

Equality Delivery System – EDS2 Summary Report

The Equality Delivery System – EDS2 was made mandatory in the NHS standard contract from April 2015. NHS organisations are strongly encouraged to follow the implementation of EDS2 in accordance with the ‘9 Steps for EDS2 Implementation’ as outlined in the 2013 EDS2 guidance document. The document can be found at: <http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf>

This *EDS2 Summary Report* is designed to give an overview of the organisation’s most recent EDS2 implementation. Once completed, this Summary Report should be published on the organisation’s website.

NHS organisation name:

The Walton Centre NHS Foundation Trust

Organisation’s Board lead for EDS2	Organisation’s EDS2 lead
Lisa Salter (Director of Nursing & Governance)	Workforce – Andrew Lynch (Andrew.Lynch2@thewaltoncentre.nhs.uk)

Level of stakeholder involvement in EDS2 grading and subsequent actions:

- Staff Partnership Committee
- Patient Experience Group
- Business Performance Committee

Organisation’s Equality Objectives (including duration period):

2017-2022

- *Objective 1* – Extend patient profiling (equality monitoring) data collection to all protected characteristics
- *Objective 2* – Improve support for, and reporting of, disability within the workforce
- *Objective 3* – Ensure ongoing involvement and engagement of protected groups including patients, carers, staff, Healthwatch and other interested parties
- *Objective 4* – Ensure all staff members are paid equally for equal work done
- *Objective 5* – Increase the number of BME staff within management positions

EDS2 Grades (Date: 28/06/2022)

Goal	Outcome	Grade and reasons for rating
------	---------	------------------------------

1.1	<p>Services are commissioned, procured, designed and delivered to meet the health needs of local communities</p> <ul style="list-style-type: none"> • Grade: Developing • Number of protected characteristics that fare well: 4 • Evidence drawn upon for rating: <p>The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading. The Trust has now adopted a new standard operating procedure to ensure that reasonable adjustments and made to make our service accessible to patients with disabilities.</p> <p>The Trust has analysed patient equality data and has identified lower numbers of Black Asian and minority ethnic staff using our services than we would expect given the local demographics in terms of racial diversity.</p> <p>In order to tackle health inequalities, the Trust will analyse its patient data against indices of social deprivation and broken down by ethnicity.</p> <p>The Trust believes that the highest quality services should be provided to all patients, which is reflected in the Trust's corporate objectives and mission statement. This belief is the key driver in the design and procurement of all its services. The Trust works in partnership with commissioners to shape their contract thus ensuring that services are commissioned to meet the needs of the local population and to reduce health inequalities. The Trust has completed in a joint retendering process with local Trusts and CCGs to ensure that interpretation and translations services of the highest quality. Equality performance is routinely monitored in the quality contract with the Trust's commissioners.</p> <p>Any new services or existing services undergoing change are assessed for possible equality impact on patients, visitors and staff. In addition, services are designed to be compliant with the Royal College of Nursing and National Institute for Health and Clinical Excellence (NICE) standards and guidelines, and are fully accredited by awarding bodies.</p> <p>The Trust believes that the services offered by the Trust are available to all irrespective of their protected characteristics, and data from the patient data report, complaints monitoring, patient surveys and engagement supports this belief. Patients, carers, Foundation Trust members and other stakeholders and local organisations and community groups are consulted with and involved in the design and delivery of services, thus ensuring that the health needs of the local communities are considered. All tenders assess equality and diversity, with responses considered as part of the tender process. All contracts include equality clauses.</p> <p>For this outcome, the Trust has good evidence and data to demonstrate that services are equality impact assessed. The Trust can also demonstrate that the health and well-being of its staff and patients is taken seriously through strategic planning processes and policy making. Patients from all protected characteristics are engaged with in the above processes, but the Trust currently does not capture all characteristics and therefore is unable to demonstrate a higher number of protected characteristics that fare well. Continuing actions will be implemented to address these issues in the next 12 months.</p>
1.2	<p>Individual people's health needs are assessed and met in appropriate and effective ways</p> <ul style="list-style-type: none"> • Grade: Developing • Number of protected characteristics that fare well: 4 • Evidence drawn upon for rating: <p>The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading.</p> <p>The Trust remains in a similar position for sub goal 1.2. Due to the limited data captured the Trust is unable to evidence further progression to show all protected characteristics fair well. However, processes are in place to ensure that all patients' health needs are assessed and met regardless of protected characteristics. The Trust is committed to provide individualised patient care and, where required, protected characteristics are taken into account during the health needs assessment and through the patient journey. For example, the Trust ensures that reasonable adjustments are made for disabled patients, patients with learning disabilities, and patients with dementia. In addition, the Trust has access to 24-hour interpretation services that cover the languages or dialects that are spoken within the organisations catchment area. Sign language is also catered for via our externally commissioned interpretation and translation service.</p> <p>Following an individual health needs assessment, either in an outpatient, inpatient or in a community setting, all patients are provided access to the services they require in an appropriate and effective manner. The Trust ensures effective assessments are undertaken and case note and nursing quality audits support this process.</p> <p>Risk assessments are undertaken on all patients and therefore from all protected characteristics in relation to falls, pressure ulcers, venous thromboembolism (VTE) and nutrition, in line with Commissioning and quality targets. The assessment includes review of patient's religious and cultural requirements, communication and care requirements, family support and carer needs. Individual care plans are developed for each patient and reviewed throughout their period of care. These plans are contributed to by all members of the Trust multidisciplinary team as and referrals made to subsequent services such as smoking cessation, dieticians, support groups or district nursing and rehabilitation services as appropriate.</p> <p>For this outcome, the Trust is satisfied that the processes in place across the organisation allow for all the patients who are referred to services or self-refer, where appropriate, are provided with individualised health needs assessments. Although quantitative data is not available for all protected characteristics, plans are in place to address this.</p>

Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed

- Grade: Developing
- Number of protected characteristics that fare well: 4
- Evidence drawn upon for rating:

The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading.

The Trust has numerous examples to demonstrate effective and appropriate transitions from services to support individual needs. This happens during transfer of patients into the Trust from the Trauma Network, from District General Hospitals, from other specialist Trust, for example Alder Hey, and GP referrals. We also transfer patients onto various points of care, including services within the Rehab Network, repatriating hospitals and social care or specialist services. This includes patients from Wales and the Isle of Man.

Individual care plans are developed for each patient and reviewed throughout their period of care. The patient's assessment includes a review of their religious and cultural requirements, communication and care requirements, family support and carer needs. These plans are contributed to by all members of the Trust's multidisciplinary teams with input from the patient and carers, alongside health and social care professionals. Any change in services provided is planned and communicated with all concerned and any referrals are made to subsequent services with full handover of information.

The Trust has good links with local communities and social services across its footprint. Holding multi-disciplinary meetings with internal and external stakeholders, as well as family members, to ensure arrangements are agreed and planned in the best interests of individual patients.

The Trust is currently working to ensure that the needs of people with learning disabilities are fully taken into account in accessing services and in transitions. Patients who have learning disabilities are encouraged to utilise the Traffic Light Assessment system the Trust has in place which gives consistent and current information about the patient and ensures continuity of care.

The Trust actively signposts carers to appropriate support, includes them as partners in care and has developed a Carer's Strategy identifying how the Trust will continue to support and work with carers in the future. The Trust is currently allocating space for a carers resource where it will provide information and a quiet space for carers to access. This resource will be supported by the Brain Charity in partnership with the Trust.

For this outcome, despite good examples, the Trust cannot provide data to demonstrate that people from all protected groups are supported and have smooth transitions between services. However, complaints received by the organisation do not demonstrate that any protected characteristics are discriminated against during this process.

1.3

When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse

- Grade: Developing
- Number of protected characteristics that fare well: 4
- Evidence drawn upon for rating:

The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading.

The Trust believes that patient safety and quality must be at the heart of everything it does. The Quality Accounts Annual Report provides the backdrop to demonstrate the organisations commitment to improving the quality of services and safety of care. The Trust must ensure that it listens to and acts on feedback received.

The Trust takes patient safety very seriously and has reported on several current work streams within the Quality Accounts report, including medication errors, cancelled operations and healthcare acquired infections. Data is available for 4 protected characteristics at the present time however, as previously stated, work is being undertaken to extend the data collection systems to improve data capture.

