



Cheshire and Merseyside

# **NHS Cheshire and Merseyside Equality Diversity & Inclusion Annual Report**

## **2022/2023**

**Contents**

Commented [AW1]:

1. Accessibility .....	3
1. Introduction .....	4
2. Legal Context .....	4
3. Governance and Management Arrangements .....	5
4. Commissioner of Services .....	6
5. Equality Delivery System 2022 (EDS 2022) .....	7
6. Equality Objectives 2023/2024 .....	12
7. Equality, Diversity and inclusion in the workforce .....	14
7.1 Gender Pay Gap reporting .....	15
7.2 Workforce Race and Disability Equality Standards .....	15
7.3 Workforce and Equality Delivery System (EDS2) .....	18
7.4 Staff training .....	18
7.5 Culture .....	18
8. Monitoring NHS Provider equality and diversity compliance and performance .....	19



## 1. Accessibility

We want to ensure that the information we communicate is fair and accessible to all sections of our local communities.

Patients, the public and staff can request reasonable adjustments such as information converted into other formats for easier reading.

To request information or any of our key documents in an alternative format such as braille, larger print, audio, or other format please email [communications@cheshireandmerseyside.nhs.uk](mailto:communications@cheshireandmerseyside.nhs.uk) quoting your address, telephone number along with the title and date of the publication, plus the format you require. Alternatively, please write to us at:

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In addition, you may require additional support to contact us e.g., a British Sign Language interpreter to support you or you may need language support where your first spoken language is not English.

Cheshire and Merseyside NHS will give due regard to the new Accessible Information Standard from NHS England. For more information, visit the [NHS England website](#).

## 1. Introduction

This document sets out how the NHS Cheshire & Merseyside (NHS C&M) has delivered actions that support the organisation to meet its requirements under the Equality Act 2010. As an Integrated Care Board (ICB) we are committed to advancing equality of opportunity and tackling the health inequalities across our sub region. The Cheshire and Merseyside Integrated Care Board was established in July 2022 as the new statutory organisations to lead integration within the NHS. The ICB will be responsible for the day-to-day running of the NHS in Cheshire and Merseyside, including planning and buying healthcare services replacing the nine clinical commissioning groups (CCGs).

This purpose of the report is to ensure that our specific legislative and regulatory requirements are met but also need to reflect on the fact that the organisations is still new and is undertaking a major restructure (Management of Change) process.

The report outlines our Equality Objectives for the next year and enables the NHS C&M to focus on key Equality diversity and inclusion priorities and embed our approaches across the organisation and develop an approach that matches our ambition to be an inclusive employer, a leader and commission services that tackles discrimination and improves outcomes for the communities we serve.

## 2. Legal Context

NHS Cheshire and Merseyside is committed to promoting equality and eliminating discrimination as an employer, and in ensuring the services we commission are accessible and inclusive.

This report sets out how the NHS C&M is working with the Equality Act 2010 and in particular paying 'due regard' to the Public Sector Equality Duty's (PSED) three objectives to: -

- 1) Eliminating unlawful discrimination, harassment and victimisation. This includes sexual harassment, direct and indirect discrimination on the grounds of a protected characteristic.
- 2) Advancing equality of opportunity between people who share a protected characteristic and people who do not share it. This means:
  - Removing or minimising disadvantage experienced by people due to their personal characteristics
  - Meeting the needs of people with protected characteristics
  - Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.
- 3) Fostering good relations between people who share a protected characteristic and people who do not share it, which means:
  - Tackling prejudice, with relevant information and reducing stigma
  - Promoting understanding between people who share a protected characteristic and others who do not.

'Due regard' is a legal requirement. Having due regard means considering the above in all decision making, including:

- How the organisation acts as an employer
- Developing, reviewing and evaluating policies
- Designing, delivering and reviewing services
- Procuring and commissioning
- Providing equitable access to services.

'Due regard' means that the Board of the NHS C&M must give *advanced* consideration to issues of 'equality and discrimination' before making any commissioning or policy decisions that may affect or

impact on people who share protected characteristics. It is vitally important to consider equality implications as an integral part of the work and activities that the NHS C&M does.

'Due regard' can only be paid by the Board or by the NHS C&M decision makers (Committee's). Officers can only support this process by developing and presenting information and views to the decision makers. The reports that are presented to the NHS C&M Board or committees are called Equality Analysis reports – commonly known as Equality Impact Assessments (EIAs). These reports will test the proposal/s or changes to policy and say whether it meets PSED and ultimately complies with the Equality Act 2010. The ICB is under a statutory duty to comply with the Equality Act 2010. Recommendations will be part of the reporting process, the Board in making decisions must consciously take into consideration the content of the reports as part of their deliberations and decision-making process. EIA reports cannot be undertaken after a decision is made as this is unlawful and could be grounds for Judicial Review (legal challenge).

NHS C&M continues to strengthen internal governance by developing and delivering EIA reports and linking them to the current change programmes. EIA reports need to consider the effect or impact of any change to policy, practice or procedure against all the protected characteristics this means that there must be a strong link to the consultation and engagement process in order to identify different people's perspectives and concerns.

Support continues to be provided to staff making them aware of the process and the NHS C&M needs to ensure stronger support mechanisms are in place to help staff and the organisation to develop and deliver timely and accurate reports.

