Trust Board Committee

COVER SHEET

Agenda Item (Ref)	*Secretary to complete*	Date: 06/04/2023
Report Title	**Equality Delivery System (EDS) 2022**	
Prepared by	**Lisa Shoko, EDI Manager & Rachel Cowley, Head of Culture and Staff Experience**	
Presented by	**Lisa Shoko, EDI Manager**	
Key Issues / Messages	The EDS is designed to encourage the collection and use of better evidence and insight across the range of people with protected characteristics described in the Equality Act 2010, and so to help NHS organisations meet the public sector equality duty (PSED) and to set their equality objectives. Government guidance was for all Trusts to publish a version of their EDS 2022 report by 28 February 2023. Due to this being a new format for reporting EDS, there were national considerations that there may be delays in completion and reporting within the timescales. There were delays in the national templates being released, this meant work could only commence from July 2022, losing three months in the process of collection of data and evidence. This report outlines how the new EDS process was implemented at LWH and how the patient service was selected for Domain 1. It also outlines the process for Domains 2 and 3, including engagement and scoring of all three Domains with the EDI Lead at the ICB. The report details the rationale behind a draft report being published on the Trust website for the deadline date of 28 February 2023 and provides a report for consideration by the EDI Committee in advance of Trust Board approval on 6 April 2023. The approved report will then replace the draft on the website, this is following guidance from the ICB EDI Leads.	

Action required	Approve ☒	Receive ☐	Note ☐	Take Assurance ☐
	To formally receive and discuss a report and approve its recommendations or a particular course of action	*To discuss, in depth, noting the implications for the Board / Committee or Trust without formally approving it*	*For the intelligence of the Board / Committee without in-depth discussion required*	*To assure the Board / Committee that effective systems of control are in place*
	Funding Source (If applicable): n/a			
	For Decisions - in line with Risk Appetite Statement – Y/N *If no – please outline the reasons for deviation.*			
	The Committee are asked to consider and support the Equality Objectives for Workforce and to commit to responding electronically before the end of March in relation to the Patient Equality Objectives.			
Supporting Executive:	**Michelle Turner, Chief People Officer**			

Equality Impact Assessment *(if there is an impact on E,D & I, an Equality Impact Assessment **MUST** accompany the report)*						
Strategy	☒	Policy	☐	Service Change ☐	Not Applicable	☐

Strategic Objective(s)			
To develop a well led, capable, motivated and entrepreneurial *workforce*	☒	To participate in high quality research and to deliver the most *effective* Outcomes	☐
To be ambitious and *efficient* and make the best use of available resource	☐	To deliver the best possible *experience* for patients and staff	☒

To deliver *safe* services	☒		

Link to the Board Assurance Framework (BAF) / Corporate Risk Register (CRR)		

Link to the BAF (positive/negative assurance or identification of a control / gap in control) *Copy and paste drop down menu if report links to one or more BAF risks* 1.1 Failure to be recognised as the most inclusive organisation in the NHS with Zero discrimination for staff and patients (zero complaints from patients, zero investigations)	Comment: Whilst this is a national NHS reporting requirement (EDS 2022) there is a link to our Trusts Strategic ambition and BAF risk in relation to being one of the most inclusive NHS organisations.
Link to the Corporate Risk Register (CRR) – CR Number:	Comment:

REPORT DEVELOPMENT:

Committee or meeting report considered at:	Date	Lead	Outcome

The Equality Delivery System (EDS) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

The EDS is designed to encourage the collection and use of better evidence and insight across the range of people with protected characteristics described in the Equality Act 2010, and so to help NHS organisations meet the public sector equality duty (PSED) and to set their equality objectives.

EDS 2022 implementation by NHS provider organisations is mandatory in the NHS Standard Contract. EDS 2022 implementation will continue to be a key requirement for all NHS commissioners. Detailed information on how to implement EDS 2022 is contained in the EDS 2022 Technical Guidance.

Government guidance was for all Trusts to publish a version of their EDS 2022 report by 28 February 2023. Due to this being a new format for reporting EDS, there were national considerations that there may be delays in completion and reporting within the timescales. There were delays in the national templates being released, this meant work could only commence from July 2022, losing three months in the process of collection of data and evidence.

This report outlines how the new EDS process was implemented at LWH and how the patient service was selected for Domain 1. It also outlines the process for Domains 2 and 3, including engagement and scoring of all three Domains with the EDI Lead at the ICB.

The report details the rationale behind a draft report being published on the Trust website for the deadline date of 28 February 2023 and provides a report for consideration by the EDI Committee in advance of Trust Board approval on 6 April 2023. The approved report will then replace the draft on the website, this is following guidance from the ICB EDI Leads.

