NHS Equality Delivery System (EDS)

Name of Organisation	Mersey & West Lancashire Teaching Hospital NHS Trust (MWL)
Name of Integrated Care System	Cheshire and Merseyside ICB
Organisation Board Sponsor / Lead	• **Anne-Marie Stretch** Deputy Chief Executive & Director of HR • **Lynne Barnes** Director of Nursing, Midwifery & Governance
EDS Lead	• **Cheryl Farmer** Head of Patient Inclusion and Experience • **Darren Mooney** Head of Equality, Diversity & Inclusion (Workforce)
At what level has this been completed?	NHS Trust / Organisation Level
EDS engagement date(s)	January – April 2025
Individual organisation:	N/A
Partnership (two or more organisations):*	Healthwatch (Sefton, St Helens, Knowsley, Halton, West Lancs)
Integrated Care System-wide:	Cheshire and Merseyside ICB
Date completed	02/2025
Date authorised	04/2025
Revision date	02/2026
Month and year published	05/2024

Contents

Completed actions from previous year	
Action/activity	**Related equality objectives**
Identify and implement new methods of promoting the service and its accessibility to the D/deaf community	Focus groups being held with different members of the D/deaf community to identify how best to promote services to service users, and understand which mechanisms work best.
Conduct engagement with the health inclusion groups and other underrepresented service user groups, to determine any barriers to accessing the service.	Cancer patients included in the 'what matters to me' engagement initiative to understand what is important to them when attending one of MWL's sites, and what barriers (if any) might prevent them from attending
Identify underrepresented service user groups from the demographic information.	Identifiable through the increased collection of demographic information and new innovative ways to promote the services to these groups
Reduce the occurrence of verbal and physical violence for staff.	Reviewed unacceptable incident policy, published zero tolerance posters, delivered sexual safety training.
Board members and senior leaders demonstrate commitment to health inequalities, equality, diversity and/or inclusion	Senior Leaders developed personal EDI SMART objectives.
Equality and health inequalities impact assessments are completed	New EQIA templates and standard operating procedure published, training delivered.
Organisations work with system partners to refocus work, to meet unmet need and demonstrates change	Achieved – ongoing engaged with BAME Assembly, Armed Forces, Liverpool City Council, Disability Confident.
Organisations are able to show year on year improvement using Gender Pay Gap reporting, WRES and WDES.	Achieved – year on year improvements across metrics

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

|	
Undeveloped activity – **organisations score out of 0** for each outcome	Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – **organisations score out of 1** for each outcome	Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**
Achieving activity – **organisations score out of 2** for each outcome	Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**
Excelling activity – **organisations score out of 3** for each outcome	Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

Domain 1: Commissioned or provided services

1. MSK

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)

Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	A summary of what the service includes:
		• Assessment, diagnosis and management of MSK conditions
		• Access to investigations such as x-rays, ultrasounds, MRIs, nerve conduction studies and haematological conditions where appropriate
		• Assessment by right person/right time (S&O sites utilise the Digital Assessment Routing Tool or DART optimisation self-referral and Whiston site utilises the local triage process)
		• Across MWL the team includes physiotherapists and therapy assistants. At S&O sites the team also has advanced clinical practitioners, as well as consultant physiotherapist and musculoskeletal doctors
		• Ability to refer directly to the following secondary care services:
		  o Rheumatology
		  o Pain teams
		  o Neurology
		  o Orthopaedics
		  o Neurosurgery
		• Access to weekly specialist multidisciplinary team meetings with rheumatology and neurosurgery to advise on the management of complex patients and suitability for referral/surgery
		• Management advice and exercise programmes provided via Physitrak, in person and post across MWL
		• Management advice via video links, in person and printed across MWL
		• Group exercise classes and individual treatment
		• Signposting to support services such as community based, third sector providers, healthy eating as well as drug and alcohol management services. At Whiston site this
			2	Clinical therapy

Signposting to support services such as community based, third sector providers, healthy eating as well as drug and alcohol management services. At Whiston site this signposting and information is provided as part of wellbeing face to face group sessions

- At S&O sites referrals can be made to a digital weight management programme for service users with osteoarthritis of the hip/knee meeting BMI criteria (this is part of a national pilot)

Between 01.01.2024 and 01.01.2025, at S&O sites interpreter services were used on 229 occasions and 25,353 new patients were registered. The graph below demonstrates the demographics of these new patients (age and gender).
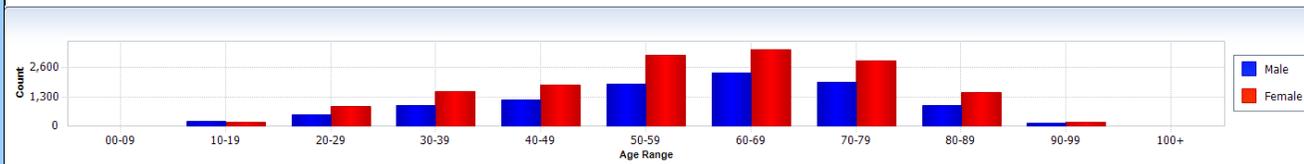
Although the service does not currently have the ability to record disability, at Whiston site it is discussed during the initial assessment. At S&O sites it is assessed during the first attendance using the musculoskeletal assessment proforma, that is filled out by all clinicians. This information across both sites is stored in the service users clinical notes, in order to adapt the service to the service user's requirements as needed.

Across MWL, the service is delivered via a hybrid model, consisting of in person assessments, telephone and video assessments. The approach utilised is dependent on the service user's preference.

For the service provided at SHTK sites, there are 2 streams of referral into the service:
1. Direct referral from a secondary care consultant such as orthopaedics or ENT

		2. Health, work and wellbeing referral for staff via Physiomed For the service provided at S&O sites, there are 3 streams of referral into the service: 1. Direct referral from a secondary care consultant such as orthopaedics, rheumatology, neurosurgery and ENT 2. Self-referral as service users with routine MSK conditions can self-refer via DART, that can be accessed via a QR code, Trust website or by telephone 3. A GP referral for urgent/complex MSK conditions or on behalf of service users who cannot access the self-referral stream themselves. For streams 2 and 3, service users must be registered under the care of a GP in either North Sefton or West Lancashire. At S&O sites, service users are able to make follow-up appointment at their convenience and access guidance when they need it most via Patient-Initiated Follow Up (PIFU) appointments as evidenced. The service across MWL is available Monday to Friday, with some services operating extended hours. At STHK sites some clinics start at 8am and finish at 6:30pm, at S&O sites some clinics start at 7am and finish at 7pm.		
	1B: Individual patients (service users) health needs are met	Age – For S&O sites, there are different age criteria for the different referral streams: • For referral stream 1, service users are seen from 10 years of age • For referral streams 2 and 3, service users are seen from 16 years of age However, the majority of under 16s are seen by paediatric MSK physiotherapists. At S&O sites, the service and treatment provided is based on their needs. However, in instances where age and medical reasons require it, service user may be given priority, as there are certain circumstances where age alongside other symptoms may indicate serious pathology. These service users would be prioritised for an urgent appointment with an advanced physiotherapy practitioner.	2	Clinical therapy

| | | Disability – The service across MWL is provided in ways that meet the service user's needs. Such as the use of BSL interpreters (face to face and video) for service users who are Deaf, large print for visually impaired service users and braille for blind service users.

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Service users are able to attend their appointment with a guide or therapy dog, carer(s) or any other person that the service user wishes to have present.

In the waiting areas there are designated areas for service users in wheelchairs to wait, along with disabled access toilets and suitable facilities.

There is signage throughout the departments which includes braille for blind service users. In addition patients are called in individually by the member of staff, who will go to the waiting area, greet the service user and take them down to the clinic room.

For service users who find it difficult to attend due to reduced mobility, they can book hospital transport to enable them to attend their appointment.

Longer appointments of 1 hour (compared to the standard 30 minutes) are available for service users who require it, due to the use of an interpreter or the service user's disability.

Gender reassignment – Across the MWL service, service users are asked their preferred name/how they would like to be addressed as well as their pronouns. This is so service users are called by the correct name and pronouns used.

Whilst supporting transgender patients, the service is still aware of service users gender at birth if possible. This is due to conditions that the service needs to be aware of and take into consideration, such as breast, ovarian and prostate cancer. | | |

| | | At STHK sites, all toilets within the therapy department for service users are gender neutral, Whilst at S&O sites, they are currently single sex toilets, however there are plans to convert them to gender neutral toilets.

Gender – Service users are able to request a chaperone to attend during their appointment, or a certain gendered member of staff where appropriate if needed.

The service is also developing information for women regarding the effects of the menopause on the MSK system.

Pregnancy, maternity and paternity – Across the MWL service, appointments can be booked around work and school hours in order to support service users.

The service also takes pregnancy into account to ensure the exercises are suitable for the service user and pose no risk to them or their unborn child.

Race – Across the MWL service, interpreters are utilised for service users who require them, as well as longer appointment times to account for the additional need.
Other – Service users who are veterans or are out of work due to their MSK condition, are given a level of priority.

For veterans this is in line with our requirements under the Armed Forces Covenant, a veteran's status is identified vie the e-referral from at S&O sites and conversations with the service user at STHK sites.