### **Protected Characteristics**

It is against the law to discriminate against anyone because of:

- age
- gender reassignment
- being married or in a civil partnership
- being pregnant or on maternity leave
- disability
- race including colour, nationality, ethnic or national origin
- religion or belief
- sex
- sexual orientation

## **3. Governance and Management Arrangements**

NHS C&M is the organisation with responsibility for paying 'due regard' to the Public Sector Equality Duty (Section 149, Equality Act 2010) and for all mandated regulatory Equality Diversity and Inclusion (EDI) requirements. The board will need to provide visible leadership to advance equality of opportunity across NHS C&M and wider system and lead the ICB to become a more inclusive employer.

Strategic EDI leadership currently sits within the Central NHS C&M Director and Senior Leadership Structures. The Chief People Officer will act as the Senior Responsible Officer for EDI, Workforce and Organisational Development at Board level and the Senior Responsible Officer for EDI from a patient and commissioning perspective is the Assistant Chief Executive Officer.

## 4. Commissioner of Services

NHS C&M works with our partners and the people of Cheshire and Merseyside to commission services and improve the health and wellbeing of the people and communities across the sub region. The programmes are being developed and intend to be based on evidence about the population, with a focus on health needs and inequalities. These include:

- Population Health Management data
- Ward level public health profiles
- Delivery of the NHS Long Term Plan
- Delivering safe, high-quality services
- Building relationships with communities
- Taking action on health inequalities and the local strategy for health and wellbeing
- Quality intelligence
- CHAMPs intelligence and evidence findings and recommendations

Key EDI activity to date has included:

- NHS C&M equality and inclusion service reviewed the ICB committee cover template to ensure equality and health inequality impacts are included and can be considered by the Board and relevant committees.
- Equality Impact Assessments and Health Equity Assessment Tool templates are included in the programme of change toolkit guide.
- NHS C&M Board has received Equality Impact Assessments for several service change proposals in recent months, example include North Mersey and West Lancashire Stroke services reconfiguration, Liverpool University Hospitals NHS FT clinical services reconfiguration and a 'pipeline'

Actions and next steps:

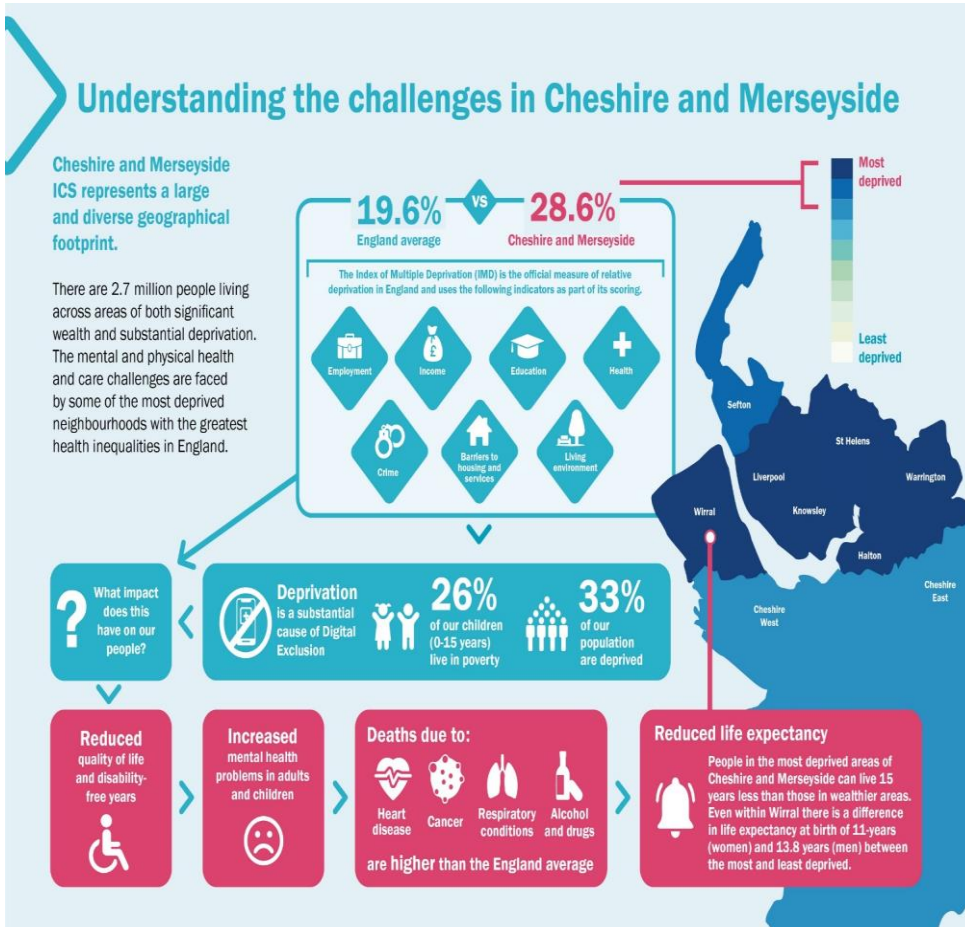
- Ensure that EDI is a key consideration as part of the NHS C&M Governance review.
- Continue to work with the Midlands and Lancashire Commissioning Support Unit, EDI team who have historically supported Cheshire, Wirral, Warrington and Halton with EIA advice and guidance.