Patient Led Assessment of Cleanliness and Environment (PLACE) inspections are carried out annually. Teams are made up of patient representatives and members of staff. The visits are unannounced and intended to review the hospital for standards in cleanliness, hand hygiene, quality of accommodation and food

The organisation has a system in place whereby incidents of abuse must be reported by staff whether the abuse is directed at staff by patients, patient to patient or patient to staff, patient to patient and staff to patient. Abuse includes behaviours such as violence, verbal abuse, gestures, sexual or racial abuse. Reporting is web based, and all incidents are investigated thoroughly, and actions undertaken to address the behaviours. All incidents are reported through the appropriate governance committee structures. Some incidents, such as neglect, abuse of vulnerable adults or children, are reported directly to the Strategic Executive Information System (STEIS) as per NHS standard procedures for external reporting. The Trust also has an appointed Freedom to Speak Up Guardian to ensure that staff are encouraged and supported to report any mistakes, mistreatment and abuse.

1.4

		<p>Reporting incidents by protected characteristic is difficult at the present time. Work is being undertaken to tie in together the three data systems required: the patient administration system, the electronic staffing record and the incident reporting system in order that data can be gathered for protected characteristics. The Trust seeks causes through incident reporting and whistle-blowing systems and Freedom To Speak Up Guardians, which informs actions to be undertaken. Therefore, having a robust and safe complaints and whistle-blowing process is vital. Policies are in place to protect people making complaints and follow strict guidelines. Staff and patients are able to make complaints without fear of victimisation.</p> <p>The Trust has a Safeguarding Adults and Children team to ensure the Trust operates within national statutory and non-statutory guidance for on safeguarding vulnerable people. Policies have been introduced to provide guidance to staff on the management of allegations of abuse and deprivation of liberty safeguards. In addition, staffs have access to taught sessions and e-learning training packages on safeguarding issues.</p> <p>For this outcome, the Trust firmly believes that all people from all protected characteristics are given the same protection in accordance with its mission statement to provide the very best care for each patient on every occasion, which is at the core of everything it does. However, grading has been identified as developing. This is due to the good data and evidence to demonstrate patient safety across the protected characteristics available in comparison to the less adequate data available for incident reporting of bullying or harassing behaviours. Patients from all protected characteristics are engaged with in the above processes.</p>
1.5		<p>Screening, vaccination and other health promotion services reach and benefit all local communities</p> <ul style="list-style-type: none"> • Grade: Developing • Number of protected characteristics that fare well: 4 • Evidence drawn upon for rating: <p>The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading. The Trust is currently working with local CCGs and other local hospital trusts on Merseyside to engage collectively across multiple protected characteristics and will form a new high level and diverse EDS 2 grading panel to assure future grading and ensure PSED compliance.</p> <p>The Trust has an extensive range of health programmes and initiatives in place to support staff and patients alike in accessing public health, vaccination and screening programmes. The Trust is able to provide evidence to demonstrate that people are accessing services; however, due to the limitations of the patient administration system, this is only possible for 4 of the protected characteristics. Work is underway to enhance the current data collection systems to cover all protected characteristics.</p> <p>Throughout the hospital's wards, outpatients and public areas there is an extensive range of public health information for staff and patients to access, examples being for infection control and smoking cessation. Audits are undertaken by volunteers to ensure sufficient coverage and appropriate placement of information is provided. All patient information is available on request in alternative formats. Interpreters are utilised to ensure communication is most effective.</p> <p>The Trust carried out an extensive COVID-19 vaccination programme on 2020 and took particular steps to ensure a high vaccination rate amongst Black, Asian and minority ethnic staff in response to national reports of their being a disproportionate impact of COVID-19 on these groups.</p> <p>Health, vaccination and screening programmes include: pre-natal advice for epilepsy patients, flu vaccination programmes and smoking and alcohol intake screenings. After a positive trial for epilepsy patients a number of Nurse advice lines have also been rolled out to enable patients to get disease specific advice and support between appointments.</p> <p>The Trust believes that a healthy workforce leads to safer and better patient care and is committed to improving the health and wellbeing of all staff. The Trust has also been re-accredited with the Workplace Wellbeing charter and continues to run regular schemes and initiatives including health checks, fitness classes, various mental well-being initiatives, and discounted weight loss programmes.</p> <p>For this outcome, the Trust is again able to present data for 4 of the protected characteristics for patients, and all but 1 protected characteristic for staff (although not all staff services are monitored for equality purposes).</p>
Improved patient access and experience	2.1	<p>People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds</p> <ul style="list-style-type: none"> • Grade: Developing • Number of protected characteristics that fare well: 4 • Evidence drawn upon for rating: <p>The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading.</p> <p>The Trust has undertaken an analysis of accessibility to our service regarding race and ethnicity via the Trust's Strategic BAME Advisory Committee, which indicated that fewer patients from Black, Asian and Minority Ethnic backgrounds are currently accessing our service when compared with their proportionate demographic percentage of the population we serve. The Trust has taken steps to ascertain the reasons for this disparity with relatively fewer numbers of Black, Asian and minority ethnic patients accessing the service.</p> <p>The following barriers have been identified by the Trust through networking with voluntary sector organisations such as the Neurological Alliance:</p> <ul style="list-style-type: none"> • A lack of knowledge in some newer communities as to how the health system works and how to access health services e.g. refugees