Worklessness is a national agenda and there are high levels experiencing musculoskeletal conditions in this group. Due to this and in line with a strong link between the chronicity of the condition and reduced likelihood to a return to the workplace, service users are identified vie the self-referral form at S&O sites or conversation at STHK sites. Where identified, the service user would then be given a priority appointment, with the aim of keeping the service user in work or get them back to work sooner. | | |

		Physitrack, which is an electronic exercise based programme system is utilised within the service and has the ability to translate exercises into the required language. Cauda Equina Syndrome warning cards are available in the service, as this is a national agenda they are translated and handed out where appropriate. Service users are available to request a chaperone to attend their appointment, as well as a male or female therapist only in order to meet any cultural elements where safe and appropriate to do so. Religion or belief – Appointments can be made and adapted to suit the religious requirements of the service user, such as making an early or late appointment.		
	1C: When patients (service users) use the service, they are free from harm	All staff in the service receive training regarding safeguarding of adults and children, whilst abiding by the Trust's safeguarding policies. All staff are also trained regarding the Mental Capacity Act and Deprivation of Liberty Policy (See below). Where service users are subject to a Power of Attorney for healthcare, proof of this is needed from the person attending to evidence that they are making decisions on the service user's behalf or assisting them. As with any other instance, the clinician would follow policy and always seek the best way to give information in a way that the service user can understand and allow enough time to consider options with support as needed. There is a clinical safety aspect, as staff are supervised regularly and receive mandatory training to ensure that they are safe in their practice and supported with any learning needs. In the instances of service user safety issues and individual safeguarding issues, they are reported on Datix for investigation, management and then reviewed by the safeguarding team. In these incidents, the themes are discussed at team meetings, to remind staff of the relevant processes and implement measures to future proof the service.	3	Clinical therapy

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		At S&O sites safeguarding concerns are able to be included within the e-referral form from the primary care clinician. Where patients self-refer, they are able to discuss any concerns and are usually seen alone with an individual appointment being made to discuss further with the service user. A recent example being an elderly service user attending who disclosed ongoing abuse from her husband. He monitors email, post and their only phone. He is not able to attend her appointments, due to this a safeguarding lead attended her net physiotherapy appointment in order to discuss her wishes and how she could be supported. When service users are initially given an exercise, it is first done with a member of staff present to assess their capability of carrying it out. If necessary an alternative exercise will be given if needed. Across MWL, an acupuncture consent form is signed by the service user, along with information given to them to ensure it is safe for the service user to go ahead with the treatment. They are also given information about the potential side effects, so they can be recognised and managed should they occur. Across MWL, an injection consent form is signed by the service user, along with information given to them to ensure it is safe for the service user to go ahead with a corticosteroid injection. They are also given information about the potential side effects, so they can be recognised and managed should they occur.		
	1D: Patients (service users) report positive experiences	Service users have reported positive experiences across the MWL service by: • Thankyou cards • Verbal compliments • Email feedback At STHK sites, this feedback is logged on Greatix (the Trust's compliments system) and shared during the management governance meeting.	2	Clinical therapy

	of the service	At S&O sites, this feedback is attached to Datix as a compliment. They are also read out to all staff in the bimonthly team meeting, they are now also recorded in the service's weekly management/operational meeting along with complaints. Positive feedback is also captured through the Friends and Family Test (FFT), that service users can complete after using the service. See below FFT reports for STHK, Southport and Ormskirk sites. There are exercise class feedback forms available for service suers to complete across the MWL service. At STHK sites, the Envoy text message survey is sent to service users following their appointment to obtain feedback, such as rating the service and the option to add additional comments too. At S&O sites, they have periodically carried out patient experience surveys. They are currently exploring how to offer this virtually rather than on paper in the waiting room.		
Domain 1: Commissioned or provided services overall rating			9	

2. Breast Reconstruction Service

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	We are the only hospital in Merseyside that can offer a full spectrum of breast reconstruction procedures in the form of implant and tissue-based reconstructions for those patients who have or have had a breast cancer or are risk of developing breast cancer. MWL is one of the few regional centres in the country to offer autologous (use of your own tissue) in the form of DIEP (from abdomen), TUG/PAP (from inner thigh) or IGAP/SGAP (from Buttock) Breast reconstruction which has always been regarded as the gold standard of breast reconstruction. Consequently, the Plastic Surgery Breast Reconstruction Team continues to see an increase in referrals for free DIEP flap breast reconstruction for both immediate reconstruction (at the same time as the mastectomy) or delayed reconstruction (post mastectomy) from across all areas of the Northwest Region. Due to the efficiency of our surgeons and the advanced techniques used we can continue developing this service to meet demand.

The service is Nationally and internationally renowned for their expertise in supporting patients with breast cancer, our breast reconstruction team's high level of expertise is such that we can collaborate with breast cancer surgeons from other hospitals throughout the Northwest, North Wales and IOM (Isle of Man).

We were one of the first Trusts in the country to train a Breast Reconstruction Care Nurse. Our Breast Reconstruction Nurse Specialists are an integral part of the unit's multi-disciplinary team (MDT), who care for patients throughout their treatment, pre-operatively and post-operatively.

We accept referrals from GP or hospital trusts within our catchment area of the Mersey Burns and Plastic Surgery region that cover approximately 4.5 million people. | 3 | Breast Reconstruction Nurse |

As the surgery is complex, we accept anyone that is fit for surgery, anaesthetic and then meet the criteria - has available tissue for free tissue transfer. We ensure that all patients are making an informed decision (including with carers, relatives and interpreters when required), ensuring they have had all the information and an in-depth discussion regarding all the options available with the breast surgeons, in a way that they can fully understand and give informed consent to surgery.

Our patients have all been female due to the nature of reasons why a patient may undertake breast reconstruction and higher incidence of breast cancer in females; but we will accept other patients (i.e. male or transgender) for breast reconstruction if they meet the criteria required. For instances where we would have a transgender patient, we would ensure that we follow the Trust policy to ensure that the patient was cared for in the way that the patient would prefer.

Our age range of patients has been youngest at 25 and oldest being 78 at time of undertaking reconstruction, although there are no age limitations for breast reconstruction, patients do have to be over 18 years of age. We can see patients in clinic that are under 18 and these may be patients that have a developmental absence of a breast or breast hypertrophy causing asymmetry of the breasts.

We pride ourselves on being an inclusive service, as long as a patient is medically fit for surgery we are able to accommodate them, and provide any communication support or reasonable adjustments the patient may need including:
- patients from different ethnic backgrounds and nationalities with some requiring interpreters
- we have patients from the deaf community who also use interpreters for signing.
- same sex couples
- Patients from the travelling community, a community which is affected by many different health inequalities

- patients with learning difficulties, who we see with their carer or support worker and can support these patients with leaflets in an easy read format on request
- achondroplasia
- mental health conditions
- Patients with religious beliefs whether that be regarding a blood transfusion or the use of tattoo (as part of the procedure and against some religions)

The service records contain demographic information of the service users who attend (gender, age, ethnicity).

Age – Outpatient episodes

0-15 years	3
16-24 years	45
25-34 years	97
35-44 years	200
45-54 years	347
55-64 years	471
65-74 years	213
75-84 years	126

Age – Inpatient episodes

16-24 years	3
25-34 years	14
35-44 years	45
45-54 years	79
55-64 years	82
65-74 years	22
75-84 years	4

Sex – Outpatient episodes

Male	5
Female	1497

Sex – Inpatient episodes

Male	0
Female	249

Ethnicity – Outpatient episodes

White British	1213
White Irish	10
Any other White background	55
Mixed White and Black Caribbean	1
Mixed White and Black African	1
Mixed White and Asian	1
Any other mixed background	5
Indian or British Indian	2
Asian - other	3
Black Caribbean or Black British Caribbean	3
Black African or Black British African	2
Any other Black background	3
Chinese	2
Any other ethnic group	14
Not Stated	186
Does Not Wish to Disclose	1

Ethnicity – Inpatient episodes

White British	209
White Irish	2
Any other White background	8
Mixed White and Asian	1
Asian or Asian British - Indian	1
Any other Asian background	2
Black or Black British - Caribbean	1
Any other Black background	2
Chinese	2
Any other ethnic group	5
Not stated	16

- For those patients that require an interpreter we offer a face to face or telephone service for foreign language patients, interpreters are utilised for all patient contacts,
- We use face to face or video interpreters for non verbal communication i.e. BSL, lip readers, Deaf/blind patients. The service follows Trust policy
- In addition to interpreters, we can translate patient information for foreign languages or BSL via QR code linked to a signed video. We can also provide patient information in large print, easy read, CD and braille.
- MWL has electronic alerts that are placed on the patient record of patients who require additional communication support due to their disability or impairment in line with the requirements of the Accessible Information Standard

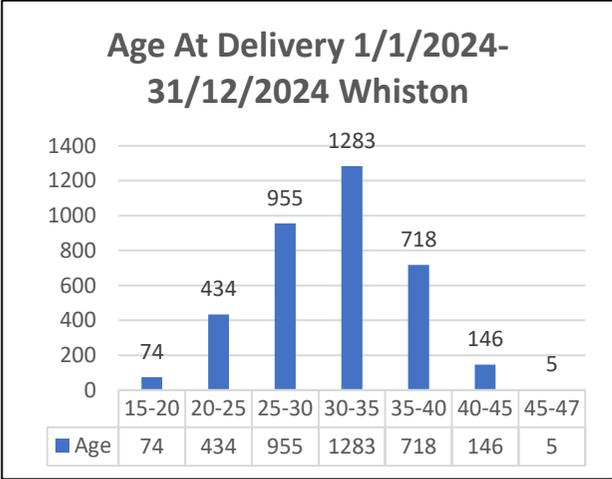|				
		- Veterans and their dependants are also recorded on our EPR and we have access to support materials and organisations specifically for veterans, their families (including children) - MWL website has several accessible features included such as the ability to increase font size, amend colour scheme, different languages available, screen reader or use of speech recognition software and navigation using the keyboard to support patients accessing information. The accessibility features for the website were developed in partnership with members of our local communities including D/deaf people, people with LDs and autistic spectrum disorders and neurodiverse patients/service users. - All patient information leaflets are on the website for patients to access - We have an appointment reminder text messaging service as well as the ability to cancel or reschedule appointments online for patients who are unable to access the telephone. - Wheelchair access, mobility aids and disabled parking is available for patients with mobility needs. - Once a reasonable adjustment has been identified through a patient assessment, we aim to address these to aid the patient's journey. The Breast Reconstruction Team is contactable via the Plastics Secretaries and patients will have the contact details for the breast reconstruction nurse specialists - telephone and email		
	1B: Individual patients (service users)	For those patients that require an interpreter we offer face to face or telephone. interpreters are booked for all appointments to ensure patients are fully informed and that their health needs are met. Face to face or telephone is used for foreign language patients and face to face or video is used for BSL, lip reader, Deaf/blind patients. Due to the sensitive nature of the consultation we	3	Breast Reconstruction Nurse