### Demographic and equality related information across the NHS C&M footprint

Discrimination against people with protected characteristics persists and contributes to negative disparate outcomes for patients in terms of access and outcomes. It is therefore vital that equality information is central to how we commission services and address health inequalities. The information can be accessed from the links below. The demographic information was commissioned by the Cheshire and Merseyside Directors of Public Health, through the Cheshire and Merseyside Public Health Intelligence Network and Champs Public Health Collaborative (Cheshire and Merseyside). Demographic profiles for the Liverpool City Region and Cheshire and Warrington March 2021 Public Health Institute, Faculty of Health, Liverpool John Moores University.

[Vulnerable groups LCR FINAL 23 3 21 \(liverpool.gov.uk\)](https://www.liverpool.gov.uk)

<https://www.ljmu.ac.uk/-/media/phi-reports/pdf/2021-03-vulnerable-groups-profile-cheshire-and-warrington.pdf>



## 5. Equality Delivery System 2022 (EDS 2022)

NHS England have recently introduced the new EDS 2022 toolkit, replacing the older EDS 2. NHS C&M has recently agreed to implement the new toolkit for implementation before March 2023. The EDS is the foundation of equality improvement within the NHS. It is an accountable improvement tool for NHS organisations in England - in active conversations with patients, public, staff, staff networks and trade unions - to review and develop their services, workforces, and leadership. It is driven by

evidence and insight.

The EDS provides a focus for organisations to assess the physical impact of discrimination, stress, and inequality, providing an opportunity for organisations to support a healthier and happier workforce, which will in turn increase the quality of care provided for patients and service users. EDS 2022 comprises eleven outcomes spread across three domains, which are:

<p><b>Domain 1: Commissioned or provided services</b></p> <p><b>1A:</b> Service users have required levels of access to the service</p> <p><b>1B:</b> Individual service user's health needs are met</p> <p><b>1C:</b> When service users use the service, they are free from harm</p> <p><b>1D:</b> Service users report positive experiences of the service</p>
<p><b>Domain 2: Workforce health and wellbeing</b></p> <p><b>2A:</b> When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions (response to Covid-19)</p> <p><b>2B:</b> When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p> <p><b>2C:</b> Staff have access to support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source (response to Covid-19)</p> <p><b>2D:</b> Staff recommend the organisation as a place to work and receive treatment</p>
<p><b>Domain 3: Inclusive leadership</b></p> <p><b>3A:</b> 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</p> <p><b>3B:</b> Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p> <p><b>3C:</b> Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients (response to Covid-19).</p>

The outcomes are evaluated, scored, and rated using available evidence and insight. It is these ratings that provide assurance or point to the need for improvement. Scoring in conjunction with key stakeholders to determine if the organisation is graded as:

- Underdeveloped
- Developing
- Achieving
- Excelling

EDS Rating and Score Card below.

Ratings in accordance to scores are below	
<p><b>Undeveloped activity</b> – organisations score out of <b>0</b> for each outcome</p>	<p>Those who score <b>under 8</b>, adding all outcome scores in all domains, are rated <b>Undeveloped</b></p>
<p><b>Developing activity</b> – organisations score out of <b>1</b> for each outcome</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><b>Achieving activity</b> – organisations score out of <b>2</b> for each outcome</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><b>Excelling activity</b> – organisations score out of <b>3</b> for each outcome</p>	<p>Those who score <b>33</b>, adding all outcome scores in all domains, are rated <b>Excelling</b></p>

The completion of the EDS, and the creation of interventions and actions plans in response to the EDS findings, can contribute to NHS system and provider organisations achieving delivery on the Core20Plus5 approach and Health Inequalities priorities.

2022/23 has been used as a test period, for organisations to use this time to get used to applying the EDS 2022 in a new way, in a new system. Because of this there are some differences in the way in which we have asked organisations to apply the EDS, mainly: systems are to apply domain one to two services, rather than three as requested in the official Technical Guidance. One of the two services for domain one must fall within one of the Core20Plus5 clinical areas. These NHS England adjustments are to acknowledge that the NHS system has now changed from Clinical Commissioning Groups to ICSs and ICBs, and that NHS organisations have not had a full year to implement the EDS. Organisations are encouraged to make as much progress as possible during 2022/23, in preparation for a full cycle year starting in April 2023.

#### Domain One implementation

NHS C&M and the following eleven trusts opted for early implementation of EDS 2022. For domain 1, the ICB asked each trust equality / patient experience lead to liaise with executive colleagues of their respective organisation to identify two services to review, one of which had to be a clinical area part of Core20Plus5. Trusts selected the following services. Note that some trusts selected two services part of Core20Plus5.

