

Board of Directors (Public)

Item 3.1

Subject: Annual Equality, Diversity, and Inclusion Update
Date of Meeting: Tuesday 31st May 2022
Prepared by: Rachael McDonald, Senior HR Business Partner
Presented by: Karen Nightingall, Chief People Officer
Purpose of Report: To Note

BAF Reference	Impact on BAF
BAF 4, 5 & 6	No change to assigned risk rating in BAF – belonging to the NHS is a key component of the People Plan 2021

Level of assurance (please tick one)					
To be used when the content of the report provides evidence of assurance					
✓	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls

1. Executive Summary:

This paper provides a summary of the key workforce developments in relation to the Trust's Equality, Diversity, Inclusion and Belonging (EDIB) agenda and to provide assurance on the Trust's demonstration and compliance with national requirements.

A detailed report was presented to the Board in September 2021 providing the results of both the Workforce Race and Disability Equality Standard (WRES/WDES) following the submission in August 2021. This report includes key highlights for the Board in relation to the WRES and WDES metrics as taken from the 2021 staff survey results which will be used for our 2022 WRES/WDES submission in August 2022.

2. Equality, Diversity, Inclusion & Belonging Strategy (EDIB) 2022-2025

The Trust has just refreshed its EDIB Strategy which sets out the Trust's ambition to have a culture of belonging and trust, and to understand, encourage and celebrate diversity in all its forms. The pledges within the strategy have been carefully crafted internally through inclusive 'think tank' sessions with various staff groups and through engagement with the EDIB Steering and People Delivery Group. The full strategy document and summarised strategy on a page (SoaP) has been included. The documents will also be available in an easy read format. **(Refer Appendix 1&2)**

Events in 2020 shone a spotlight on racism and the inequalities that exist within our society, particularly within the context of the disproportionate impact of the COVID pandemic, which reinforced the need for us to develop a much bolder strategy on equality, diversity, inclusion and belonging.

Additionally, the strategy will be underpinned by an operational action plan and a number of thematic work streams, designed to support successful embedding of the strategy is being developed and is scheduled for discussion/approval at the next EDIB Steering Group. The action plan will be finalised by the end of June 22 and will include clear timeframes for delivery.

It will be crucial to the success of this work that the Board and Non-Executive Directors are engaged and play a pivotal role in ensuring that there is clear ownership and accountability for implementation and that progress and performance against agreed outcomes are monitored, measured and reported on over the next three years.

3. Annual EDI Update

3.1 *Progress and achievements to date*

- We have launched our LHCH Belong Inclusion Network and held a series of virtual events with guest speakers. The network was launched in October 2021 by introducing the importance of EDIB at LHCH and this was delivered by Paul McEvoy Clarke, Senior Lecturer at John Moore's University. More recently, we have held a Menopause Awareness and Mental Wellbeing Belong events. The menopause session was extremely well attended and will be followed up by a Menopause Lounge, which is intended to act as a support and women's network for colleagues that are experiencing symptoms whilst in work.
- LHCH aims to be intentional about its actions for change and becoming an anti-racist organisation. To support this an anti-racist commitment statement was developed and ratified at Board in January 22. This statement will be published as part of the EDIB strategy launch and implementation to ensure alignment.
- We have been successfully accredited as '**Veteran Aware**' by the national steering group for the NHS Veteran Covenant Healthcare Alliance. We have also been successful in our **Employer Recognition Scheme (Silver)** application. This means that LHCH has been accredited as exemplars of the best care for veterans, helping to drive improvements in NHS care for people who serve or have served in the UK armed forces and their families.
- We have recently overhauled our recruitment and flexible working practices and development of our refreshed Recruitment & Retention Strategy is in its final stages. Through inclusive recruitment the Trust will ensure that the workforce reflects the community it serves, create a sustainable pipeline of talented staff and better retain its people.
- We have supported staff from ethnic minority groups to access leadership development and have recently enrolled one of our Band 6 nurses onto the pilot of the Louise de Codia Leadership Programme, which has been designed as an innovative pipeline leadership programme and development space for ethnic minority nurses.
- LHCH was ranked 1st for 'Compassionate and Inclusive Leadership' in the National Staff Survey benchmarked against the national scores for acute specialist trusts