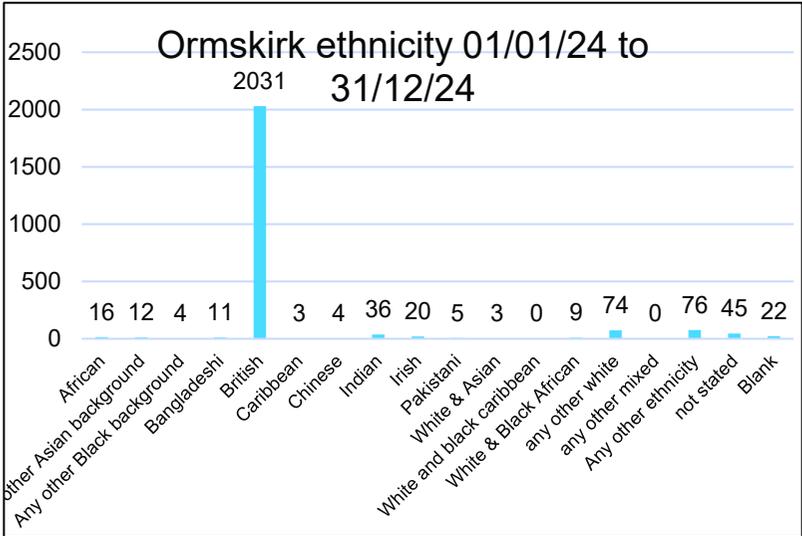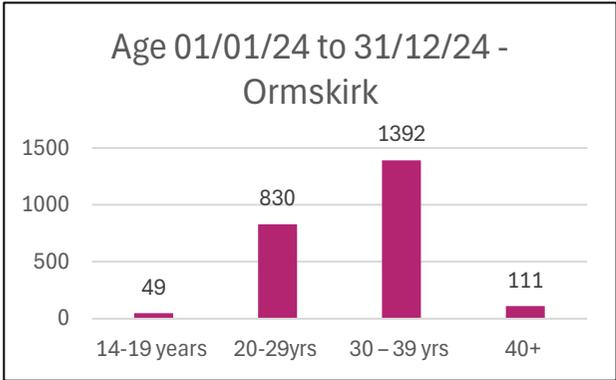|	health needs are met	aim to provide a same sex interpreter. The service follows Trust policy and utilises the patient communication boxes in outpatient and inpatient areas (boxes contain communication aids for patients such as communication cards, magnifiers, personal listening devices, interpreter information) • The team ensure they provide adjustments for any patients with an electronic alert (patients who require additional communication support due to their disability or impairment) placed on their patient record. In addition to interpreters, we can translate patient information for foreign languages or BSL via QR code linked to a signed video. We can also provide patient information in large print, easy read, CD and braille. • Once a reasonable adjustment has been identified through a patient assessment, we aim to address these to aid the patient's journey. Examples have been for a patient living with autism and how we have made adjustments for her to have a CT scan, we ensure family members stay with her in her room during her inpatient stay and also adjusting her outpatient appointments to ensure she has adjustments in place. We also have made adjustments for a patient with achondroplasia - we needed to use smaller equipment such as BP cuff and anti-embolic stocking and a recent example was a patient with a previous brain injury that left her with memory issues - following her guidance, we made adjustments by involved her family in the information provided as well as documenting information instead of providing it verbally. The team ensure to follow all Trust policies and procedures relating to patients with a learning disability and/or autism, as well as policies relating to patients communication needs, carer support etc. • As we do have a long waiting list for this surgery the information provided at initial outpatient appointment may sometimes be forgotten so when a patient is dated for surgery, we provide an opportunity to attend the "DIEP" school that is an educational session and a preparation for surgery and their discharge. If		

patients are not able to attend, we will do a telephone contact (or video contact can be used as an alternative). We are aiming to offer virtual "DIEP" school in the future for those who prefer this or who are unable to attend. The DIEP school is an educational support aid for the patients and have patients attending who have lived experience who can additionally support patients.

- On the initial outpatient appointment we provide contact details and a breast cancer care booklet on breast reconstruction. Once a patient has a date for surgery, we have information leaflets to explain hospital stay and discharge. We have many leaflets that we can provide to patients regarding breast reconstruction. MWL can translate patient information for foreign languages or BSL via QR code linked to a signed video. We can also provide patient information in large print, easy read, CD and braille.
- As we are a regional unit and many of our patients are from the wider community, we continuously liaise with local breast care nurses (BCN) and signpost patients to their local support groups for additional support. Breast cancer care also offers a peer support group that we can put patients in touch with.
- We do accept referrals from IOM and as some patients may feel isolated being far from relatives, we are able to be signposted to local amenities. The BCN in IOM can also access a charitable fund for those patients' relatives that may need assistance with staying over locally.
- MWL website has several features included such as the ability to increase font size, amend colour scheme adjustments, different languages available, screen reader or use of speech recognition software and navigation using the keyboard to support patients accessing information. We have an appointment reminder text messaging service as well as the ability to cancel or reschedule appointments online for patients who are unable to access the telephone.
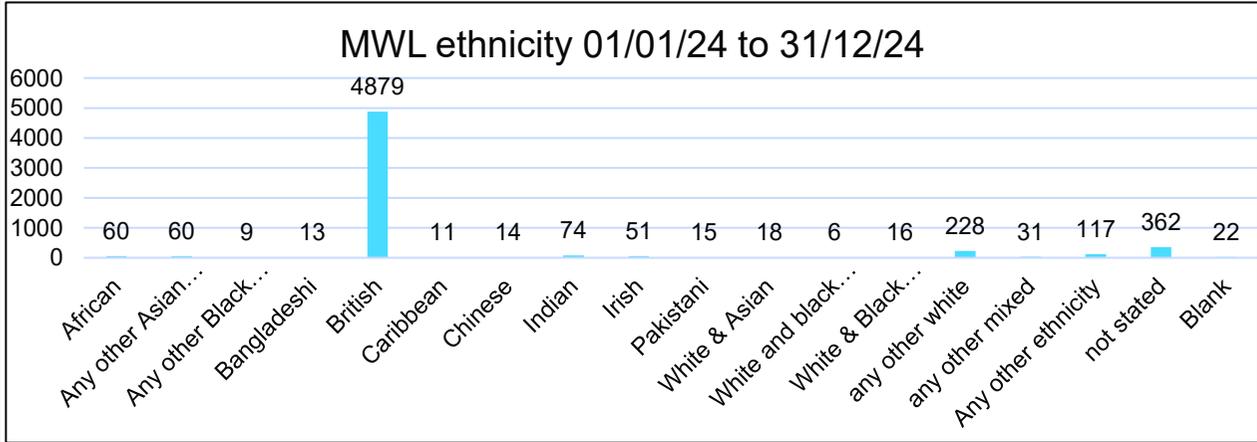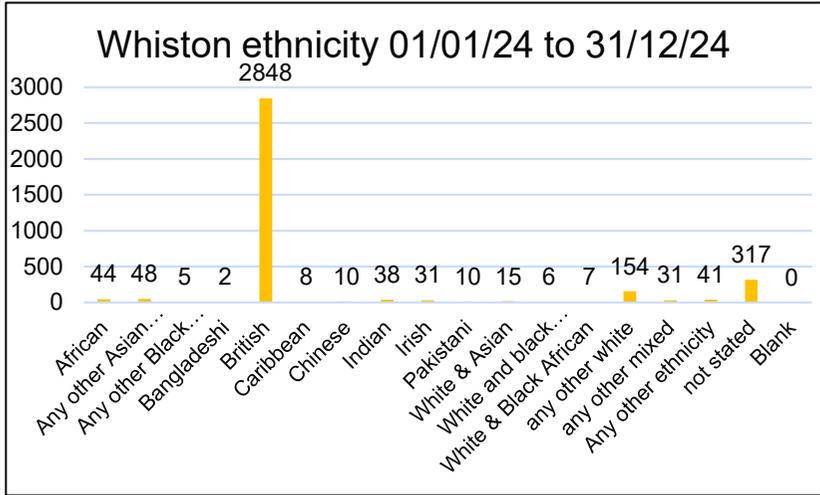
		Wheelchair access, mobility aids and disabled parking is available for patients with mobility needs.		
		• For varying needs, we do provide a range of photographs that are included in our consultations that have patients with differing skin tone, different body habitus and ages. Prosthetic department can provide prosthetic nipple for use after surgery, and these are colour matched and sized for the patient. Cultural aspects regarding tattoo are encouraged to be discussed with their cultural leaders or close family. Facilities are fully accessible on both our ward and clinic with wheelchair access and accessible facilities we also have a welcome to the ward video for patients to see/view the ward before they attend.		
	1C: When patients (service users) use the service, they are free from harm	• All patients are risk assessed for alcohol and smoking - and can be referred to the Trust and/or local smoking cessation team and alcohol support if they consent to this as patients do need to be nicotine free to undertake this surgery. The team following the Trust guidelines, screening tools and provide patients with the relevant booklets provided by the Trust • A comprehensive preop assessment is undertaken before any surgery and liaised with the breast reconstruction team. Patients are assessed by the breast reconstruction nurses on their initial outpatient's appointment and once dated for surgery and this is where any physical, psychological and additional support needs are highlighted and documented. Following this there will be a liaison with various MDT members such as therapy team, ordering of equipment, Breast care nurse, oncology and surgical, prosthetic team, psychology, anaesthetic teams and local trusts. • To ensure we are accessible and supportive of patients we will ensure that relatives/carers can accompany patients when required and will make the necessary adjustments. The team follows Trust policies and utilises the carers passport when required.	3	Breast Reconstruction Nurse

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		• Professional foreign language and non-verbal interpreters are provided for patients who need them, to ensure that the information and explanations given to patients is provided by a fully qualified interpreter • All patient safety incidents and near misses are reported following Trust policies and logged on the Trusts incident reporting system DATIX. All staff within the team report any patient safety incidents or near misses as required. • All governance and patient safety issues are discussed at the teams monthly team meeting. • The team also follow other Trust policies (including 30 infection, prevention & control policies) to ensure patients are free from harm.		
	1D: Patients (service users) report positive experiences of the service	• All feedback and results are discussed in the department governance meetings monthly – highlighting positive experiences and any actions/lessons learned that can be developed from feedback. • FFT results January-December 2024 demonstrate 96.17% positive recommended care. All themes are positive with no negative themes/feedback. • Many patients return feedback to Ask Ann/Ask Rob (chief executive) • Receive Thank you cards from patients • Obtain Feedback following each "DIEP" school	2	Breast Reconstruction Nurse
Domain 1: Commissioned or provided services overall rating			11	

3. Maternity

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Women with straightforward, low-risk, pregnancies may find all the care they need within their local community but if they face a more complicated route they may need some extra support. We offer a range of specialist antenatal services and clinics. Our team is multidisciplinary and combines leading consultants, specialist midwives and nurses and other clinicians. From a woman's first visit to any follow-up appointments, right up until the time they leave our care, their welfare is extremely important to us. **Demographics of service users** **Age At Delivery 1/1/2024-31/12/2024 Whiston** 		15-20	20-25	25-30	30-35	35-40	40-45	45-47
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Age	74	434	955	1283	718	146	5		3	Quality and Safety Midwife Specialist Midwife for Quality and Audit

Age 01/01/24 to 31/12/24 - Ormskirk

Age group	Count
14-19 years	49
20-29yrs	830
30 – 39 yrs	1392
40+	111

Ormskirk ethnicity 01/01/24 to 31/12/24

Ethnicity	Count
African	16
other Asian background	12
Any other Black background	4
Bangladeshi	11
British	2031
Caribbean	3
Chinese	4
Indian	36
Irish	20
Pakistani	5
White & Asian	3
White and black caribbean	0
White & Black African	9
any other white	74
any other mixed	0
Any other ethnicity	76
not stated	45
Blank	22

Whiston ethnicity 01/01/24 to 31/12/24

Ethnicity	Count
African	44
Any other Asian…	48
Any other Black…	5
Bangladeshi	2
British	2848
Caribbean	8
Chinese	10
Indian	38
Irish	31
Pakistani	10
White & Asian	15
White and black…	6
White & Black African	7
any other white	154
any other mixed	31
Any other ethnicity	41
not stated	317
Blank	0

