

Equality & Diversity Annual Report 2021



engage

we involve
people in how
we do things



ambition

we want the
best for people



learn

we learn from
people, the past,
present and
future



care

we show we care
about people



respect

we value the
differences
and talents of
people

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1.0 Our Vision, Aims & Values

At Liverpool Women's Hospital we have a common goal - to provide excellent healthcare for women, babies and their families in a safe, friendly and caring environment.

We are proud to push the boundaries of healthcare for our patients and their families and we continue to influence national and international research and development in these fields.

Our Vision

The **vision** for Liverpool Women's Hospital is to be the recognised leader in healthcare for women, babies and their families.

Our Aims – We See

To achieve our vision we aim to do the best in everything that we do whether that is making sure our patients are as safe as possible and have the best experience possible or whether it is the development of our staff and the effective management of our resources. Specifically, we aim to;

- Develop a well led, capable, motivated and entrepreneurial **W**orkforce
- Be ambitious and **E**fficient and make best use of available resources
- Deliver **S**afe services
- Participate in high quality research in order to deliver the most **E**ffective outcomes
- Deliver the best possible **E**xperience for patients and staff.

Our Values – Care and Learn

The values that are important to us at Liverpool Women's Hospital are based around the needs of our patients and our staff. The behaviours we encourage in all our staff are to make sure that our values are delivered every day in the same way;

- **C**are – we show we care about people
- **A**mbition – we want the best for people
- **R**espect – we value the differences and talents of people
- **E**ngage – we involve people in how we do things
- **L**earn - we learn from people past, present and future

2.0 Context

The Trust has five over-arching Equality Objectives in our action plan for the period 2019 - 2023;

- Create a workforce representative of the community we serve*
- Ensure that we meet the communication needs of our patients*
- Ensure that staff training & development promotes the values of inclusion and tolerance for all, whilst meeting the needs of all staff groups
- Develop the EDI agenda into the culture of existing meetings and committees
- Continue to engage with our patient and staff groups to understand further the needs of individuals with protected characteristics and respond proactively to identified needs

* The objectives highlighted above will be areas for continued focus in 2021/22

The Trust Equality Objectives action plan (2019/23) can be found on the Trusts website (<https://www.liverpoolwomens.nhs.uk/diversity-inclusion-human-rights/>).

To support the Trust in progressing and achieving the above objectives they have been mapped to the EDS2 framework. EDS2 is a tool designed to help NHS organisations, in partnership with local stakeholders, to review and improve their performance for people with protected characteristics (as defined by the Equality Act 2010), and to support organisations in meeting the Public Sector Equality Duties.

3.0 Activity in 2019/20

3.1 Delivering Inclusion throughout COVID-19

The impact of COVID-19 throughout 2020 and in to 2021 has had an unprecedented impact on our personal and working lives. Following the announcement of national lockdown measures in March 2019, we had to re-prioritise some of our planned actions and focus for the year ahead.

We applied the ethos of the Putting People First strategy and put our people at the forefront of the decisions made with focus firmly on the health and well-being of our colleagues by providing on-going well-being support and guidance.

We understand that all colleagues have different circumstances so we aimed to take forward the ethos of our Trust values in showing that we **Care**, **Respect** and **Engage** whilst promoting kindness amongst all colleagues. Below provides some examples of the support we continue to provide to colleagues;

- Access to financial wellbeing support
- Dedicated support to enable workplace adjustments from home
- Full access to mental wellbeing resources and tools
- Introduction of Schwartz rounds to enable discussions amongst colleagues to provide a platform for discussions on emotional well-being
- Colleague networks
- Materials on how to manage and work in inclusive teams remotely

3.2 Supporting BAME colleagues during COVID-19

At the Trust 8.95% of staff are BAME and in view of Covid-19 having a disproportionate effect on this group, we implemented a number of interventions to help alleviate any concerns held and to ensure that colleagues felt supported and listened to during this time.

