

**Board of Directors  
1 December 2021**

## **Diversity and Inclusion Annual Report for 2021/22**

### **Purpose**

This report seeks to provide assurances on the progress made in not only complying with statutory requirements under the Equality Act 2010 and associated public sector duties, but also work to meet requirements contained within the Trusts standard contract with local commissioners

### **Introduction / Background**

Under section 149 of the Equality Act (2010), a public sector equality duty was created, which is a statutory obligation for all public authorities. This is defined in legislation as the **general duty** and all public authorities must adhere to the following obligations:

- To eliminate unlawful harassment and victimisation and other conduct prohibited by the Act
- To foster good relations between people who share a protected characteristic and those who do not
- To advance equality of opportunity between people who share a protected characteristic and those who do not

In addition to the previously referred to **general duty**, there are specific duties which require public bodies to publish relevant, proportionate information showing compliance with the Equality Duty and to set equality objectives. The information that is contained within this report meets the requirement of the specific duties of the PSED.

The Equality Act also defined a number of groups that have protected characteristics, as follows:

- Sex / Gender
- Age
- Disability
- Race
- Sexual Orientation
- Religion or belief
- Pregnancy and Maternity
- Marriage and Civil Partnership
- Gender reassignment

The Trust is required to fulfil a number of obligations that are outlined within the Equality Act (2010) and within the Public Sector Equality Duty, along with requirements built into the standard NHS contract monitored by commissioners and forms part of the Care Quality Commission's well led inspection.

The Trust is required to submit annual data for:

- 1) Annual workforce demographics
- 2) Workforce Race Equality Standards (WRES)
- 3) Workforce Disability Equality Standards (WDES), (introduced from April 2019)
- 4) Gender Pay Gap Analysis

Along with producing and displaying reports for all of the above we are required to produce:

- 5) Annual and 6-month update reports
- 6) Review of progress towards achievement of equality and diversity by using the Equality Delivery System (EDS2) framework

The Diversity and Inclusion Steering Group seeks to support achievement of the overarching diversity and inclusion agenda and feeds into the Workforce Steering Board.

The Trust is required to have key objectives in place, along with monitoring additional areas such as:

- 7) The introduction and ongoing monitoring of the Accessible Information Standard
- 8) Consideration of equality related impacts on redesign of services and evidence that findings have been considered by decision makers prior to making changes.
- 9) Interpretation and translation services
- 10) Review of usage of services benchmarked against local population and disaggregated by protected characteristic
- 11) Reports to include work undertaken in achieving achieve the PSED general duties

The Trust's diversity and inclusion strategy 2018-22 and last annual report are available for review on the public section of the Trust's Diversity and Inclusion webpages.

The strategy identifies the Trust's vision of creating an environment for patients and staff where the principles of equality legislation are fully embraced and where people feel respected, valued and treated with dignity. The strategy also highlights the aim of ensuring that our services are accessible to all members of our community, that they are delivered equally regardless of any differences and that our staffing reflects the communities we serve.

Action plans have been developed with annual progress reported at the Workforce Assurance Committee in September. The plan is also scheduled for review as part of the Patient and Family Experience Group in November. A full review has also been conducted on all diversity and inclusion related action plans and whilst not included as part of this report, they are accessible via the Trust's diversity and inclusion webpages.

This report seeks to provide assurance that we are complying with the requirements outlined above and identifying any key areas for concern and consideration.

## Data

### 1 Progress Report - Reporting Requirements

#### 1.1 Workforce Demographics

Appendix 1 provides the breakdown of workforce demographics as of 31 March 21, compared with community demographics where available.

#### 1.2 WDES and WRES Reporting

Reporting data for both WRES and WDES have now been submitted via the national portals following approval from the Board of Directors meeting in August. In addition to the submission of data, organisations are required to publicise a detailed narrative report, including the data submitted, supporting narrative and action plans to address areas of concern or bring about improvements. Action plans were approved at September's Workforce Assurance Committee and therefore both reports have now been uploaded to the public section of the Trust's website. The Trust is therefore compliant with reporting requirements in these areas.

