

Classification: Official

Publication approval reference: PAR1262



NHS Equality Delivery System 2022 EDS Reporting Template

Version 1, 15 August 2022

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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)

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| Name of Organisation | Alder Hey Children's NHS Foundation Trust | Organisation Board Sponsor/Lead | | |
| | | Melissa Swindell, Chief People Officer | | |
| Name of Integrated Care System | Cheshire and Merseyside | | | |

| EDS Lead | Angela Ditchfield | At what level has this been completed? | | |
|-------------------------------|--|---|--|--|
| | | | *List organisations | |
| EDS engagement date(s) | June 2023 – Initial briefing paper produced July 2023 – Services identified in collaboration with the nursing leadership team August 2023 – Service leads engaged, and support and information provided September 2023- Check in with service leads and offer of support November 2023 – Final check in and discussion regarding completion of evidence collection | Individual organisation | Health Watch Liverpool Chaplaincy Team Freedom to Speak Up Guardian REACH (Race Ethnicity and Cultural Heritage) Staff Network LGBTQIA+ Staff Network ACE-Disability Staff Network Trade Union Representatives EDI Steering Group | |
| | | Partnership* (two or more organisations) | | |

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| | | | Integrated Care System-wide* | Cheshire and Merseyside ICB |
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| Date completed | 16 th January 2024 | Month and year published | Feb 2024 |
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| Date authorised | 20 th March 2024 | Revision date | February 2025 |
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| Completed actions from previous year | |
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| Action/activity | Related equality objectives |
| Appointment of Head of Equality, Diversity, and Inclusion | |
| Launch of 4 Staff Networks: REACH LGBTQIA ACE Disability and Long-Term Conditions Armed Forces | |
| Signed up to the North West BAME Assembly Anti-Racist Framework | |
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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

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| 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 – Service 1 | Rating | Owner (Dept/Lead) |
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| Domain 1: Commissioned or provided services | 1A: Patients (service users) have required levels of access to the service | <p>We are a service specifically set up to support d/Deaf children, young people, adults, and their families. The team undergo additional training to ensure they are Deaf Aware and qualified in Level Two- British Sign Language as a minimum. Sign Health recently compiled a report highlighting the barriers faced by Deaf people</p> <p>https://signhealth.org.uk/resources/report-sick-of-it/. We have multiple ways of being contacted by our patients who may not be able to use the phone - email, text, and video calling. We have an open referral system for ease of access for people wanting support. Flexibility of appointments - we can support people at home, education setting or local health clinic - our service leaflet highlights this (we are looking at how we can make this easier to understand/plain English and jargon free). Patient feedback forms have been translated into the languages used across the region - we are carrying out this feedback survey in January to collate this information from our service users. We have raised the</p> | <p>Achieving Activity 2</p> | <p>Ellen Swann Manager Speech and Language Therapy Network for Deaf People</p> |

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| | | <p>profile of the needs of d/Deaf patients and their families by delivering deaf awareness information sessions. This has included young people who access the service. We provide translators and longer appointments for families where English is not the first language.</p> <p>K:\Community Team Migration\Community Speech & Language Therapy\Liverpool Speech Therapy\Hearing Impairment Network (SSaLTNDP)\0. Admin Folder\Leaflets\4a. Liverpool Speech and Language Therapy Service for Deaf Children PIAG 297 Updated March 2023.docx</p> | | |
| | <p>1B: Individual patients (service users) health needs are met</p> | <p>Our service is specifically commissioned to support d/Deaf children, young people, and their family. This ensures that they can highly access specialist speech and language support when needed. We do not have a waiting list and access to treatment is immediately following the initial appointment. We do not have immediate discharge following WNB to the service - we work closely with families and education colleagues to ensure that children and young people are supported when they may find it difficult to come to appointments. We are flexible in how we support families and an provide information in how to support their children in</p> | <p>Achieving Activity 2</p> | <p>Ellen Swann Manager Speech and Language Therapy Network for Deaf People</p> |