A staff survey was commission in May 2020 to ask BAME colleagues if they felt supported during the pandemic; the survey was confidential and anonymous. The survey had a 30% response rate and of those;

- 73% reported that they felt supported

- 19% detailed 'maybe' to feeling supported
- 8% detailed that they did not feel supported

BAME colleagues were also asked if they had any concerns to raise;

- 55% of respondents advised that they did have concerns
- 45% stated that they had no concerns

With respect to concerns held, a Listening Event was held in June 2020 to gather more information to ensure that concerns could be responded to. In addition, the following activities were undertaken;

- Survey completed offering access to Vitamin D testing and treatment; 45% of the responding group confirmed they wanted to be tested and receive treatment, if required. All appointments have been completed and colleagues updated on results
- Introduced a BAME network with the first meeting taking place in August 2020
- Risk assessments regularly completed/reviewed
- In process of appointing a BAME Freedom to Speak Up champion
- Equality and Diversity training is being reviewed

3.3 Mental Health First Aiders (MHFA)

Work has continued throughout 2020 to train our staff to become Mental Health First Aiders. Three courses ran throughout the year with a total of 28 colleagues attending the course; this takes the number of those fully trained to 75; this is a 24% increase to last year!

MHFA training provides the skills to enable the 'First Aiders' to provide immediate support to other colleagues who feel they are developing a mental health issue, experiencing a worsening existing issue and/or experiencing a mental health crisis.

The training is available to all staff at all levels throughout the Trust and once trained, they are identified via a green badge displayed on their lanyard.

3.4 Widening Participation

The Trust supports pre-employment programmes with the purpose of providing an opportunity to those within the community to experience what it is like to work both at the Trust and within the NHS. The programme also aims to enable those on the programme to be employment ready.

In 2020, successful programmes include;

- Virtual career events held 9th March 2021 for jobs in conjunction with Health Education England
- Growth Hub with the local community is continuing
- Works continues with Southport College to support students to become prepared to take on roles such as HCA
- Acorns due to return in September 2021

In 2021, collaborative work is due to commence Abbotts Lee and Sanfield Park schools to seek to provide work experience; similar to the previous successful work with Greenbank College.

3.5 Black History Month

As a Trust we were proud to promote activities happening in our community to recognise Black History month in October 2020. We were also delighted to speak to some of our colleagues during the month and their words can be found here [Black History Month: Profiles of Liverpool Women's staff - Liverpool Womens NHS Foundation Trust](#)

3.6 Colleague Inclusion Networks

The Trust introduced a BAME network for colleagues that meet quarterly – the first meeting took place in August 2020 with the second in January 2021. The feedback to date has been positive and the Trust looks forward to this work continuing.



3.7 Supporting patients with a disability

At LWH we are committed to ensuring that disabled people have the same access to our services and the receive the same high standards of care. To achieve this, we have a duty to make reasonable adjustments

Some recent example of how we have done this are as follows

Adapting methods of communication due to a ***hearing impairment***

- Guidance on best practice when communicating with people who have a hearing impairment
- Use of face shields to support lip reading
- Unrestricted access to partner, who was competent in BSL to promote understanding
- Use of BSL interpreter for consent process

Ensuring unrestricted access to relatives and or carers to reduce anxiety for patients with ***learning disabilities, dementia or mental health conditions***

- Access to relatives/ carers at all stages of the patient journey has reduced anxiety for the patient and reduced incidents of conflict or challenging behaviour.

Adjusting the entire admission pathway ***to meet the needs of disabled patients***

- Appointments created at specific times to accommodate the individual needs of the patient
- Pre-operative anaesthetic assessments have been completed virtually.
- The patient pathway adapted to support a seamless admission and transfer to theatre and discharge with minimal delay.

3.8 Supporting patients who do not speak English as a first language

Many women who attend the hospital whose first language is not English, including many asylum seekers and refugees. During Covid, all patients were asked questions about symptoms as they entered the hospital and had temperatures taken. It became apparent that ladies whose first language was not English were struggling with the new

regime and did not have anybody with them to help with the language barrier.

The Trust decided to introduce **picture cards** so the woman could easily identify and point to any current symptoms. The Patient Experience Team worked with the Communications team and the picture cards were developed.

