

Classification: Official

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# NHS Equality Delivery System 2022

## EDS Reporting Template

Alder Hey Children's NHS Foundation Trust

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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/](http://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](mailto:england.eandhi@nhs.net) and published on the organisation's website.

## NHS Equality Delivery System (EDS)

<b>Name of Organisation</b>	<b>Alder Hey Children’s NHS Foundation Trust</b>	<b>Organisation Board Sponsor/Lead</b>		
		Melissa Swindell, Chief People Officer Nathan Askew, Chief Nursing Officer		
<b>Name of Integrated Care System</b>	Cheshire and Merseyside ICB			

<b>EDS Lead</b>	Angela Ditchfield	<b>At what level has this been completed?</b>		
			<b>*List organisations</b>	
<b>EDS engagement date(s)</b>	August 2024 – Service identification requested Leads engaged, and support and information provided November 2023 – Check in with service leads, discussion regarding completion of evidence collection Feb 2025 – Final check and offer of support for completion Feb 2025	<b>Individual organisation</b>	Health Watch Liverpool Freedom to Speak Up Guardian REACH (Race Ethnicity and Cultural Heritage) Staff Network LGBTQIA+ Staff Network ACE-Disability Staff Network Armed Forces Staff Network Trade Union Representatives Equality, Diversity, and Inclusion Steering Group	

<b>Date completed</b>	February 2025	<b>Month and year published</b>	March 2025
<b>Date authorised</b>	10th March EDI Steering Group 12 <sup>th</sup> March People Committee Approval 26 <sup>th</sup> March Safety Quality Assurance Committee	<b>Revision date</b>	

<b>Completed actions from previous year</b>	
<b>Action/activity</b>	<b>Related equality objectives</b>
Created a Health & Wellbeing Forum which meets every month to discuss and plan initiatives to support staff health and wellbeing	New EDI Objectives are being developed
Co-developed and Anti-Racism statement and commitment	NW BAME Assembly Anti-Racist Framework
Provided support to staff during Southport Riots which included: Additional support with transport to and from work Extra security Resources and support both internally and externally Safe spaces for staff to share experiences Additional psychological support via SALs Senior leadership visibility and continued support throughout Online Anti-Racism Training	NW BAME Assembly Anti-Racist Framework NHD EDI Improvement Plan
Extensive EDI Plus online training now for all staff which includes Active Bystander and Anti-Racism training	NW BAME Assembly Anti-Racist Framework NHD EDI Improvement Plan

## 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 with scores are below

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

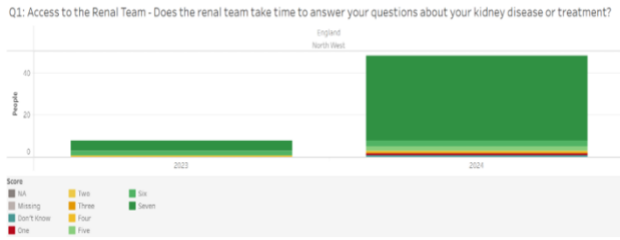
Domain	Outcome	Evidence – Service 1 Nephrology	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<p>The nephrology department accepts referrals and covers a geographical area including Merseyside, East Cheshire, North Wales, Isle of Man (tertiary care). We offer nephrology input to a variety of teams within Alder Hey including cardiology, oncology, rheumatology, neonatal and urology. In addition to this we offer outreach clinics to District General Hospitals (DGHs) within Wales, East Cheshire, and Merseyside. We also form close links with DGHs where some of our more complex patients attend due to it being their local hospital. For example, patients in Wales who are post renal transplant can often have their bloods done at their local hospital to save travelling to Liverpool. We also have close links with our children's hospices to provide respite care to our children and young people with complex disabilities in addition to their kidney failure/condition. The consultants also support specialist clinics in connective tissue disease, tuberous sclerosis, transition to adult services and sickle cell disease.</p> <p>We offer an on-call consultant 7 days a week, 24 hours a day between 4 consultants. At the moment, this is proving challenging due to the increased</p>	Achieving Activity 2	Laura Bead Service Lead



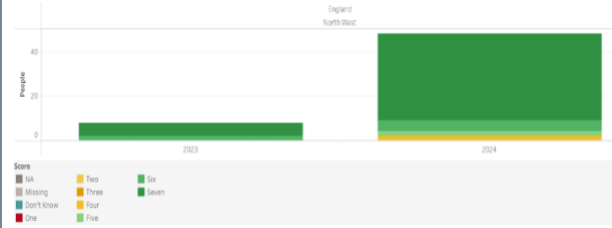
		<p>capacity and complexity of patients. A business case is currently pending to have an additional consultant. There is access to our pathway co-ordinators 5 days a week 8am-4pm who will take messages from families and contact families regarding appointments. There is also an answer phone if out of hours. There is access to 3 clinical nurse specialists 5 days a week 8am-6pm who cover general enquiries, home dialysis patients and transplant patients. The home dialysis CNSs have mobile phones in which families can contact them on at any time during the working day, including text messaging and WhatsApp messaging. The ANP and CNSs are flexible to offer an on-call service at the weekend, but the trust did not deem this necessary. Our CNSs have a big input with our service users with additional needs such as learning disabilities. They offer support in ensuring they have transport arranged to attend hospital appointments and provide a great deal of support and advice to schools and additional services these families may attend. The renal unit is open 7 days a week, 7am-7pm.</p> <p>We encourage our service users with protected characteristics to attend clinic appointments with a support network. For example, one of our complex home dialysis patients from a Welsh DGH attends clinic appointments with his community nurse, which provides excellent support for Mum who struggles to retain information.</p> <p>We have the luxury of a varied multidisciplinary team. We run a complex MDT clinic every Tuesday where patients have easy access to a dietician, a</p>		
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		<p>pharmacist, CNS and psychologist. Our renal pharmacist works very closely with our families that struggle to read for example and has adapted medication bottles/packets to be colour coded and ensure that these families do not run out of medications.</p>		
	<p>1B: Individual patients (service users) health needs are met</p>	<p>We have access to interpreters within the trust and use this service frequently. We also translate information sheets when needed. We refer our service users to Info Kid which is an online information resource for parents and carers out kidney conditions in infants, children, and young people. This website has accessibility and language support for our users with protected characteristics.</p> <p>The nephrology department actively participates in the National Kidney Patient Reported Experience Measures (PREM) every year. It is an annual, national survey of UK kidney patients that aims to:</p> <ol style="list-style-type: none"> <li>1. Help kidney unit teams understand how patients feel about their experience of care</li> <li>2. Show where improvement can be made from a patient perspective</li> <li>3. Provide a national picture of people's experience of care</li> </ol>	<p><b>Excelling Activity</b> <b>3</b></p>	<p>Laura Bead Service Lead</p>

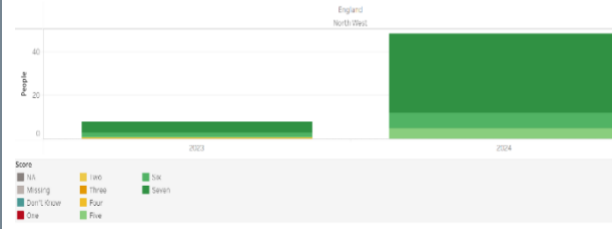
Patients cannot be identified by their answers and will not be contacted by their renal unit directly about the survey. Access to complete the survey was given to all patients who attend the clinics, renal inpatients and dialysis. Nurses gave iPads to those without mobile phones and supported service users in accessing it using a QR code. Some of the results appropriate to equality delivery from the Alder Hey nephrology department are highlighted below. Compared to 8 responses last year, we had a total of 48 responses this year which was the highest number of responses from all the paediatric renal centres in the UK. Score of 7 is the best. As a nephrology team, we meet to discuss each year's results, reflecting on scores and answers and make changes where possible.



