

# NHS Equality Delivery System 2022

## EDS Reporting Template

Liverpool Heart and Chest Hospital  
Foundation trust 2022

# Contents

## Service reviews for 2022

1. The targeted healthy lung project
2. Live well work well hypertension case finding

Provider:  
**Liverpool Heart and Chest Hospital**  
**NHS Foundation Trust**

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Overview and CQC inspection ratings

|  |                   |             |   |
|--|-------------------|-------------|---|
| <b>Overall Outstanding</b><br><br>Read overall summary | <b>Safe</b>       | Good        | ● |
|  | <b>Effective</b>  | Good        | ● |
|  | <b>Caring</b>     | Outstanding | ☆ |
|  | <b>Responsive</b> | Outstanding | ☆ |
|  | <b>Well-led</b>   | Outstanding | ☆ |

Latest inspection: 5<sup>th</sup> Feb to 7<sup>th</sup> Feb 2019  
Report published: 3<sup>rd</sup> July 2019

[www.cqc.org.uk/provider/RBQ](http://www.cqc.org.uk/provider/RBQ)

**Liverpool Heart and Chest Hospital** Outstanding ☆  
Thomas Drive, Liverpool, L14 3PE  
Tel: 0151 600 1616

Inspected and rated  
Outstanding ☆  
Care Quality Commission



# Equality Delivery System for the NHS

## ***The EDS Reporting Template***

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: [www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/](http://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/)

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via [england.eandhi@nhs.net](mailto:england.eandhi@nhs.net) and published on the organisation's website.

## NHS Equality Delivery System (EDS)

|                                       |                                    |  |  |  |
|---------------------------------------|------------------------------------|--|--|--|
| <b>Name of Organisation</b>           | Liverpool Heart and Chest Hospital | <b>Organisation Board Sponsor/Lead</b> |  |  |
|                                       |                                    | Karen Nightingale                      |  |  |
| <b>Name of Integrated Care System</b> | Cheshire and Merseyside            |  |  |  |

|                               |             |   |  |                            |
|-------------------------------|-------------|---|--|----------------------------|
| <b>EDS Lead</b>               | Joanne Shaw | <b>At what level has this been completed?</b>   |  |                            |
|                               |             |   |  | <b>*List organisations</b> |
| <b>EDS engagement date(s)</b> |             | <b>Individual organisation</b>                  |  |                            |
|                               |             | <b>Partnership* (two or more organisations)</b> |  |                            |
|                               |             | <b>Integrated Care System-wide*</b>             | LHCH<br>Knowsley<br>Halton<br>St Helens<br>Liverpool |                            |

|                        |          |                                 |          |
|------------------------|----------|---------------------------------|----------|
| <b>Date completed</b>  | Feb 2023 | <b>Month and year published</b> | Feb 2023 |
|                        |          |                                 |          |
| <b>Date authorised</b> |          | <b>Revision date</b>            |          |
|                        |          |                                 |          |

LHCH has decided to undertake reviews on two services this year as part of EDS 2022. The two services are outlined and the data and information for the review is revised here.

## **System 1 Live well – work well @LHCH Hypertension case finding**

**LHCH provides specialist services in cardiothoracic surgery, cardiology, respiratory medicine including adult cystic fibrosis and diagnostic imaging, both in the hospital and out in the community.**

We serve a catchment area of 2.8 million people, spanning Merseyside, Cheshire, North Wales and the Isle of Man, and increasingly we receive referrals from outside these areas for highly specialised services such as aortics.

Heart and lung disease continue to be amongst the biggest killers in the UK and the communities we serve are marked by increased prevalence of cardiovascular disease, higher levels of heart failure, hypertension, coronary artery disease and an ageing population.

Our reputation for strong performance is important in delivering the **best care** for our patients and high quality clinical services. This is underpinned by a culture of research and innovation, delivered in modern estate and facilitated by technology. New and upgraded clinical areas are designed with patients and families fully involved to deliver their needs.

As part of our long-term plan, we aim to form strong clinical and organisational relationships where possible. There is clear evidence that partnerships improve patient care and enhance quality and we aim to collaborate with a range of other providers and professionals with the aim to extending access and improve quality.

**Our vision is *'to be the best - leading and delivering outstanding heart and chest care and research'***

The vision '**to be the best**', is underpinned by six strategic objective themes:

1. **Delivering world class care**
2. **Advancing quality and outcomes**
3. **Increasing value**

4. **Developing people**

5. **Leading through collaboration**

6. **Improving population health and Our Mission**

The Trust aims to provide '*excellent, compassionate and safe care for its patients and populations, every day*' and has firmly embedded the values and behaviors expected of all its staff and volunteers, through IMPACT:

- Inclusivity
- Making a difference
- People centered
- Accountability
- Continuous improvement
- Teamwork

Providers are expected to actively promote and target delivery of care to those patients in the most deprived 20% of the population based on the Index of Multiple Deprivation.

### **Details of current service and how it is delivered**

Over the past 12 months LHCH have been involved in a number of successful case finding initiatives in the communities, schools and for our own staff in the Trust. These include three main target areas :

1. Live Well Work Well @LHCH
2. Liverpool Healthy Families Heart and Lung Project
3. Working at Place to deliver outreach models of care to the most deprived areas in the community

LHCH are promoting healthy living for staff at Liverpool Heart and Chest Hospital (LHCH) and Liverpool University Hospital Foundation Trust (LUHFT). This initial event was delivered in collaboration with LHCH colleagues, Strategic Partnership Team, Health and Wellbeing Group together with LUHFT colleagues to provide staff with a wellness day, providing:

- A health MOT – Blood Pressure (BP) (Hypertension case finding), Cholesterol, manual pulse, and Body Mass Index (BMI) checks
- Mindfulness and mental health support
- Cancer support and information
- Physical activity information
- Reiki and massages
- Stop smoking support from the LUHFT CURE service
- Environmental and sustainability information, including cycle to work

The event was met with much success an evaluation of the health checks performed together with findings from the staff survey questionnaires completed on the day, to inform and improve the operational running of future events to continue to educate and care for our workforce.

### **Background**

LHCH sits within the sixth most deprived ICS out of 42 ICS in England, Cheshire and Merseyside ICS, with associated higher levels of Health Inequalities (HI), examples of which include:

- Unequal access to healthcare
- Health status – lower life expectancy (LE) compared to the English average
- Health status – one of the highest rates of cardiac disease with cardiovascular disease (CVD) accounting for 1 in 4 premature deaths in the region

The situation has been further exacerbated by COVID19 for which several published reports; Second CVD Prevent Annual Audit 1 and Regional Health Profiles for the Northwest (NW) 2 have documented the negative impact the pandemic has had in relation to HI and CVD prevalence, across the NW resulting in;

- Widening LE gaps between the North and South of the country.

- Increased prevalence of CVD and delays in relation to CVD prevention, estimated to see an additional 16,000 heart attacks as a result of these delays.
- Excess mortality in the region of 13,335 deaths post-pandemic with CVD documented as cause of death on death certificates (refer to scarf chart below).
- Widening HI gaps with the greatest impact on ethnic minority groups, people living in deprived areas, older people and those with pre-existing health conditions.

Addressing HI and preventing ill-health is one of the top 5 priorities for the NHS as highlighted in the 2022/23 NHS Operational Planning Guidance and a priority area for LHCH with a focus upon HI and CVD prevention which has been identified as an area where the greatest number of lives can be saved over the next 10 years. Within the Trust response to tackling HI and supporting CVD prevention the strategic partnership team have actively initiated and coordinated several events from a local population perspective:

- a. Liverpool Healthy Families Heart and Lung Project
- b. Working at Place to deliver outreach models of care to the most deprived areas in the community
- c. Supporting the Trust in gaining Anchor institution status

As part of this response the team acknowledged the additional need to support our workforce and partnered with the LHCH Health and Wellbeing Group who continuously support staff in many areas including, physical activity, mental health, financial wellbeing, occupational health and healthy lifestyles. Through this partnership the concept of the 'Live Well Work Well You Matter' event came into fruition, focused upon improving staff health from a CVD prevention perspective, providing staff with a CVD MOT, encouraging healthy living and raising awareness of the importance of preventing CVD. The partnership approach was extended to LUHFT colleagues, also based on the Broadgreen site and they provided information from the CURE smoking cessation team, Macmillan cancer support and environmental and sustainability information.