#### 1.3 Gender Pay Gap Reporting

2019/20 gender pay gap reporting was delayed nationally due to COVID, however the Trust has now submitted data via the national portal and the narrative report is also available via the diversity and inclusion section of the website. 2020/21 reporting has commenced however review and approval of the data was postponed. Reporting is not however required to be completed until 30 March 2022 and will therefore be presented for review at the next appropriate committee.

#### 1.4 Annual and six-month update reports

This report seeks to provide the annual update for workforce information and includes detailed workforce demographic information at appendix 1. A six-month update was provided to Workforce Steering Board in April 2021.

## 1.5 Equality Delivery System (EDS2)

Trusts are required to conduct a review of services against the nationally developed equality delivery system (EDS2) framework. WUTH conducted a full review of all areas in 2019 and actions identified were included within the overarching diversity and inclusion action plan. A further review has not however been completed due to COVID-19 implications and capacity; however, the Trust has linked with Merseyside D&I Leads and clinical commissioning colleagues to ensure best practice is considered and ideas shared.

A national review has also been conducted on EDS2 itself and a new EDS3 framework has been developed to ensure greater effectiveness. This has been piloted and final information and launch dates are awaited. More details will follow as soon as they are confirmed.

Review against the EDS2 framework is however unfortunately overdue and will therefore be completed as soon as possible. Trusts are not required to review against all indicators, however, must select a minimum of 3 to focus on.

Following discussions and agreement, the following 3 indicators have been selected for review this year:

Indicator No.	Indicator	2018/19 rating
1.5	Screening, vaccination and other health promotion services reach and benefit all local communities	Achieving
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Achieving
4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Developing

All indicators and current ratings (including definitions) are outlined in appendix 2.

Engagement has commenced with stakeholders and evidence is being collated so as to determine recommendations for this years' ratings. These will be presented for ratification in the next D&I update report.

## 1.6 Accessible Information Standard (AIS)

This is a national standard that supports those with disabilities, impairments and sensory loss and requires organisations to ensure they have access to information and communication in a format suitable for them. The Trust launched a pilot within Outpatient and Pre-Operative Assessment in Jan 2019; however implementation has stalled due to difficulties with roll out. A review group was established to identify key actions in moving forwards and further pilot sites identified. Further training and support is being provided to outpatient areas to ensure roll out can continue and progress will continue to be monitored

## 1.7 Equality Analysis (EA) / Impact Assessments and Quality Impact Assessments (QIA)

As identified in section 2, reporting area no.8 highlights that consideration must be given to equality related impacts on redesign of services and evidence that findings have been considered by decision makers prior to making changes. Equality impact assessments must also be conducted on new and revised policies.

The Trust launched an EA policy in 2018 and equality analysis is now embedded within the policy approval process. All policies are therefore required to have this completed and support is offered via the D&I Lead. There has therefore been a significant increase in the number of equality analysis impact assessments being completed however the quality of these continues to be of concern, with "neutral" impact selected for all areas often without due consideration.

In addition, gaps were also highlighted within areas of service improvement, with QIA / EA's not being completed or done so at the earliest opportunity. This has resulted in the early identification of potential barriers and caused delays in the effective progression of service improvement plans. There is also no standardised form / process for completion, resulting in a variety of forms being used.

The service improvement team have however conducted a thorough review of the EA and QIA processes within the Trust and identified a series of recommendations. A task and finish group has now commenced to ensure prompt completion of the identified actions. Actions include:

- i) The production of a new QIA policy and standardised form
- ii) Refresh of the EA policy with revised governance arrangements
- iii) 2 stage EA/QIA panels to review and identify potential impacting factors
- iv) The usage of Project Management (PM3), to complete and record QIA/EAs

It is currently proposed that the workforce policy approval process continues in its current format, as this appears to be working well, with EA embedded within it and displayed as part of the document.

