 –Jan McCartney (Trust Secretary).
- Menopause Support Network – Dr Ted Adams (Medical Director). Left the Trust in autumn 2024 leaving a sponsor gap for this Network.
- Race Inclusion Network – Paula Woods (Director of People and OD, with Chair role also), supported by Colin Scales (CEO) and Karen Bliss (Trust Chair).

Integration:
- Carers Support network – **Lynne Carter** (Deputy CEO and Director of the Delivery Unit)

Evidence 3A:

- Enabled Network (BCH) and Disability Awareness Network (WHH) - **Nick Gallagher** and **Jane Hurst**, Director of Finance (BCH) and Chief Finance Officer (WHH)
  LGBTQIA+ Staff Network (BCH) and Progress Network (WHH) - **Dan Moore** and **Paul Fitzsimmons**, Chief Operating Officer (both) and Deputy Chief Executive (WHH) and Executive Medical Director (both)
- Race Inclusion Network (BCH) and Multi-Ethnic Staff Network (WHH) - **Kate Henry**, Director of Communications and Engagement (WHH)
- Women's Health Network (both) - **Lucy Gardner**, Chief Strategy and Partnerships Officer (WHH)
  Armed Forces group - **Ali Kennah**, Chief Nurse (both)

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 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 EHIA document to be embedded in QIA Panel from 2025.

Evidence 3A:

- 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.
- 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.
- In September 2024, and September/October 2025 regular staff communications regarding staff support, safety, and commitments to anti-racism/discrimination.

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.

Evidence 3A:

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.

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.
- EDI strategic objectives.
- EDI objective for every Board member annually – in 2025 co-created with WHH to reflect shared leadership for integration.

Evidence 3A:

- Trust EDI governance and oversight.
- Board commitment to Trust accreditations for:
  - Anti-Racist Framework
  - Disability Confident Leader
  - Veteran Aware
  - Defence Employer Recognition SILVER
  - Navajo LGBT+ Charter Mark
  - Employers for carers accreditation
- Board led Just Culture and Civility and Respect programmes running since 2020.
- Board commitment to:
  - NHS Sexual Safety in the Workplace
  - Care Leavers Covenant
- 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.

Evidence 3A:

- 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.

- 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: 3 = Excelling	
Reviewer comments	The EDI Lead has provided a comprehensive overview against all the outcome criteria in domain 3a. As in previous years, there has been progress observed from the previous year's peer assessment. Although Bridgewater Community Healthcare NHS FT is working with Warrington and Halton Hospitals NHS FT and this will have added to an already heave EDI schedule, there has been good examples of joint planning and collaboration, particularly around equity and inclusion. More emphasis has been observed around health inequalities.
Actions	Maintain the best practice areas by Bridgewater to ensure they are factored into the new organisational governance.

Evidence 3B:

The deliverables for excelling are:

<u>Both equality and health inequalities are standing agenda items in all board and committee meetings.</u>

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:
- EDI consideration on front page of Board and Committee papers.
- Board and People Committee/SPiC have EDI within business cycles, reviewed on annual basis to reflect national reporting changes. Exception reporting 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.

Evidence 3B:

- - 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 Strategic People Committee in Common 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.

<u>Equality and health inequalities impact assessments are completed for all projects and policies and are signed off at the appropriate level where required.</u>

- 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 a 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.
- New EHIA agreed by EMT/Boards for Trust integration work with WHH – EDI leads from both Trusts to meet monthly to complete quality review of EHIA completed as part of integration workstreams.
- New EHIA templates, training, policy and toolkit all completed to align with integration work.

Evidence 3B:

Staff risk assessments, specific to those with protected characteristics, are completed and monitored (where relevant). Required actions and interventions are measured and monitored. 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. Significant assurance now applied.
- 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.
- New risk assessment in development as part of staff reasonable adjustments policy and toolkit.

The WRES, WDES and/or NHS Oversight and Assessment Framework are used to develop approaches and build strategies.

- 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/SPiC.

Evidence 3B:

- 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 within 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.
- Full NHS Staff Survey data by equality characteristic presented through governance.

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

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: 3 = Excelling

Reviewer comments	There has been improvement around equality analysis governance, demonstrating the previous year's recommended actions have been considered. This has led to upgrades from achieving to excelling in the metrics of Outcome 3b, in 2025. The EDI Lead

Evidence 3B:	
	provided evidence to validate the work the organisation has undertaken through year 2025
Actions	Maintain the best practice areas by Bridgewater to ensure they are factored into the new organisational governance.

Evidence 3C:

The deliverables for excelling are:

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, EHIA, 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.
- EDI front page of Board and Committee papers.
- 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.

Evidence 3C:

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.

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.

Evidence 3C:

- 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.
- 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.

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/transformation programmes.
- Integration – Better Care Together.

Those holding roles at AFC Band 7 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.

Evidence 3C:

- 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 staff at Band 7 and above, excluding VSM and Medical and Dental, are over-representative of the population and the workforce, at 15.59% ethnically diverse staff.
- WDES data shows that staff at Band 7 and above, excluding VSM and Medical and Dental, are over-representative of the population and the workforce in relation to disability at 23.33%.
- In relation to gender there is over-representation of female staff, as is common in the NHS.
- Board is over-representative of both the ethnically diverse workforce and population, but low numbers mean statistics are not significant.
- Board is over-representative of both the disabled workforce and population, but low numbers mean statistics are not significant.
- Board executives are 60/40 male/female. At NED level representation of gender is 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.
- Disability Pay Gap reporting completed for first time as at 31st March 2025, included within 2025 WDES report.
- WRES, WDES and Gender Pay Gap all have action plans developed based on staff feedback and signed off by Board.

