Public Sector Equality Duty

Equality, Diversity and Inclusion Annual Report 2021

Contents

1 Introduction

I am pleased to introduce The Walton Centre NHS Foundation Trust Annual Equality Diversity and Inclusion (ED&I) Report 2021, which sets out the Trust's approach to ED&I and how the Trust meets the Public Sector Equality Duty (PSED).

Based in Liverpool, the Trust has a wide catchment population of about 3.5 million drawn from areas of ranging diversity across Merseyside, Cheshire, Lancashire, Greater Manchester, the Isle of Man and North Wales. In addition, due to an international reputation in some areas of expertise, referrals are received from other geographical areas of the UK. The Walton Centre has an outstanding reputation for patient care and as a great place to work, as demonstrated by our CQC rating, overall staff survey rating, and Investors in People Gold accreditation. Due to our specialist nature and outstanding reputation our workforce also come from a wider area, including Liverpool, Cheshire, Manchester, North Wales and other surrounding areas. These factors mean that direct demographic comparisons for both our patient profile and workforce demographics are more difficult.

1.1 Our Vision
Our vision is Excellence in Neuroscience. We strive for outstanding patient outcomes and the best patient, family and carer experience. We will continue to cherish the standards we have achieved, whilst exploring how we can enhance these further, shaping neuroscience treatments and care for the future.

1.2 Our Purpose
Dedicated specialist staff leading future treatment and excellent clinical outcomes for brain, spinal and neurological care nationally and internationally.

1.3 Our Ambitions
To deliver our vision and to meet our purpose, we have through consultation with staff, patients and partners agreed a set of ambitions together.

We will:

- Deliver best practice care and treatments in our specialist field.
- Provide more services closer to patients' homes, driven by the needs of our communities, extending partnership working.
- Be financially strong, meeting our targets and investing in our services, facilities and innovations for patients and staff.
- Lead research, education and innovation, pioneering new treatments nationally and internationally.
- Adopt advanced technology and treatments enabling our teams to deliver excellent patient and family centred care.
- Be recognised as excellent in our patient and family centred care, clinical outcomes, innovation and staff wellbeing.

1.4   Our Equality Diversity and Inclusion Vision

The Walton Centre's commitments to equality, diversity, and inclusion can be encompassed in the following statements:

- We are committed to making ED&I a priority. We want to be a workplace that inspires leadership at all levels, with all staff, where everyone's voice is heard.
- We are committed to creating an inclusive culture, where staff and patients believe there is strength in difference. We want to celebrate and actively embrace diversity.
- We are committed to ensuring that staff and patients have good experiences at the Trust, and feel comfortable "bringing their whole self" to The Walton Centre.
- We are committed to ensuring our care with, and for, all patients is meaningful to them, that ED&I is part of everyone's role, and is an integral part of our health and wellbeing approach.

Walton Way:

- **Caring** - caring enough to put the needs of others first
- **Dignity** – passionate about delivering dignity for all
- **Openness** – open and honest in all we do
- **Pride** – proud to be part of one big team
- **Respect** – courtesy and professionalism – it's all about respect

The Walton Centre is committed to reducing health inequalities, promoting equality and valuing diversity as an important part of everything we do. This document clearly describes the headline activity that has taken place in 2020/21 and more importantly it sets out the work and approaches that need to be undertaken to advance equality of opportunity. We will continue to monitor our equality diversity and inclusion progress against our action plans and report annually and openly.

Lisa Salter

Lisa Salter
Director of Nursing and Governance,
Executive Lead for ED&I

2 Equality Act 2010

The Equality Act, introduced in October 2010, replaced previous anti-discrimination laws with a single Act. Bringing together 9 pieces of primary legislation and over 100 pieces of secondary legislation the Act aimed to reduce bureaucracy, simplify the legislation and ultimately ensure that people are treated fairly when using services or whilst at work.

The Act protects people from discrimination on the basis of 'protected characteristics', which vary slightly depending upon whether a person is at work or accessing services. For example, 'marriage and civil partnership' is a protected characteristic for employees but not for people using services.

The nine protected characteristics are:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Marriage and civil partnership
- Race (ethnicity)
- Religion or belief
- Sex (gender)
- Sexual orientation

> ' **Equality** recognises that historically certain groups of people with protected characteristics such as race, disability, sex and sexual orientation have experienced discrimination. …
> The **Equality** Act 2010'

2.1 The General Duty

The General Duty, as set out in the Equality Act 2010, was introduced in April 2011, and it is the General Duty which guides the everyday work undertaken within the Trust. This includes having due regard to:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between people who share a protected characteristic and those who do not; and
- Foster good relations between those who share and do not share a protected characteristic.

2.2 The Specific Duty

The Specific Duties under the Public Sector Equality Duty require public bodies to:
- Publish information to show their compliance with the Equality Duty, at least annually; and
- Set and publish equality objectives, at least every four years.

3   How the Walton Centre Pays due Regard to the General Equality Duty

The information below provides an update regarding some important ways the Trust works to meet the requirements of The General Equality Duty and to ensure equality of service delivery. In the interests of brevity and readability it is not possible to include all actions that we take throughout the year, so this report only highlights some of the more significant actions taken by the Trust in meeting the Equality Duty. More information can be found on the Trust's website.

3.1   Eliminating discrimination, harassment, victimisation and other prohibited conduct

3.2   Policies & Training

The Trust continues to work to improve the way we identify and address potential discrimination, to ensure that our staff, patients, and their families and carers, experience care or employment that is free from any prohibited behaviours, and that redress is transparent and open for all.

- The Trust has policies and procedures in place to tackle discrimination, harassment, bullying, victimisation, abuse, violence and aggression. These policies are both for staff, and for patients and their families.
- Equality Impact Assessment/Analysis (EIAs) are carried out in regard to all policies and significant changes to the services provided by the Trust. Guidance is made available to all staff completing EIAs. Staff are also signposted to the Trusts Equality and Inclusion Lead to advise them on the process if needed.
- Both the induction for new starters and the three yearly mandatory eLearning equality and diversity module raise awareness of discrimination and highlight that such behaviour is not permitted. The refresher training also ensures that all staff are maintaining awareness of equality and remain up to date with any changes in legislation. In response to feedback from staff the need for additional equality awareness training has been delivered to both staff and managers in 2019-2020. Further additional equality and diversity training is planned for the last quarter of 2021.

3.3   Activities

Delivering on our Equality, Diversity, and Inclusion Vision continues to be a high priority for the Trust.

Race equality

Following the death of George Floyd, the Trust reaffirmed our commitment to tackling racism whenever we encounter it. The safety and wellbeing of our patients and staff is of paramount importance to us. We've taken a number of steps forward in this area, but we're conscious that we still have a long way to go.

- We have established a race equality sub-group of the Trust Board. Led by the CEO, it will develop specific responses to the health impact of COVID-19 on Black, Asian and minority ethnic communities, and racial inequalities.
- The Trust has separated out and analysed Black, Asian and minority ethnic patient data to ensure equality of access.
- The Trust has engaged with voluntary sector partners to ensure that both medical and non-medical information support and advice is accessible to Black, Asian and minority ethnic communities.
- The Trust has separated out Black, Asian and minority ethnic recruitment statistics to ensure that black communities are fairly represented in the recruitment of Black, Asian and minority ethnic staff.
- By using the website https://bmejobs.co.uk/ the Trust has acted to boost targeted online advertising of its job opportunities to Black, Asian and minority ethnic communities
- The Trust will continue play a leading role in the development and implementation of regional and national initiatives to eliminate racism and race-related health inequalities.
- We continued to respond to the to the disproportionate impact that COVID-19 has had on Black, Asian and minority ethnic communities in both the first and second wave of the pandemic. We took steps to ensure our Black, Asian and minority ethnic staff are safe, well informed, listened too and vaccinated.
- The Trust has participated in the Black, Asian and minority ethnic Insight Research Steering Group, to increase our knowledge of the relevant diverse communities and facilitate more targeted engagement regarding health inequalities and preventative work e.g. promoting COVID-19 vaccine uptake.
- The Trust will continue to ensure that the views of Black, Asian and minority ethnic individuals and communities are reflected in the development and implementation of the race equality actions above, facilitated by regular dialogue between our Non-Executive Directors and Black, Asian and minority ethnic staff regarding decision-making at the Trust.
- The Trust marked Black History Month online by posting information and profiles of Black people who have made a notable and positive contribution to our society.
- We have launched 'We say no to racism' badges for our workforce, to help publicise the Trust's zero tolerance approach to racism and discrimination.

3.4   Continuing Activities

A significant challenge for the rest of 2021 will be sustaining and building on the progress we have made over 2020 and since the murder of George Floyd. George Floyd's murderer has been brought to justice and Black Lives Matter is no longer a nightly news item. UK COVID-19 death and serious illness rates are currently much lower than their peak and people want to get back to more normal ways of working and acting. In the process of the Trust's systems moving to post-covid conditions, there is the possibility that equality will receive less focus, so the Trust will take steps to maintain a high level of attention on equality and diversity.

- We will continue to work to consolidate each of the steps mentioned above and maintain race equality as a high priority for the Trust

- We will work to ensure that, in the aftermath of the COVID-19 pandemic, we maintain a focus on the physical and mental wellbeing of our staff from Black, Asian and Ethnic Minority backgrounds
- We will use the Trust website and intranet more effectively to inform staff of the Trusts race equality performance e.g. by giving a greater prominence to the reporting of Workforce, Race and Equality Standards (WRES), which are to be published later in the year
- We will support our Black, Asian and minority ethnic staff network in dialogues to continually identify and carry out positive more actions which will ensure that our Black, Asian and minority ethnic staff feel empowered and able to bring their whole self to work at The Walton Centre

3.5   Support for Staff with a Disability

Trust currently holds DWP, Disability Confident Scheme Level Two certification.

Through implementing Disability Confident, the Trust is working with to ensure that disabled people and those with long term health conditions have the opportunities to fulfil their potential and realise their aspirations.

This scheme also helps the Trust to recruit and retain from the widest possible pool of talent and help us to keep their valuable skills and experience. Under the scheme the Trust can use the Disability Confident Committed logo on the Trust stationery, correspondence and website, and can also display the Disability Confident Committed certificate to demonstrate our commitment.

Recruiting managers do not see any applicant's personal demographics, including their name, prior to the shortlisting stage. This helps to ensure that any potential discrimination at this stage is prevented. In addition, the Trust has taken steps to include diverse interview panels in the recruitment process for senior managers and NEDs to further ensure fairness in recruitment.

Access to Work is promoted within the Trust to support staff with disabilities with regard to accessing reasonable adjustments. All staff can also access Occupational Health and counselling support, as well as the support that can be provided by the HR. This includes the completion of a Tailored Reasonable Adjustment template which looks at what changes can be made to support an individual to remain in work and to have the same opportunities as employees who do not have a disability

3.6   Workforce Disability Equality Standard (WDES)

The Trust reported and published performance data in regard to disability equality in 2020. The WDES Report was discussed by the Trust Board and appropriate actions were drawn up to advance equality further in relation to workforce disability. A copy of the Trust's 2020 WDES report can be found on the Trust's website at:
http://www.thewaltoncentre.nhs.uk/uploadedfiles/documents/corporate/WDES%20Report%202020%20Final%20(4).pdf

3.7 ED&I Champions

The Trust has reviewed and relaunched its EDI Champions Group in 2020/2021. The EDI Champions are a diverse group of staff from across the organisation; their aim is to create a higher profile for ED&I and to drive positive culture change to further support the Trust's equality commitments. The role of the Equality and Diversity Champions are:

- To support Walton Centre patients and colleagues to make positive improvements.
- To actively influence the way in which the hospital operates, monitors, plans and develops its services and staff to reflect the value of equality and diversity.
- To promote awareness of equality and diversity issues within our services, and across the Trust as a whole and the wider community; to act as a two-way communications channel between the Trust, colleagues, people who use our services and those who care for them.
- To develop knowledge of equality and diversity issues and educate others on the value of these
- To provide information and advice on equality and diversity issues and/or signpost people to alternative sources of information and advice within the Trust.

The EDI Champions Group reports to the Trust's EDI Steering Group, which in turn reports to Quality Committee.

3.8 Navajo Chartermark

This Chartermark is a signifier of good practice, commitment and knowledge of the specific needs, issues and barriers facing LGBTIQA people in Cheshire and Merseyside. Navajo looks at employment practices and how services are inclusive for LGBTIQA people. Since the Trust successfully obtained Navajo reaccreditation in March 2018 further steps have been taken to embed this work and spread best practice. COVID-19 put a halt on the Trusts planned reaccreditation in 2020. The Trust was given the option of having a further postponement of Navajo reaccreditation in 2021; however the Trust volunteered to undertake Navajo reaccreditation in the summer of 2021 as we are keen to keep up momentum regarding sexual orientation equality.

3.9 Gender Pay Gap

The Trust has met its Gender Pay Gap reporting obligations in 2020 and is on target to report meet the COVID-19 delayed 2021 reporting deadline of October 2021. The 2020 results are published on the Trust's website:
http://www.thewaltoncentre.nhs.uk/uploadedfiles/Gender%20Pay%20Gap%20Report%202020.pdf

The 2020 results continue to show a gender pay gap, however there is no indication that this is the result of any current direct discrimination by the Trust. The gap appears to be more connected with generalised features of gender differences in different professions e.g. most of our nursing staff are female which is a feature of the current demographic of the profession rather than any bias in the recruitment practices of the Trust. The Trust Board is, however, committed to understanding the data in more detail in order to find the most appropriate actions to close the Gender Pay Gap. To this end, the Trust Board has examined figures for Gender Pay Gap reporting for previous years to identify any relevant trends.
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3.10 Reciprocal Mentoring

The Trust has suspended Reciprocal Mentoring activity in 2020/2021 due to the need for social distancing. However, plans are being developed to reintroduce the programme in late 2021 as the situation normalises post the COVID-19 pandemic.

4 Advancing Equality of Opportunity between People who share a Protected Characteristic and People who don't

4.1 Access to Services – Inpatients

The Trust has undertaken an analysis of accessibility to our service regarding race and ethnicity via the Trust's Strategic BAME Advisory Committee, which indicated that fewer patients from Black, Asian and Minority Ethnic backgrounds are currently accessing our service when compared with their proportionate demographic percentage of the population we serve.

Area	Asian or Asian British	Black or Black British	Mixed	Other Ethnic Groups	White	BAME
Liverpool	4.30%	2.86%	2.89%	1.97%	87.98%	12.02%
Merseyside	2.33%	1.16%	1.78%	0.81%	93.92%	6.08%
Cheshire & Merseyside	2.06%	0.80%	1.53%	0.56%	95.06%	4.94%
North West	6.70%	1.53%	1.90%	0.70%	89.18%	10.82%
England & Wales	7.96%	3.56%	2.63%	1.07%	84.78%	15.22%

	Asian or Asian British	Black or Black British	Mixed	Other Ethnic Groups	BAME	White	All
Daycase	339	170	262	205	**976**	47089	48065
Elective	69	40	73	81	**263**	12774	13037
Non Elective	38	41	41	71	**191**	7589	7780
Total Admissions	**446**	**251**	**376**	**357**	**1430**	**67452**	**68882**

	Asian or Asian British	Black or Black British	Mixed	Other Ethnic Groups	BAME	White
% Daycase	0.71%	0.35%	0.55%	0.43%	2.03%	97.97%
% Elective	0.53%	0.31%	0.56%	0.62%	2.02%	97.98%
% Non Elective	0.49%	0.53%	0.53%	0.91%	2.46%	97.54%
% Overall	0.65%	0.36%	0.55%	0.52%	2.08%	97.92%

4.2

The Trust has taken steps to ascertain the reasons for this disparity with relatively fewer numbers of Black, Asian and minority ethnic patients accessing the service. The following barriers have been identified by the Trust through networking with voluntary sector organisations such as the Neurological Alliance:

- A lack of knowledge in some newer communities as to how the health system works and how to access health services e.g. refugees and asylums seekers.
- Language can be a barrier for people who have English as a second language. Basic information as to how to navigate the health system can be more difficult to access, resulting in patients not being referred on from primary care in the numbers we might expect.
- Different ways of understanding illness and describing symptoms in some communities leading to greater difficulties in diagnosis of some conditions e.g. in some languages there is no separate word for a neurological condition and a mental health condition.
- Stigma and a reluctance to come forward for diagnosis because of fear of being stigmatised in some communities.
- A greater emphasis in some communities on families taking care of their own family members rather than relying on health care services, leading to later presentation at health services and later diagnosis.

