



**Warrington and Halton
Teaching Hospitals**
NHS Foundation Trust

Equality, Diversity and Inclusion Annual Report

**Warrington and Halton Teaching
Hospitals NHS Foundation Trust**

April 2025 to March 2026



**Working
Together**



Excellence



Inclusive



Kind



**Embracing
Change**



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Section 1:

Introduction and requirements

- Organisation background and context
- Trust strategic aims
- Legislative overview
 - Equality Act 2010
 - Public Sector Equality Duty
 - Health and Care Act 2022

Introduction

Background to the report

The Warrington and Halton Teaching Hospitals NHS Foundation Trust (*hereafter referred to as the Trust*) **Equality, Diversity and Inclusion Annual Report** is a crucial tool in assessing and analysing the Trust's commitment to fairness, equity and inclusivity. This report provides an overview of the Trust's progress in promoting inclusive practices for its patients, service users, community and workforce.

In addition, it looks at the personal demographics of individuals currently working at the Trust and those entering or leaving the workforce. This includes:

1. Understanding what the diversity of the Trust's workforce looks like at a snapshot in time.
2. Monitoring the effectiveness of our enabling equality, diversity and inclusion related strategies, policies and processes.
3. Making improvements in our employment policies and practices to ensure all staff have equal opportunities to employment, development and a good employment experience.



Nikhil Khashu,
Chief Executive Officer

Introduction

About the Trust

The Trust comprises of three acute care hospitals with several community and virtual services within the local boroughs of Warrington and Halton:

1. Warrington Hospital
2. Nightingale Building
3. Captain Sir Tom Moore Building

Our vital statistics for 2025/26*:

- Served a population of approximately 342,000 across both Halton and Warrington boroughs
- Employed around 5,000 staff comprising 79 nationalities
- Delivered 2,473 babies in hospital and in the community
- Delivered 59,474 procedures and stays
- Delivered 109,928 individual new outpatients appointments each year (face to face and telephone)
- Operated 744 beds – assessment beds and trolleys – across both sites
- Provided 144,951 episodes of emergency care – 84,816 episodes at the Emergency Department, 22,842 at Warrington Same Day Emergency Care facility and 37,293 at the Runcorn Urgent Treatment Centre

*Data captured as part of the 2024/25 annual report, accurate as of 31 March 2026

Introduction

About the Trust – our strategic aims



QUALITY

We will...
Always put our patients first delivering safe and effective care and an excellent patient experience.



PEOPLE

We will...
Be the best place to work with a diverse and engaged workforce that is fit for now and the future.



SUSTAINABILITY

We will...
Work in partnership with others to achieve social and economic wellbeing in our communities.

Introduction

Legislative overview

Equality Act 2010

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society.

It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone. It is against the law to discriminate against anyone under the grounds of the **nine protected characteristics**:

1. Age
2. Disability
3. Race
4. Religion and/or belief
5. Sex
6. Sexual orientation
7. Gender reassignment
8. Pregnancy and maternity
9. Marriage and civil partnership

Public Sector Equality Duty

As public sector organisations, all NHS providers are required to demonstrate how they meet the Public Sector Equality Duty as outlined in section 149 of the Equality Act 2010. The general duties of the Public Sector Equality Duty require organisations to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not

Introduction

Legislative overview

Health and Care Act 2022

The Health and Care Act 2022 added an additional legal duty on NHS organisations to consider health inequalities by addressing health inequity and social determinants of health directly.

The legislative framework aims to support collaboration and partnership-working to integrate services for patients accessing care. Part of the measures included in the act are around changes to public health, social care, and the oversight of quality and safety. WHH recognise the following groups as **key groups who face health inequalities**:

1. Looked after children and young people
2. Carers
3. Homeless people
4. People involved in the criminal justice system
5. People with addictions and/or substance misuse issues
6. Social factors
7. Refugees, asylum seekers or those experiencing modern slavery

NHS England Key Aims

In November 2023 NHS England wrote to all Integrated Care Boards and trusts asking them to demonstrate how they identify key information on health inequalities and set out how they have responded to it in annual reports. The three aims of the statement are to:

- **Understand local healthcare needs** – including the demographic profile of people living in the local area served. This includes the healthcare needs of the population, particularly among people living in more deprived places or who are from more disadvantaged social groups.
- **Understand health access, experience, and outcomes** – NHS Trusts must collect, analyse and publish information on health inequalities against the key metrics detailed in the statement.
- **Publish information on health inequalities.**



Warrington and Halton
Teaching Hospitals
NHS Foundation Trust

Section 2:

NHS Equality, Diversity and Inclusion Improvement Plan



Improvement plan

National requirements

The plan is split into 6 high-impact actions:

1. Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.
2. Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.
3. Develop and implement an improvement plan to eliminate pay gaps.
4. Develop and implement an improvement plan to address health inequalities within the workforce.
5. Implement a comprehensive induction, onboarding and development programme for internationally recruited staff.
6. Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

Governance:

The national improvement plan has been embedded into the Workforce Equality, Diversity and Inclusion Strategy 2022-2025 delivery plan.

This is reported into the Strategic People Committee on a bi-annual basis to provide assurance on delivery against the actions identified.

A number of sub-actions have been codeveloped with the Trust's Staff Networks and other staff voice mechanisms. We are proud that since the implementation of the plan we continue to see an improvement in metrics associated with bullying and

Improvement plan

A selection of our local implementation

High impact action one

- WHH introduced specific equality, diversity and inclusion objectives for all staff as part of their annual appraisal, this includes the executive team and senior leaders.
- Non-executive director objectives have been allocated based on alignment with the Trust wide action plans and aims.

High impact action two

- Equality, diversity and inclusion representatives are part of all executive and non-executive recruitment processes.

High impact action three

- Targeted pay gap reporting has been developed with action aligned to national mandated returns.
- From March 2025, WHH now reports on gender, ethnicity and disability pay gap reporting.

High impact action four

- Equality and Health Inequalities Impact Assessment local training launched aligning to the current equality analysis process.
- Workforce EDI Dashboard in place – mapping local service data against workforce profile information.

High impact action five

- Development of a multi-disciplinary Workforce Retention Group with one of the priorities focusing on international recruitment retention.
- Development of a procedure for internally recruited colleagues who become patients.

High impact action six

- Launch of the “See it Report it Stop it” campaign

Section 3:

Meeting the equality duty

- Consultation and engagement
 - Equality analysis and considerations
 - Armed forces and military veterans' community

 - **Patients and service users:**
 - Interpretation and translation
 - Creating accessible information

 - **Workforce:**
 - Staff voice leading improvement
 - Training and development
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Working together...

Consultation, engagement and involvement

The Trust is committed to ensuring that its workforce and patients are involved in shaping equality, diversity and inclusion workstreams, with opportunities to influence service planning and delivery.

The Trust has a dedicated Engagement and Involvement Officer who engages externally with communities, stakeholders and lived experience volunteers, to shape future Trust developments so that they meet the needs of the people who use them. Our 'Working with People and Communities Strategy' supports the Trust's strategic objectives and embeds engagement and involvement processes in the way we work.

Internally the Trust has equality, diversity and inclusion resources embedded into other experience and culture portfolios. These are led by the Associate Chief People Officer: Strategic Workforce Development & Culture (workforce) and Head of Patient Experience and Inclusion (patients and public), who have responsibility for leading the delivery of the associated equality strategies.

The Trust ensures that the **voice of the workforce is integral to improving the experiences** of all at WHH.

Both staff engagement, culture and equality, diversity and inclusion agendas are reported through the Workforce Inclusion and Culture Sub-Committee, Operational People Committee and the Strategic People Committee in Common to provide assurance on delivery and demonstrating the impact of each strategy.

Equality analysis and considerations

Using equality and health inequality impact assessments to drive improvements

The Trust sets a commitment to undertaking equality analysis, ensuring that our policies, strategies, functions and any services we deliver endeavour not to lead to an unfavourable effect on different groups of people.

Equality analysis also helps to identify any positive action we can take to promote equality of opportunity and access for our patients, workforce and communities.

Equality and Health Inequality Impact assessments (EHIA) are used as a tool for the Trust to evidence that it is paying 'due regard' to the general aims of the Public Sector Equality Duty, Armed Forces Act 2021 and Human Rights Act 1998.

In addition to the nine protected characteristics, the Trust takes into consideration the armed forces community and several groups who face health inequalities including carers, homeless people, refugees, social factors, and others.

Monitoring and quality

All EHIAs are monitored for quality by the Patient Experience & Inclusion team and the Culture & Inclusion teams. This enables lessons learned to be shared across the Trust.

Training

The Culture and Inclusion team have developed an in-house online learning package that is tailored to the Trust's EHIA forms and process. This was in collaboration with the Director of Public Health and Inequalities and the Communications and Engagement team.

External reporting

A copy of the EHIA documentation can be found on the Trust website with requests directed to whh.equalityimpactassessments@nhs.net

Armed forces and military veterans

Working in partnership

The Armed Forces Act 2021 further enshrines the Armed Forces Covenant into law to help prevent service personnel and veterans being disadvantaged when accessing public services.

Following the implementation of the legal duty to demonstrate 'due regard' including the consideration of prioritisation of treatment where an illness or injury is related to time in service.

This has included working with workforce teams and the staff network to support staff also experiencing poorer health outcomes because of service-related injuries.

Achievements in 2025/26:

- Campaigns across all hospital sites to raise awareness of the Armed Forces workstream from both a staff and patient perspective.
- Complainants asked about their Veteran status as part of the standard complaints process
- Patient veterans' notification added to the Trust electronic record system to support timely adjustments for veterans and ex-military personnel with 59 Military Veterans currently registered
- Celebration and remembrance events. The Remembrance Service 2025 was attended by staff and patients who were veterans and members of the public
- Ongoing work with Veterans Covenant Healthcare Alliance (VCHA) to support a training package for staff with external funds secured for local awareness training
- Recruitment process supporting applications from Military Veterans

Patients and service users

Working in partnership

Engagement

The Trust is committed to involving patients, carers, family members and advocacy services in equality, diversity and inclusion strategies and workstreams, along with the community, local stakeholders and service partners.

Shared learning with patient stories

To improve the experience and outcome for patients and carers the Trust actively collates and share patient stories through clinical education, sub-committees, the Quality Assurance Committee and Trust Board. These valuable insights are shared to support learning, aid improvement and celebrate good practice.

Experts by Experience programme

Experts by Experience are people with lived experience of using our services, either as a service user or a carer/advocate. Experts are invited to use their insight to help shape future developments, so they meet the needs of the people who use them. The Trust currently has 217 volunteers, who are actively involved in multiple projects.

Mapping sessions

The Trust works with patients to map their journey from their perspective. This allows continuous quality improvement in understanding key touch points and the reasonable adjustments required to improve a patient and carers experience.

Volunteer recruitment

The Trust actively recruits and supports volunteers, ensuring that they are representative of the local community. Volunteers support the Trust to achieve the Quality Priority “we will always put our patients first, delivering safe and effective care and excellent patient experience” through a variety of roles with the aim of improving experiences for patients, their families, and carers.

Patient Experience and Inclusion Strategy

Feedback is vital to the development of the Patient Experience and Inclusion Strategy 2025-2028 and the Trust will embark in an extensive consultation programme within the community to support the development of the new strategy.



Patients and service users

Feedback and improvements

Friends and Family Test Positive Response Rate

Month	Internal Target Inpatient & Day case	WHH Inpatient & Day case Rate	Cheshire & Merseyside Average Rate	Internal Target Emergency Department	WHH Emergency Department Rate	Cheshire & Merseyside Average Rate
November 2024	95%	96%	95%	87%	73%	77%
December 2024	95%	98%	94%	87%	72%	77%
January 2025	95%	97%	94%	87%	78%	82%
February 2025	95%	96%	95%	87%	74%	79%
March 2025	95%	97%	94%	87%	74%	77%
April 2025	95%	97%	94%	87%	76%	79%
May 2025	95%	96%	94%	87%	75%	79%
June 2025	95%	97%	94%	87%	70%	77%
July 2025	95%	98%	95%	87%	69%	74%
August 2025	95%	97%	95%	87%	76%	79%
September 2025	95%	96%	94%	87%	70%	75%
October 2025	95%	96%	94%	87%	70%	75%

The Trust works in **partnership with patients, carers and their families** to **understand and improve their experiences**. This is informed through a range of national and local patient surveys, alongside engagement events.

Feedback is used to identify and address areas with negative experience and to capture protected characteristics data, enabling the Trust to identify themes and demonstrate due regard to equality and inclusion. Collaborative working supports the development of services that meet the needs of local communities and are used effectively.

The Trust uses a range of feedback mechanisms, including National Patient Surveys and direct patient feedback. Friends and Family Test (FFT) data and scores are routinely collated, analysed and reported, with key themes and actions monitored through the Patient Experience and Inclusion Sub-Committee. The table presents the Trust's FFT positive recommendation rates and provides a comparison with Cheshire and Merseyside performance.

Patients and service users

Interpretation and translation

Staff guidance

The Trust staff intranet provides a dedicated workspace containing resources to support staff in accessing interpretation and translation services. This includes an Interpretation, Translation and Accessible Information staff guide, ensuring appropriate information and support are readily available to meet the needs of patients.

This workspace provides information on foreign language interpretation, British Sign Language, Accessible Information Standards, safeguarding and consent, easy read documentation, Makaton and language identifier flags. The guide is easily accessible by the internal intranet or printed guides are available in each department.

Service partners 2025/26:

1. Language Line Solutions provide interpretation services for languages including British Sign Language via a virtual audio or video connection to an electronic device.
2. The Big Word provide face-to-face interpretation for foreign languages.
3. The Deafness Resource Centre provide face-to-face and virtual BSL interpretation.

Patients and service users

Interpretation and translation – foreign language interpretation

The Big Word fulfilment data - phone: by month for 2025:

Month	Serviceable	Serviced	Fulfilment
January	37	32	86%
February	32	27	84%
March	34	32	94%
April	21	19	90%
May	18	18	100%
June	25	21	84%
July	34	25	74%
August	27	24	89%
September	36	32	89%
October	41	29	71%
November	27	23	85%
December	20	18	90%

Fulfilment data for phone interpretation service demonstrates variable performance across the year.

The Big Word fulfilment data – face to face: by month for 2025:

Month	Serviceable	Serviced	Fulfilment
January	29	29	100%
February	38	38	100%
March	31	31	100%
April	35	35	100%
May	24	24	100%
June	34	33	97%
July	40	40	100%
August	23	23	100%
September	27	26	96%
October	23	22	96%
November	25	24	96%
December	39	39	100%

Fulfilment data for face-to-face interpretation service demonstrates a consistently high level of service delivery across the year.

Patients and service users

Interpretation and translation – foreign language interpretation

During 2025, The Big Word interpretation service was most frequently utilised to support patients in both clinical and non-clinical settings for the following languages. The table below outlines the top five foreign languages of serviceable requests and the number successfully serviced.

This data demonstrates a high level of fulfilment across the most frequently requested languages, providing assurance that interpretation services are effectively meeting patient needs.

Patients and service users

Interpretation and translation

British Sign Language (BSL) Interpretation

The Deafness Resource Centre provide face-to-face and virtual BSL interpretation. The Trust continues to support attendance of BSL interpreters as a preferred option. If an interpreter is not available a virtual BSL interpreter can be arranged via Language Line or the Deafness Resource Centre.

	Number of bookings
Quarter 4 (January 2025 - March 2025)	49
Quarter 1 (April 2025 - June 2025)	21
Quarter 2 (July 2025 - September 2025)	43
Quarter 3 (October 2025 - December 2025)	34
Total	147 bookings

Data highlights the consistent delivery of BSL interpretation to support our d/Deaf community.

The Trust meets quality standards by providing services for patients from contractually commissioned services. Meaning people are supported by trained, bilingual and independent professionals.

Patients and service users

Creating accessible information and services

Barriers to information can prevent people from effectively accessing health services and may affect health outcomes for some people. It is important that local people are involved in helping us to identify these needs and agree appropriate solutions. This is an important element of how the Trust actively works with its internal and external stakeholders.

The Trust has a range of focus groups and committees that include internal and external membership from advocacy groups, patients, carers and third sector organisations. Such as:

- Trust's Council of Governors
- Patient Experience and Inclusion Sub-Committee
- Dementia Steering Group
- Learning Disability Steering Group
- Mental Health Steering Group

Policies and processes

The Trust has an Accessible Information and Communication Policy and in 2023 an updated branding and communication style guide was implemented. This was introduced to enhance the accessibility and consistency of information shared.

In addition, a refreshed Accessible Information Standards Policy is scheduled for implementation in 2026, incorporating principles of health literacy to further support communication.

The Trust continues to support the use of Hospital Passports to ensure that reasonable adjustments are clearly documented and shared across services. This is complemented by the Carers Passport, which supports the identification of carers and facilitates access to appropriate support. These initiatives are further supported through Carers Cafés and hospital site visits delivered in partnership with carer service organisations.