The event was held on the 7th September 2022 in LHCH Staff Hub to coincide with a national initiative 'Know Your Numbers Week, You Matter' to promote BP checks and hypertension case finding.

With approximately 350 staff attendees the event was very successful, indicating the need for the event to be run regularly. In the next section an evaluation has been provided using staff survey results and feedback and health check information gathered by the clinical teams on the day to inform future delivery of the Live Well Work Well, You Matter initiative.

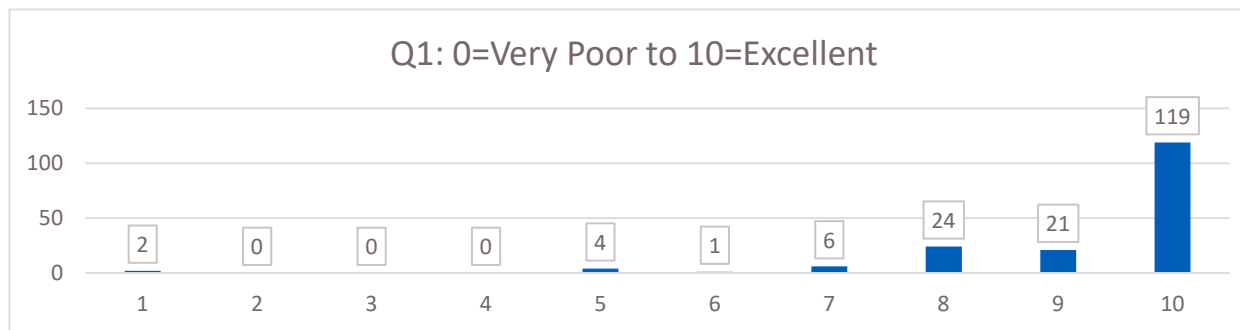


## Evaluation from the first event

### Staff survey results

A total of 177 surveys were completed on the day with attendees responding to seven questions for which results are shown below.

Q1: On a scale of 0-10 how would you rate your drop-in session today? 0=very poor to 10=excellent



67% of staff rated the event as excellent whilst 1% rated the event as poor.

Q2: Did you feel that staff at the drop-in session treated you with courtesy and respect?

Response rate was 100% yes.

Q3: Where you provided with enough information today?

97% of attendees said yes they did receive enough information

3% of attendees said no they did not receive enough information

Q4: Has your awareness been raised of the importance of maintaining a healthy lifestyle to improve heart health?

97% of attendees said yes

3% of attendees said no

Q5a: Do you think today's event was useful?

Response rate was 100% yes.

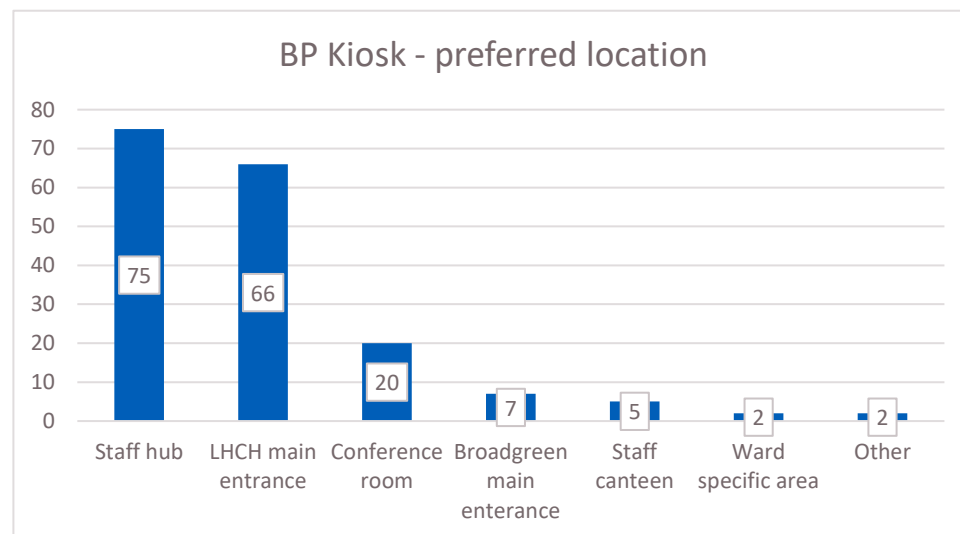
Q5b: How can we improve?

| <b>Q5b: Areas for improvement</b>            |
|--|
| More frequent events                         |
| Less queuing                                 |
| Run the event by departments                 |
| Stagger times                                |
| Drop-ins appointments                        |
| More staff to deliver tests                  |
| Very disorganised/confused where to go       |
| Quiet rooms for reiki and Mindfulness        |
| Representation from gym                      |
| Visit wards to capture clinical staff        |
| Bring something forward for staff with MSK   |
| Nice to talk to staff from other departments |
| More reiki sessions                          |
| Incorporate lung tests too                   |
| Let students know                            |
| More stores - financial, wellbeing           |

Q6: Would you like to see this event run as a regular occurrence for staff

Response rate was 100% yes.

Q7: If we were to move the BP kiosk where do you think it would be best placed?



42% of attendees felt that the staff hub was the most appropriate location, followed by LHCH main entrance (37%) and the Conference room (11%). The overall findings from the surveys were positive with staff feeling on the whole that the session was both informative and useful, raising awareness of the importance of healthy lifestyle on maintaining heart health. Some comments received from attendees included: 'it gave me peace of mind', 'very useful, never had my cholesterol done before', 'thank you so much for the event, I used the BP kiosk and went on the rowing machine, this will become a daily habit now'.

## 2. Liverpool Healthy Families Heart and Lung Project

The Liverpool Healthy Families Heart and Lung Pilot was developed to support the realisation of one of Liverpool Heart and Chest Hospitals (LHCH) key ambitions, improving population health with a focus on reducing the incidence of cardiovascular disease (CVD) beyond the hospital setting, reaching out to the local population. The Pilot saw multiple partnership working between: LHCH, Heart Research UK (HRUK), Liverpool Football Club (LFC) Foundation and Aintree Primary Care Network (PCN), taking a whole family approach to deliver Education, Physical Activity (PA) and Primary Prevention over the course of a week (6th – 10th June 2022).

The paper herein looks to provide an evaluation of the Pilot, highlighting strengths and areas for improvement and will detail a series of recommendations to support future roll out of the Pilot to continue to improve population health using an outreach model of care.

## **1. Pilot Overview**

CVD is attributable for a quarter of all deaths in the UK and is the largest cause of premature mortality in deprived areas. However, it has been identified as the single biggest area where the NHS can save lives over the next ten years and is therefore a key healthcare objective as described in the NHS long term plan (NHS LTP), national CVD ambitions and LHCH strategic plan, Patients, Partnerships and Populations. The pilot aimed to support CVD prevention efforts through a vehicle of Primary Prevention, Education and PA, involving multiple partners to facilitate its delivery. The Pilot adopted a whole family approach and consisted of two core elements that focused on child CVD prevention and adult CVD prevention. Following COVID-19 there has been significant impact on many long-term conditions and people's in accessing healthcare, this approach will help towards find the missing millions of undiagnosed CVD conditions.

### **2.1 Child element of the Pilot**

Fazakerley Primary School

The pilot was hosted by Fazakerley Primary School, selected due to its locality as an area of deprivation within Liverpool, IMD % ranking of 6-10%. There is a strong link between deprivation and increased incidence of CVD with Liverpool ranked as the ninth most deprived Integrated Care System (ICS) out of the 42 ICS in England.

#### **Heart Research UK (HRUK)**

Year six pupils (two classes) engaged in an educational programme developed by HRUK, consisting of four lessons covering heart and circulatory system specification points on Key Stage 2 (KS2) curriculum. The lessons involved virtual reality (VR) headsets and computer games to reinforce learning and were delivered throughout the week. (See appendix one for photographs of the lessons)

#### **Liverpool Football Club (LFC) Foundation**

LFC Foundation supported the Pilot as part of their Health and Wellbeing agenda, delivering two afterschool physical activity (PA) sessions led by a health coordinator on the 8th and 10th of June. The sessions were delivered to each of the two Year 6 classes participating in the pilot. (Appendix two provides photographs of the session)

## **2.2 Adult element of the Pilot**

### **Liverpool Heart and Chest Hospital NHS Foundation Trust (LHCH)**

On Friday 10th June 2022, to round up the week LHCH went out to Fazakerley School to launch the Healthy Heart and Lung event. It was a great opportunity to raise awareness and the use of an American style bus brought great attention to all. Positioning the bus on the school playground supported delivery of an opportunistic diagnostic session, led by Cardiac Rehabilitation Matron for LHCH and her team. Blood Pressure (BP) and manual pulse checks were provided coupled with advice and support regarding healthy lifestyles to teachers, parents and carers at the school including members of the local community.