The Trust is continuing to network with the Neurological Alliance and other organisations to find ways to address these barriers e.g. The Trust has participated in the Steering Group of the Cheshire and Merseyside Health and Care Partnerships, community insight research "Getting Under the Skin" which though primarily aimed at measuring the impact of COVID- 19 on Black, Asian and minority ethnic communities, will lead to better mapping of and engagement with these communities in relation to a wide variety of health conditions including neurological conditions.

4.3   Disability Patient Accessibility

Disability **Accessibility** will be enhanced by the introduction of new Reasonable Adjustments Standard Operating Procedure in 2021, which will help ensure that the Trust continues identify and accommodate accessibility needs of patients.

4.4   ED&I 5 Year Vision

The Trust is currently 3 years into its ED&I 5 Year Vision which it published at the end of 2017. This document can be found by following the link: http://www.thewaltoncentre.nhs.uk/uploadedfiles/documents/EDI%20Vision%202017.pdf

 Good progress continues to be made in relation to the commitments made in that vision:

- We are committed to making ED&I a priority. We want to be a workplace that inspires leadership at all levels, with all staff, where everyone's voice is heard

- We are committed to creating an inclusive culture, where staff and patients believe there is strength in difference. We want to celebrate and actively embrace diversity
- We are committed to ensuring that staff and patients have good experiences at the Trust, and feel comfortable "bringing their whole self" to The Walton Centre
- We are committed to ensuring our care with, and for, all patients is meaningful to them, that ED&I is part of everyone's role, and is an integral part of our health and wellbeing approach.

4.5   Organisational Context

This Vision is additional and complimentary to the many other key objectives, action plans and reporting that the Trust undertakes to ensure that it remains compliant with ED&I relevant statutory requirements and reporting frameworks.

The Equality Act 2010, Public Sector Equality Duties: general and Specific Duties:

General Duty:
- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between people who share a protected characteristic and those who do not; and
- Foster good relations between those who share and do not share a protected Characteristic.

The Specific Duties
- Publish information to show their compliance with the Equality Duty, at least
- Annually
- Set and publish equality objectives, at least every four years.

Reporting:
- EDS 2 submissions to NHS England and published in the ED&I Annual Report online
- Workforce Race Equality Standards (WRES) published annually online
- Gender Pay Gap Reporting Published annually online
- Forthcoming Workplace Disability Equality Standards 2019 to be published online

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These other key ED&I activities are progressed and monitored via The ED&I Steering Group and Operational group, the Senior Management Team and The Board.

4.6   Narrative
The table below outlines the progress to June 2021. The Trust is tracking progress against 24 goals associated with the ED&I 5 Year Vision.

The Goals that have been achieved are tagged Green. Goals that are achieved in part or are continuing on track towards achievement are marked in Amber. There are no goals that are in danger of not being achieved which would be marked red.

Goal 1	**Goal description: We have an ED&I 5 year strategy developed by staff and launched. Achieved in 20I7 There has been no significant change.**	
Goal 2	**Goal description: We have ED&I champions roles defined and recruited to add value to our efforts to realise the Trust's ED&I 5 Year Vision. Achieved in 20I7. There has been some change.** The COVID-19 outbreak and the disproportional impact on people with certain protected characteristics makes traditional face to face meetings impractical so the Trust is exploring ways to engage with champions/staff digitally etc.	
Goal 3	**Goal description: We have year on year improvement of our measurements (in National Surveys relating to In-Patients and Staff) Ongoing.** **There has been no significant change. The Gender Pay Gap, WRES and WDES reporting are completed published for 2020 and on target for 2021's reporting cycle.** This goal is only realistically achievable by the end of the 5 Year Vison. http://www.thewaltoncentre.nhs.uk/uploadedfiles/documents/corporate/WRES%20Report%20%202 02020%20Final.pdf http://www.thewaltoncentre.nhs.uk/uploadedfiles/documents/corporate/WDES%20Report%202020 20%20Final%20(4).pdf http://www.thewaltoncentre.nhs.uk/uploadedfiles/Gender%20Pay%20Gap%20Report%202020.pdf	
Goal 4	**Goal description: We are the employer of choice for staff with protected characteristics. Ongoing.** **There has been no significant change, the WRES and WDES are due for publication later in 2020/2021.** WRES monitoring demonstrates that the Trust has maintained a workforce that is more diverse than the local community in terms of race/ethnicity. The distribution of BME staff, however, remains much more evident in clinical and in medical roles and there are also comparatively fewer BME non-medical managers. Gender monitoring has shown that we have more females than males at the Trust, but despite an incremental closing of the Gender Pay Gap, male earnings are disproportionately higher because their distribution in clinical and medical posts is different. WDES analysis has highlighted that Disabled staff are underrepresented in all areas of the Trust, however, due to there being a significant numerical difference between the numbers of Disabled staff recoded on ESR and Disabled staff responding to the staff survey, it is suspected that there is a large measure of under reporting of disability on ESR: The percentage of Disabled staff on ESR is (2.72%) compares with a (3%) average measured from trust's ESR records across England. The percentage of Disabled staff responding to the Walton Centre Staff Survey was (18.11%). Like most other trusts The Walton Centre seems to have ESR underreporting of disability of	

	approximately (15%).
	The Trust continues to liaise with Disabled staff to better understand and tackle under reporting of disability.
Goal 5	**Goal description: We have good engagement and working relationships with 3rd sector expert groups. Achieved/Ongoing. There have been some difficulties encountered this year due to COVID-19.**
	This is a goal that requires ongoing action to maintain its effectiveness into the future. 3rd Sector Engagement was a key piece of work done by the Trust to inform the local health economy across Merseyside about health inequalities as part of joint working. The Trust is continuing to work with Local Healthwatch to develop more effective community engagement across Merseyside Trusts.
	Covid-19 continues to badly affect engagement activity. Many 3rd sector workers who would normally be involved in engagement are furloughed or redeployed at present e.g. most Healthwatch engagement officers, so there is little scope at present for detailed engagement work, however the Trust is continuing to maintain contacts with key Healthwatch officers in readiness for the end of the current COVID-19 epidemic. The Trust has also been able to network effectively with the Neurological Alliance both on a National and a Cheshire and Merseyside footprint.
Goal 6	**Goal description: We have an increase in Equality Impact Assessments (EIA) undertaken for planning and projects. Achieved 2018. There has been on significant change.**
	All Trust policies, procedures, strategies, projects, CIPs and service changes are now accompanied by an EIA prior to their approval and publication.
	The Equality and Inclusion Lead now has to sign off all CIPs prior to their implementation. The Chair and the CEO have made themselves aware of the Brown Principles and EIA guidance has undergone further revision and is now comprehensive. The Equality and Improvement Lead provides one on one guidance and support to managers completing EIAs om request.
Goal 7	**Goal description: We have set up and established terms of reference for the ED&I Steering Group Achieved 2017.**
	The EDI Steering Group has been reinvigorated by new Terms of Reference and input from senior leaders. Meeting are now taking place on a regular basis.
Goal 8	**Goal description: We complete action plans for data and track progress and impact. Ongoing. There is no significant change.**
	The Trust has action plans and tracks data in accordance with the Public Sector Equality Duty (See above). Data monitoring and action planning has also increased as a result of the introduction of the

	WRES, WDES, Gender Equality Reporting and the Trust's new B.A.M.E Strategic Advisory Committee (SBAC).
Goal 9	**Goal description: We complete action plans for WRES findings and track impact. Achieved/Ongoing There is no significant change.** The WRES is an annual reporting mechanism, so this work is never fully achieved; however the Trust is fully compliant to this point in time.
Goal 10	**Goal description: Our Public Sector Equality Duty is met (PSED) Achieved 2018.** **There is no significant change** Please see; Equality and Inclusion Annual Report 2020 for continuing assurance. http://www.thewaltoncentre.nhs.uk/uploadedfiles/documents/corporate/EDI%20Report%202020%20Final.pdf The Trust has continues to pay due regard to the PSED during the 2020 COVID-19 epidemic. The Trust has taken steps to ensure that staff who are in COVID-19 higher risk groups due to disability race, pregnancy etc. are risk assessed and control measures are agreed to allow them to continue to work safely. The Trust is also conducting an EIA on its response to COVID-19 to learn any lessons and make any changes required to maintain PSED compliance. The Trust has also published its Gender Pay Gap report this year and will report on the WRES, WDES and publish its 2020 EDI Annual Report despite the disruption caused by COVID-19.
Goal 11	**Goal description: We are successful in our reaccreditation for Navajo or have an action plan for future accreditation. Achieved 2018.** **There has been some difficulty encountered in 2020 due to COVID-19.** This Chartermark is a signifier of good practice, commitment and knowledge of the specific needs, issues and barriers facing LGBTIQA people in Cheshire and Merseyside. Navajo looks at employment practices and how services are inclusive for LGBTIQA people. Since the Trust successfully obtained Navajo reaccreditation in March 2018 further steps have been taken to embed this work and spread best practice. COVID-19 put a halt on the Trusts planned reaccreditation in 2020. The Trust was given the option of having a further postponement of Navajo reaccreditation until, however the Trust volunteered to through Navajo reaccreditation in the summer of 2021 as we are keen to keep up momentum regarding sexual orientation equality.
Goal 13	**Goal description: We have met Accessible information standard. Ongoing. There has been some positive progress for this goal.** Evidence from the Trusts intranet http://intranet/intranet_new/586/accessible-information-standard.html Also, the Interpretation & Translation and Accessible Information Policy, April 2018 indicates that the

	Accessible Information Standard has been achieved; however, this goal requires ongoing monitoring to ensure that it is maintained. The Trust is currently participating in CCG a patient focussed Reasonable Adjustments task and finish group which will likely identify further actions relation to accessible information. The Trust has now completed its review of its Accessible Information Standard and is taking steps to adopt a new Standard Operational Procedure for the making of reasonable adjustments, which has been developed in partnership with local CCGs and NHS Trusts.
Goal 14	**Goal description: We have an increase in staff with protected characteristics in our workforce over the life of the Vision. Achieved 2018** in regard to race, however this work is **ongoing. There has been no significant change.** In 2019 there was a small decline in the Trusts percentage of BME staff in the workforce as reported by the WRES, however, the Trust remains in line with regional demographics. This metric will be monitored closely to ensure that the recent fluctuation is not the start of a negative trend. WRES reporting is due later in 2020. That WRES Report will show any improvements from previous year's figures. The WDES has now given the Trust a 2019 baseline figure to measure progress regarding the measurement of disability equality progress in coming years. WDES reporting is due later in 2020. The WDES will show any improvements from previous year's figures.
Goal 15	**Goal description: We have improved experience of patients with learning difficulties, brain injuries & protected characteristics. Achieved 2018. There has been no significant change.** The Trust is currently participating in talks with other local trusts and Liverpool CCG to jointly procure Translation and Interpretation services and the Trust is in the process of adopting Translation and Interpretation Standards developed jointly with local CCG and trust partners.
Goal l16	**Goal description: We have expanded training in unconscious bias/cultural competency. Ongoing. There has been progress on this goal.** In January 2020 The Trust has conducted ED&I training with a particular focus on, unconscious bias and cultural competence. The Trust also provided equivalent EDI training for managers in the first quarter of 2020. Unconscious bias training was suspended during the Covid-19 pandemic; however the trust is currently reviewing how unconscious bias/civility training can be reintroduced during the second half of 2020.
Goal 17	**Goal description: Our staff feel equipped with skills and knowledge on ED&I. Ongoing.** Please see the answer given in Goal 16 above.

Goal 18	**Goal description: We have a place on a national campaign – e.g. Building Leadership for Inclusion or alternative. Achieved 2018. There had been progress on this goal.** The Trust successfully participated in the NHS Employers Diversity and Inclusion Partners Programme in 2018 and the Trust's application has now been accepted to participate on the 2019 programme. The Trust is actively engaged in the networking, sharing of best practice that this provides. The Trust has now graduated to participating in the NHS Employers Diversity and Inclusion Partners Alumni Programme. The Trust is currently planning to start an initiative relating to disability equality and neurodiversity awareness with NHS Employers in 2021.
Goal 19	**Goal description: We have increased/improved patient data monitoring Achieved/Ongoing.** **There has been progress on this goal.** The Trust has updated the PAS System to enable the better recording of patient data in line with national data standards, e.g. on Sexual Orientation Monitoring SOM). https://www.datadictionary.nhs.uk/web_site_content/navigation/main_menu.asp The Trust has also completed improvements to its equality monitoring forms based on patient's feedback.
Goal 20	**Goal description: We have increased/improved workforce monitoring (particularly disability). Achieved/ Ongoing.** Please see the answers given in Goal 3 and 4 above.
Goal 21	**Goal description: We have greater awareness of key cultural dates and events. Achieved/Ongoing. There has some difficulty with this goal due to COVID-19 but the work continues.** The marking of key cultural events has been adversely affected by the COVID-19 epidemic, nevertheless, the Trust carried out actions to mark Holocaust memorial day in January 2020/2021 and Ramadan in April/May 2020/2021. The Trust is exploring ways to participate in Virtual Pride and to mark other cultural dates virtually.
Goal 22	**Goal description: We have equivalent to CQC 'Outstanding' and IiP Gold in Equality and Diversity. Wellbeing Ongoing.** **There has some difficulty with this goal due to COVID-19 but the work continues.** Due to the disruption caused by COVID-19 e.g. it has not been possible to engage with many 3rd sector partners properly for months and face to face engagement with staff and the public has been badly affected too. So it is not now realistic to expect to reach Goal 22 in 2020. 2021 Is a more realistic target for this goal given the current COVID-19 situation.
Goal 23	**Goal description: Our staff feel happy and confident, supported and not judged by the Trust in relation to ED&I, that inclusion is our everyday practice. Ongoing. There has been no significant change.** The WRES data is significantly better in most respects this year including BME staff perceptions as

	measured by the staff survey. The WRES data on this goal will be updated later in 2020 with the publication of this year's WRES report. No significant improvements in the happiness and confidence levels of Disabled staff were identified in 2020 in the publication of the second WDES monitoring report. The Trust now has Staff Equality Networks relating to Disability, Race, LGBT+ Equality. It is hopes that these networks will have an impact on staff feeling happy and confident in 2021/2022.
Goal 24	**Goal description: We celebrate diversity and see our strength in inclusion as one of our core strengths. Ongoing. There has been no significant change.** This is not a goal that we would expect to achieve until the later years of the 5 Year Vision. Consideration should be given as to how this goal is to be measured effectively and if no adequate measure is identified consideration should be given to dropping this goal.

4.7   Conclusions regarding progress on the ED&I 5 Year Vision.

Despite some difficulties arising from the COVID-19 epidemic, the Trust continues to make steady progress towards achieving the goals in the 5 Year ED&I Vision.

4.8   Professional Interpretation and Translation Services

The Trust contracts with professional interpreting and translation service providers who can be contacted 24 hours a day e.g. we have a contract with Action on Hearing Loss who provide sign language interpretation and translation to support our staff and patients. We recognise that this provision is essential for effective and safe communication in people whose first language isn't English and for signers. We also ensure that this provision promotes equality of opportunity as well as ensuring that dignity, respect and privacy is maintained. Looking forward, the Trust is working with other local trusts and CCGs to ensure that high standards of translation and interpretation services are maintained across the local health system. To that end the Trust is engaging fully with steps procure these services via a joint approach to tendering in 2021.

4.9   Complaints

Complaints data is monitored in respect of discrimination and other prohibited conduct via the Trusts Patient Experience Group (PEG). Any patterns identified would be addressed accordingly.

5 Fostering Good Relations between People who Share Protected Characteristics and People who don't

Many of the actions detailed in the Five Year ED& Vision mentioned above also support this aim, however detailed below are a few of the extra things the Trust does in support of fostering good relations:

- The Trust has a Patient Experience Group. Membership includes governors as members as well as staff, Board members and local Healthwatch. This allows active dialogue and engagement between the Trust and the people using our services.

The Trust marked Black History Month UK by promoting online profiles of notable Black high achievers. The aim was to address the long standing unfairness and lack of recognition for the contribution made by people of African descent to life, development and history of the UK by celebrating the achievements and contributions of the black community over the years.