Patients and service users

Chaplaincy and Spiritual Care

The Chaplaincy and Spiritual Care service provides pastoral, spiritual and religious care for service users and staff 24 hours a day, 365 days a year

In 2025, the service have delivered:

- Bedside commendations and sacraments
- Represented the Trust at baby funerals
- Supported patients who cannot attend funerals
- Support patients and staff with Holy Communion
- Supported patients requiring a hospital wedding
- Multi-faith cabinets in the chapels contain faith appropriate literature, holy scriptures and items used for worship
- Support the training of T level students and Resident doctors with sessions on Chaplaincy and Spiritual care
- Recruited volunteers to support multi faith service

Examples of engagement in the Trust and with local community events:

- Leading the Remembrance Sunday and Poppy Appeal events with the Armed Forces and Veterans Community Staff Network
- Participating with the ICU memorial service
- Collaborating with the bereavement midwives in the National Baby Loss Awareness Week to hold a Wave of light service at St. Elphin's church
- Raising awareness of religious celebrations including Diwali , Ramadan, Hanukkah, Christmas and Easter.
- Weekly Sunday Service on the Trust hospital radio.
- Attending a community building event at the Warrington Islamic Association
- Liaising with local churches to bring carol singers onto the wards
- Support staff who are grieving a colleague loss with

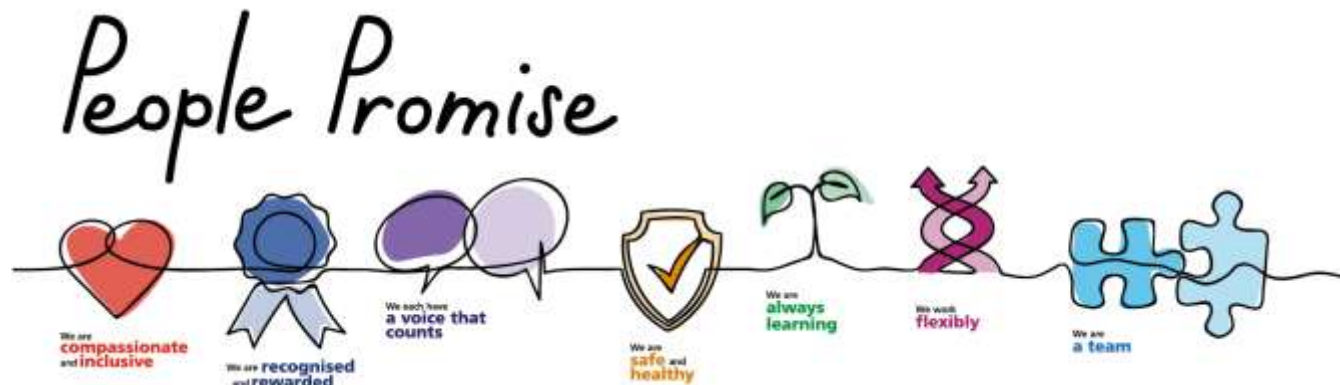
Workforce

Staff voice

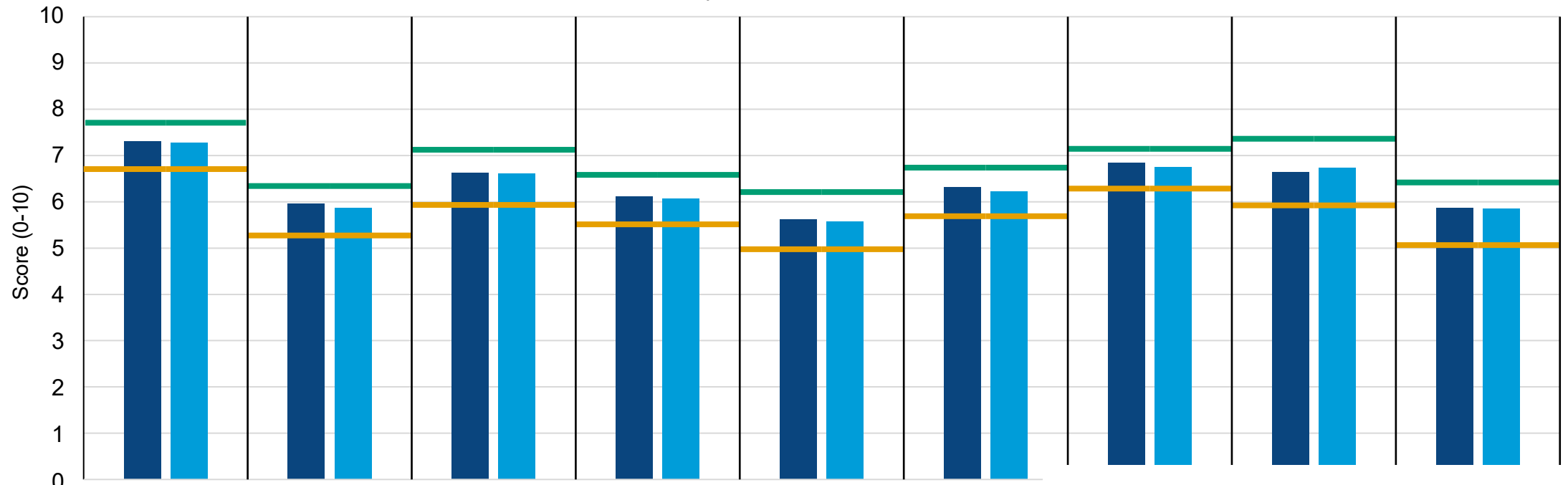
The Trust utilises analysis from the annual survey and quarterly NHS People Pulse surveys to understand the experiences of all our workforce. This includes breaking down the data by protected characteristic and putting improvement plans in place.

Results are shared with Staff Networks who contribute to an organisational staff survey action plan based on the experiences of their networks.

The NHS Staff Survey takes place each year across all NHS organisations and is an opportunity for every staff voice to count.



Workforce – NHS Staff Survey 2025 results



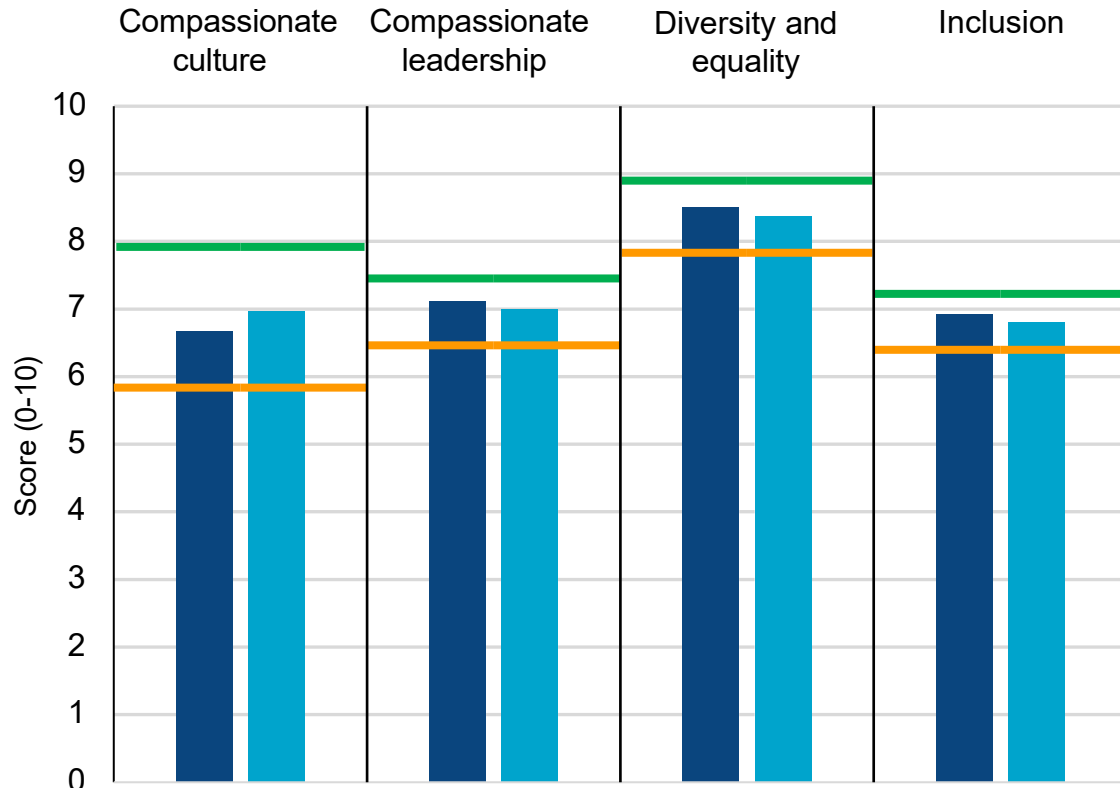
WHH	7.31	5.96	6.63	6.11	5.62	6.32
Best result	7.71	6.34	7.12	6.58	6.21	6.74
Average result	7.28	5.87	6.60	6.07	5.57	6.22
Worst result	6.71	5.27	5.93	5.51	4.98	5.69
Responses	1810	1808	1792	1796	1741	1797

Workforce

NHS Staff Survey results 2025 – equality related themes



Promise element 1: We are compassionate and inclusive



WHH	6.67	7.12	8.51	6.93
Best result	7.92	7.45	8.90	7.22
Average result	6.97	6.99	8.37	6.80
Worst result	5.84	6.46	7.83	6.40
Responses	1805	1810	1803	1801

Actions taken in 2025:

- Design and delivery of Active Bystander training alongside the “See it. Report it. Stop it.” anti-bullying and harassment campaign.
- Workforce Retention Group and Anti-Bullying and Harassment Steering Group were established in 2025.
- Revamp of the Anti-Racist Organisation Steering Group to include up-to-date Staff Survey results.

Changes since the 2024 results:

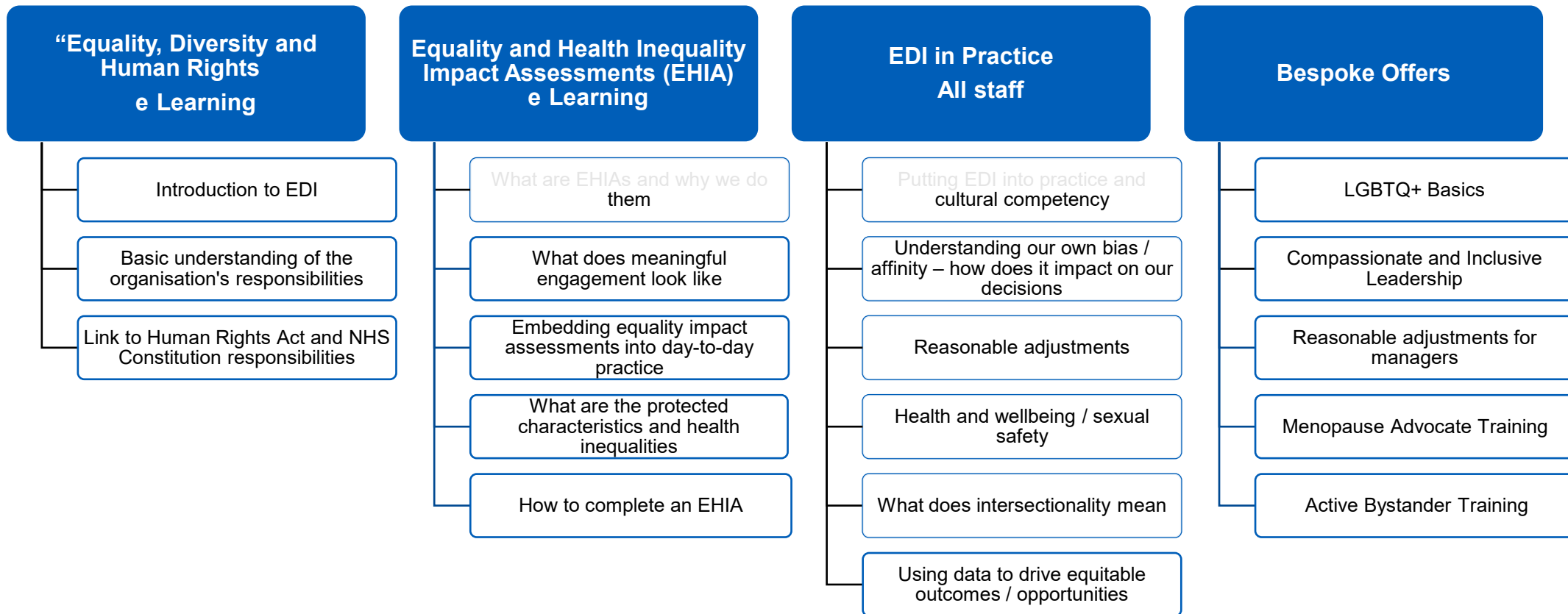
- The Trust has performed above the sector score for compassionate leadership, diversity and equality and inclusion with improvements required in compassionate culture.



Workforce


Equality and diversity training

The Trust recognises the importance of equality, diversity and inclusion training as a key part of the Trust meeting its public duties. The core training offer for the workforce are:



Section 4:

WHH Staff Networks

- Multi-Ethnic Staff Network
 - Progress LGBTQ+ Network
 - Disability Awareness Network
 - Armed Forces and Veterans Community Staff Network
 - Women's Staff Network
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Multi-Ethnic Staff Network

The Multi-Ethnic Staff Network launched in 2019 and has been pivotal in sharing powerful, personal stories in the Trust's newsletters, morning messages, building empathy and connection among all staff.

Since then, it has continued to be a core part of the Trust's staff voice mechanisms.

This includes the following achievements in 2025/26:

- Advocated for and successfully implemented a new procedure to support staff without family in the UK who become patients, a direct result of the network's advocacy.
- Supported the continued implementation of the Your Future Your Way program and currently working with the development team on making further improvements
- Influential in our Trust achieving the Bronze Status awarded by the North West Black, Asian and Minority Ethnic Assembly for being an anti-racist organisation

Cultural events

The network have organised successful cultural events that promotes inclusion and belonging, raise awareness of diverse beliefs and practices, provided opportunities for staff to learn about diverse traditions to strengthen workplace relationships. (e.g., Black History Month, Ramadan, SAHM, Diwali).

Our aims for the future

- To be recognised as a pioneer in tackling racism, embedding anti racist policies and accountability mechanisms
- Integrate with Bridgewater Race Inclusion Network to foster stronger collaboration and a more inclusive community across the future combined organisation
- Build a culturally competent workforce to recognise



**Progress
LGBTQ+
Network**

The Progress LGBTQ+ Network launched in 2020, recognising the impact that the COVID-19 pandemic had on LGBTQ+ people.

Since then, it has continued to be a core part of the Trust's staff voice mechanisms.

This includes the following achievements in 2025/26:

- Involvement and achievement of the NHS Rainbow Badge Phase 2 accreditation – “Bronze” award.
- Re-accreditation of the In-Trust Merseyside and Cheshire Navajo Charter Mark.
- Creation of the “Let’s Talk About...LGBTQ+” resource hub to raise awareness of LGBTQ+ issues.
- Involvement in Stonewall’s Network Masterclass.
- Trust wide survey on LGBTQ+ health and experience.
- Revision of the health and wellbeing LGBTQ+ booklet for staff.

Policies and processes

In 2024 the network were fundamental in the Trust implementing its first Transitioning in the Workplace policy and procedure document and supported the Trust to embed this across the organisation.

Additionally, the network has supported the revision of several workforce policies to ensure that they support LGBTQ+ people in the workplace.

Celebrations and events held in 2025/26:

- Trust representation at Warrington Pride parade



LGBTQ+ History Month

—



Disability Awareness Network

The Disability Awareness Network launched in 2021; this followed the introduction of other staff networks at the Trust. The Workforce Disability Equality Standard highlighted the need to listen to our staff with a disability or long-term health condition

Since then, it has continued to be a core part of the Trust's staff voice mechanisms

This includes the following achievements in 2025/26:

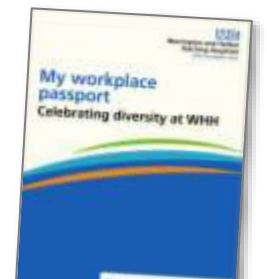
- Identification of key network priorities: neurodivergent support in the workplace, MSK and mental health
- Bi-monthly Lunch and Listen sessions focussing on Neurodivergent conditions and support
- Input into updates to Reasonable Adjustments Guidance to include neurodiversity
- Creation and rollout of the Workplace Passport
- Creation of the Microsoft Accessibility Guide
- Creation of the "Let's Talk About...Disability" resources

Policies and processes

The network is a core member of the Trust policies and procedures group and influences accessibility in Trust policies and subsequent Equality and Health Inequality Impact Assessments (EHIA)

Celebrations and events held in 2025/26:

- Disability Awareness Day
- World Autism Acceptance Month
- Learning Disability Week
- World Hearing Day





Armed Forces and Veterans Community Staff Network

The Armed Forces and Veterans Community Staff Network launched in 2021; this is part of the Trust commitment to being an armed forces friendly organisation.

The network is a core part of the Trust staff voice mechanism in making the Trust accessible for all members of the armed forces community accessing healthcare services.

This includes the following achievements in 2025/26:

- Coordinated the annual Remembrance Service approach across both Hospital sites.
- SSAFA Charity education session on external resources available to ex-military personnel – including health and wellbeing resources.
- Working with Royal British Legion regional office to embed support for staff within the network.

Policies and processes

The network continue to be a core member of the Trust policies and procedures working group and therefore influence all people policies design and implementation providing an armed forces and veterans community perspective.

Celebrations and events held in 2025/26:

- Armistice Day and Remembrance Events
- Armed Forces Week
- SSAFA Big Brew Up





Women's Staff Network

The Women's Staff Network launched in 2023 and continues to thrive. The key priorities for 2025/26 included:

1. Career progression and training
2. Women's health – including Menopause
3. Flexible and agile working – family friendly working

The Network has monthly listening forums in place to focus on the areas that are important to the network.

This includes the following achievements in 2025/26:

- Launch the Menopause guidance for employees and line managers at the organisation.
- Launch of Expressing at Work guidance for colleagues and line managers.
- Focus on career progression, promotion of CPD funding, Apprenticeships and other career development opportunities.
- Development of Baby Loss Policy together with HR Team to support colleagues experiencing pregnancy loss and baby loss.