With regards to clinical policies, whilst EA is embedded within the documentation, the quality of their completion is still a concern. Trust wide awareness raising of the importance of their completion, including support to do so, will be included as part of a wider plan to launch the new QIA /EA processes.

### **1.8 Interpretation and Translation Services**

The Trust conducted a full review of its interpretation and translation services in 2019/20 however following a variety of reviews, decided to change providers on 5 October 2020 to DA Languages.

A full breakdown of service data is available as part of the full diversity and inclusion annual report, available on the diversity and inclusion webpage.

Arabic and Bengali were the most commonly used languages for 2020/21.

Browsealoud software is also installed on the Trust's website which allows enhanced accessibility of information including the translation of information on our webpages into 99+ languages, including approximately half of those in audio format too.



### **1.9 People Plan**

The NHS people priorities for 2021/22 include D&I related actions are also included with the Trust's response to the NHS People Plan and key areas required are:

- i) Ensuring recruitment and promotion practices reflect the community, regional and national labour markets
- ii) D&I considerations to be linked with wellbeing conversations
- iii) Published progress against the model employer goals to ensure the workforce leadership is representative of the overall BAME workforce
- iv) 51% organisations to eliminate the ethnicity gap when entering formal disciplinary processes

The Trust is currently in the process of reviewing and consolidating all D&I related action plans and this will be shared in future reports.

### **1.10 Review of usage of services benchmarked against local population and disaggregated by protected characteristic**

Appendix 1 encompasses comparative data for service users, disaggregated by protected characteristic and compared to community and workforce demographics. Patient data is taken from a snapshot date of 31 March 2021.

Data continues to be reviewed to ensure identification of any themes / trends and actions required are incorporated within the overarching diversity and inclusion action plan.

### **1.11 Additional Actions Undertaken to Support Achievement of the PSED General Duties**

#### **1.11.1 Mandatory Training**

The Trust continues to have a mandatory diversity and inclusion training programme for all staff which is primarily delivered via e-learning, particularly due to COVID. The Trust has a mandatory training handbook in place for designated areas and diversity and inclusion training is contained within it. Compliance on 31 July 2021 was 95.97% and is therefore above the compliance level required.

### 1.11.2 Work undertaken to support staff with disabilities and long-term conditions

The Trust has placed a focus on improving support and experiences for our staff with disabilities and long-term health conditions with actions completed including:

- i) Launch of the new Disability and long-term health condition policy and reasonable adjustment guidance documentation
- ii) WUTH Sunflowers staff network, for those with disabilities and long-term health conditions, which sees staff coming together to not only offer support to each other but to identify areas for improvement across the Trust
- iii) Launch of the Hidden Disabilities sunflower initiative, providing badges to staff who have a disability and promoting awareness and training across the Trust
- iv) Variety of Trust wide communications to recognise national and international disability related awareness days, sharing staff experiences, internally or externally via video or the local press, offering various internal and external support options
- v) The Trust continues to be a member of the Governments Disability Confident Scheme and is currently at level 1, Disability Confident Committed and is hoping to progress to level 2 within 2021/22.



### Impact – WDES Results

It is felt that the enhanced focus on supporting our staff with disabilities and long-term conditions has contributed to a number of positive improvements within the WDES data this year.

Staff survey data shows a positive improvement in 8 out of the 9 indicators, with significant progress made in some areas (improvement of 5% or more) >8.2% since 2018. All except 2 indicators are now above the national average.

There is also an increase in the number of disabled staff who reported if they had experienced bullying, harassment or abuse in the last 12 months (from 46.6% last year to 49.2% this year), as this was identified as an area of concern in the 2019/20 report.

Recruitment data also identifies an improvement in the likelihood of disabled applicants being appointed compared to non-disabled staff, with an improvement from 2:14 to 1:17.

A particular area of concern this year however is the number of disabled staff who feel their work is valued by the Trust, which has unfortunately reduced from 32.5% last year to only 30.1% this year and falls significantly lower than the national average of 37.4%.