5.1 ED&I Patient and Engagement

Due to the COVID-19 epidemic, it has been difficult to maintain relationships with community organisations. Many 3rd sector workers who would normally be involved in engagement are furloughed or redeployed at present e.g. most Healthwatch engagement officers, so there is little scope at present for detailed engagement work, however the Trust is continuing to maintain contacts with key Healthwatch officers in readiness for the end of the current COVID-19 epidemic. The Trust has also networked with the Neurological alliance on a National and local level to address health inequalities Equality continues to be a standing item on the Patient Experience Group agenda. Involvement with other local networks and charities has included regular engagement with the Brain Charity, epilepsy patients and Navajo etc.

The Trust has a Learning Disability Steering Group that feeds into the Trust's Safeguarding Group which in turn reports to the Board of Directors via the Patient Safety Group. The Learning Disability Steering Group meets quarterly and has developed good links with the community learning disability teams in the local areas. Members of the Trust's Learning Disability Steering Group also attend the Trust's Safeguarding Group meetings.

6 The Specific Duty and the Walton Centre

The Trust meets its Specific Duties under the Equality Act 2010 via the publication of this Equality, Diversity and Inclusion Annual Report and the equality objectives stated within it. A further level of PSED assurance is provided by the Trust's participation in Equality Delivery System 2 (EDS 2).

6.1 EDS 2

The Trust's EDS 2 review of priorities is currently being undertaken for 2020/21; however progress on this has been slowed by the disruption caused by the COVID-19 epidemic. The Trust is, therefore, not seeking to increase its grades on any of the sub-goals in 2020 as the COVID-19 slowed or paused much of the cooperative working that we have been doing with other Merseyside Trusts. Despite these difficulties, much progress has been made in regard to updating our arrangements for making Reasonable Adjustments for both disabled patients and staff.

EDS2 has four key goals (with 18 specific outcomes) which are achieving better outcomes, improving patient access and experience, developing a representative and supported workforce and finally, demonstration of inclusive leadership. Each of these goals are assessed and a grading applied to illustrate progress. Involvement of the communities and organisations who represent the views of people with protected characteristics is important. The grading's applied are as follows:

1. **_Undeveloped_** if there is no evidence one way or another for any protected group of how people fare or Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well

2. **_Developing_** if evidence shows that the majority of people in three to five protected groups fare well

3. **_Achieving_** if evidence shows that the majority of people in six to eight protected groups fare well

4. **_Excelling_** if evidence shows that the majority of people in all nine protected groups fare well

6.2   The current equality objectives are:
- Objective 1 – Extend patient profiling (equality monitoring) data collection to all protected characteristics
- Objective 2 – Improve support for, and reporting of, disability within the workforce
- Objective 3 – Ensure ongoing involvement and engagement of protected groups including patients, carers, staff, Healthwatch and other interested parties
- Objective 4 – Ensure all staff members are paid equally for equal work done
- Objective 5 – Increase the number of BME staff within management positions.

Recent EDS 2 gradings for the vast majority of patient and public related services (Goals 1, 2 & 4) for The Walton Centre have been assessed as *developing.* The currently proposed 2021 EDS2 grades for The Walton Centre can be viewed in the table immediately below and in the Appendix.

6.3 Current 2020/21The Walton Centre EDS2: The Goals and Outcomes			Grade Status
Goal	**Sub**	**Description of outcome**	
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways	Developing
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Developing
	1.4	When people use NHS services their safety is prioritised, and they are free from mistakes, mistreatment and abuse	Developing
	1.5	Local health campaigns reach communities	Developing
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Developing
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Achieving
	2.3	People report positive experiences of the NHS	Achieving
	2.4	People's complaints about services are handled respectfully and efficiently	Developing
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Developing
	3.3	Training and development opportunities are taken up and positively evaluated by all staff	Achieving
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Developing
	3.6	Staff report positive experiences of their membership of the workforce	Developing
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Developing

	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Developing
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Developing

7 Workforce ED&I Profile

Workforce ED&I Profile 1st June 2021.

7.1 Workforce by Age

Age Range	No. Of Staff
<=20 Years	4
21-25	83
26-30	180
31-35	228
36-40	189
41-45	178
46-50	175
51-55	178
56-60	160
61-65	88
66-70	17
>=71 Years	4
Grand Total	**1484**

7.1.1

No. of Staff by Age Range

Age Range	No. of Staff
<=20 Years	4
21-25	83
26-30	180
31-35	228
36-40	189
41-45	178
46-50	175
51-55	178
56-60	160
61-65	88
66-70	17
>=71 Years	4
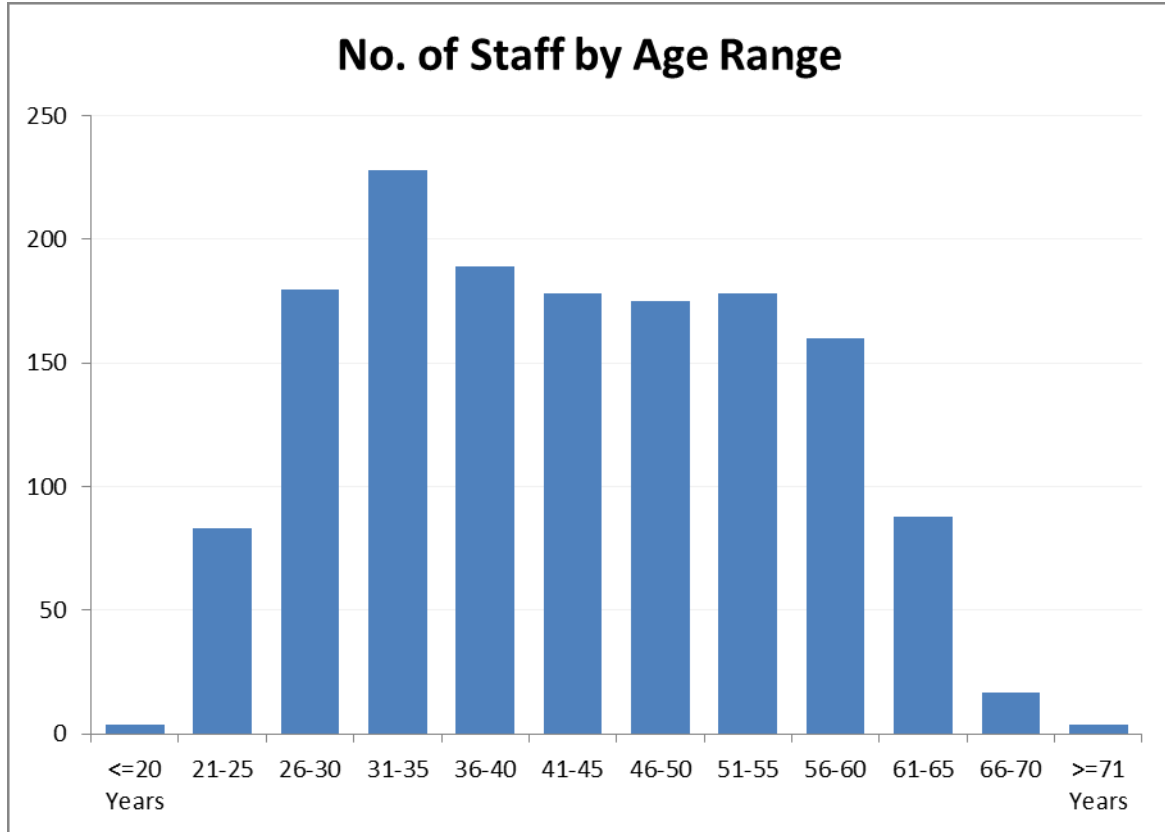
7.1.2 Staff Group by Age

Age Range	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	Grand Total
<=20 Years			4						4
21-25	3	11	25	14		1		29	83
26-30	3	27	37	32		4	5	72	180
31-35	15	29	57	39		9	12	67	228
36-40	16	24	44	33	1	4	24	43	189
41-45	8	27	42	20		7	28	46	178
46-50	7	29	47	18	1	2	30	41	175
51-55	5	28	51	20	2	2	25	45	178
56-60	7	37	47	11	5	1	9	43	160
61-65	1	31	27	4	5		5	15	88
66-70	1	6	4		2		2	2	17
>=71 Years		2	1		1				4
Grand Total	66	251	386	191	17	30	140	403	1484

7.1.3

No. of Staff by Age Range

Legend:
- Add Prof Scientific and Technic
- Additional Clinical Services
- Administrative and Clerical
- Allied Health Professionals
- Estates and Ancillary
- Healthcare Scientists
- Medical and Dental
- Nursing and Midwifery Registered
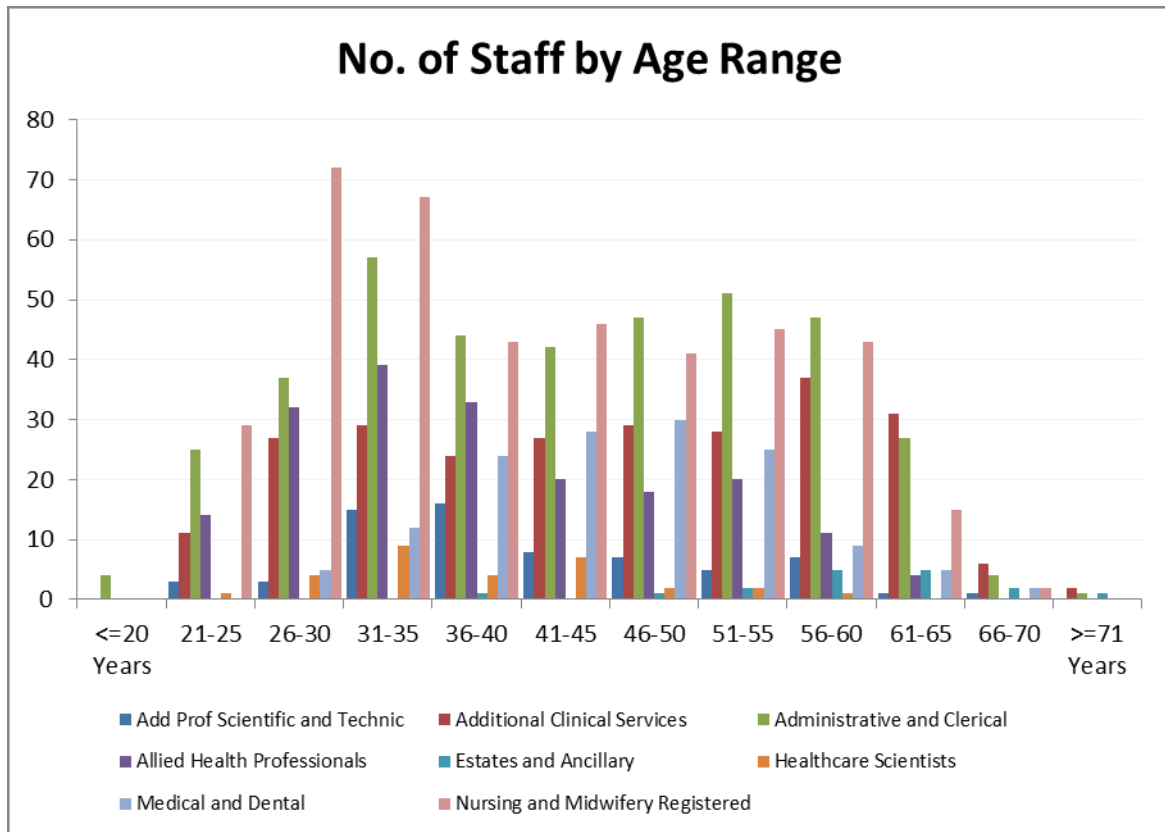
7.2 Workforce by Gender

Gender	No. Of Staff
Female	1147
Male	337
Grand Total	**1484**

7.2.1
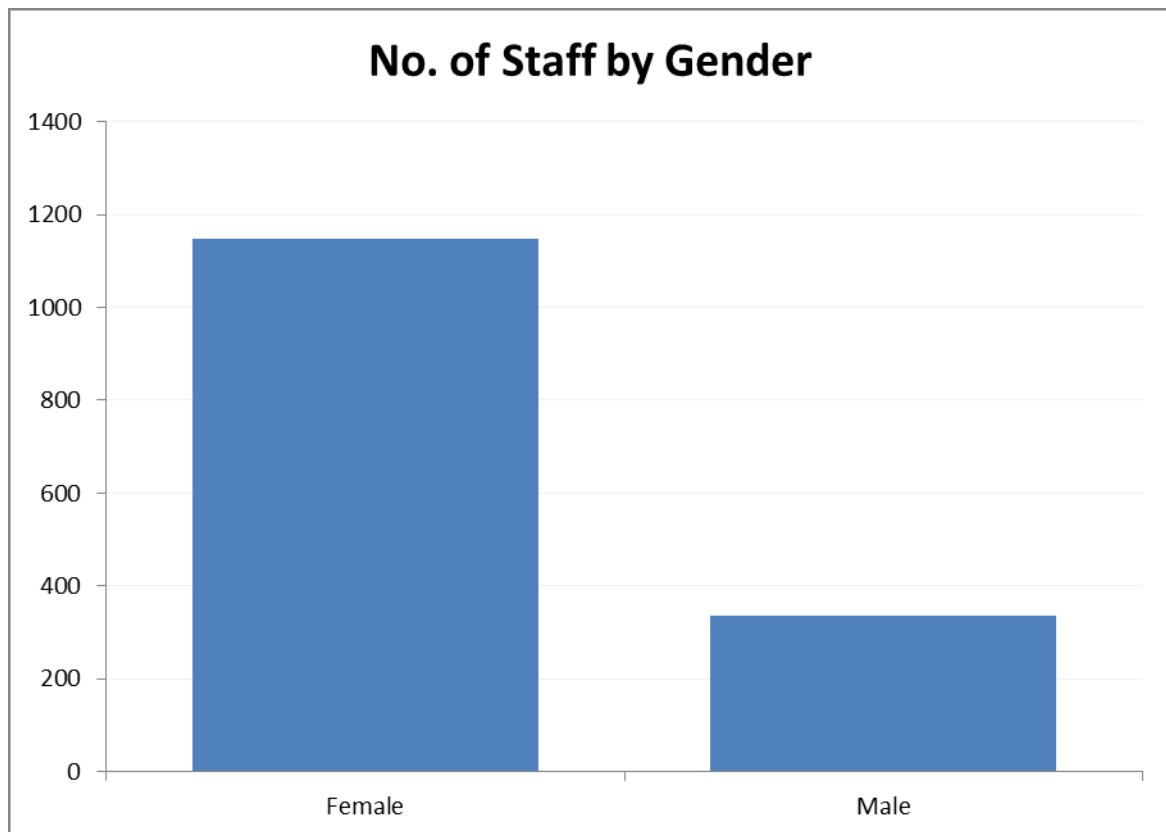
7.2.2 Staff Group by Gender

Staff Group	Female	Male	Grand Total
Add Prof Scientific and Technic	46	20	66
Additional Clinical Services	217	34	251
Administrative and Clerical	283	103	386
Allied Health Professionals	165	26	191
Estates and Ancillary	11	6	17
Healthcare Scientists	20	10	30
Medical and Dental	37	103	140
Nursing and Midwifery Registered	368	35	403
Grand Total	**1147**	**337**	**1484**