MWL ethnicity 01/01/24 to 31/12/24

Ethnicity	Count
African	60
Any other Asian…	60
Any other Black…	9
Bangladeshi	13
British	4879
Caribbean	11
Chinese	14
Indian	74
Irish	51
Pakistani	15
White & Asian	18
White and black…	6
White & Black…	16
any other white	228
any other mixed	31
Any other ethnicity	117
not stated	362
Blank	22

Most patients were female with the exception of a very low number of trans men who chose to give birth on one of our maternity units

To ensure our services are accessible we offer:

- Interpreting services both spoken (foreign language) and non-verbal (British sign language)
- Dial up telephone interpreting service available for women who attend between appointments or in an emergency
- Patient information can be translated into alternative languages for non-English speaking patients including letters etc into easy read, braille, large print, audio recording and BSL signed via a QR code which links to a signed version of the leaflet content
- We have booked interpreters for extended periods to support women from the time they have been induced right through to delivery
- We try to secure the same interpreter throughout the woman's journey (easier with BSL interpreters) for consistency
- Reasonable adjustments can be put in place for women who may need them
- Longer appointment times, especially first booking appointment
- Carers passports are in use on both Whiston and Ormskirk sites to support women
- MWL has an accessible website – several features to support patients, colour scheme adjustments, font size adjustments, different languages, screen readers, speech recognition software etc. The website contains information regarding the service for all patients and visitors to see
- Appointment reminder text messaging service as well as the ability to cancel or reschedule appointments online for patients who are unable to access the telephone
- Wheelchair access, mobility aids and disabled parking is available for patients with mobility needs as well as accessible facilities on the ward and in clinic areas

	1B: Individual patients (service users) health needs are met	On our Whiston site, service users that are deemed 'vulnerable or at risk' are usually cared for by the Amethyst team, their equivalent on our Ormskirk site is the Saphire team.

Both teams will provide standard antenatal and postnatal care with the addition of continuity of carer when able to facilitate this, longer appointment times, liaison with safeguarding team/meetings, home visits to ensure this group of service users received all necessary support and education.

The team will work collaboratively with Obstetric/Medical Team, Social Services, Early Help Services, Cheshire & Merseyside Police, Schools Specialist Perinatal Service, CGL, Domestic Abuse Services and other statutory and non-statutory organisations to ensure clear integrated pathways of care.

The team members are community focused and carry a caseload of women who meet the criteria outlined below (with mixed risk medical care) providing care through the pregnancy continuum using a team continuity model.

Future plans for the Saphire Team to roll out continuity are currently on hold.

Comprehensive bereavement services are available on both sites which offer a fantastic range of services to support bereaved family members including fathers following the loss of their baby.

Our most vulnerable ladies who are more likely to be affected by one or more Health Inequalities, that we have procedures in place to care for include:

- Women 16 and under | 3 | Quality and Safety Midwife

Specialist Midwife for Quality and Audit |

	- Women 19 and under with one or more criteria met (or other significant vulnerability) - Disability (Pathway for LD/Physical maternity assessment of needs document) - Refugee/asylum seeker with no resource - Gypsies and travellers All black, Asian or minority ethnic women with one or more of the following: - Non-English speaking - Needing obstetric led care - Any other Amethyst criteria met - Disclosure of FGM - Level 3 or 4 safeguarding concern at booking - Women escalated to Level 3 or 4 during pregnancy up to 28 weeks' gestation - No fixed abode - Disclosure of current domestic abuse at booking - Disclosure of current domestic abuse during pregnancy up to 28 weeks' gestation - Disclosure of previous domestic abuse and assessment made that woman remains at significant risk - Intravenous drug user (current or previous)		

| | | Currently or in the 12 months use of the following:

- Methadone
- Buprenorphine (subcutex)
- Cannabis
- Dependant use of alcohol
- Poly-drug user
- Regular opiate use
- Heroin
- Alcohol dependant

Any groups who are more likely to present late in their pregnancy or DNA appointments- Usually concealed pregnancy due to young age <16 years old or due to significant safeguarding risk. Once presenting ensure necessary MDT are informed including out of hours social care. DNA pathway would be followed including an unannounced home visit by community team.

MBRRACE report is regularly discussed with staff during MDT study day PROMPT which includes black women statistics.

Black Maternal Health Week was publicised daily on the staff Facebook learning page April 2024.

Black History Month October 2023 stall outside level 5 for staff of the whole hospital and service users to raise awareness. | | |

Learning to staff via newsletter regarding not just looking at skin colour for signs of jaundice in babies who aren't white. Look for other clinical signs to prevent coloured babies not receiving treatment for jaundice in timely manner.

MBRRACE findings are shared with staff via global email with link to maternity newsletter.

Interpreters – For women who require an interpreter either foreign language or BSL this can be prearranged for a face to face interpreter to attend appointment or elective caesarean section to ensure effective communication is achieved.

A face to face interpreter is always requested for a woman's first booking appointment as these can last an hour and there is a lot of history to be taken at this meeting.

We also use the telephone interpreting service provided by our provider of interpreting services for foreign language patients, this allows a female or male interpreter to be requested upon service users request. This is a dial up service so can be used at any time and is particularly useful in emergencies or when a service user arrives between scheduled appointments.

It is also useful to be able to provide women with telephone advice for example triage using the telephone service via three-way call with professional, service user and telephone interpreter to ensure women who don't speak English are able to be given the same advice and support.

Patient information – Some nationally produced patient information leaflets are available in languages for example antenatal screening and breastfeeding support. All internally produced patient information leaflets can be provided in different formats on request e.g.:
- Large print
- Easy read
- Braille

- Can be translated into over 80 foreign languages

Sign language – we can provide signed leaflets using a QR code linked to a video of the signed information in the leaflet.

Partners are made aware of support groups eg. dads matter which is a support group which encourages male partners to attend antenatal classes at Lowe House.

During booking appointment all partners are asked about any reasonable adjustments that may be required to allow them to be present at the birth of their child, this information is then escalated to managers and note made on service users maternity system notes, to remind staff what adjustments need to be made.

Bereavement Service at Ormskirk

On the Ormskirk site, following a bereavement, we offer the parents the opportunity to make memories, for example, photos, hand and footprints. We provide a special memory box for parents to save special items from the birth of their child, the memory boxes we currently use are provided by the charity 4Louis.

We also offer the opportunity for parents to care for the baby like they would a live baby, Bathing, reading a story, walking the baby to the evergreen garden or the mortuary, taking baby home. We have photographers that will provide professional photos whether in hospital, home or a place of remembrance significant for the family.

I run a support group for families, Forever Footprints that is held the first Wednesday of the month. We also have a football team for dads, Forever FC, that is also held monthly. I am just in the process of setting up a children's support network which will hopefully be running from February.

We also have several services throughout the year that families can attend. The sunflower service, The wave of light, and a Christmas service.

Everything we do is inclusive to all families from all backgrounds obviously adapting the care to the cultural or religious needs.

Bereavement Service at Whiston

We are planning to start a monthly parent support group in the next few months, hopefully linking in with the LFC/Honeysuckle bereavement team (LWH) partnership to run a father's support group which is based around football. As Jo mentioned, Ormskirk have already linked in with this partnership and set up a team of their own, so it will be good to have a Whiston team as well.

We have a weekly Rainbow Clinic which was established last summer and has been well received. In recent weeks we have linked in with a worker from Dad Matters, a St. Helens based organisation which supports fathers through pregnancy and beyond and he has been coming to our Rainbow Clinic to offer informal support to the Dads who attend. He comes to the waiting area that we use and is available to chat to couples who attend – in particular the fathers – this approach has worked really well and feedback from Dads has been very positive as they feel involved and not overlooked - recently one Dad commented how refreshing it was to hear people talking openly about pregnancy and baby loss. The Dads Matters worker already offers support to fathers with babies on NNU and works flexibly to respond to the needs of our service when he is working here, for example he recently came to speak to a newly bereaved father to offer support and contact details which he later said he had found very helpful.

We also have an annual baby remembrance service which is held during Baby Loss Awareness Week and is well attended. During Baby Loss Awareness week in October 2024, we held lunch and learn sessions and had marketplace stands from different charities and organisations in main reception offering information about bereavement support for all ages. We work closely with our Spiritual Care department who will visit

families when they are in hospital and will also facilitate funeral services for families who request this. We also offer families the opportunity to have an entry to honour their baby in our Baby Remembrance Book – each baby has their own page with their name and dedication on it which families can add a photo or a letter to – this can be viewed at any time as all are welcome to visit the Sanctuary when they wish to do so.

We have various information leaflets for bereaved parents around both pregnancy and baby loss – this may be miscarriage, termination of pregnancy for fetal anomaly and stillbirth. We are able to access online bereavement information in various languages and also have some specific 'Easy Read' publications for parents with additional learning needs/disabilities or those who may need additional help with reading English. We have leaflets specifically for parents to help with explaining miscarriage or stillbirth to young children and some to help parents who have had to make a decision to end a pregnancy for medical reasons. We also have a range of books for both adults and children which are available to families which were donated by another bereaved family, they can be used while the family are in hospital or have gone home and there is a separate collection which will be available to families when our monthly support group is running.

We work closely with the bereavement support/counselling organisations in our local area, as well as national organisations and signpost families to the various forms of support that is available – e.g. counselling (face to face/telephone/video), support groups, complementary therapies, children's counselling and support, counselling and support for grandparents and extended family members and more recently Pilates After Baby Loss classes which have proved very popular with women who have suffered pregnancy and baby loss.

We have recently made links with the Milk Bank at Chester and specifically the Lactation after Loss programme, which offers the choice to bereaved parents to donate breastmilk in memory of their baby – we are slowly rolling out the education about this option to staff in the form of lunchtime learning sessions so that they feel confident to offer this choice to parents.

We provide all bereaved parents with opportunities to make memories of their baby through links with a number of charitable organisations – for example, 4Louis, who provide us with memory boxes for our families; Little Cloud, who provide us with Tiny Clothing for our smaller babies and SANDS (Stillbirth and Neonatal Death Charity) who provide us with memory boxes, certificates of life and bereavement handbooks.
We have memory box for families who have specific religious beliefs and practices, such as Islam. We also work closely with Medical Photography to provide remembrance photography for families who choose this option and also support parents to take their own photos if they wish to do so. Families can come back to visit their baby whilst they are in Whiston's care but if they go to Alder Hey for investigations such as post mortem, then we keep the family informed of when they have left and when they return to Whiston's care so that they know their baby is safe and being cared for.