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| | | <p>a variety of formats. For people where writing and spoken language may be difficult to understand, we are able to use pictures and visuals to support communication. We are aware of the accessible information standards and use this to inform the information that we present. Further reasonable adjustments that we make include joint sessions with colleagues to reduce the number of appointments, consideration of the environment, the language that is used, reduction of sensory stimulation, shorter sessions if needed, working with families to reduce stress for patients.</p> | | |
| | <p>1C: When patients (service users) use the service, they are free from harm</p> | <p>We respond to incidents in a timely manner as highlighted in Inphase. An example of this was when we were having repeated incidents related to BSL interpreters not turning up to appointments. We worked with the patient experience team to change the provider. The potential risk to the service re: vacancies has been placed on the Risk Register, following our Quality Assurance Round. As a highly specialist service, any vacancy could pose a significant delay in input for our patients. We have put in mitigation to ensure that we will be offer a level of cover for children who are vulnerable or a have a higher priority need.</p> | <p>Achieving Activity 2</p> | <p>Ellen Swann Manager Speech and Language Therapy Network for Deaf People</p> |

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| | <p>1D: Patients (service users) report positive experiences of the service</p> | <p>We have recently consulted our patients and stakeholders regarding our terminology and 'branding'. There has been a move away from 'medical' and deficit-based language, particularly with the use of 'impairment'. We surveyed our patients and stakeholders and rebranded according to this feedback. One of our patients also designed our 'identifier'. Patient's designed posters for Deaf Awareness Week to inform people in how to support their communication. We regularly receive compliments from families and staff across the Cheshire and Merseyside region.</p> <p> -%20compliments%202023.xlsx</p> | <p>Achieving Activity 2</p> | <p>Ellen Swann Manager Speech and Language Therapy Network for Deaf People</p> |
| <p>Domain 1: Commissioned or provided services rating for Domain 1</p> | | | <p>8</p> | |

Domain 1: Commissioned or provided services – 3 services reviewed

| Domain | Outcome | Evidence – Service 2: Oral Health | Rating | Owner (Dept/Lead) |
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| Domain 1: Commissioned or provided services | 1A: Patients (service users) have required levels of access to the service | <p>We run a 24 hour on-call service for children who have suffered trauma or have serious abscesses, plus a range of care and treatment including:</p> <p>A full range of fillings, extractions, advanced surgical procedures, and dentures for children</p> <p>Emergency cases when children visit the Emergency Department</p> <p>Children with disabilities or complex needs</p> <p>Children who are anxious about treatment</p> <p>Under local or general anaesthetic when required</p> <p>Dental disease is more prevalent in children in lower socioeconomic classes, they may struggle to afford travel to access dental care within the hospital. The department tries to organise appointment times which are more convenient for parents travelling long distances or with other children, but this can limit treatment options. Several services e.g., cleft, and cardiac cover a large</p> | Developing Activity 1 | Oral Health Team |

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| | | <p>geographic area and we try to utilise local specialists where available. Children with learning disabilities and other disabilities can be more susceptible to dental disease, they may struggle to access dental care locally and need to attend the hospital for dental treatment. We make reasonable adjustments for children including involvement of play specialists and the learning disability team as well as booking them first appointments to minimise waiting time on the day. Children with significant learning disabilities may have to wait longer than other children for treatment under general anaesthetic to enable these measures to be put in place.</p> | | |
| | <p>1B: Individual patients (service users) health needs are met</p> | <p>The Trust website offers signposting information and resources to parents which helps them to teach their children about dental decay. Save Kids From Sugar</p> <p>Access to language line video/audio interpreters for BSL and other languages. Feedback from Learning Disabilities team, school nurses and parents following arrangements made to see children in car park, entry via side doors for General Anaesthetics (GA), discussions with parents and children about preparing for GA and combining procedures by multiple specialities under GA. Complaints received</p> | <p>Developing Activity 1</p> | <p>Oral Health Team</p> |


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| | | about waiting times for GA and/or initial assessments. | | |
| | 1C: When patients (service users) use the service, they are free from harm | Regular departmental clinical governance meetings, audits and service evaluations carried out on dental caries and treatment in relation to social deprivation, GA session utilisation, access to local dental care and dental treatment need for children with cleft lip and palate and cardiac conditions. Suggested improvements to care pathways and efficiency of dental theatre lists. Incidents regularly reported by staff and suggested changes made to services and staff working environment as needed. Reported back to staff at clinical governance meetings. Waiting lists validated by clinical staff regularly for both outpatient and GA and consideration to clinical information and other social and medical conditions for triaging. All staff undertake freedom to speak up training as mandatory. | Developing Activity 1 | Oral Health Team |
| | 1D: Patients (service users) report positive experiences of the service | Complaints: PALS and 1 formal complaint about communication with parents and patient with learning disabilities fully investigated and further training offered to all clinical staff. Resolved without further action. Compliments examples: | Achieving Activity 2 | Oral Health Team |