- We have led cultural transformation in the development of the Trusts 'Be Civil Be Kind' Campaign. The campaigns aim is to help address behavioural concerns and bring about positive change for all, by focussing on civility, kindness and respect. To support the implementation of the campaign, we invested in the delivery of drama-based training to the Board and Senior Management Team, with the intention to roll out further EDIB focused sessions to the wider organisation.
- We have celebrated diversity and inclusion across Equality, Diversity and Human Right Week, through staff stories including the example and experience that will be presented at Board.
- We completed our 2021 Workforce Race Equality/Disability Standard (WRES/WDES) submissions, designed to help improve the working environment and experience of our disabled workforce and people from ethnic minorities. (see below for the key findings)

4. National Requirements

4.1 Workforce Equality/Disability Equality Standard (WRES/WDES)

A summary of the WRES/WDES indicators and results has been provided below. The breakdown and analysis of the results will be shared with the EDIB Steering Group, People Delivery Group and People Committee.

The associated actions to improve experiences of both our ethnic minority and disabled workforce will be set out within the operational EDIB action plan which will be finalised by the end of June 22. Holding listening rooms to understand the results will be intrinsic to making meaningful improvements to the experiences for the people within both these groups.

WRES – Key Highlights

The Trust has improved in 2 of the 4 WRES indicators as set out below. The results also show that LHCH fared better in comparison to the average of all acute specialist trusts. The local comparison is varied with the trust performing better only in indicator 1. It must be noted that the results of our white workforce deteriorated for indicator 1 from the previous year, but are still lower than the national average for acute specialist trusts

1. *Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months and: -*
2. *Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months*

The Trust has performed worse in 2 of the 4 indicators a set out below.

3. *Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion*
4. *In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues*

WDES – Key Highlights

The Trust has performed worse in 8 of the 9 WDES indicators from the previous year. The results appear to follow a national trend; however, we have performed better in 7 of the indicators in comparison to the average of acute specialist trusts.

The indicators that the trust has performance worse than the national average include: -

1. *Percentage of staff who felt pressure from their line manager to come to work, despite not feeling well enough to perform their duties*

2. *Percentage of staff with a long-standing health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work*

We can make some assumptions in terms of the impact of the pandemic on the results, e.g., all non-mandatory training was paused and the government restrictions in place will have undoubtedly impacted on peoples experience in work, however, we need to understand, listen and act to ensure that this is improved for the future.

Actions currently being developed, and which will be included in the operational EDIB action plan include: -

- Improving our workforce EDI data and ensure all staff are aware of why disability declaration is important and how to update this information easily in ESR
- Consult and listen to disabled staff to understand their experiences and how we can improve – this will include discussing experiences of bullying, harassment and ensuring there is space for these discussions
- Review how reasonable adjustments are managed within the recruitment and interview process and identify improvements
- Continue to develop opportunities for local unemployed disabled people to gain work within the organisation
- Develop bespoke career development opportunities for disabled staff to help advance their careers
- Review the good practice published by NHS Employers and identify and implement interventions that could be adopted by the Trust

4.2 Equality Delivery Standard (EDS2)

The trust will undertake the EDS in line with the new statutory requirements as part of EDS3 planned in 22/23.

4.3 Gender Pay Gap Report

The gender pay gap report was presented to the Board in April 2022 in line with the legal requirement to publish our data annually. The regulations determine how the calculation should be made and what pay is to be included in the report.

There was a request to provide a breakdown/comparison showing clinical excellence awards with the denominator confined only to consultants.