and asylums seekers.

- Language can be a barrier for people who have English as a second language. Basic information as to how to navigate the health system can be more difficult to access, resulting in patients not being referred on from primary care in the numbers we might expect.
- Different ways of understanding illness and describing symptoms in some communities leading to greater difficulties in diagnosis of some conditions e.g. in some languages there is no separate word for a neurological condition and a mental health condition.
- Stigma and a reluctance to come forward for diagnosis because of fear of being stigmatised in some communities.
- A greater emphasis in some communities on families taking care of their own family members rather than relying on health care services, leading to later presentation at health services and later diagnosis.

The Trust is continuing to network with the Neurological Alliance and other organisations to find ways to address these barriers.

Due to the limitations of the current patient administration system (PAS), the Trust is only able to provide quantitative data for 4 of the protected characteristics: namely, age, ethnicity, religion and belief and sex. Plans are already in place to update PAS to collect additional information regarding disability, sexual orientation and carer status.

The Trust recognises that accessing services can be more difficult for some people – such as people with a disability, people with learning difficulties or people whose first language is not English. The Trust is committed to ensuring that reasonable adjustments are made for disabled patients and patients with learning difficulties where required. For example, where a patient is distressed by waiting rooms and bright lighting, staff arrange for the patients appointment to be first on the list and the patient seated in a quiet area to wait for their appointment, thus reducing anxiety for the patient and carer or relatives. Reasonable adjustments are made on a regular ad hoc basis, although the Trust does not record this officially for all disabilities.

Pictorial menus have also been developed to support patients to choose their meals and interpreters are in place to support patients who are unable to read or comprehend English. The Trust has implemented the Accessible Information Standard and is working on ensuring this remains fully implemented. Since its implementation we have received requests from a number of patients to meet their needs and have been able to accommodate all of these. When patients telephone to make appointments, the access, booking and choice receptionists ask patients whether they have caring responsibilities or any disability in order to ensure that the best appointment possible is provided to suit their needs. Patients are also able to make appointments via email if preferred. Text messages are also sent to patients to remind them of their appointment, and the Trust has a self-check in kiosk, which has been reviewed regarding its accessibility.

The Trust has a Learning Disability Steering Group that feeds into the Trust’s Safeguarding Group which in turn reports to the Board of Directors via the Patient Safety Group. The Learning Disability Steering Group meets quarterly and has developed good links with the community learning disability teams in the local areas. Members of the Trust’s Learning Disability Steering Group also attend the Trust’s Safeguarding Group meetings

The Trust has an interpreting service that is readily available and covers languages and dialects required, there also a provision for British sign language. Language interpretation is available face to face and by telephone. The Trust has an interpreting policy to ensure that staff understand how to access the interpreting services.

‘Pathfinder’ volunteers have been recruited to support patients to navigate around the hospital and the Trust is working with local communities and charities to ensure training is appropriate regarding peoples cultural and disability requirements, i.e. patients with vision impairment being guided appropriately.

For this outcome, the Trust is able to demonstrate that patients, carers and communities from 4 of the protected characteristics readily access services and there are no obvious concerns as demonstrated in the patient data report.

People are informed and supported to be as involved as they wish to be in decisions about their care

- Grade: Achieving
- Number of protected characteristics that fare well: 6
- Evidence drawn upon for rating:

The Trust has chosen to maintain the previous year’s grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading.

The Trust is committed to ensure that all patients, irrespective of protected characteristics, are informed, supported and involved in their diagnosis and decisions about their care where appropriate.