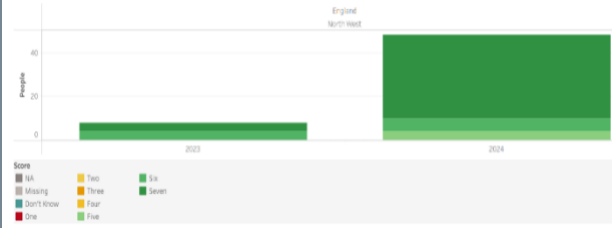
Q2: Access to the Renal Team - Would you feel comfortable to contact the unit from home if you were anxious or worried?



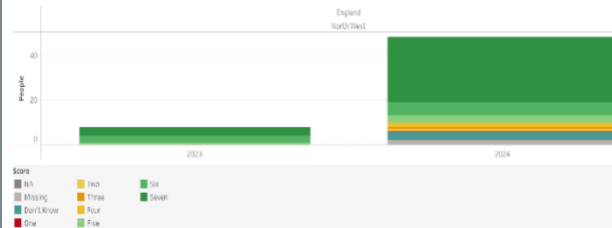
Q7: Communication - You and your renal team?



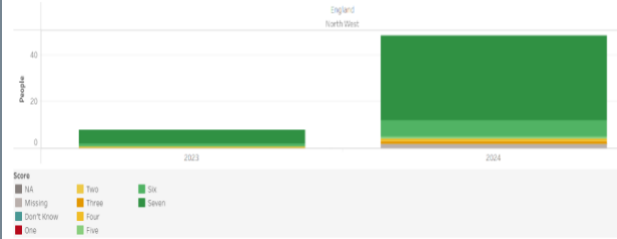
Q12: Patient Information - Explain things to you in a way that is easy to understand?



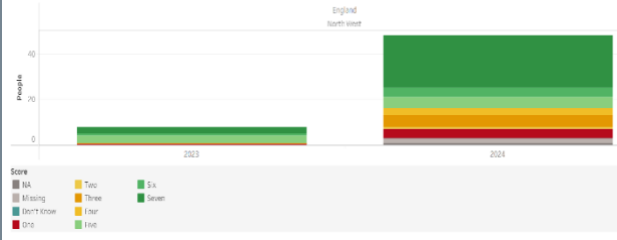
Q25: Scheduling and Planning - Can you change your appointment times if they are not suitable for you?



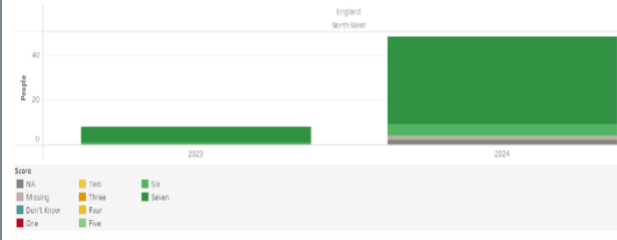
Q29: How the Renal Team Treats You - Show a caring attitude towards you?



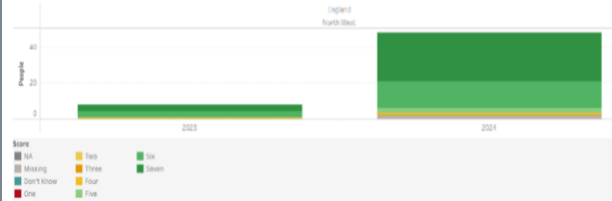
Q30: How the Renal Team Treats You - Ask you about your emotional feelings?



Q34: The Environment - Accessibility (e.g., lifts, ramps, automatic doors)?



Q39: Your Overall Experience - How well would you grade your overall experience of the service provided by your renal unit on a scale from 1 (worst it can be) to 7 (best it can be)?



We frequently adjust our service to provide reasonable adjustments. Here are some examples.

1. 16-year-old male with a background of significant hypertension and autism. Patient extremely anxious about any medical intervention and presenting to ED in a hypertension emergency requiring treatment. Once stable was discharged home on anti-hypertensives. Problems started when Patient was refusing to take his medication because he had read up about some side effects. Parents struggled with his unpredictable behaviour and raised multiple concerns that they didn't feel they could manage him at home. When patient would attend the hospital, he would often abscond and find it all too stressful. During one ED attendance we managed to get a psychological review within 30 minutes from our renal psychologist and made a clear plan with the patient and family about ongoing

		<p>review. We decided to utilise our nurse specialists to build a bond with the patient and form a routine, so that he had continuity and a familiar routine which helped him.</p> <p>2. 5-year-old boy who has chronic kidney disease stage 5 on haemodialysis. Has not had an ASD/ADHD assessment yet. Increasingly challenging behaviour during his dialysis sessions including hitting, biting and kicking staff with any intervention. The dialysis nurses have worked closely with the family, the Mental Health Liaison Team, the Learning disability team, psychology and play to devise a plan that will support the patient during his dialysis sessions, to improve his experience and staffs experience. The nursing team actively complete incident forms to audit the behaviour and have very clear documentation of his behaviours to try and pick up themes and triggers. The patients' school have also been involved with this.</p> <p>3. 13-year-old male – post renal transplant. Patient has developmental delay as do both parents. Parents unable to read or write. Parents also struggle with numeracy. Post transplant it is vital that patients drink a certain amount of fluid to keep their graft healthy and</p>		
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		<p>need to ensure anti-rejection medications are taken on time without any missed doses. Our renal pharmacist worked very closely with the family and devised a colour coded medication table which matched colours on medication bottles. She also meets with the family every 4 weeks to ensure they have enough medication, which takes the stress away for the family as they are unable to count. We also provided coloured water bottles, to make sure the patient drank the amount he needed to – blue bottle needed to be drank by lunchtime, red bottle needed to be drank by mid-afternoon, and yellow bottle before bedtime. This patient is doing extremely well with excellent graft function.</p>		
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>The nephrology team is a diverse group of individuals. It currently has 4 consultants, 1 advanced nurse practitioner (non-medical prescriber), 3 clinical nurse specialists (all non-medical prescribers), 1 renal pharmacist (non-medical prescriber), 1 renal psychologist, 1 renal dietician (with a further 1 on maternity leave), 2 pathway co-ordinators. We also have a specialist team of haemodialysis nurses, which includes 3 band 6 nurses. We are a small team for a speciality with increasing acuity and complexity of</p>	<p><b>Achieving Activity 2</b></p>	<p>Laura Bead Service Lead</p>