### **Aintree Primary Care Network (PCN)**

Aintree PCN covers four GPs in the Fazakerley location and had communicated the pilot was taking place and therefore GPs may experience a slight increase in referrals. Additional support was provided in the form of the Aintree PCN Healthcare Coordinator who on the day was able to:

- Register those bus attendees who were not registered with a GP to a practice that was readily accessible to them.
- Support the LHCH team with lifestyle advice and guidance provision to bus attendees.
- Input bus attendee BP and manual pulse results for those attendees that were registered in one of the four GPs in that area and make follow-up appointments when required.

## **2. Evaluation**

To support evaluation of the pilot the following elements have been reviewed:

- Bus attendee survey
- HRUK post-test quiz, completed by participating children and teachers.
- Information collection on the day by LHCH Cardiac Rehabilitation team.
- Feedback from staff involved in the pilot

### **3.1 Bus attendee survey findings**

A total of 20 surveys were completed on the day with bus attendees responding to five questions shown in the table below:

| Question   | Feedback        | Response |
|--|-----------------|----------|
| On a scale of 1-10 how would you rate the drop-in session (0=very poor, 10=excellent)        | <b>Q1 (10)</b>  | 100%     |
| Did staff treat you with courtesy and respect?   | <b>Q2 (YES)</b> | 100%     |
| Were you provided with enough information?   | <b>Q3 (YES)</b> | 100%     |
| Do you understand the importance of maintaining a healthy lifestyle to improve heart health? | <b>Q4 (YES)</b> | 100%     |
| Do you think today's event was useful?   | <b>Q5 (YES)</b> | 100%     |

The overall findings from the surveys completed was that attendees felt the opportunistic diagnostic session was both informative and useful, raising awareness of the importance of healthy lifestyle on maintaining heart health.

Some comments received from attendees included: 'very useful', 'provided with so much useful information', 'thank you', 'Sarah went above and beyond'.

Matron Faulkner further described the story of an LHCH patient who saw the Pilot on facebook and came along for a BP check. On attendance the patient noted he felt unwell and presented with swollen ankles, stating he was under the care of Dr J. Wright from LHCH. He had a cardiac device and his BP was elevated coupled with shortness of breath. The rehab team reassured the patient and booked him into see one of LHCH's heart failure nurses the following week where the patient expressed his gratitude and gave positive feedback thanking staff for the opportunity to come along and be checked in the community; 'cannot believe how lucky it was attending that day, staff were marvellous and really helpful'.

### 3.2 HRUK post-test quiz findings

Average findings have been provided across the two participating classes, 30 pupils in each who completed the four lessons.

The children improved their pre-test score by 22.2%, indicating were children scored 4/10 before the lesson they went on to score 6.2/10 at the end of the lesson. This suggests the lessons were of benefit in terms of educating the pupils regarding heart health.

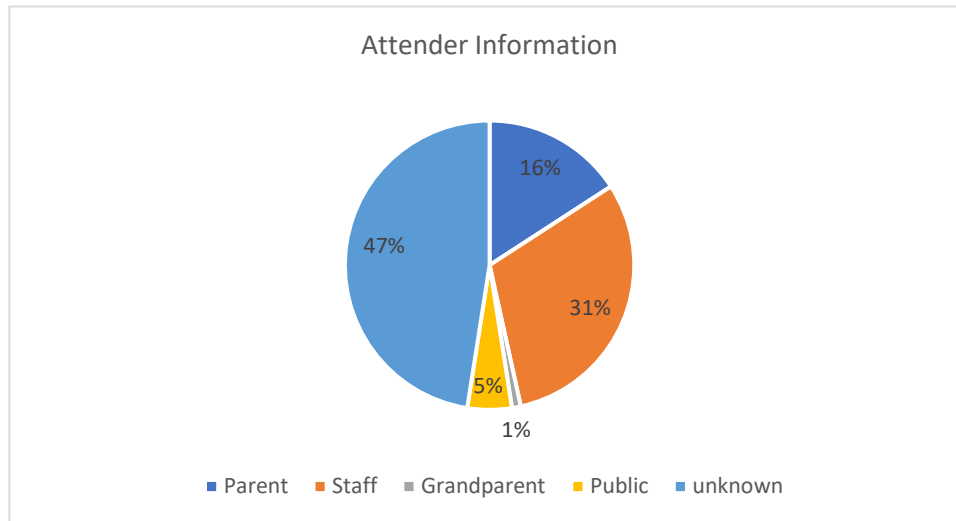
### 3.3 Information collected by LHCH Cardiac Rehabilitation team on 10th June

The following information was collected by the team on the day:

- Number of bus attendees
- BP readings, indication of high BP
- Pulse readings, indication of irregular pulse

### 3.3.1 Number of bus attendees

There was a total of 101 bus attendees on the day shown below:



Leading attendee types were unknown (47%), indicating this information had not been captured within the session. School staff were the second most frequent attenders (31%) including teachers, catering staff, cleaning staff.

Of the five Cardiac Rehab team members delivering the session each member reviewed approximately 20 attenders each.

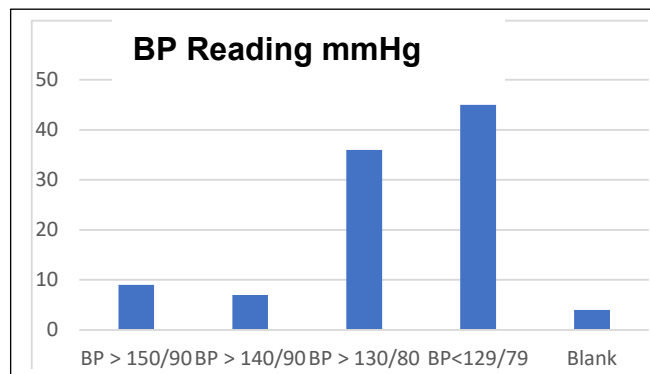
### 3.3.2 BP readings and Pulse checks

#### BP readings

National Institute for Health and Care Excellence (NICE) (2019) Hypertension in adults: diagnosis and management guidelines 1 set out the parameters for identifying people with high BP.

16% of attendees were identified as having a raised BP >140/90mmHg, and although a single reading and is not a diagnosis, for some this will be the first important step on the pathway to confirm high BP and to start on a management plan to reduce heart attack and stroke.

| BP Reading mmHg |            |
|-----------------|------------|
| BP > 150/90     | 9          |
| BP > 140/90     | 7          |
| BP > 130/80     | 36         |
| BP < 129/79     | 45         |
| Blank           | 4          |
| <b>Total</b>    | <b>101</b> |



There are over 416,000 known hypertensive patients (patients with high BP) across Cheshire and Merseyside (CHAMPS 2021)<sup>2</sup> but many cases remain undiagnosed, and many known patients' BP is not controlled to target. Recent data suggests that in order to achieve the national [BP ambitions](#) <sup>3</sup> of 80% detection by 2029, it is estimated that more than 69,000 additional people with high BP need to be diagnosed across C&M, and more than 41,000 additional known BP patients need improved BP control.

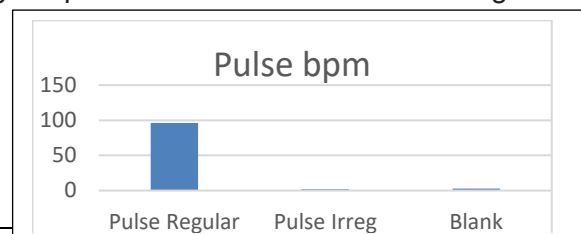
#### Pulse Checks

Normal pulse rate is 60-80 beats per minute (bpm), 21 people had pulse rates greater than 81bpm.

Atrial Fibrillation (AF) is an irregular heart rhythm, particularly older people, and often there are no symptoms. By taking a manual pulse check can indicate that there is a potential irregularity which may be undiagnosed AF, one of the major factors for stroke.