Demographic data from CEA round 2021: -

- 79 consultants were eligible to apply: 62 (78%) male and 17 (22%) female
- 2 female consultants (12% of eligible female workforce) applied for a Clinical Excellence Award; 2 of these applicants were successful (100%).
- 17 male consultants applied (27% of eligible male workforce) for a Clinical Excellence Award, 13 were successful

Its important note that the Department of Health and Social Care (DHSC) are seeking views on reforms to the national Clinical Excellence Award (CEA) scheme with the aim of introducing a new scheme. This consultation proposes to broaden access to the scheme, make the application process fairer and more inclusive, and to also change the current application process.

The existing CEA scheme was recognised as a contributory factor to widening the gender and ethnicity pay gaps. Both women and those from non-white ethnic backgrounds are less likely to apply for an award, and the awards were deemed exclusionary. In addition, those working part time (predominantly women) only received a pro-rata'd award despite needing to submit the same level of evidence.

4.4 Workforce Monitoring Report

The purpose of this report is to demonstrate the Trust's compliance with the Equality Act 2010 and public sector specific duties. The report is refreshed and published annually and summarises equality monitoring data for the workforce at Liverpool Heart and Chest Hospital for the period 1st April 2021 to 31st March 2022, using data taken from the Electronic Staff Record (ESR) and NHS Jobs. This report is in its final stages of development and will be presented to the EDIB steering group in June before publication.

5. Patient Agenda - Meeting the needs of our population

5.1 Complex care needs

People with disabilities and complex care needs may need extra support to ensure they receive care and treatment which meets their specific needs and maintains their safety. At LHCH we ensure that our care is flexible and responsive. We have actively made provision to ensure that reasonable adjustments are made and have appointed a matron to support patients with complex needs and disabilities.

On admission our patients receive a reasonable adjustment risk assessment and a plan of care is developed, these reasonable adjustments include but are not limited to: -

- Ensuring staff follow the Accessible Information standards to meet the communication needs of patients, service users and carers, e.g. audio, braille, large font, Easy-Read, text, including medicines which can be labelled in large font.
- As some disabilities may not be immediately obvious, such as autism, dementia, anxiety, vision or hearing loss, (Hidden Disabilities) the Trust has implemented the use of the symbol of the sunflower which has been adopted nationally to support people with hidden disabilities. Wearing the Hidden Disabilities Sunflower discreetly indicates to people around the wearer including staff, colleagues and health professionals that the patient may need additional support, help or a little more time.
- We encourage families/carers to be involved in care, we offer open visiting (pre - covid), as well as offering beds for relatives to stay on the ward in the same room as the patient and support them through our Care Partner programme to be involved in their relative's care and communication. We also have on site dedicated Relative's Accommodation in the Robert Owen House,
- For patients who require additional care, we offer enhanced levels of care and support.
- We offer communication aids e.g. Interpreters, Makaton symbols, Hearing Loops, Communication books, White Boards, i-pads, Hospital Passports and offer a braille/audio menu.
- We have implemented a flagging system on our Patient Information systems (PAS and EPR). This alert system flags up prior to admission, on a 'need to know basis' that the patient has a complex need or disability and may require additional support.
- We provide pre-admission visits as well as quiet waiting areas, to support this we also offer pagers, so patients can wait in a place of their choice.
- Wherever possible we offer appointments at the start or end of clinics and try to ensure that multiple procedures are carried out within a single visit.
- We provide both audio and visual information in public areas such as reception areas (e.g. display name on call system).
- Wards and waiting rooms have subtitles on television sets and patients are offered the use of an iPad or whiteboard to support communication.
- We provide adaptive cutlery, crockery, and lighting and aids to support independence for patients with sight loss or physical impairment.
- Each department has a large clock which supports patients with dementia or sight loss, the clocks are 18 inch in diameter and display day, date and time.
- We promote safe medicines management and provide labels that are in an accessible format and provide textured stickers on medicine boxes to aid with identification.
- We have dedicated parking for patients, carers and staff with disabilities.
- Staff training and education is provided on supporting patients with disabilities and complex care needs through e-learning and face to face training.