7.2.3

No. of Staff by Gender
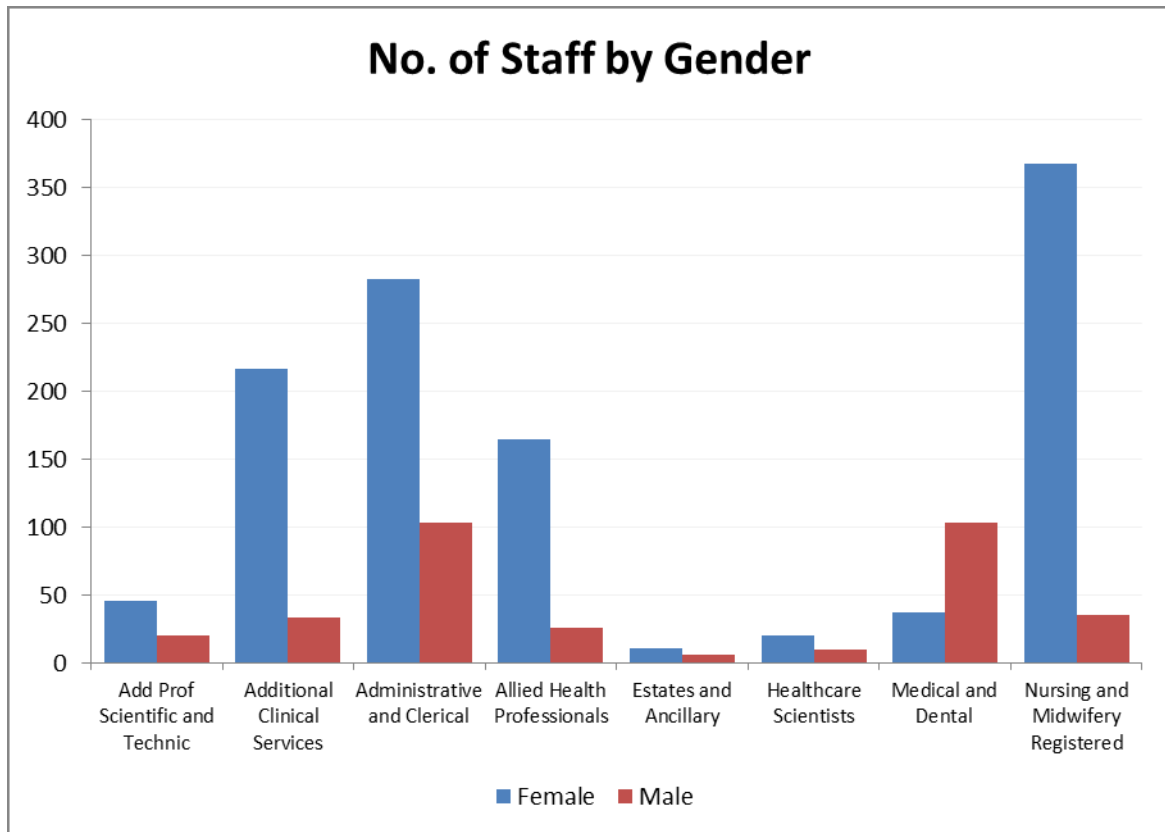
7.3 Workforce by Ethnic Origin

Ethnic Origin	No. Of Staff
A White - British	1257
B White - Irish	25
C White - Any other White background	41
CP White Polish	1
CY White Other European	2
D Mixed - White & Black Caribbean	1
E Mixed - White & Black African	3
F Mixed - White & Asian	1
G Mixed - Any other mixed background	5
H Asian or Asian British - Indian	72
J Asian or Asian British - Pakistani	3
K Asian or Asian British - Bangladeshi	1
L Asian or Asian British - Any other Asian background	11
LH Asian British	1
LK Asian Unspecified	1
M Black or Black British - Caribbean	1
N Black or Black British - African	24

P Black or Black British - Any other Black background	1
R Chinese	1
S Any Other Ethnic Group	21
SC Filipino	1
Z Not Stated	10
Grand Total	*1484*

7.3.1

No. of Staff by Ethnic Origin

7.3.2

No. of Staff by Ethnic Origin

Ethnic Origin	
A White - British	▇▇▇▇▇▇▇▇▇▇▇
B White - Irish	▏
C White - Any other White background	▎
CP White Polish	
CY White Other European	
E Mixed - White & Black African	
F Mixed - White & Asian	
G Mixed - Any other mixed background	
H Asian or Asian British - Indian	▌
J Asian or Asian British - Pakistani	
K Asian or Asian British - Bangladeshi	
L Asian or Asian British - Any other Asian background	▏
LH Asian British	
LK Asian Unspecified	
M Black or Black British - Caribbean	
N Black or Black British - African	▏
P Black or Black British - Any other Black background	
S Any Other Ethnic Group	▏
SC Filipino	
Z Not Stated	▏

0   200   400   600   800   1000 1200 1400

7.3.3 Staff Group by Ethnic Origin

Ethnic Origin	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Health care Scientists	Medical and Dental	Nursing and Midwifery Registered	Grand Total
A White - British	61	229	372	175	17	27	45	331	1257
B White - Irish	2	2		5			1	15	25
C White - Any other White background	1	6	3	1		1	19	10	41

CP White Polish							1	1
CY White Other European						1	1	2
D Mixed - White & Black Caribbean			1					1
E Mixed - White & Black African						3		3
F Mixed - White & Asian			1					1
G Mixed - Any other mixed background		1	1	1		1	1	5
H Asian or Asian British - Indian		3	3	1	2	42	21	72
J Asian or Asian British - Pakistani			1			2		3
K Asian or Asian British - Bangladeshi						1		1

L Asian or Asian British - Any other Asian background		1					3	7	11
LH Asian British							1		1
LK Asian Unspecified								1	1
M Black or Black British - Caribbean								1	1
N Black or Black British - African	1	4	3	4			6	6	24
P Black or Black British - Any other Black background			1						1
R Chinese								1	1
S Any Other Ethnic Group	1	3		4			7	6	21
SC Filipino		1							1
Z Not Stated		1					8	1	10
Grand Total	**66**	**251**	**386**	**191**	**17**	**30**	**140**	**403**	**1484**

7.3.4

No. of Staff by Ethnic Origin

Categories (top to bottom):
- A White - British
- B White - Irish
- C White - Any other White background
- CP White Polish
- CY White Other European
- D Mixed - White & Black Caribbean
- E Mixed - White & Black African
- F Mixed - White & Asian
- G Mixed - Any other mixed background
- H Asian or Asian British - Indian
- J Asian or Asian British - Pakistani
- K Asian or Asian British - Bangladeshi
- L Asian or Asian British - Any other Asian background
- LH Asian British
- LK Asian Unspecified
- M Black or Black British - Caribbean
- N Black or Black British - African
- P Black or Black British - Any other Black background
- R Chinese
- S Any Other Ethnic Group
- SC Filipino
- Z Not Stated

Legend:
- Add Prof Scientific and Technic
- Additional Clinical Services
- Administrative and Clerical
- Allied Health Professionals
- Estates and Ancillary
- Healthcare Scientists
- Medical and Dental
- Nursing and Midwifery Registered

7.4 Workforce by Disability

Disability	No. Of Staff
No	1159
Not Declared	45
Unspecified	234
Yes	46
Grand Total	1484

7.4.1

No. of Staff by Disability
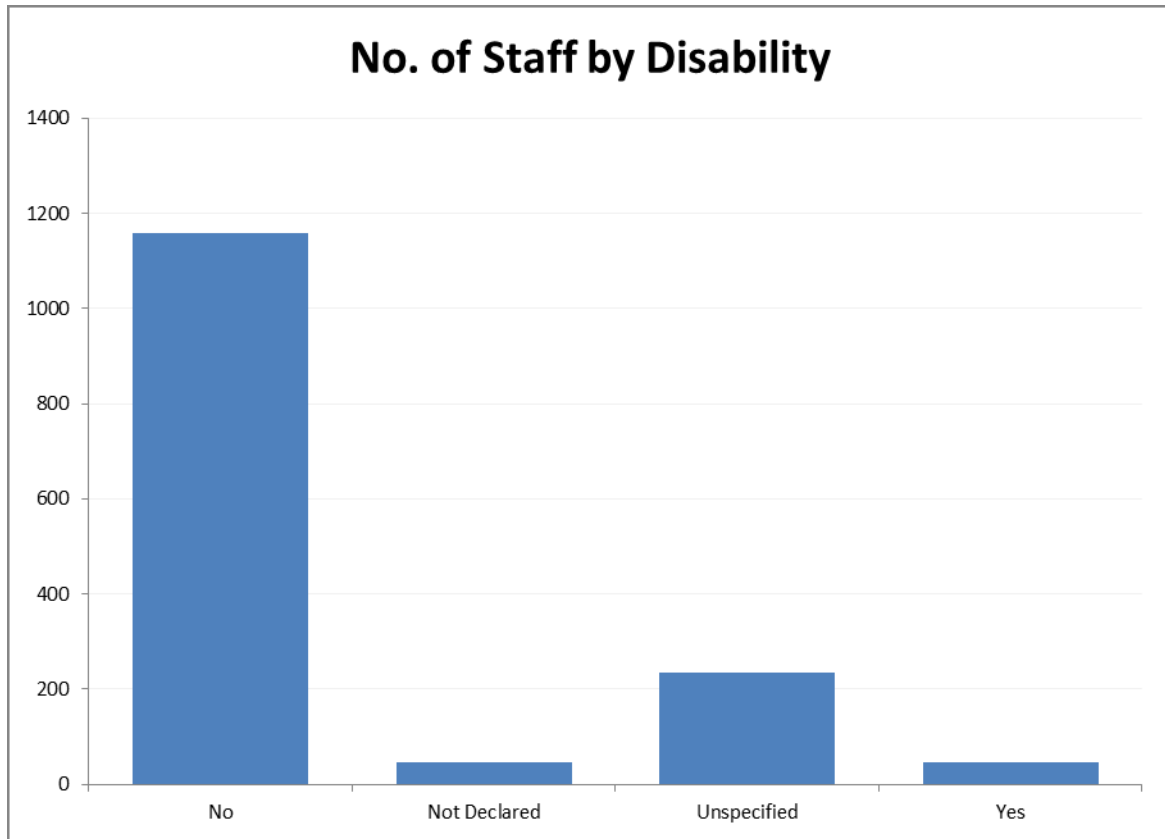
7.5 Staff Group by Disability

Staff Group	No	Not Declared	Unspecified	Yes	Grand Total
Add Prof Scientific and Technic	57		9		66
Additional Clinical Services	197	12	38	4	251
Administrative and Clerical	310	10	51	15	386
Allied Health Professionals	151	2	28	10	191
Estates and Ancillary	13		1	3	17
Healthcare Scientists	23		7		30
Medical and Dental	109	13	16	2	140
Nursing and Midwifery Registered	299	8	84	12	403
Grand Total	1159	45	234	46	1484

7.5.1

No. of Staff by Disability
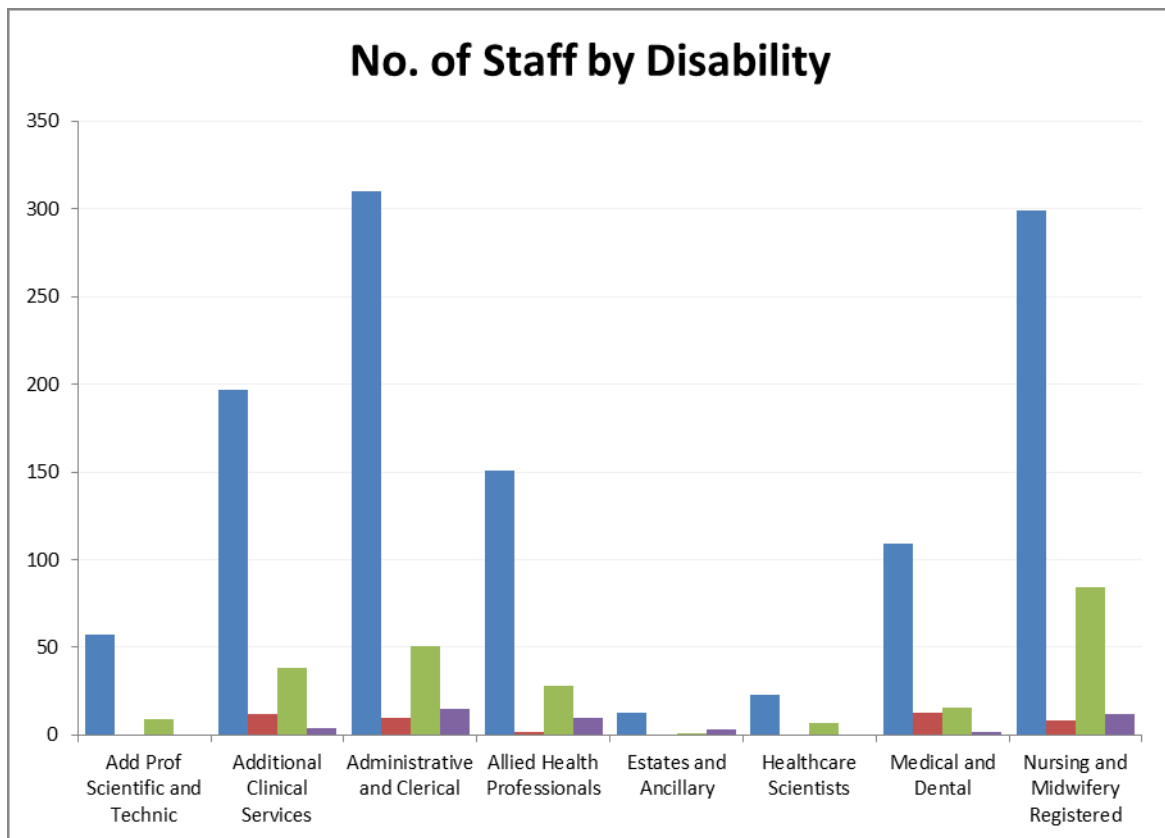
7.6 Workforce by Religion or Belief

Row Labels	No. Of Staff
Atheism	171
Buddhism	4
Christianity	916
Hinduism	34
I do not wish to disclose my religion/belief	138
Islam	24
Judaism	2
Other	116
Unspecified	79
Grand Total	**1484**

7.6.1

No. of Staff by Religion or Belief
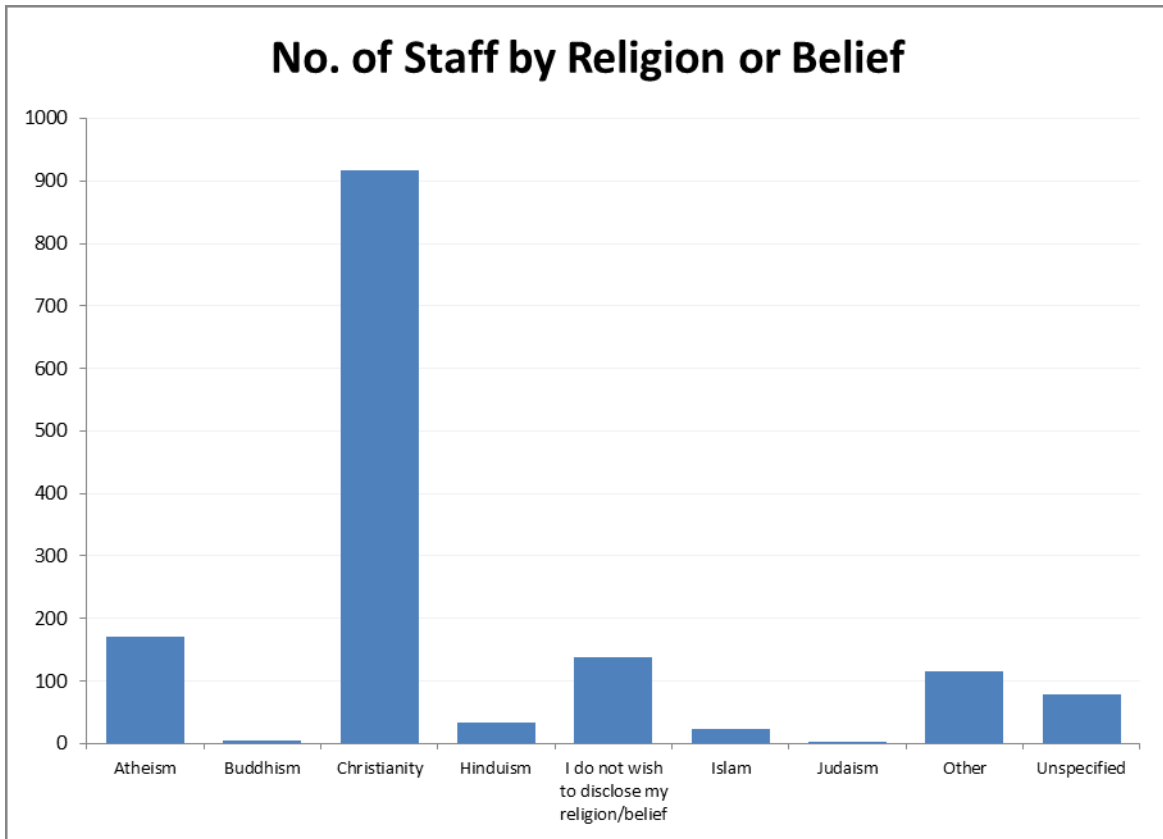
7.6.2 Staff Group by Religion or Belief