On the day there were 2 people with irregular pulse rates who were advised to get this rechecked with their GP.

| Pulse bpm     |            |
|---------------|------------|
| Pulse Regular | 96         |
| Pulse Irreg   | 2          |
| Blank         | 3          |
| <b>Total</b>  | <b>101</b> |





| Pulse bpm |     |
|-----------|-----|
| 45-50     | 1   |
| 51-60     | 9   |
| 61-70     | 25  |
| 71-80     | 42  |
| 81-90     | 15  |
| 91-100    | 5   |
| 101+      | 1   |
| Unknown   | 3   |
|           | 101 |

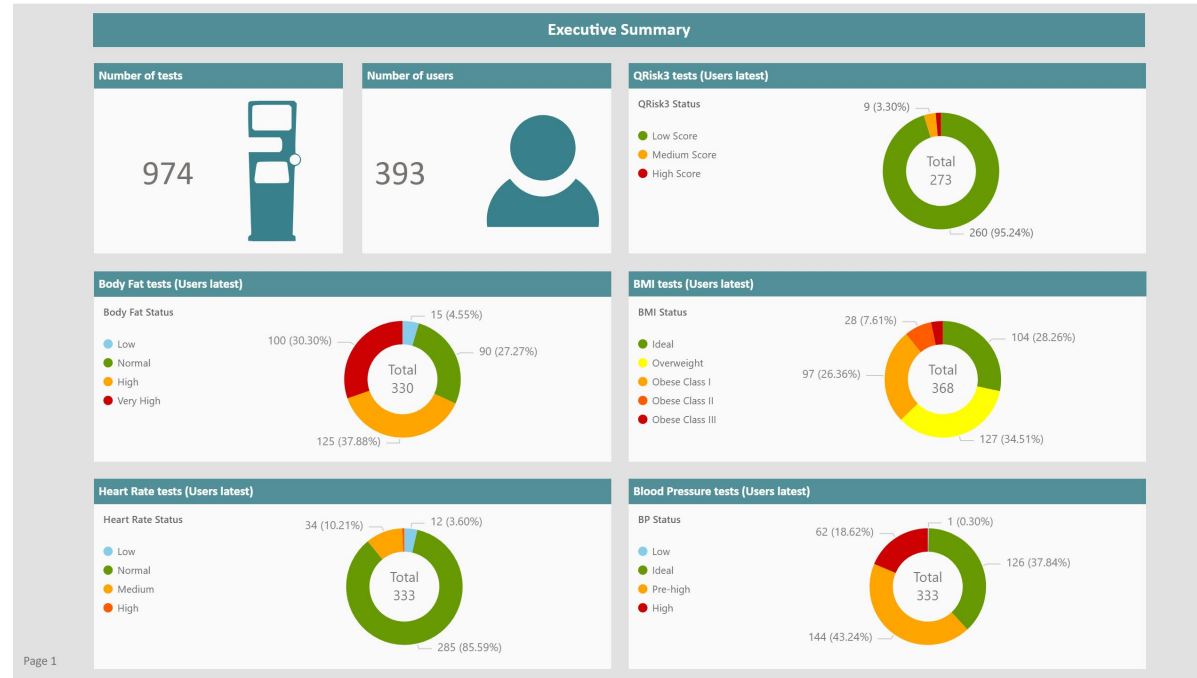
From information gathered 21 attenders stated that they had a family history of cardiovascular disease and 3 were already known to have high BP and were on medication. 45 people were advised to make contact with their GP for a variety of health reasons which included BP check, pulse check, smoking cessation referrals and other reasons.

### **Well.Me Kiosk**

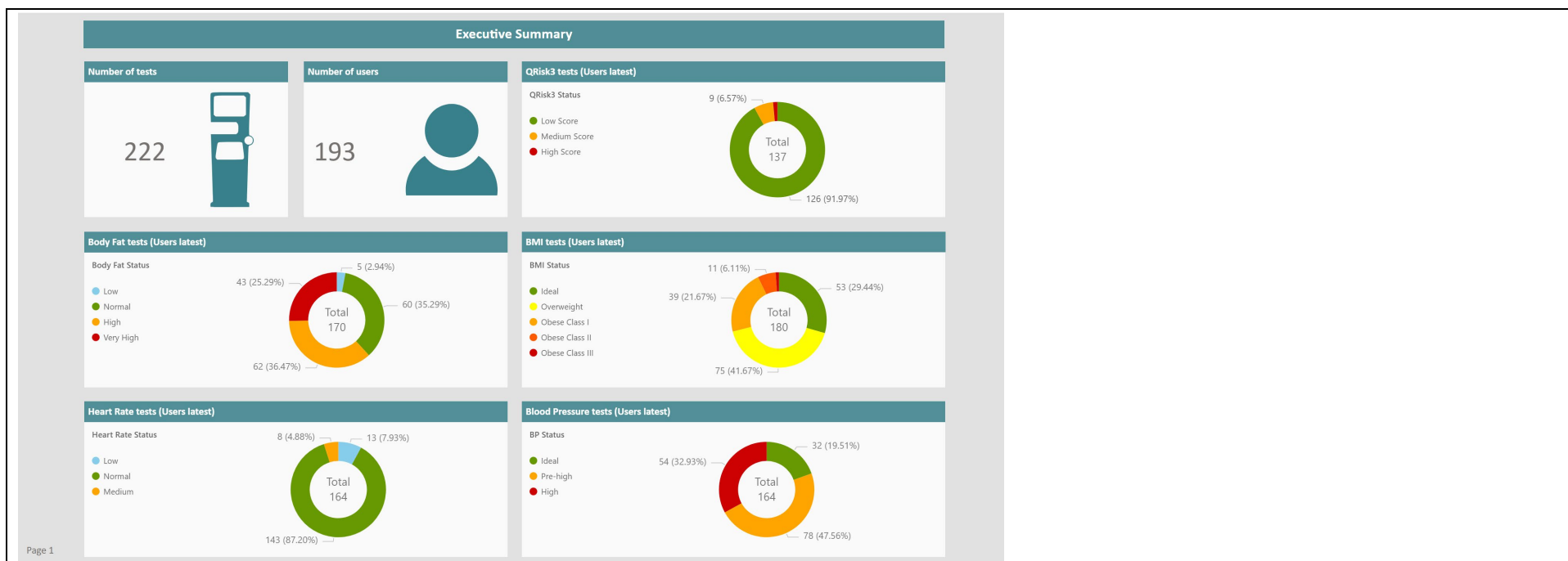
Located in the staff hub is the Well Me kiosk that has been available for staff for a number of years to undertake their own health checks. On review of usage over a 2 year period the number of employees accessing this was low, this gave an opportunity to highlight the benefits and encourage staff to make regular use whilst the Live Well Work Well event was going on. During the flu/vaccination campaign the kiosk was moved and usage was much improved (Summary 2). It has now been moved again to the main corridor where footfall and usage should continue to increase.

Finding show that only 29%-37% of staff have a normal blood pressure with the rest being pre high or high. Similarly only 29% of staff are in the ideal weight category with the majority being overweight or obese with 67% with high or very high body fat status

## 12/10/20-3/11/22 Summary 1



## 7/11/22-6/12/22 Summary 2



## Strengths and areas for improvement

A Pilot debrief sessions was held following the event to understand from staff involved what went well and what could be done to improve future outreach sessions, shown in the table below:

| Strengths  | Areas for improvement  |
|--|--|
| Right number of trained staff taking BP and pulse readings.                | Change location – away from school setting and into a more accessible location e.g. supermarket setting.         |
| Appropriately qualified staff to undertake blood pressure and pulse checks | Take 2 BP readings as per the guidelines for raised BPs  |
| PCN healthcare coordinator was an excellent idea – inputting attender      | Potentially bring VR headsets outside of the school to show parents what the children had been participating in. |

|  |  |
|--|--|
| information, registering attenders with GPs and making follow-up appointments.   |  |
| Goodies – water bottles, pens, heart stress balls etc were a great added benefit.  | Consent forms in this case were not fit for purpose and should be revised to include; gender, ethnicity, age etc.  |
| School had effectively promoted the pilot in the local area via twitter, facebook, school social media platform.           | Extend the range of diagnostics provided to include; Spirometry, cholesterol checks, BMI, waist circumference.   |
| Successful in identifying several health issues on the day including chest infections for which GP appointments were made. | Larger marquee to be used in future events and more tables to improve attender confidentiality.  |
|  | Social Prescribers needed – improving health and wellbeing in the community.   |
|  | Clipboards needed for attendees to complete forms.   |
|  | Post-event follow up videos from attendees if possible.  |
| Identifying raised BP and irregular pulse would could mean early treatment and reduced risk                                | Other health checks could be offered including the use of spirometry to identify lung problems, cholesterol point of care testing and testing for raised blood glucose |

Following the evaluation of the Liverpool Healthy Families Heart and Lung Pilot and despite the event taking place in a small school setting, evidence suggests it had a big impact both in terms of raising awareness of CVD but also identifying those individuals potentially at risk of developing CVD.