- All staff are trained in safeguarding and assessing mental capacity.
- We provide gender neutral and wheelchair accessible bathrooms and toilets.
- We offer pre-admission phone calls to enable us to plan care with the patient and family/carer.
- We make post discharge phone calls to all in-patients to ensure the patient has the right level of support in the community.

5.2 Interpretation and translation

Communication presents a major barrier to accessing healthcare services for people who have limited ability to communicate in English due to impairment or because their first language is not English. Equally, communication difficulties present healthcare staff with barriers to the delivery of safe, effective, patient focused care. This has significant implications for healthcare quality, governance and risk management. The Trust is working in partnership with the Liverpool Joint Commissioning Group to pursue a city-wide framework agreement allowing a joint approach to service provision.

Currently the trust provides-

- A choice of a male or female interpreter (whenever possible)
- Face-to-face interpreters for non-English speakers
- On-line translation services via i-pad
- Telephone interpreters for non-English speakers
- Sign language interpreters for profoundly deaf people
- Translated written information upon request for patients who do not read English.
- Translated patient information onto audio format for those who cannot read or are visually impaired.
- Braille for those who are visually impaired.
- Large print for those with limited vision.
- Information on coloured paper for those who are visually impaired or who have dyslexia.
- Audio file on CD or Cassette

5.3 Mental Health Support

We have an integrated Mental Health (MH) Service active within the trust. There is a clear presence in the hospital, and clear referral pathway and training offered. All patients can have a full mental health assessment and a plan of care implemented prior to discharge.

We actively promote and support local interventions and campaigns around mental health and suicide preventions. Trust comms are updated weekly around Mental Health.

The Mental Health service have helped with the Delirium Steering groups, providing training around de-escalation with challenging patients with altered mental state and will provide full de-escalation training to hospital at night teams.

In the near future, there is a 0.5 FTE Consultant Psychiatrist joining the team, expanding the team and service availability. Both Nursing and Medic training in MH will increase with these staff increases, and the MH Service is to attend trust inductions to provide advice and support and the MH Service plans to expand to Outpatients services, follow up clinics, future staff training events.

5.4 Continued support during/post Covid

The Trust supported patients in many new ways during the covid pandemic some examples are listed below -

- Clear masks were sourced for patients who are deaf, and lip read
- Single sex accommodation was maintained throughout
- Toiletries and boredom packs were donated and given out to patients

- Delivery of an online Christmas service and iPad for all wards to enable virtual visiting, ensuring people who do not have access to digital platforms are not disadvantaged by offering alternative communication or consultation methods.
- Family liaison team was set up to offer daily phone calls to families
- Love hearts and rocks for families and support for spiritual care in the end of life
- Testing patients and families prior to admission and making reasonable adjustments
- Supporting carers as required and holding events on special occasions such as VE day.
- Ensured patient data of COVID-19 cases and deaths are recorded by protected characteristic e.g. ethnicity and disability in addition to the standard age and sex characteristics.
- Set up the Ask ANI campaign trust wide to support patients who may be victims of domestic violence
- Covid virtual clinics and mutual aid for critically ill patients across the region
- Standard operating procedures in place for safeguarding in the virtual environment

6. Conclusion:

Development of the new EDIB Strategy and action plan will help drive this work forward. IT is recognised that as the agenda expands rapidly, capacity continues to be a challenge.

Monitoring and review of equality related activities for both our patients and workforce is undertaken through the Trust's established EDIB Steering Group. The terms of reference and membership have been recently refreshed to ensure the group is inclusive and representative of the organisation.

Assurance on activity and progress against the EDIB action plan is provided to the People Committee on a quarterly basis.

7. Recommendations:

The Board is asked to note the contents of this report and **approve** the EDIB Strategy attached.

8. Appendices

Appendix 1	EDIB Strategy
Appendix 2	EDIB Strategy on a page (SoaP)