### 1.11.3 Lesbian, Gay, Bisexual and Transgender and non-binary (LGBT+) Staff

The Trust continues to hold the Merseyside In Touch LGBT+ Navajo Chartermark, in recognition of our commitment to supporting LGBT+ staff and patients. The Trust is due for re-assessment in 2022.



The Trust's LGBT+ staff network, the Rainbow Alliance continues to offer support opportunities for staff and despite COVID and additional pressures for the network Chairs, the network is continuing to meet and regaining continuity of meetings. Current key priorities for the network are:

- i) Supporting work towards achievement of the Navajo Chartermark,
- ii) Contributing to the review of a number of policies, so as to ensure LGBT+ inclusion and support
- iii) Opportunities to engage with the wider WUTH LGBT+ community
- iv) Consideration of gender-neutral toilets
- v) Refreshed communications to promote the NHS rainbow pin badge initiative

The Trust is also part of a regional transgender task and finish group, working together to review improvements and raise awareness of trans-related issues and areas for development.

### 1.11.4 Black, Asian and Ethnic Minority (BAME) Staff

The Trust re-launched its BAME staff network last year and since then, they have continued to meet regularly, with membership growing steadily.

Network members are becoming actively involved in supporting fellow BAME colleague and Trust wide communications in a number of ways:

- i) To show our commitment to being anti-racist by supporting the first ever Race Equality Week and “showing racism the red card”
- ii) Staff promoting the importance of completing Health Risk Assessments



- iii) Members involved in identifying suggestions for improvements
- iv) Members are preparing to share their experiences across the Trust and support the development of cultural awareness events (as soon as COVID restrictions permit)
- v) Ultimately, the network seeks to be a safe space for colleagues to come, meet others and share as they feel able and even have some fun along the way!

In addition to the staff network, additional actions have included:

- **International recruitment** - A huge recruitment drive has taken place to strengthen the nursing team at the Trust has resulted in nurses travelling from as far as Kenya, Zimbabwe and India to work at its Arroe Park, Wirral Women and Children’s and Clatterbridge hospitals. The Trust also wants to ensure additional support is in place for our new recruits and so has appointed designated pastoral support.
- The Trust currently has three BAME Freedom to Speak Up champions to offer additional support to BAME colleagues
- Various Trust communications to focus on additional awareness / support for BAME staff e.g. to encourage take up the COVID vaccine



### Impact – WRES Results

Whilst the network continues to grow and the Trusts striving to ensure improvements in experiences for our BAME staff, WRES data results this year provide a mixture of positive and negative areas. The following positives can be seen:

- Overall increase in BAME workforce (from 7.2% last year to 7.6% this year)
- Increase in the number of BAME staff feeling the Trust offers equal opportunities for career or promotion and
- Reduced number of BAME staff reporting harassment, bullying and abuse from patients and visitors

However, particularly concerning results are that negative increases can be seen in:

- the number of BAME staff who have experienced bullying, harassment or abuse from staff
- BAME staff reporting experiencing discrimination from their manager, team leader or other colleagues
- Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BAME applicants

The Trust is currently reviewing all D&I action so as to ensure key priorities are identified and improvements for our BAME staff in particular can be seen. The work of the staff networks will provide a fantastic opportunity to hear the experiences of our BAME staff and develop much needed awareness and

engagement opportunities across the Trust however it is the responsibilities of all staff to ensure improvements in this area.

### 1.11.5 Chaplaincy and Spiritual Care

The Chaplaincy and spiritual care team continue to support our staff and patients' spiritual needs. The chaplaincy team relies on a number of volunteers to provide chaplaincy support, however due to COVID restrictions, those that were able to continue to work, were unfortunately significantly reduced. That said, the chaplaincy team have continued to provide much needed multi-faith support to our staff and patients, particularly during such challenging times.