We are currently looking at reopening our baby remembrance garden within the hospital grounds – historically there has been an area with a small statue that was intended as a baby loss garden, however this area has not been accessible for some time. We are also hoping to be able to refurbish the bereavement rooms in the coming months.

We always offer individualised care and support to families through follow up by the bereavement midwife – this contact might start antenatally, during labour or postnatally and continues for as long as the family needs support or until they are signposted or referred to more formal support. This can include helping parents to understand the processes around the death of a baby and arranging a funeral. For example, I have recently supported a young couple with learning disabilities to register the stillbirth of their baby – this was at their request as they had been reluctant to engage with the professionals who were trying to explain the importance of them attending the registration appointment as it felt too upsetting to go to and they were also wary of the official nature of things. With liaison with the registry office and sensitive support for the couple, I was able to attend the appointment with them which helped them to get through an experience they had been very anxious about.

	1C: When patients (service users) use the service, they are free from harm	Every patient is risk assessed for alcohol and smoking - and can be referred to local smoking cessation and alcohol support if they consent to this. If a smoker at booking immediate referral to stop smoking services whereby the service user can decide to engage or not engage in support Alcohol and drugs misuse is asked as mandatory question at booking and if referral is required to safeguarding and substance misuse services. Smoking status and carbon monoxide is obtained at every patient contact. There are visible posters regarding effects of smoking and alcohol misuse in antenatal/ women outpatient clinic, ultrasound department with contact numbers for support Carers are encouraged to accompany patients at any patient contact. Professional foreign language and non-verbal interpreters are provided for patients who need them, to ensure that the information and explanations given to patients is provided by a fully qualified interpreters (see above), and are able to stay and support the patient throughout the birth if needed. Baby tags are in use which lock the doors if a baby is removed from its cot to prevent abduction The team also follow other Trust policies to ensure patients are free from harm – Mental Capacity Act & Deprivation of Liberty Safeguarding Policy, Safeguarding Adults Policy, Medicines Policy and 30 Infection Prevention & Control Policies All patient safety incidents are reported following Trust policies and logged on the Trusts incident reporting system DATIX. (Incident Reporting and Management Policy, Patient Safety Incident Response Policy)	2	Quality and Safety Midwife Specialist Midwife for Quality and Audit

		Examples of some of the policies we have in place to keep mother and babies safe include: • Infection prevention policy • ANTT. • Policy for the prevention of an infant abduction • Baby tag which locks doors to prevent abduction.		
	1D: Patients (service users) report positive experiences of the service	Daily walk around ward 2E by bleepholder gaining verbal feedback from service users of their experience**.** **Envoy** **Feedback Friday poster of patient comments** **Listening events:** **An evening with your obstetrician – listening even** Held in June 2024 – Ormskirk Maternity and Neonatal Voices Partnership hosted a virtual listening event centred on Medicalisation in Obstetrics and Maternity. Local Service Users, User Representatives, Ormskirk Maternity Staff, MNVP Chairs and their relative networks from the Cheshire and Merseyside Local Maternity and Neonatal System were invited to attend. Antenatal Community Care – listening event In 2022/23 the MNVP received lots of feedback about Antenatal Community Care. Much of this feedback was positive, with lots of impressive comments about outstanding care	3	Quality and Safety Midwife Specialist Midwife for Quality and Audit

from named midwives. However, there have been some clear themes that present as opportunities for improved experiences for our service users. Facebook service user page Whiston Hospital Maternity and Special Care Baby Unit have monthly post which contains lovely feedback from patients **Feedback from FFT comments and scores**		

Domain 1: Commissioned or provided services overall rating	11	

Independent Evaluator(s)/Peer Reviewer(s):

- Representatives and managers from the following Healthwatch organisations Healthwatch Halton, Healthwatch Knowsley, Healthwatch St Helens, and Cheshire and Merseyside ICB, and senior Trust staff including Deputy Director of Governance – Quality and Patient Experience, Therapy Directorate Manager, Maternity Matron – Inpatients & Outpatients

Domain 1: Commissioned or provided services overall rating	**3**	**Excelling**

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	1. **The organisation monitors the health of all staff:** The Trust maintains a dedicated Health Work and Wellbeing (HWWB) team that monitors the overall population health of the workforce and implements targeted strategies to support staff and improve sickness absence metrics. HWWB provide Pre-Employment checks for all applicants, including fitness to practice assessments, and discussions about any workplace disability adjustments ; offers a management and self-referral service for ill-health, mental health, counselling, disability, and sickness absence support; Health Surveillance health checks including noise exposure, ionising radiation, solvents, dust, and biological agents; a dedicated Wellbeing Hub offering physical and non-physical health matters (including suicide prevention, mental health first aid, menopause support, stress risk assessments, and general wellbeing). Policies include the Disability Reasonable Adjustment Passport, and Stress Risk Assessments. 2. **The organisation supports all staff to actively manage their conditions via various methods**: The HWWB website includes extensive self-help advice relating to smoking, alcohol, substance misuse, psychological wellbeing, trauma, exercise and weight management, and nutrition (Health Inequalities). Occupational Health provides support for staff including recommendations and workplace support advice including disability, stress, and mental wellbeing. The Wellbeing Team include dedicated Psychologist, a Mental Health Nurse, and a Counsellor. The Trust offers an Employee Assistance Programme which provide a suite of self-help resources as well as online/virtual support. The Wellbeing Hub runs an extensive programme of	2	Health, Work & Wellbeing

events across the Trust and virtually each year. This includes events on Psychological Safety, Suicide Prevention, Disability Reasonable Adjustments, and Menopause.

3. **How the organisation uses sickness and absence data to support staff to self-manage long term conditions and to reduce negative impacts of the working environment**: The Trust has a dedicated Absence Management Team (HR) which provides support for Line Managers and Employees to manager sickness absence, welfare conversations, and a successful return to work. Processes are in place for the absence management team to flag to HWWB incidents where a member of staff has been off for stress or MSK reasons to trigger additional support. Where an employee is returning to work, they may be offered a return-to-work plan, and where the reason for the absence was because of a disability, and workplace reasonable adjustments conversation. Weekly comprehensive sickness and absence reports are generated and reviewed by the HR Senior Leadership Team, with more detailed reports provided at the department level to enable managers to make informed decisions aligned with the Attendance Management Policy. Detailed EDI analysis using this data is not currently used to target interventions, although staff survey data (my manager takes a positive interest in my health and wellbeing) is analysed by EDI categories to inform actions.

4. **The organisation actively works to increase health literacy within its workforce**: To enhance the workforce's health literacy, the HWWB team, supported by over 260 wellbeing champions and mental health first aiders, maintains informational boards, and organises regular departmental drop-in sessions/events, including an annual event to foster health awareness, which includes information about diabetes, respiratory diseases, dermatology, and sexual health, mental health, smoking cessation, and addiction. An annual program of wellbeing events is provided (mindfulness, De-Stress, menopause, neurodiversity, nutrition), as well on a suite on online self-help materials (sleep, alcohol, substance misuse, long term health conditions); and (new)

eLearning materials are available (via Personal Development Portal), on topics including Menopause, Neurodiversity, Mental Health, and healthy living).

5. **How the organisation promotes and provides innovative initiatives for work-life balance, healthy lifestyles, encourages and provides opportunity to exercise**: The Trust has a suite of family friendly (adoption, maternity, paternity, shared parental, parental, carers, baby loss) and flexible working policies and has worked to promote flexible working options. The Trust has introduced innovative initiatives like the 'Find Your Fit' 12-week programme, chair yoga sessions, participating in the NHS Games, and the menopause café, which have been widely embraced by the staff. The Trust has 210 wellbeing champions and 50 Mental Health First Aiders to promote wellbeing initiatives. The Personal Development Portal includes resources on; Paternity Leave, Work-Life Balance, Flexible Working, Children & Work, Homeworking H&S; and Healthy Living, Healthy Habits. However, the staff survey (My organisation takes positive action on health and well-being) shows differences in staff members experience based on EDI categories.

6. **The organisation signposts to national and VSCE support**: The HWWB team has a comprehensive intranet site that directs staff to various national and voluntary support networks. These resources are actively promoted by Wellbeing Champions and through Team Briefs, ensuring widespread accessibility and support for the Trust's workforce. The Anti-Racism, LGBT+, Trans, Carers, Harassment, and Disability Hubs provide comprehensive sign posting to local, regional and professional support groups.

7. **The organisation uses data to support their workforce in making healthy lifestyle choices**: HWWB data has not been routinely analysed by EDI categories. User data is used to inform the development of services and prioritise of the HWWB service., for example targeted activities for employees and line managers where a referral has not been attended. Staff are not

explicitly targeted for interventions based on data. Data is not routinely analysed for this purpose. A new system is to be implemented in 2025 which may enable this level of data analysis.

8. **The organisation monitors the health of staff with protected characteristics**: The Trust does not currently actively monitor or report the health of staff by equality categorise. No reports have been provided in 2024 with disaggregated data.

9. **The organisation targets reading materials about managing obesity, diabetes, asthma, COPD, and mental health conditions to staff**: A suite of online materials are available via the self-help portal and the personal development portal; a calendar of wellbeing events, wellbeing information stalls, HWWB drop-in sessions, and regular communications/sign posting to all members of staff. Topics include healthy living and exercise, and mental health.

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	1. **The organisation has and actively implements a zero-tolerance policy for verbal and physical abuse towards staff**: The Trust is dedicated to maintaining a safe and respectful work environment, upheld by its suite of policies targeting unacceptable behaviour, bullying and harassment, domestic abuse, and safeguarding. The Trust has 15+ policies relating to abuse, including Respect & Dignity at Work (our anti-bullying and harassment policy), Domestic Abuse, Managing Unacceptable Incidents from Patients, Safeguarding, and Lone Worker polices. In August our zero-tolerance stance was reaffirmed by the Chief Executive who sent an email and comms to all members of staff. Zero Tolerance Posters are available across the Trust estate as we as posters relating to Sexual Harassment & Sexual Safety, the Signs of Domestic Abuse, and Body Cameras in Use. Key information and strategies like the Violence Reduction Strategy and use of bodycams are disseminated through the Trust's intranet, with additional security measures enforced	2	Human Resources, Security, Safeguarding

through collaboration with local police and designated safety roles. Training is available to staff on Bullying & Harassment, Sexual Harassment & Sexual Safety, Conflict Resolution, Safe Lone Working, Domestic Violence, and Violence Reduction. This year the Trust has marked various dates which promote inclusive behaviours, including LGBT History Month, Black History Month, Disability History Month, and Anti-Bullying Week

2. **The organisation penalises staff who abuse, harass or bully other members of staff**: The Disciplinary Policy and Respect and Dignity at Work Policy strictly prohibit bullying, harassment, and violence, detailing consequences for such misconduct. These aim to establish a clear understanding among staff of acceptable behaviour and provide a structured approach to handle complaints. The Staff Disciplinary policy explicitly lists violent, dangerous, intimidatory conduct; bullying or exceptionally offensive behaviour; discrimination, victimisation or harassment; and any Criminal Offence (Hate Crimes, Sexual Assault, Assault) as forms of Gross Misconduct, which may lead to dismissal.