Staff Group	Atheism	Buddhism	Christianity	Hinduism	I do not wish to disclose my religion/belief	Islam	Judaism	Other	Unspecified	Grand Total
Add Prof Scientific and Technic	15		37		3			6	5	66
Additional Clinical Services	15	1	161	1	24	2		31	16	251

Administrative and Clerical	53		247		30	2		39	15	386
Allied Health Professionals	27	1	123		17	2		10	11	191
Estates and Ancillary	1		11		3			1	1	17
Healthcare Scientists	5		17		3	1		3	1	30
Medical and Dental	15	1	38	31	23	16	1	3	12	140
Nursing and Midwifery Registered	40	1	282	2	35	1	1	23	18	403
Grand Total	**171**	**4**	**916**	**34**	**138**	**24**	**2**	**116**	**79**	**1484**

7.6.3

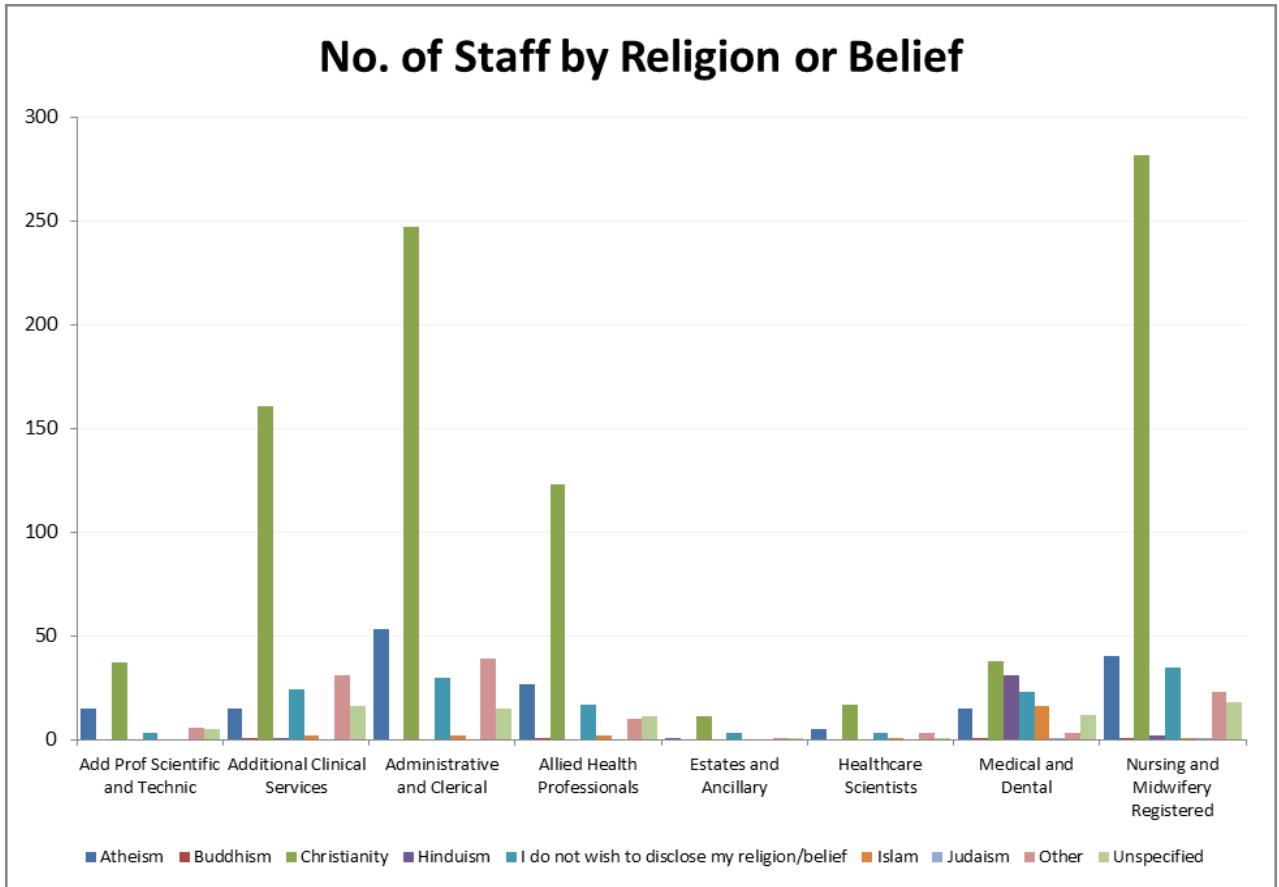## No. of Staff by Religion or Belief

Legend: Atheism, Buddhism, Christianity, Hinduism, I do not wish to disclose my religion/belief, Islam, Judaism, Other, Unspecified

Categories: Add Prof Scientific and Technic, Additional Clinical Services, Administrative and Clerical, Allied Health Professionals, Estates and Ancillary, Healthcare Scientists, Medical and Dental, Nursing and Midwifery Registered

7.7 Workforce by Sexual Orientation

Sexual Orientation	No. Of Staff
Bisexual	10
Gay or Lesbian	31
Heterosexual or Straight	1251
Not stated (person asked but declined to provide a response)	93
Other sexual orientation not listed	1
Undecided	1
Unspecified	97
Grand Total	**1484**

**7.7.1**

No. of Staff by Sexual Orientation
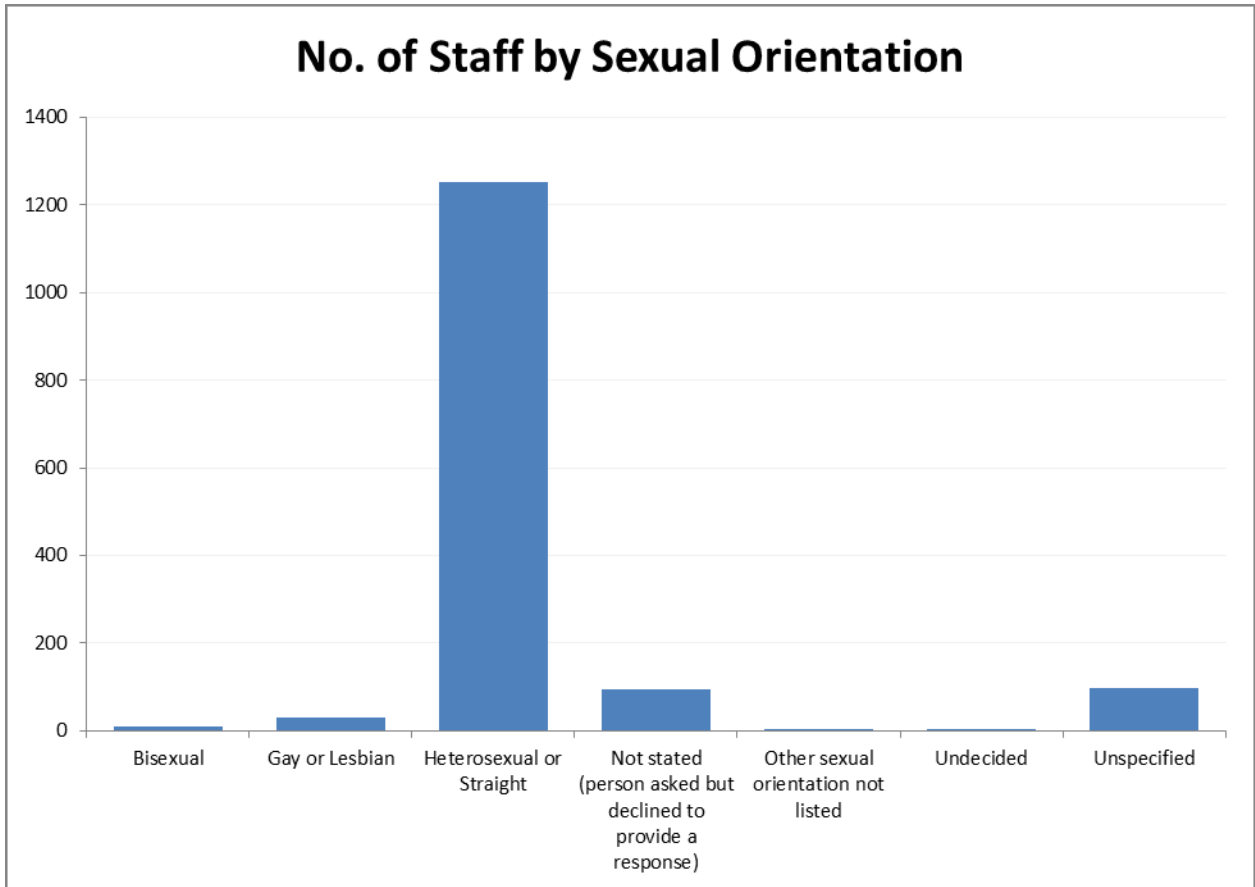
7.7.2 Staff Group by Sexual Orientation

Staff Group	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not stated (person asked but declined to provide a response)	Other sexual orientation not listed	Undecided	Unspecified	Grand Total
Add Prof Scientific and Technic			58	1		1	6	66
Additional Clinical Services	2	7	202	20			20	251
Administrative and Clerical	1	8	343	19			15	386
Allied Health		7	164	8			12	191

	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not stated	Other sexual orientation not listed	Undecided	Unspecified	Grand Total
Professionals								
Estates and Ancillary			14	2			1	17
Healthcare Scientists	1	1	25	1			2	30
Medical and Dental	1	1	105	20			13	140
Nursing and Midwifery Registered	5	7	340	22	1		28	403
Grand Total	**10**	**31**	**1251**	**93**	**1**	**1**	**97**	**1484**

7.7.3

No. of Staff by Sexual Orientation
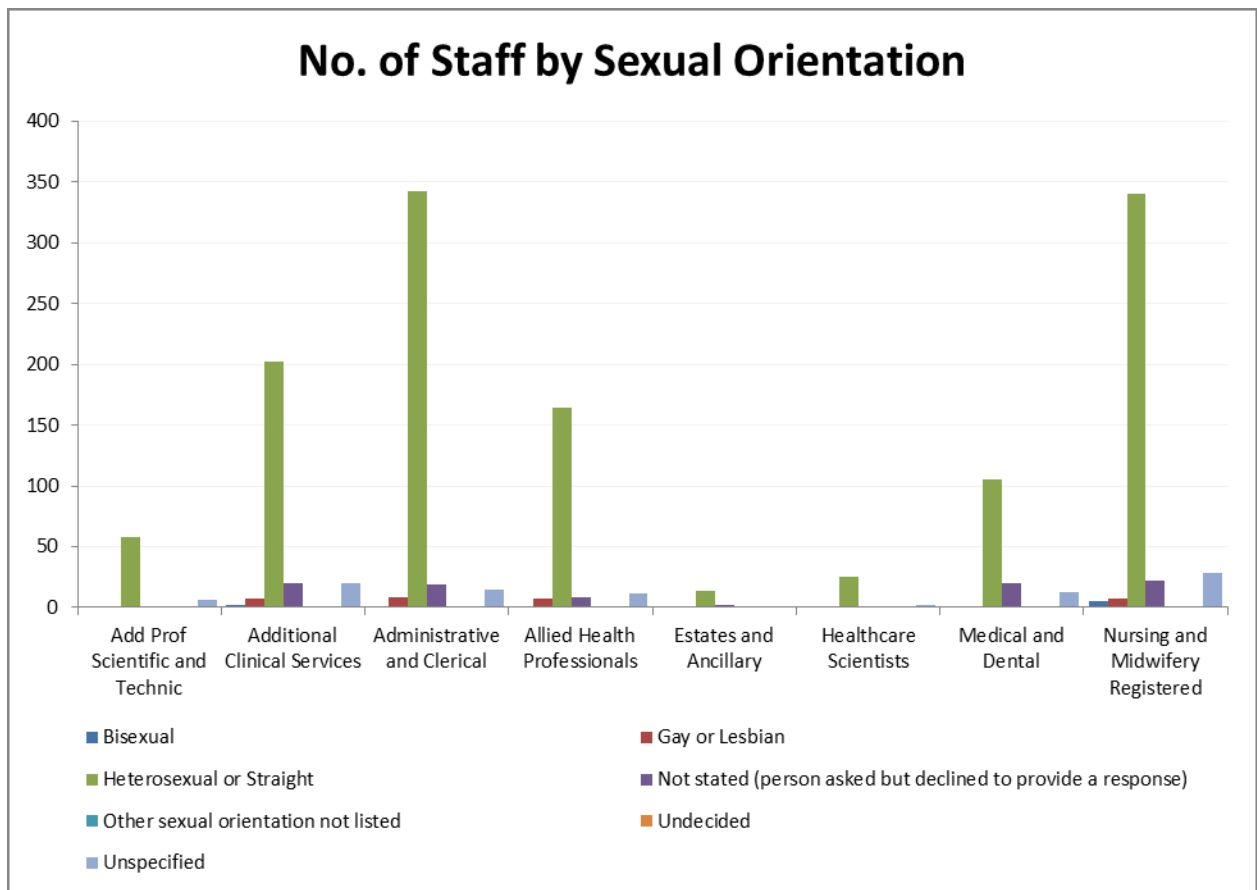
7.8 Workforce by Marital Status

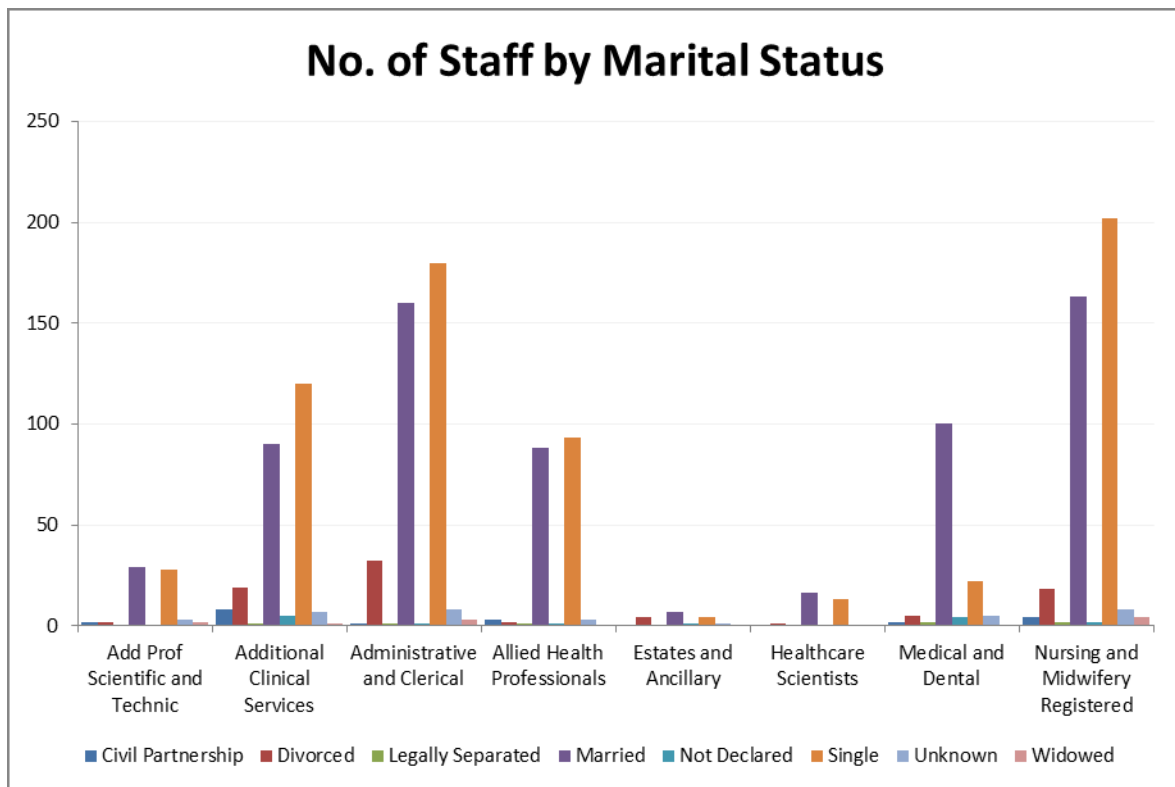| Status	No. Of Staff
Civil Partnership	20
Divorced	83
Legally Separated	7
Married	653
Not Declared	14
Single	662
Unknown	35
Widowed	10
Grand Total	**1484**