- **Bridgewater Community Health NHS FT:** Halton Health Visiting Service and Warrington Family Nurse Partnership (Core20Plus5 Maternity)
- **East Cheshire NHS Trust:** Antenatal Screening (Core20Plus5 Maternity) and Acute Paediatrics
- **Liverpool Heart and Chest Hospital NHS FT:** Targeted Healthy Lung Check Service (Core20Plus5 Respiratory) and Hypertension Case Finding (Core20Plus5)
- **Liverpool University Hospitals NHS FT:** Cardiology, (Core20Plus5 Hypertension Case Finding) and Respiratory (Core20Plus5 Respiratory)
- **Liverpool Women’s Hospital NHS FT:** Induction of Labour (Core20Plus5 Maternity) and Early Cervical Cancer (Core20Plus5 Cancer)
- **Mersey Care NHS FT:** High Secure Services (Core20Plus5 Severe Mental Illness)  
*NB Mersey Care had planned to review Silver Birch Hubs Peri-natal mental health service as their second service however due to organisational pressures could not complete the review.*
- **Mid Cheshire NHS Trust:** Maternity (Core20Plus5 Maternity) and Ophthalmology
- **Southport and Ormskirk Hospitals NHS Trust:** TIA (Core20Plus5 Hypertension Case Finding) and Patient Initiated Follow Ups (PIFU) in MSK
- **Warrington and Halton Hospitals NHS FT:** Team River -Warrington and Team Sunlight – Halton (Core20Plus5 Maternity) and Long COVID service
- **Wirral Community Health and Care NHS FT:** Community Cardiology CVD Rehabilitation (Core20Plus5 Hypertension Case Finding) and Bladder and Bowel
- **Wirral University Teaching Hospital NHS FT:** Maternity (Core20Plus5 Maternity), Perinatal Mental Health (Core20Plus5 Maternity)

NHS C&M equality and inclusion leads developed a service review template for organisations to adapt and complete for each service review. Organisations could then use this document to consider information available relating to patient access, meeting health needs, experience, patient satisfaction and outcomes, identify any gaps in intelligence, to help inform ratings against each outcome, and to develop service improvement plans. A list of data sources and publications were also provided to trusts for each of the Core20Plus5 clinical areas.

NHS C&M equality and inclusion leads facilitated a series of meetings for each of the Core20Plus5 clinical areas with trusts, Healthwatch and lead 'place' commissioning managers in attendance. Other stakeholders were also invited, such as Improving Me colleagues to the Maternity specific meetings. Contact was also made with CHAMPS and cancer alliance colleagues.

The approach to engagement with stakeholders was varied. Some trusts had access to well established internal patient experience groups, established links with Healthwatch and VCSE organisations and therefore were more easily able to engage with them throughout the process and collectively agree ratings. Other trusts however didn't have access to such groups; either due to them not being as well established or due to time constraints with undertaking the reviews whilst managing internal organisational pressures. These trusts therefore utilised dedicated grading meetings, facilitated by the NHS C&M equality and inclusion leads with Healthwatch, commissioning managers and trust peers in attendance to agree/ disagree with proposed ratings.

NHS C&M ratings for domain 1 is **Achieving** across each outcome. This is the **mode** rating, as taken from the trust's individual service review ratings below:

Trust	Service Review	1A: Service users have required levels of access to the service	1B: Individual service user's health needs are met	1C: When service users use the service, they are free from harm	1D: Service users report positive experiences of the service
Bridgewater Community Health NHS FT	Halton Health Visiting Service (Core20Plus5 Maternity)	Developing	Achieving	Achieving	Achieving
	Warrington Family Nurse Partnership (Core20Plus5 Maternity)	Developing	Achieving	Achieving	Achieving
East Cheshire NHS Trust	Antenatal Screening (Core20Plus5 Maternity)	Achieving	Achieving	Excelling	Achieving
	Acute Paediatrics	Achieving	Achieving	Achieving	Achieving
Liverpool Heart and Chest Hospital NHS FT	Targeted Healthy Lung Check Service (Core20Plus5 Respiratory)	Achieving	Achieving	Developing TBC	Developing TBC
	Hypertension Case Finding (Core20Plus5)	Achieving	Achieving	Achieving	Developing TBC
Liverpool University Hospital NHS FT	Cardiology (Core20Plus5 Hypertension Case Finding)	Developing	Developing	Developing	Developing
	Respiratory (Core20Plus5)	Developing	Developing	Developing	Developing



## Cheshire and Merseyside

Liverpool Women's Hospital NHS FT	Induction of Labour (Core20Plus5 Maternity)	Developing	Achieving	Achieving	Developing
	Early Cervical Cancer (Core20Plus5 Cancer)	Developing	Developing	Developing	Developing
Mersey Care NHS	High Secure Services (Core20Plus5 Severe Mental Illness)	Achieving	Achieving	Excelling	Developing
Mid Cheshire NHS Trust	Maternity (Core20Plus5 Maternity)	Achieving	Excelling	Excelling	Achieving
	Ophthalmology	Developing	Achieving	Achieving	Developing
Southport and Ormskirk Hospital NHS Trust	TIA (Core20Plus5 Hypertension Case Finding)	Developing	Developing	Achieving	Undeveloped
	Patient Initiated Follow Ups (PIFU) in MSK	Achieving	Achieving	Achieving	Achieving
Warrington and Halton Hospitals NHS FT	Team River - Warrington and Team Sunlight – Halton (Core20Plus5 Maternity)	Developing	Achieving	Achieving	Achieving
	Long COVID service	Developing	Excelling	Achieving	Achieving
Wirral Community Health and Care NHS FT	Community Cardiology CVD Rehabilitation (Core20Plus5 Hypertension Case Finding)	Achieving	Achieving	Excelling	Achieving
	Bladder and Bowel	Achieving	Achieving	Achieving	Achieving
Wirral University Teaching Hospital NHS Trust	Maternity (Core20Plus5 Maternity)	Achieving	Achieving	Achieving	Achieving
	Perinatal Mental Health (Core20Plus5 Maternity)	Achieving	Developing	Developing	Achieving

EDS 2022 is only one of many tools NHS C&M uses to demonstrate how we comply with our PSED.