		<p>patients. A business case is currently pending for an additional consultant, and permanent recruitment of our current transplant CNS and home therapies CNS (secondments). We cannot currently work as efficient on our current number of staff.</p> <p>We have a very open culture to incident reporting and how we can learn from them to improve patient experience.</p> <p>During the last 2 months, there have been 52 incident reports under nephrology. 30 of these however are related to the same patient, a young haemodialysis patient with ongoing behaviour concerns. This patient is from an ethnic minority background and pending an ASD/ADHD assessment. 5 of the incidents were related to a 13-year-old male who has a complex cardiac and renal background. He is from an ethnic minority background and using an arteriovenous fistula as his access for haemodialysis. Best practice is to use two needles to access for adequate dialysis clearances. This patient unfortunately had 5 sessions where we had to use single needle due to difficult access. The renal unit have been awaiting a business case for a nurse led fistula scanner which would allow successful double needling of fistulas. This has been approved (after around 12 months of making enquiries). The hope is now that we can order a scanner, it will improve patients experience with fistulas.</p> <p>Some more examples below:  11-year-old boy with bilateral renal cystic disorder, ASD and anxiety. Mum had put a complaint in via</p>		
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		<p>PALS due to a poor clinic experience when her son needed sedation for blood tests. Mum had been told that the play specialist would have been involved however this had not been organised. No pre-intervention prep work had been done due to no play referral. This resulted in poor patient experience and a very deflated family. Learning from included being more vigilant to patients' appointment needs. The learning disability team were contacted and worked closely with the family alongside play to ensure his next appointments were more positive (incident form and a PALs complaint completed).</p> <p>5-year-old boy with complex nephrotic syndrome. Family originally from Romania with minimal English language. Patient was getting increasingly distressed with medical procedures (blood tests, observations). Patient would kick, spit, bite staff which was distressing for both patient, family and staff. Incident forms were completed due to staff being hurt during procedures. Difficult for patient to express concerns and worries due to not understanding what was happening. Staff worked closely with this patient and took things slowly with a play specialist, using the interpreter when possible and engaging mum with procedures.</p>		
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>During the last ward accreditation, the renal unit were awarded Gold which is something we as a team are very proud of. The renal unit now offer a 7-day</p>	<p><b>Excelling Activity</b> <b>3</b></p>	<p>Laura Bead Service Lead</p>

service. Prior to the change the service users were asked their thoughts and feedback (image 1)

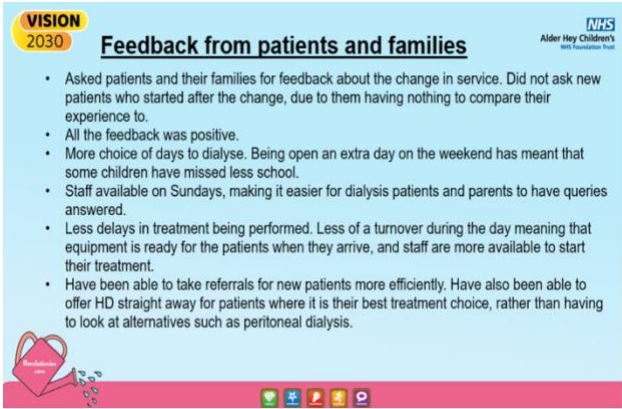




Image 1.  
The renal unit also asked for service user feedback about things that they would like to improve on the unit. These are demonstrated in image 2. One parent had said she appreciated when she was able to go off the unit for a short break for a coffee or fresh air, as her caring responsibilities are demanding.  
Image 2.

		 <p data-bbox="748 608 1469 678">Compliments – none reported formally, but several thank you cards, letters, verbal compliments.</p>		
<b>Domain 1: Nephrology overall rating</b>			<b>10</b>	




Domain 1: Commissioned or provided services – 3 services reviewed

Domain	Outcome	Evidence – Service 2: SEND	Rating	Owner (Dept/Lead)
<b>Domain 1: Commissioned or provided services</b>	1A: Patients (service users) have required levels of access to the service	<p>The SEND team at Alder Hey Children's NHS Trust, supports the wider system function of health advice for statutory EHC (Education, Health and Care) needs assessment and annual reviews of EHC plans. Partner agencies are supported to navigate the complex health system. Once health advice has been provided for the EHC processes families/patients are provided with a copy of the advice provided. Service users have access to the service via email and phone. These details are provided with the advice so families can contact to discuss any queries they have. The service also accepts queries from settings, local authorities and partner organisations on behalf of the family/young person - case studies need to be developed around supportive work that has been completed. Areas currently being developed include recording of all information by SEND team on Alder Care. This will include a special indicator to identify when an EHCP is in place. Local</p>	<b>Developing Activity 1</b>	Jennifer Grimes SEND Clinical Lead







		<p>offer events are attended where both professionals and parents can discuss the service with team members.</p> <div data-bbox="826 339 1211 483" style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-around;"> <div style="text-align: center;">   Health%20Advice%20Letter.doc </div> <div style="text-align: center;">   SEND EHCP process diagram.pdf </div> </div>		
	<p>1B: Individual patients (service users) health needs are met</p>	<p>The SEND team at Alder Hey Children's NHS Trust, supports the wider system function of health advice for statutory EHC (Education, Health and Care) needs assessment and annual reviews of EHC plans. Partner agencies are supported to navigate the complex health system. Once health advice has been provided for the EHC processes families/patients are provided with a copy of the advice provided. Service users have access to the service via email and phone. These details are provided with the advice so families can contact to discuss any queries they have. The service also accepts queries from settings and local authorities on behalf of the family/young person. Areas currently being developed include recording of all information by SEND team on Alder Care. This will include a special indicator to identify when an EHCP is in place. Clinicians across the organisation</p>	<p><b>Achieving Activity 2</b></p>	<p>Jennifer Grimes SEND Clinical Lead</p>

will have access to information from the process. Reviewing records means that disparities in information or follow up can be identified. These are reported to services. There is no currently agreed written process for this. The send team's monthly data demonstrates that the health needs of young people with SEN are being shared as part of the EHC process and that the service continues to support the increased demands for information. A training programme has been put in place, so staff have awareness of SEND and relevant processes, including on how to write quality health advice. This programme has been co-ordinated through the PEF's and an updated schedule provided for this year with increased session made available. The sessions are currently advertised on the Community and Mental Health Education SharePoint page and via the training handbook produced by learning and development.