This has reduced delays and queues at the main entrance and reduced distress and confusion amongst women, whilst ensuring infection prevention precautions are adhered to. The feedback from staff and patients has been very positive

3.9 Matron review for all patients with additional needs

To ensure that there is effective planning and communication regarding all patients with additional needs, any patient who may be identified as vulnerable, complex or at risk is reviewed in a timely manner by a senior nurse. This is also an opportunity for families to input into discussion about care. Such patients include:

- Patients with a learning disability/dementia
- Patients where there are safeguarding issues or general concerns
- Patient has a DoLS in place
- Patient is aged 16-18 years of age.

3.10 Visiting times on the neonatal unit

During the Covid-19 pandemic visiting for parents of babies on the neonatal unit was protected compared to visiting in other areas of the hospital. However, certain restrictions upon visiting were imposed to protect patients and staff from Covid. Both parents were allowed to visit their babies once a day for an unlimited period of time. However, we identified an increased risk to the **mental health of single mothers** due to lack of support and isolation during what is already an extremely difficult time. A new approach was developed where single mums could nominate a support person. This has ensured that there is no disparity in service provision or discrimination towards our service users whilst ensuring all staff and patients are safeguarded against transmission of Covid-19.

4.0 Measures & Objectives

4.1 Gender Pay Gap Report (2020)

Gender pay gap reporting regulations require UK employers in the public sector with 250+ employees to disclose workforce details in relation to their gender pay gap based on a single date each year, namely 31 March. As such, the gender pay gap report gives a snapshot of the gender balance within an organisation. It measures the difference between the average earnings of all male and female employees, irrespective of their role and/or seniority.

The full 2020 Gender Pay Gap report for the Trust can be found on the Trust website (<https://www.liverpoolwomens.nhs.uk/diversity-inclusion-human-rights/>).

4.2 Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) was most recently submitted on 30th August 2020, in line with the national deadline.

In summary from the latest submission, it can be evidenced that the workforce remains largely static in relation to the demographics of employees, with a marginal increase from 7.9% to 8.5% of BAME employees, in reality this is most likely due to more people correctly recording their ethnicity.

Band distribution has also not changed with the majority of BAME staff holding clinical Band 5, Band 6 and Band 7 posts. The highest banded non-clinical role remains the same as 2019, one individual at Band 8a. The highest banded clinical role (excluding medics) remains one individual at Band 8b.

Specifically, 15% of all applications from April 19 to March 20 were from BAME staff. 36 BAME applicants were shortlisted and 15 were appointed. The relative likelihood of a white member of staff being appointed from shortlisting stage increased to 1.35 compared to 0.8 in 2019. This evidences that fewer BAME staff are being appointed compared to white staff relative to those who reach interview stage.

In terms of our BAME colleagues at work;

- 88% feel there are equal opportunities for career progression, this is in line with 2019 Staff Survey results and an increase of 10% compared to 2018 results of 78%. This is better than the national average for BAME staff of 76%
- 33% stated they have experienced bullying, harassment or abuse from a colleague, compared to 17% of white staff (the national average for specialist Trusts is 29%)

For the last 2 years there have been no BAME staff entering the formal disciplinary process.

In terms of responding to the data, the WRES action plan is currently being reviewed in the context of the wider review of all E&D activity. Key actions include;

- On-going Listening events on topic of Bullying & Harassment
- Review of ED&I training provision, introduction of cultural awareness training to be piloted in maternity
- Career clinics for BAME staff
- Mentoring and reverse mentoring schemes are in development
- Specific targets for BAME representation in leadership roles to be devised
- On-going recruitment audits, positive targeting of applicants via community groups, on-going widening participation work

A WRES action plan for the coming year is available to view which takes into account the above noted key findings from the latest WRES submission and this can be found at on the Trust website (<https://www.liverpoolwomens.nhs.uk/diversity-inclusion-human-rights/>).

4.3 Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) was introduced in 2019 and entails a set of 10 specific measures/metrics that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. The deadline for this data submission was successfully met on 31st August 2020.

The data shows that the overall number of disabled staff in the Trust has not changed at 3%. There remains an important issue of staff not wishing to disclose a disability when they commence in post on ESR,

though the position has improved slightly since 2019. This remains the topic of on-going communication and assurance with regards to support available.

