

Board of Directors

Item 5.1

Subject: Annual Equality, Diversity, Inclusion & Belonging (EDIB) Update
Date of Meeting: 31st May 2023
Presented by: Karen Nightingall, Chief People Officer
Purpose of Report: To Note

BAF Reference	Impact on BAF
BAF 4	No change to assigned risk rating in BAF – belonging to the NHS is a key component of the People Plan 2021 and pillar of the People Strategy

Level of assurance (please tick one) To be used when the content of the report provides evidence of assurance					
<input checked="" type="checkbox"/>	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 and patient developments in relation to the Trust's Equality, Diversity, Inclusion and Belonging (EDIB) strategy and to provide assurance on the Trust's demonstration and compliance with national requirements.

This report includes key highlights for the committee in relation to the WRES and WDES metrics as taken from the 2022 staff survey results which will be used for our full WRES/WDES submission on 31st May 2023.

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

The Trust refreshed its EDIB Strategy in 2022 which was incorporated into the wider People Strategy. The strategy set out our ambition to have a culture of belonging and trust, and to understand, encourage and celebrate diversity in all its forms.

The EDIB strategy was supported by an operational action plan with a number of thematic actions designed to support delivery of the strategy. The year 1 (2022-2023) action plan (**Refer Appendix 1**) demonstrates progress against the plan over the last 12 months.

The impact of the strategy and delivery of the action plan can be evidence through:

- Improved staff retention and workforce stability
- Increase in diversity of our workforce composition
- Improved staff experience as measured by the NHS staff survey and our WRES and WDES results
- We have top and improved scores in the staff survey for the People Promise themes '*we are compassionate and inclusive*'

Whilst there is a lot being progressed across the organisation, even more can be done to ensure EDIB practices are embedded across the organisation. To support this, a 'think tank' session has been organised with key leads to develop a robust action plan for year 2 (2023-24) which will build on actions from year 1 and will create space for the development of new actions aligned to the objectives.

Regular updates are presented to the People Committee on the EDIB agenda so that progress and performance against agreed outcomes are monitored, measured, and reported over the next three years.

3. National Requirements

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

Actions associated with improving the experiences of both our ethnic minority and disabled workforce are set out within the operational EDIB action plan (attached). The national WRES Team have reviewed the action plan that was submitted in October 2022, and we were awarded a SCORE of 2.60 which fits between good and outstanding as per the CQC 4-point award system. They said that the plan was aligned to our Trust specific WRES data and in particular they found that LHCH had a good range of interventions in place and were structured in terms of policy, transformation, and culture.

There has been a change to the WRES/WDES data collection window for 2023 with the submission being brought forward from 31st August to 31st May 2023 and we are on track to submit our full WRES/WDES results in line with this deadline. The rationale is to allow more time between data collection, analysis and development and the completion of action plans. A full analysis of the WRES/WRES results will be provided to the Board in July 2023.

A summary and early insight of the WRES/WDES 2023 indicators and results has been provided (**Refer Appendix 2 & 3**). The tables provide a comparison of results on the WRES/WDES metrics as taken from the 2022 national staff survey and include: - (*NB this is only based on the staff survey indicators and not the full WRES/WDES submission due on 31st May*)

- Comparison against previous year's results
- Results of the average (median) for Acute Specialist Trusts
- Results for the Walton Centre
- Results for Clatterbridge
- Results for the Women's Hospital

WRES Results – Key Highlights

The Trust has improved in 2 of the 4 WRES indicators from the previous year.

The results also show that LHCH fared better in comparison to the average of all acute specialist trusts. The Trust also performed better than the national average against all the staff survey WRES indicators.

The improved scores are set out below:

1. *Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months*
2. *In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues*

The Trust has seen a decline in 2 of the 4 indicators a set out below.

3. *Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months*
4. *Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion*

WDES – Key Highlights

There is pleasing progress in our WRES results with the trust performing better in 7 of the 9 WDES indicators from the previous year.