REPORT

1. Introduction

The EDS was first launched for the NHS in November 2011. In November 2012, Shared Intelligence published their report 'Evaluation of the equality delivery system for the NHS' which looked at how the EDS had been adopted across NHS organisations. Based on this evaluation and subsequent engagement with the NHS and key stakeholders, a refreshed EDS, known as EDS 2, was made available in November 2013.

A review of the EDS2 was undertaken to incorporate system changes and take account of the new system architecture. Through collaboration and co-production and taking into account the impact of COVID-19, the EDS has been updated and EDS 2022 is now available for live testing during 2022/23.

The main purpose of the EDS was, and remains, to help local NHS systems and organisations, in discussion with local partners and local populations, review and improve their performance for

people with characteristics protected by the Equality Act 2010. By using the EDS 2022, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

EDS 2022 is aligned to NHS England's Long Term Plan and its commitment to an inclusive NHS that is fair and accessible to all. The EDS 2022 suite of documents and supporting resources are available at the bottom of this page.

Implementation of EDS 2022 is a requirement of both NHS commissioners and NHS provider organisations. In light of the inclusion of EDS 2022 in the NHS standard contract, NHS organisations should use the EDS 2022 reporting template to produce and publish a summary of their findings and implementation.

The EDS 2022 reporting template is designed to give an overview of the organisation's most recent EDS implementation. Once completed, the report should be accessible to the public, and published on the organisation's website.

All NHS providers are required to implement the EDS, having been part of the NHS Standard Contract from since April 2015 (SC13.5 Equity of Access, Equality and Non-Discrimination). In addition, NHS Commissioning systems are required to demonstrate 'robust implementation' of the EDS as set out in the Oversight Framework.

The completion of the EDS, and the creation of interventions and actions plans in response to the EDS findings, can contribute to NHS system and provider organisations achieving delivery on the CORE20PLUS5 approach, the five Health Inequalities Priorities, and addressing inequalities in elective recovery highlighted in the 22/23 guidance.

C&M Trusts have been guided by EDI Lead for NW network to publish on a more user-friendly template. Following guidance from the ICB EDI Leads the LWH report will include the national reporting template and embedded evidence. This will ensure we have met all necessary requirements in relation to EDS 2022 for publishing on the Trust's website and provide assurance through the Committee for completion of all three Domains and their outcomes.

2.   **Collation of data for EDS 2022**

EDS is about how we are improving access to services for people who have protected characteristics.

In order to collate the data for EDS 2022 we:

- Provided an introduction to EDS 2022, technical guidance and scoring criteria

- Decided on two service line reviews with Patient Experience and EDI leads

- Process for collation of data was approved at Patient Involvement and Experience Sub-Committee

- Statistical evidence requested from the Informaion Team

- Socialised the process and evidence with the divisional managers

- Meetings were requested with divisional managers

- Qualitative evidence requested from divisional managers

- Identified gaps in statistical data - reviewed these gaps with the Information Team

2.1 Domain 1: Commissioned or Provided Services

In order to gather data and develop scores for domain 1, the following actions were taken:

- Dashboards have been developed on Power BI for both service line reviews which are Gynaecology (Cervical Cancer) and Maternity (Induction of Labour)

- The information has been shared with the Integrated Care Board (ICB) with the preliminarily agreed scores for the day – Gynaecology scored 3 in Domain 1 and Maternity scored 6 in Domain 1, which meant that our highest performing service was maternity. According to the national guidance we are only required to report on the best performing service out of the two.

- Engagement with patient EDI, engagement and experience colleagues will be going ahead in the coming weeks to finalise the scoring

- Outcomes will be fed back to the divisional managers to develop improvement plans

- Pre-liminary scores have been shared with the ICB in lieu of engagement activities

- Final approval of scores and evidence through EDI Committee

2.2 Domains 2 & 3 Workforce Wellbeing & Leadership

In order to gather data and develop scores for domains 2 and 3, the following actions were taken:

- Engagement with Head of Culture and Staff Experience in order to review domains and outcomes

- Regular meetings to ensure domain evidence and scoring is progressed with Head of Culture and Staff Experience

- Workforce scored 4 and Leadership scored 5

- Final approval of scores and evidence through EDI Committee

3. EDS 2022 – Draft report currently published on Trust website

Government guidance was for all Trusts to publish a version of their EDS 2022 report by 28 February 2023. Due to this being a new format for reporting EDS, there were national considerations that there may be delays in completion and reporting within the timescales. There were delays in the national templates being released, this meant work could only commence from July 2022, losing three months in the process of collection of data and evidence.

We did have an engagement session with ICB where some scores were queried due to a lack of evidence. Since then, additional evidence has been submitted from the Divisional teams, therefore we require support and additional scrutiny from the EDI Committee in relation to the self-assessment scoring.