## Workforce and Equality Delivery System (EDS2)

Performance against the domains two (workforce health and wellbeing) and three (inclusive leadership) for NHS Cheshire and Merseyside staff will be refreshed following publication of the NHS staff survey results in March 2023. The summary report for these two domains will be included in NHS C&M staff survey report to Board in April 2023 and then published on the NHS C&M website.

### Patient Equality Focused Forum - PEFF

The collaborative (Patient Equality Focused Forum - PEFF) is made up of equality leads and key officers from across the healthcare system and meets on a bi-monthly basis. This group works collaboratively to share best practice, identify issues, and provide recommended actions to their respective organisations to advance equality of opportunity and support NHS C&M to address health inequalities and barriers in accessing healthcare services to improve patient journey and experience. Priority areas for this group include. Membership to be reviewed further to EDS 2022 and priorities to be agreed.

Task and Finish groups are then subsequently established to focus on priority areas agreed by the Patient Equality Focused Forum. Task and finish groups currently in progress are as follows:

- **Transgender Best Practice**

A virtual group, represented by equality leads and other key representatives from NHS Trusts across Cheshire and Merseyside, including Mersey Care NHS FT as the host organisation (in collaboration with CMAGIC) delivering the national Gender Identity Clinic pilot for Cheshire and Merseyside patients are working collaboratively with a view to implementing a system-wide workforce policy for supporting people who have transitioned or people who are undergoing transition in the workplace. A policy and procedure document were adapted from the previous NHS Trust known as Northwest Borough Healthcare NHS FT and have recently been reviewed and endorsed by Rainbow Badge colleagues. It is envisaged that on completion of an EIA and engagement with Trad union colleagues, system wide organisations will be able to implement these documents within their respective organisations. This group is also developing a best practice document for patient care, again for implementation by all Trusts across Cheshire and Merseyside.

- **Military Veterans and Armed Forces Community Task and Finish Group:**

Monthly meetings attended by equality leads and other key representatives from NHS Trusts and ICBs across Cheshire and Merseyside. The group provides a platform for healthcare partners to collaborate and share best practice in providing healthcare support to members of the Armed Forces Community and to share learning and knowledge of best practice and to help raise awareness of the wider support services that are available. The group developed a workforce policy specific to supporting Reservists and Adult Cadets. All trusts across Cheshire and Merseyside are currently working with their respective organisations to implement a standard narrative for public facing websites was developed for organisations to adapt and publish. NHS C&M Peoples function is supporting the group by exploring a system view of a Guaranteed Interview Scheme and recognising military service in annual leave entitlement for new starters.

## 6. Equality Objectives 2023/2024

The NHS Cheshire and Merseyside Integrated Care Board is a listed Public Authority for the purposes of the Equality Act 2010, and thereby is obliged to set out its Equality Objectives at least every 4 years alongside its progress towards meeting the Public Sector Equality Duties.

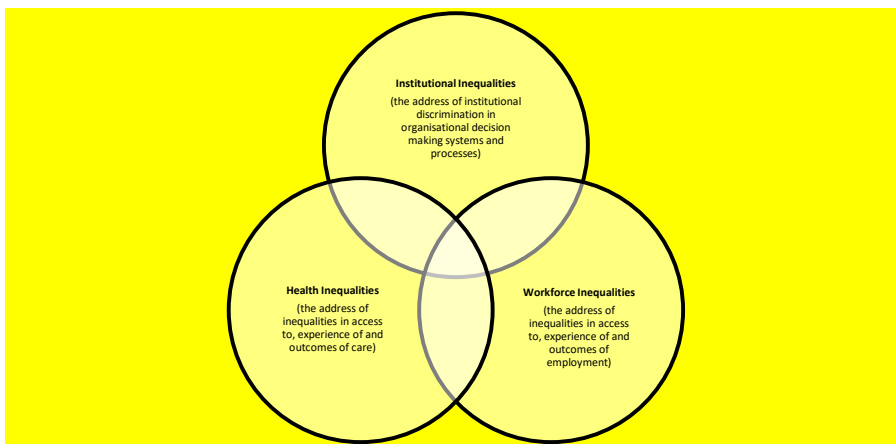
To reflect the fact that NHS C&M is still a new organisation and is still undergoing a major restructure (management of change) process, the objectives have been set for one year period only, focussed on delivering key priorities, including the development of an EDI framework and operating model that matches the full ambitions of the ICB. This will enable the organisation to involve and engage people who have lived experience of discrimination to inform our objectives from 2024/2025 and allow the us to establish more robust governance arrangements across NHS C&M and the wider system, including better integration of the EDI agenda with the ICB's work on addressing health inequalities, as outlined in the Health and Care Act 2022.

The Equality Objectives that were previously approved in both Cheshire and Merseyside CCGs have been slightly reworded. Each of these equality objectives is supported by associated priorities which will be further strengthen through a more detailed plan moving forward this year. Ultimate responsibility and accountability for advancing equality and addressing inequality rests with NHS C&M Board. The board will need to provide visible leadership on equality, diversity, and inclusion issues across the system. Its purpose is to shape the future of health and care – to help improve the access, experiences and health outcomes for all patients and communities, and to support NHS C&M to become a more inclusive employer by making full use of the talents of its diverse staff and the communities it serves.