In terms of band distribution, there are no disabled staffs above 8a in non-clinical roles however there are two individuals at 8a and 8b respectively, in clinical roles. There are no medical staffs with a disclosed disability.

In terms of recruitment, non- disabled candidates are 2.32 times more likely to be appointed from shortlisting stage than disabled candidates. 32 disabled staff applied for a job at the Trust in 2019/20 and 8 were appointed; an appointment rate of 25%.

No-one with a declared disability entered into a formal disciplinary process in the 12 months prior to 31st March 2020.

It is noted that more than double the number of disabled staff (23%) stated in the 2019 Staff Survey that they have experienced bullying, harassment or abuse in the workplace in comparison to their colleagues (13%), though this is lower than the national average for disabled staff (27%). Disabled staff are slightly more likely to report such concerns at 56% in comparison to non-disabled colleagues at 51%.

83% of disabled staff believe the Trust provides equal opportunities for career progression compared to 90% of non-disabled employees.

In terms of responding to the data, the WDES action plan is currently being reviewed in the context of the wider review of all E&D activity. Key actions include;

- Expanding programme of internships for disabled staff via widening participation scheme
- Offering career coaching to this cohort of staff
- On-going recruitment audits
- Training for managers on reasonable adjustments and supportive approach to attendance management.
- Encouraging staff to declare their disability

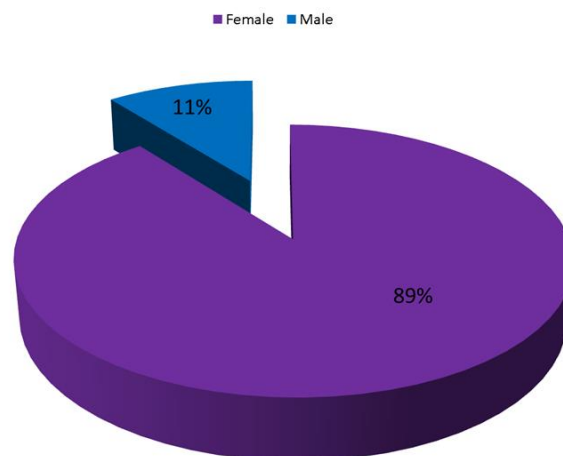
The Trust WDES action plan can be found on the Trust website (<https://www.liverpoolwomens.nhs.uk/diversity-inclusion-human-rights/>).

4.4 Staff Profiles

Headcount for the workforce as of December 2020 stood at 1516 which is a decrease of 65 staff from 2019.

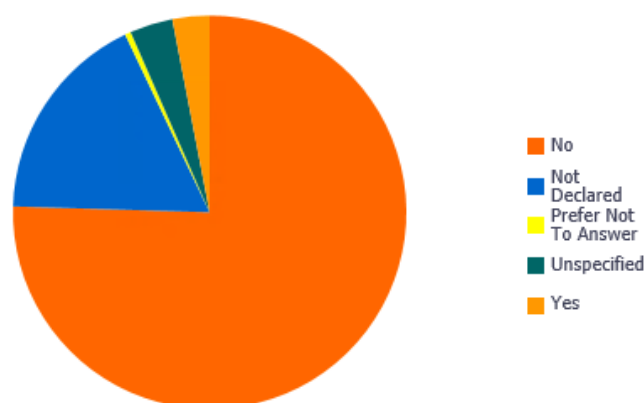
Staff Profile - Gender

Liverpool Women's NHS Foundation Trust has an 89% female workforce which equates to 1349 colleagues and this is a 1% compared to 2019.



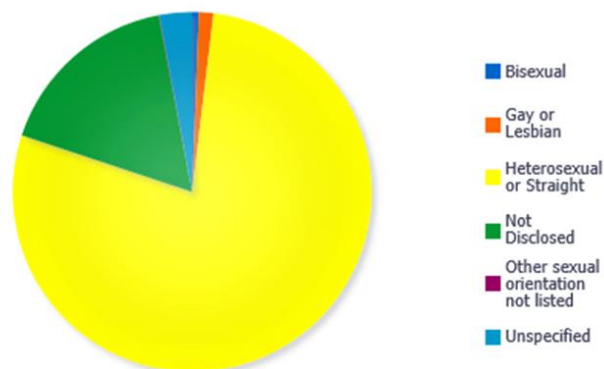
760 staff are in the Nursing and Midwifery staff group; 99.7% of this group are female.