In agreement with the ICB EDI Lead, LWH have published a draft version of the report on the Trust website. This is sufficient in meeting the regulated requirements, pending approval of the formal report at EDI Committee and Trust Board on 6 April 2023. Following the EDI Committee assurance on scoring, the report can be ratified by Trust Board and thereafter, the draft version on Trust website will be replaced with the approved report.

4. EDS 2022 – proposed report for ratification and publication on 7 April 2023 following EDI Committee comment and Trust Board approval

Whilst the NW EDI network lead suggested a user-friendly template, it is recommended by ICB EDI leads that the national reporting template is also available on the Trust website. Therefore, LWH propose to publish a user-friendly version of the report, with the national template included as an appendix should public wish to access the full detailed report.

Appendix 1 outlines the user-friendly version of the EDS 2022 report with the National reporting template and detailed evidence included as an appendix to the document.

5. Summary / Actions

It is acknowledged that there was a delay of three months in the EDS 2022 paperwork and technical guidance being made available to enable the work to commence to gather evidence. Whilst the EDS 2022 updates were presented at a number of Committees, including the Patient Information and Engagement Sub-Committee and EDI Committee, it has proved challenging to complete the complex national framework required to complete EDS 2022 and gather evidence to support scoring criteria.

Following an engagement session with ICB where some scores were queried due to a lack of evidence, additional evidence has been submitted from the Divisional teams. There are other C&M Trusts that were unable to meet the deadline of 28 February and following guidance from our OCB EDI Leads were have published a draft report on the Trust website pending approval of this report and scoring allocated to each Domain.

To ensure LWH is able to meet the publication dates for future EDS reports, the following actions have been taken:
- Divisional report template submitted for EDI at every EDI Committee, this will ensure evidence is easily accessible and a smoother process in developing the EDS domain outcomes
- Review annual workplans for the following meetings to ensure that deadline for 28 February is met for future EDS publications:
    o Patient Involvement and experience Sub Committee
    o Inclusion Forum
    o EDI Committee
    o Trust Board

Assurance can be taken that the EDI Manager and Head of Culture and Staff experience have already contributed to the workplans for the above-mentioned meetings and have developed a template for Divisional reporting, which will be reviewed at this meeting and future Committees.

6. Recommendations

The Committee are asked to consider and support the EDS 2022 Report templates attached, pending approval from Trust Board before publication of finalised version on the Trust's website.

Appendix 1: Proposed EDS 2022 report for ratification and publication on 7 April 2023

Liverpool Women's NHS Foundation Trust

Equality Delivery System 2022

Scoring

Each outcome is to be scored based on the evidence provided. Once each outcome has a score, they are added together to gain domain ratings. Domain scores are then added together to provide the overall score, or the EDS Organisation Rating. Ratings in accordance to scores are below The scoring system allows organisations to identify gaps and areas requiring action

Undeveloped activity – organisations score 0 for each outcome	Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – organisations score 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 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 3 for each outcome	Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

EDS 2022 assessment programme and results

The Trust held 3 assessment events on:

- 23 December 2022 for EDS Domain 2
- 23 December 2022 for EDS Domain 3
- 16 January 2022 for EDS Domain 2
- 26 January 2022 for EDS Domain 1
- 13 March 2023 for EDS Domain 1

The Trust scored a combination of 16. This score rated the Trust overall the EDS 2022, as **Developing**

Individual scores, domain ratings and assessor recommended EDS 2022 actions, follow in this report

Service Selected for Domain 1

Maternity – Induction of Labour

We selected a service identified in the CORE20Plus5 and a more detailed report on EDS 22 can be found in Appendix 1 of this report.

NHS England

Equality Delivery System (EDS) – Summary Results for Liverpool Women's NHS Foundation Trust, February 2022.

Our 2022 submission was assessed by internal and external stakeholders

**Domain 1: Commissioned or provided services
Maternity Induction of Labour**

Outcome	Undeveloped	Developing	Achieving	Excelling
1A. Patients (service users) have required levels of access to the service		✔		
1B. Individual patients (service user's) health needs are met			✔	
1C. When patients (service users) use the service, they are free from harm			✔	
1D. Patients (service users) report positive experiences of the service		✔		

Domain 1: Commissioned or provided services actions

- Collecting data on all protected characteristics and on marginalised groups identified in the Core20Plus5 e.g., deprived areas representing health inequalities
- Divisional reporting to EDI Committee of work being done to reduce health inequalities to monitor progress in equality, diversity and inclusion work related to service users
- Conducting an environmental access audit to identify barriers to accessing services for people with additional needs and improve the existing facilities e.g., support with disabilities, language etc.
- Improve consultation with marginalised groups that are accessing services through the support of service user groups and local community engagement leads.