The Equality Objectives are:

- Make fair, transparent, and accountable commissioning decisions.
- Improve access and outcomes for patients and communities who experience discrimination and disadvantage.
- Improve the equality performance of our providers through procurement, monitoring compliance and collaboration.
- Addressing inequalities (and discrimination) in the workforce so that staff are empowered and able to use their full range of skills and experience to deliver best possible services for patients and the public.

To support us with our one-year equality objectives, we will develop of a system wide EDI framework and strategy, that is evidence based and developed in partnership with the Cheshire and Merseyside health and care system. The framework will support us to develop the necessary governance, accountability and assurance arrangements for a more joined up approach to addressing systemic inequalities facing underrepresented groups and advance equality of opportunity for our people, our patients, our providers, our partners and our populations:



NHS C&M has recruited an Associate Director of EDI, who will be in post from April 2023. This key role will provide strategic and operational leadership.

We will continue to develop our plans to embed the Messenger review of NHS Leadership and this will be supported by Board, executive and senior leadership development sessions to drive our approach to decision making with a focus on the impact on equality, diversity and inclusion. It is essential that we understand the cultural competency of senior leaders and take appropriate action to improve that.

The outputs from Workforce Race Equality Standard, Workforce Disability Equality Standard, EDS 2022 and the Gender pay report will inform our approaches and strategies to increase the numbers of staff with protected characteristics.

NHS C&M looks to embed the Northwest anti racist framework and the Cheshire and Merseyside People Board have invested in the development of a programme supporting staff who have experienced racial trauma. Additional funding to support the embedding of EDI development has been secured.



We will ensure that there is a focus on workforce health inequalities including responsiveness to the growth of mental health related illness and MSK as the two highest indicators of sickness absence across the NHS

We will continue to work in close collaboration with all our NHS Provider Trust, EDI leads via Patient Equality focussed Forum and review the terms of reference and widen the membership to include representation of Healthwatch and other key stakeholders and ensure EDI and the implementation of EDS 2022 is central to the development of the ICB's public engagement strategy.

## 7. Equality, diversity and inclusion in the workforce

Demographic profiling is an essential characteristic of health and care workforce planning and modelling. It enables us to sense check our progress against national imperatives for the equality, diversity and inclusion relayed in the NHS People Promise 2022, NHS Long Term Plan 2019, NHS Model employer 2019 and the Messenger Review 2022 and more locally, the Northwest NHS anti racism framework 2022 and Care Quality Commission (CQC) Well Led framework.

We are working towards a single workforce demographic profile to inform our regulatory duty to report to the Workforce Race Equality Standard and in the future Workforce Disability Equality Standard and this will support our reporting on the gender pay gap. There will be ongoing development of a framework to build internal cultural competence capability.

In 2022 NHS C&M participated in the national staff survey and the results will assist us to understand any differentials in staff experience in the context of recruitment, access to development, experience of work and engagement with just culture principles within HR systems and processes.

We continue to monitor diversity in the organisation across the senior leadership tiers at Board, Executive and senior leadership body and through established networks we will continue to work with our local trusts to develop a dedicated workforce policy to support people who are transitioning gender in the workplace.

We will, in partnership with Trusts, develop a dedicated workforce policy to support Reservists and Adult Cadets and develop a standard narrative for public facing websites on our support offer for the Armed Forces community in Cheshire and Merseyside. NHS C&M has recently signed the Armed Forces covenant.

It is important that we continue to explore access to regional system-based resources of support for underrepresented groups including local staff equality networks, health and wellbeing provision and support together with opportunities to drive positive action approaches to recruitment at all levels of NHS C&M workforce to achieve diversity.

Whilst aggregated system data for workforce analytics will be developed in 2023- 2024, we recognise that the NHS C&M current workforce profile requires focused effort necessary for leadership for inclusion across health and care. Current EDI performance metrics demonstrate the following position for 2022 – 2023:

## 7.1 Gender Pay Gap reporting

The Gender Pay Gap is a statutory requirement for all NHS organisations who have 250 or more staff– it was mandated in March 2018. The Gender Pay Gap results are an important driver of our equality and inclusion activity in relation to improving gender equality. NHS C&M will need to prepare for gender pay gap reporting for 2023- 2024. Currently, the NHS profile for gender representation across senior pay bands can be illustrated as below:

### Gender By Area/Band

Band/Grade	C&M ICB		C&M Acute Trusts		National NHS	
	Male	Female	Male	Female	Male	Female
Band 1	0%	0%	19%	81%	25%	75%
Band 2	0%	100%	19%	81%	22%	78%
Band 3	19%	81%	20%	80%	20%	80%
Band 4	22%	78%	17%	83%	18%	82%
Band 5	11%	89%	14%	86%	17%	83%
Band 6	18%	82%	16%	84%	18%	82%
Band 7	25%	75%	18%	82%	20%	80%
Band 8	34%	66%	25%	75%	29%	71%
Band 9	28%	72%	43%	57%	42%	58%
Medical Consultant	0%	100%	61%	39%	60%	40%
Medical Other	41%	59%	49%	51%	47%	53%
Other	65%	35%	29%	71%	35%	65%

## 7.2 Workforce Race and Disability Equality Standards

NHS C&M is required to participate in the national **Workforce Race Equality Standard (WRES)**.