 SEND EHCP process diagram.pdf	 Elevator pitch - SEND.pptx	 2. request data 4 year period combined.xlsx
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	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>An EHCP 'contribution pathway' was developed by the Gender service at the request of the SEND Lead. Additional consent is requested to ensure only relevant information is shared for the EHC process and that young people have information that accurately portrays their identity. Risk number 2615 highlights the lack of visibility of information across Alder Hey in relation to children and young people who have an EHCP or have been through the EHC assessment process. Alder Care will enable the visibility of process information to be available. There will also be a special indicator to identify if an EHCP is in place for a young person. To enable the team to improve practice, incidents are reported and actions identified. Information is available from the attached half yearly assurance reports. An IRG request was made in October 2024 due to the growing demand for health advice. An additional clinical member of staff will join the team on 21/03/2025.</p> <div data-bbox="824 1077 1402 1222" style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-around;"> <div style="text-align: center;">               EHCP CYPGS.doc         </div> <div style="text-align: center;">               SEND Half Yearly Assurance Template Q1-2         </div> <div style="text-align: center;">               2. SEND Team Half Yearly Assurance Q3-Q4 2023-         </div> </div>	<p><b>Achieving Activity 2</b></p>	<p>Jennifer Grimes SEND Clinical Lead</p>
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		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">         2. SEND Team Half Yearly Assurance O1-Q2 2024-     </div> <div style="border: 1px solid black; padding: 5px; text-align: center;">         7. PQ logged data.xlsx     </div> <div style="border: 1px solid black; padding: 5px; text-align: center;">         SEND EHCP process diagram.pdf     </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">         Copy of SEND Clinical Coordinator Oct 2024 Divisional     </div> <div style="border: 1px solid black; padding: 5px; text-align: center;">         Risk 2615.PNG     </div> </div>		
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Queries are addressed through direct contact with the service. Work was initiated to gain patient feedback, but this has not been completed. This is an area that needs to be revisited and will form part of the action plan.</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;">         Letter to Parent Carer requesting feedback.doc     </div>	<p><b>Developing Activity 1</b></p>	<p>Jennifer Grimes SEND Clinical Lead</p>
<b>Domain 1: SEND Team overall rating</b>			<b>6</b>	

## Domain 1: Commissioned or provided services – 3 services reviewed

Domain	Outcome	Evidence – Ophthalmology	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<p>The Alder Hey Ophthalmology department is a leading provider of primary and secondary eyecare to the local population and offer specialist tertiary care to Northwest Coast, North Wales and beyond. Specialist clinics include paediatric uveitis, cataract, cranio-facial, retinopathy of prematurity screening &amp; treatment, neuro-ophthalmology, ophthalmic genetics, trauma, urgent and emergency care. Paediatric oculoplastic and paediatric vitreo-retinal clinics and surgeries and both are run with specialists from Liverpool University Hospitals. Ophthalmology is a multi-disciplinary service with ophthalmologists, ophthalmic nurse, orthoptists, optometrists, vision scientists and an eye clinic liaison officer (ECLO). Ophthalmology medical and AHP/HCP clinics are held in 3 community locations spread around the locality. (Garston in South Liverpool, May Logan clinic in North Liverpool/Sefton, Mere Lane clinic in Everton central west location and Alder Hey, central east). Clinic rooms are equipped with specialist ophthalmic testing and imaging equipment. Ophthalmology delivers a variety of clinics and patient pathways</p>	<b>Excelling Activity</b> <b>3</b>	Judith Gray Head of Optical Services Ophthalmology

		<p>including consultant led clinics, both with and without allied health support, stand-alone orthoptic and optometry clinics, low vision aid clinics, contact lens clinics, nurse led watery-eye clinics, virtual diagnostic monitoring clinics and telehealth clinics. Patients' selection factors include postcode and is a data field in our waiting lists for effective management. We consider if patients need additional support of the learning disabilities team, play specialists or nursing teams, which are provided on the acute site rather than in community. There are 9 optometrists: 2 x full time and 7 part-time (4.0 wte); orthoptist 11.4 wte, 9 full time and 3 part-time) and 1 trained paediatric ophthalmic nurse. There is a dedicated ophthalmic clinical electrophysiology service provided by Clinical Vision Scientists, visiting from St Paul's Eye Unit (LUHFT) for two days a week within the department. Out-patient clinics are supported by the OPD nursing team who perform tasks such as ophthalmic testing and imaging, instillation of eye drops, care of patients in clinic and clinic flow and dealing with clinical queries from wards, ED, and GPs and optometrists in primary care. Ophthalmic emergencies are seen initially in the accident and emergency department. There are ophthalmology primary care clinics throughout the week for ongoing management of these emergencies and other patients with symptoms requiring urgent assessment. Out of hours cover is provided by St Paul's Eye Unit Tier 3 trainees, supported and supervised by an Alder Hey consultant on call. In-patient facilities are</p>		
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within the 32-bed surgical ward (Ward 3A). There is a purpose-built surgical day-case unit with a dedicated ophthalmic theatre, DS1, with a ceiling mounted microscope and teaching camera. The Ophthalmic theatre is staffed by experienced ophthalmic theatre nurses, ODPs and support staff. Ophthalmology theatres are supported by a designated band 5 scrub nurse and surgeons are supported by orthoptic surgical first assistants. Clinics are open 8.00 - 6.00 Monday – Friday. The service offers before school and after school appointments when possible. Patients are offered both same day appts with several clinicians or separate appointments if they prefer. Later appointments are not offered to young children. 24/7 on call Alder Hey ophthalmology works in partnership with community optometry services and share care, when possible, for example a child or young person may come to Alder Hey for disease monitoring, but they can have spectacles glasses tested and provided locally. Appointments are coordinated with other services where possible for complex patients with multiple conditions, or with siblings. Alder Hey ophthalmology has clinical guidelines for many conditions, often with co-morbidities and /or protected characteristics, for example the Care Pathway Protocol for Hearing Loss referrals from SNHL team below.