Domain 2: Workforce Health and Wellbeing

Outcome	Undeveloped	Developing	Achieving	Excelling
2A When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions		✔		
2B When at work, staff are free from abuse, harassment, bullying and physical violence from any source		✔		
2C Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source			✔	
2D Staff recommend the organisation as a place to work and receive treatment		✔		

Domain 2: Workforce actions

- Review the process for reasonable adjustments to support staff including educating managers and staff on resources available through Access to Work
- Proposal to be developed with a focus on how we can support managers and staff with release for attendance at Inclusion meetings (Inclusion Forum and Staff Networks) and to support the development of key Inclusion events
- Development of health and wellbeing plan in relation to self-management of conditions such as obesity, asthma and COPD

- Ensure support sessions for staff to help with self-management of long-term conditions including signposting is informed by staff absence data and intelligence from annual Health and Wellbeing conversations
- Host listening events for staff who staff living in the local area and may access our services
- Communications to be developed to promote the different routes staff have to voice concerns in relation to abuse, harassment, bullying and physical violence from any source. This will include partnership working with staff side representatives, Freedom to Speak Up Guardians and HR team

Domain 3: Inclusive Leadership

Outcome	Undeveloped	Developing	Achieving	Excelling
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		✔		
3B Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed		✔		
3C Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients				✔

Domain 3: Inclusive Leadership actions

- Senior sponsorship of events put on by Pride, REACH and DAWN staff networks and the Inclusion forum
- Ensure that both ED&I and health inequalities are standing agenda items and discussed in board and all committee meetings, hearing lived experience stories and seeking assurance that actions are being progressed

- Ensuring that equality impact assessments are completed for all projects and policies and are signed off at the appropriate level where required including risk assessments and actions for marginalised groups
- Reporting of Equality Impact Assessments at EDI Committee and exception reporting to Board where risk identified that required immediate board attention
- Standing agenda item on EDI Committee where Divisional reports are presented utilising the workforce and patient EDI dashboards. Reports will provide evidence in relation to divisional progress with workforce EDI ambitions and how patient health inequalities are being addressed

NHS Equality Delivery System 2022
EDS Reporting Template

Version 1, 15 August 2022

Contents

Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation	Liverpool Women's NHS Foundation Trust	Organisation Board Sponsor/Lead
		Michelle Turner, Chief People Officer
Name of Integrated Care System	NHS and Cheshire Integrated Care Board	

EDS Lead	Lisa Shoko, EDI Man\ger	At what level has this been completed?	
			*List organisations
EDS engagement date(s)	23 December 2022 for EDS Domain 2 23 December 2022 for EDS Domain 3 16 January 2022 for EDS Domain 2 26 January 2022 for EDS Domain 1 13 March 2023 for EDS Domain 1	Individual organisation	Liverpool Women's NHS Foundation Trust
		Partnership* (two or more organisations)	
		Integrated Care System-wide*	NHS and Cheshire Integrated Care Board

Date completed	February 2023	Month and year published	February 2023

Date authorised	March 2023	Revision date	February 2024

Completed actions from previous year	
Action/activity	**Related equality objectives**

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	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Liverpool Women's NHS FT Trust Website https://www.liverpoolwomens.nhs.uk/about-us/ Acute Service **Locations:** Liverpool Women's NHS FT, Crown Street, Liverpool, L8 7SS (Main Site); Some Outpatient Clinics delivered out of Aintree University Hospital, Liverpool University Hospital NHS Foundation Trust, Lower Ln, Fazakerley, Liverpool, L9 7AL Community Clinics **Hours of Operation:** Community Midwives https://www.liverpoolwomens.nhs.uk/our-services/maternity/your-antenatal-care/community-midwives-contact-information/ Early Pregnancy Assessment Unit https://www.liverpoolwomens.nhs.uk/our-services/maternity/early-pregnancy-assesment-unit-epau/	1	Vicky Clarke

		Services Provided at Liverpool Womens: Our services - Liverpool Womens NHS Foundation Trust		
		Services Provided in Maternity: Maternity - Liverpool Womens NHS Foundation Trust		
		Maternity Patient Information Leaflets: Maternity Patient Information Leaflets - Liverpool Womens NHS Foundation Trust		
		Pregnancy Concerns The following page provides support for birthing persons who are concerned about their pregnancy: If you are concerned - Liverpool Womens NHS Foundation Trust		
		My Pregnancy Notes There is additional information available for women on My Pregnancy Notes which is available for pregnant women here: www.mypregnancynotes.com Further information in the attached PDF: My Pregnancy Notes.pdf		
		Essential Parent App		