7.8.1
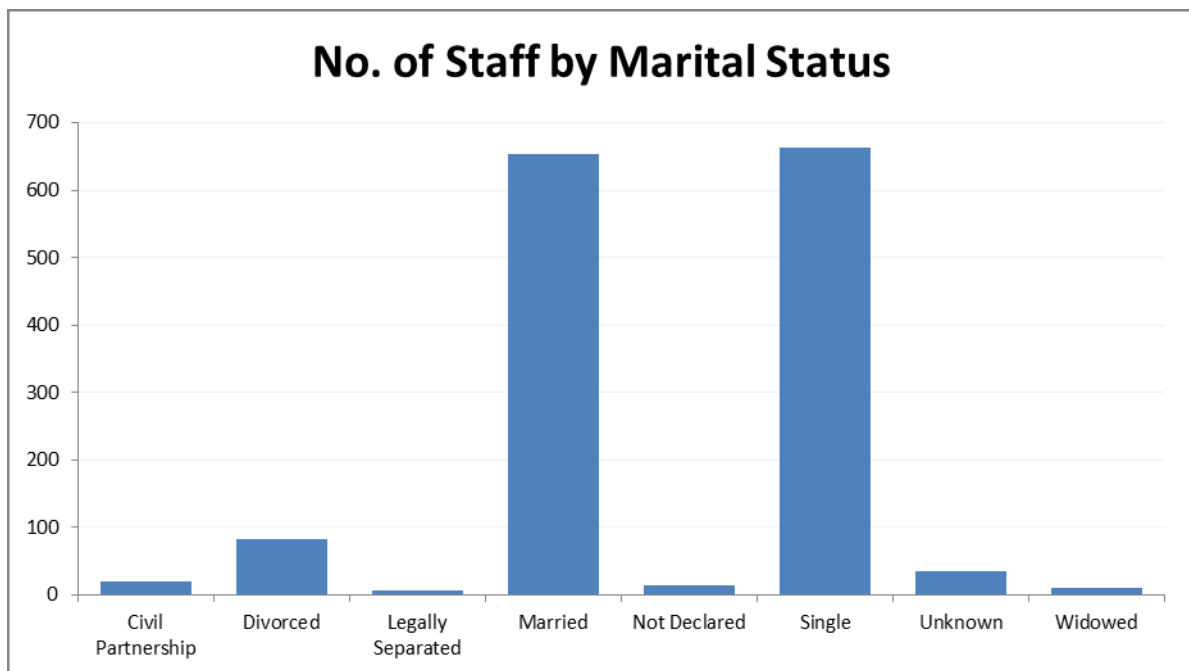
7.8.2 Staff Group by Marital Status

Staff Group	Civil Partnership	Divorced	Legally Separated	Married	Not Declared	Single	Unknown	Widowed	Grand Total
Add Prof Scientific and Technic	2	2		29		28	3	2	66
Additional Clinical Services	8	19	1	90	5	120	7	1	251
Administrative	1	32	1	160	1	180	8	3	386

	Civil Partnership	Divorced	Legally Separated	Married	Not Declared	Single	Unknown	Widowed	Grand Total
and Clerical									
Allied Health Professionals	3	2	1	88	1	93	3		191
Estates and Ancillary		4		7	1	4	1		17
Healthcare Scientists		1		16		13			30
Medical and Dental	2	5	2	100	4	22	5		140
Nursing and Midwifery Registered	4	18	2	163	2	202	8	4	403
Grand Total	**20**	**83**	**7**	**653**	**14**	**662**	**35**	**10**	**1484**

7.8.2

No. of Staff by Marital Status

8 New Starters 1ST April 2020 to 31st March 2021.

Disability	No. of Staff
No	211
Unspecified	3
Yes	7
Grand Total	**221**

8.1

Gender	No. of Staff
Female	178
Male	43
Grand Total	**221**

8.2

Marital Status	No. of Staff
Civil Partnership	6
Divorced	7
Legally Separated	2
Married	74
Single	128
Unknown	4
Grand Total	**221**

8.3

Age Band	No. of Staff
<=20 Years	5
21-25	53
26-30	32
31-35	33
36-40	34
41-45	24
46-50	10
51-55	12
56-60	14
61-65	4
Grand Total	**221**

8.4

Ethnic Origin	No. of Staff
A White - British	180
B White - Irish	5
C White - Any other White background	11
D Mixed - White & Black Caribbean	1
E Mixed - White & Black African	1
H Asian or Asian British - Indian	12
L Asian or Asian British - Any other Asian background	1
N Black or Black British - African	7
S Any Other Ethnic Group	2
Unspecified	1
Grand Total	**221**

8.5

Nationality	No. of Staff
American	1
Argentine	1
Australian	1
British	189
Dutch	1
Filipino	1
Indian	11
Irish	5
Italian	1
Japanese	1
Nigerian	1
Polish	4
Romanian	1
South African	1
Spanish	1
Tanzanian	1
Grand Total	**221**

8.6

Sexual Orientation	No. of Staff
Bisexual	3
Gay or Lesbian	11
Heterosexual or Straight	200
Not stated (person asked but declined to provide a response)	5
Other sexual orientation not listed	1
Unspecified	1
Grand Total	**221**

8.7

Religious Belief	No. of Staff
Atheism	45
Buddhism	1
Christianity	130
Hinduism	10
I do not wish to disclose my religion/belief	10
Islam	3
Judaism	1
Other	20
Unspecified	1
Grand Total	**221**

9 Recruitment Data 1st April 2020 to 31 March 2021

Category	Description	Number of applications	Constituting the following % of applications	Number of applications shortlisted	Constituting the following % of those shortlisted	% of applications shortlisted under each Description
Gender	Male	1,593	31.10%	282	20.50%	17.70%
	Female	3,504	68.30%	1080	78.40%	30.80%
	Undisclosed	30	0.60%	15	1.10%	50.00%
Disability	Yes	201	3.90%	66	4.80%	32.80%
	No	4,854	94.70%	1296	94.10%	26.70%
	Undisclosed	72	1.40%	15	1.10%	20.80%
Criminal Conviction	Yes	47	0.90%	13	0.90%	27.70%
	No	5,038	98.30%	1326	96.30%	26.30%
	Not asked	42	0.80%	38	2.80%	90.50%
Ethnicity	WHITE - British	3,247	63.30%	1061	77.10%	32.70%
	WHITE - Irish	62	1.20%	28	2.00%	45.20%
	WHITE - Any other white background	274	5.30%	51	3.70%	18.60%
	ASIAN or ASIAN BRITISH - Indian	385	7.50%	64	4.60%	16.60%
	ASIAN or ASIAN BRITISH - Pakistani	188	3.70%	12	0.90%	6.40%
	ASIAN or ASIAN BRITISH - Bangladeshi	45	0.90%	2	0.10%	4.40%
	ASIAN or ASIAN BRITISH - Any other Asian background	95	1.90%	16	1.20%	16.80%
	MIXED - White & Black Caribbean	21	0.40%	4	0.30%	19.00%
	MIXED - White & Black African	76	1.50%	11	0.80%	14.50%
	MIXED - White & Asian	20	0.40%	3	0.20%	15.00%
	MIXED - any other mixed background	56	1.10%	16	1.20%	28.60%
	BLACK or BLACK BRITISH - Caribbean	22	0.40%	6	0.40%	27.30%
	BLACK or BLACK BRITISH - African	351	6.80%	56	4.10%	16.00%
	BLACK or BLACK BRITISH - Any other black background	20	0.40%	5	0.40%	25.00%

	OTHER ETHNIC GROUP - Chinese	22	0.40%	4	0.30%	18.20%
	OTHER ETHNIC GROUP - Any other ethnic group	152	3.00%	9	0.70%	5.90%
	Undisclosed	91	1.80%	29	2.10%	31.90%
Age Band	Under 18	2	0.00%	0	0.00%	0.00%
	18 to 19	48	0.90%	7	0.50%	14.60%
	20 to 24	698	13.60%	133	9.70%	19.10%
	25 to 29	1,164	22.70%	250	18.20%	21.50%
	30 to 34	930	18.10%	201	14.60%	21.60%
	35 to 39	709	13.80%	214	15.50%	30.20%
	40 to 44	481	9.40%	182	13.20%	37.80%
	45 to 49	394	7.70%	137	9.90%	34.80%
	50 to 54	357	7.00%	123	8.90%	34.50%
	55 to 59	231	4.50%	88	6.40%	38.10%
	60 to 64	87	1.70%	36	2.60%	41.40%
	65 to 69	19	0.40%	5	0.40%	26.30%
	70 and over	6	0.10%	1	0.10%	16.70%
	Undisclosed	1	0.00%	0	0.00%	0.00%
Religion	Atheism	637	12.40%	211	15.30%	33.10%
	Buddhism	50	1.00%	11	0.80%	22.00%
	Christianity	2,775	54.10%	825	59.90%	29.70%
	Hinduism	235	4.60%	29	2.10%	12.30%
	Islam	516	10.10%	37	2.70%	7.20%
	Jainism	6	0.10%	0	0.00%	0.00%
	Judaism	11	0.20%	6	0.40%	54.50%
	Sikhism	9	0.20%	1	0.10%	11.10%
	Other	476	9.30%	125	9.10%	26.30%
	Undisclosed	412	8.00%	132	9.60%	32.00%
Sexual Orientation	Heterosexual	4,758	92.80%	1253	91.00%	26.30%
	Gay/Lesbian	122	2.40%	37	2.70%	30.30%
	Bisexual	84	1.60%	23	1.70%	27.40%
	Other	5	0.10%	1	0.10%	20.00%
	Undecided	14	0.30%	6	0.40%	42.90%
	Undisclosed	144	2.80%	57	4.10%	39.60%
Marital Status	Married	1,667	32.50%	498	36.20%	29.90%
	Single	2,971	57.90%	706	51.30%	23.80%
	Civil partnership	126	2.50%	30	2.20%	23.80%
	Legally separated	42	0.80%	9	0.70%	21.40%
	Divorced	158	3.10%	61	4.40%	38.60%
	Widowed	39	0.80%	12	0.90%	30.80%
	Undisclosed	124	2.40%	61	4.40%	49.20%
Impairment	Physical Impairment	24	10.70%	11	14.90%	45.80%
	Sensory Impairment	20	8.90%	10	13.50%	50.00%

	Mental Health Condition	53	23.70%	15	20.30%	28.30%
	Learning Disability/Difficulty	40	17.90%	19	25.70%	47.50%
	Long-Standing Illness	58	25.90%	16	21.60%	27.60%
	Other	29	12.90%	3	4.10%	10.30%
Total	Total	5,127	100.00%	1377	100.00%	26.90%

10 Patient ED&I Profile

WCFT Patient Diversity Breakdown: June 2019 to May 2020

10.1 Gender

Sex	Description	Inpatient	Outpatient	Grand Total	% of Total
F	Female	9095	64394	73489	58.59%
I	Indeterminate/Other		2	2	0.00%
M	Male	5838	46091	51929	41.40%
U	Unknown/Not Stated	3	5	8	0.01%
Grand Total		14936	110492	125428	100.00%

10.2 Age Band

Age Band	Inpatient	Outpatient	Grand Total	% of Total
Under 18	43	728	771	0.61%
18-24	697	5948	6645	5.30%
25-34	1589	12899	14488	11.55%
35-44	2394	15853	18247	14.55%
45-54	3533	22789	26322	20.99%
55-64	3232	22801	26033	20.76%
65-74	2341	17928	20269	16.16%
75+	1107	11546	12653	10.09%
Grand Total	14936	110492	125428	100.00%

10. 3 Religion

Religion	Religion Description	Inpatient	Outpatient	Grand Total	% of Total
AGN	AGNOSTIC	16	105	121	0.10%
ANG	ANGLICAN	22	102	124	0.10%
ATH	ATHEIST	91	513	604	0.48%
BAP	BAPTIST	16	198	214	0.17%
BUD	BUDDHIST	32	115	147	0.12%
CHR	CHRISTIAN	616	3067	3683	2.94%
COE	CHURCH OF ENGLAND	3766	25324	29090	23.19%
CON	CONGREGATIONAL	2	18	20	0.02%
COS	CHURCH OF SCOTLAND	37	85	122	0.10%
COW	CHURCH OF WALES	44	314	358	0.29%
GO	GREEK ORTHODOX	6	43	49	0.04%
HIN	HINDU	21	118	139	0.11%
JEW	JEWISH	22	150	172	0.14%
JW	JEHOVAH'S WITNESS	40	297	337	0.27%
MET	METHODIST	134	984	1118	0.89%
MOR	MORMON	3	20	23	0.02%
MUS	MUSLIM	72	484	556	0.44%
NRP	NO RELIGIOUS PREFERENCE	3345	18900	22245	17.74%
NULL	NULL	2606	36129	38735	30.88%
OC	OTHER CHRISTIAN	135	1068	1203	0.96%
ONC	OTHER NON CHRISTIAN	29	122	151	0.12%
PRE	PRESBYTERIAN	1	48	49	0.04%
QUA	QUAKER		5	5	0.00%
RAS	RASTAFARIAN	1	3	4	0.00%
RC	ROMAN CATHOLIC	2879	16868	19747	15.74%
REF	PATIENT REFUSED TO GIVE INFO	7	22	29	0.02%
RO	RUSSIAN ORTHODOX	7	9	16	0.01%
SAL	SALVATION ARMY	3	30	33	0.03%
SEI	SEIKH	12	36	48	0.04%
SPR	SPIRITUALIST	2	47	49	0.04%
UNK	UNKNOWN	968	5257	6225	4.96%
WES	WESLEYAN		4	4	0.00%
WW	WHITE WITCHCRAFT	1	7	8	0.01%
Grand Total		14936	110492	125428	100.00%

10.4 Ethnicity

Ethnic Group	Ethnic Group Desc	Inpatient	Outpatient	Grand Total	% of Total
A	WHITE - BRITISH	13382	84645	98027	78.15%
B	WHITE - IRISH	42	319	361	0.29%
C	WHITE - ANY OTHER BACKGROUND	152	940	1092	0.87%
D	MIXED - WHITE/BLACK CARIBBEAN	31	110	141	0.11%
E	MIXED - WHITE/BLACK AFRICAN	14	105	119	0.09%
F	MIXED - WHITE AND ASIAN	24	183	207	0.17%
G	MIXED - ANY OTHER	23	142	165	0.13%
H	ASIAN - INDIAN	35	244	279	0.22%
J	ASIAN - PAKISTANI	20	121	141	0.11%
K	ASIAN - BANGLADESHI	24	75	99	0.08%
L	ASIAN - ANY OTHER BACKGROUND	23	172	195	0.16%
M	BLACK - CARIBBEAN	25	66	91	0.07%
N	BLACK - AFRICAN	15	143	158	0.13%
NULL	NULL	117	12142	12259	9.77%
P	BLACK - ANY OTHER BACKGROUND	24	157	181	0.14%
R	OTHER - CHINESE	19	157	176	0.14%
S	OTHER - ANY OTHER	44	471	515	0.41%
Z	NOT STATED	922	10300	11222	8.95%
Grand Total		14936	110492	125428	100.00%

10.5 Disability

Disability Risk Flag Y/N	Total	% of Total
No	122142	97.38%
Yes	3286	2.62%
Grand Total	125428	100.00%

Please note that patient disability the figures are compiled from aggregating known medical conditions that are considered to be disabilities, as patient data is not collected specifically under the general category of disability.

11 The use of interpretations services

11.1

Number of interpreter appointments conducted per language spoken 1st April 2020 to 31st March 2021					
Polish	Arabic	Cantonese	Farsi	Romanian	Kurdish
242	153	42	91	73	26
Portuguese	Turkish	Russian	Mandarin	Tamil	Urdu
50	62	16	21	55	13
Hungarian	Lithuanian	Spanish	Bulgarian	Slovak	Bengali
30	9	8	22	40	6
Czech	Somali	Amharic	Latvian	French	Italian
11	9	5	7	4	1
Albanian	Pashtu	German	Dari	Punjabi	Thai
5	3	1	23	13	6
Sinhalese	Chinese	Macedonian	Hindi	Sorani	Tigrinya
4	3	1	0	0	5
Vietnamese					
0					
Total appointments made:1060					

11.2

Number of sign language interpreter appointments made 1st April 2020 to 31st March 2021.			
Total number of appointments	21	Number of cancellations by the provider	1

12 Conclusion

This annual Equality, Diversity and Inclusion Report has set out how the Walton Centre has been demonstrating 'due regard' to our Public Sector Equality Duty' under the Equality Act 2010 and the Specific Duties to publish equality information and set equality objectives.