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| | | <p>Myself and's family would like to say a huge thank you to yourself and the team today for supporting .. with his dental check up....It really couldn't have gone any better. You and the team were aware of when ... needed space and this helped him to stay regulated.</p> <p>The resources that you sent over prepared for the appointment and this helped remain calm enough to allow us into the hospital afterwards for a look around, this will help him at his next visit when he will need to go inside the hospital for treatment. Both ... and parents were relaxed when I dropped them back off at home.</p> <p>Many thanks again, Family Liaison Worker. 'I would just like to highlight the care my son received. My son attended yesterday for dental day surgery. I would like to praise the outstanding care my son received by all involved with his surgery. My son is non-verbal and has Autism and SLD the attention to his needs and triggers and the thought given to make him as comfortable and as happy as possible was heart-warming to a very anxious mum. Particularly would like to thank Colette on day surgery who took time to understand his needs and was considerate of these, her documentation was invaluable for his care moving forward. His Anaesthetist was outstanding and thoughtful</p> | | |
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| | | beyond words from the moment of meeting him to entering theatre. I felt like he was recognised and seen for all his needs, consideration even when talking at a low voice, moving chairs quietly and reducing lighting all made a huge difference. Finally in recovery Sister (sorry didn't catch her name) was so helpful and kind ensuring we had a quiet space as soon as one became available and reassuring me post-surgery. I cannot thank you all enough, you truly are angels with NHS badges. | | |
| Domain 1: Commissioned or provided services rating for Service 2 | | | 5 | |

Domain 1: Commissioned or provided services – 3 services reviewed

Domain 1: Commissioned or provided services – 3 services reviewed

| Domain | Outcome | Evidence – Service: Chaplaincy Services ‘Spiritual Care Team’ | Rating | Owner (Dept/Lead) |
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| Domain 1: Commissioned or provided services | <p>1A: Patients (service users) have required levels of access to the service</p> | <p>The Spiritual Care team consists of two full-time members of staff. A team of On-Call staff who contribute to the 24/7 365/6-day service and a team of 10 trained Spiritual Care volunteers.</p> <div style="text-align: center;">  <p>Scan QR Code: Chaplaincy - Spiritual Care Provision</p> </div> <p>As a team, we are very much aware of the diverse spiritual, cultural and religious needs of the people who may find themselves at Alder Hey. We are here for anybody and for everybody, regardless of whether they profess a faith, religion or not.</p> <p>The experience of coming to the hospital can cause many different emotions in patients, parents, relatives, and carers. The Spiritual Care service helps to support patients, their</p> | <p>Achieving Activity 2</p> | <p>David Williams Spiritual Care Team Leader</p> |

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| | | <p>families/carers and in particular those families with protected characteristics by:</p> <ul style="list-style-type: none"> • Offering support in a time of spiritual need • Talking about baptism or blessing of patients • Praying with patients and families, or just listening • Contacting representatives of any other faiths and denominations as needed. An Imam, Rabbi, Hindu Priest, Sikh Granthi, Roman Catholic Chaplain, Anglican Chaplain, Buddhist Bhikkhus, are always available to offer spiritual support for emergencies, out of hour referrals, through contacting switchboard, although this can take up to 24hrs, sometimes longer, although we will try our best to accommodate all needs. • Providing a 24/7 365/6-day service | | |
| | <p>1B: Individual patients (service users) health needs are met</p> | <p>If a patient and their family/carer requests religious/spiritual/pastoral support during normal office hours, 9.00 am to 4.00 pm Monday to Friday, staff will contact the Spiritual Care team by telephoning the office on ext. 2465. If the team do not answer staff</p> | <p>Achieving Activity 2</p> | <p>David Williams Spiritual Care Team Leader</p> |