		Liverpool Women's Hospital are also considering the Essential Parent App which has 37. Features of the app described above can be found in the attached PDF: 📄 EP App content - 2022.pdf **Accessibility Information** Accessibility - Liverpool Womens NHS Foundation Trust In addition to this, My Pregnancy Notes and Liverpool Women's Website are accessible. The Liverpool Women's website has the capacity to adjust font size, language and contrast. National NHS Maternity support information is available: www.mypregnancynotes.com Continuity Hubs available here: Community Midwives Contact Information - Liverpool Womens NHS Foundation Trust		
	1B: Individual patients (service users) health needs are met	**Activity Information** – including length of stay, breakdown of activity by protected characteristic below: Induction of Labour Deliveries Report - Power BI Induction of Labour (2) Deliveries Report - Power BI	2	Vicky Clarke

		Reasonable Adjustments – we have a Reasonable Adjustment Policy for service users available on the intranet		
		Individualised Care Planning and Birth planning – this is all done through www.mypregnancynotes.com including signposting to information for relevant support groups i.e., voluntary and faith groups, nutrition and hydration provision. Additional information can be found on Trust website here: https://www.liverpoolwomens.nhs.uk/our-services/maternity/preparing-for-birth/		
		Continuity of Carer Monthly Data LWH COC Monthly Data.xlsx **NEST Team** Evidence Outcomes (002).pdf **MVP Involvement** MVP-Annual-Work-Plan-Template(1) Liv MV **Maternity Transformation Board (context)**		

		Maternity Transformation Board		
	1C: When patients (service users) use the service, they are free from harm	**Maternity Assessment Unit Care Pathway** Maternity Assessment Unit Care **Emergency Caesarean Section Pathway** Emergency Caesarean Section Pa **Postnatal Care Planning** Postnatal Care Planning.pdf **Antenatal Risk Assessment incl. Booking Appointment Guideline** Antenatal Risk Assessment Including **Staffing incidents** FOI3484 Staffing Incidents.xlsx **Provision of Translation Services** The PDF document below shows translation services that were made Face to Face or through the telephone 2020-2022.	2	Vicky Clarke

		FOI 3515 - Translation Services.p **Continuity of Carer Report** CofC Outcomes Report .pdf **Stillbirths Thematic Review 2021-2022** Stillbirths 2021-22 Thematic review.pdf **Nursing and Midwifery Staffing Levels** Nursing and Midwifery - Liverpool Womens NHS Foundation Trust **Maternity Dashboards** The Maternity dashboards are published on the Trust website and show monthly facts about care including births, babies, surgeries and research Maternity Dashboard - Monthly Facts - Liverpool Womens NHS Foundation Trust **Mortality** FOI 3630 - Deaths.pdf FOI 3519 Mortality.xlsx **NHS Staff Survey 2021**		

		PDF NHS_staff_survey_202 1_REP_full.pdf		
	1D: Patients (service users) report positive experiences of the service	**Positive Feedback – Interpreter on Wheels** PDF INTERPRETER ON WHEEL PDF.pdf	1	Michelle Rushby
Domain 1: Commissioned or provided services overall rating			6	

Domain 1: Commissioned or provided services

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	Annual health checks available for all staff as a drop in facility from our occupational health physicians. These allow opportunity for blood pressure tests, cholesterol tests, general well-being conversation and health promotion materials e.g., asthma, diabetes, nutrition, physical well-being, mental health, prostate care and women's health	1	Rachel Cowley
		Re_ Know your numbers week - LWH		
		This was also circulated via our internal platform – weekly digest, however these are archived for this period of time.		
		Annual health and well-being conversations take place for each member of staff with their line manager to support staff to remain healthy at work and consider any reasonable adjustments that may be required. LWH recently commenced recording of Health and Wellbeing conversations on ESR, however currently low numbers are recorded (report contains confidential data which we are unable to provide as evidence). As a result, this is also now recorded along with mandatory training and essential training on ESR clearly showing where staff are not compliant so they can actively engage with their managers to ensure this is completed a recorded on ESR.		

		LWH Staff Survey Results 2021.pdf Promote key well-being dates e.g., mental health awareness week, men's health, world menopause day, endometriosis week, world diabetes day, world COPD Day All Staff Email Invitation to Staff Mer Staff Menopause Cafe 2022 Poster.pdf		

| | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | The organisation takes a zero-tolerance approach to abuse, harassment, bullying or violence as outlined in the Trust policies for Equality and Human Rights, Resolution Policy.