Staff profile - Disability



The figures relating to disability declarations remain as per those reported in 2019 namely 75.5% of colleagues state they do not have a disability and 3% state that they do. 17.5% of colleagues declined to provide an answer to the question and therefore not providing a full representation of disability within our colleague base. Further information can be found in the Trust WDES report which can be found via <https://www.liverpoolwomens.nhs.uk/diversity-inclusion-human-rights/>

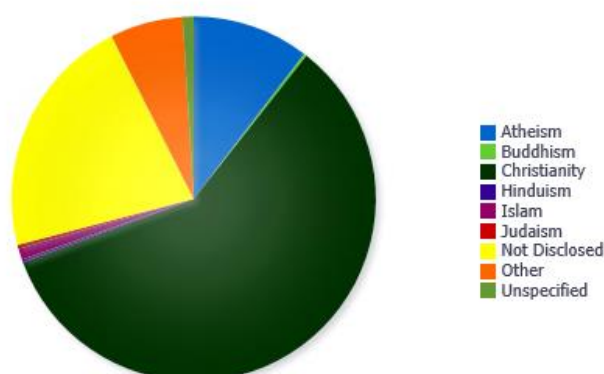
Staff profile – Sexual Orientation



78% of colleagues define their sexual orientation as Heterosexual; this remains comparative to last year in which 77.87% of colleagues reported the same. Those identifying as Gay or Lesbian account for 1.3% of the staff group.

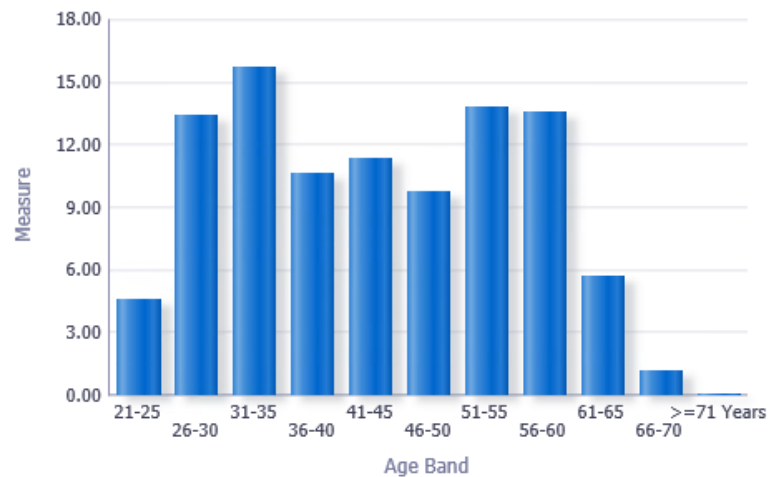
As with disability declarations, the above does not provide a full representation of colleagues' orientation as 16.9% declined to provide an answer.

Staff profile – Religion



The information reported on religion remains comparable to 2019; those not wishing to disclose their religious belief has further reduced to 0.98%.