3. **The organisation takes action to address and prevent bullying behaviour and closed cultures, recognising the link between staff and patient experience:**
   a. **Policies**: as outlined above
   b. **Training**: Extensive training is available inhouse, and online including Harassment for Line Mangers, Sexual Harassment & Sexual Safety, Domestic Abuse, Difficult Conversations, and Unconscious Bias. Online courses include good management practice topics, cultural competency, and management and leadership skills.
   c. **Advice and Guidance**: Staff who experience bullying and harassment can seek advice and support from their Line Manager, Trade Union, HRBP's, EDI, and Freedom to Speak Up Guardians.
   d. **Bullying by Patients et al:** Staff are supported in reporting and managing abusive incidents from patients, defined under the policy

addressing unacceptable behaviour. This includes a range of actions deemed harmful or disruptive, particularly towards staff with protected characteristics. The Trust's response includes clear procedures for dealing with such behaviour, emphasising a secure working environment, with the ultimate sanction of removal from the hospital.

e. **Events**: In promoting inclusive behaviours. the Trust launched its Sexual Safety Pledge in May 2024 (now signed by over 200 staff), joining its Race (signed by over 400 staff) and LGBT Inclusion (signed by 100 staff) Pledges. Engagement activities has included information stalls, Wear Red Day, Anti-Racism Webinars, and events including Anti-Bullying Weeks, Pride Month, and Trans Awareness.

4. **Staff with protected characteristics are supported to report and refuse treatment to patients who verbally or physically abuse them**: Staff are supported in reporting and managing abusive incidents from patients, defined under the policy addressing unacceptable behaviour. This includes a range of actions deemed harmful or disruptive, particularly towards staff with protected characteristics. The Trust's response includes clear procedures for dealing with such behaviour, emphasising a secure working environment, with the ultimate sanction of removal from the hospital. Staff can also seek advice and support from their Line Manager, Trade Union, HRBP's, EDI, and Freedom to Speak Up Guardians. The Trust is a member of Operation Cavell, and agreement with Merseyside Police to ensure incidents of violence and abuse are addressed promptly. Incidents this year have led to a number of arrests and prison sentences. The Trust provides extensive web resources including a Harassment Hub, and a Security Hub to promote reporting options. The Harassment Hub includes specific guidance on topics including Domestic Abuse, Sexual Harassment, Hate Crimes, and Honour Abuse.

5. **The organisation provides appropriate support to staff and where appropriate works with VSCE organisations to provide support for those with protected characteristics who have suffered verbal and physical abuse:** Support is available to staff to make a complaint via HR, Trade Unions, Freedom to Speak Up, and EDI. Where required HR/Line Managers can arrange workplace support during investigations or after care, and may include conflict resolutions (mediation), training or other interventions. The Trust signposts to Disability, Ethnicity, LGBT+, Trans, Domestic Violence community groups and hate crime (including religious based) reporting services via website Hubs, and Trust Security are available to respond to violent incidents. HWWB services are available such as counselling and wellbeing to assist staff impacted by incidents.

6. **The organisations can provide evidence that percentages for bullying and harassment are decreasing year on year for any staff group were there are higher than average incidents**: From 2022 to 2024 the reported levels of Physical Violence decreased at MWL from service users (13a), managers (13.b), colleagues (13c); incidents of Harassment decreased from service users (14a), from Managers (14b), and Colleagues (14c). When comparing outcomes for equality groups the staff survey results do show differing levels of physical violence and or harassment in some cases.
   a. **Harassment From Service Users**: In 2024, 7 EDI categories where higher that MWL average, of which all had decreased since 2023. Disparities in experiences can be seen for the following groups female, disabled, LGBO and non-religious colleagues.
   b. **Harassment from Managers:** In 2024, 6 EDI categories where higher than MWL average, of which all 6 decreased from 2023.
   c. **Harassment from Colleagues:** In 2024, 7 EDI categories where higher than the MWL average, of which 5 decreased from 2023.

7. **Staff Survey Response:** The staff survey results are used by all departments to identify key areas of improvement and take steps to address them. L&OD

		manage the dissemination of the results and coordinate the collation of a Trust action plan, which includes responses to the B&H questions. Examples of actions taken directly from the staff survey include the introduction of body cameras, a violence reduction strategy, EDI training on Unconscious Bias, Discrimination and Harassment for Managers; a follow up Ward Engagement project whereby all wards/clinical areas in the Trust will have been visited by EDI Team by Summer 2024. 8. **The organisations use evidence from people's experiences to inform action, change, and influence other system partners to do so**: The Trust works with multiple partners including the Universities, Councils, ICB's, other Trust and NHSE amongst others sharing insights and supporting developments, initiatives and policies. Examples include contributing to the development of the Rainbow Charter framework and the NW Anti-Racism Charter process.		
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence	1. **The organisation supports union representatives to be independent and impartial:** The Trust recognises and provides 'facilities time' to the following unions, Unison, RCN, RCM, British Dietetic Association (BDA), British Association of Occupational Therapists, CSP, BIOS, BMA, Society of Radiographers, Unite the Union. Union representatives carry out their duties during work time, and are members of numerous Trust committees including the People Performance Council, Valuing our People Council, JNCC, and Policy Sub Group. 2. **The organisation facilitates pooling of union representatives with partner organisations**. MWL does facilitate the pooling of union representatives where there is a need / benefit to do so for example with the RCN reps who will support nurses across the region- in other Trusts.	3	Human Resources

| | from any source | 3. **Freedom to Speak Up Guardians are embedded and empowered.** The Trust has 4 Freedom to Speak up Guardians offering staff a confidential way to raise concerns about any aspect of their work or environment, including abuse or harassment. Speak Up Guardians include the Chief Executive, Medical Director, Assistant Director of Patient Safety and the Chair of Board. In addition, a network of Freedom to Speak Up Champions exist who act as ambassadors for the trusts raising concerns/FTSU work. They work within teams to provide accessibility and familiarity. Anyone can apply to be a champion, but the trust aims to ensure there is representation across the organisation.

4. **Relevant staff networks are staff led, funded, and provided protected time to support and guide staff who have suffered abuse, harassment, bullying and physical violence from any source.:** The Trust supports six staff-led networks, each focusing on different aspects of staff identity and experience. These networks provide peer support and sign posting for those experiencing stress, abuse, bullying harassment, and physical violence and advocate for specific needs related to staff from the following communities LGBTQIA+, Armed Forces, BAME, Disability, Carers, Menopause, Carers, and Women's Network. Staff Networks are supported by the EDI Team (HR) who provide advice, admin/events/media support, funding, and consultation/engagement activities, including Equality Impact Assessments.

5. **Relevant staff networks are engaged, and equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence:** Network chairs are members of the Equality Steering Group, the principal committee responsible for the development and oversight of the Trust EDI Operational Plan, policies, action plans and priorities. In addition, Network Chairs have regular meetings with the EDI Team through which they can put forward ideas and improvements and raise any concerns. Networks are engaged, where relevant, on policy, action plan, charter mark, and accreditation processes. | | |

Networks are free to engage in all consultations added to the trust's consultation portal. Examples have included consultation by the recruitment team, the Big Conversation, the approval of the Trust EDI Operational Plan, and Staff Trans Support Policy, and our Anti-Racism work. However, currently 5/7 networks do not have a chair and are being run by the EDI Team.

6. **Support is provided for staff outside of their line management structure:** Staff can access information, advice and support from the following:
   o The HR Operations Team - Policies, procedures, terms and conditions, workplace concerns.
   o The Workforce EDI Team - Reasonable adjustments, concerns regarding bullying or discrimination
   o Health Work & Wellbeing - The wellbeing hub, psychological services, occupational health, employee assistance programme (EAP), wellbeing champions, mental health first aiders (MHFAs)
   o The Freedom to Speak Up Guardian and Champions.
   o Trade Unions.
   o Security Staff (Estates & Facilities) and Police - assaults, hate crimes
   o Staff Networks - peer support, sign posting

7. **The organisation monitors, and acts upon, data surrounding staff abuse, harassment, bullying and physical violence.** The Trust monitors data from employee relations cases, freedom to speak up, security, and safeguarding in relation to abuse and harassment. The staff survey questions on physical violence, harassment and sexual harassment are thoroughly analysed to identify trends and areas of concern. Harassment data is also reviewed as part of the annual WRES, WDES, and EDS self-assessments and where relevant actions are identified. A comprehensive staff survey review and action planning process takes place each year, where departments are required to review and act on their results, and actions included within the EDI Operational Plan are reviewed/updated to take account of any changes in priorities. Actions relating to physical violence, harassment, and sexual harassment are incorporated into

		the EDI Team, Security, L&OD, HR, and department action plans were relevant, as identified by the analysis. For example, Security is expanding Operation Cavell to Legacy S&O sites, Zero Tolerance communications have been distributed across the Trust, and a programme of sexual harassment training is being rolled out. 8. **The organisations use evidence from people's experiences to inform action and change and influence other system partners to do so**: The People Performance/Valuing Our People/Strategic People Councils receive regular reports on HR and People processes including employee relations cases, HWWB User Statistics, Staff Survey Results, EDI Population Trends, WRES/WDES/EDS assessments, Freedom to Speak Up, Security/Incidents, Safeguarding, and Staff Stories. This intelligence is used to inform and agree actions to address negative trends and concerns, and to monitor the implementation of actions.		
	2D: Staff recommend the organisation as a place to work and receive treatment	1. **% of staff who live locally to services provided by the organisation do/would choose to use those services.**: This is not an explicit question in the staff survey. Staff at MWL are more likely than the NHS/Comparator average to agree that in the organisation 1) patients are our top priority, 2) its acts on patient concerns, and 3) would recommend the Trust to friends/relatives for care. 2. **% of staff who live locally are happy and regularly recommend the organisation as a place to work.:** 50-69.9% of staff would recommend the Trust as a place to work. 3. **% of staff who live locally to services provided by the organisation would recommend them to family and friends:** 50-69.9% of staff state that they would recommend the trust to friends/family for care.	1	Human Resources

4. **The organisation uses sickness and absence data to retain staff, with a staff retention plan in place.:** Sickness absence is monitored by line managers, with the support of the dedicated Absence Management Team. The process requires regular wellbeing meeting to take place to support the employee and facilitate a supportive return to work. The Trust can support staff via a number of policies including employment breaks for long-term health or personal issues, flexible working, workplace reasonable adjustments, stress risk assessments, and return to work plans. The HWWB resources, including support from Occupational Health, is available to assist staff with health issues, facilitating an earlier return to work and retention in work. More broadly sickness absence data is monitored at department and Trust level with action taken where data/trends identify potential issues.