The nine WRES indicators cover recruitment and pay; access to training; disciplinary; discrimination, bullying and harassment and ICB Board membership. The main purpose of the WRES as outlined by NHS England is to:

- help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against nine indicators
- produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff, and,
- improve BME representation at the Board level of the organisation

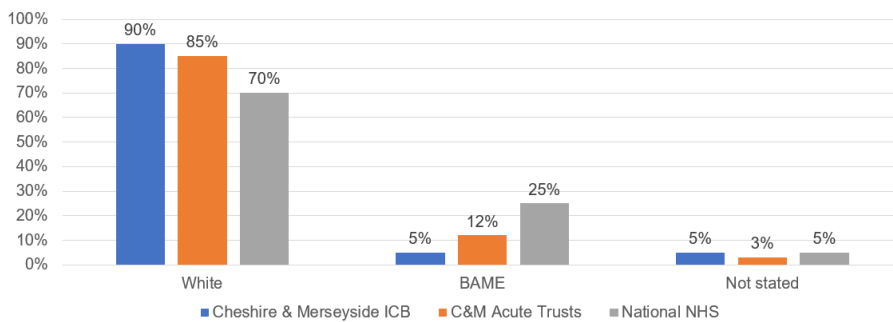
The standard supports the vision originally set out in the NHS Long Term Plan and the more recently refreshed NHS people’s plan and the need to ensure NHS workforces experience inclusive and non-discriminatory opportunities.

In practice this requires ICBs to collect data on their workforce, analyse it, and produce and publish an annual WRES report and action plan. By August 2023 NHS C&M is required to have collected and submitted its data and produced and published its report and action plan before the 1<sup>st</sup> of October 2023.

All organisations are expected to be able to demonstrate that they are starting to close the differences between the treatment and experience of White and Black and Minority Ethnic staff and also to reduce race disparity in working towards the Model Employer target to reflect representation of ethnic minority staff at equal proportions in all Agenda for Change (AfC) pay scales by 2025.

Current EDI performance metrics demonstrate the following position:

## Ethnicity representation



## Ethnicity By Area/Band

Band/Grade	Cheshire & Merseyside ICB			C&M Acute Trusts			National NHS		
	White	BAME	Not stated	White	BAME	Not stated	White	BAME	Not stated
Band 1	0%	0%	0%	95%	4%	1%	76%	16%	8%
Band 2	60%	20%	20%	91%	6%	3%	74%	22%	4%
Band 3	96%	2%	2%	93%	5%	2%	78%	18%	4%
Band 4	86%	7%	7%	91%	7%	2%	77%	19%	4%
Band 5	93%	4%	3%	76%	20%	4%	59%	36%	5%
Band 6	95%	3%	2%	90%	8%	2%	76%	21%	3%
Band 7	92%	6%	2%	93%	5%	2%	80%	17%	3%
Band 8	90%	5%	6%	92%	6%	2%	81%	16%	3%
Band 9	94%	3%	3%	93%	4%	3%	83%	11%	6%
Medical Consultant	0%	0%	0%	57%	36%	7%	55%	38%	7%
Medical Other	71%	15%	14%	51%	42%	7%	41%	49%	10%
Other	71%	6%	24%	88%	7%	5%	60%	16%	24%

(Source: E Connect, Feb 2023)

**The Workforce Disability Equality Standard (WDES)** is a data-based standard that uses a series of measures (Metrics) to improve the experiences of disabled staff in the NHS. The WDES was



mandated by the NHS Standard Contract and became applicable to all NHS Trusts and Foundation Trusts in April 2019.

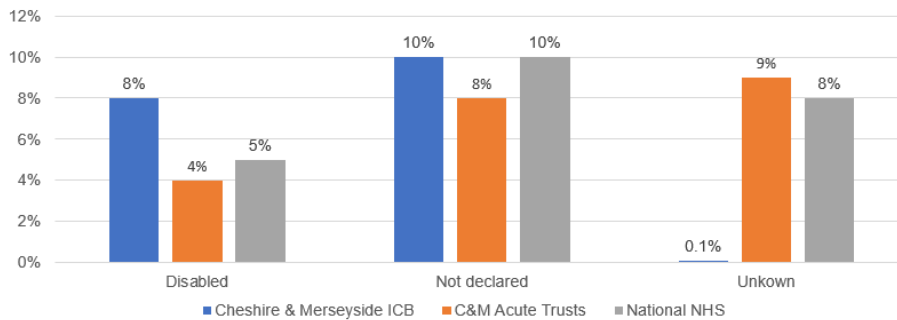
Mandatory reporting on WDES is restricted to NHS Trusts and Foundation Trusts however, in accordance with its commitment to best practice beyond compliance, the ICB will review its workforce disability data for the first time in 2023.