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| | | <p>are encouraged to bleep the team via switchboard and ask for a member of the team.</p> <p>If the request is outside normal office hours, 9.00 am to 4.00 pm Monday to Friday, staff must contact direct Switchboard on ext. 4811 and ask for the On-Call chaplain. This is regardless of the faith request. A referral to the correct faith leader will be made immediately. If the family have their own faith leader, staff will consider contacting them in the first instance.</p> <p>Once the team receive the request for support the generic chaplain will arrange to attend the hospital within 1 hour.</p> <p>If the request is specifically for a Roman Catholic priest, they will attend the hospital within 2 hours of receiving the call. If the request is for any other faith/denomination, the service relies on community faith leaders' goodwill, and this could potentially take 24 hours or even longer, although we endeavour to source the faith leaders as swiftly as possible. Staff can always request support from the Spiritual Care Team in the interim until the requested faith leader attends. This will be discussed and agreed on request.</p> <p>For patients, parents, cares who use British Sign Language and for patients whose first</p> | | |
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| | | language isn't English. <i>An Interpreter On Wheels</i> will be provided by contacting the Patient Advice and Liaison (PALS) team. | | |
| | 1C: When patients (service users) use the service, they are free from harm | <p>The Chapel and Spiritual Care Quiet Room is open to everyone regardless of their religious or spiritual belief. The quiet calm ambience in the treehouse helps patients, parents, carers, and staff to feel safe. they are being listened to and that we as a team do care.</p> <p>Patients are advised, by staff or when requested, that weekdays, we are situated at the Spiritual Care office, which is on the lower floor of the Treehouse, looking up from the Atrium. We are accessible, via the purple lifts, and we are on the 2nd floor. In an emergency, out of hours and at weekends, please make contact by using one of the telephone numbers above. Or, by asking a staff member to page switchboard. We will then make the correct referral. We are here for you and will make ourselves available 24/7</p> | Developing Activity 1 | David Williams Spiritual Care Team Leader |
| | 1D: Patients (service users) report positive experiences of the service | Quantitative data is numbers-based, countable, or measurable. Qualitative data is interpretation-based, descriptive, and relating to language. Quantitative data tells us how many, how much, or how often in calculations. Qualitative data can help us to | Developing Activity 1 | David Williams Spiritual Care Team Leader |

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| | | <p>understand why, how, or what happened behind certain behaviours. It is Qualitative data that the Chaplaincy/Spiritual Care observes. Compliments have come in many formulae. Verbal feedback, cards, letters, small gifts, donations, and all are acknowledged. There has been no complaints made to the Spiritual Care Team, although if a complaint was made the process would be dealt with promptly, using the correct reporting channels and making a referral to our Patient Advice and Liaison (PALS) team.</p> | | |
| Domain 1: Commissioned or provided service rating for service 3 | | | 6 | |
| Domain 1: Commissioned or provided services overall rating | | | 9.5 | |

Domain 2: Workforce health and well-being

| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) |
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| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Domain 2: Workforce health and well-being</p> | <p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p> | <p>The Trust's workforce data shows that we have 4424 members of staff working at Alder Hey as of December 2023. Our sickness absence data shows that over the past 12 months we had 6,594 occurrence of absence which is equivalent to 5.83% full time equivalent.</p> <p>Whilst do ask colleagues to declare if they have a disability or long-term condition, and we are working closely with the ACE Disabilities and Long-Term Conditions Staff Network and Human Resources team to encourage more staff members to self-declare on ESR. Some staff may feel like certain conditions do not need to be declared and so it is difficult to measure how many colleagues experience obesity, diabetes, asthma, and COPD. The ACE Staff Network are working with the wider workforce to highlight the importance to declaring any health conditions to enable the organisation to support this.</p> <p>The Trusts does promote healthy lifestyle and offers multiple resources and support to staff. We have a newly established Physical Health and Wellbeing group who provide information, support, and resources to staff. They provide information related to local fitness and wellbeing groups which are available to staff, promoting healthy eating and physical activity to prevent ill health. They offer signposting to locally available discounted gym memberships and sign posting to community support.</p> <p>The Occupational Health service at Alder Hey is provided by Team Prevent UK Ltd, who have a dedicated team of Occupational Health professionals to help protect and promote the health and wellbeing of staff in the workplace.</p> <p>From conversations with staff as well as recent feedback to our physical health survey, we have been making efforts to promote healthy eating options for our staff. Through this work, we have contacted local service 'Queen of Greens', who provide affordable fresh fruit and vegetables across Liverpool and</p> | <p>Achieving Activity 2</p> | <p>Human Resources Team</p> <p>Staff Advice and Liaison Service</p> <p>Occupational Health Team</p> |
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Knowsley. They do this using their van, which has drop off points at several spots throughout the local area including a newly established stop at Alder Hey once a week. We encourage healthy lifestyles, healthy eating, weight management programmes and support groups.