A key success factor associated with the Pilot was that of partnership working in which a range of different knowledge and skills were brought together to improve local population health in the Fazakerley community. This approach will be adopted for future outreach events.

### **Recommendations**

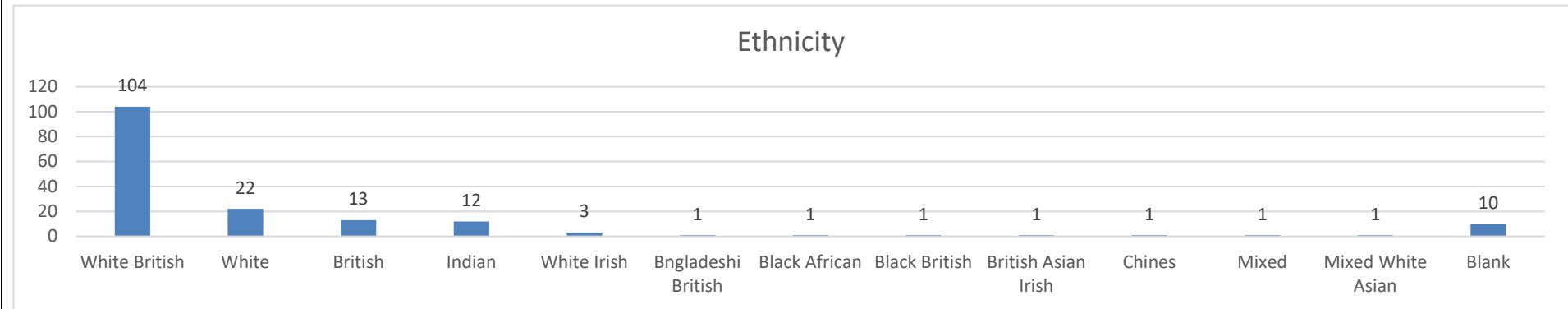
Building on the success of the Liverpool Healthy Families Heart and Lung Pilot, LHCH plans to run another event, early September 2022, to coincide with 'Know your numbers week'. During this week LHCH will look to adopt a Core20Plus5 focus, identifying hypertension in deprived areas of Liverpool potentially adopting the bus outreach model but, in a community setting as opposed to a school setting. A partnership approach will again be taken, and a working group will be established to support the planning phase.

This section provides a variety of staff demographic and health check findings collected by the clinical team at the event.

#### Staff demographics

A total of 171 staff returned their health data forms, 157 where from LHCH and 14 from LUHFT.

- Ethnicity: Majority of staff were white British.

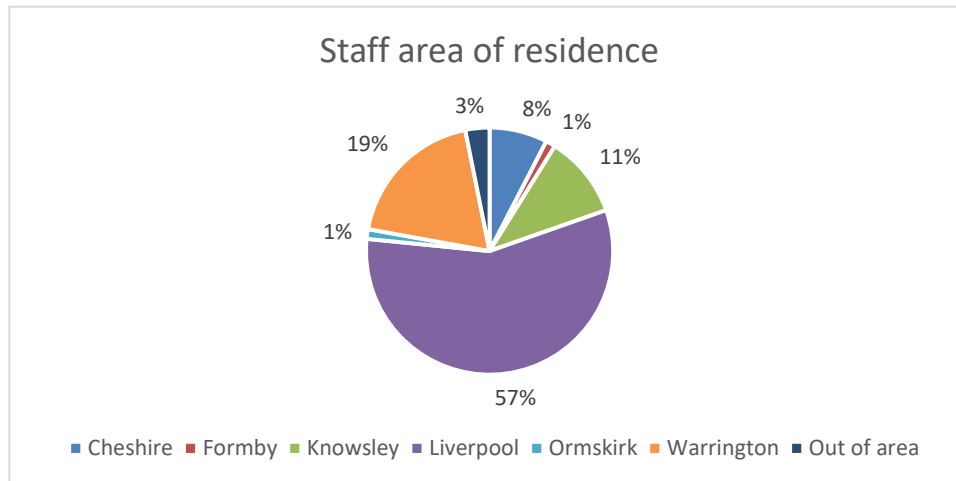


- Gender & Age: A total of 137 females attended and 35 males.

| Ages         | Total      | F          | M         |
|--------------|------------|------------|-----------|
| 18-24        | 13         | 11         | 2         |
| 25-29        | 14         | 10         | 5         |
| 30-34        | 14         | 12         | 2         |
| 35-39        | 20         | 19         | 1         |
| 40-44        | 22         | 15         | 7         |
| 45-49        | 20         | 16         | 4         |
| 50-54        | 30         | 26         | 4         |
| 55-59        | 23         | 17         | 6         |
| 60-64        | 12         | 9          | 3         |
| 65-70        | 3          | 2          | 1         |
| <b>Total</b> | <b>171</b> | <b>137</b> | <b>35</b> |

Females aged 50-54 were the more frequent attendees and males aged 40-44.

- Staff residency: 57% of staff who attended resided in the Liverpool locality followed by Warrington (19%) and Knowsley (11%), all known to be areas of high deprivation with a high prevalence of CVD.



## Clinical Findings

It is a well-known fact that staff who work in healthcare often neglect to look after themselves as they are too busy looking after others. Opportunities for health and wellbeing events such as this allow staff for a short period of time to stop and reflect on their own health and wellbeing. Having the opportunity to have BMI, BP checks etc can highlight any concerns at an earlier stage rather than when symptoms occur.

Of the 171 clinical consent forms returned family history of cardiovascular disease 4 was recorded on 27% of staff with 9% of staff claiming that they have already a diagnosis of CVD, high BP or high cholesterol. There were 19% of staff who recorded that they were on some form of prescribed medication (any type) but only 4% of staff who ticked that they had had a BP or cholesterol check from their GP in the last 5 years.

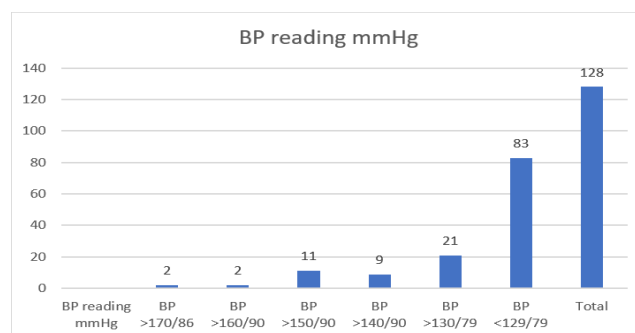
| Self-reported                                      | Yes |
|--|-----|
| Family History                                     | 46  |
| On medication (any)                                | 33  |
| Own medical history of CVD inc High BP/Cholesterol | 16  |
| BP/Cholesterol checked by GP in last 5 yrs         | 7   |
| Advised to see GP                                  | 10  |

## BP5

High BP is medically known as hypertension, meaning if BP is consistently too high your heart has to work harder to pump blood around your body. If ignored, it can lead to heart and circulatory diseases. NICE guidelines<sup>6</sup> recommend for the general population a BP less than 140/90mmHg should be the goal.