13 Contact Details

For further information the Equality and Inclusion Lead can be contacted as follows:

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End of Report

Equality Delivery System – *EDS2* Summary Report

The Equality Delivery System – EDS2 was made mandatory in the NHS standard contract from April 2015. NHS organisations are strongly encouraged to follow the implementation of EDS2 in accordance with the '9 Steps for EDS2 Implementation' as outlined in the 2013 EDS2 guidance document. The document can be found at:
http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf
This *EDS2 Summary Report* **is designed to give an overview of the organisation's most recent EDS2 implementation. Once completed, this Summary Report should be published on the organisation's website.**
NHS organisation name:

The Walton Centre NHS Foundation Trust

Organisation's Board lead for EDS2:   Organisation's EDS2 lead (name/email):

Lisa Salter (Director of Nursing & Governance)	Workforce – Andrew Lynch (Andrew.Lynch2@thewaltoncentre.nhs.uk)

Level of stakeholder involvement in EDS2 grading and subsequent actions:

- Staff Partnership Committee
- Patient Experience Group
- Business Performance Committee
- Healthwatch Liverpool

Organisation's Equality Objectives (including duration period):

2017-2021

- *Objective 1* – Extend patient profiling (equality monitoring) data collection to all protected characteristics
- *Objective 2* – Improve support for, and reporting of, disability within the workforce
- *Objective 3* – Ensure ongoing involvement and engagement of protected groups including patients, carers, staff, Healthwatch and other interested parties
- *Objective 4* – Ensure all staff members are paid equally for equal work done
- *Objective 5* – Increase the number of BME staff within management positions

Headline good practice examples of EDS2 outcomes (for patients/community/workforce):

In November 2017 the Trust published its ED&I 5 Year Vision.

This vision sets out the way forward for The Walton Centre to improve ED&I for both its patients and staff. This vision has come from both staff and patients sharing what good practice looks like and how we will know when we have achieved it, supported by a detailed strategy action plan. This will be delivered by the Operational ED&I Group, who will be held to account by the ED&I Steering Group. It will be monitored through the Quality Committee with an annual review of the vision and action plans progress in the same manner the Quality & Patient Strategy is currently monitored. This vision will guide the Trust towards making systematic improvements around ED&I in this year and in coming years.

EDS follow-i.. full page report

EDS2 Grades (Date: 18/06/2021)		
Goal	**Outcome**	**Grade and reasons for rating**
Better health outcomes	1.1	**Services are commissioned, procured, designed and delivered to meet the health needs of local communities** • **Grade: Developing** • **Number of protected characteristics that fare well: 4** • **Evidence drawn upon for rating:** The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading. The Trust is in the process of adopting a new standard operating procedure to ensure that reasonable adjustments and made to make our service accessible to patients with disabilities. The Trust has analysed patient equality data and has identified lower numbers of Black Asian and minority ethnic staff using our services than we would expect given the local demographics in terms of racial diversity. The Trust has participated in the Steering Group of the Cheshire and Merseyside Health and Care Partnerships, community insight research "Getting Under the Skin" which though primarily aimed at measuring the impact of COVID- 19 on Black, Asian and Minority Ethnic communities, will lead to better mapping of and engagement with these communities in relation to a wide variety of health conditions including neurological conditions. The Trust believes that the highest quality services should be provided to all patients, which is reflected in the Trust's corporate objectives and mission statement. This belief is the key driver in the design and procurement of all its services. The Trust works in partnership with commissioners to shape their contract thus ensuring that services are commissioned to meet the needs of the local population and to reduce health inequalities. The Trust is currently engaged in a joint retendering process with local Trusts and CCGs to ensure that interpretation and translations services of the highest quality. Equality performance is routinely monitored in the quality contract with the Trust's commissioners. Any new services or existing services undergoing change are assessed for possible equality impact on patients, visitors and staff. In addition, services are designed to be compliant with the Royal College of Nursing and National Institute for Health and Clinical Excellence (NICE) standards and guidelines, and are fully accredited by awarding bodies. The Trust believes that the services offered by the Trust are available to all irrespective of their protected characteristics, and data from the patient data report, complaints monitoring, patient surveys and engagement supports this belief. Patients, carers, Foundation Trust members and other stakeholders and local organisations and community groups are consulted with and involved in the design and delivery of services, thus ensuring that the health needs of the local communities are considered. All tenders assess equality and diversity, with responses considered as part of the tender process. All contracts include equality clauses. For this outcome, the Trust has good evidence and data to demonstrate that services are equality impact assessed. The Trust can also demonstrate that the health and well-being of its staff and patients is taken seriously through strategic planning processes and policy making.

		Patients from all protected characteristics are engaged with in the above processes, but the Trust currently does not capture all characteristics and therefore is unable to demonstrate a higher number of protected characteristics that fare well. Continuing actions will be implemented to address these issues in the next 12 months.
	1.2	**Individual people's health needs are assessed and met in appropriate and effective ways** • **Grade: Developing** • **Number of protected characteristics that fare well: 4** • **Evidence drawn upon for rating:** The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading. The Trust remains in a similar position for sub goal 1.2. Due to the limited data captured the Trust is unable to evidence further progression to show all protected characteristics fair well. However, processes are in place to ensure that all patients' health needs are assessed and met regardless of protected characteristics. The Trust is committed to provide individualised patient care and, where required, protected characteristics are taken into account during the health needs assessment and through the patient journey. For example, the Trust ensures that reasonable adjustments are made for disabled patients, patients with learning disabilities, and patients with dementia. In addition, the Trust has access to 24-hour interpretation services that cover the languages or dialects that are spoken within the organisations catchment area. Sign language is also catered for via our externally commissioned interpretation and translation service. Following an individual health needs assessment, either in an outpatient, inpatient or in a community setting, all patients are provided access to the services they require in an appropriate and effective manner. The Trust ensures effective assessments are undertaken and case note and nursing quality audits support this process. Risk assessments are undertaken on all patients and therefore from all protected characteristics in relation to falls, pressure ulcers, venous thromboembolism (VTE) and nutrition, in line with Commissioning and quality targets. The assessment includes review of patient's religious and cultural requirements, communication and care requirements, family support and carer needs. Individual care plans are developed for each patient and reviewed throughout their period of care. These plans are contributed to by all members of the Trust multidisciplinary team as and referrals made to subsequent services such as smoking cessation, dieticians, support groups or district nursing and rehabilitation services as appropriate. For this outcome, the Trust is satisfied that the processes in place across the organisation allow for all the patients who are referred to services or self-refer, where appropriate, are provided with individualised health needs assessments. Although quantitative data is not available for all protected characteristics, plans are in place to address this.
	1.3	**Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed** • **Grade: Developing** • **Number of protected characteristics that fare well: 4** • **Evidence drawn upon for rating:** The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading. The Trust has numerous examples to demonstrate effective and appropriate transitions from services to support individual needs. This happens during transfer of patients into the Trust from the Trauma Network, from District General Hospitals, from other specialist Trust, for example Alder Hey, and GP referrals. We also transfer patients onto various points of care, including services within the Rehab Network, repatriating hospitals and social care or specialist services. This includes patients from Wales and the Isle of Man. Individual care plans are developed for each patient and reviewed throughout their period of care. The patient's assessment includes a review of their religious and cultural requirements, communication and care requirements, family support and carer needs. These plans are contributed to by all members of the Trust's multidisciplinary teams with input from the patient and carers, alongside health and social care professionals. Any change in services provided is planned and communicated with all concerned and any referrals are made to subsequent services with full handover of information. The Trust has good links with local communities and social services across its footprint. Holding multi-disciplinary meetings with internal and external stakeholders, as well as family members, to ensure arrangements are agreed and planned in the best interests of individual patients. The Trust is currently working to ensure that the needs of people with learning disabilities are fully taken into account in accessing services and in transitions. Patients who have learning disabilities are encouraged to utilise the Traffic Light Assessment system the Trust has in place which gives consistent and current information about the patient and ensures continuity of care. The Trust actively signposts carers to appropriate support, includes them as partners in care and has developed a Carer's Strategy identifying how the Trust will continue to support and work with carers in the future. The Trust is currently allocating space for a carers resource where it will provide information and a quiet space for carers to access. This resource will be supported by the Brain Charity in partnership with the Trust.

		For this outcome, despite good examples, the Trust cannot provide data to demonstrate that people from all protected groups are supported and have smooth transitions between services. However, complaints received by the organisation do not demonstrate that any protected characteristics are discriminated against during this process.
	1.4	**When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse** • **Grade: Developing** • **Number of protected characteristics that fare well: 4** • **Evidence drawn upon for rating:** The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading. The Trust believes that patient safety and quality must be at the heart of everything it does. The Quality Accounts Annual Report provides the back drop to demonstrate the organisations commitment to improving the quality of services and safety of care. The Trust must ensure that it listens to and acts on feedback received. The Trust takes patient safety very seriously and has reported on several current work streams within the Quality Accounts report, including medication errors, cancelled operations and healthcare acquired infections. Data is available for 4 protected characteristics at the present time however, as previously stated, work is being undertaken to extend the data collection systems to improve data capture. Patient Led Assessment of Cleanliness and Environment (PLACE) inspections are carried out annually. Teams are made up of patient representatives and members of staff. The visits are unannounced and intended to review the hospital for standards in cleanliness, hand hygiene, quality of accommodation and food The organisation has a system in place whereby incidents of abuse must be reported by staff whether the abuse is directed at staff by patients, patient to patient or patient to staff, patient to patient and staff to patient. Abuse includes behaviours such as violence, verbal abuse, gestures, sexual or racial abuse. Reporting is web based, and all incidents are investigated thoroughly and actions undertaken to address the behaviours. All incidents are reported through the appropriate governance committee structures. Some incidents, such as neglect, abuse of vulnerable adults or children, are reported directly to the Strategic Executive Information System (STEIS) as per NHS standard procedures for external reporting. The Trust also has an appointed Freedom to Speak Up Guardian to ensure that staff are encouraged and supported to report any mistakes, mistreatment and abuse. Reporting incidents by protected characteristic is difficult at the present time. Work is being undertaken to tie in together the three data systems required: the patient administration system, the electronic staffing record and the incident reporting system in order that data can be gathered for protected characteristics. The Trust seeks causes through incident reporting and whistle-blowing systems, which informs actions to be undertaken. Therefore, having a robust and safe complaints and whistle-blowing process is vital. Policies are in place to protect people making complaints and follow strict guidelines. Staff and patients are able to make complaints without fear of victimisation. The Trust has a Safeguarding Adults and Children team to ensure the Trust operates within national statutory and non-statutory guidance for on safeguarding vulnerable people. Policies have been introduced to provide guidance to staff on the management of allegations of abuse and deprivation of liberty safeguards. In addition, staffs have access to taught sessions and e-learning training packages on safeguarding issues. For this outcome, the Trust firmly believes that all people from all protected characteristics are given the same protection in accordance with its mission statement to provide the very best care for each patient on every occasion, which is at the core of everything it does. However, grading has been identified as developing. This is due to the good data and evidence to demonstrate patient safety across the protected characteristics available in comparison to the less adequate data available for incident reporting of bullying or harassing behaviours. Patients from all protected characteristics are engaged with in the above processes.
	1.5	**Screening, vaccination and other health promotion services reach and benefit all local communities** • **Grade: Developing** • **Number of protected characteristics that fare well: 4** • **Evidence drawn upon for rating:** The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading. The Trust is currently working with local CCGs and other local hospital trusts on Merseyside to engage collectively across multiple protected characteristics and will form a new high level and diverse EDS 2 grading panel to assure future grading and ensure PSED compliance.

| | | The Trust has an extensive range of health programmes and initiatives in place to support staff and patients alike in accessing public health, vaccination and screening programmes. The Trust is able to provide evidence to demonstrate that people are accessing services; however, due to the limitations of the patient administration system, this is only possible for 4 of the protected characteristics. Work is underway to enhance the current data collection systems to cover all protected characteristics.

Throughout the hospitals wards, outpatients and public areas there is an extensive range of public health information for staff and patients to access, examples being for infection control and smoking cessation. Audits are undertaken by volunteers to ensure sufficient coverage and appropriate placement of information is provided. All patient information is available on request in alternative formats. Interpreters are utilised to ensure communication is most effective.

The Trust carried out an extensive COVID-19 vaccination programme on 2020 and took particular steps to ensure a high vaccination rate amongst Black, Asian and minority ethnic staff in response to national reports of their being a disproportionate impact of COVID-19 on these groups.

Health, vaccination and screening programmes include: pre-natal advice for epilepsy patients, flu vaccination programmes and smoking and alcohol intake screenings. After a positive trial for epilepsy patients a number of Nurse advice lines have also been rolled out to enable patients to get disease specific advice and support between appointments.

The Trust believes that a healthy workforce leads to safer and better patient care and is committed to improving the health and wellbeing of all staff. The Trust has also been re-accredited with the Workplace Wellbeing charter and continues to run regular schemes and initiatives including health checks, fitness classes, various mental well-being initiatives, and discounted weight loss programmes.

For this outcome, the Trust is again able to present data for 4 of the protected characteristics for patients, and all but 1 protected characteristic for staff (although not all staff services are monitored for equality purposes). |
| **Improved patient access and experience** | **2.1** | People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
- Grade: Developing
- Number of protected characteristics that fare well: 4
- Evidence drawn upon for rating:

The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading.

The Trust has undertaken an analysis of accessibility to our service regarding race and ethnicity via the Trust's Strategic BAME Advisory Committee, which indicated that fewer patients from Black, Asian and Minority Ethnic backgrounds are currently accessing our service when compared with their proportionate demographic percentage of the population we serve. The Trust has taken steps to ascertain the reasons for this disparity with relatively fewer numbers of Black, Asian and minority ethnic patients accessing the service.
The following barriers have been identified by the Trust through networking with voluntary sector organisations such as the Neurological Alliance:
- A lack of knowledge in some newer communities as to how the health system works and how to access health services e.g. refugees and asylums seekers.
- Language can be a barrier for people who have English as a second language. Basic information as to how to navigate the health system can be more difficult to access, resulting in patients not being referred on from primary care in the numbers we might expect.
- Different ways of understanding illness and describing symptoms in some communities leading to greater difficulties in diagnosis of some conditions e.g. in some languages there is no separate word for a neurological condition and a mental health condition.
- Stigma and a reluctance to come forward for diagnosis because of fear of being stigmatised in some communities.
- A greater emphasis in some communities on families taking care of their own family members rather than relying on health care services, leading to later presentation at health services and later diagnosis.
The Trust is continuing to network with the Neurological Alliance and other organisations to find ways to address these barriers e.g. The Trust has participated in the Steering Group of the Cheshire and Merseyside Health and Care Partnerships, community insight research "Getting Under the Skin" which though primarily aimed at measuring the impact of COVID- 19 on Black, Asian and Minority Ethnic communities, will lead to better mapping of and engagement with these communities in relation to a wide variety of health conditions including neurological conditions.

Due to the limitations of the current patient administration system (PAS), the Trust is only able to provide quantitative data for 4 of the protected characteristics: namely, age, ethnicity, religion and belief and sex. Plans are already in place to update PAS to collect additional information regarding disability, sexual orientation and carer status.

The Trust recognises that accessing services can be more difficult for some people – such as people with a disability, people with learning difficulties or people whose first language is not English. The Trust is committed to ensuring that reasonable adjustments are made for disabled patients and patients with learning difficulties where required. For example, where a patient is distressed by waiting rooms and bright lighting, staff arrange for the patients appointment to be first on the list and the patient seated in a quiet area to wait for their appointment, thus reducing anxiety for the patient and carer or relatives. Reasonable adjustments are made on a regular ad hoc basis, although the Trust does not record this officially for all disabilities.