1. *Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months*
2. *Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it*
3. *Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion*
4. *Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties*
5. *Percentage of staff satisfied with the extent to which their organisation values their work*
6. *Percentage of staff with a long-lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work*
7. *Staff engagement score (0-10)*

The indicators that the trust has seen a slight decrease are:

1. *Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives, or the public in last 12 months*
2. *Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months*

3.2 Equality Delivery Standard (EDS2)

The trust has undertaken the EDS assessment in line with the new statutory requirements and presented and approved by the BoD in February 2023.

3.3 Gender Pay Gap Report

The gender pay gap report was presented to the Board in March 2023 and published in line with the legal requirement to publish our data annually by 31st March. The report and results were taken to the EDIB steering group for discussion and actions are being formulated to support the EDIB action plan.

3.4 Equality 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 2022 to 31st March 2023, using data taken from the Electronic Staff

4 Patient Agenda - Meeting the needs of our population

4.1 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 and have actively made provision to ensure that reasonable adjustments are made. On admission, our patients receive a Reasonable Adjustment risk assessment, and a plan of care is developed. The diverse range of adjustments in place were included in the previous EDIB update to Board.

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. Clare Harvey, Matron has been appointed as Learning Disability Lead for the Trust and facilitated a LD awareness event in Summer 2022. This was well attended and included training using the virtual awareness headsets.

One of the key priority areas for patients this year is to enhance the support for patient that are military vets. The Trust has signed the armed forces covenant and has been successful in obtaining Employee Recognition Scheme (ERS) silver accreditation.

4.2 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 has worked in partnership with the Liverpool Joint Commissioning Group to pursue a city-wide framework agreement allowing a joint approach to service provision which includes:

- 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

4.3 Patient demographics by protected characteristic for LHCH

The Cheshire and Merseyside region is home to 2.7 million people across nine boroughs. Our Partnership strives to improve the overall health of our population, as well as the services we can offer on a day-to-day basis.

In our region, 33% of the population live in the most deprived 20% of neighbourhoods in England; according to the GP patient survey for England, across Cheshire and Merseyside 4% of patients state their sexual orientation as being either Gay, Lesbian, Bisexual or Other and 4.5% of the population are from black and minority ethnic (BME) groups.

LHCH provides services on a large footprint, with the local population accessing services from Liverpool, Knowsley, Sefton, Wirral to name a few. The health of people in these areas is generally worse than the England average when looking at the Local health authority profiles.

Life expectancy is 10.1 years lower for men and 7.8 years lower for women in the most deprived areas in Liverpool, with Sefton at 10.8 years lower for men and 10.9 for women.

Knowsley is one of the 20% most deprived districts in England with approx. 27% of children from low-income families. Health inequalities across our catchment area will be a key area of focus as part of the new Equality inclusion diversity and belonging strategy.

Thanks to continuous innovations in healthcare, people are living much longer than previous generations. Unfortunately, for many people, this also means living longer with a long-term condition or persistent illness. We know that health inequalities are present throughout each of Cheshire and Merseyside's nine boroughs. Despite improvements in life expectancy, the region remains below the England average. Furthermore, within Cheshire and Merseyside, as with the rest of England, there is a social gradient in health – the lower a person's socioeconomic position, the worse his or her health.

To reduce these health inequalities within Cheshire and Merseyside, there is considerable work to be done with LHCH as a key partner in the role of the prevention board.

4.4 Cardiovascular Prevention Board

The CVD Prevention Board is chaired by Jon Develing, Director of Strategic Partnerships at Liverpool Heart and Chest Hospital. The Board is a sub group of the Cardiac Board and meets bi-monthly. The board has a multidisciplinary membership as well as representatives from the respective Places across Cheshire and Merseyside.