We identified 19% of attendees who had raised BPs > 140/90mmHg, and although a single reading is not a diagnosis, for some this will be the first important step on the pathway to confirm high BP and management to reduce heart attack and stroke.

| BP reading mmHg |            |
|-----------------|------------|
| BP >170/86      | 2          |
| BP >160/90      | 2          |
| BP >150/90      | 11         |
| BP >140/90      | 9          |
| BP >130/79      | 21         |
| BP <129/79      | 83         |
| <b>Total</b>    | <b>128</b> |



## Cholesterol Checks – Cardiochek Point of Care Test (POCT)

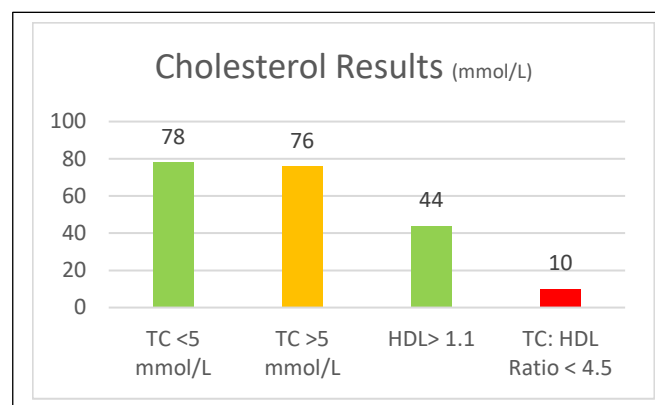
Cholesterol is a fatty substance produced in the liver and is essential for every cell in our body, however when there is too much this can increase the risk of heart and circulatory diseases.

Cholesterol checks were undertaken using a Heart UK recommended handheld portable cholesterol machine (appendix two) which gave results from a simple finger prick sample within 2 minutes. Information included results for Total Cholesterol (TC), High Density Lipoprotein (HDL) and TC:HDL ratio.

Results from 160 staff attendees were collected and the results are shown below:

CardioChek Cholesterol Results:

| Results (non-fasting)  | Nos |
|--|-----|
| TC <5 mmol/L (Normal)  | 78  |
| TC >5 mmol/L (High)  | 76  |
| HDL more than 1.1mmol/L (Normal)<br>(male >1.0, female >1.2) | 44  |
| TC: HDL Ratio >4.5mmol/L (High)                              | 10  |



Healthy reading for TC is <5 mmol/L, findings showed 76 members of staff had a TC recorded that was greater than 5 mmol/L, including 10 results where TC:HDL ratio was greater than 4.5mmol/l. Both of these results are above recommendations and staff were advised to review their lifestyle and to seek further advice from their GP. The aim is for the HDL (good cholesterol) to be greater than 1.1 however only 44 staff out of 160 achieved this. These results highlighted to individuals that an awareness of this potential risk factor required review of their lifestyle choices.

**Pulse checks**



Normal resting heart rate is 60-100 beats per minute (bpm), however NICE guidelines<sup>6</sup> ideally recommend aiming for 60-80bpm. 26 people had pulse rates greater than 80bpm with 2 greater than 100bpm. Taking manual pulse checks can identify a potential irregularity such as undiagnosed atrial fibrillation (AF), an irregular heart rhythm, which is a major risk factor for stroke. 2 members of staff had an irregular pulse rate recorded, one already with known AF, one who was advised to see their GP.

A total of 103 manual pulse checks were recorded, shown below:

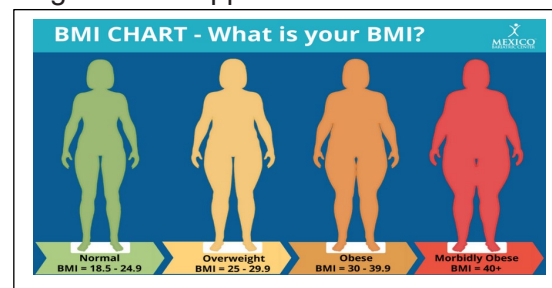
| Total Pulse recorded | n = 103 |
|----------------------|---------|
| >80 bpm              | 26      |
| 81-99                | 24      |
| 100>                 | 2       |
| Irregular            | 2       |

#### BMI Checks

Excess weight<sup>8</sup> can lead to fatty material building up in your arteries (the blood vessels that carry blood to your organs). If the arteries that carry blood to your heart get damaged and clogged, it can lead to a heart attack. Keeping a close check on weight can help to identify if weight is a significant risk factor.

Seca scales were used to weigh staff and using the NHS app BMI were calculated and advice was given.

| BMI     | n = 85 |
|---------|--------|
| >30     | 25     |
| 25-29.9 | 36     |
| 19-24.9 | 24     |
| Total   | 85     |



There were 85 BMI's recorded, of these 29% of staff had a BMI greater than 30 putting them into the obese category and a further 42% classed as overweight, accounting for a total of 72% of the BMI's recorded. BMIs of 18.5-24.9 is considered a healthy weight and 24 people were recorded within this range, 28% of the recorded BMI's.

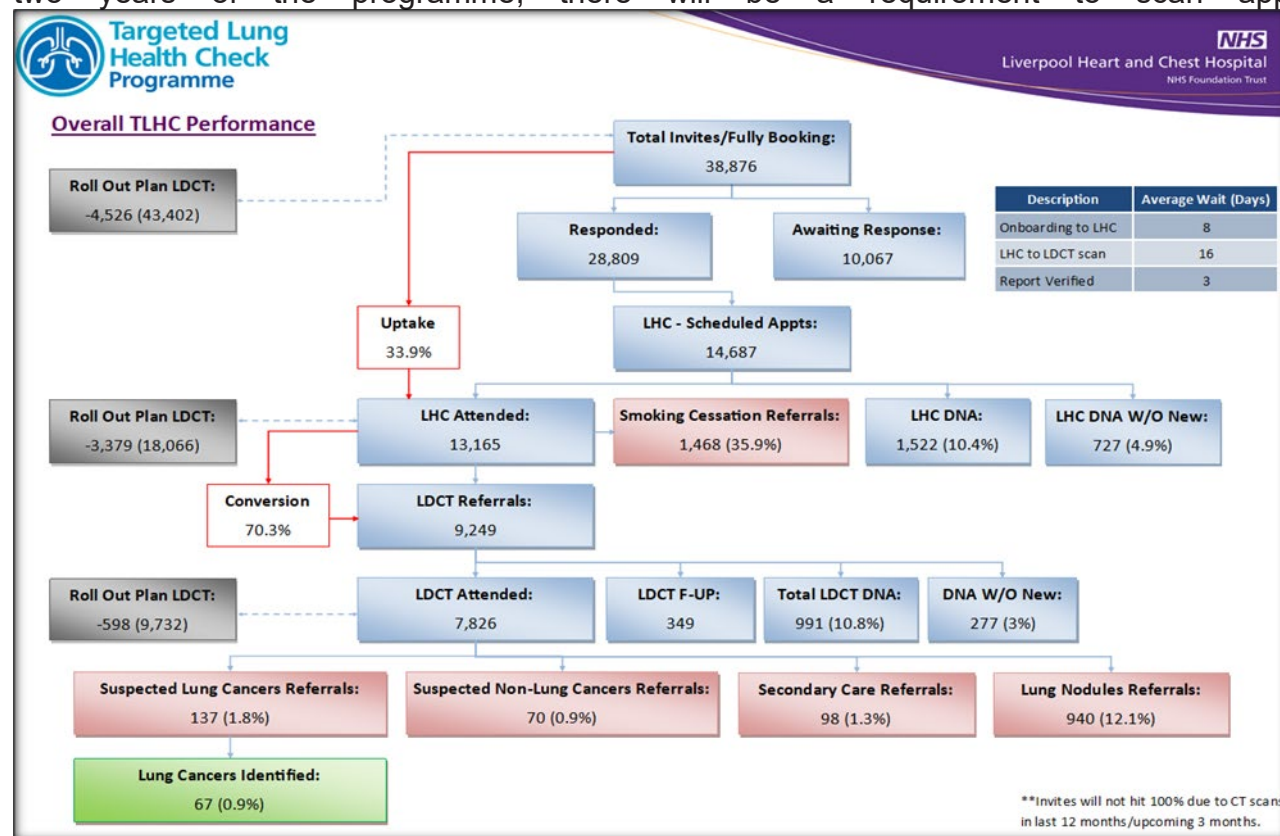
## **System 2 Targeted Healthy Lung**

The national Targeted Lung Health Checks (TLHC) programme offers participants aged 55 to 74 and 364 days at the date of the first Low Dose Computed Tomography (LDCT) Scan, and who have ever smoked the opportunity to have a lung health check. Any patients who have been identified with a risk of lung cancer, a referral will be made to the local lung cancer services. The programme contributes to the overall Long Term Plan early diagnosis of cancer ambition that by 2028 the proportion of cancers diagnosed at stage one and two will rise to three quarters of cancer patients.