There has also been an increased focus on recognising and celebrating key religious festivals. Additional advice and support has also been promoted during COVID-19, particularly with regards to concerns with the COVID vaccine for some faith groups and also for those staff observing Ramadan and wanting to fast.

Additional support, consideration and celebration took place this year, with:

- Trust wide recognition and celebration of key religious and spiritual dates / festivals
- Additional prayer spaces made available for Ramadan, with prayer mats across sites, including Microbiology.
- Links with the Catering team for special menus during key festivals e.g. Chinese New Year
- Iftar boxes provided this for the first time for staff fasting during Ramadan along with spice cakes and nuts to celebrate Eid



### 1.11.6 Military Veterans and Armed Force Personnel

Dr Ranj Mehra has been identified as the Trust Lead for Military Veterans and Armed Force Personnel and together with the Trust's D&I Lead, are part of a new regional task and finish group to consider additional actions required to improve experiences and support for both staff and community members.

Actions are currently under review so as to ensure the Trust is "Force-friendly" and will be included as part of the overarching D&I action plan and updates on progress will be provided in future reports.

### 1.11.7 Patient Information Leaflets

The Trust uses EIDO as the contractor for providing patient information leaflets. The Trust has upgraded its provision to ensure access to leaflets in other languages. These are therefore now accessible more easily for staff using the sign on codes via the intranet. Where required languages are not accessible on screen, these can be requested online.

### 1.11.8 Patient Engagement

- i) Patient and Family Experience Group** – The Trust continues to hold a regular meeting with internal and external stakeholders
- ii) Patient Information Reading Group (PIRG)** - The Trust has re-established its patient information reading group, led by the knowledge and library service. This group allows the opportunity for community members to review patient literature and provide feedback.
- iii) Patient Feedback** - Whilst patient experience surveying was suspended for most of 2020 / 21 due to the pandemic, 28,446 friends and family test responses were still gathered. Unfortunately however, as data collection was limited, it cannot be compared with previous years data or indeed benchmarked against other Trusts. That said, the chart below highlights some data received for 2020/21 (Disability and sexual orientation data is also unfortunately unavailable).

	Everyone	BAME	Female	Male	Age 16-30	Age 31-50	Age 51-69	70+
FFT Recommend rate	94%	90%	94%	94%	83%	90%	95%	95%

A variety of comments received link to negative feedback and in particular, a number were in relation to mental health. This will therefore be monitored by the Trust in Q1.

## 2 Key Issues/Gaps in Assurance

- i) Completion of the Trust's review against the EDS2 framework is required as soon as possible
- ii) Some negative results can be seen within our WRES data this year and therefore requires attention
- iii) Capacity to deliver the D&I agenda is currently stretched and is therefore under review.
- iv) D&I key priorities and action plans require review and consolidation and are also therefore under review
- v) Lack of dedicated support for staff with disabilities – a recurring theme raised by staff is the lack of designated support for staff with disabilities and long-term conditions. This would be to include practical advice and support, including access to work applications, reasonable adjustments and linking up with specialist services where necessary. A Disability Adviser role has been included within the actions for consideration in our local People Plan as this has been in place previously.

## 3 Staff Survey Data

It is pleasing to report an increase in the Trust scores for the Equality, Diversity and Inclusion theme, within the last staff survey report. The Trust increased from 9.2 to 9.3 and is above the national average of 9.1.

Staff feedback relating to WDES and WRES is included within section 3.10 and in more detail within the full reports that will soon be made available on the Trust's D&I section of the website.

## 4 Next Steps

- i) Agreement reached on the EDS2 indicators to be reviewed against and engagement and evidence collection to commence
- ii) Launch of the new QIA / EA process
- iii) Clarification of key D&I priorities and consolidation of D&I associated action plans
- iv) Review of resources available in order to support achievement the key priorities
- v) Particular attention to be paid to improving WRES related actions and improving experiences for our BAME staff
- vi) Particular attention to be paid to ensuring our staff with disabilities and long-term conditions feel valued
- vii) Preparation for re-assessment of the Merseyside In Touch, LGBT+ Navajo Accreditation
- viii) Progression to Level 2 of the Disability Confident Government Scheme

## Conclusion

The Trust has been working hard to not only ensure it achieves and upholds national and commissioner led requirements and regulations but to ensure a proactive approach to equality, diversity and inclusion for the benefit of its staff, patients and wider community.