Mental Health Support


The Staff Advice and Liaison Service provides a listening and support service for all staff within the Alder Hey Community. The service is there to support all staff with any worry or issue that they may have and has a compassionate approach to supporting issues and problems that people may encounter within the Trust. The service can provide brief interventions to support staff and/or further signposting to external Mental Health services should this be required. The service also is the front door for staff who wish to access counselling for bereavement support. The service is closely linked to external secondary mental health and community sector services and maximises relationships across services to enable staff to receive the best quality care by minimising transitions and maximising trust.

- Find an [NHS talking therapies service](#) or access support through your GP.
- Access more information about Crisis Support on our intranet, here: [Crisis Support](#)
- [Cruse Bereavement Care](#): Support, advice and information to children, young people, and adults when someone dies and to enhance society's care of bereaved people.
- [Mind](#): Advice and support to empower anyone experiencing a mental health problem.
- [Andy's Man Club](#) are a men's suicide prevention charity, offering free-to-attend peer-to-peer support groups across the United Kingdom and online.

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| | | <ul style="list-style-type: none"> • The Martin Gallier Project offer support to individuals experiencing suicidal crisis and offer training to individuals and groups for suicide intervention. • Support for Army Veterans: The Veterans Welfare Service (VWS) provides a professional help and advice service to veterans or anyone supporting a veteran, their families and dependants. • State of Mind: The aim of this charity is to use the power of sport, in particular Rugby League, to raise awareness of, and promote mental fitness, wellbeing and resilience, tackle stigma and to signpost to and encourage access to timely support to ultimately prevent suicide. <p>The Alder Centre also provides an in-house counselling service to any member of Alder Hey staff. This may be related to bereavement but, they also offer support around work and non-work-related issues like stress, anxiety, depression, and relationship problems.</p> | | |
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| | <p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p> | <p>We have several policies to support staff whilst at work:</p> <ul style="list-style-type: none"> Flexible Working Policy Domestic Abuse Policy Reasonable Adjustment Policy Respect at work Policy Menopause Policy Zero Tolerance Policy <p>Alder Hey has also signed a new NHS Sexual Safety Charter aimed at ensuring a systematic, zero-tolerance approach to sexual misconduct and violence in the NHS. By signing the charter the Trust commits to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace.</p> <p>Exit Interviews and Stay Conversations</p> <p>During 2023 there were 111 exit questionnaires completed across the Trust. This is low compared to the number of leavers (531 over the same period). We ask the question of whether leavers would return to Alder Hey in the future. However, due to the format of the exit questionnaire there are three questions asked in this section with a free text box for leavers to complete. Therefore, not all leavers answer the question. The available data tells us that the main reason for leaving is due to retirement, promotion, or end of fixed term contracts. We have created an updated exit questionnaire. This now sits on the HR Intranet, as opposed to an App where it was previously. Our aim is that due to the ease of access and the use of a Microsoft form which uses rating scales, that we will see not only an increase in compliance, but also be able to analyse the data more easily to identify trends in the reasons why people leave Alder Hey.</p> <p>The Personal Development Review (PDR) paperwork has been updated to include a section which discusses with staff if they are thinking of leaving the</p> | <p>Achieving Activity 2</p> | <p>Human Resources</p> <p>Director of Nursing</p> <p>Staff Advice and Liaison Service Team</p> |