Pictorial menus have also been developed to support patients to choose their meals and interpreters are in place to support patients who are |

		unable to read or comprehend English. The Trust has implemented the Accessible Information Standard and is working on ensuring this remains fully implemented. Since its implementation we have received requests from a number of patients to meet their needs and have been able to accommodate all of these. When patients telephone to make appointments, the access, booking and choice receptionists ask patients whether they have caring responsibilities or any disability in order to ensure that the best appointment possible is provided to suit their needs. Patients are also able to make appointments via email if preferred. Text messages are also sent to patients to remind them of their appointment, and the Trust has a self-check in kiosk, which has been reviewed regarding its accessibility. The Trust has a Learning Disability Steering Group that feeds into the Trust's Safeguarding Group which in turn reports to the Board of Directors via the Patient Safety Group. The Learning Disability Steering Group meets quarterly and has developed good links with the community learning disability teams in the local areas. Members of the Trust's Learning Disability Steering Group also attend the Trust's Safeguarding Group meetings The Trust has an interpreting service that is readily available and covers languages and dialects required, there also a provision for British sign language. Language interpretation is available face to face and by telephone. The Trust has an interpreting policy to ensure that staff understand how to access the interpreting services. 'Pathfinder' volunteers have been recruited to support patients to navigate around the hospital and the Trust is working with local communities and charities to ensure training is appropriate regarding peoples cultural and disability requirements, i.e. patients with vision impairment being guided appropriately. For this outcome, the Trust is able to demonstrate that patients, carers and communities from 4 of the protected characteristics readily access services and there are no obvious concerns as demonstrated in the patient data report.
	2.2	**People are informed and supported to be as involved as they wish to be in decisions about their care** • **Grade: Achieving** • **Number of protected characteristics that fare well: 6** • **Evidence drawn upon for rating:** The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading. The Trust is committed to ensure that all patients, irrespective of protected characteristics, are informed, supported and involved in their diagnosis and decisions about their care where appropriate. The National Inpatient Survey is the main source of reporting the perceptions of patients across the NHS and is used in comparative performance tables and quality indicators. Action plans have been developed and targeted work undertaken where patient perception has been less than anticipated. Improvements were made over the last few years, with the result that when asked, the majority of patients felt they had been involved in decisions about their care, had been kept informed about medication side effects and were provided with information in a way that was easy to understand. Local real-time surveys and the regular patient listening events undertaken across the Trust support the findings of the national survey. The Trust implemented a Ticket Home scheme on all wards. The aim of the scheme is to improve discharge planning through a focus on the predicted date of discharge, and recognizing as good practice to inform patients and their carers of their predicted discharge date and so improve patient experience by allowing patients to feel involved in decisions about their discharge. It also allows patients and their families to plan accordingly. All patients give consent to treatment in line with Trust and national consent policies. The Trust policy has recently been reviewed and reflects discussions with local communities. The Trust has an active Patient Experience Group which includes patients and Healthwatch representatives and supports patient information developed across the Trust. Standard, easy read and talking leaflets are being developed continually. The Trust strives to meet the communication needs of all patients with pictorial menus to support patients to make choices and the roll out of the Accessible Information Standard. Staff are able to access the interpreting services to ensure that patients whose first language is not English, or those patients who use British Sign Language, are fully able to understand their diagnoses and treatment. Indeed, where patients are to be given 'bad news' interpreting provision takes place face to face and not by telephone. For this outcome, the Trust is again able to demonstrate that patients from 4 of the protected characteristics are informed and supported to be as involved as they wish to be in decisions about their care. However, changes are underway to improve the data monitoring information collected at a local level. The national inpatient survey is limited to 6 protected characteristics at the present time.
	2.3	**People report positive experiences of the NHS** • **Grade: Achieving** • **Number of protected characteristics that fare well: 6**

		• **Evidence drawn upon for rating:**
		The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading.

The Trust has been assessed as Outstanding by the CQC. As part of this assessment NHS England reviewed and assessed the delivery of care to patients and their experiences when accessing services. They also undertook a review of equality and diversity provision and compliance within the Trust and found the outcome to be good.

Feedback through surveys and social media indicate a very good patient experience of services at the Walton Centre. In CQC National Surveys results do not indicate any discrimination due to a particular characteristic. Scheduled quarterly reports on all patient experience and dignity and respect activities are presented to the Trust Board and to the specialist CCG commissioners. In addition, the complaints department publishes a regular report to the Trust Board on the experiences of patients and how issues have been resolved. This information also goes to Patient Experience Group which has representatives from the Governing Body, Healthwatch and local charitable organisations.

The usual numbers of patient surveys that are carried out on wards by our volunteers have been suspended in 2020/21 due to the COVID-19 pandemic. As soon as normal post- covid operations are resumed, these patient engagement activities will start up again.

The Trust has Dignity Champions across the organisation with each ward having at least one Dignity Champion. The Champions act as role models, identifying breaches of dignity in care, addressing and challenging issues as they arise and promoting dignity in care for every patient.

The Trust has already identified gaps in engagement with some seldom heard groups, such as gypsy, traveller and Roma communities and homeless people communities. Work will continue to forge better relationships with all community groups to ensure that their voices are heard through partnership working with local communities and interest groups, CCGs and Local Authorities and the Health watch.
For this outcome, the Trust is firmly committed to listening to the views of patients, carers and other local interest groups and communities and ensuring positive patient experience. Evidence from all of the above leads us to suggest that we are Achieving with regards to this sub-goal. |
| | 2.4 | **People's complaints about services are handled respectfully and efficiently**
• **Grade: Developing**
• **Number of protected characteristics that fare well: 4**
• **Evidence drawn upon for rating:**

The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading.

Complaints about our services are taken very seriously and all concerns and complaints are investigated by Patient Experience Team, which incorporate the Patient Advice and Liaison Service and are recorded on the Trust's electronic database. Statistical information and lessons learnt are reported to the Patient Experience Group and the Quality Committee and Trust Board on a quarterly basis. This report also highlights actions taken as a result of complaints.

A patient experience and engagement strategy has been developed and ratified in partnership with patients, carers, staff and other local interest groups to ensure that the Trust engages, involves and informs people from all backgrounds in the best ways possible.

The Trust Board continues to recognise the importance of hearing the patients' voice directly through a patient story which is provided to the Trust Board at the start of the meeting.

The Trust records only 3 protected characteristics when patients complain. This is an area we have identified as needing further work and will be included in the Trust Equality Action Plan. This will enable further detailed analysis to ensure there are no patterns or themes.

The Trust has set itself targets for responding to formal complaints, based on an initial assessment and in discussion with the complainant. In most cases this target is within 25 working days of receipt but can be extended in consultation with the complainant. This is monitored and reported quarterly to Trust Board members and monthly to the Chief Executive and Executive Directors. Trends over the last few years indicate an increased level of efficiency in the complaints process for patients of most groups.

For this outcome, whilst the Trust feels it has strong processes in place to respond to all complaints, but due to the lack of data capture we are unable to evidence this for many of the individual protected characteristics. |
| A representative and supported workforce | 3.1 | **Fair NHS recruitment and selection processes lead to a more representative workforce at all levels**
• **Grade: Achieving**
• **Number of protected characteristics that fare well: 6**
• **Evidence drawn upon for rating:**

The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading. |

		The Trust uses NHS Jobs which collects data on 7 of the 9 protected characteristics (gender reassignment and pregnancy/maternity are currently not recorded). Recruiting managers are unable to see any of the monitoring information at any point and are also unable to see the applicants name or right to work status until after the shortlisting process has been completed either. All figures and demographics can be found in the E&D Workforce Annual Report 2019 however the following outlines a brief overview and some additional actions taken to support a fairer recruitment process.
		The Trust is now a DWP Disability Confident Level 2 employer (previously referred to as Two Ticks), and therefore continues to guarantee an interview to all applicants who declare that they have a disability and would like to be considered under this scheme, providing they meet the essential criteria for the vacancy. The data shows that a higher percentage of applicants with a disability (4.80%) were shortlisted compared to those who applied (3.90%).
		Although NHS Jobs is a web-based system hard copy application forms are also available in other formats upon request. All candidates are also asked in their invite to interview if they require any reasonable adjustments to be made for their interview and these are always accommodated. Once appointed, and throughout an employee's employment, where necessary the Trust's occupational health department will be consulted to advise on any reasonable adjustments which need to be made.
		Although not recorded via NHS Jobs work has been done to support applicants from 'trans' individuals. Guidance is provided on all adverts advising that if any trans applicants require a DBS there is a process they can use to protect any previous identity being disclosed. A transgender staff support policy has also been developed for any employees who are considering undergoing, currently undergoing or have undergone gender reassignment. The Trust was reaccredited with the Navajo Chartermark recognising this and other initiatives to support LGBT applicants and staff.
		The Trust is aware that there is a notable difference in the disaggregated percentages of BME applicants shortlisted compared to White applicants. Changes to resident labour market test restrictions and changes to immigration rules may have in part affected this but this is an area we are investigating further in line with the WRES. The Trust now also advertises our job vacancies to potential BME applicants via a specialist website: bmejobs.co.uk
3.2		The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations • **Grade: Developing** • **Number of protected characteristics that fare well:** **Evidence drawn upon for rating:** The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading. The Trust is currently working with local CCGs and other local hospital trusts on Merseyside to engage collectively across multiple protected characteristics and will form a new high level and diverse EDS 2 grading panel to assure future grading and ensure PSED compliance. **Gender Pay Gap** The Trust has met its Gender Pay Gap reporting obligations and the results are published on the Trust's website. The Trust has taken note of the results and will be making use of the data to inform action planning for the coming year.
3.3		Training and development opportunities are taken up and positively evaluated by all staff • **Grade: Achieving** • **Number of protected characteristics that fare well: 7** • **Evidence drawn upon for rating:** The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading. The Trust is currently working with local CCGs and other local hospital trusts on Merseyside to engage collectively across multiple protected characteristics and will form a new high level and diverse EDS 2 grading panel to assure future grading and ensure PSED compliance. The Trust has done a lot of work around improving access to training and development; this has been to support all protected characteristics but in particular to support BME staff. The Trust has also reviewed all mandatory training and has made equality, diversity & human rights training mandatory on a 3 yearly basis, as opposed to a one off session. Furthermore, the Trust's OLM e-Learning allows employees to complete parts of their mandatory training at a time and place convenient to them. Adjustments have been accounted for to support individuals as needed including 1:1 support sessions. Following the findings from the WRES a BME Staff Network was established. Feedback from this group suggested BME staff were not always aware of opportunities available to them. In response to this targeted communications are sent to BME staff to increase awareness around certain courses and opportunities. This has included ensuring BME representation on an accredited Coaching Course, gaining representation for a regional BME group, circulating information about the Stepping Up Programme aimed at developing black, Asian and minority ethnic (BAME) colleagues in bands 5 – 7 and the Ready Now Programme for bands 8a and above. All training opportunities are well publicised, through weekly communications and the monthly team brief. Data is collected on 7 of the protected

		characteristics (gender reassignment and pregnancy/maternity are not captured, although questions are asked around pregnancy where appropriate to ensure training can be adjusted where necessary). Analysis for all data can be found within the E&D Annual Report however the general findings show no concerning aspects. In comparison to last year there is no over-representation of females applying for training. There is however still an under-representation of BME staff, compared to the overall workforce demographics however the steps discussed above should hopefully address any differences observed. The percentages of applications by age group, sexual orientation and religion or belief are all comparable with the workforce demographics with the percentage by disability also being broadly in line.

	3.4	**When at work, staff are free from abuse, harassment, bullying and violence from any source**
		• **Grade: Developing**
		• **Number of protected characteristics that fare well: 6**
		• **Evidence drawn upon for rating:**
		
		The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading. The Trust is currently working with local CCGs and other local hospital trusts on Merseyside to engage collectively across multiple protected characteristics and will form a new high level and diverse EDS 2 grading panel to assure future grading and ensure PSED compliance.
		
		Data in respect of all employee relation cases (grievances, disciplinaries, and dignity at work) is monitored against the 7 protected characteristics currently recorded in ESR. The E&D Annual Report includes analysis of this.
		
		In relation to race, monitoring is also conducted via the Workforce Race Equality Standard (WRES).
		
		In relation to Disability, monitoring is also conducted via the Workforce Disability Equality Standard (WDES).
		
		Due to the nature of the patients treated by the Walton Centre aggression is quite common and is often a symptom of their illness. Whilst any patient behaving inappropriately will be spoken to it is often the case that they are either unable to help their actions or they forget the warning given, this makes it very difficult to eradicate this behaviour completely, however, the Trust does try to offer staff additional support in these case.
		
		Initiatives undertaken to try and ensure staff feel able to raise any concerns and to enable the Trust to address these issues include:
		    ○ **Staff listening weeks**
		    ○ **CQC internal visits**
		    ○ **Friends and family tests**
		    ○ **Dignity at Work Policy**
		    ○ **Raising Concerns Policy**
		    ○ **Violence and Aggression Training**
		    ○ **A number of trained mediators who can support in resolving conflict without escalation where necessary**
		    ○ **The use of exit questionnaires and interviews**
		    ○ **The promotion of access to the Freedom to Speak Up Guardian**

	3.5	**Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives** • **Grade: Developing** • **Number of protected characteristics that fare well: 3** • **Evidence drawn upon for rating:** The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading. The Trust is currently working with local CCGs and other local hospital trusts on Merseyside to engage collectively across multiple protected characteristics and will form a new high level and diverse EDS 2 grading panel to assure future grading and ensure PSED compliance. The Trust's Flexible Working Policy enables all employees from the point at which they join the Trust to request a flexible working arrangement. In addition to part-time working, flexible working options also include compressed or adjusted hours, job-sharing, flexi-time, term-time working, home working (where possible) and career breaks. The Trust also offers flexible retirement options, as detailed in the Trust's Flexible Retirement policy. This aims to support older employees in their retirement plans and therefore demonstrates our commitment, and appreciation of, a diversity workforce. Take up of flexible retirement has been at an all-time high over the last 12 months, more than doubling the previous year.
	3.6	**Staff report positive experiences of their membership of the workforce** • **Grade: Developing** • **Number of protected characteristics that fare well: 4** • **Evidence drawn upon for rating:** The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading.

		Evidence can be taken from the National Staff Survey which reports against 4 of the protected characteristics, this can also be collaborated by local data collected from the Trust Friends and Family Tests and Staff Listening weeks although these do not currently capture any protected characteristics. In 2020 there was only a marginal difference between the average and the best performing trusts, with The Walton Centre indicated at slightly above average. The trajectory across the five years measured is relatively flat for The Walton Centre, as is also indicated for all but the worst performing trust, which is on a downward trajectory. The Trust also monitors staff experience via Workplace Race Equality Standards (WRES) reporting and Workplace Disability Equality Standards (WDES) reporting and has corresponding action plans to improve staff experience. The Trust also has an extensive suite of wellbeing activities that a promoted to staff.
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations • **Grade: Developing** • **Number of protected characteristics that fare well: 4** • **Evidence drawn upon for rating:** The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading. The Trust board review and approve the Equality and Diversity Annual Report; which covers all the protected characteristics. All papers presented to the Trust Board and to other senior committees ask the author to confirm whether an Equality Impact Assessment (EIA) has been completed. The Director of Nursing and Governance is the Executive Lead for Equality within the Trust. Examples of when Board members and senior leaders have demonstrated their commitment to equality include; clear statements of the Trusts commitment to ED&I by the Chief Executive both in policy documents and in personal statements and online blogs, the creation of a designated Executive Lead for ED&I on the Board, an ongoing commitment form Board members to participate in reciprocal mentoring for BME staff, as well as becoming involved in the BME Staff Network; promotion of services for people with disability through the Vanguard Programme and National Rehab Conference held at the Trust; and the Trust has maintained its Navajo Chartermark which is also supported by the Executive Team. The Trust has also set up a Strategic BAME Advisory Group Chaired by the Chief Executive and reporting directly to the Board in order to advance race equality objectives.
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed • **Grade: Developing** • **Number of protected characteristics that fare well: 9 (however not always completed, see below)** • **Evidence drawn upon for rating:** The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading. All papers presented to the Trust Board and to other senior committees ask the author to confirm whether an Equality Impact Assessment (EIA) has been completed, unfortunately however this is not always done robustly and only a small number fulfil this requirement. EIA's are also expected to be completed before all policies are ratified by the appropriate committee. To support this, the EIA screening tool has been added to the policy template.
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination • **Grade: Developing** • **Number of protected characteristics that fare well: 3** • **Evidence drawn upon for rating:** The Trust has chosen to maintain the previous year's grade on all EDS 2 Outcomes, as the evidence available has not changed significantly since the previous grading. In 2019/2020 the Trust introduced its Building Rapport training programme for managers, which has an equality section aimed at Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination. This programme was halted during the COVID-19 pandemic but it will resume in 2021.