Staff profile – Age

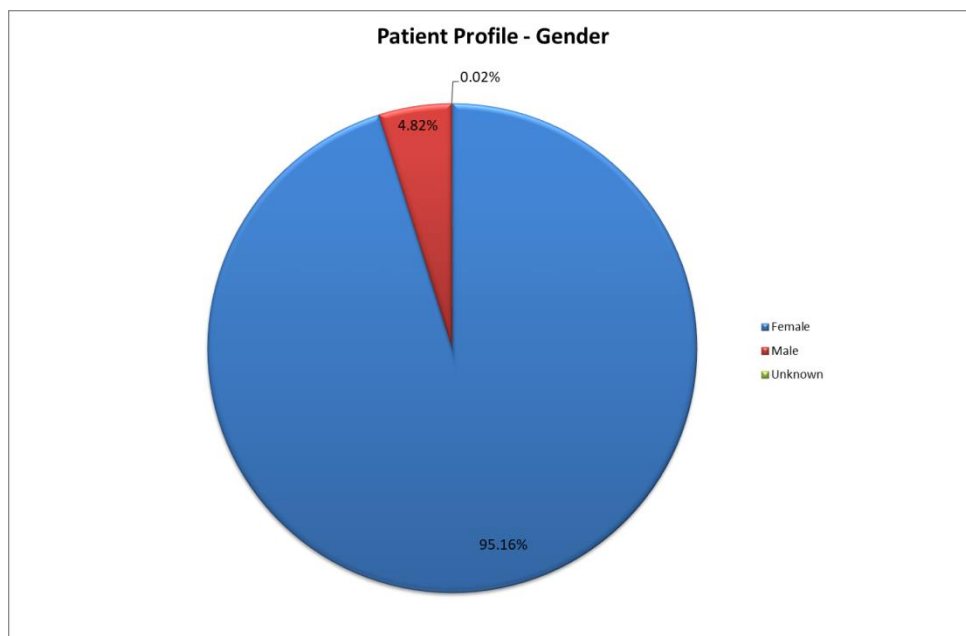


Between the ages of 26 – 60 are mainly equal percentages; this is comparable to 2019.

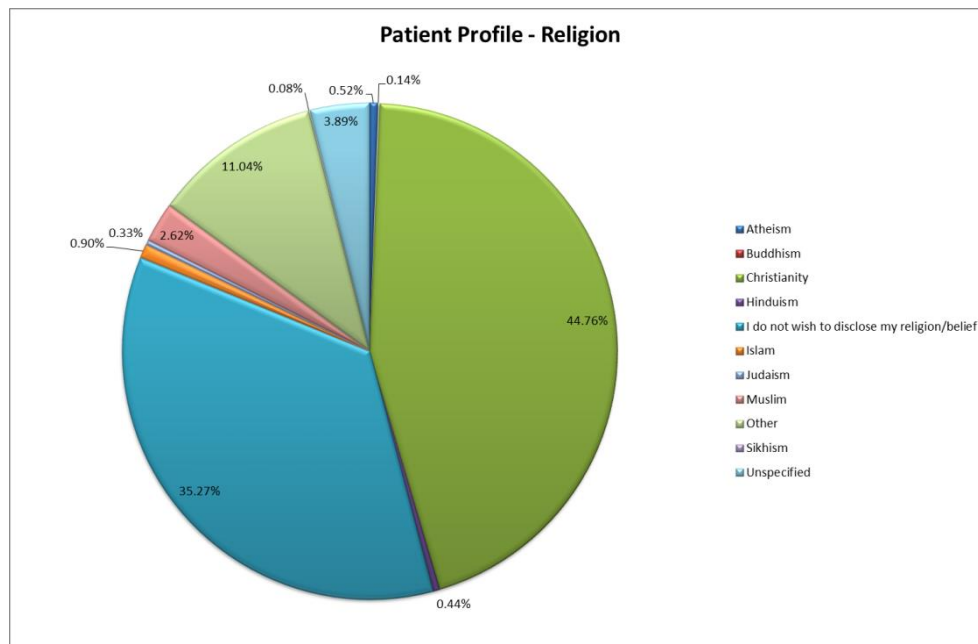
5.6 Patient Profile

Between Apr 20 and Mar 21 Liverpool Women's NSH Foundation Trust treated 70,902 patients, of which 67,473 were female equating for 91.16% of all patients, to be expected due to the nature of Liverpool Women's services.