This report seeks to provide an overview on the variety of work undertaken within 2020/2021 to work towards improvements in these areas, whilst also providing assurance on progress required. Additional emphasis was placed on ensuring improvements for our staff with disabilities and long-term health conditions and it is therefore pleasing to see such improvements in the WDES data this year.

It is therefore hoped that with further efforts improvements can be made for our BAME staff.

## Recommendations

Members to note the progress made

## Appendix 1 – Workforce Composition as of 31 March 2021

### Workforce Composition (data as of 31 March 2021)

Understanding the workforce composition by equality and diversity demographics is important in order to ensure that we are a fair and open organisation and to monitor the effectiveness of our policies and procedures.

There has been an increase in the workforce numbers from 6258 staff last year to 6474 this year.

### Sex / Gender

79.2% of the WUTH workforce is female and 20.8% is male. The numbers therefore reflect that the largest staff group is nursing, and that this group is predominately female. This is reflective of most NHS Acute Trusts.

The chart below highlights the breakdown of staff and patients compared with community demographics.

#### Sex / Gender

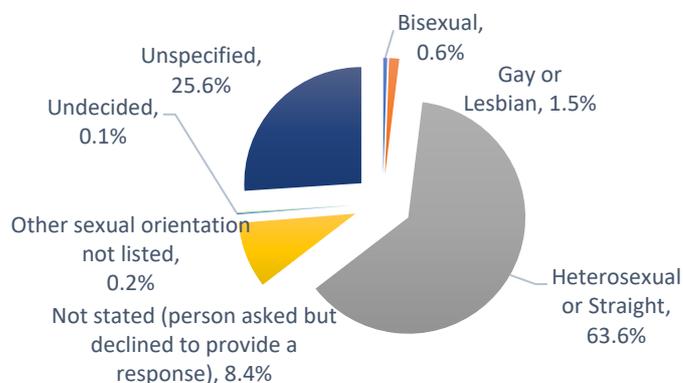
	Workforce	Patients	LA: Wirral	STP: Cheshire & Merseyside	Region: North West
Male	20.80%	39.00%	48.11%	48.76%	49.13%
Female	79.20%	61.00%	51.89%	51.24%	50.87%

### Sexual Orientation

Charts below highlight the workforce sexual orientation data on 31 March 2021, along with comparative data for community members within the North West.

Sexual Orientation	% of Workforce
Bisexual	0.59%
Gay or Lesbian	1.52%
Heterosexual or straight	63.62%
Not stated (person asked but declined to provide a response)	8.40%
Other sexual orientation not listed	0.19%
Undecided	0.06%
Unspecified	25.62%
<b>Grand Total</b>	<b>100.00%</b>

#### Workforce data by Sexual Orientation as at 31 March 2021



#### Sexual Orientation Data Comparison with Community Demographics

	Workforce	Region: North West
Gay / Lesbian / Bisexual	1.9%	1.66%
Heterosexual / straight	62.6%	94.89%
Unknown	35.5%	3.45%