5. **The organisation uses data from end of employment exit interviews to make improvements.:** Exit Interview data indicates that a significant minority of leavers would not return to work at the trust or recommend the trust as a place to work, although caveated by the small sample size. The Trust is enhancing its data collection methods for exit interviews, shifting from retrospective gathering after an employee's departure to a new system that collects information before their final day. This change aims to increase response rates and improve the quality of the data obtained.

6. **The organisation collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members, and acts upon the data:** the Staff Survey results are extensively analysed across data sets by Age, Disability, Ethnicity (White v BAME); 4 Ways (White, Asian, Black, Other), 18 Ways (All ethnic categories), Sex, Sexual Orientation, Religion; and where relevant cross references by Staff Group, Department and Intersectional Data by the EDI Team. Actions are identified from the data and incorporated into relevant operational plans e.g. the annual EDI team prioritises, or department staff survey actions.

		7. **The organisation works with partner organisations to better the experiences of all staff**: The organisation works with a number of partner organisations to improve the experience of all staff in line with the broader NHS People Plan. The organisations include 3rd party companies, membership organisations, charities and VSCE's. Examples include: Employee Assistance Programme, Rugby League Cares, Access to Work, Veterans Covenant Healthcare Alliance, Disability Confident, via Job Centre Plus, NHS Employers, Local Authorities. The Trust works with regional and national NHS networks including the ICB and NHS NW and NHS England.		
Domain 2: Workforce health and well-being overall rating			2	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	1. **Both equality and health inequalities are standing agenda items in all board and committee meetings.:** EDI and Health Inequality agenda items are regularly discussed at the Trust patient and workforce governance committees and the following reports are standing items in the annual committee business • Pay Gap (Disability, Ethnicity, Gender, Sexuality); Workforce Race Equality Standard (WRES); Workforce Disability Equality Standard (WDES); EDI Operational Plan Update; Sexual Safety Charter implementation. • Patient EDI & Inclusion Reports; Freedom to Speak Up; Safeguarding; Violence Reduction Strategy. • Service updates on Maternity. Children, Young People, Women's & Children's Health, Primary Care, Learning Disability & Mental Health, Chaplaincy, etc. 2. **Board members and senior leaders meet frequently with staff networks.:** Staff EDI Networks are provided with strategic support by a dedicated Workforce EDI Team. Network chairs meet formally with the Network Coordinator who escalates agenda items through the EDI Team to HR management were relevant. Network chairs are members of the Trust EDI Steering Group having direct access to EDI decision makers including Senior HR leaders, Patient Governance and Trust Executive members. The Trust has an EDI Senior Champion on the Trust Executive Team who meets with chairs periodically and attends network meetings on request.	2	Human Resources Patient Experience & Inclusion Governance Team Board/Trust Exec

	3. **Staff networks have more than one senior sponsor**: Network sponsors are the Medical Director/Senior EDI Champion (all networks), Chief Executive (Anti-Racism Champion/BAME Network), Director of Strategy (Women's Network), and Chief Operating Officer (Menopause Network). 4. **Board members and senior leaders sponsor religious, cultural or local events and/or celebrations.:** Trust Executive Team members engage in a series of EDI related activities each year including sponsoring cultural, religious and other EDI events, campaigns and celebrations. Activities include demonstrating the Trusts commitment to EDI via News Articles (e.g. Trust Values, Diwali), introducing / presentation topics in Trust Brief Live (e.g. Trust Values, Carers Week, Baby Loss Week etc), attendance and speaking at events (Diwali, International Nurses Day, Sexual Safety Charter launch, Easter and Christmas services etc), and participating in EDI allyship (signing the MWL Sexual Safety Pledge) etc. 5. **Board members and senior leaders enable underserved voices to be heard.** Senior Leaders enable "underserved voices" to be heard through a number of forums. In 2024 the Trust completed the "Big Conversation" staff engagement project to develop the Trust values, engaging with staff across the trust via focus groups and outreach events. Staff Stories and Patient Stories are regular features at on Trust committee agendas. Patient stories have included topics ranging from community end of life care, experience of caesarean section, and treatment of a patient with Parkinson's. Staff stories have included neurodivergent staff experiences, and reflections on the Southport incident. Senior leaders promote EDI opportunities (staff networks, events, campaigns) through Trust Brief Live and regular all trust communications. The EDI Team have been invited to do "Team Takeovers" at Trust Brief Live on topics including Anti-Racism and Carers Week. The Trust further supports Staff Networks: BAME, Disabled, Carers, LGBTQIA+, Menopause, Women's (New) and Veterans who work to raise the voices of their members.		

		6. **Board members hold services to account, allocate resources, and raise issues relating to equality and health inequalities on a regular basis.** The Board receive and scrutinise all the EDI reports, as well as performance reports relating to workforce and operations; quality reports from the Trust Committees, and key annual reports including Trust strategy updates and annual reports on topics such as safeguarding, Health Work & Wellbeing and EDI. 7. **Board members implement the Leadership Framework for Health Inequalities Improvement.** The Trust has not implemented this framework to date. 8. **Board members and senior leaders demonstrate commitment to health inequalities, equality, diversity and/or inclusion**: Each member of the Trust Executive Team has engaged with the EDI/Health Inequalities agenda. This has included reviewing the following: • Trusts WRES, WDES, Statutory Pay Gap, and Staff Survey results. • papers including EDI SMART targets; a Board Anti-Racism roundtable discussion; and participating in various EDI Learning & Development. • attendance at cultural events including Diwali; and championing EDI within their areas of responsibility. • The Chief Executive is the named Anti-Racism Champion; the Deputy Chief Executive the Domestic abuse and sexual violence (DASV) lead; the Medical Director is the Senior EDI Champion; and the Director of Integration is the Health Inequalities lead. 9. **Board members and senior leaders actively communicate with staff and/or system partners about health inequalities, equality, diversity and inclusion.**: The Trust Executive Team communicates extensively on		

		EDI/Health Inequalities through the Trust Brief Live, Trust News articles (external news, and internal staff news), MWL News (Email), and attendance at EDI events. Topics have included: Racial Harassment Zero Tolerance, Sexual Assault/Violence, Sexual Safety Charter, Flexible Working, Stress Awareness Week, World Suicide Prevention Day, Liverpool Pride, Accessible Documents, Baby Loss Awareness, New EDI/Family Friendly HR Policies, Patient Accessible Communications, Maternity Services audits, Diwali, Black History Month, and World AIDS Day.		

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	1. **Both equality and health inequalities are standing agenda items in all board and committee meetings.:** EDI and Health Inequality agenda items are regularly discussed at the Trust patient and workforce governance committees and the following reports are standing items in the annual committee business
		  • Pay Gap (Disability, Ethnicity, Gender, Sexuality); Workforce Race Equality Standard (WRES); Workforce Disability Equality Standard (WDES); EDI Operational Plan Update; Sexual Safety Charter implementation.
		  • Patient EDI & Inclusion Reports; Freedom to Speak Up; Safeguarding; Violence Reduction Strategy.
		  • Service updates on Maternity. Children, Young People, Women's & Childrens Health, Primary Care, Learning Disability & Mental Health, Chaplaincy, etc.
		
		2. **Equality and health inequalities impact assessments are completed for all projects and policies and are signed off at the appropriate level where required.:** The Trust has a robust Equality Impact Assessment (EIA) toolkit including a Standard Operating Procedure, Screen and Full Assessment templates. The form includes section to assess EDI, Health Inequalities, and Human Rights. A dedicated web
			2	Human Resources
				
				Patient Experience & Inclusion
				
				Governance Team
				
				Board/Trust Exec

resource is available, and training is available to staff throughout the year. The Trust EIA process states that the Screening Form must be completed in the following situations, unless a Full Impact Assessment has been completed first:

- When developing new policies, procedures, organisational changes, service changes, cost improvement programmes and transformation projects
- When reviewing the implementation of policies, procedures, organisational changes, service changes, cost improvement programmes and transformation projects

A full EIA is required in the following situations:
- Planning of cost improvement programmes
- Introducing new services
- Moving existing services to a new/different site
- Planning of new healthcare or employment services
- Decommissioning of existing healthcare or employment service
- During organisational change processes
- Redundancy situations

The screening form is embedded in the Trust policy template as part of the approval/assurance process which all policies must have completed. The depth/quality of assessments is an ongoing issue.

3. **Staff risk assessments, specific to those with protected characteristics, are completed and monitored (where relevant).**: The Trust's Health, Work and Wellbeing department provides Occupational Health, Health Surveillance, Infection Prevention and Control, Non-Clinical Risk, and Wellbeing services to all members of staff. These services include all forms of health-based risk assessments and relevant support plans to address risk or support staff in the workplace. Where

relevant topic specific risk assessment are completed by the relevant department such as Personal Emergency Evacuation Plans, Pregnancy & Maternity Risk Assessments, Lone Working Assessments, and Stress Risk Assessments. The Trust has an extensive policy framework to manage and mitigate risk including Lone Workers, Violence Reduction, Stress Risk Assessment, and Menopause.

4. **Required actions and interventions are measured and monitored. The WRES, WDES and/or NHS Oversight and Assessment Framework are used to develop approaches and build strategies:** The Trust has an EDI Operational Plan for 2022-2025 which was approved in 2022. This plan is regularly reviewed, and progress reported to Valuing Our People Council (quarterly) and Strategic People Committee (annually). In additional new actions are developed as part of the annual prioritise for the EDI operational plan, and in response to the WRES, WDES, Statutory Pay Gap, and Staff Survey Assessments. Action plans are developed and signed off at the relevant level.

5. **Equality and health inequalities are reflected in the organisational business plans to help shape work to address needs:** The Trust overarching aim is to provide "5 Star Patient Care" which underpins all our activity. In 2024, the new Trust Values were published including "We are Inclusive". The key organisational strategies to address EDI and HE are the Patient Experience and Inclusion Strategy, and the Equality, Diversity & Inclusion Operational Plan. However, EDI/HE/Widening Participation are key components on the HR Workforce Development, Recruitment, and Health & Wellbeing Operational Plans.