Policies and processes

The network continues to be a core member of the Trust policy and procedures working group. This includes influencing the Trust in its direction and support for staff experiencing Menopause and any other issues relating to the Women's Staff Network.

Celebrations and events held in 2025/26:

- Joint WHH and BHC Women's and Menopause Network
- Menopause Awareness Month
- Career Development Panel
- Baby Loss engagement sessions



Section 5:

Health Inequalities

- NHS England Key Priorities
- Overview of Achievements for 2024/25



Our local population

Key statistics

Category	Warrington	Halton
Population Size and Age	212,400 residents (mid-2023); median age approx. 40 years	130,000 residents; median age approx. 41 years
Age Distribution	18.4% aged 0–15; 19.7% aged 65+ ¹	18% aged 0–15; ~20% aged 65+ ²
Ethnic Diversity	11.9% from minority ethnic groups ¹	2.5% from minority ethnic groups ²
Population Projections	+4% growth by 2043; 65+ population to increase by 44% ¹	Slight growth expected; 65+ population projected to rise significantly ²
Ethnic Minority Projections	Minority ethnic groups increasing; Eastern European communities growing ¹	Minority ethnic groups remain small but slowly increasing ²
Life Expectancy	Male: 78.7 years; Female: 82.2 years ¹	Male: 77.4 years; Female: 81.7 years ²
Healthy Life Expectancy	Male: 63.4 years; Female: 64.3 years ¹	Male: 59.6 years; Female: 57.5 years ²
Health Inequality	Gap in life expectancy: 9.5 years (men), 7.8 years (women) between most and least deprived ¹	Gap in life expectancy: 10.2 years (men), 7.1 years (women) ²

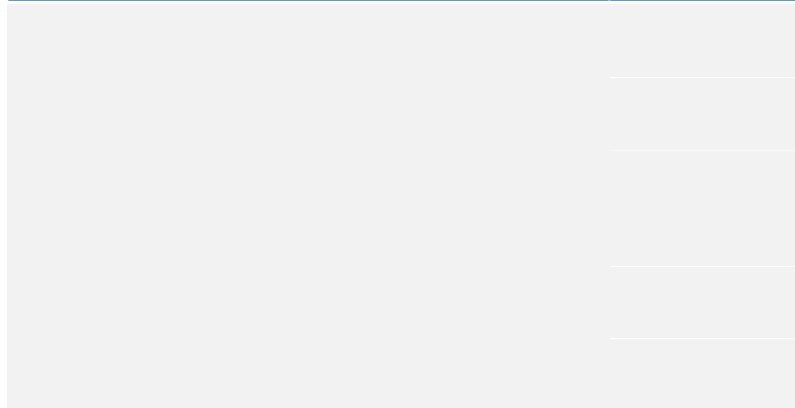
These contrasts shape service access, health outcomes and engagement patterns. They require tailored, place-based interventions that we work with partners to deliver.

^[1] <https://www.warrington.gov.uk/sites/default/files/2025-07/Joint%20Strategic%20Needs%20Assessment%20Warrington%202024%20-%20May%202025.pdf>

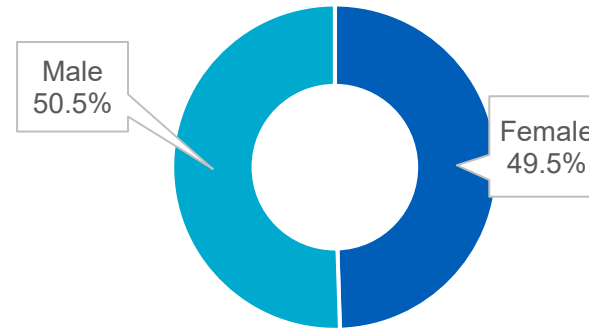
^[2] <https://www3.halton.gov.uk/Pages/health/JSNA.aspx>

Warrington – 2021 Census data

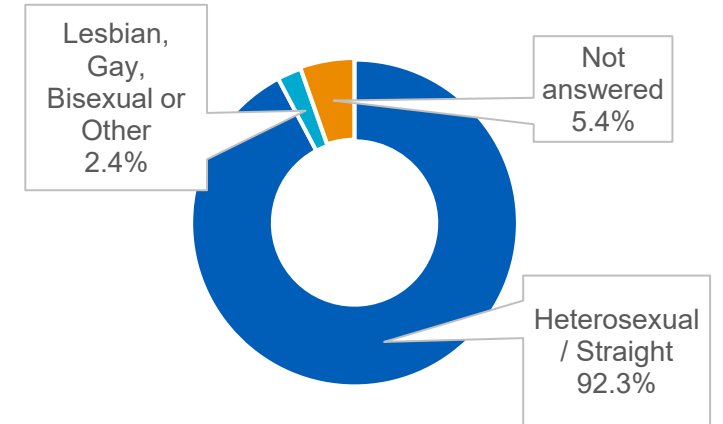
Warrington Population by Ethic Group as a %



Gender



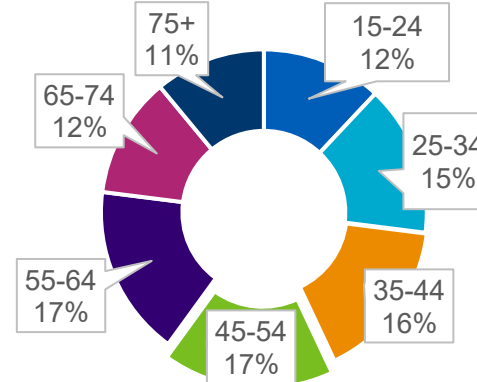
Sexual Orientation



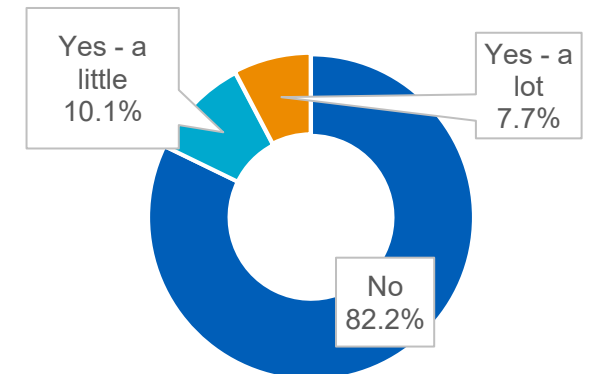
Warrington Population by Religion as a %

Christian	56.7%
Hindu	0.7%
Muslim	1.7%
No Religion	34.6%
Not answered	5.2%
Other	1.0%

Age



Disability



Health Inequalities

NHS England Key Priorities

In March 2021 NHS England set out five key priority areas for addressing health inequalities, to support recovery following the COVID-19 pandemic:

- **Priority 1:** Restore NHS services inclusively.
- **Priority 2:** Mitigate against digital exclusion.
- **Priority 3:** Ensure datasets are complete and timely.
- **Priority 4:** Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes.
- **Priority 5:** Strengthen leadership and accountability.

The Trust added another priority, “**Priority 6: Tackling workforce inequalities.**” This aligns with the NHS EDI Improvement Plan high impact action four.

WHH applies the Core20PLUS5 framework for adults and children with an additional focus on workforce equity and inclusive leadership.

As part of Cheshire and Merseyside’s ambitions to become a Marmot community, which tackles health inequity and social determinants of health, WHH continues to support the Cheshire and Merseyside NHS Prevention Pledge

Health Inequalities

Achievements Overview

WHH established a core group of stakeholders to focus on health inequalities and oversee our six priorities.

Priority 1: Restore NHS services inclusively:

- Use the Core20PLUS5 framework for children and young people and adults to identify what the Trust can do to tackle healthcare inequalities.
- Incorporate health inequalities and health equity audits as part of the refreshed Equality and Health Inequalities Impact Assessment process.

Priority 2: Mitigate against digital exclusion:

- Carry out data collection to identify who is accessing face-to-face, telephone, or video consultations, broken down by relevant protected characteristic and health inclusion groups.

Priority 3: Ensure datasets are complete and timely:

- Ensure the new Electronic Patient Record (EPR) and Patient Portal captures the right data to monitor health inequalities.
- Develop a Health Inequalities Dashboard.

Priority 4: Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes:

- Review progress against our commitments in the NHS Prevention Pledge and refresh the tracker for 2024/25.

Priority 5: Strengthen leadership and accountability delivery:

- Carry out a self-assessment of the Trust's approach to tackling health inequalities to identify and address gaps.

Priority 1

Restore NHS services inclusively

In some cases, pre-existing disparities in access, experience, and outcomes, have been exacerbated by the pandemic. It is therefore critical that systems use their data to plan the inclusive restoration of services, guided by local evidence. This approach should be informed by NHS performance reports that are broken down by ethnicity and deprivation. The 2023 Kings Fund analysis of waiting times found that people in the most deprived areas were twice as likely to experience a wait of more than one year compared to people in the least deprived areas. RTTs are not a reliable way of prioritising waiting lists and a focus on health inequalities is needed.

The Trust has examined several minimum datasets comparing service activity pre and post pandemic, including elective activity and emergency admissions, broken down by age, sex, ethnicity and deprivation. It is important to break this data down further, using population rate data, as opposed to activity data to make meaningful comparisons.

Some achievements:

- Population-rate analysis (per 1,000 residents) is being used to identify variation in access, outcomes and engagement across protected groups.
- Equity-weighted waiting list reviews under consideration to prioritise patients with greatest clinical and social need.
- Inclusive elective recovery: new theatres and Community Diagnostics Centre designed to reduce, not widen, inequalities.
- Community outreach with Gypsy, Roma and Traveller communities and close working with the local authority Traveller site lead.
- All our Health Hubs are up and running and offer services in community settings frequented by the communities we serve:
 - Halton Health Hub
 - Warrington Living Well Hub
 - Runcorn Health & Education Hub

Priority 2

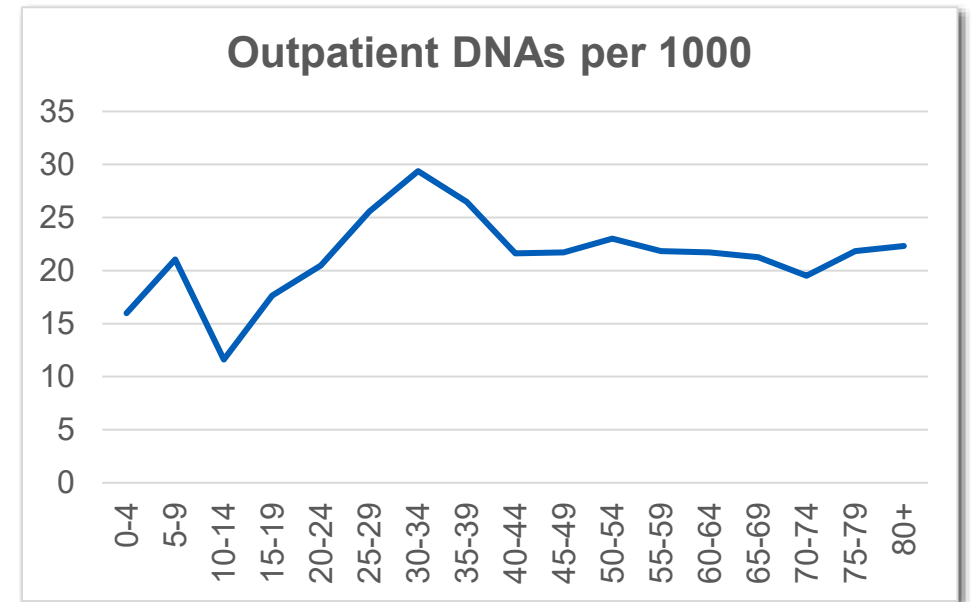
Mitigate against digital exclusion

Groups commonly considered digitally excluded or who experience poorer care through lack of digital services include:

- Older people
- People with disabilities
- Ethnic minorities
- People who are homeless
- Sex workers
- People from Gypsy, Roma and Traveller communities
- People living in rural areas
- People from low socio-economic backgrounds
- Those with low digital or literacy skills

Some achievements:

- For the launch of the Patient Experience Portal, WHH worked with Experts by Experience, including people with low literacy ability and neurodiverse needs, to test the wording, navigation and layout of the portal. Their feedback directly shaped changes such as simpler menu labels, clearer appointment instructions and the addition of step-by-step visuals to support users who find text-heavy screens difficult to process.
- Working-age adults have the highest DNA rates highlighting the need for digital pathways that work for people with busy schedules, variable shift patterns or limited time to engage with digital reminders.



Priority 3

Ensure datasets are complete and timely

High-quality data enables the Trust to identify unwarranted variation, target interventions, and monitor equity of access, experience, and outcomes. The main purpose of collecting and analysing information on health inequalities is to drive service improvement to reduce health inequalities by informing:

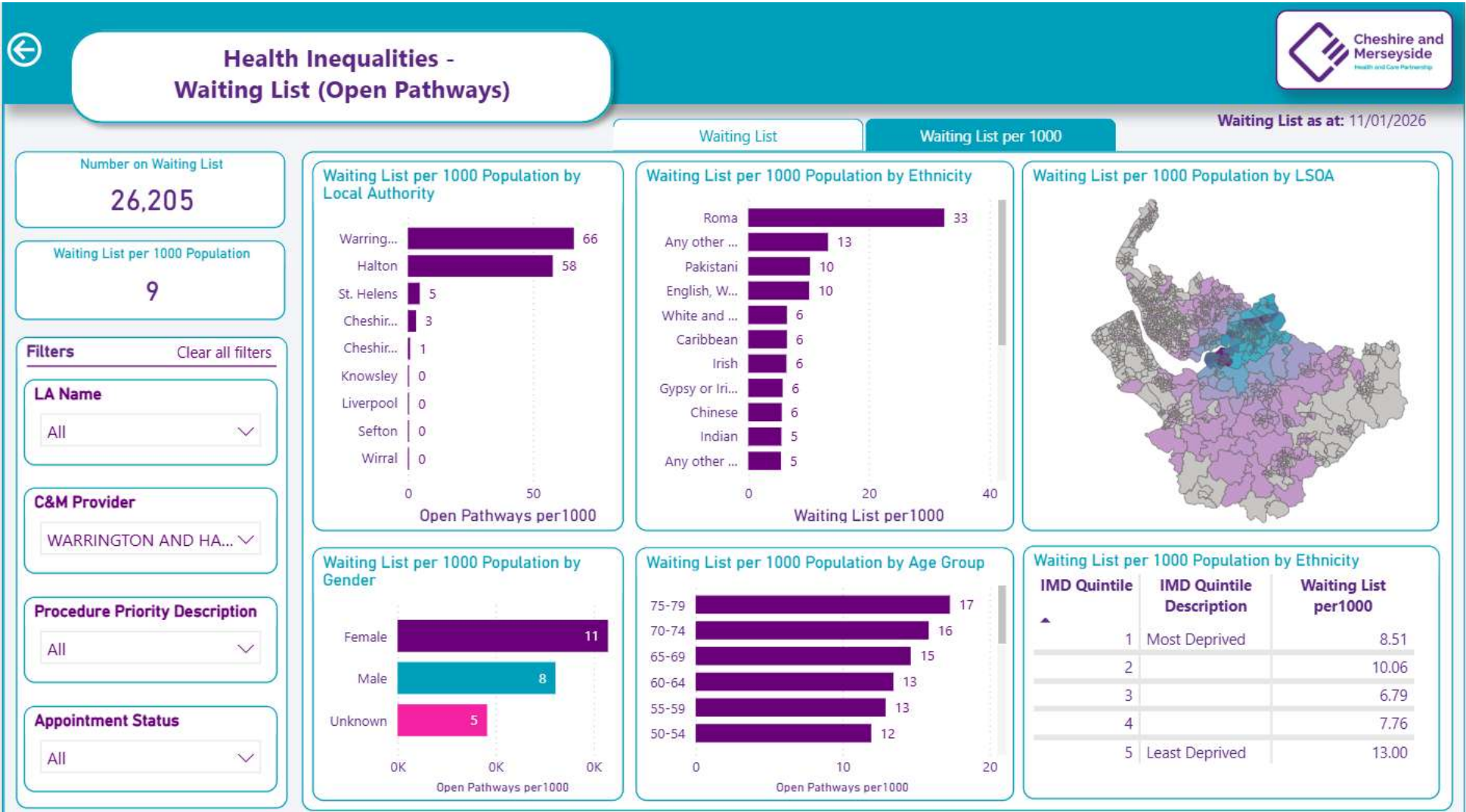
- Strategy development
- Policy options review
- Resource allocation
- Service design
- Commissioning and delivery decisions
- Service evaluations

Some achievements:

- Launch of a health inequalities dashboard that shows the breakdown of:
 - Attendances for A&E, urgent and emergency care and for outpatient appointments
 - Emergency admissions and Planned Care admissions
 - Did Not Attend's and waiting lists
- The dashboard breaks the data down by age, gender, ethnicity and deprivation
- The data is presented in terms of actual numbers as well as population rates which makes it easier to compare usage between different groups in a meaningful way

Priority 3

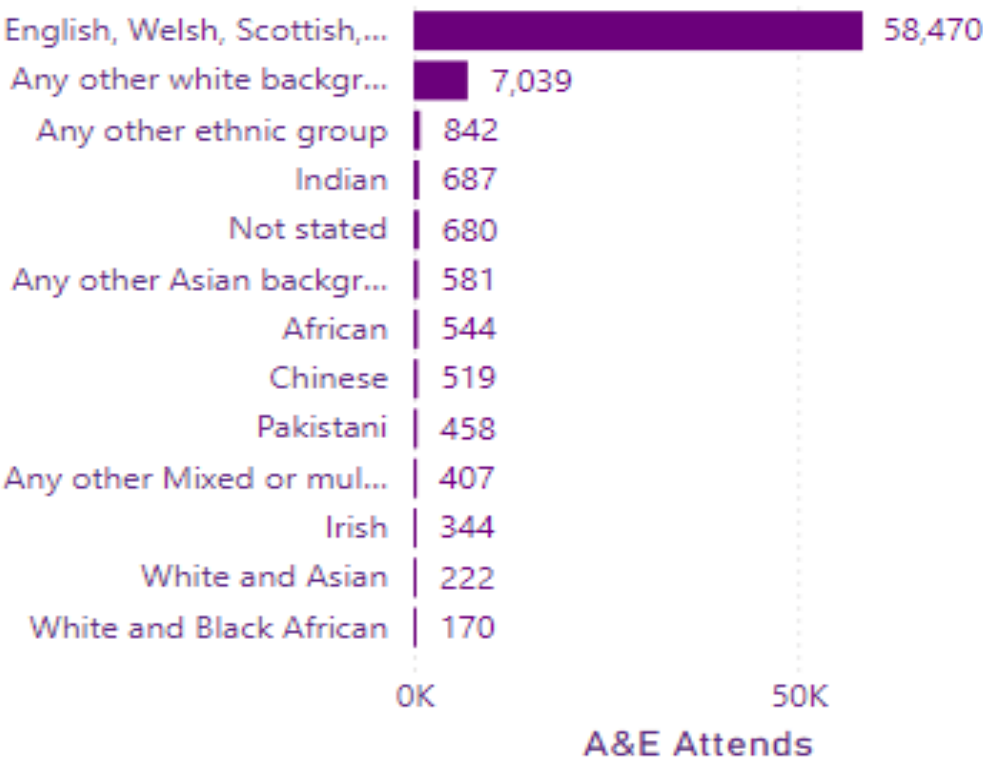
Ensure datasets are complete and timely – example of our Waiting List data



Priority 3

Ensure datasets are complete and timely – recording of ethnicity in A&E

A&E Attends by Ethnicity



The improvements the Trust have made to recording ethnicity are starting to pay off. The graph shows A&E attendances in 2024_25 and the number of 'Not stated' was 680.