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| | | <p>organisation in the next 12 months. If staff indicate that they are thinking of leaving the organisation they are invited to have a stay conversation.</p> <p>There is currently no formal documentation for the stay conversation, so we are unable to confirm the number completed. However, our Lead Nurse for Retention has been utilising stay conversations for the nursing workforce. To promote the use of the stay conversation the Lead Nurse for Retention has drafted a guide for managers on how to have a stay conversation and we are in discussion with the OD team to develop this further in 2024 to ensure we have improved data, in which to explore appropriate interventions if needed.</p> <p>SALS Pals are wellbeing champions who can offer compassionate support, help and guidance to their colleagues. SALS Pals receive bespoke training on mental health first aid which has been designed by our SALs TEAM and the Ground TRUTH tool to undertake supportive conversations with colleagues at work. The Ground TRUTH tool supports teams to have reflective conversations about their experiences at work. The tool provides a semi-structured format, where teams work through question prompts together and talk openly about their challenges and difficulties. The tool promotes team cohesion and improve morale, whilst supporting staff to provide solutions to emerging challenges.</p> <p>Debriefing refers to the process of gathering people involved in difficult situations after they have occurred, to discuss the personal and professional impacts, as well as the needs of a team at that point. Debriefs support connection, communication, and team cohesion, and can be in the format of a 'hot' debrief, which occur immediately after an event, or a 'cold' debrief, which usually occur 1-2 months after an event.</p> | | |
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| <p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p> | <p>Freedom to Speak Up is for everyone at Alder Hey. Speaking up enhances all our working lives and improves the quality and safety of care. Listening and acting upon matters raised means that Freedom to Speak Up will help us be a great place to work. The trust Freedom to Speak up Guardian is an active member of the trust providing regular drop-in sessions throughout the year.</p> <ul style="list-style-type: none"> • Collaboration with the equality staff networks and the chairs and deputy chairs will support Freedom to Speak Up if any member of staff from requires additional support. • Freedom to Speak Up policy that all staff can access and gain information, support, and signposting.  <p>Freedom to Speak Up Policy - E29.docx</p> <p>There are 12 Freedom to Speak Up Champions in the trust and they help to support the FTSUG in her role. It is essential that all workers in an organisation feel able to speak up and able access support should they need it. To do this, they need to be able to turn to someone whom they can trust. Freedom to Speak Up (FTSU) Champions act as a resource for colleagues wishing to speak up. They will listen to concerns and then, if necessary, signpost the Freedom to Speak Up Guardian.</p> <p>Freedom to Speak Up training is offered to all staff and can be accessed via Electronic Staff Records Portal. There are two courses available one is for all staff and one specifically for line managers.</p> <p>Anyone who accesses the service is asked to complete a form providing confidential feedback. Freedom to Speak Up Feedback Form</p> | <p>Achieving Activity 2</p> | <p>Freedom to Speak Up Guardian</p> <p>Staff Advice and Liaison Service Team</p> <p>Head of Equality, Diversity, and Inclusion</p> |
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| | | <p>The trust has its own award-winning Staff Advice and Liaison Service (SALS) which is an open access listening service available to all staff and learners at Alder Hey Children's NHS Foundation Trust. The service has been developed and is delivered by Alder Hey staff for Alder Hey staff and is underpinned by the principles of person-centred compassionate care whereby staff are provided with the experience of being listened to, understood, empowered, and supported to take intelligent action. SALS use the Thrive Model which provides both an early intervention service and support for staff members struggling with more complex mental health issues which may require more intensive service liaison and crisis support. The service is closely linked to external secondary mental health and community sector services and maximises relationships across services to enable staff to receive the best quality care by minimising transitions and maximising trust. There are multiple links to access services and support externally and videos, resources and training that staff can access.</p> | | |
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Strong Foundations is Alder Hey’s bespoke leadership training developed for all current and aspiring clinical and non-clinical leaders and managers across the organisation with the aim of developing, sustaining, and supporting all staff in those positions.