Care pathway  
protocol for hearing

	<p>1B: Individual patients (service users) health needs are met</p>	<p>Alder Hey holds the SLA with Liverpool women's Hospital (LWH) for Retinopathy of prematurity screening in the region. The consultant ophthalmologists will go to the neonates that need to be screened for this sight threatening, treatable condition. If they did not go to the babies' locations, they would have to be brought to Alder Hey by ambulance, with significant clinical risk, and stress and anxiety to the new mother.</p> <p>The ophthalmology service has a partnership agreement with Royal National Institute of Blind People (RNIB) and Alder Hey charity to provide an Eye Clinic Liaison Officer (ECLO). The ECLO has the expertise, skills, knowledge, and peer support to provide emotional and practical, educational, and social support to children &amp; young people, their families, and carers, when they have a diagnosis of sight loss/visual impairment.</p> <p>The ophthalmology service has a dedicated low vision lead optometrist and low vision aid clinics. The service provides appliances, such as high-power magnifiers, to aid patients to maximise residual visual function.</p> <p>A multi-disciplinary team meeting is held to discuss educational and social needs of patient's sight loss/visual impairment. This MDT consists of have ophthalmology team, neuro-disability consultant, QTVIs (qualified teachers of the visual impaired) and ECLO.</p>	<p><b>Achieving Activity 2</b></p>	<p>Judith Gray Head of Optical Services Ophthalmology</p>
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		<p>Ophthalmology Clinics are held with jointly with rheumatology consultants and specialist nurses for the care of patients with Juvenile Idiopathic Arthritis that can cause uveitis; a painful and sight-threatening disease of the eye.</p> <p>We hold joint genetics clinics with geneticists from LWH. Previously these patients would have to go to Manchester for this service.</p> <p>Ophthalmology is part of the MDT for care of cranio-facial patients and hold joint clinics with the team.</p> <p>The Alder Hey EPR, Expanse, and the ophthalmology EPR, Medi SIGHT has the facility to highlight condition specific flags, e.g. neurodiversity and LD, sight impairment, hearing impairment etc.</p> <p>The Alder Hey learning disability team oversees appointments for children with LD and will highlight to ophthalmology where specific reasonable adjustments and support is needed for individual patients. Alder Hey children use “One Page Summary”, formally health passport to inform clinical teams of their individual needs.</p> <p>The ophthalmology EPR has the facility to print patient clinic letters in large print when needed.</p>		
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		<p>Patients experience feedback is collated as part of the Alder Hey out-patients department. Service specific feedback is discussed at bi-monthly team meetings and a culture of “you said, we did” is in place</p> <p>Alder Hey offers five translation services to support our community:</p> <p>Co-op Bradbury Fields for the Blind: Specialises in services for visually impaired individuals.</p> <p>DALs: Formerly known as DA Languages, DALs provide extensive interpreting and translation services across hundreds of languages, including non-spoken language services.</p> <p>Language Line: A leading provider for the use of mobile video interpreter on wheels for emergencies, ensuring effective communication in multiple languages.</p> <p>Signalise: A co-operative business offering British Sign Language (BSL) and other sign language services, including in-person, remote, and video interpreting.</p> <p>Easy Read: Simplifies complex information into easy-to-understand formats, making it accessible for everyone. This includes patient information leaflets.</p> <p>Support is available for children and young people and their families who have language and communication needs 24 hours a day whether this is planned admission or an emergency admission.</p> <p>Clinic letters and letters of concern for children who are not brought to appointments are translated into</p>		
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		<p>relevant language to meet the needs of the patient and their family/carer.</p>		
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Ophthalmology actively participates in the division of surgical care governance processes including rapid review etc. Core group of senior clinical leaders and managers meets fortnightly and review incidents and actions. Incidents, PALs and complaints summaries and lessons learnt are shared at bi-monthly whole team meeting. Many service and quality improvement projects are completed or on-going and the team engages with the brilliant basics team and QI methodology.</p> <p>Ophthalmology has one of the highest response rates to staff survey across the division of surgical care. For 2023, 71.4% of ophthalmology staff and 88.9% of optical services staff completed the survey. We consistently score above trust average for both People Promise and Theme Overall Comparisons.</p> <p>Analysis of a recent audit of the outcomes of children and young people who are not brought (WNB) to appointments showed good compliance with management and safeguarding procedures. There are robust WNB and multiple cancellations SOPs.</p> <p>The Ophthalmology Department has a robust failsafe process to ensure safe follow up care. As a part of this</p>	<p><b>Achieving Activity 2</b></p>	<p>Judith Gray Head of Optical Services Ophthalmology</p>



		<p>process, we have moved away from specific consultant codes to generic clinic codes to ensure equitable waiting times for all children across the service. Ophthalmology monitors new and follow up waiting lists, along with the 'high' priority and 0-6 weeks lists on a weekly basis. Ophthalmology also monitors incomplete e-PPFs and unsigned letters weekly. Active validation of long -waiting follow-ups has led to 20% of patients safely discharged. Ophthalmology failsafe activity and robust wait list management has led to an increase in capacity of 20% and reduced waitlist by 25%, all while continuing to accept new referrals and developing new services. We are constantly monitoring the 'High' priority waiting list to ensure that children that are most acutely in need of care are reviewed timely. Age is a factor in priority selection due to the visual development period &lt;7years.</p>		
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Friends &amp; Family Feedback Ophthalmology listens to patient feedback and acts accordingly. We share feedback with the whole team regularly and celebrate compliments and recognise good practice.</p>	<p><b>Achieving Activity 2</b></p>	<p>Judith Gray Head of Optical Services Ophthalmology</p>

Ward/Clinic/Team: Ophthalmology Clinic Alder Hey

Percentages of Very good/good and poor/very poor (Outpatient, 1 Jan 2024 to 30 Sep 2024)



FFT response breakdown (Outpatient, 1 Jan 2024 to 30 Sep 2024)

Response	Percentage	Number of times response selected
Very good	82.53%	411
Good	12.65%	63
Neither good nor poor	2.81%	14
Poor	1.00%	5
Very poor	1.00%	5
Don't know	0.00%	0

It was very busy which meant there was a lack of seating

We had a very thorough visit and were pleased we were being listened to about the issues my daughter has been having

My appointment was quick and easy. We were seen in a timely manner. The staff were brilliant with my non-verbal child, and they explained everything

The staff were really nice and we didn't have to wait too long to be seen

My son has ASD and the 2 clinicians he seen were so good and understanding, did everything they could to do the tests and made what could have been a difficult appointment really comfortable for us both

Can reduce waiting times

Great team, always lovely to my boy and makes him feel at ease for his visit

Lovely friendly staff, excellent care

Several of our ophthalmology staff were nominated for the recent star awards which took place in October 2024.

With the support of the Alder Hey charity, our team has created a familiarisation video, aimed at children and young people of all abilities, to help them understand what to expect and prepare for their visit. This video can be found here:

<https://www.youtube.com/watch?v=YPPfBtire1Y>

Ophthalmology Department FFT Meridian feedback  
Our department FFT scores are consistently high.

<b>Domain 1: Opthamology overall rating</b>	<b>9</b>	
<b>Overall rating for Domain 1:</b>	<b>8</b>	

## Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)

<p style="text-align: center;"><b>Domain 2: Workforce health and well-being</b></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 4451 members of staff working at Alder Hey.</p> <p>Our sickness absence data shows an overall figure of 5.58% from Jan 2024 up to December 2024</p> <p>Episodes – 7330 Employees off at least once – 3197</p> <p>Common themes identified were:</p> <p>Nursing the highest staff group for episodes of sickness with 2968 episodes, closest to this is Admin &amp; Clerical staff with 1279 episodes reported</p> <p>Long Term – highest episodes was Anxiety and Stress with 501, next highest was Other known causes – not elsewhere classified with 94 episodes</p> <p>Short Term – highest episodes was Cold, Cough &amp; Flu with 1611 with Gastro Problems next with 138</p> <p>Whilst we ask colleagues to declare if they have a disability or long-term condition, we do not ask them to disclose the nature of their condition and so it is difficult to report how many colleagues experience obesity, diabetes, asthma, and COPD. Our ACE Disability and Long-Term Conditions Staff Network have worked to encourage staff to declare their disabilities and have held engagement events in the hospital promoting the network and encouraging staff to declare on ESR. The number of staff who declared their disability increased from 4.89% in 2023 to 6.27% in 2024.</p>	<p><b>Excelling activity</b> <b>3</b></p>	<p>Human Resources</p> <p>Staff Advice and Liaison Service Lead</p> <p>Occupational Health Team</p>
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The Trusts does promote healthy lifestyle and offers multiple resources and support to staff. We have a 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. We have held several staff wellbeing days throughout the year and in Jan 2025 we held a Trust wide wellbeing Event. The event was hosted by our SALS team and offered staff advice, guidance from community organisations such as Citizens Advice, The Royal British Legion, Andy's Man Club, yoga, meditation, mindfulness, lunchtime walks, massage, and drop-in sessions with the SALS Team. Over 12 external community organisations attended to offer information to our staff. It was well attended and the message to staff was 'Its ok not to be ok'.