[Source: Open in Power BI](#)
Health Inequalities - Live Connection
Data as of 12/01/26, 12:57

Priority 4

Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes

Preventative programmes and proactive health management for groups at greatest risk of poorer health outcomes should be accelerated. This should include delivery of the national prevention programmes for weight management, tobacco and alcohol dependency, the ongoing management of long-term conditions, annual health checks for people with learning disabilities and programmes of work aligned to the key clinical areas identified within the Core20PLUS5 approach for tackling health inequalities.

Some achievements:

- **Making Every Contact Count** – We have 20 Trained Trainers across WHH and Bridgewater Community Healthcare (BCH) who upskill our workforce to incorporate conversations about physical activity into routine consultations.
- **Tobacco Dependency** – The in-house tackling tobacco service is up and running and the maternity tackling tobacco service has been part of the national incentive scheme which has been well received by pregnant women.
- **Digital platform** – Living Well Warrington has a website which signposts to over 700 services/events with over 93,000 views to date.
- **Health literacy** – WHH has run two of the North West Health Literacy pilots, one on respiratory conditions and one on maternity.
- **Prevention Pledge** – The Trust was an early adopter of the prevention pledge across Cheshire and Merseyside, recognising how the community continues to experience widespread preventable illness and inequalities in health.

Priority 5

Strengthen leadership and accountability

Have a Trust-wide approach to strengthening leadership and accountability.

Some achievements:

- Executive directors hold personal objectives on tackling health inequalities.
- A Health Inequalities Group across WHH and BCH provides input to the integration plan. This is chaired by the Director of Population Health and Inequalities.
- The Public Health Medicine rotation for Foundation Year 1 (FY1) doctors has allowed four FY1s to complete the rotation to date.
- Over 150 staff across maternity, pharmacy and clinical education have completed health literacy and teach-back training, increasing confidence in checking patient understanding and reducing the risk of miscommunication.

For access to the Health Inequalities Dashboard or Integration plan, contact the Population Health and Inequalities team.

Priority 6 – Local action

Tackling workforce inequalities

The approach to health and wellbeing at WHH is evidence-based and focuses on the positive impact it can have on wider public health outcomes. Our aim is to equip the workforce with the skills, information and support needed to lead healthier lifestyles, while also providing timely intervention for individuals who may be at crisis point or experiencing ill health

Some achievements:

Mental Health and Wellbeing: Wellbeing support is now aligned more closely to individual staff needs through the stepped and stratified care model. Tailored interventions include psychoeducation, digital tools, group workshops, one-to-one sessions and joint Occupational Health/HR responses to traumatic incidents

Occupational Health and Support: Digital appointments are provided where appropriate, aligned with the NHS 10-Year Health Plan. Support is guided by the Workforce EDI Strategy, with regional collaboration through the Mersey and Cheshire Occupational Health Group to strengthen and align services

Reasonable Adjustments: We provide specialist Occupational Health advice to staff and managers, supported by signposting to services such as Maximus, Access to Work and approved digital mental health platforms

Prevention Programmes: A comprehensive wellbeing programme, aligned with the national wellbeing framework and informed by local health inequalities, supports a sustainable workforce. The “*be present, be here, be WHH*” initiative further helps staff and managers access appropriate wellbeing resources

Section 6:

The Equality Delivery System 2022

- Commissioned or provided services
- Workforce health and wellbeing
- Inclusive leadership



Organisational outcomes

Combined results 2025

Domain	Question	Score
Domain One: Commissioned or provided services		
Domain 1	Question 1a: Patients (service users) have required levels of access to the service.	Achieving
	Question 1b: Individual patients (service users) health needs are met.	Achieving
	Question 1c: When patients (service users) use the service, they are free from harm	Achieving
	Question 1d: Patients (service users) report positive experiences of the service	Achieving
Domain Two: Workforce health and well being		
Domain 2	Question 2a: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions.	Excelling
	Question 2b: When at work, staff are free from abuse, harassment, bullying and physical violence from any source.	Achieving
	Question 2c: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.	Achieving
	Question 2d: Staff recommend the organisation as a place to work and receive treatment.	Developing
Domain Three: Inclusive Leadership		
Domain 3	Question 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.	Excelling
	Question 3b: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.	Achieving
	Question 3c: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.	Achieving
Combined Trust Score		Achieving

Domain one

Commissioned or provided services

A core part of the Equality Delivery System is reviewing three services through the lens of four outcomes, tested with patients, the public, local community groups and VCFSE organisations.

In 2025 the Trust worked with:

- The Department of Clinical Radiology
- Main Outpatients
- Palliative Care Services

The review provided assurance on the accessibility of Trust services in relation to protected characteristics and health inequalities. It included analysis of available data to identify gaps and areas for improvement, informing the development of a targeted action plan for 2026/27.

Delivery and progress against the action plan will be overseen and monitored through the Trust's Patient Experience and Inclusion Sub-Committee.

Full details about domain one can be found by visiting the Trust [website](#).

Engagement was undertaken with:

- Bridgewater Community Healthcare colleagues
- Experts by Experience
- Halton Carers Centre
- Halton Haven Hospice
- Healthwatch Halton
- Healthwatch Warrington
- ICB NHS Cheshire and Merseyside
- Macintyre
- Mersey Care NHS Foundation Trust
- Public Governors
- St Rocco's Hospice
- Trans without abuse
- Victoria Park RA
- Warrington Borough Council
- Warrington Carers Hub
- Warrington Disability Partnership
- Warrington and Halton Hospital colleagues
- Warrington and Halton Hospital volunteers
- Warrington Parents and Carers



Domain two

Workforce health and wellbeing

The health of our workforce is critical, and NHS organisations are best placed to support healthy living and lifestyles. The Equality Delivery System recognises that our staff are also our patients, who belong to various community groups; the very same community groups that we serve as the NHS

Domain two included reviewing access to our health and wellbeing provisions and other supportive mechanisms, such as:

- Occupational Health and Wellbeing department with dedicated MSK physiotherapist appointments for all staff
- Mental Wellbeing Hub which received 344 referrals between January 2025 and November 2025.
- Partnership with Rugby League Cares and clinical staff across the organisation – harnessing the power of sport to enhance the mental and physical health and wellbeing of our staff.
- Menopause guidance for managers and staff and the relaunch of the Menopause Café.
- Pilot launches of e-preference rostering with continual rollout based on capacity.
- Launch of the ‘See it. Report it. Stop it’ anti-bullying and harassment campaign with newly developed Active Bystander training.
- Staff engagement interventions.
- Equality, diversity and inclusion events.
- Equality, diversity and inclusion accreditations.

In addition, the review included analysing support available for when staff experience abuse, bullying and physical violence from any source. Full details about domain two can be found by visiting the Trust [website](#).

Domain three

Inclusive leadership

Within the Trust, it is the senior leadership that sets the culture and tone and determines how inclusive the organisation is. Domain 3 comprises three outcomes that are a real test of commitment and 'inclusive leadership'

Domain three included reviewing inclusive leadership in the previous 12 months, such as:

- Executive directors acting as sponsors for staff networks.
- Board papers and assurance committees including equality considerations as core elements for review.
- Board development on the NHS Equality, Diversity and Inclusion Improvement Plan and developing cultural capability as senior leaders.
- Equality and Health Inequalities Impact Assessment (EHIA) embedded into governance processes.
- Introduction of bi-monthly staff awareness sessions on Engagement, involvement and public consultation and equality analysis (EHIAs) in service change, to strengthen staff understanding of NHS duties and legal requirements.
- Refresh of Board level objectives relating to equality and health inequalities.
- Actions to support the organisation as an Anchor Institute in terms of leadership and allyship.

Full details about domain three can be found by visiting the Trust [website](#).

Section 7:

External equality related accreditations



External accreditations and charter marks

Navajo Merseyside, Cheshire and Manchester LGBT+ Charter Mark

The Trust were successful in being awarded this esteemed and meaningful charter mark in 2024 and will next be up for reaccreditation in 2026. It highlights the Trust's commitment to our LGBTQIA+ staff and patients. Interviews included the executive team, the Trust's Progress LGTBQ+ Staff Network leads, clinical and non-clinical colleagues including Heads of Service and Leaders of departments.

NHS Rainbow Badge Phase 2 – Bronze Award

The NHS Rainbow Badge was developed for staff to demonstrate their awareness of issues affecting LGBTQIA+ people. Phase 2 was around assessing trusts and supporting them to create inclusive healthcare environments. The Bronze award acknowledges the work the Trust has already completed and the amount of work to further improve.



External accreditations and charter marks

Defence Employer Recognition Scheme – Silver Award

This award demonstrates the Trust's pledge to support the defence and armed forces community. It shows the Trust proactively demonstrates members of the armed forces community are not disadvantaged, that the Trust has signed the Armed Forces Covenant, and that the Trust has an ongoing commitment to support employment for the armed forces community.

NHS Veteran Aware

This accreditation demonstrates the Trust's commitment to supporting people who serve or who have served in the armed forces. It is designed to support understanding and meeting the needs of the armed forces community. By being accredited, the Trust seeks to deliver better health and wellbeing for the whole community and a more joined-up experience of care for serving personnel and their families.



External accreditations and charter marks

Anti-Racist Organisation – Bronze Level

The Trust continually reviews its processes and works towards progressing to Silver Status. The Trust regularly engages with the accreditors and NHS England, being a leader in the future of this accreditation which sets out a framework for organisations to measure against with meaningful actions as laid out by the NHS North West Black, Asian, and Minority Ethnic Assembly.

Disability Confident Leader

The Department for Work and Pensions accreditation reflects the Trust's leading approach to recruiting and supporting colleagues with disabilities as defined by the Equality Act 2010. The Trust were successful in their reaccreditation submission.

Menopause Friendly Employer Accreditation

This accreditation reflects the Trust's commitment to support all staff affected by menopause and perimenopause. It was awarded by Henpicked in February 2026.



Our approach to anti-racism

The Trust, in partnership with the Multi-Ethnic Staff Network, work to continue to improve the experience of colleagues to reduce discrimination, harassment and bullying.

Key achievements for 2025/26 include:

- Relaunch of the Anti-Racist Organisation Steering Group to track actions with an informal Working Group to facilitate discussions.
- A strong core membership of the Multi-Ethnic Staff Network supported regularly by their executive sponsor which has had the Trust's CEO in attendance.
- Equality metrics, specifically focused on race, now form a part of Care Group reporting through the Workforce Inclusion and Culture Sub-Committee.

Key priorities for achieving Silver Status:

- Expanding the 'Your Future Your Way' development programme which aims for positive action for ethnic minority staff and to increase ethnic diversity in senior management teams.
- Launch of further reciprocal mentoring cohorts to support upskilling and career progression of staff from an ethnic minority background.
- Launch of cultural capability training to embed an open and learning culture that embraces cultural diversity and fosters inclusion.
- Continual embedding of Equality and Health Inequality Impact Assessment (EHIA) tools to prompt all staff to be more consciously inclusive.
- Quarterly meetings with the Multi-Ethnic Staff Network leads to breakdown the latest Staff Survey results by ethnicity, identify areas for improvement and discuss actions going forward.



Warrington and Halton
Teaching Hospitals
NHS Foundation Trust

Section 8:

Zero tolerance statement



We are kind and inclusive



**Warrington and Halton
Teaching Hospitals**
NHS Foundation Trust

Uniting against discrimination:

Our teams work hard to deliver the very best care for our patients and their families regardless of their race, culture, belief or faith, gender or sexuality, age, disability or ethnicity.

We are proud that Warrington and Halton Teaching Hospitals is an inclusive organisation, and we recognise and celebrate our differences - being different is what makes us who we are.

This means that we do not tolerate, under any circumstances, any form of racial abuse, homophobia, biphobia, transphobia, ableism, sexism, sexual misconduct or any other form of discrimination by our patients, visitors or by our staff.

We will deal with any form of abuse or discrimination whenever and wherever it arises, directly or indirectly, in a kind, polite and professional manner. We are committed to working and delivering healthcare in an inclusive way which enables all to feel they belong here.

The Trust Board and our leadership teams will support staff where they are exposed to any form of abuse or discrimination and our staff are encouraged and supported to report such incidents, as soon as they occur.



Together we will...

- Make our services the very best places to receive healthcare, to work and to learn
- Change attitudes and not tolerate discrimination, harassment, victimisation or violence
- Make a difference, because together, we encourage and respect diversity

Nikhil Khashu,
Chief Executive Officer



Warrington and Halton
Teaching Hospitals
NHS Foundation Trust

Section 9:

Key achievements in 2025/26



Key achievements in equality, diversity and inclusion

2025/26

1. Continued delivery of the Trust statutory and mandated equality reporting:

- Workforce Equality Standards (race and disability)
- Pay Gap Reporting (gender, ethnicity, disability)
- Trust Equality, Diversity and Inclusion Annual Report
- Equality Delivery System

2. Review and refresh of the Trust equality objective action plans

3. Achievement of external accreditations (in year):

- Disability Confident Leader
- Menopause Friendly Organisation

4. Finalists at Picker Experience Network Awards 2025 category Communicating Effectively with Patients and families for collaboratively improving the experience of the d/Deaf community

5. About Me Card launched in collaboration with Healthwatch Warrington to support patients requiring reasonable adjustments with patient identifiers added to patient records

6. Parent education home safety program for expectant parents collaboratively delivered by Trust Maternity Service and Cheshire Fire Service

7. Chaplaincy Volunteers onboarded to support a multi faith service for both patients and workforce

8. Pre-admission visits arranged to support patients



Key achievements in equality, diversity and inclusion

2025/26

7. **Continued investment** in health inequalities and population health prevention programmes
8. **Continued investment in workforce health and wellbeing, including:**
 - Women's health events, including Menopause cafes
 - Partnership with Rugby League Cares
 - Men's health events, including Movember
 - Mental wellbeing services and targeted interventions
 - Physical health services and targeted interventions (e.g. Smart Heart / Blood Pressure checks)
9. **External training provided** to support T Level student development in equality, diversity and inclusion
10. **Review of the Equality and Health Inequalities Impact Assessment (EHIA) process and training to enhance the development of organisational knowledge**
11. **Reasonable Adjustments Pivot Table** introduced in Outpatients Services, so patients can be contacted ahead of a visit to ascertain support requirements needed for attendance at an appointment
12. **Maternity Antenatal Parent Education Sessions** tailored to non-English speaking families, delivered in a group setting to support the community with interpreter support



Key achievements in equality, diversity and inclusion

2025/26


- 13. Birth reflection service** focusing on emotional support and personalised care for families
- 14. Modified communication methods to support** Learning Disability and Autism patients including Makaton training, booklets, visual aids and video tours
- 15. Flexible appointments** to support reasonable adjustments allowing extra time and flexible scheduling
- 16. Patient stories** to identify opportunities for improvement, recognise good practice, and support organisational learning to enhance the overall quality of care and experience
- 17. Development of the sexual safety programme** to remove unwanted sexual behaviour in the organisation
- 18. Introduction of the 'See it. Report it. Stop it.' campaign** to address bullying, harassment and victimisation in the workplace
- 19. Creation of the 4-D Active Bystander programme** to actively create confidence and challenge in unwanted behaviours across the organisation
- 20. Bespoke executive and board level training in cultural competency**
- 21. Launch of Staff Networks in Common** with Bridgewater Community Healthcare
- 22. Achievement of the Henpicked Menopause Friendly Accreditation** recognising the commitment of the Trust in proactively supporting its workforce
- 23. Enhanced reasonable adjustment** support and knowledge



Section 10:

Workforce equality and diversity information

Data analysed by protected characteristic:

- Race (including Ethnicity Pay Gap)
 - Age
 - Disability
 - Sex (including Gender Pay Gap)
 - Sexual orientation
 - Religion and/or belief
- 
- Three decorative, wavy horizontal lines in shades of green, teal, and orange, located at the bottom right of the slide.