The National Inpatient Survey is the main source of reporting the perceptions of patients across the NHS and is used in comparative performance tables and quality indicators. Action plans have been developed and targeted work undertaken where patient perception has been less than anticipated. Improvements were made over the last few years, with the result that when asked, the majority of patients felt they had been involved in decisions about their care, had been kept informed about medication side effects and were provided with information in a way that was easy to understand. Local real-time surveys and the regular patient listening events undertaken across the Trust support the findings of the national survey.

The Trust implemented a Ticket Home scheme on all wards. The aim of the scheme is to improve discharge planning through a focus on the predicted date of discharge and recognizing as good practice to inform patients and their carers of their predicted discharge date and so improve patient

2.2

experience by allowing patients to feel involved in decisions about their discharge. It also allows patients and their families to plan accordingly.

All patients give consent to treatment in line with Trust and national consent policies. The Trust policy has recently been reviewed and reflects discussions with local communities.

The Trust has an active Patient Experience Group which includes patients and Healthwatch representatives and supports patient information developed across the Trust. Standard, easy read and talking leaflets are being developed continually. The Trust strives to meet the communication needs of all patients with pictorial menus to support patients to make choices and the roll out of the Accessible Information Standard.

Staff are able to access the interpreting services to ensure that patients whose first language is not English, or those patients who use British Sign Language, are fully able to understand their diagnoses and treatment. Indeed, where patients are to be given 'bad news' interpreting provision takes place face to face and not by telephone.

For this outcome, the Trust is again able to demonstrate that patients from 4 of the protected characteristics are informed and supported to be as involved as they wish to be in decisions about their care. However, changes are underway to improve the data monitoring information collected at a local level. The national inpatient survey is limited to 6 protected characteristics at the present time.

2.3

People report positive experiences of the NHS

- Grade: Achieving
- Number of protected characteristics that fare well: 6
- Evidence drawn upon for rating:

The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading.

The Trust has been assessed as Outstanding by the CQC. As part of this assessment NHS England reviewed and assessed the delivery of care to patients and their experiences when accessing services. They also undertook a review of equality and diversity provision and compliance within the Trust and found the outcome to be good.

Feedback through surveys and social media indicate a very good patient experience of services at the Walton Centre. In CQC National Surveys results do not indicate any discrimination due to a particular characteristic. Scheduled quarterly reports on all patient experience and dignity and respect activities are presented to the Trust Board and to the specialist CCG commissioners. In addition, the complaints department publishes a regular report to the Trust Board on the experiences of patients and how issues have been resolved. This information also goes to Patient Experience Group which has representatives from the Governing Body, Healthwatch and local charitable organisations.

The usual numbers of patient surveys that are carried out on wards by our volunteers has resumed in 2022 having been suspended in 2020-2021 due to the COVID-19 pandemic..

The Trust has Dignity Champions across the organisation with each ward having at least one Dignity Champion. The Champions act as role models, identifying breaches of dignity in care, addressing and challenging issues as they arise and promoting dignity in care for every patient.

The Trust has already identified gaps in engagement with some seldom heard groups, such as gypsy, traveller and Roma communities and homeless people communities. Work will continue to forge better relationships with all community groups to ensure that their voices are heard through partnership working with local communities and interest groups, CCGs and Local Authorities and the Health watch.

For this outcome, the Trust is firmly committed to listening to the views of patients, carers and other local interest groups and communities and ensuring positive patient experience. Evidence from all of the above leads us to suggest that we are Achieving with regards to this sub-goal.

2.4

People's complaints about services are handled respectfully and efficiently

- Grade: Developing
- Number of protected characteristics that fare well: 4
- Evidence drawn upon for rating:

The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading.

Complaints about our services are taken very seriously and all concerns and complaints are investigated by Patient Experience Team, which incorporate the Patient Advice and Liaison Service and are recorded on the Trust's electronic database. Statistical information and lessons learnt are reported to the Patient Experience Group and the Quality Committee and Trust Board on a quarterly basis. This report also highlights actions taken as a result of complaints.

A patient experience and engagement strategy has been developed and ratified in partnership with patients, carers, staff and other local interest groups to ensure that the Trust engages, involves and informs people from all backgrounds in the best ways possible.