Our Staff Advice and Liaison Service organised a physical health day in February offering staff:

- Health checks including blood pressure and BMI
- Vaccinations
- Menopause
- Andy's Mans Club
- Arts for Health
- Springfield Park
- Barclays
- National Energy Action
- The Apprenticeship Team
- Citizens Advice Bureau
- Unison
- The Alder Centre
- Sanctuary Team
- Credit Union



- The Brain Charity
- Smoking Cessation

It was a huge success and lots of staff attended taking advantage of the BP/BMI health check. We had over 150 staff visit the event throughout the day. Many took advantage of the Blood Pressure and BMI assessment.

The Occupational Health service at Alder Hey is provided by Team Prevent UK Ltd, who have a dedicated team of Occupational Health professionals based on site on the interim site to help protect and promote the health and wellbeing of staff in the workplace.

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 continued to offer a local service 'Queen of Greens', who provide affordable fresh fruit and vegetables across Liverpool and 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.

During October the Armed Forces Staff Network members took part in the Poppy Walk, Sefton Park in Liverpool. This was a 3km walk to plant your own wooden poppy tribute in honour of someone you may have loved and lost, and in recognition of what others have given and sacrificed for us all.

**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.
- [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, particularly 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 prevent suicide.

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. Our experienced, specialist Snowdrop Team provide a 24 hour, 365 days a year response service to families whose child dies at, or is



brought to, Alder Hey following their death. One of our Bereavement Care Workers will be available to support the family within an hour of a child's death and in the weeks following. The Alder Centre also provides a range of training courses and continuing professional development workshops, designed for anyone involved in helping relationships who is looking to develop their knowledge and skills. Our courses are delivered by qualified and experienced trainers who are themselves working in the subject areas and are therefore able to draw on their experience to enhance the theoretical input and student understanding.

We have regular 'Lunch & Learn' sessions throughout the year and we have dedicated some of the sessions to provide information and support around mental health, neurodiversity, cultural celebrations etc. We have booked sessions for the whole of 2025, and these will include 'Andy's Man Club' a men's suicide charity, Anaphylaxis UK, Brian Charity.

With the support of the Charity we now have approximately 20 dispensers across the trust in a range of areas, including A&E, the atrium, Radiology Waiting Area, critical care waiting area, Theatres, all levels of outpatients and community locations so that staff, and patients and visitors to the trust are able to access complimentary sanitary products to help address period poverty. This project has been received excellently across the trust with feedback from staff and from visitors, all saying how invaluable they have found having access to sanitary products. To date we have had 200 pieces of individual feedback. The Charity have funded this for another twelve months, and we shall keep on collecting feedback to ensure that people are still finding this helpful. This work has been a collaborative effort with support from the Charity, from the SALS team, and from the facilities team, as it is our wonderful domestics who now refill the dispensers on a regular basis. We are also able to quickly monitor accessibility from the real time feedback from the QR code we have situated in the loos where we have placed dispensers.

[Period poverty pilot data](#)

	<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: Flexible Working Policy, Domestic Abuse Policy, Reasonable Adjustment Policy, Respect at work Policy, Menopause Policy Zero Tolerance Policy. Alder Hey has signed the NHS Sexual Safety in Healthcare Organisational Charter aimed at tackling unwanted, inappropriate and/or harmful sexual behaviour in the workplace.</p> <p>As signatories to this charter, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. We have an executive sponsor and workstream lead who is taking this work forward and implementing initiatives to support the Charter.</p> <p><b>Exit Interviews and Stay Conversations</b></p> <p>During 2024 there were 97 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. Also due to the format of the exit questionnaire it is difficult to analyse the data that is returned to us. Therefore, taking these issues into account 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 (PDRP) paperwork has been updated to include a section asking staff if they are considering leaving the organisation within the next 12 months. If they indicate they are thinking of leaving, they are invited to a stay conversation. Managers receive training on conducting effective PDRPs and having effective wellbeing conversations. Each division will report their PDRP</p>	<p><b>Achieving Activity 2</b></p>	<p>Human Resources</p> <p>Director of Nursing</p> <p>Staff Advice and Liaison Service Lead</p>
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		<p>progress as a KPI to the People Committee. We promote PDPRs via our communication challenges throughout the year.</p> <p>We know that nurses aren't just transferring between positions, but they are choosing to leave nursing as a profession. We also know that this impacts early career nurses more so than any other group. As a Trust we want nursing staff to feel supported, empowered and encouraged to thrive from their first day as a preceptee and then onwards throughout their career. By creating a supportive environment for our nurses to thrive, they are more likely to stay. Preceptorship and Restorative Clinical Supervision have shown to reduce sickness rates and attrition by creating that sense of belonging whilst providing consistent ongoing support. Taking this into account a decision to appoint into the role of Lead for Nurse Retention was made in August 2023 with a primary focus on Trust preceptorship and the role of the Professional Nurse Advocate. With the aim to bring our preceptorship programme in line with national guidance but also to increase delivery of Restorative Clinical Supervision for all nurses, across all bands by developing a robust PNA training and delivery plan. By focusing on these two interventions, the attrition rates for our newly qualified nurses reduced significantly with data continuing to demonstrate an improvement. This successful outcome has also now widened and is showing a positive impact in our wider band 5 nursing workforce. The Lead for Nurse Retention role has also since expanded and is now an integral part of the Trust staff wellbeing offer providing ongoing support and guidance for nurses across all bandings and departments by assisting in a variety of interventions which includes but is not limited to stay conversations, pre-preceptorship support and the Trust thriving team's agenda.</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</p>		
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Ground TRUTH tool supports teams to have reflective conversations about their experiences at work.



**SALS PALS**

*It's OK not to be OK*  
**SALS PAL**

We are looking for members of the Alder Hey family to assist the Staff Advice team by offering compassionate support, help and guidance to colleagues in their local areas.

SALS PALS will work closely alongside SALS to promote staff wellbeing.

SALS PALS will receive training on mental health first aid, as well as guidance on facilitating reflective and supportive wellbeing conversations using the Ground Truth tool.


There are also opportunities for paid roles within the SALS PALS team.