Data reporting principles

Measurement and indicators

This report measures various indicators based on the requirements of the Public Sector Equality Duty. They are demonstrated in the below table:

Indicator	Dataset
Workforce Profile	<ul style="list-style-type: none">Staff groupAgenda for Change pay bandingMedical and Dental staff by roleNursing and Midwifery staff by roleBreakdown by protected characteristic

The data in the table allows the Trust to identify any areas for improvement if individuals suffer a detriment because of any policies, procedures or processes.

Headcount

Effective 30 November 2025, the headcount of the Trust was 5242 – this includes staff employed on both permanent, fixed term, bank and locum contracts.

Data Sources

A variety of data sources have been used to collate the information in this report, they include:

- NHS Electronic Staff Record (ESR).
- Office of National Statistics (ONS).
- 2021 Census.

Data reporting principles

Data presentation

In relation to the presentation of the data, there are key considerations to be aware of, as illustrated below:

- **Headcount** – Any headcounts of five or less will be shared without the headcount number included, this is to avoid individuals being identified. In most cases, percentages will be provided to promote staff confidentiality and ensure compliance with information governance standards. This is particularly pertinent for data associated with specific staff groups.
- **Ethnicity profiles** – The term Black, Asian and Minority Ethnic (BAME) within this report complies with the definition under the Race Relations (Amendment) Act (2000), superseded by the Equality Act 2010 and therefore encompasses:
 - Asian or Asian British (Indian, Pakistani, Bangladeshi and Any other Asian background)
 - Black or Black British (Caribbean, African, Black British and Any other Black background)
 - Chinese or any other ethnic group
 - Mixed (White and Black Caribbean, White and Black African, White and Asian, Black and Asian and other Mixed background)
 - White Irish, White European, Other White background
- **Unknown definitions** – For the parameters of this report, any data referenced as below, will be categorised as ‘Unknown’:
 - Unknown
 - Not stated
 - Unspecified
 - Not declared
 - Prefer not to answer
 - No information available

Trust recruitment by protected characteristic

This dataset looks at the financial year starting 1 April 2024 to 31 March 2025. Recruitment data is currently only available to be broken down by 'ethnic category' (BAME, Not Stated and White), 'disability' (No, Not declared and Yes), and 'sexual orientation' (Bisexual, Gay or Lesbian, Heterosexual or Straight, Not stated, Other, Undecided).

Ethnic category	Shortlisted	Hired	%
BAME	1415	208	14.70%
Not stated		7	0.00%
White	2129	401	18.84%
Total	3594	616	17.14%

Disability	Shortlisted	Hired	%
No	3234	576	17.81%
Not declared	73		
Yes	287	40	13.94%
Total	3594	616	17.14%

Sexual orientation	Shortlisted	Hired	%
Bisexual		8	0.00%
Gay or Lesbian	157	19	12.10%
Heterosexual or Straight	3319	566	17.05%
Not stated (person asked but declined to answer)	109	22	20.18%
Other sexual orientation not listed	5	1	20.00%
Undecided	4		
Total	3594	616	17.14%

Workforce overview

Profile of workforce by staff group and pay band

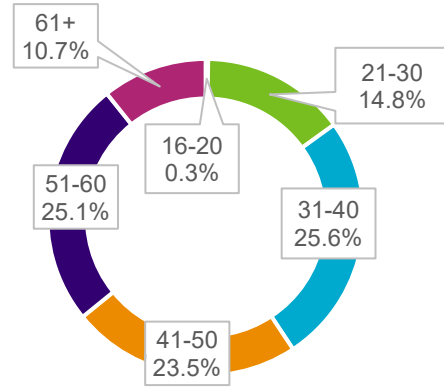
To offer a comparison, this information will be presented alongside the previous reporting year in some instances. The data for this section of the report will be taken from our organisational Electronic Staff Record list at a snapshot date of 30 November 2024 (4687) and 30 November 2025. This data does not include bank staff and therefore represents a headcount of 4641 staff.

Total Workforce by Staff Group	2024		2025		Agenda for Change Pay Banding	2024	2025
	Headcount	%	Headcount	%			
Add Prof Scientific and Technical	151	3.22%	153	3.30%	Band 1	52	47
Additional Clinical Services	871	18.58%	843	18.16%	Band 2	771	710
Administrative and Clerical	996	21.25%	969	20.88%	Band 3	777	811
Allied Health Professionals	410	8.75%	417	8.99%	Band 4	355	333
Estates and Ancillary	452	9.64%	441	9.50%	Band 5	832	824
Healthcare Scientists	126	2.69%	128	2.76%	Band 6	721	719
Medical and Dental	325	6.93%	325	7.00%	Band 7	551	558
Nursing and Midwifery Registered	1353	28.87%	1364	29.39%	Band 8a	175	182
Students		0.06%		0.02%	Band 8b	58	63
					Band 8c	34	34
					Band 8d	13	12
					Band 9	10	9

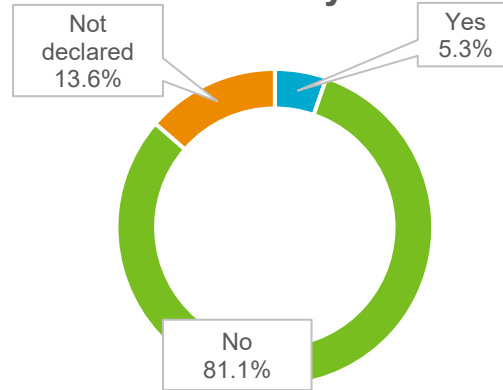
Workforce overview

Including substantive and bank staff

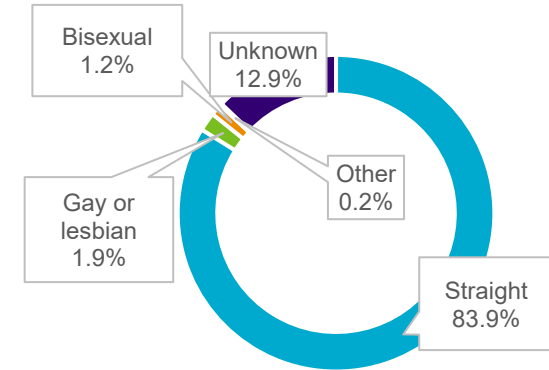
Age



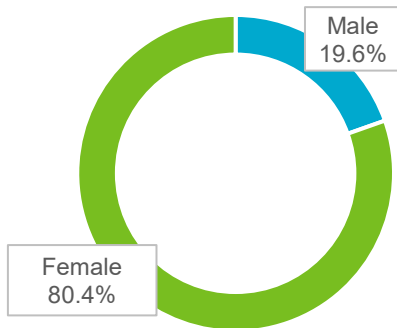
Disability



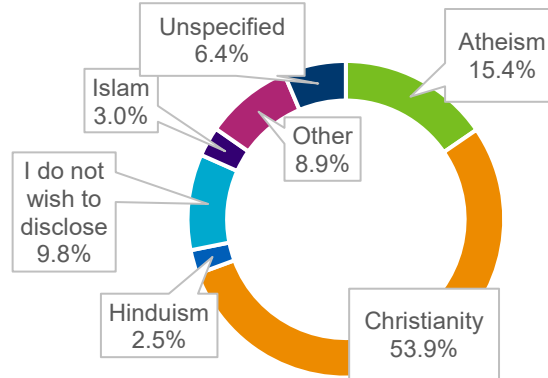
Sexual Orientation



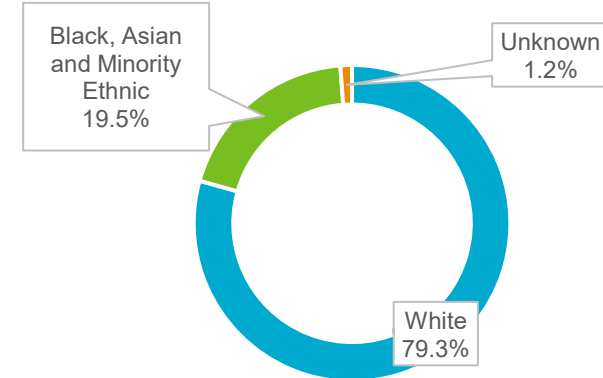
Sex



Religion and/or belief

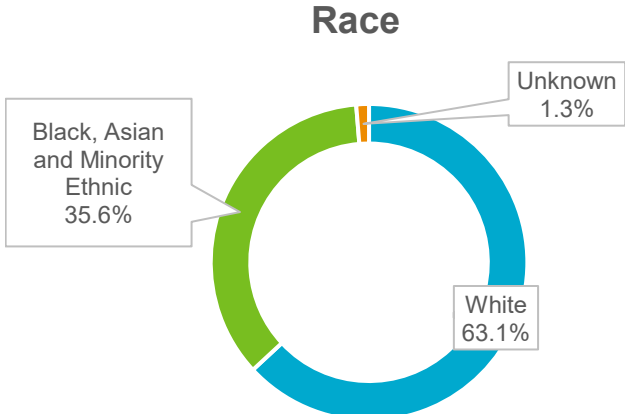
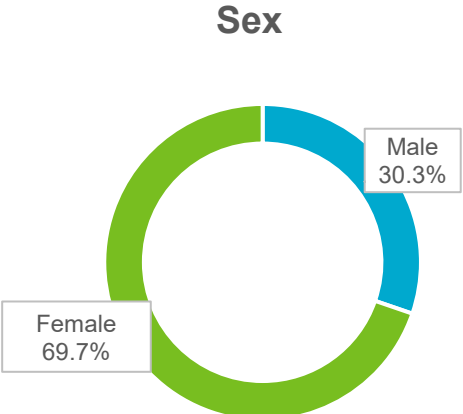
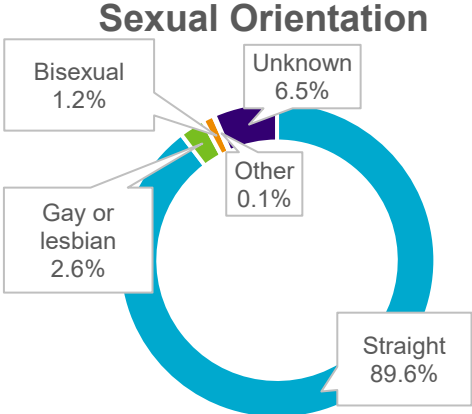
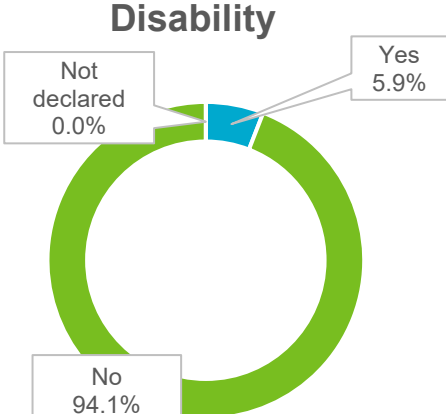
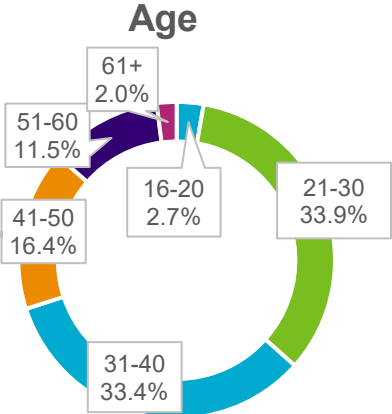


Race



New starters by protected characteristic

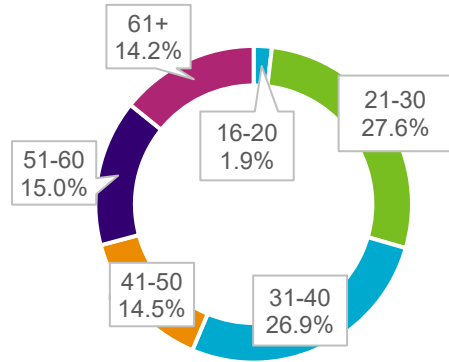
Including substantive and bank staff



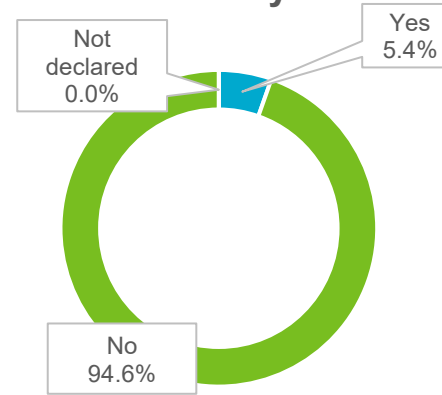
Leavers by protected characteristic

Including substantive and bank staff

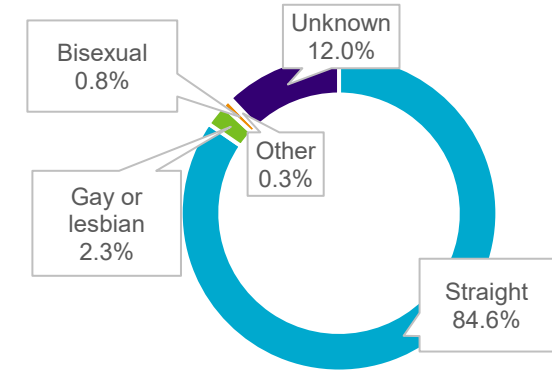
Age



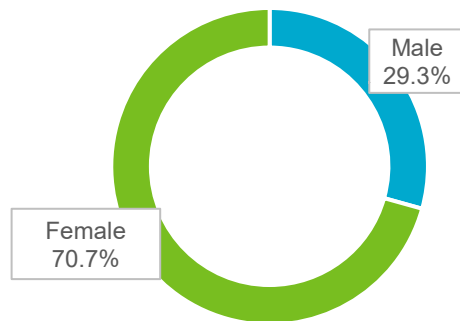
Disability



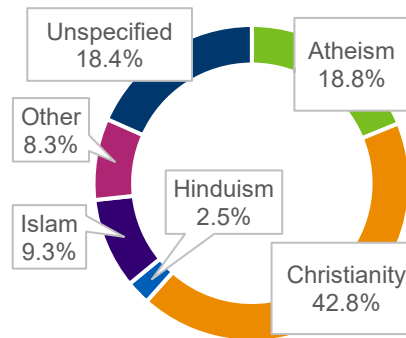
Sexual Orientation



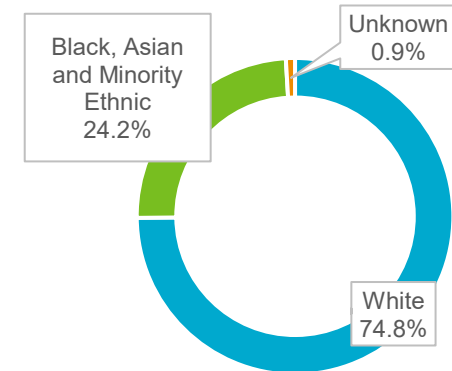
Sex



Religion and/or belief

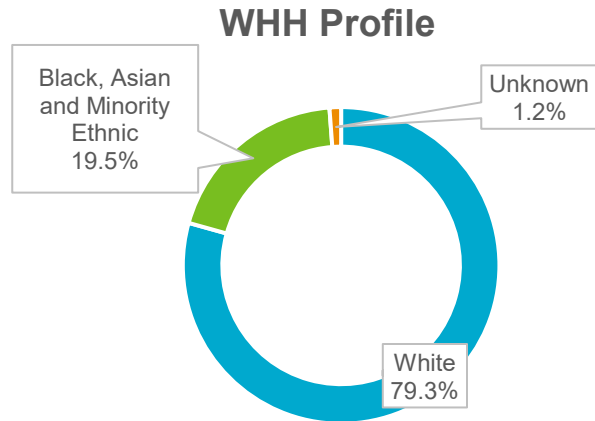


Race

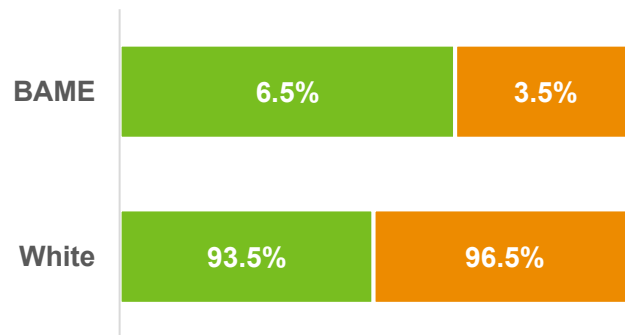


Workforce overview (substantive staff only)

Profile of staff by ethnicity



Local Population (Census 2021)



■ Warrington ■ Halton

Analysis of data:

- The Black, Asian and Minority Ethnic workforce has **increased by 1.5%** from 18% in the 2024 report.
- The biggest increase in Black, Asian and Minority Ethnic workforce was in **Additional Clinical Services** by 3%. White representation dropped by 3% for **Additional Clinical Services** and **Medical and Dental**.
- 'Unknown' responses were **below 1%** for **Additional Clinical Services, Administrative and Clerical, Allied Health Professionals** and **Estates and Ancillary** – the latter having 0% 'unknown'.