The Trust Board continues to recognise the importance of hearing the patients' voice directly through a patient story which is provided to the Trust Board at the start of the meeting.

		<p>The Trust records only 3 protected characteristics when patients complain. This is an area we have identified as needing further work and will be included in the Trust Equality Action Plan. This will enable further detailed analysis to ensure there are no patterns or themes.</p> <p>The Trust has set itself targets for responding to formal complaints, based on an initial assessment and in discussion with the complainant. In most cases this target is within 25 working days of receipt but can be extended in consultation with the complainant. This is monitored and reported quarterly to Trust Board members and monthly to the Chief Executive and Executive Directors. Trends over the last few years indicate an increased level of efficiency in the complaints process for patients of most groups.</p> <p>For this outcome, whilst the Trust feels it has strong processes in place to respond to all complaints, but due to the lack of data capture we are unable to evidence this for many of the individual protected characteristics.</p>
A representative and supported workforce	3.1	<p>Fair NHS recruitment and selection processes lead to a more representative workforce at all levels</p> <ul style="list-style-type: none"> • Grade: Achieving • Number of protected characteristics that fare well: 6 • Evidence drawn upon for rating: <p>The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading.</p> <p>The Trust uses NHS Jobs which collects data on 7 of the 9 protected characteristics (gender reassignment and pregnancy/maternity are currently not recorded). Recruiting managers are unable to see any of the monitoring information at any point and are also unable to see the applicants name or right to work status until after the shortlisting process has been completed either. All figures and demographics can be found in the E&D Workforce Annual Report 2019 however the following outlines a brief overview and some additional actions taken to support a fairer recruitment process.</p>
	3.2	<p>The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations</p> <ul style="list-style-type: none"> • Grade: Developing • Number of protected characteristics that fare well: <p>Evidence drawn upon for rating:</p> <p>The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading. The Trust is currently working with local CCGs and other local hospital trusts on Merseyside to engage collectively across multiple protected characteristics and will form a new high level and diverse EDS 2 grading panel to assure future grading and ensure PSED compliance.</p> <p>Gender Pay Gap</p> <p>The Trust has met its Gender Pay Gap reporting obligations and the results are published on the Trust's website. The Trust has taken note of the results and will be making use of the data to inform action planning for the coming year.</p>
	3.3	<p>Training and development opportunities are taken up and positively evaluated by all staff</p> <ul style="list-style-type: none"> • Grade: Achieving • Number of protected characteristics that fare well: 7 • Evidence drawn upon for rating: <p>The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading. The Trust is currently working with local CCGs and other local hospital trusts on Merseyside to engage collectively across multiple protected characteristics and will form a new high level and diverse EDS 2 grading panel to assure future grading and ensure PSED compliance.</p> <p>The Trust provides mandatory equality, diversity & human rights training on a 3 yearly basis, as opposed to a one off session. Furthermore, the Trust's e-Learning allows employees to complete parts of their mandatory training at a time and place convenient to them. Adjustments have been accounted for to support individuals as needed including 1:1 support sessions.</p> <p>All training opportunities are well publicised, through weekly communications and the monthly team brief. Data is collected on 7 of the protected characteristics (gender reassignment and pregnancy/maternity are not captured, although questions are asked around pregnancy where appropriate to ensure training can be adjusted where necessary). There is still an under-representation of BME staff, compared to the overall workforce demographics accessing training. The percentages of applications by age group, sexual orientation and religion or belief are all comparable with the workforce demographics with the percentage by disability also being broadly in line.</p>
	3.4	<p>When at work, staff are free from abuse, harassment, bullying and violence from any source</p> <ul style="list-style-type: none"> • Grade: Developing • Number of protected characteristics that fare well: 6 • Evidence drawn upon for rating: <p>The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading. The Trust is currently working with local CCGs and other local hospital trusts on Merseyside to engage collectively across multiple protected characteristics and will form a new high level and diverse EDS 2 grading panel to assure future grading and ensure PSED compliance.</p>