3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	1. **Board members, system and senior leaders ensure the implementation and monitoring of the relevant below tools.:** • WRES • WDES • NHS Oversight and Assessment Framework • Impact Assessments, • Gender Pay Gap reporting, • Staff risk assessments (for each relevant protected characteristic), • End of employment exit interviews • PCREF (Mental Health), • EDS • Accessible Information Standard, • Partnership working – Place Based Approaches The Trust's governance structures include the Patient Experience Council, People Performance Council, Valuing Our People Council, Strategic People Committee, Executive Committee, and the Trust Board. Through these bodies EDI and HI initiatives are reviewed, approved and monitored. For example, the Board receives and approves the EDS, WRES, WDES, and Statutory Pay Gap reports. The Strategic People Committee (a Board Sub-Committee) receives reports on the WRES, WDES, EDI Operational Plan, Sexual Safety Charter, Pay Gaps, HR/Staffing Metrics including Turnover and approve action plans. The People Performance Council (PPC), Valuing our People Council (VOPC), and Patient Experience Council respectively receive and review for assurance quarterly updates and annual reports of key initiatives (WDES, WRES etc). 2. **Interventions for unmet goals and objectives are present for the relevant listed above tools.**: The Trust has 3 year strategic plans for Workforce EDI Patient EDI.. In addition, the Trust has put in place	2	Human Resources Patient Experience & Inclusion Governance Team Board/Trust Exec

actions in response to the statutory and regulatory assessments and reports, data analysis (e.g. Staff Survey), and charter mark requirements where these are covered in the EDI Operational Plans.

3. **Board members, system and senior leaders actively support those experiencing the menopause within the working environment.**: The Trust has a Menopause Policy, and an active Menopause Network with over 350+ members. The network has a regular on-going programme of events and meets online regularly to discuss topics such as "Sleep & Posture", "Joint & Bone Health", "Menopause & Neurodiversity". Alongside this they run events for World Menopause Day and are supported by the Health Work and Wellbeing Team who provide advice and support.

4. **Organisations work with system partners to refocus work, to meet unmet need and demonstrates change**: The Trust works with numerous system partners including the Cheshire & Merseyside ICB and local Trusts, NHS NW EDI and NHS England EDI teams, Health Watch groups for all the local boroughs. . Health Watch are members of a number of Trust councils/committees (e.g. Equality Steering Group)_ and take part in patient voice engagement activities with the Patient Experience & Inclusion Team to ensure the patient voice is heard. Similarly trade union colleagues are members of numerous meetings/committees (e.g. Policy Sub-Group, Equality Steering Group) to ensure the staff voice is heard.

5. **Those holding roles at AFC Band 8C and above (for Achieving) or 7 and above (for Excelling) are reflective of the population served.** Agenda for Change is the pay scale used by all non-medical employees in the NHS. 17% of the AfC workforce is Band 7-9 and 0.8% are Band 8C-9.

- Band 8C+: Compared to the local population (Knowsley, St Helens, Sefton, West Lancashire) there is a higher proportion of 40-49 (significantly), and 50-59 (significantly) year olds, Women, Buddhist, Hindu, and Other Religion. There are significantly fewer Known Disability, and BAME. There are no known 16–24-year-olds, or LGBO within the band grouping.
- Band 7+: Compared to the local population (Knowsley, St Helens, Sefton, West Lancashire) there is a higher proportion of BAME, Women (significantly), LGBO, Jewish, Hindu, Muslim, Other Religion, and staff aged 30-39, 40-49 (significantly), and 50–59-year-olds. There are significantly fewer Men, Known Disability, 18-24-, and 60–64-year-olds within this band grouping.

6. **Organisations are able to show year on year improvement using Gender Pay Gap reporting, WRES and WDES.**
   a. WRES: 8/13 indicates have 2-year improvement (2023 and 2024), with 5/13 with 3 year improvements (2022, 2023 and 2024). 7 Indicators had seen improvements in 2 of the 3 years (2022 and 2023 only, or 2022 and 2024 only) .
   b. WDES: 14/15 indicates have 2-year improvement, (2023 and 2024) with 4/15 with 3-year improvements (2022, 2023 and 2024).
   c. GPG: Positive improvement in all 10 indicators, with 3-year reduction in Mean (2022 to 2024), 4-year reduction or 0% in Median (2021 to 2024), 2-year reduction in Bonus Mean (2023, 2024), 4-year 0% Bonus Median (2022-2024); increases in % Men in Q1 (2022-2024), Q2 (2021-2024), Q3 (2022-2024).

7. **Board members, system and senior leaders monitor the implementation and impact of actions required and raised by the above listed tools.** EDI and Health Inequality agenda items are regularly discussed at the Trust patient and workforce governance committees and the following reports are standing items in the annual committee business

| | | Pay Gap (Disability, Ethnicity, Gender, Sexuality); Workforce Race Equality Standard (WRES); Workforce Disability Equality Standard (WDES); EDI Operational Plan Update; Sexual Safety Charter implementation. Patient EDI & Inclusion Reports; Freedom to Speak Up; Safeguarding; Violence Reduction Strategy. Service updates on Maternity. Children, Young People, Women's & Children's Health, Primary Care, Learning Disability & Mental Health, Chaplaincy, etc. A suite of patient/service reports, reports in Safeguarding, HWWB, complaints, HR metrics, and risks and progress against . EDI Action Plans are regularly monitored by the People Performance Council (PPC), Valuing our People Council (VOPC), Strategic People Council (SPS), and Patient Experience Council. | | |
| **Domain 3: Inclusive leadership overall rating** | | | 2 | |

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s): - Union members of Equality Steering Group - Union members of People Performance Council	**Independent Evaluator(s)/Peer Reviewer(s):** - Jules Crane, EDI Officer, University of Chester - Lee-Anne Davies, Health Watch (various)

EDS Action Plan	
EDS Lead	**Year(s) active**
• Darren Mooney – Head of Workforce Equality, Diversity & Inclusion • Cheryl Farmer – Head of Patient Experience and Inclusion	2025 - 2026
EDS Sponsor	**Authorisation date**
• Anne-Marie Stretch – Deputy Chief Executive Director of HR • Lynne Barnes – Director of Nursing, Midwifery & Governance	April 2025

MSK

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	To have a greater awareness of the patients (service users) who are accessing the service.	Review the way patient demographics are recorded for the service, including those asked for in EDS and where possible record wider patient demographics.	December 2025
	1B: Individual patients (service users) health needs are met	To be able to use real life examples of how individual patients (service users) health needs are met.	Record instances where reasonable adjustments have been made, to meet individual patient (service users) health needs and include in the necessary reports.	December 2025
		To ensure individual patients (service users) health needs are met.	To publish and circulate to patients (service users) the information currently being developed, regarding the effects of the menopause on the MSK system.	December 2025
			Develop policy and processes to meet the needs of inclusion health group patients e.g. homeless, gypsies and travellers, asylum seekers and refugees etc	December 2025

1C: When patients (service users) use the service, they are free from harm	To ensure patients (service users) are free from harm when they use the service.	To review and ensure that all patient information leaflets are up to date and contain information that is necessary and relevant.	December 2025
		Ensure signage is displayed to show that any of our information can be done in alternative languages	December 2025
1D: Patients (service users) report positive experiences of the service	To ensure that there are suitable methods for all patients (service users) to report their experiences of the service.	Identify and implement new feedback mechanisms to allow patients (service users) to report their experiences of the service.	December 2025
	To embed patient (service user) engagement into the design of the service.	When making changes to the service or developing service improvement action plans, incorporate patient feedback so that the proposed changes align to patient (service user) experiences.	December 2025

Breast reconstruction

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Clearer documentation for patients with accessibility needs, communication requirements.	Include section in the breast reconstruction assessment forms that includes accessibility needs/communication requirements.	31/03/2025
	1B: Individual patients (service users) health needs are met	Up to date patient information.	Ensure all leaflets are up to date, in the new Trust templates and have gone through the Trust governance process.	31/03/2025
		DIEP School accessibility.	DIEP school to include remote attendance options and interpreting services for BSL/foreign language users.	31/03/2025
	1C: When patients (service users) use the service, they are free from harm	N/A	N/A	N/A
	1D: Patients (service users) report positive experiences of the service	Action plans developed from feedback.	Team to develop action plans from any negative feedback they receive to demonstrate improvements.	31/03/2025

Maternity

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	To further strengthen the accessibility and accommodation of transgender men in our service.	When due for update/renewal all polices, guidelines and PIL's will be reviewed to ensure the language used is inclusive.	December 2025
			Cascaded learning via MDT maternity newsletter and during MDT Prompt study day.	December 2025
			Maternity SOP for the care of trans males.	December 2025
		To improve inclusivity of same sex couples, single parents and different ethnic groups.	To ensure imagery around the hospital and included in patient information leaflets includes same sex couples, single parents and different ethnic groups.	December 2025
		To ensure that all our service users have access to the same education regardless of their first language	Explore the parent education offer ensuring that it is accessible to those whose 1st language isn't English, inclusive and easily accessible for all.	December 2025

	1B: Individual patients (service users) health needs are met	Move to App format of patient information leaflets with the ability to change languages.	This is being planned within the new maternity system once launched.	December 2025
	1C: When patients (service users) use the service, they are free from harm	N/A	N/A	N/A
	1D: Patients (service users) report positive experiences of the service	To increase the amount of feedback received from the health inclusion groups, as well as enabling members of the d/Deaf community to provide feedback in a way that is accessible and easy for them.	Develop feedback initiatives specifically aimed at the health inclusion groups, to increase the feedback provided by each of the groups.	December 2025
			More engagement with MNVP.	December 2025
			Develop new ways of working/engagement that enables members of the d/Deaf community to provide feedback.	December 2025

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Improve Health Inequalities data capture and analysis for staff.	Implement new OH/HWWB management system.	March 2026
			Agree standard EDI/OH reports.	March 2026
			Implement Socio-Economic question in ESR.	June 2025
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Reduce incidents of bullying hand harassment.	Launch new training on Harassment & Civility, Cultural Competence, Active Bystander.	March 2026
			Introduce Sexual Misconduct Policy.	March 2026
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Ensure up to date information is available to staff, and sign posting.	Continue to develop HWWB/OH web resources.	Ongoing
			Review EDI Hubs.	Ongoing
			Create a Sexual Harassment Hub.	July 2025

	2D: Staff recommend the organisation as a place to work and receive treatment	To increase staff satisfaction with EDI practices.	Implement a EDI training objective for all staff in the appraisal.	May 2025
			Roll out new exit interview processes and review for common themes and take action.	Ongoing
			Introduce new training resources on sexuality, trans and race equality.	April 2025

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	To increase all staff members EDI competence.	Chief Executive to be appointed Senior Race Equality Champion.	February 2025
			Implement a EDI training objective for all staff in the appraisal.	April 2025
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	To ensure and equip senior leaders to understand the equality impact assessment process.	Equality Impact Assessment training to be completed by senior leaders.	December 2025
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	To ensure that EDI data is readily available and accessible when needed.	To create standard EDI patient data reporting and or dashboards.	October 2025
			To create standardised EDI workforce data dashboard.	October 2025
			To amend Health Inequalities dashboard to add in additional EDI categories.	October 2025