The C&M TLHC Programme is currently being delivered across NHS Knowsley, NHS Halton and NHS Liverpool and as part of the national phase 3 expansion of the programme, NHS South Sefton and NHS St Helens will onboarding this year. The budget allocated by the NHSE for 2022/23 to 2025/26 is £9,582,000. The funding is a combination of fixed amount and variable amount to fund the costs of LDCT scans @ £264 per scan. It is worth noting that the variable funding has been based on 31,250 LDCT CT scans. The first two years of the programme will allow eligible patients to receive a first LDCT scan and a significant proportion of patients will receive a 24 month follow LDCT scan in the remaining two years of the programme. The NHS South Sefton and NHS St Helens has awarded LHCH as the primary provider for the service via NHS Midlands and Lancashire Commissioning Support Unit Procurement Team (<https://www.find-tender.service.gov.uk/Notice/012462-2022?origin=SearchResults&p=1>).

There are approximately 44,000 patients who are eligible for invitation into the TLHC programme. The predicted number of patients requiring a Lung Health Check (LHC) across NHS South Sefton and NHS St Helens is approximately 22,000. The conversion from LHC to a LDCT scan is approximately 56% and therefore approximately 11,500 patients will require a scan in the first two years of the programme. 14.2 % of patients will require a 3 and 12 month follow up LDCT scan and a large proportion of patients will require this within the first two years of the programme. This will increase the number of LDCT scans required to approximately 23,500. In the last

two years of the programme, there will be a requirement to scan approximately 11,000 follow up patients.



The uptake rate for overall invitations were 33.9% at year-end against the national modelling of 50%, however this does not provide a true representation of the uptake rate for the programme. This will be due to invitations which have been distributed to participants for upcoming areas. Conversion rates for the programme were 70.3% against the national modelling of 56%, which is significantly higher. Due to the lower uptake rate, the programme has been able to manage the higher conversion rate with the planned LDCT scanning capacity.

The C&M TLHC programme activity plan was formulated based on the modelling provided by NHS England. The national modelling forecasts that 50% of the participants will uptake into the programme and 56% of those who attend will be referred for a LDCT scan. Therefore, it was forecasted that the programme would deliver 18,470 LHCs and 9,713 LDCT for 2021/22.

The programme receives variable funding which is based on the number of LDCT scans performed. A LDCT scan attracts a tariff of £264.62 per patient and therefore, it is important to achieve the planned number of LDCT scans. The programme performed 13,165 LHCs in 2021/23 which is less than planned. The programme performed 9,134 LDCT scans in 2021/23 and failed to achieve the plan.

The average waiting times for a participant onboarding onto the programme was 8 days. Following a Lung Health Check (LHC), the wait on average for a LDCT scan was 16 days. Following a LDCT scan, the wait on average for images reported/verified by the reporting radiologists (internal & external) was 3 days

The TLHC programme continues to receive datasets for referrals for suspected cancer and other cancers from the programme's local ambassadors at neighbouring Trusts. In 2021/22, the TLHC programme has identified 67 lung cancers to date (See Fig 3.). Of the 67 cancers, 71.7% (48) of patients have been identified at stages 1 or 2, and 77.6% (52) of patients have gone on to receive curative treatment.

Smoking cessation referral rate finished at 35.9% at year-end for 2021/22. There were 1,027 active referrals and at the 4-week outcome check, 55% are classified as 'quit'. At the 12-week outcome check, 30% are classified as 'quit'. NHS Knowsley Place population quit rates at 4 weeks appear to be the best across all three Places and NHS Halton Place population quit rates at 12 weeks appear to be the best across all three Places.

Overall, the C&M TLHC programme has made a solid start in 2021/22. It is encouraging to see that the programme has a positive incident reporting culture where lessons can be learned. It is great to see that the programme receives positive feedbacks from patients regarding the service which demonstrates the hard work being delivered by the teams. Whilst there are several standards which are not being achieved, I believe that the programme is now in a strong position and will strive to achieve these standards in 2022/23.

As part of the national pilot, the Cheshire and Merseyside (C&M) TLHC Programme is expanding, and NHS South Sefton and NHS St Helens have been awarded funding to deliver the programme over a four year period. This ensures participants aged 55 to 74 and 364 days can onboard into the programme for a Lung Health Check. The programme contributes to the overall Long Term Plan early diagnosis of cancer.

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## EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

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

## Domain 1: Commissioned or provided services

| Domain                                      | Outcome  | Evidence  | Rating | Owner (Dept/Lead) |
|---|--|---|--------|-------------------|
| Domain 1: Commissioned or provided services | 1A: Patients (service users) have required levels of access to the service | <p>The event proved to be highly popular which did lead to delays and lengthy waiting times for BP, cholesterol and BMI checks which was identified as a common theme in Q5b and will be taken into account when delivering future events, together with frequency and timings of staff health checks to ensure all staff have equal access.</p> <p>In terms of moving the BP Kiosk, most staff felt the Kiosk should remain in the staff hub however when reviewing Kiosk utilisation only 23 people accessed the Kiosk using August 2022 as a snapshot – indicating its need to be relocated elsewhere in the Trust</p> | 2      | JS KF             |
|   | 1B: Individual patients (service users) health needs are met               | Right CVD health checks were provided; BP, Cholesterol, manual pulse, weight checks   | 2      | KF EG             |
|   |  | Offer lung tests in the form of spirometry in future events and AF tests for measuring irregular heart rhythm.  |        |                   |
|   |  | Good mix of health and wellbeing information provided – Cancer, CURE team, CVD information, Mental Health information   |        |                   |
|   |  | Support staff with MSK concerns. Consider providing physiotherapy, chiropractor, yoga onsite to enhance wellbeing offer.  |        |                   |
|   |  | Goodies – water bottles, pens, heart stress balls etc were a great added benefit.   | 2      | KF EG             |
|   |  | Attendance at the event was higher than expected incurring long waits and queues – explore how to run the event differently e.g., drop-in sessions, variable times that are more inclusive (perhaps a 1pm-8pm event). Additional staff to support delivery of health checks and perhaps a mobile unit team to visit areas staff find challenging to leave.  |        |                   |
|   |  | Raised awareness of the importance of preventing CVD and maintain healthy lifestyle to improve heart health   |        |                   |
|   |  | To avoid creating disparities for those staff who cannot attend e.g. ward and theatre staff, night workers – explore how to run the event differently e.g. visit wards, run evening session   |        |                   |

|  |  |  |   |  |   |
|--|--|--|---|--|---|
|  |  | Raised awareness of the BP kiosk and how to use the kiosk  | Run mindfulness sessions at a different time as it was hard to concentrate in a busy environment – run/promote bespoke mental health sessions |  |   |
|  |  | Identified high BP, high cholesterol, overweight individuals, irregular pulses prompting staff to attend GP or improve lifestyle   | More reiki sessions at the next event   |  |   |
|  |  | Gave staff the opportunity to speak to colleagues from other departments   | More stalls to be provided that support staff from a wider socio-economic perspective e.g. financial advice for debt management, wellbeing    |  |   |
|  |  | Reiki sessions were a huge success   | Increase the frequency of the event to become a regular health MOD initiative for staff   |  |   |
|  | 1C: When patients (service users) use the service, they are free from harm | <p>Freedom to speak up guardians in place<br/>HALT<br/>Daily safety huddle<br/>Sole bulletin<br/>Local safety huddles<br/>Awareness of reasonable adjustments<br/>Accessible venue<br/>Literature available in different formats<br/>Datix incident reporting<br/>Monthly learning and sharing events</p> <p>The C&amp;M TLHC programme had 22 risks at year end. There were 3 risks which were &gt;10 rag rating and 19 risks which equalled to/less than a rag rating of 9. LHCH had 18 active risks (see appendix B) and C&amp;M TLHC programme had 4 active risks (see appendix C). LHCH had 1 risk which was &gt;10 rag rating and the risk related to images not being reported in a timely manner due to radiology system failures/downtime and interface failures. The main mitigation action for both these risks was to recruit a band 4 administrator to support the technical applications for</p> |   |  | 2 |



|   |   |   |   |  |
|---|---|---|---|--|
|   |   | <p>the programme. This will ensure that there is capacity to effectively monitor the functioning of the systems and outputs. This risk has been removed from the risk register following the successful appointment of a band 4 administrator.</p> <p>The C&amp;M TLHC programme had 2 risks which are &gt;10 rag rating and these related to the uptake of participants into a LHC and conversion to LDCT scan following a LHC which differs from the national modelling. The mitigating actions for both risks were to regularly review data operationally and monitor at monthly at the TLHC Steering Group meetings</p>   |   |  |
|   | 1D: Patients (service users) report positive experiences of the service | <p>Results as published above in the narrative<br/>Positive experience for all involved</p> <p>Following the evaluation of the Liverpool Healthy Families Heart and Lung Pilot and despite the event taking place in a small school setting, evidence suggests it had a big impact both in terms of raising awareness of CVD but also identifying those individuals potentially at risk of developing CVD.</p> <p>A key success factor associated with the Pilot was that of partnership working in which a range of different knowledge and skills were brought together to improve local population health in the Fazakerley community. This approach will be adopted for future outreach events.</p> | 2 |  |
| <b>Domain 1: Commissioned or provided services overall rating</b> |   |   | 8 |  |