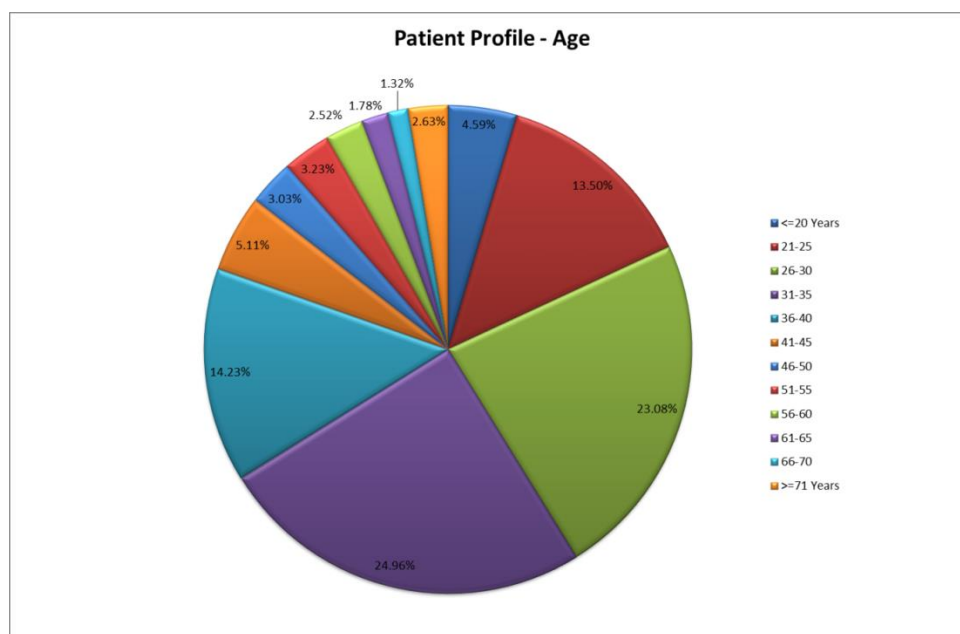
The Trust treated 3,418 men who equated for 4.82% of patients; this was mainly within our fertility departments. 11 patients refused to identify themselves as male or female so were categorised as unknown.



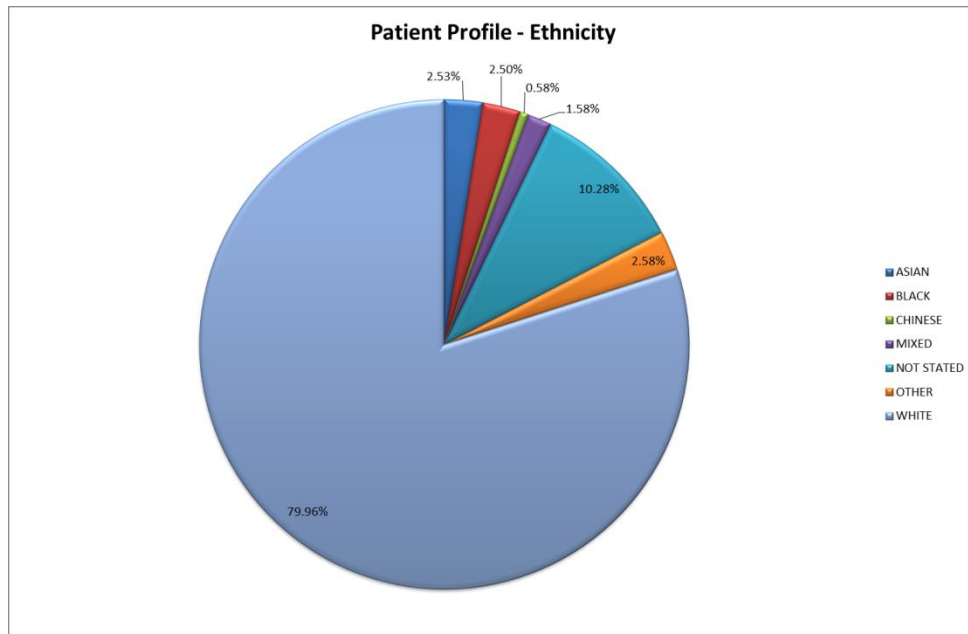
Figures relating to religion show that just under half of patients are Christian with 44.76%, while 35.27% did not wish to disclose their religions belief.



Figures show the main ages of patients are between the ages of 21 – 40 which accounts for 75.77% of all patients, with 31-35 equating for the largest group at 24.96% which is 17,699 of patients



The main Ethnicity of patients is White with 79.96% which equates to 56,692 patients. 10.28% do not wish to disclose their ethnicity which is 7,291 patients.