The Board has (February 2023), published a prevention strategy. Advancing CVD Prevention

The provides a golden thread from National Ambitions for Cardiovascular Disease (known as the ABC Program), the Four Pillars of recovery (a program focussing on CVD prevention recovery post pandemic) and is aligned with our own Integrated Care System objectives and the Core 20plus5 priorities for improving health inequalities.

- Improve population health and healthcare to reduce deaths from cardiovascular disease (CVD)
- Tackle unequal CVD outcomes and access to prevention opportunities, and deliver against **Core20PLUS5 priorities**
- Enhance productivity and value for money
- Support broader social and economic development including through a focus on improving cardiovascular health of the working age population

From an LHCH perspective the following actions are taking place to support reductions in Health Inequalities:

- Blood Pressure (BP) kiosk to be moved into a more accessible location for staff to promote use. Contract extension for a further 12 months.

- Regular (monthly) staff opportunistic diagnostic events to screen for: Atrial Fibrillation, High BP, High Cholesterol.
- Provider collaborative working with LUHFT with a view to introducing exercise classes for LUHFT/LHCH staff at Broadgreen site; Yoga, Boot Camp, promote use of the LHCH staff gym and outdoor LUHFT gym. Support to be provided from the C&M physical activity team.
- Smoking cessation pathway to be extended to staff for stopping smoking support.
- Travel officer recruited by LUHFT to commence post in September 2022 will also support LHCH staff with environmentally friendly ways to travel to work, bike repairs. This recommendation may also support those staff who are struggling with fuel poverty in finding alternative transport methods.
- Introduction of a Making Every Contact Count (MECC) Lead for the Trust to provide Trust-wide education and training for staff on this initiative to deliver to patients however also educates staff re the importance of healthy lifestyles.
- Expansion of the MECC Lead role to MECC plus which will incorporate a social prescribing element supporting staff and patients with for example debt management and advice.
- Strategic Partnership (SP) team sign up to be Core 20 Plus 5 Champions.

In the community:

- Continuation of the Liverpool Healthy Families Heart and Lung Project across Liverpool from a CVD prevention perspective.
- Work across Place to deliver holistic outreach models of care adopting an MDT style approach – Integrated Care Team, Team 100. LHCH supporting with the Picton Accelerator site model from a CVD prevention aspect.
- Supporting Public Health with a ‘Know Your Numbers’ Campaign throughout September 2022 across Liverpool.
- Sign up to the Anchor Institution Charter to improve population health and address inequalities by; employing local people, provision of public buildings and spaces for community benefit, purchase from local businesses, reduce environmental impact of public sector activities, work in partnership with local organisations to improve local area.
- Sign up to the Social Value Charter to work towards Level 1 standard (4 levels in total) – this supports with Anchor Institution status.
- Smoking cessation pathway extends to community.
- Facilitate Primary Care educational events focused on CVD prevention, offers of support and signposting to agency partners, Innovation Agency, Champs etc.
- Increased number of BP Kiosks to ensure there is 1 in each of the 9 Places across C&M. Contract will be held by LHCH on behalf of the System.

6. Conclusion:

This paper provides a summary of EDI activity over the last 12 months as outlined in the EDIB Action Plan and provides early insight into our WRES/WDES performance based on the 2022 staff survey indicators.

The paper is intended to demonstrate that good progress has been made against delivery of the EDIB strategy and we have complied with our national requirements and public sector duty under the Equality Act.

As the EDIB national agenda expands rapidly, the development of a robust action plan for 23-24 will be key in helping to drive the agenda forward and engagement with colleagues and patients from protected groups is intrinsic to this work. The monitoring and review of equality

related activities for both our patients and workforce is undertaken through the Trust's established EDIB Steering Group and assurance on activity and progress against the EDIB action plan will be provided to the People Committee on a quarterly basis.

7. Recommendations:

The Board is asked to note the contents of this report and supporting appendices

8. Appendices

Appendix 1	EDIB Operational Action Plan
Appendix 2	WRES Results and Comparison
Appendix 3	WDES Results and Comparison