If you are interested, or would like some more information, please contact the Staff Advice and Liaison team on:  
[staffadvice@alderhey.nhs.uk](mailto:staffadvice@alderhey.nhs.uk)  
0151 282 4511



Our Race Ethnicity and Cultural Heritage (REACH) staff network supported the Head of EDI to engage staff at Alder Hey to come together to develop an organisational Anti-Racism Statement and Commitment. We held two focus groups with a diverse range of staff groups to develop a meaningful statement. We then presented this to the Trust Board, launching the statement at our 'Ask the Execs'

		<p>session. We also produced a video to accompany the statement which staff shared what being anti-racist meant to them.</p> <p><a href="#"><u>Anti Racist Statement</u></a></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, working in collaboration with the equality staff networks and the chairs and deputy chairs to support those staff who requires additional support. In addition, there is a Freedom to Speak Up Visibility programme which is led by the Guardian, with executives, NEDS and Network Chairs also participating in these visits, raising the profile of FTSU, and demonstrating executive support for the principles of FTSU</p> <p>We have a Freedom to Speak Up policy that all staff can access and gain information, support, and signposting. We will be appointing a deputy to support our FTSUG in 2025. The FTSUG provides the People Committee with regular updates regarding the service and the number of staff that are supported, highlighting areas of concern or escalation.</p>  <p>Freedom to Speak Up Policy - E29.docx</p> <p>There is currently 19 Freedom to Speak Up Champions in the trust and they help to promote the principles of FTSU and 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, signpost to the Freedom to Speak Up Guardian.</p> <p>Freedom to Speak Up training is mandatory for all staff and can be accessed via Electronic Staff Records Portal. There are 3 modules available, Speak Up, Listen Up and Follow Up, the first is for all staff, the second for line managers and the third for those responsible for actioning the concern. Throughout October 'Speak</p>	<p><b>Excelling activity 3</b></p>	<p>Freedom to Speak Up Guardian</p> <p>Staff Advice and Liaison Service Team Lead</p> <p>Head of Equality, Diversity, and Inclusion</p>
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	<p>Up Month' regular communications promoted the service, and we ran a 'Listen Up Pledge' campaign. The Team also held regular events across the hospital and worked with our Staff networks to promote the month.</p> <p>The team were on hand throughout the month to answer questions and show you how FTSU can work for you. We know that being visible, where most of our colleagues spend their working day, is an important part of helping colleagues feel, and be, confident to make their voices heard.</p> <p>We are currently in development for a FTSU app that can be accessed on smart phones, this will allow staff to be anonymised and to also track the concern to monitor progress, what actions may be required to deliver a resolution and to see any learning from the concern.</p> <p>Anyone who accesses the service is asked to complete a form providing confidential feedback. <a href="#">Freedom to Speak Up Feedback Form</a></p> <p>The trust has its own award-winning Staff Advice and Liaison Service (SALS) which is a free 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 intricately 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 continue to grow offering a safe space 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 Employment Policy Review Group. The network chairs attend the EDI Steering Group to provide an update of each of the network's activity. Each meeting we spotlight one of the staff networks dependents on activity. All networks host awareness events throughout the year, raising awareness of the networks and their aims. We have four active networks and a fantastic Menopause Support Group:



	<p>2D: Staff recommended the organisation as a place to work and receive treatment</p>	<p>In the 2024 NHS Staff Survey Results: 2696 staff completed the staff survey in 2024 with a 62% response rate. 73.96% 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 60.90%. 89.59% 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 and way above the national average that sits at 61.54%. All scores have improved from the previous year. 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>We are currently working with our Brilliant Basics Team to explore how we can better use our equality data.</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>Our active staff networks are available for staff to access. We want our staff to bring their whole selves to work, building an inclusive environment. Our staff networks attend the trust induction to provide information of how to join to our new starters. Our staff networks include:</p> <ul style="list-style-type: none"> <li>• Race, Ethnicity, and Cultural Heritage (REACH)</li> <li>• LGBTQIA+</li> <li>• Armed Forces</li> <li>• ACE: Disabilities and Long-Term Conditions</li> <li>• Menopause support group</li> </ul>	<p>Achieving Activity 2</p>	<p>Human Resources</p> <p>Head of Organisational Development</p> <p>Head of Equality, Diversity, and Inclusion</p>
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All networks have key priorities that they work towards throughout the year, aligning to the organisational objectives. Throughout 2024 we have had the REACH anniversary event, Michelle Cox was our guest speaker  
BHM saw the staff network produce Blogs shared on comms which told their stories, we also had an African dancer attend to perform in the Atrium  
The Armed forces staff network held a Remembrance service in the Atrium and laid a poppy wreath to honour all the armed forces. Following the service, we had a ukulele band play wartime music and catering offered a wartime menu. We also held an Iftar during Ramadan asking staff to fast for the day then breaking the fast together with a meal and celebration. The local Imam came into the trust to support the event.



The menopause support group has grown over time and now has over 300 members. They come together regularly to share experiences and provide peer support. We launched a new menopause policy early last year, aimed at supporting staff. Members of the support group also attend the Staff Wellbeing days, talking to staff and providing information about the support group.  
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>We launched a new EDI plus online learning programme which covers topics such as Anti-Racism, Allyship, Culture, Microaggression etc. It allows staff to access training on many aspects related to EDI. We also launched 'Management Essentials Introduction to EDI' programme in September which provides managers with an overview of how EDI impacts the organisation and offers them ideas of how they can better support staff. The training was co-designed with our staff networks, and they produced a video which is shown in the training, providing lived experience insight. <a href="#">My Movie 23</a></p>		
<b>Domain 2: Workforce health and well-being overall rating</b>			<b>10</b>	

## Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<b>Domain 3: Inclusive leadership</b>	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>Our Trust Board is committed to fostering an inclusive culture at Alder Hey, supporting both our diverse population and workforce. Over the past year, Equality, Diversity, and Inclusion (EDI) has been a key priority, with dedicated support from the senior leadership team. Regular EDI updates are presented to the Trust Board. The Equality, Diversity, and Inclusion Steering Group (EDISG), chaired by a Non-Executive Director, reports to the People Committee, providing updates on key issues, identifying workforce EDI risks, and tracking progress against our EDI objectives. The staff network chairs, and co-chairs attend the EDISG, providing updates on the activities, projects, and events each network is involved in. Each month we spotlight one of the networks and they provide a comprehensive update regarding their activity.</p> <p>Each staff network has an executive sponsor who supports and champions the work carried out by their network. The Trust board members</p>	<b>Achieving Activity 2</b>	Melissa Swindell Chief People Officer