## Appendix 1 – Workforce Composition as of 31 March 2021

### Gender Reassignment / Identity

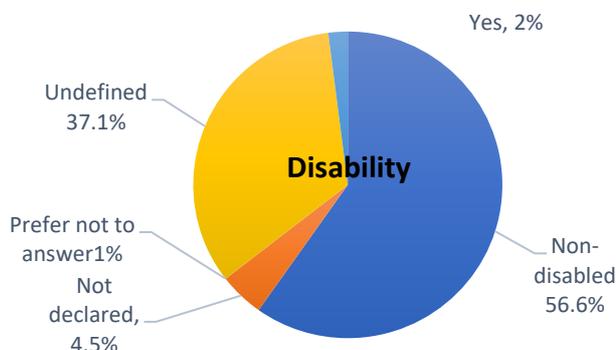
ESR currently only has the functionality to record male, female or unspecified. The Trust has been working hard to further understand the needs of its staff and patients and as such, understand that more accurate recording options are needed. A number of staff may not identify with a specific gender or have a variation of gender identities and therefore national updates are being awaited that will allow greater options for staff and accurate data in this area. The Trust can only therefore report against the number of staff recorded as male or female. This has been raised at a national level and updates awaited.

It can however be reported that staff have been supported to transition within the workplace within 2020/21, however this is currently not centrally monitored.

### Disability

As of the 31<sup>st</sup> March 2021, the self-reporting rate for those staff with a disability within WUTH is 2%. A total of 131 staff have identified they have a disability, with 86 staff in a clinical role and 45 staff in a non-clinical role.

Breakdown of workforce data by disability status



	Total Clinical Staff 2021	% of Clinical 2021	% of Clinical 2020	Total Non-Clinical Staff 2021	% of non-clinical 2021	% of non-clinical 2020	Combined 2021	% overall 2021	% overall 2020
<b>Disabled</b>	86	2.0	1.8	45	2.1	1.9	131	2.0	1.9
<b>Non-disabled</b>	2721	63.0	60.5	1150	53.4	48.4	3871	59.8	56.6
<b>Not declared</b>	196	4.5	4.1	109	5.1	5.3	305	4.7	4.5
<b>Prefer not to answer</b>	1	0.0	0.0	0	0.0	0	1	0.0	0
<b>Unspecified</b>	1316	30.5	33.5	850	39.5	44.4	2166	33.5	37.1
<b>TOTAL</b>	4320	100.0	100.0	2154	100.0	100	6474	100.0	100

### Religion or Belief

The chart below highlights the religious beliefs of our workforce and patients compared with the community demographics as of 31 March 2021. The categories are grouped together so as to aid ease of comparison; however it is important to recognise some of the heading below subgroup heading: e.g. Christianity include Catholicism, Anglican etc

#### Religious belief

	Workforce	Patients	LA: Wirral	STP: Cheshire & Merseyside	Region: North West
<i>Atheism / Not religious</i>	10.57%	26.94%	21.33%	19.08%	19.82%
<i>Buddhism</i>	0.21%	0.12%	0.28%	0.26%	0.29%
<i>Christianity</i>	40.34%	58.01%	70.41%	72.54%	67.25%
<i>Hinduism</i>	1.01%	0.08%	0.23%	0.32%	0.54%
<i>Islam</i>	0.87%	0.72%	0.57%	1.07%	5.05%
<i>Judaism</i>	0.07%	0.04%	0.08%	0.17%	0.43%
<i>Other</i>	7.10%	0.04%	0.26%	0.24%	0.27%
<i>Sikhism</i>	0.05%	0.08%	0.07%	0.08%	0.13%
<i>Unknown</i>	39.78%	13.57%	6.77%	6.24%	6.20%

### Ethnicity

## Appendix 1 – Workforce Composition as of 31 March 2021

The following chart shows the breakdown of the workforce by ethnicity and compared to patient and community demographics as of 31 March 2021.