## Domain 2: Workforce health and well-being

| Domain                                       | Outcome  | Evidence   | Rating | Owner (Dept/Lead)           |
|--|--|--|--------|-----------------------------|
| Domain 2:<br>Workforce health and well-being | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | <ul style="list-style-type: none"> <li>• A health MOT – Blood Pressure (BP) (Hypertension case finding), Cholesterol, manual pulse, and Body Mass Index (BMI) checks</li> <li>• Mindfulness and mental health support</li> <li>• Cancer support and information</li> <li>• Physical activity information</li> <li>• Reiki and massages</li> <li>• Stop smoking support from the LUHFT CURE service</li> <li>• Environmental and sustainability information, including cycle to work</li> </ul> <p>The event was met with much success an evaluation of the health checks performed together with findings from the staff survey questionnaires completed on the day, to inform and improve the operational running of future events to continue to educate and care for our workforce.</p> | 2      | Strategic partnership group |
|  | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source                  | <p>Staff survey results Positive</p> <p>Local culture surveys</p> <p>Freedom to speak up guardians</p> <p>Freedom to speak up champions in place</p> <p>Datix review of incidents</p>  | 2      | JS                          |

|   |  |   |          |    |
|---|--|---|----------|----|
|   | 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | Health and Wellbeing committee<br>Access to local counselling service<br>Mental health champions in place<br>Datix<br>Freedom to speak up champions in local areas<br>Local mental health team on site<br>Safeguarding team support |          |    |
|   | 2D: Staff recommend the organisation as a place to work and receive treatment  | Staff survey<br>Local culture surveys<br>Team brief<br>Staff awards<br>Veterans' aware accreditation<br>Silver award for defence employer recognition scheme  | 2        | JS |
| <b>Domain 2: Workforce health and well-being overall rating</b> |  |   | <b>8</b> |    |

## Domain 3: Inclusive leadership

| Domain   | Outcome  | Evidence  | Rating | Owner (Dept/Lead) |
|--|--|---|--------|-------------------|
| <b>Domain 3:<br/>Inclusive leadership</b>                    | 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | Regular updates to the Board from equality and Inclusion committee<br>Strategic partnership<br>Education sessions<br>Board away days focus on strategy and moving forward | 2      | KN                |
|  | 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed  |   | 2      | KN                |
|  | 3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients  |   | 2      | KN                |
| <b>Domain 3: Inclusive leadership overall rating</b>         |  |   | 6      |                   |
| <b>Third-party involvement in Domain 3 rating and review</b> |  |   |        |                   |
| <b>Trade Union Rep(s): Shared at E and I committee</b>       |  | <b>Independent Evaluator(s)/Peer Reviewer(s):<br/>Healthwatch and PLACE colleagues</b>  |        |                   |

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| EDS Organisation Rating (overall rating): Achieving  |
| Organisation name(s): Liverpool Heart and Chest  |
| <p>Those who score <b>under 8</b>, adding all outcome scores in all domains, are rated <b>Undeveloped</b></p> <p>Those who score <b>between 8 and 21</b>, adding all outcome scores in all domains, are rated <b>Developing</b></p> <p>Those who score <b>between 22 and 32</b>, adding all outcome scores in all domains, are rated <b>Achieving</b></p> <p>Those who score <b>33</b>, adding all outcome scores in all domains, are rated <b>Excelling</b></p> |

| EDS Action Plan   |                    |
|-------------------|--------------------|
| EDS Lead          | Year(s) active     |
| Joanne Shaw       | Year 1 2022        |
| EDS Sponsor       | Authorisation date |
| Karen Nightingale | TBC post Board     |

| Domain                                      | Outcome  | Objective   | Action                        | Completion date |
|---|--|---|-------------------------------|-----------------|
| Domain 1: Commissioned or provided services | 1A: Patients (service users) have required levels of access to the service | <p>A key recommendation from this evaluation includes incorporating the areas identified as requiring improvement into account during the planning of the next event Working at Place to deliver outreach models of care to the most deprived areas in the community</p> <p>Other events have included a full day undertaking health checks in Emanuel Church, Fazakerley, Huyton DWP, Kirkby Leisure Centre, Huyton Leisure Centre, Halewood Leisure Centre and Stockbridge Leisure Centre. All have demonstrated the need to have opportunistic screening with approximately 20-30% of participants being advised to seek further medical assessment or a referral onto local support services.</p> | Team to develop delivery plan | April 2023      |

|  |  |   |            |            |
|--|--|---|------------|------------|
|  | 1B: Individual patients (service users) health needs are met               | Full EQIA to be undertaken on the project and each locality | EQIA       | May 2023   |
|  | 1C: When patients (service users) use the service, they are free from harm | Review of Datix and harm reports                            | Ongoing    |            |
|  | 1D: Patients (service users) report positive experiences of the service    | Patient and family engagement events                        | 4 per year | March 2023 |

| Domain                                       | Outcome  | Objective  | Action                            | Completion date |
|--|--|--|-----------------------------------|-----------------|
| Domain 2:<br>Workforce health and well-being | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | <ul style="list-style-type: none"> <li>• A health MOT – Blood Pressure (BP) (Hypertension case finding), Cholesterol, manual pulse, and Body Mass Index (BMI) checks</li> <li>• Mindfulness and mental health support</li> <li>• Cancer support and information</li> <li>• Physical activity information</li> <li>• Reiki and massages</li> <li>• Stop smoking support from the LUHFT CURE service</li> <li>• Environmental and sustainability information, including cycle to work</li> </ul> <p>The event was met with much success an evaluation of the health checks performed together with findings from the staff survey questionnaires completed on the day, to inform and improve the operational running of future events to continue to educate and care for our workforce.</p> | Plan schedule of events for 23/24 |                 |



|  |  |   |  |                |
|--|--|---|--|----------------|
|  | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source  | Staff survey results Positive<br>Local culture surveys<br>Freedom to speak up guardians<br>Freedom to speak up champions in place<br>Datix review of incidents  | Full review of all sources of data   | June 2023      |
|  | 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | Health and Wellbeing committee<br>Access to local counselling service<br>Mental health champions in place<br>Datix<br>Freedom to speak up champions in local areas<br>Local mental health team on site<br>Safeguarding team support | Data from HR related to stress and anxiety to be fully examined                                | June 2023      |
|  | 2D: Staff recommend the organisation as a place to work and receive treatment  | Staff survey<br>Local culture surveys<br>Team brief<br>Staff awards<br>Veterans' aware accreditation<br>Silver award for defence employer recognition scheme  | National staff survey achievement of 60% of staff to complete<br><br>Gold veterans application | September 2023 |

| Domain                            | Outcome  | Objective  | Action   | Completion date |
|-----------------------------------|--|--|--|-----------------|
| Domain 3:<br>Inclusive leadership | 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | Regular updates to the Board from equality and Inclusion committee<br>Strategic partnership<br>Education sessions<br>Board away days focus on strategy and moving forward  | Board to receive 6 monthly updates and action plan progress against EDS 2023 | Ongoing         |
|                                   | 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed  | To ensure that the board identify equality and health inequalities related impacts and risks and how they will be mitigated and managed within the minutes of the meetings | Review of Minutes  | September 2023  |
|                                   | 3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients  | Training and education to be delivered to all board members  | Jo shaw to arrange training with Rachel mc Donald                            | September 2023  |

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