Evidence 3C:

- Governance to Board via POD Council and People Committee/SPiC. Monitoring of action plans developed in partnership with staff networks through same governance.

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.

Evidence 3C:	
• Review of all NHS Staff Survey indicator for disabled and ethnically diverse staff to be presented to EDI Working Group in August 2024.	
Rating: 3 = Excelling	
Reviewer comments	The evidence presented and analysed in the assessment has demonstrated significant improvements in outcome 3c. This has resulted in an upgrade for outcome 3c from achieving in 2024, to excelling in 2025. Bridgewater Community Healthcare Trust has reviewed its EDI governance, levers, and support systems around areas such as stakeholder staff networks, and is planning with a view to the merger with Warrington and Halton Hospitals NHS FT, regarding health inequalities and equity.
Actions	Maintain the best practice areas by Bridgewater to ensure they are factored into the new organisational governance.

Domain 3 overall score: 9 excelling

EDS 2025 Final score and rating

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

EDS overall organisational rating: 24 (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 2025 action plan.

EDS Lead: Ruth Besford (Equality & Inclusion Manager)
EDS action plan activity: 2026
EDS Executive sponsor(s): Paula Woods (Director of People and OD)
Authorisation date: 5th February 2026 (Trust Board)

EDS 2025: Domain 1 action plan		
Altrincham Dental Hub:		
Accessible toilet improvements	Two funding streams to be reviewed to deliver project to provide hoists and adult changing bed: • Charitable funds • Capital bid	June 2026
Performing Rights Licence	Speak to Estates Team regarding any existing licence, or procurement of new licence	March 2026
Sensory space	Two funding streams to be reviewed to deliver project to sensory space for neurodivergent or sensory impaired patients: • Charitable funds • Capital bid	June 2026
Children's space	Speak to IPC re provision of toys for children in waiting area	December 2025
Reception hearing loops	Portable hearing loop to be procured, and IPC to be contacted re provision	December 2025
AccessAble information	Speak to Estates re site survey and webpage updates	December 2025
Evacuation/emergency training for staff	Speak to H&S re evacuation training for staff using evacuation chair or ski pad	December 2025

EDS 2025: Domain 1 action plan

Halton Treatment Rooms:

Patient Feedback and "Mystery shopper"	Governor/Healthwatch to agree initial in person site visits with questionnaire agreed for patient engagement. **Update: Governor visits completed. Action Plan created.**	May 2025
Communication with Patients: Phone line, patients being able to get through.	Phone lines to divert to clinical lead if office unmanned for any particular reason. **Update: Now in operation**	June 2025
	Additional Admin to support phone line and co-ordinate bookings **Update: As of June 2025 additional admin in post and lines diverted when needed**	June 2025
Communication with Patients: Website and Self Referral route (How clear)	Clinical lead to review these and make recommendation needed to Operational manager **Update: Recommendations put to Operational manager to review June 25. Outstanding S/R form**	June 2025
Communication with Patients: UTC clinics and how distinguished from treatment room provision	Treatment rooms to review pilot of their HCA working in UTC for simple dressing changes **Update: Good outcomes to pilot however further work to communicate pathway for wound care needed This will be further worked through till Jan 26**	January 2026
Physical Buildings/IPC: • Layout • Accessibility • IPC/QRV Reports/Safety (doors wedged)	Governor review visit to assess and agree action plans. **Update: Hallwood and Beaconsfield signage deemed poor and not clear for patients. There is ongoing work at Hallwood, and signage has not been changed as of 7/11/25. Ops manager in further discission with Facilities as site owned outside of Bridgewater**	December 2025
Leg wash	Leg wash needed at Runcorn site so patients not having to travel across to Widnes. **Update: This has been requested with Facilities with a costing but as of 7/11/25 no updates received. Ops Manager to chase**	March 2026
Clear Criteria/Pt expectations: • SLA • Ear Syringing • Liaise with Clinical lead	Clarity needed if patients can access ear syringing and Vit injections as part of treatment room service **Update: AD has reviewed the Service Spec alongside ICB and inclusion criteria now in place for certain types of ear care and Vit B12 injections Completed August 25**	December 2025

EDS 2025: Domain 1 action plan		
Trust wide:		
Reasonable Adjustments Digital Flag	Complete phase 1 implementation of flag in TPP and EMIS	December 2025
	Complete implementation in Dentally	June 2026
Accessible Information Standard	Complete policy draft and governance	March 2026
	Establish full compliance action plan in collaboration with WHH	March 2026
EDS 2025: Domain 2 action plan		
Flexible working	Continue communications campaign to embed flexible working awareness and processes.	March 2026
	Engage with Staff Networks on experiences regarding flexible working.	Mach 2026
	Review NHS Staff Survey 2025 data for flexible working by protected characteristic group.	March 2026
Speaking up	Continue FTSU work to raise awareness of speaking up. Including ensuring signposting to grievance process for timely raising of formal reports.	March 2026
	Invite FTSU to speak to staff networks.	March 2026
	Review NHS Staff Survey 2025 data for flexible working by protected characteristic group.	March 2026
	Discuss FTSU follow up processes with FTSU and HR: • Wellbeing follow up • Service reintegration follow up	March 2026

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 - SPCiC – Strategic People Committee in Common - WDES – Workforce Disability Equality Standard - WRES – Workforce Race Equality Standard