The WRES / WDES offers a series of workforce performance indicators from an EDI lens to include:

- Measurement of optical diversity across race and disability protected characteristics
- Senior leadership diversity across race and disability protected characteristics
- Any disparity in access to learning and development across race and disability protected characteristics in comparison to the overall workforce
- Any disparity in HR disciplinary processes across race and disability protected characteristics in comparison to the overall workforce
- Any disparity in access to promotion / progression across race and disability protected characteristics in comparison to the overall workforce and
- Any disparity in experience of discrimination a across race and disability protected characteristics in comparison to the overall workforce

Current EDI performance metrics demonstrate the following position:

## Disability representation



## Disability By Area/Band

Band/Grade	C&M ICB			C&M Acute Trusts			National NHS		
	Disabled	Not Declared	Unknown	Disabled	Not Declared	Unknown	Disabled	Not Declared	Unknown
Band 1	0%	30%	0%	5%	18%	28%	5%	16%	24%
Band 2	6%	2%	6%	4%	8%	11%	5%	11%	8%
Band 3	0%	0%	0%	5%	7%	9%	6%	9%	6%
Band 4	4%	8%	4%	4%	7%	11%	5%	9%	7%
Band 5	5%	8%	5%	4%	7%	9%	5%	10%	7%
Band 6	4%	7%	4%	5%	7%	8%	6%	9%	6%
Band 7	3%	7%	3%	4%	8%	8%	5%	9%	7%
Band 8	4%	11%	0%	3%	9%	7%	5%	9%	6%
Band 9	6%	16%	0%	4%	5%	5%	4%	11%	7%
Medical Consultant	0%	0%	0%	1%	12%	14%	2%	16%	12%
Medical Other	0%	0%	0%	2%	8%	9%	3%	11%	14%
Other	0%	0%	0%	8%	13%	8%	4%	15%	27%

### 7.3 Staff training

It has been the ambition of NHS Cheshire and Merseyside to undertake a systems leadership role in its advocacy for learning, training and development. Three classifications of training offered include:

Type of training <sup>1</sup>	SM - Statutory / Mandatory Training	ETR - Essential to Role Training	CPD – Continued Professional Development
<b>Mandate for development</b>	Core Skills Training Framework (NHSE)	Professional registration / policy requirements	NHS C&M strategic objectives
<b>Purpose</b>	Safety in practice	Quality in practice	Improvement in practice

Data trends to understand any variations in the access to learning and development by underrepresented groups with protected characteristics for continued professional development learning that is not deemed statutory or mandatory will be a focus for 2023- 2024 WRES and WDES submissions.

### 7.4 Culture

An inclusive culture sits at the heart of NHS C&M. In July 2022, we developed a culture code to define the behavioural operating principles for organisational identity. The operating principle of 'People First' was designed into the heart of the framework:



It was developed as a direct product of staff voice and desktop research including an analysis of the values of 9 CCGS value bases; the values of local NHS Trusts, Local Authorities and VCSE organisations. The culture code was further tested for alignment to the NHS constitution, NHS People Promise, Nolan Principles of public service, Equality Act and Public Sector Equality Duty 2010, Marmot principles and the Health and Care Act, 2022. The intention to harness an inclusive compassionate culture premised on the integrity of equality, honesty and human rights, has been successful in propelling the cementing and mainstreaming of inclusion into organisational cultural identity as reflected and reinforced accordingly in corporate communications, human systems and processes and the organisation's Equality Impact Assessment processes.

## 8. Monitoring NHS Provider equality and diversity compliance and performance

Due to the impact of COVID-19 on NHS organisations, quality compliance reporting paused in 2020/21 and for the first two quarters of 2021/22. NHS C&M Equality and Inclusion Service however developed a COVID-19 Equality Briefing in March 2020 to highlight Equality legal risks and challenges that Commissioners and Providers needed to be cognisant of in their response to COVID-19. The briefing highlighted that despite NHS organisations operating under emergency measures Public Sector Equality Duty remained in force. The briefing has continued to be updated to reflect the changing phases; response, recovery and reset planning, further waves, the COVID-19 vaccination programme and winter planning, "living with COVID-19" and provides a number of recommendations, information sources and resources. (Latest issue version 17 was issued in September 2022). The briefing brings together national guidance, national and regional intelligence and local reported issues for people with protected characteristics and other vulnerable groups from both a patient and workforce perspective. The briefing has been shared with ICB and Provider Incident Management Teams and other key partners across Cheshire and Merseyside footprint for information and action as appropriate for their respective organisation.

NHS C&M resumed its formal equality reporting requirements for 2023/2024 for its Merseyside NHS Provider Trusts in April 2023. The indicators are as follows:

- Evidence service change/ redesign proposals at the beginning and end of the process to ensure that the ICB is sighted and assured by the decision-making process that the Provider has paid due regard to their statutory duties.



## Cheshire and Merseyside

- Action Plan to be submitted to update on progress in relation to Reasonable Adjustments, Accessible Information Standard, improving access to services for people who are Deaf or hard of hearing and also areas to address improving access to services for people whose first language is not English and an annual audit of compliance of reasonable adjustments.
- Evidence in the public domain (website) of annual equality report including objectives
- Workforce Disability Equality Standard report
- Workforce Race Equality Standard report

Currently NHS C&M have undertaken monitoring during quarters one and two. Current activity includes requesting Action Plans to be submitted to update on progress in relation to Reasonable Adjustments, Accessible Information Standard, improving access to services for people who are Deaf or hard of hearing and areas to address improving access to services for people whose first language is not English and an annual audit of compliance of reasonable adjustments.

Historically Cheshire, Wirral, Halton and Warrington CCGs EDI function, including NHS compliance has been delivered by Midlands and Lancashire Commissioning Support Unit (MLCSU) EDI team. NHS Provider Trust monitoring has taken place outside the formal quality contract process. During 2023/2024 NHS C&M intends to ensure all NHS Trust Providers across these areas are part of the formal contract process.

NHS C&M intends to publish NHS Provider Contract compliance in next year's annual report.