Our staff networks have grown from strength to strength over the past 12

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| | | <p>months and they offer a place for staff to come together, share experiences and facilitate learning and development. They also support the organisation in delivering their strategic objectives, providing the staff with an opportunity to share their experiences, influencing decision making. The staff network chairs, and deputy chairs are provided with paid time to undertake their roles and they are key members of the Equality, Diversity, and Inclusion Steering Group, and the Trusts Policy Review. All networks have hosted awareness events throughout the year, raising awareness of the networks and their aims. As well as the SAL's Team, F2SUG and staff networks, staff are also able to access support and pastoral care from our Spiritual Care Team. They are there to support staff and offer staff areas of quiet and reflection within the Sanctuary space where the Spiritual Care Team are based.</p> <p>The medical division held a 'Well-Being Week' in November which included presentations from various staff members, Inclusion events with sharing of foods from around the world, yoga, massage, and much more It was well attended by staff, and we will introduce this to the whole of the Trust in 2024. Well-Being Week</p> | | |
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| | <p>2D: Staff recommend the organisation as a place to work and receive treatment</p> | <p>In the 2022 NHS Staff Survey Results 67.3% of staff who completed the survey said they would recommend Alder Hey as a place to work. This is way above the national average which sits at 56.5%. 86.4% of staff who completed the survey also said they would be happy with the standard and quality of care that Alder Hey provides if a friend or relative needed treatment. This is the best score nationally</p> <p>We will continue monitor our progress via the Pulse questions. We are building on our EDI monitoring and starting to explore how we can better support staff through formal employee relations processes. We will work with all staff networks to develop mechanisms to offer staff impartial support through an inclusion lens.</p> <p>E-rostering is now in place for most clinical areas; with team-based rostering also in place for some wards to improve choice and work life balance.</p> <p>We have several staff networks available for staff to access and these are developing and growing. We want our staff to bring their whole selves to work.</p> <p>We are working with Head of Learning and Development to create an EDI Learning Hub which will allow staff to access training on many aspects related to EDI. We are also working with Health and Safety to develop the existing training that is provided to managers related to reasonable adjustments and supporting staff with disabilities.</p> | <p>Developing Activity 1</p> | <p>Human Resources Organisational Development Team Head of Equality, Diversity, and Inclusion</p> |
| <p>Domain 2: Workforce health and well-being overall rating</p> | | | <p>7</p> | |

Domain 3: Inclusive leadership

| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) |
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| <p style="text-align: center;">Domain 3: Inclusive leadership</p> | <p>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</p> | <p>Our senior leaders at Alder Hey recognise the need to embed inclusion into the culture of the organisation, supporting both our diverse population as well as our workforce. Equality, Diversity, and Inclusion is a regular focus at most committee meetings including the Trust Board, People and Wellbeing Committee (PAWC) and Quality Committee. The Equality, Diversity, and Inclusion Steering Group (EDISG) reports into the PAWC, highlighting and updating on key issues and identifying any risks associated with workforce equality, diversity, and inclusion.</p> <p>The staff equality network chairs and co-chairs all attend the EDISG, providing updates on the activities, projects, and events each network is involved in.</p> <p>Each staff network has an executive sponsor who supports and champions the work carried out by their network. The network chairs, co-chairs and executive sponsors have all undertaken the Radius staff network training programme.</p> <p style="text-align: center;"></p> <p>Radius Networks Development Info P:</p> | <p>Developing Activity 1</p> | <p>Melissa Swindell Chief People Officer</p> |
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| | | <p>All the executive sponsors have supported many of the events held by the staff networks throughout 2023.</p> <p>The trust has signed up to the North West BAME Assembly Anti-Racist Framework and have just completed their self-assessment and action plan. The Trust Board is committed to the framework and one of the actions is to ensure that each executive member has a specific EDI objective identified in their annual appraisal. The Board will receive regular updates on the progress we are making as an organisation to become unintentionally anti-racist.</p> | | |
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| | <p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p> | <p>Equality impact assessments (EIA) are used to ensure that all our policies, and services are inclusive and do not discriminate in any way. Our ambition over the next 12 months is to review the EIAs, making it a more efficient and effective process. This will be done in collaboration with key stakeholders within the trust and training will be provided to support the revised process. Our long-term goal is to develop an EIA group to ensure that the sign off and review of the EIAs are approved by several individuals who bring expertise and lived experience to the process.</p> <p>We are currently looking at our organisational EDI objectives and once we have engaged with the wider workforce we will publish these objectives, working towards and monitoring the progress.</p> | <p>Developing Activity 1</p> | <p>Melissa Swindell Chief People Officer</p> <p>Head of Equality, Diversity, and Inclusion</p> |
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| | <p>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</p> | <p>All Trust Board members and senior leaders monitor our equality reporting, ensuring that we are meeting the objectives set out in our action plans. These include the monitoring of: Workforce Race Equality standard (WRES), Workforce Disability, Equality Standard (WDES), Gender Pay Gap (GPG), EDS22, and EDI Annual Workforce Report. Each report is approved and EDISG, PAWC and signed off by the Trust Board before publication onto the public facing trust website. https://www.alderhey.nhs.uk/about/publications/</p> <p>We have recently been awarded the Navajo in Trust Charter Mark and this is a great achievement. The feedback from the assessment allowed us to develop a comprehensive EDI work plan which will allow the Trust Board to monitor progress against the actions.</p> | <p>Developing Activity 1</p> | <p>Melissa Swindell Chief People Officer</p> |
| Domain 3: Inclusive leadership overall rating | | | 3 | |
| Overall Organisational rating | | | 19.5 | |
| Third-party involvement in Domain 3 rating and review | | | | |
| Trade Union Rep(s): | | Independent Evaluator(s)/Peer Reviewer(s): | | |
| Report shared with trade union representatives | | | | |