		<p>Data in respect of all employee relation cases (grievances, disciplinaries, and dignity at work) is monitored against the 7 protected characteristics currently recorded in ESR. The E&D Annual Report includes analysis of this.</p> <p>In relation to race, monitoring is also conducted via the Workforce Race Equality Standard (WRES).</p> <p>In relation to Disability, monitoring is also conducted via the Workforce Disability Equality Standard (WDES).</p> <p>Due to the nature of the patients treated by the Walton Centre aggression is quite common and is often a symptom of their illness. Whilst any patient behaving inappropriately will be spoken to it is often the case that they are either unable to help their actions or they forget the warning given, this makes it very difficult to eradicate this behaviour completely, however, the Trust does try to offer staff additional support in these case.</p> <p>Initiatives undertaken to try and ensure staff feel able to raise any concerns and to enable the Trust to address these issues include:</p> <ul style="list-style-type: none"> ○ Staff listening weeks ○ CQC internal visits ○ Friends and family tests ○ Dignity at Work Policy ○ Raising Concerns Policy ○ Violence and Aggression Training ○ A number of trained mediators who can support in resolving conflict without escalation where necessary ○ The use of exit questionnaires and interviews ○ The promotion of access to the Freedom to Speak Up Guardian
	3.5	<p>Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives</p> <ul style="list-style-type: none"> • Grade: Developing • Number of protected characteristics that fare well: 3 • Evidence drawn upon for rating: <p>The Trust's Flexible Working Policy enables all employees from the point at which they join the Trust to request a flexible working arrangement. In addition to part-time working, flexible working options also include compressed or adjusted hours, job-sharing, flexi-time, term-time working, home working (where possible) and career breaks.</p> <p>The Trust also offers flexible retirement options, as detailed in the Trust's Flexible Retirement policy. This aims to support older employees in their retirement plans and therefore demonstrates our commitment, and appreciation of, a diversity workforce. Take up of flexible retirement has been at an all-time high over the last 12 months, more than doubling the previous year.</p>
	3.6	<p>Staff report positive experiences of their membership of the workforce</p> <ul style="list-style-type: none"> • Grade: Developing • Number of protected characteristics that fare well: 4 • Evidence drawn upon for rating: <p>The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading.</p> <p>Evidence can be taken from the National Staff Survey which reports against 4 of the protected characteristics, this can also be collaborated by local data collected from the Trust Friends and Family Tests and Staff Listening weeks although these do not currently capture any protected characteristics.</p> <p>In 2021 there was only a marginal difference between the average and the best performing trusts, with The Walton Centre indicated at slightly above average. The trajectory across the five years measured is relatively flat for The Walton Centre, as is also indicated for all but the worst performing trust, which is on a downward trajectory.</p> <p>The Trust also monitors staff experience via Workplace Race Equality Standards (WRES) reporting and Workplace Disability Equality Standards (WDES) reporting and has corresponding action plans to improve staff experience. The Trust also has an extensive suite of wellbeing activities that a promoted to staff.</p>
Inclusive leadership	4.1	<p>Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations</p> <ul style="list-style-type: none"> • Grade: Developing • Number of protected characteristics that fare well: 4 • Evidence drawn upon for rating: <p>The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading.</p> <p>The Trust board review and approve the Equality and Diversity Annual Report, which covers all the protected characteristics. All papers presented to the Trust Board and to other senior committees ask the author to confirm whether an Equality Impact Assessment (EIA) has been completed.</p>

The Director of Nursing and Governance is the Executive Lead for Equality within the Trust. Examples of when Board members and senior leaders have demonstrated their commitment to equality include clear statements of the Trusts commitment to ED&I by the Chief Executive both in policy documents and in personal statements and online blogs, the creation of a designated Executive Lead for ED&I on the Board. and the Trust. The Trust has also set up a Strategic BAME Advisory Group Chaired by the Chief Executive and reporting directly to the Board to advance race equality objectives.

4.2

Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed

- Grade: Developing
- Number of protected characteristics that fare well: 9 (however not always completed, see below)
- Evidence drawn upon for rating:

The Trust has chosen to maintain the previous year’s grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading.

All papers presented to the Trust Board and to other senior committees ask the author to confirm whether an Equality Impact Assessment (EIA) has been completed. To support this, the EIA screening tool has been added to the policy template.

4.3

Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

- Grade: Developing
- Number of protected characteristics that fare well: 3
- Evidence drawn upon for rating:

The Trust has chosen to maintain the previous year’s grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading.

In 2019/2020 the Trust introduced its Building Rapport training programme for managers, which has an equality section aimed at Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination. This programme was halted during the COVID-19 pandemic, but it will resume in 2022.