		<p>have all supported events held by the staff networks throughout 2024/5. Including Iftar event during Ramadan, Black History Month events, REACH staff network one year celebration, Liverpool PRIDE march, Remembrance service, Diwali celebration, Staff Network Christmas party.</p> <p>We are committed to implementing the Northwest BAME Assembly Anti-Racist Framework, with dedicated support from the Trust Board. This year, we developed an Anti-Racism statement alongside a supporting video, which was endorsed by the executive team and launched at the ‘Ask the Execs’ weekly briefing.</p> <p><a href="#">Anti Racist Statement.pptx</a></p> <p><b>The Northwest BAME Assembly Anti-racist Framework</b></p> <p>Following the Southport tragedy and the subsequent riots, our executives demonstrated strong leadership by hosting staff support sessions and providing essential resources.</p> <p><b>Further support and advice</b></p> <p>There is a long – and constantly updating – list of support, advice, and guidance available on</p>		
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		<p>the intranet here: <a href="#">Support and Safety   Intranet</a>, and you can find some of those in the email below too.</p> <p><b>Tell MAMA:</b> <a href="#">Tell MAMA</a> Measuring Anti-Muslim Attacks (MAMA) is a secure and reliable service that allows people from across England to report any form of Anti-Muslim abuse. There is a unique portal where you may address your concerns and record any incident that you experience because of your Muslim faith or someone perceiving you to be Muslim.</p> <p><b>Stop Hate UK:</b> <a href="#">Stop Hate UK</a> Stop Hate UK is a leading anti-hate and anti-discrimination organisation for corporate, statutory, and community sectors. It operates a free dedicated 24-hour anti-Hate Crime reporting service for all monitored strands of a person's identity or perceived identity (Disability, Race, Faith/Religion/Belief, Sexual Orientation, and Transgender identity, as well as Alternative Subculture and Gender/Misogyny).</p> <p><b>'Start Safe Stay Safe' App:</b> <a href="#">Start Safe Stay Safe App</a> The App provides 24-hour availability to persons affected by harassment in a public place/space to report their experiences and, if necessary, get independent support and advice.</p>		
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		<p><b>NHS England Support for NHS Staff:</b> <a href="#">NHS Support for staff</a> which is generic support but does have support for managers having effective conversations.</p> <p><b>Diaspora Groups:</b> <a href="#">Diaspora Groups</a></p> <p>We also held drop-in sessions for staff and the execs also provided Safety and Support Session. We provided briefings for managers giving them resources and tools to support their staff. We also responded to colleague's feedback by increasing security presence at Mecca Bingo Car Park and temporarily reinstated the Shuttle Bus service</p> <p><a href="#">Intranet</a>  <a href="https://intranet.alderhey.nhs.uk/safety-and-support-information/">https://intranet.alderhey.nhs.uk/safety-and-support-information/</a></p> <p>This ongoing work ensures that staff feel safe, supported, and confident in speaking up and reporting any incidents of discrimination.</p> <p>Furthermore, each executive member has a dedicated EDI objective within their annual appraisal, aligning with High Impact Action 1 set out in the NHS EDI Improvement Plan.</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>We are developing a new Equality, Health Inequalities Impact Analysis (EHIA) process and toolkit to serve as a comprehensive resource for staff. This toolkit will provide all necessary supporting information to facilitate meaningful EHIA completion. Through engagement with key stakeholders, we have refined the existing process to enhance ease of use while strengthening governance. The updated EHIA process will consider both health inclusion groups and individuals with protected characteristics. Reviews and approvals will take place at accountable committees, with regular evaluations to ensure that mitigations are implemented, and emerging issues are identified.</p> <p>We are in the process of reviewing and developing our organisational EDI objectives, ensuring they align with ongoing EDI initiatives and the NHS EDI Improvement Plan. These objectives have been initiated and discussed by the EDISG, shared with staff networks for feedback, and published on our website.</p>	<p><b>Achieving Activity 2</b></p>	<p>Melissa Swindell Chief People Officer</p> <p>Nathan Askew Chief Nurse</p>



	<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, Patient and Carer Race Equality Framework. Each report is approved and signed off by the Trust Board before publication onto the public facing trust website. <a href="https://www.alderhey.nhs.uk/about/publications">https://www.alderhey.nhs.uk/about/publications</a> People Committee are provided with progress updates.</p> <p>Our Navajo in Trust Charter Mark is due for reassessment in 2025. We have worked throughout work plan with the support of our LGBTQIA staff network, making substantial progress. There are some areas that we are still developing but have made a significant amount of progress which will allow the Trust Board to</p>	<p><b>Achieving Activity 2</b></p>	<p>Melissa Swindell Chief People Officer</p>

		monitor progress against the actions.		
<b>Domain 3: Inclusive leadership overall rating</b>			<b>6</b>	

<b>Third-party involvement in Domain 3 rating and review</b>	
<b>Trade Union Rep(s):</b>	<b>Independent Evaluator(s)/Peer Reviewer(s):</b> The report was reviewed by Trade union representatives

EDS Organisation Rating (overall rating): **24 Achieving**

Organisation name(s): Alder Hey Children's Hospital

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 Led	Year(s) active
Angela Ditchfield Head of Equality, Diversity, and Inclusion	2024-2025
EDS Sponsor	Authorisation date
Melissa Swindell, Chief People Officer	

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 all service users have the most accessible services at any given time	Ensure we work with local services to simplify our resources. Use Easy Read where practical to do so. Identify accessible routes to our services	Dec 2025
	1B: Individual patients (service users) health needs are met	Improve experiences of children with ASD who access the services	To review the ophthalmology care of children with ASD and audit against the best practice guidelines.	Sept 2025
	1C: When patients (service users) use the service, they are free from harm	To ensure safe spaces are accessible in our services for patients and those delivering the care	Develop ways to share and support the Datix reporting process. Ensure Issues identified are monitored and actioned in a timely manner	Sept 2025

	1D: Patients (service users) report positive experiences of the service	Develop a more robust patient and family feedback tool for SEND team	Continue to review and revise the way in which the team receives feedback from patient and their families	Nov 2025
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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	Continue to work collaboratively to provide staff with access to onsite support and guidance regarding physical health	Hold regular Physical Health days for staff with access to health checks and information about health conditions. Inviting Occupational Health, community organisations to provide staff with guidance and advise	On-going
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Staff feel safe and supported at work, taking action to address the poorer experiences of staff which is reported through Staff Survey, WRES/WDES and Freedom to Speak Up Guardian	Continue to work to implement the NW BAME Assembly Anti-Racist Framework aligning the initiatives to the NHS EDI Improvement Plan, WRES/WDES Launch new 'Safe and Respectful Behaviour' Policy and Toolkit	October 2025
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Continue to work with our staff networks SALS, PALS and communications team to ensure staff are supported and have adequate resources and that we communicate a positive message to all	Launch new 'Safe and Respectful Behaviour' Policy and Toolkit Promoting the available support from F2SUG, SALS PALS, Staff networks, encouraging staff to report	Sept 2025

	2D: Staff recommend the organisation as a place to work and receive treatment	Improve Staff Survey Results	2-5% increase in annual Staff Survey results for staff recommending the organisation as a place to work and/or receive treatment	March 2026
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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	Develop Reverse Mentoring Programme for all executive members in collaboration with our REACH staff network	Co-create a Reverse Mentoring Programme with our REACH staff network.	June 2025
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Develop a new Equality Analysis process providing training, support and resources for staff to ensure they can undertake a meaningful equality impact analysis which is monitored and reviewed	Launch new Equality Health Inequalities Impact Analysis process with supporting toolkit and resources	May/June 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	Work with Trust Board members as well as divisional leads to embed EDI providing scrutiny and progress	Develop an EDI dashboard to capture relevant EDI data to inform our approach	July/August 2025



Patient Equality Team  
NHS England and NHS Improvement  
[england.eandhi@nhs.net](mailto:england.eandhi@nhs.net)

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