The table below shows the wide range of cultural backgrounds of our patients

Language	Percentage	Language	Percentage
ALBANIAN	0.13%	MONGOLIAN	0.01%
AMHARIC - ETHIOPIA	0.12%	NEPAL	0.03%
ARABIC	2.23%	NOT KNOWN	0.65%
AZERBAIJANI,NORTH	0.01%	NULL	0.02%
BELARUS	0.01%	OROMO - ETHIOPIA	0.02%
BENGALI	0.13%	OTHER	0.45%
BULGARIA	0.14%	PANJABI - INDIA	0.03%
BURMESE - MYANMAR	0.004%	PASHTO - AFGHANISTAN	0.04%
CANTONESE	0.08%	PERSIAN	0.05%
CHINESE	0.14%	POLISH - POLAND	0.92%
CZECHOSLAVAKIAN	0.26%	PORTUGUESE	0.57%
DUTCH - NETHERLANDS	0.004%	PT. DOES NOT WISH TO ANSWER	0.01%
ENGLISH	88.70%	PUNJABI	0.03%
FARSI	0.24%	ROMANIAN - ROMANIA	1.52%
FRENCH	0.14%	RUSSIAN	0.10%
GERMAN	0.06%	SHONA - ZIMBABWE	0.004%
GREEK - GREECE	0.14%	SINHALA - SRI LANKA	0.04%
GUJRATI - INDIA	0.004%	SOMALI	0.21%
HAUSA - NIGERIA	0.01%	SPANISH	0.21%
HINDI - INDIA	0.05%	SWAHILI	0.06%
HUNGARIAN - HUNGARY	0.19%	SWEDISH	0.02%
IGBO - NIGERIA	0.00%	SYLHET/BANGLADESH	0.01%
INDONESIAN	0.02%	TAMIL	0.29%
ITALIAN	0.19%	THAI	0.01%
JAPANESE	0.01%	TIERINYA	0.24%
JAVANESE -INDONESIA(JAVA&BALI)	0.00%	TURKISH	0.15%
KURDISH	0.60%	URDU	0.26%
LINGALA (AFRICA/ZAIRE)	0.01%	URKRAINIAN	0.02%
LITHUANIA	0.16%	VIETNAMESE	0.10%
MALAYALAM - INDIA	0.02%	YEMINI	0.004%
MALAYSIA, PENINSULAR	0.01%	YORUBA - NIGERIA	0.004%
MANDARIN	0.14%	ZULU - SOUTH AFRICA	0.004%

5.0 Plans for 2021/22

This report has provided an update on many of the activities and actions that have taken place in 2019/20 across the Trust.

There is board level commitment to review the Trust approach to Equality, Diversity and Inclusion in its entirety following events of the past 12 months; the Trust has an ambition to be amongst the best Trusts in the UK in creating an inclusive culture that harnesses and encourages diverse leadership at all levels in the organisation.

Specific plans are outlined below and will form part of the revised set Equality Objectives (currently in place until 2023)

- Positive discrimination at shortlisting stage
- Diverse interview panels for posts above B6
- Enhanced training offer and career coaching for under-represented groups
- Commitment to appoint % of senior staff to under -represented groups
- Commitment to create a developmental NED role and appoint from an under represented group
- Every senior leader to be offered as a mentor to under-represented groups
- Pilot reverse mentoring
- Approach other Trusts to offer their BAME leaders as mentors for our staff
- Second F2SU guardian from a diverse group
- Colleague networks for other groups
- Colleague supporters network inclusive of diverse members

6.0 Summary

This annual report collates some of the activities that have taken place in the last 12 months at the Trust. There is clear direction with regards to the Equality, Diversity and Inclusion strategy, with the Trust seeking to further develop the overall approach in 2021/22.

Whilst it is important to note the positive work that continues to take place for both patient/service-user and colleague groups, it is equally important to recognise that this journey for the Trust is ever moving and changing to ensure the best possible experience for all. To support this development, it is vital to work in partnership with stakeholders including our local community in a collaborative approach to address the areas for improvement as highlighted in this report.

As a final word, the Trust is confident that the Equality Objectives (2019/23) as set out are achievable in order to reach the overall ambition of being a great place to work.