FOI 2887 Equality and Human Rights Policy v

reported incidents of abuse _ hate from pat

EDI Risk Register and Reporting of Hate Inci

All staff making any allegations of abuse or bullying will be supported by their managers, HR, Freedom to Speak Up Guardians and the organisation's senior leaders to ensure appropriate support is offered from the beginning of the process e.g., buddy system, weekly check-ins, well-being coaching/support. During Black History Month in October 2022, the Vice Chair of the Race, Ethnicity and | 1 | |

| | | Cultural Heritage Network (REACH), EDI Leads and Freedom to Speak Up Guardians commenced the Black History Month Mini Conversations with a view to establish the impact in relation to abuse/harassment for racially minoritized colleagues. The evidence will inform the Trust's planned work to become an anti-racist organisation which is supported by the Trust Board and senior leaders. Workforce Race Equality Standard (WRES): annual reporting is a requirement for NHS organisations. NHS providers are expected to show progress against a number of indicators of workforce equality, which enables he comparison of racially minoritised staff and white staff. This is completed annually via a report format and an annual action plan. The metrics that are measured include total percentage of staff from racially minoritised groups, recruitment, disciplinary, career progression, non-mandatory training | | |

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| **Error! No text of specified style in document.** 2022

| | | opportunities, discrimination, harassment bullying and abuse, and board member representation. See the following link: [Diversity, Inclusion & Human Rights - Liverpool Women's NHS Foundation Trust](#) | | |
| | | Workforce Disability Equality Standard (WDES): annual reporting is a requirement for NHS organisations. NHS providers are expected to show progress against a number of indicators of workforce equality, which enables the comparison of disabled staff and non-disabled staff. This is completed annually via a report format and an annual action plan. The metrics that are measured include total percentage of staff who report having a disability, recruitment, capability, career progression, harassment bullying and abuse, reasonable adjustment have been made, and board member representation. See the following link: [Diversity, Inclusion & Human Rights - Liverpool Women's NHS Foundation Trust](#) | | |

		Equality Delivery System (EDS): an annual reporting system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. See the following link: Diversity, Inclusion & Human Rights - Liverpool Womens NHS Foundation Trust		

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Zero tolerance approach to bullying, harassment and abuse with a new policy written in a fair and just culture approach	2	Rachel Cowley/Kevin Robinson
		PPF Fair & Just Culture - September 2		
		Policy was renamed to Resolution Policy utilising new language with a focus on early action and support for staff		
		Staff Networks are invited to contribute to all EDI action plans following national reporting criteria e.g., WRES, WDES. All EDI policies and procedures are equality impact assessed and staff networks have the ability to comment on these. See Equality and Human Rights Policy, Equality Impact Assessment Policy, Reasonable Adjustments Policy, Violence and Aggression Policy, Transitioning in the Workplace Policy		
		Freedom to Speak Up Month with alternative options where they can access support and		

| | | safely raise concerns. There are two Freedom to Speak Up Guardians, one of whom is from a racially minoritised background and is from a clinical background. The FTSUGs are embedded within the organisation and are members of relevant committees e.g., EDI Committee. FTSUGs have a slot on corporate introduction to explain their role and introduce themselves to new starters.

The organisation works closely to Staff Side Chair and supports the Union Representatives to be impartial and where required, to work with partner organisations.

Promotion ran during Anti-Bullying Week with a launch of the newly developed Values to Behaviours guidelines. This has been developed by staff through various focus groups and engagement events following the National Staff Survey results. | | |

| | | **Tri-fold values leaflet.pdf**

The Great Place to Work Group is a platform for staff voices and lived experiences to be heard, there is a staff representative from each team in attendance. We will upskill the Great Place to work representatives to become champions for ensuring that staff have another avenue to raise concerns relating to behaviours.
The Trust Board and other Committees have agenda items for lived experiences of staff and patients from protected characteristics. This is an opportunity to listen and learn, making improvements and positive change to practice. | | |

| | 2D: Staff recommend the organisation as a place to work and receive treatment | 56.7% of staff would recommend the Trust as a place to work, whilst 69.1% would recommend the Trust as a place to receive treatment. See image below:

📄 PDF
Survey Question Domain 2.pdf

National Staff Survey which has action plans for each division with a focus on improving the staff experience with a view to improving our score in relation to being a great place to work. The experiences of staff from different protected characteristics is highlighted within the Staff Survey results which are submitted to the Trust Board and Divisional Leaders.
Following the National Staff Survey results, the Trust developed a number of engagement initiatives outlined below and included in the attached PPF Committee paper. | 1 | |

		PPF Staff Engagement Report _		
		We launched a Great Place to Work Group as an engagement avenue, and an alternative pathway to hearing staff voices. This is chaired by a member of staff and the staff dictate the agenda. This reports into the PPF committee and up to the Trust board		
		We have The Big Conversation, twice annually following the release of the Staff Survey results in April. This includes Executive Directors, Non-Exec Directors and senior leaders visiting each department/team n addition to this, focus groups are held for the following:		
		- Medics - Nurses - Midwives - HCAs - Admin Staff - Racially Minoritised Staff		