Ethnicity Split by Staff Group	White		Black, Asian & Minority Ethnic	
	2024	2025	2024	2025
Add Prof Scientific and Technical	79%	78%	21%	21%
Additional Clinical Services	86%	83%	14%	17%
Administrative and Clerical	95%	95%	4%	4%
Allied Health Professionals	87%	86%	12%	13%
Estates and Ancillary	89%	88%	11%	12%
Healthcare Scientists	82%	80%	16%	18%
Medical and Dental	39%	36%	59%	61%
Nursing and Midwifery Registered	72%	71%	25%	26%
Students				

Red indicates a decrease in percentage from 2024 to 2025, amber indicates the percentage has remained the same, and green indicates an increase.

Workforce overview (substantive staff only)

Profile of staff by ethnic origin

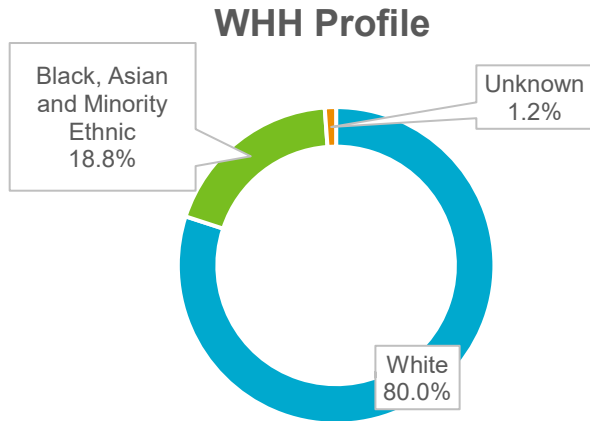
Ethnic Origin	Headcount	%
A White - British	3523	75.88%
B White - Irish	36	0.78%
C White - Any other White background	105	2.26%
C2 White Northern Irish	1	0.02%
CA White English	8	0.17%
CC White Welsh	2	0.04%
CH White Turkish	4	0.09%
CP White Polish	3	0.06%
CY White Other European	5	0.11%
D Mixed - White & Black Caribbean	12	0.26%
E Mixed - White & Black African	11	0.24%
F Mixed - White & Asian	19	0.41%
G Mixed - Any other mixed background	15	0.32%
H Asian or Asian British - Indian	299	6.44%
J Asian or Asian British - Pakistani	71	1.53%
K Asian or Asian British - Bangladeshi	8	0.17%
L Asian or Asian British - Any other Asian background	113	2.43%

Ethnic Origin	Headcount	%
LA Asian Mixed	8	0.17%
LD Asian East African	1	0.02%
LE Asian Sri Lankan	2	0.04%
LH Asian British	2	0.04%
LK Asian Unspecified	14	0.30%
M Black or Black British - Caribbean	11	0.24%
N Black or Black British - African	138	2.97%
P Black or Black British - Any other Black background	12	0.26%
PC Black Nigerian	4	0.09%
PE Black Unspecified	4	0.09%
R Chinese	44	0.95%
S Any Other Ethnic Group	70	1.51%
SC Filipino	31	0.67%
SD Malaysian	1	0.02%
SE Other Specified	9	0.19%
Z Not Stated	55	1.18%

N.B. Recording descriptors for ethnic origin are collated from NHS England (NHS Digital)

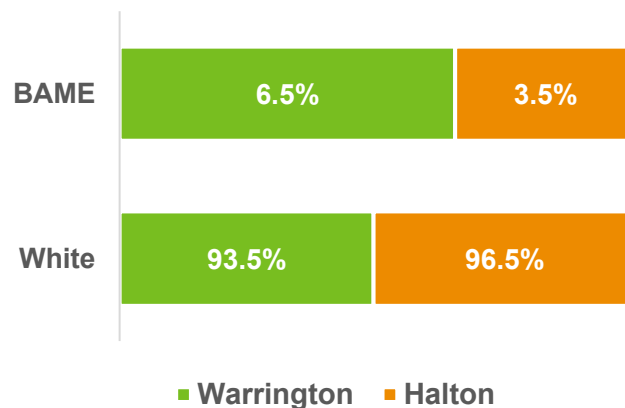
Workforce overview (substantive staff only)

Profile of staff by ethnicity – Ethnicity Pay Gap reporting



As of 31 March 2025, for Ethnic Pay Gap reporting

Local Population (Census 2021)



Analysis of data:

- **White** staff continued to receive a **lower mean and median hourly rate** of pay than **Black, Asian and Minority Ethnic** staff. When excluding data for **Medical and Dental** staff, **White** colleagues received a **higher mean hourly rate but a lower median hourly rate** than **Black, Asian and Minority Ethnic** colleagues. **Not stated** received higher on both rates.
- For pay to be representative, the percentage splits by pay quartile in the below table should match up with that of the WHH Profile. In comparison, Black, Asian and Minority Ethnic staff were significantly **under-represented in Q1** but **over-represented in Q2, Q3 and Q4**.
- From the data below, the **pay gap** between Black, Asian and Minority Ethnic staff and White staff **widened**. The **mean pay gap** went from £4.71 to £5.43 whilst the **median pay gap** went from £2.16 to £2.45. Without Medical and Dental, the mean pay gap increased from £0.20 to £0.35 whilst the median pay gap stayed approximately the same (£1.41 to £1.40).

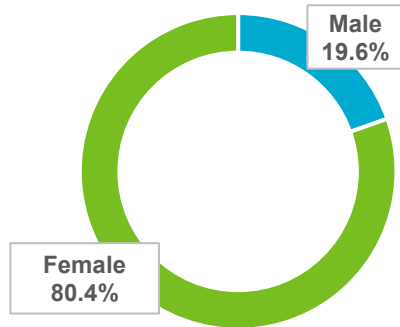
Ethnic Split by Pay Quartile	BAME		White		Not stated	
	2024	2025	2024	2025	2024	2025
Mean Hourly Rate	£20.07	£25.79	£18.56	£20.36	£18.93	£25.12
Median Hourly Rate	£15.33	£19.82	£15.33	£17.37	£15.33	£20.04
Lower Quartile (Q1)	12.25%	6.72%	87.42%	92.85%	0.33%	0.43%
Lower Middle Quartile (Q2)	14.16%	22.57%	83.66%	76.66%	2.18%	0.78%
Upper Middle Quartile (Q3)	23.43%	24.03%	74.64%	72.61%	1.93%	3.36%
Upper Quartile (Q4)	20.00%	22.57%	79.19%	76.49%	0.81%	0.95%

Red indicates a decrease in value or percentage from 2024 to 2025, and green indicates an increase.

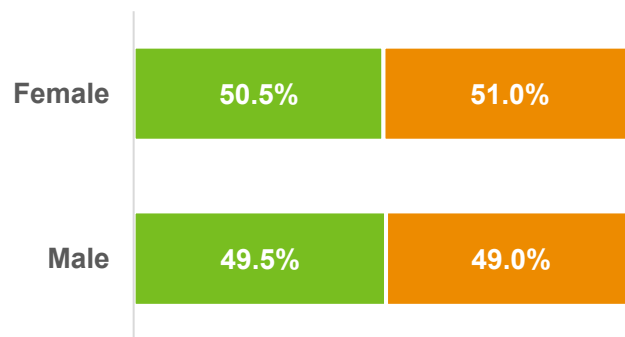
Workforce overview (substantive staff only)

Profile of staff by sex

WHH Profile



Local Population (Census 2021)



■ Warrington ■ Halton

Analysis of data:

- The profile split in **Healthcare Scientists** moved towards being representative of the wider Trust with a **4% increase in Female** staff and a **4% decrease in Male** staff.
- Estates and Ancillary** and **Medical and Dental** staff groups moved away from being representative of the Trust with a **decrease in Female staff** and matching **increase in Male** staff by 1% in each area.
- Allied Health Professionals** remained the **most representative** staff group with 80% Female and 20% Male staff.

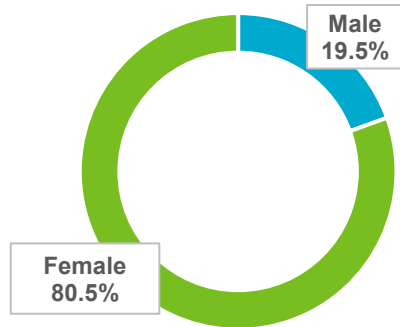
Sex Split by Staff Group	Female			Male		
	2024	2025		2024	2025	
Add Prof Scientific and Technical	77%	78%	Green	23%	22%	Red
Additional Clinical Services	88%	86%	Red	12%	14%	Green
Administrative and Clerical	84%	83%	Red	16%	17%	Green
Allied Health Professionals	79%	80%	Green	21%	20%	Red
Estates and Ancillary	60%	59%	Red	40%	41%	Green
Healthcare Scientists	68%	72%	Green	32%	28%	Red
Medical and Dental	40%	39%	Red	60%	61%	Green
Nursing and Midwifery Registered	93%	93%	Yellow	7%	7%	Yellow
Students						

Red indicates a decrease in percentage from 2024 to 2025, amber indicates the percentage has remained the same, and green indicates an increase

Workforce overview (substantive staff only)

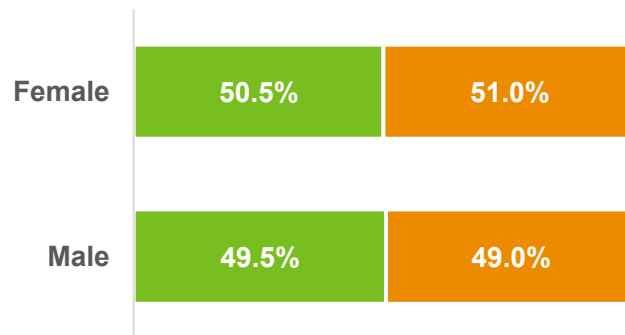
Profile of staff by sex – Gender Pay Gap reporting

WHH Profile



As of 31 March 2025, for Gender Pay Gap reporting

Local Population (Census 2021)



■ Warrington ■ Halton

Analysis of data:

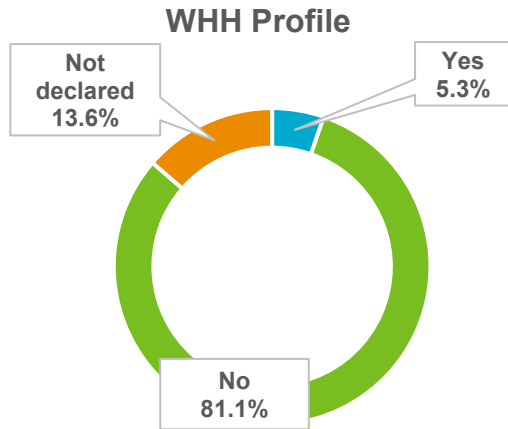
- The **difference in mean pay** between males and females for 2024 **increased** to £5.57 whilst the **difference in median pay decreased** to £0.77, the lowest it has been since 2019/20. The median hourly rate is considered more representative as it is not skewed by the highest or lowest paid value.
- Q2** remains the **most representative quartile** when split by sex with the quartile being made up of **79.84% female staff and 20.16% male staff**. The **least representative quartile remains Q4** with **72.12% female staff and 27.88% male staff**.
- Q3 data shows that females are **over-represented in this pay quartile** whilst Q4 shows that female staff are **under-represented at the highest pay bands** in the Trust. With a **decrease of 1.02% in female staff within Q4**, this quartile has **deteriorated** in being representative of the Trust's profile split.

Sex Split by Pay Quartile	Female		Male	
	2024	2025	2024	2025
Mean Hourly Rate	£18.81	£20.29	£23.57	£25.86
Median Hourly Rate	£16.84	£18.32	£17.97	£19.09
Lower Quartile (Q1)	82.38%	81.28%	17.62%	18.72%
Lower Middle Quartile (Q2)	80.66%	79.84%	19.34%	20.16%
Upper Middle Quartile (Q3)	83.17%	83.05%	16.83%	16.95%
Upper Quartile (Q4)	73.14%	72.12%	26.86%	27.88%

Red indicates a decrease in percentage from 2024 to 2025 and green indicates an increase

Workforce overview (substantive staff only)

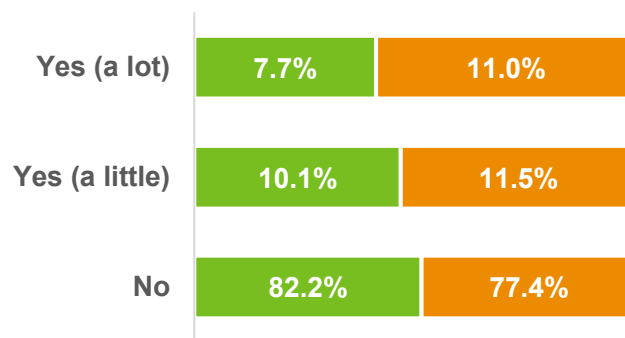
Profile of staff by disability



Analysis of data:

- The Trust continues to see a **general trend of improvement in disability disclosure** as the 'Not declared' group dropped from **15.5% in November 2024 to 13.6% in November 2025**.
- All staff groups either maintained their 'Yes' response rate from the previous year or saw an increase in 'Yes' response by 1%.
- Medical and Dental saw an increase in the 'Not declared' response – this could be down to **new starters not disclosing** their disability status or **existing staff retracting their declaration**.
- There was an **average decrease** in 'Not declared' responses of **2%** for staff groups that saw a decrease.
- The **Trust is improving year-on-year** when looking at the rate of 'Yes' responses gradually rising (5% in 2024) and the rate of 'Not declared' responses falling much quicker (16% in 2024).

Local Population (Census 2021)



■ Warrington ■ Halton

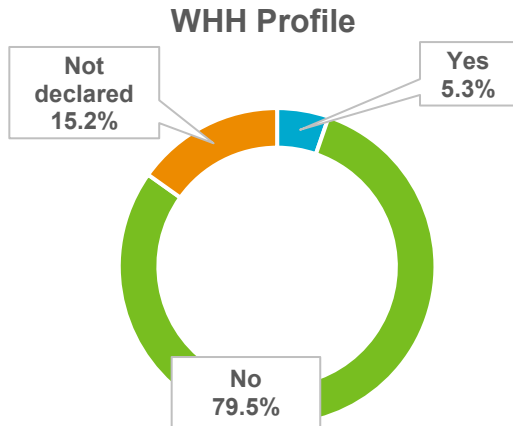
** Yes "a lot" or "a little" refer to the effect of a person's disability on day-to-day activities.

Disability Split by Staff Group	Yes		No		Not declared	
	2024	2025	2024	2025	2024	2025
Add Prof Scientific and Technical	1%	1%	85%	86%	14%	13%
Additional Clinical Services	5%	5%	82%	84%	11%	11%
Administrative and Clerical	7%	7%	76%	77%	17%	16%
Allied Health Professionals	6%	7%	79%	80%	15%	13%
Estates and Ancillary	4%	5%	81%	82%	15%	13%
Healthcare Scientists	4%	5%	77%	78%	19%	16%
Medical and Dental	1%	1%	76%	74%	23%	25%
Nursing and Midwifery Registered	4%	5%	81%	84%	15%	12%
Students						

For the 'Yes' and 'No' columns, red indicates a decrease and green indicates an increase. This is swapped for 'Not declared' where green indicates an improvement in disclosure rates and red indicates a worsening in disclosure rates

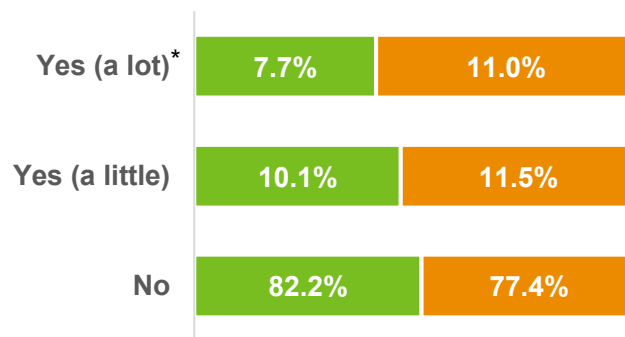
Workforce overview (substantive staff only)

Profile of staff by disability – Disability Pay Gap reporting



As of 31 March 2025, for Disability Pay Gap reporting

Local Population (Census 2021)



■ Warrington ■ Halton

** Yes "a lot" or "a little" refer to the effect of a person's disability on day-to-day activities.

Analysis of data:

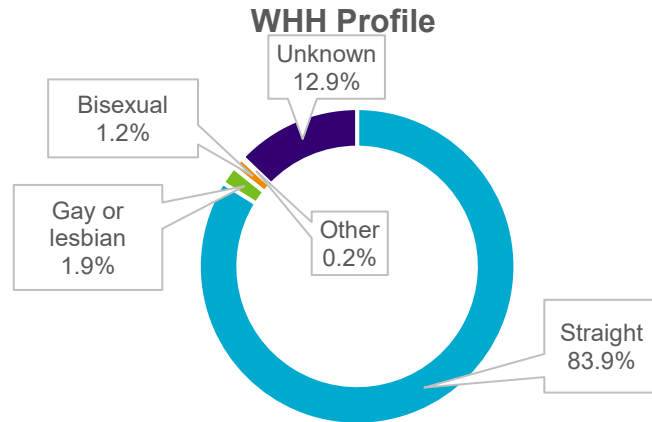
- The **mean hourly rate and median hourly rate** for staff that have disclosed as having a disability **are both lower** than the rates for those that have disclosed as not having a disability.
- Whilst the difference in **mean hourly rate decreased** between 'Yes' and 'No' respondents to £2.59, the difference in **median hourly rate increased** from £1.64 to £3.13. The median hourly rate is considered more representative as it is not skewed by the highest or lowest paid value, therefore, the **pay gap is considered to have increased**.
- The data shows that the **higher paid quartiles are less representative** of staff with a long-term health condition or disability. In other words, there are **fewer staff that declare a disability at higher pay bands** or in higher paid roles.