EDS Organisation Rating (overall rating): **19.5 Developing**

Organisation name(s): Alder Hey Children's Hospital NHS Foundation Trust

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 |
| Angela Ditchfield Head of Equality, Diversity, and Inclusion | 2024-2025 |
| EDS Sponsor | Authorisation date |
| Melissa Swindell, Chief People Officer | 20 th March 2024 |

| Domain | Outcome | Objective | Action | Completion date |
|--|--|--|---|------------------------|
| Domain 1: Commissioned or provided services | 1A: Patients (service users) have required levels of access to the service | Ensure our children and young people have equity of access to all services regardless of protected characteristics and that additional needs are met | Collect more robust data on our children and young people with protected characteristics and inclusive groups | Jan 2025 |
| | 1B: Individual patients (service users) health needs are met | Ensure that the environment and our services are accessible to all children and young people and that we listen and act upon feedback | Work with our children and young people to identify barriers to accessing services for individuals with additional needs and improve the existing facilities e.g., support with disabilities, language etc. | Nov 2024 |

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| | 1C: When patients (service users) use the service, they are free from harm | Ensure our children and young people's needs are met within each of our services working to reduce health inequalities through monitoring and acting on feedback to ensure equity of access | Work with each division to developing a reporting structure that will feed into the EDI Steering Group to monitor progress in equality, diversity and inclusion work related to services and our children and young people | Nov 2024 |
| | 1D: Patients (service users) report positive experiences of the service | We will work with our children and young people to ensure we better understand their experiences of accessing services at Alder Hey and working proactively to respond to feedback | Improve consultation with our children and young people groups that are accessing services, working with Youth Forum, Chameleons etc and local community groups | Nov 2024 |

| Domain | Outcome | Objective | Action | Completion date |
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| 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 | Effective communication to promote and signpost support for all physical and mental health conditions | Working together with SALS and OD to build a health and wellbeing plan that support pathways that specifically manage obesity, COPD, Diabetes, asthma, and mental health | Jan 2025 |
| | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | The Zero Tolerance and Preventing and Managing Violence and Aggression at Work policies are currently under review and will be combined into one policy which will be rolled out to the whole organisation and training provided | Training and development of a toolkit to support the relaunch of the reviewed and combined policies Explicit support processes for addressing instances of racist abuse, discrimination, and harassment to be developed to support the current organisational disciplinary procedures | Nov 2024 |
| | 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | Provide our staff with necessarily support when going through, grievance or any internal processes that may affect their wellbeing | Provide staff with Active Bystander Training to empower staff to challenge poor behaviours and bring about change through the reinforcement of messages defining the boundaries of unacceptable behaviour. | Jan 2025 |

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| | 2D: Staff recommend the organisation as a place to work and receive treatment | Provide development opportunities for staff with protected characteristics centred around feedback from staff networks | Introduction of Aspirant Leaders Development Programme for our ethnic minority staff Creating a learning and development programme for staff with disabilities | Nov 2024 |
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| 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 | <p>EDI is owned by all Senior Leaders who take action to improve outcomes</p> <p>Staff networks have consistent high-level support enabling underserved voices to be heard.</p> | <p>All PDR's contain Inclusion Objectives</p> <p>Executive Team continues to support the staff networks, raising their profile and supporting plans to enhance staff experience</p> | Jan 2025 |
| | 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | EDI is embedded into all meeting agendas, allowing for discussion and consideration of all EDI matters | Report EIAs to the EDI Steering Group developing processes to report to Board when any EDI risks are immediately identified and need action | Jan 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 | Board members to monitor progress and compliance of EDI data | Continue to provide an update on all EDI activities and reports to the Trust Board | On going |

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