25

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		▪ Staff with Disabilities and long-term conditions 1. In The Big Conversation, staff make suggestions for how we can improve. Following this, actions are developed and fed into divisional staff survey plans. The September Big Conversation checks progress on these actions, ensuring that they are appropriate and allows opportunity to identify new emerging themes from our staff. The Let's Talk Quarterly Survey measures engagement within the organisation including whether we are a great place to work and whether staff would recommend us. This gives divisions a pulse check as to how well they are progressing with their divisional plans and how well they are being received HR Business Partners map sickness and absence data. This is reported at performance review and divisional board monthly. Following this senior leadership team within each division		

		work alongside the HR Business Partner to ensure appropriate support is offered to individuals to enable staff to positively manage their health and well-being which in turn supports retention within the organisation.		
Domain 2: Workforce health and well-being overall rating			5	

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	Executive Directors have commenced the improvement of knowledge through our Liverpool Women's Resource for Race Inclusion. This includes the completion of Layla F Saad's Me and White Supremacy book and accompanying workbook to challenge their own experiences of race and broaden their knowledge in this area. Following the completion of the workbook they will participate in a focus group led by the Equality and Inclusion Manager along with promotional videos for their senior leadership team (including our medical staff) and organisation wide. Equality, Core20Plus5, Health inequalities and EDS are standing items in all committee meetings including Trust Board Executive Directors, Putting People First Committee and Quality Committee. The Trust's Equality, Diversity and Inclusion Committee reports into the Putting People First Committee with a Chair's report outlining key actions and any risk for both workforce EDI and patient EDI. Currently a key topic being worked on is reducing health inequalities in Maternity, in particular admissions.	1	Rachel Cowley

Health Inequalities Dashboard.pdf   98c. TB WRES report 2022.docx   WDES 221003 PPF Meeting Pack October 2022 Fir

Staff Network Chairs are in attendance at EDI Committee and have recently been

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| | | asked to provide a Chairs report to the Committee for an update of progress of work within their network. Currently our Staff Networks are not sponsored by Executive Directors, and this is something the organisation will consider in the coming months to ensure the activities and events are championed by an Executive Lead. However, they do engage with our senior leaders through the EDI Committee on a bi-monthly basis.

Trust Board and Senior Leaders have received development sessions from an external professional, Sandra Pollock OBE. The development sessions were designed to expand their knowledge around the complexities surrounding EDI in particular issues of race and racism.

📄 PDF
LWH Leadership
Forum - Sandra Pollo(

Some of the ongoing at the Trust focusses on supporting staff to expand their understanding and knowledge through cascading of information and learning from our senior leaders and Executive Directors. The aim of the above pieces of work has been with a focus to the organisation becoming an anti-racist organisation. | | |

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Both Equalities and Health Inequalities are discussed at Trust Board and other committee meetings on a regular basis. Actions are recorded in the minutes and/or action trackers. These are reported on and followed up at subsequent meetings.	1	
		2. Sept 2022 Board agenda draft 1.1.docx 98c. TB WRES WDES report 2022.docx		
		The Trust acknowledge that the Equality Impact Assessments for projects and policies, whilst signed off at senior level are not normally reported through Trust Board or other formal committees. As a result of this a new EIA process and policy was approved in October 2022 where all EIAs are considered at the EDI Committee which meets bi-monthly and is chaired by our CEO, Kathryn Thompson. In addition, the new EIA process allows clear reporting of any risks identified or project and policies to be escalated directly to the Trust Board.		

| | 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 | Trust Board and Senior Leaders monitor and ensure implementation of actions relating to the following: WRES, WDES, Gender Pay Gap and EDS 2022. These are all reported through senior leadership committees, discussed with staff inclusion networks and then ratified at Trust Board before publication on the Trust website. See the following link: Diversity, Inclusion & Human Rights - Liverpool Womens NHS Foundation Trust The new Equality Impact Assessments are signed off at senior level on a bi-monthly basis at EDI Committee and any identified risks are highlighted directly to the Trust Board for consideration, mitigation and future monitoring.
Accessible Information Standard is included in an action tracker along with Reasonable Adjustments which is monitored and reported on through the EDI Committee where senior leaders ensure actions are implemented and embedded into everyday practice.