Disability Split by Pay Quartile	Yes		No	
	2024	2025	2024	2025
Mean Hourly Rate	£17.07	£18.97	£20.27	£21.56
Median Hourly Rate	£14.89	£15.43	£16.53	£18.56
Lower Quartile (Q1)	5.81%	5.00%	94.19%	95.00%
Lower Middle Quartile (Q2)	4.42%	4.48%	95.58%	95.52%
Upper Middle Quartile (Q3)	3.29%	3.79%	96.71%	96.21%
Upper Quartile (Q4)	2.42%	2.15%	97.58%	97.85%

Red indicates a decrease in value or percentage from 2024 to 2025 and green indicates an increase.

Workforce overview (substantive staff only)

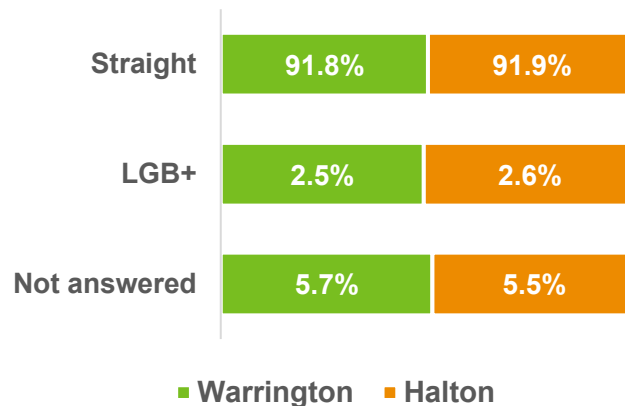
Profile of staff by sexual orientation



Analysis of data:

- People identifying as **'Straight'** increased by 1.9% from 2024 to 2025 as the percentage of **'Unknown'** decreased by 2.1%. People identifying as **'Gay/Lesbian'** and **'Bisexual'** (LGB+) stayed approximately the same at Trust-level, suggesting more people have updated their EDI data and identify as 'Straight'.
- Looking at Staff Group data shows the **LGB+ figures largely stayed the same as 2024.**
- Healthcare Scientists saw a decrease in 'Bisexual' staff and an increase in 'Straight' staff. This **likely indicates a natural turnover of staff** within this staff group.
- Allied Health Professionals are the **most diverse by sexual orientation** with 3% of staff identifying as 'Gay/Lesbian' and 2% of staff identifying as 'Bisexual.'

Local Population (Census 2021)

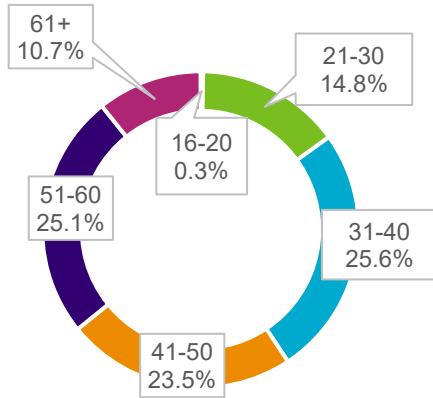


Sexual Orientation Split by Staff Group	Straight		Gay/Lesbian		Bisexual		Unknown	
	2024	2025	2024	2025	2024	2025	2024	2025
Add Prof Scientific and Technical	87%	88%	3%	3%	1%	1%	9%	9%
Additional Clinical Services	82%	84%	2%	2%	1%	2%	15%	13%
Administrative and Clerical	83%	85%	1%	2%	1%	1%	15%	12%
Allied Health Professionals	81%	83%	2%	3%	2%	2%	15%	12%
Estates and Ancillary	82%	83%	1%	1%	1%	1%	16%	15%
Healthcare Scientists	80%	83%	2%	2%	2%	0%	16%	16%
Medical and Dental	73%	75%	2%	2%	0%	1%	25%	22%
Nursing and Midwifery Registered	83%	85%	2%	2%	1%	1%	14%	12%
Students								

For the 'Straight', 'Gay/Lesbian' and 'Bisexual' columns, red indicates a decrease in percentage from 2024 to 2025, amber indicates the percentage has stayed the same, and green indicates an increase. This is swapped around for 'Unknown' so that green indicates an improvement in sexual orientation disclosure rates and red indicates a worsening in sexual orientation disclosure rates

Workforce overview (substantive staff only)

Profile of staff by age



Analysis of data:

- There was **no drastic change** for the Trust profile from 2024 to 2025. The **'16 to 20' age group decreased by 0.7%** whilst **'31 to 40' age group increased by 0.6%**.
- The single **biggest decrease** was seen in Healthcare Scientists in the '31-40' age group which **decreased by 9%**.
- The **greatest single increase** was by **4%** seen in Healthcare Scientists in the '21-30' and '41-50' age groups.

Age Split by Staff Group	16 20					21 30					31 40					41 50					51 60					61+		
	2024	2025		2024	2025		2024	2025		2024	2025		2024	2025		2024	2025		2024	2025		2024	2025		2024	2025		
Add Prof Scientific and Technical	0%	0%		35%	27%		29%	31%		21%	24%		11%	12%		4%	5%											
Additional Clinical Services	2%	1%		15%	15%		24%	25%		21%	22%		26%	25%		12%	12%											
Administrative and Clerical	1%	0%		9%	9%		18%	19%		23%	22%		33%	34%		16%	16%											
Allied Health Professionals	0%	0%		27%	24%		28%	31%		23%	24%		18%	16%		5%	6%											
Estates and Ancillary	1%	0%		5%	6%		17%	16%		17%	17%		37%	36%		23%	24%											
Healthcare Scientists	0%	0%		24%	28%		34%	25%		26%	30%		14%	14%		2%	2%											
Medical and Dental	0%	0%		9%	7%		26%	28%		34%	32%		21%	23%		9%	10%											
Nursing and Midwifery Registered	0%	0%		19%	18%		31%	31%		24%	25%		20%	21%		5%	5%											
Students																												

Red indicates a decrease in percentage from 2024 to 2025, amber indicates the percentage has remained the same, and green indicates an increase

Workforce overview (substantive staff only)

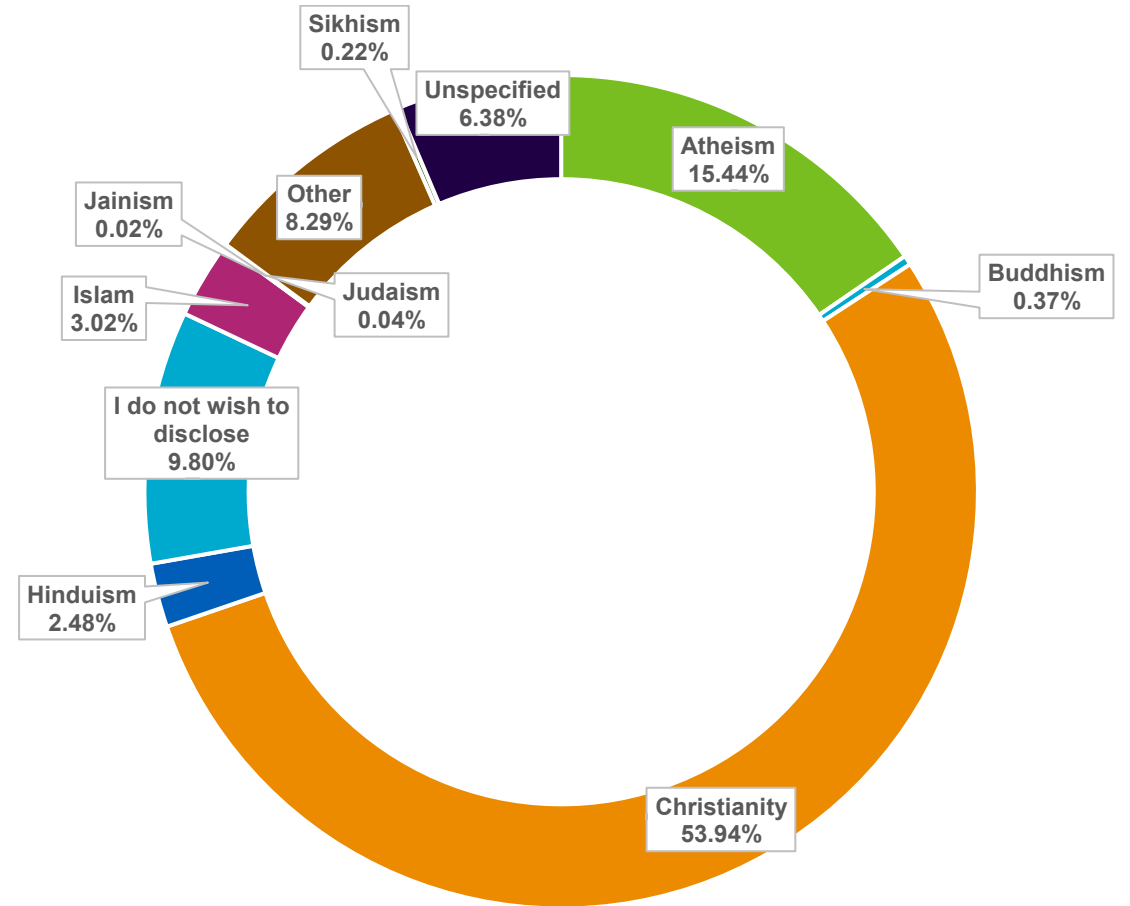
Profile of staff by religion and/or belief

Analysis of data:

- The total known staff disclosure rate for religion or belief is **83.8%** which is an increase of **2.5%** compared to the previous year.
- Both **'I do not wish to disclose'** and **'Unspecified'** saw a decrease in percentage indicating more people felt comfortable disclosing their religion/belief or lack of religion/belief.
- The only religion that saw a decrease in percentage was **'Judaism'** by **0.02%**. Local Census data suggests this is in line with the local areas as Warrington is 0.1% Jewish and Halton is 0.0% Jewish.

Religion	Percentage	
Atheism		Green
Buddhism		Yellow
Christianity		Green
Hinduism		Green
I do not wish to disclose		Green
Islam		Green
Jainism		Yellow
Judaism		Red
Other		Green
Sikhism		Yellow
Unspecified		Green


Red indicates a decrease and green indicates an increase. This is swapped for 'Unspecified' and 'I do not wish to disclose' where green indicates an improvement in disclosure rates and red indicates a worsening in disclosure rates



Section 11:

Patient equality and diversity information

Data analysed by protected characteristic:

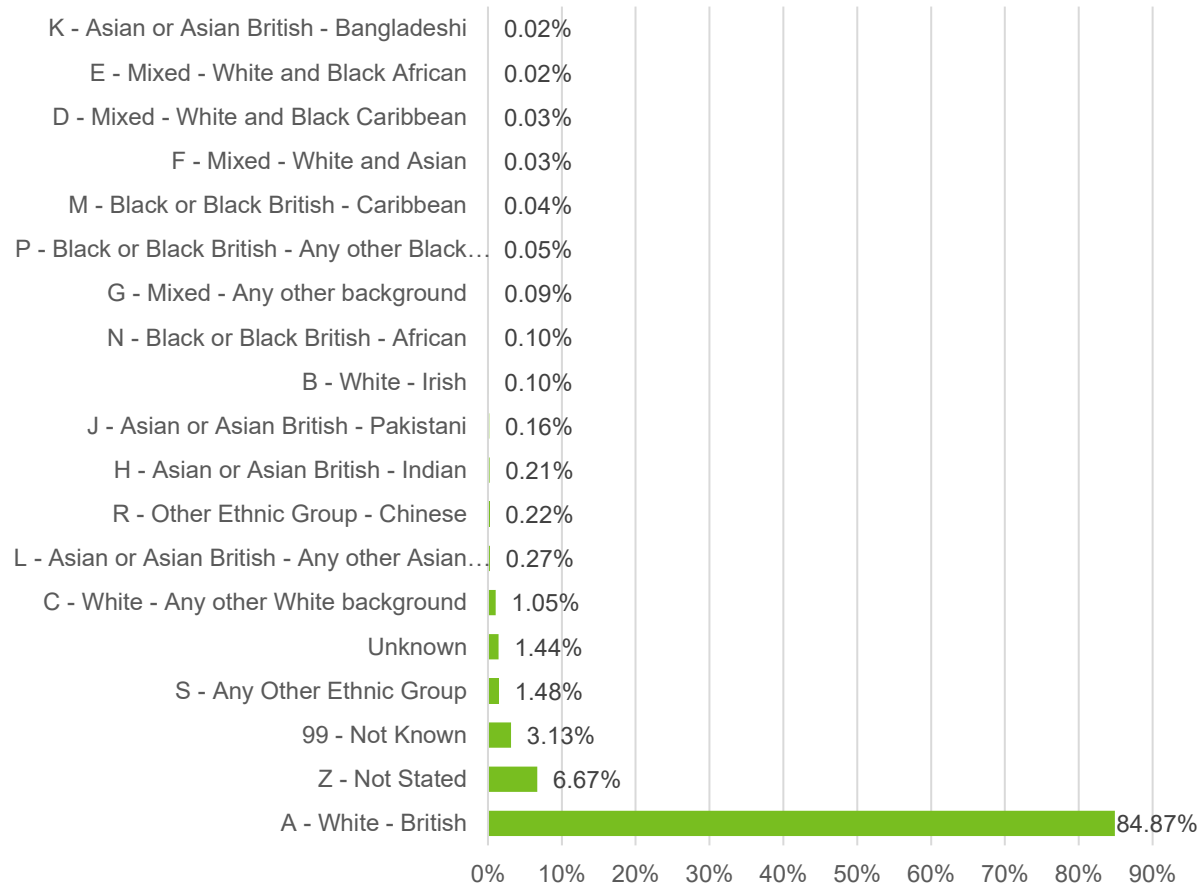
- Race / ethnicity
 - Age group
 - Disability status
- 
- Three decorative, wavy, horizontal lines in shades of green, teal, and orange, located at the bottom right of the slide.

Patient overview – Elective 18 and over

Profile of patients from November 2024 to November 2025

- Elective
- Emergency
- Maternity
- Outpatients

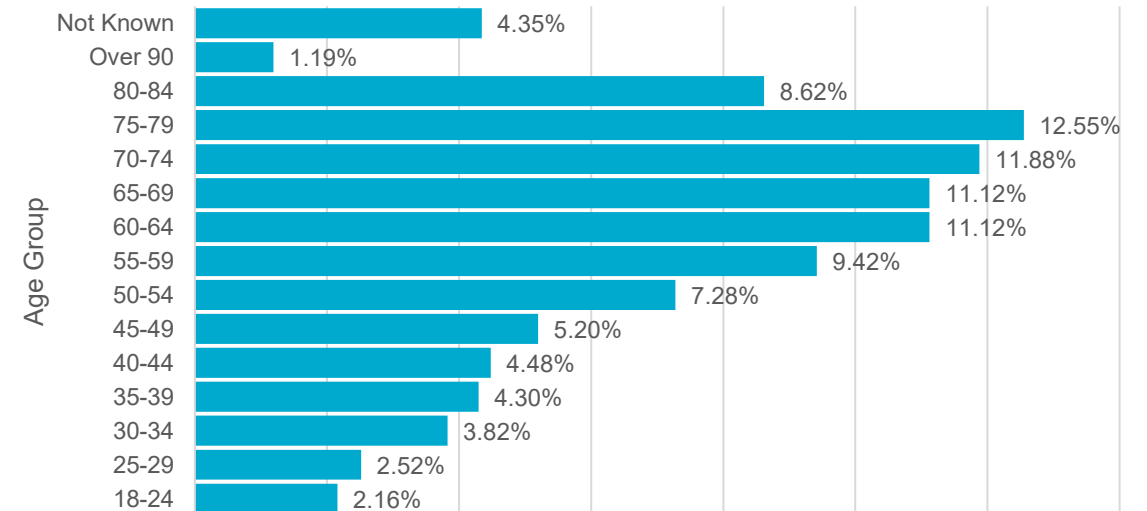
Elective Admissions Aged 18+ % By Ethnicity