### Ethnicity

	Workforce	Patients	LA: Wirral	STP: Cheshire & Merseyside	Region: North West
White - British (inc English, Scottish & Cornish)	87.22%	86.95%	94.97%	92.81%	87.08%
White - Irish	0.77%	0.40%	0.83%	0.83%	0.92%
White Traveller / Gypsy / Irish Traveller	0.02%	0.00%	0.02%	0.05%	0.06%
White - other	1.92%	1.45%	1.17%	1.85%	2.15%
Mixed - White & Black Caribbean	0.13%	0.08%	0.30%	0.40%	0.56%
Mixed - White & Black African	0.22%	0.04%	0.17%	0.26%	0.26%
Mixed - White & Asian	0.27%	0.04%	0.30%	0.33%	0.43%
Mixed - Any other mixed background	0.30%	0.28%	0.25%	0.30%	0.32%
Asian or Asian British - Indian	3.72%	0.24%	0.42%	0.56%	1.52%
Asian or Asian British - Pakistani	0.10%	0.00%	0.07%	0.21%	2.69%
Asian or Asian British - Bangladeshi	0.10%	0.24%	0.27%	0.15%	0.65%
Asian / Asian British: Chinese	0.36%	0.32%	0.52%	0.61%	0.68%
Asian or Asian British - Any other Asian background	1.02%	0.60%	0.33%	0.40%	0.66%
Black/African/Caribbean/Black British: African/Black British: Caribbean or Black British - Caribbean	0.68%	0.24%	0.18%	0.61%	1.17%
Any other Black African / Caribbean	0.19%	0.00%	0.04%	0.13%	0.22%
Arab	0.00%	0.00%	0.07%	0.30%	0.35%
Any Other	1.31%	0.12%	0.10%	0.20%	0.28%

### Age

The charts below highlight the workforce and patient demographics, compared with local communities as of 31 March 2021. Workforce data is not directly comparable due to the age range brackets, however can provide an indication as to potential areas of focus.

Age Band	% of Workforce		LA: Wirral	WUTH patients	STP: Cheshire & Merseyside	Region: North West
<=20 Years	0.63%	Under 25	12.99%	16.22%	14.60%	14.99%
21-25	7.63%	25-29	6.89%	6.70%	7.64%	8.15%
26-30	11.72%	30-34	6.57%	5.78%	7.03%	7.50%
31-35	11.47%	35-39	7.36%	4.82%	7.62%	7.86%
36-40	11.62%	40-44	8.72%	5.02%	8.80%	8.99%
41-45	11.67%	45-49	9.35%	4.94%	9.29%	9.12%
46-50	12.32%	50-54	8.60%	6.95%	8.40%	8.12%
51-55	12.28%	55-59	7.78%	7.07%	7.44%	7.15%
56-60	11.97%	60-64	8.35%	7.99%	7.85%	7.68%
61-65	6.81%	65-69	6.54%	7.27%	6.08%	5.98%
66-70	1.61%	70+	16.86%	27.26%	15.22%	14.47%
>=71 Years	0.27%					
<b>Grand Total</b>	<b>100.00%</b>					

## Appendix 2

### 2018/19 Equality Delivery System 2 Assessment Ratings (Rating options are: Excelling, Achieving, Developing or Under-developed)

#### Goal 1: Better Health Outcomes

Indicator		Self-assessment Rating
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	Screening, vaccination and other health promotion services reach and benefit all local communities	Achieving

#### Goal 2: Improved Patient Access and Experience

Indicator		Self-assessment Rating
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	Achieving
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Developing
2.3	People report positive experiences of NHS	Achieving
2.4	Peoples' complaints about services are handled respectfully and efficiently	Developing

#### Note with regards to grading:

Organisations to focus on "how well do people from protected groups fare compared with people overall?" There are four grades:

- **Undeveloped** - if there is no evidence one way or another for any protected group of how people fare or if evidence shows that the majority of people in only two or less protected groups fare well
- **Developing** - if evidence shows that the majority of people in three to five protected groups fare well
- **Achieving** - if evidence shows that the majority of people in six to eight protected groups fare well
- **Excelling** - if evidence shows that the majority of people in all nine protected groups fare well

#### Goal 3: A Representative and Supported Workforce

Indicator		Self-assessment Rating
3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Developing
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	Achieving
3.3	Training and development opportunities are taken up and positively evaluated by all staff	Developing
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	Achieving
3.6	Staff report positive experiences of their membership of the workforce	Developing

#### Goal 4: Inclusive Leadership

Indicator		Self-assessment Rating
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.	Achieving