Action Log March 2022.xlsx

There is ongoing work in Divisions to review data in relation to leavers from the Trust and the reasons for them leaving. This will inform an action plan to improve the retention of staff particularly those from protected characteristic groups. | 3 | |

| | | The Trust has recently launched their **Supporting Our Employees and Their Families with Women's Health** programme of work. This supports all staff recognising that men can be impacted by women's health related issues and/or manage women within our workforce. This includes the following:
• The Trust has signed up to **The Smallest Things, Employer with a Heart Charter,** which supports parents of premature babies.
• As an **Endometriosis Friendly Employer,** the Trust is committed to developing a work environment and culture that enables employees to thrive at work.
• The Trust has signed the **Miscarriage Association, Pregnancy Loss Pledge** committing to support staff through the distress of miscarriage
As a result, the Trust policies have been amended to include additional time off and support to all staff.

All Staff Email
Supporting our emplc

[Maternity Leave Policy]
This has been implemented and supported by all operational managers. | | |
| | | | | |

Domain 3: Inclusive leadership overall rating	5	
Third-party involvement in Domain 3 rating and review		
Trade Union Rep(s):	Independent Evaluator(s)/Peer Reviewer(s):	

EDS Organisation Rating (overall rating):
Organisation name(s):
Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped** Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing** Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving** Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan

EDS Lead		Year(s) active	
Lisa Shoko, EDI Manager		1	
EDS Sponsor		**Authorisation date**	
Michelle Turner, Chief People Officer		March 2023	

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 ensure our patients and service users within from our community have equity of access to our services regardless of protected characteristics	Collecting data on all protected characteristics and on marginalised groups identified in the Core20Plus5 e.g., deprived areas representing health inequalities	February 23
	1B: Individual patients (service users) health needs are met	To ensure patient health needs are met within each of our services and reduce health inequalities through regular monitoring and developing actions to ensure equity of access	Divisional reporting to EDI Committee of work being done to reduce health inequalities to monitor progress in equality, diversity and inclusion work related to service users	February 23

	1C: When patients (service users) use the service, they are free from harm	To ensure our site and services are accessible to all of our people, staff and patients	Conducting an environmental access audit to identify barriers to accessing services for people with additional needs and improve the existing facilities e.g., support with disabilities, language etc.	February 23
	1D: Patients (service users) report positive experiences of the service	To ensure that we engage with our patients to understand the needs of people in our community with protected characteristics and respond proactively to these needs	Improve consultation with marginalised groups that are accessing services through the support of service user groups and local community engagement leads	February 23

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	We will understand through health conversations the health needs of our staff and tailor support accordingly	Development of health and wellbeing plan in relation to self-management of conditions such as obesity, asthma and COPD	February 23
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	To ensure safe spaces are provided for staff to report any abuse, harassment, bullying and physical violence	Develop a mechanism on risk management reporting system (Ulysses) to enable a safe space for staff to quickly and easily report any hate incidents or bullying from any colleagues or managers Review the process for reasonable adjustments to support staff including educating managers and staff on resources available through Access to Work	February 23

2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	To ensure that our staff have adequate support, and are signposted to the appropriate services to when from stress, abuse, bullying, harassment and physical violence	Ensure support sessions for staff to help with self-management of long-term conditions including signposting is informed by staff absence data and intelligence from annual health and wellbeing conversations Proposal to be developed with a focus on how we can support managers and staff with release for attendance at Inclusion meetings (Inclusion Forum and Staff Networks) and to support the development of key Inclusion events	February 23
2D: Staff recommend the organisation as a place to work and receive treatment	To ensure that we engage with our staff groups to understand the needs of people in our community with protected characteristics and respond proactively to these needs	Communications to be developed to promote the different routes staff have to voice concerns in relation to abuse, harassment, bullying and physical violence Host listening events for staff who staff living in the local area and may access our services	February 23

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 ensure monitoring of equality impact assessments and to continue to learn from both patient and lived experience stories through our EDI Committee, Putting People First Committee and Trust Board.	Ensure that both ED&I and health inequalities are standing agenda items and discussed in board and all committee meetings, hearing lived experience stories and seeking assurance that actions are being progressed Ensuring that equality impact assessments are completed for all projects and policies and are signed off at the appropriate level where required including risk assessments and actions for marginalised groups	February 23
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	To seek assurance that all necessary committees in agendas and minutes allow detail discussion in regard to EDI risks	Reporting of Equality Impact Assessments at EDI Committee and exception reporting to Board where risk identified that requires immediate board attention Develop regular risk reports from risk management system to EDI Committee to ensure all EDI risks and actions are progressed.	February 23

| 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 appropriate representation at key EDI events and divisional performance reporting through EDI committee so assurance can be given at Trust Board level. | Senior sponsorship of events put on by Pride, REACH and DAWN staff networks and the Inclusion forum

Standing agenda item on EDI Committee where divisional reports are presented utilising the workforce and patient EDI dashboards. Reports will provide evidence in relation to divisional progress with workforce EDI ambitions and how patient health inequalities are being addressed | February 23 |
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