Elective Admissions Aged 18+ % By Disability



Elective Admissions Aged 18+ % By Age

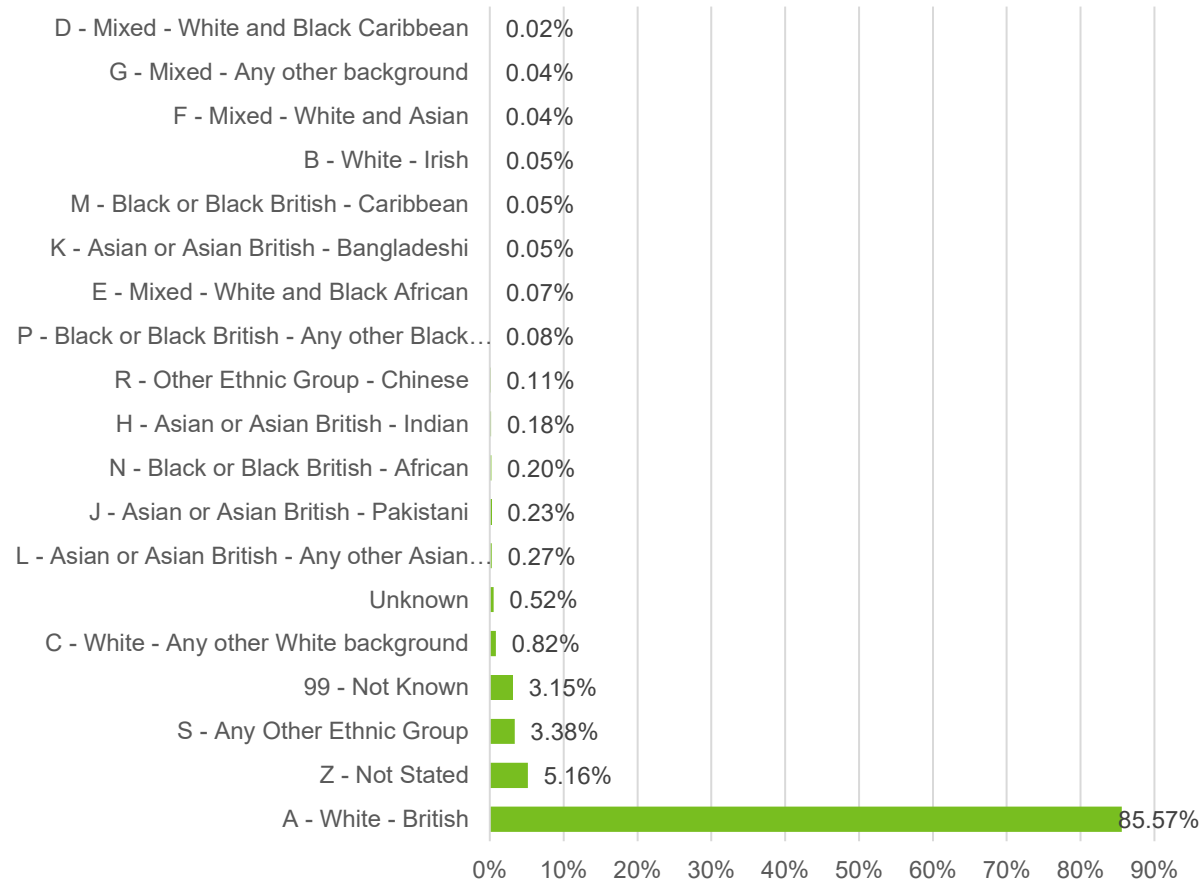


Patient overview – Emergency 18 and over

Profile of patients from November 2024 to November 2025

- Elective
- Emergency
- Maternity
- Outpatients

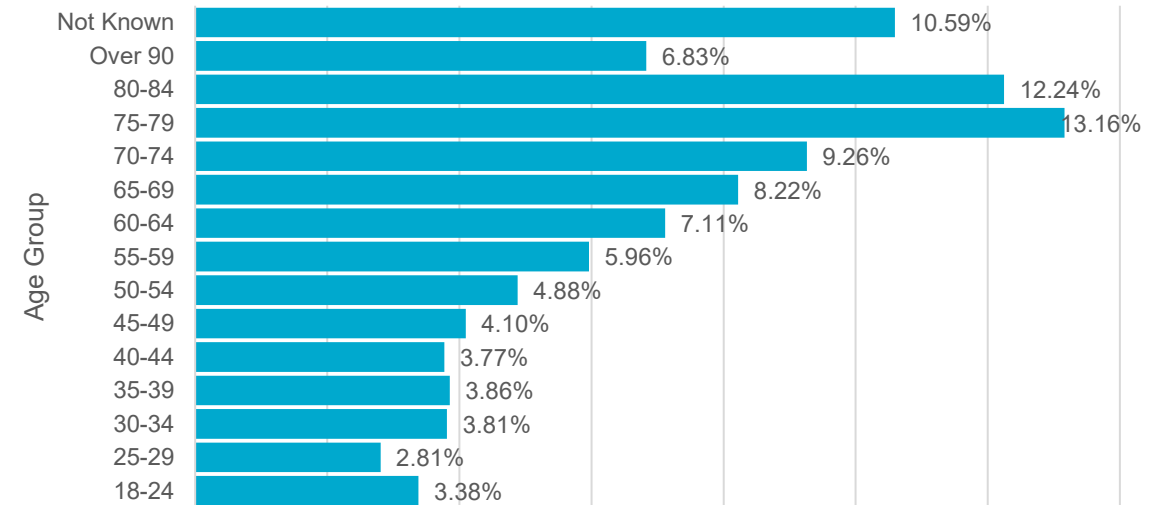
Emergency Attendances Aged 18+ % By Ethnicity



Emergency Attendances Aged 18+ % By Disability



Emergency Attendances Aged 18+ % By Age

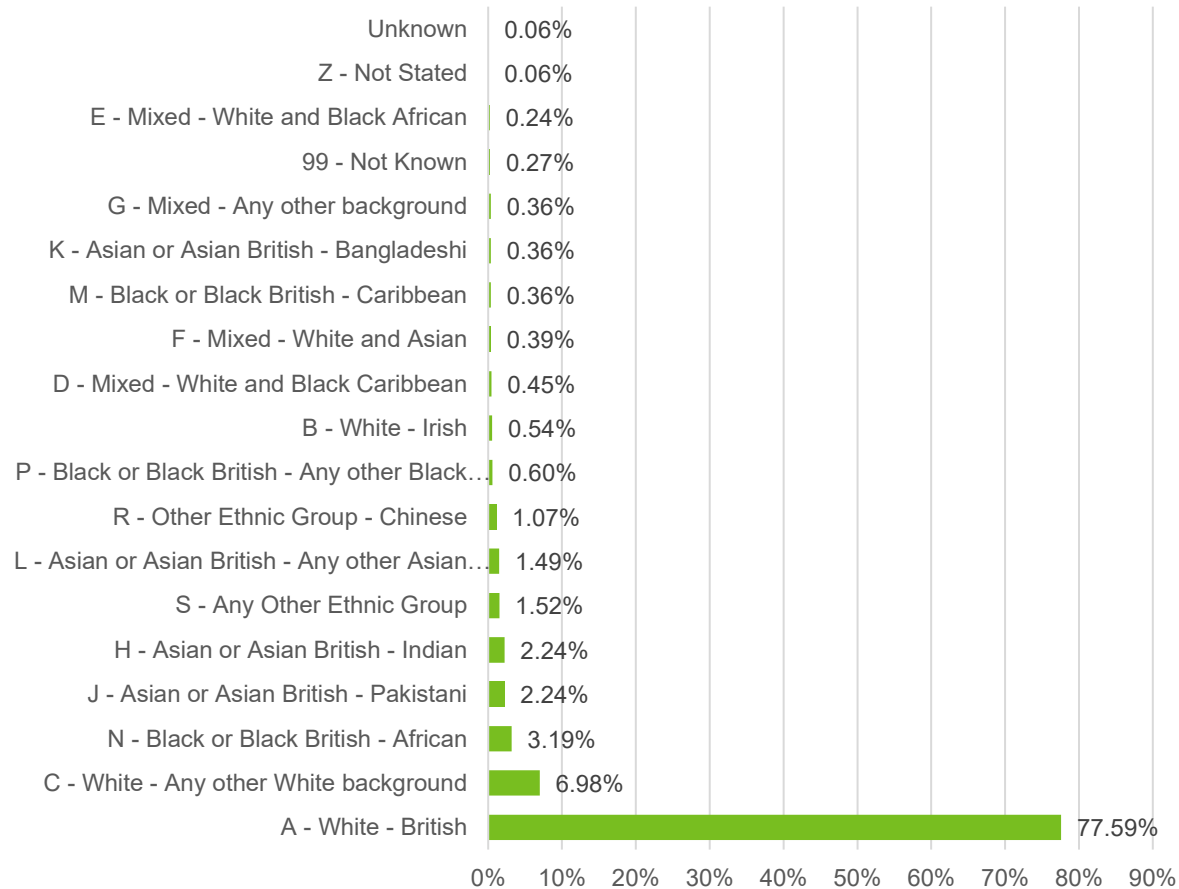


Patient overview – Maternity

Profile of patients from November 2024 to November 2025

- Elective
- Emergency
- Maternity
- Outpatients

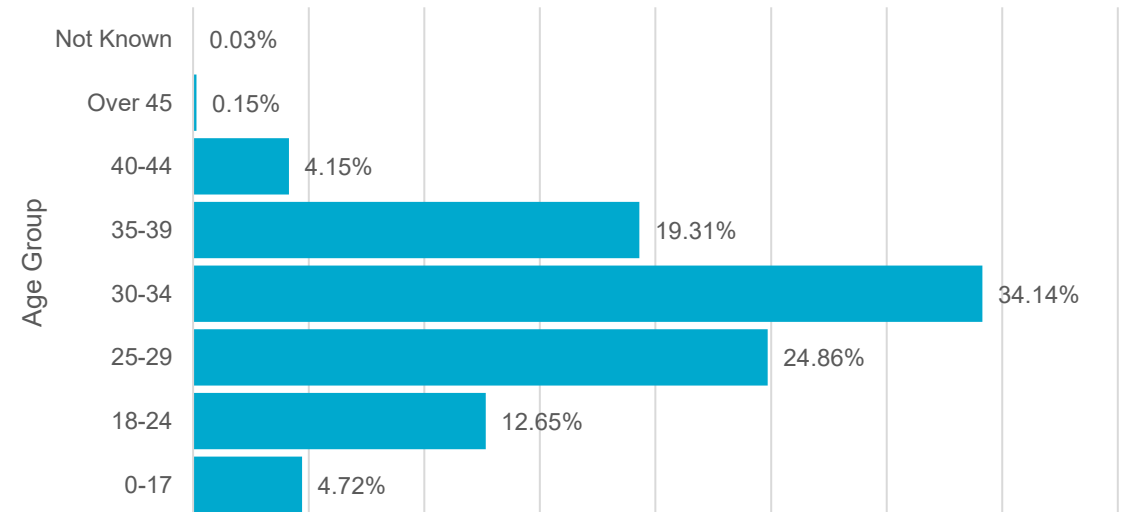
Maternity Admissions Aged 18+ % By Ethnicity



Maternity Admissions Aged 18+ % By Disability



Maternity Admissions Aged % By Age

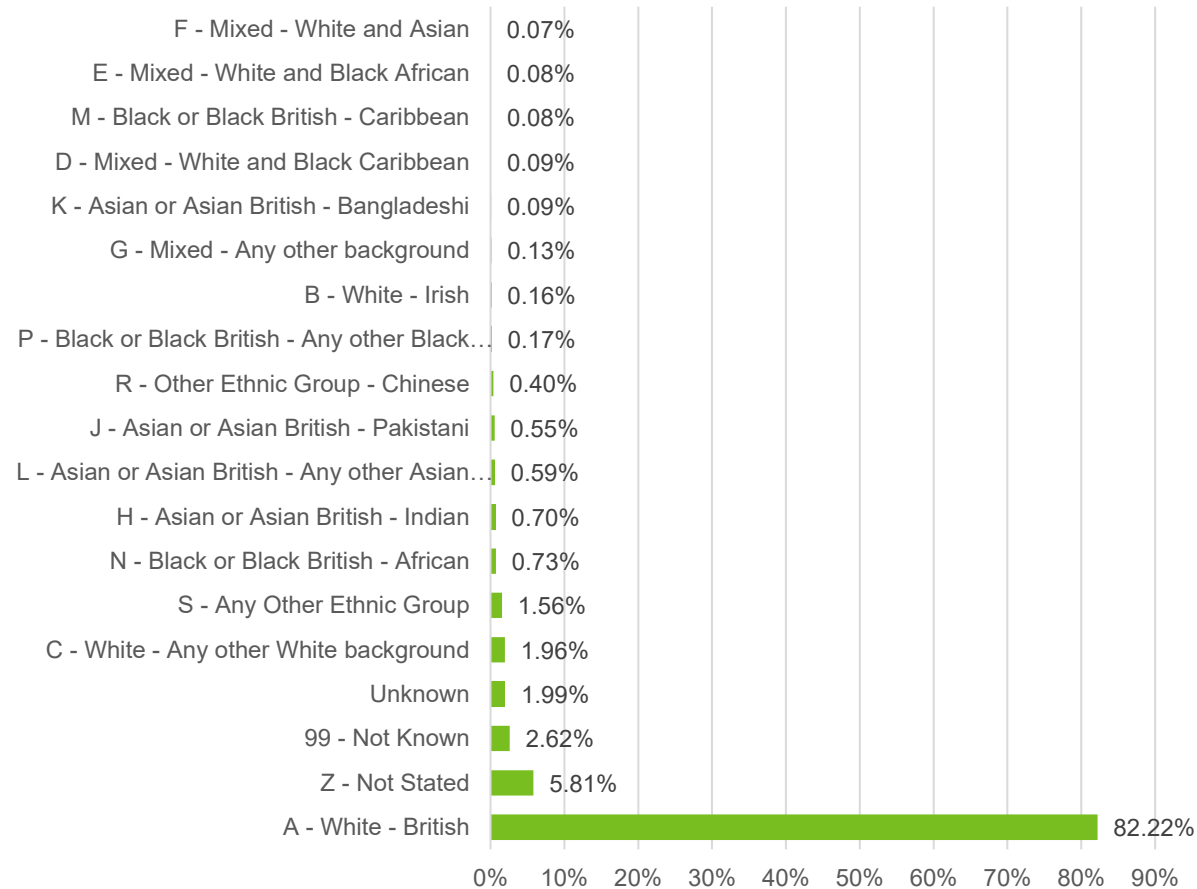


Patient overview – Outpatients Attendances

Profile of patients from November 2024 to November 2025

- Elective
- Emergency
- Maternity
- Outpatients

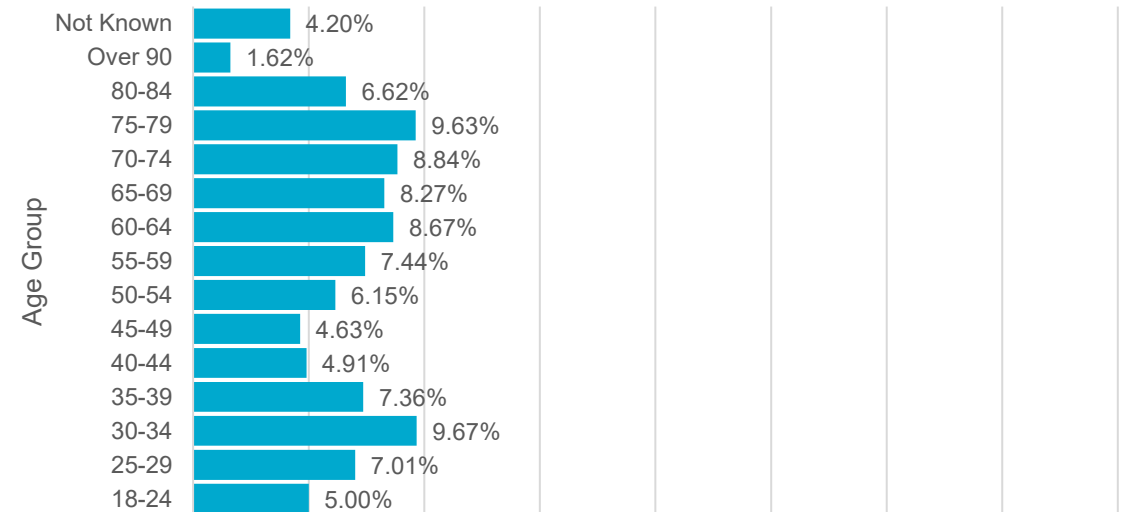
Outpatient Admissions Aged 18+ % By Ethnicity



Outpatient Attendances Aged 18+ % By Disability Alert



Outpatient Attendances Aged % By Age



Section 12:

Governance and accountability

- Enabling equality, diversity and inclusion strategies
 - Organisational governance reporting
- 
- Three decorative, wavy, horizontal lines in shades of green, teal, and orange, positioned at the bottom right of the slide.

Enabling equality related strategies

Patients and workforce

Workforce Equality, Diversity and Inclusion Strategy 2022-2025

This strategy sets out the commitment to make the Trust the best place to work, detailing how it will be an inclusive employer, creating a culture of belonging for all. Click [here](#) to access a copy of the strategy.

The Chief People Officer chairs the bi-monthly Workforce Inclusion and Culture Sub-Committee which reports into the Strategic People Committee and subsequently to Trust Board.

The Chief People Officer is the accountable executive director for the workforce equality, diversity and inclusion agenda.

To note: This strategy was extended until 2026 in line with the acquisition of Bridgewater Community Healthcare.

Patient, Service User and Carers Diversity, Inclusion and Belonging Strategy 2022-2025

This strategy acknowledges the Trusts role in ensuring that its hospitals are accessible and that our services address health inequalities in our community. Click [here](#) to access a copy of the strategy.

The Deputy Chief Nurse chairs the monthly Patient Experience and Inclusion Sub-Committee, and the committee reports into the Quality Assurance Committee and subsequently to Trust Board.

The Chief Nurse is the accountable executive director for the patient and service user equality, diversity and inclusion agenda.

To note: This strategy was extended until 2026 in line with the acquisition of Bridgewater Community Healthcare.



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Section 13:

Further information



Further information

Further details about the organisation's equality, diversity, inclusion and human rights approach can be found via our website below or by contacting the Trust Culture, Engagement and Inclusion Team:



<https://www.whh.nhs.uk/about-us/statutory-information/equality-diversity-and-inclusion/>



Telephone: 01925 635911



Email: whh.inclusion@nhs.net





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