

Inclusion Annual Report 2023/24			
Meeting Title	Board of Directors		
Date	16/10/2024	Agenda Item	16
Lead Director	Claus Madsen, Chief People Officer		
Author(s)	Neil Perris - Head of Equity, Diversity and Inclusion, Emma Ashley - Head of HR		
Action required (please select the appropriate box)			
To Approve <input checked="" type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	
Purpose			
The purpose of this report is to provide assurance to Wirral Community Health and Care NHS Foundation Trust (WCHC) Board regarding activity in relation to inclusion and health inequalities for the reporting period 01 April 2023 -31 March 2024 and to seek approval for its publication on the Trust's Public website in compliance with our contractual obligations			
Executive Summary			
The Inclusion Annual Report summarises our continued organisational compliance with the Equality Act 2010 and provides assurance of contractual compliance. The report summarises the Trust's progress around the EDI agenda and presents key patient and workforce related equality data and analysis. It includes the Trust's Key Inclusion priorities for 2024/25.			
Strategic (Board Assurance Framework - BAF) and operational Risks and opportunities:			
This report provides evidence and monitoring in relation to Strategic Risk ID02, within the Trust's Board Assurance Framework: ID02 - Failure to deliver services inclusively with people and communities guiding care, supporting learning and influencing change: Current Risk Rating 12 (L3xC4) with an 'Averse' Risk Appetite. There are no new BAF escalations identified, based on the content of this report.			
Quality/inclusion considerations:			

<p>Quality & Equality Impact Assessment completed and attached No.</p> <p>The report itself is focussed on health inequalities and EDI activity and data</p>		
<p>Financial/resource implications:</p> <p>Not applicable</p>		
<p>The Trust Vision – To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:</p> <ul style="list-style-type: none"> • Populations – We will support our populations to thrive by optimising wellbeing and independence • People – We will support our people to create a place they are proud and excited to work • Place - We will deliver sustainable health and care services within our communities enabling the creation of healthy places <p>Please select the top three Trust Strategic Objectives and underpinning goals that this report relates to, from the drop-down boxes below.</p>		
<p>Populations - People and communities guiding care</p>	<p>People - Better employee experience to attract and retain talent</p>	<p>Place - Improve the health of our population and actively contribute to tackle health inequalities</p>
<p>The Trust Social Value Intentions</p> <p>Does this report align with the Trust social value intentions? Yes.</p> <p>If Yes, please select all of the social value themes that apply:</p> <p>Community engagement and support <input checked="" type="checkbox"/></p> <p>Purchasing and investing locally for social benefit <input checked="" type="checkbox"/></p> <p>Representative workforce and access to quality work <input checked="" type="checkbox"/></p> <p>Increasing wellbeing and health equity <input checked="" type="checkbox"/></p> <p>Reducing environmental impact <input type="checkbox"/></p>		
<p>Board of Directors is asked to consider the following action</p>		
<p>To be assured around the Trust work on the EDI agenda as presented in the Inclusion Annual Report 2023/24 and to approve the document and its publication on the Trust website</p>		
<p>Report history (Please include details of the last meeting that received this paper, including the title of the meeting, the date, and a summary of the outcome). This provides the audit trail through the governance structure.</p>		



Submitted to	Date	Brief summary of outcome
Safe Oversight Group	19/08/2024	Approved with minor amends
People and Culture Oversight Group	27/08/2024	Approved
Quality and Safety Committee	13/09/24	Approved
People and Culture Committee	09/10/24	Approved





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Section 1

Inclusion and Health Inequalities Strategy 2022-2027



Wirral Community Health and Care NHS Foundation Trust has a 5-year organisational strategy which outlines our vision to be a population-health focused organisation specialising in supporting people to live independent and healthy lives. We are now into the third year of delivery of this strategy.

There are a range of supporting strategies that underpin the Organisational strategy including Quality, Digital, People and Inclusion and Health Inequalities strategies. The Inclusion and Health Inequalities Strategy contains our equality objectives for this period. Detailed delivery plans are developed each year for our Quality and People strategies which include specific actions to support our Inclusion and Inequalities ambitions. Progress on the delivery plans for these two strategies is included in this report.

To support Inclusive leadership throughout the organisation being led from the top, each of the board members have Equality, Diversity and Inclusion objectives to meet.

Our Strategies can be accessed [here](#)



Section 2

Overview of population focussed inclusion activity



To help us understand the people we care for we collect information about you and your preferences and characteristics such as age, gender, religion, ethnicity, sexual orientation and any disabilities or impairments you may have.

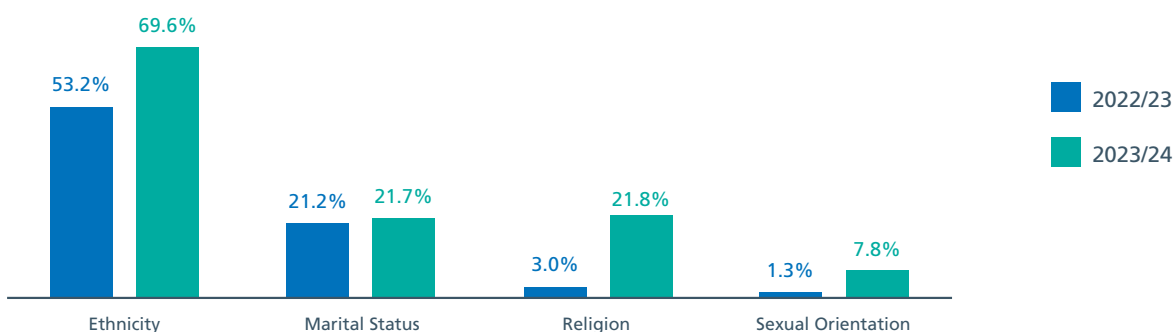
We use this information to make sure we communicate well with you; we make adjustments in how we deliver our services to you to take account of your needs.

We also use this data to monitor which groups of people are accessing our services and who is less able to, and we use this to inform how and where we deliver our services, targeting those at most disadvantage. You may be asked some of these questions when you attend for your appointment, or in advance of this via text message or via the telephone and you can of course choose not to answer any or all of these, but it helps us if you do choose to answer.

All of this information is all held confidentially within the organisation. This information supports us in our compliance with our Public Sector Equality Duties and the Accessible Information Standard (AIS) ensuring we treat people fairly and equitably and we communicate in a way that supports people with disabilities or impairments.

We have been making ongoing improvements to how and when we collect this information and ensuring that we only ask you when we first see you and then periodically to make sure nothing has changed. The chart below shows as a percentage of all patient records, how many have the patients’ details recorded under a range of characteristics. The chart shows an improvement for the 2023/24 period compared to the 2022/23 period.

Protected Characteristics Recording



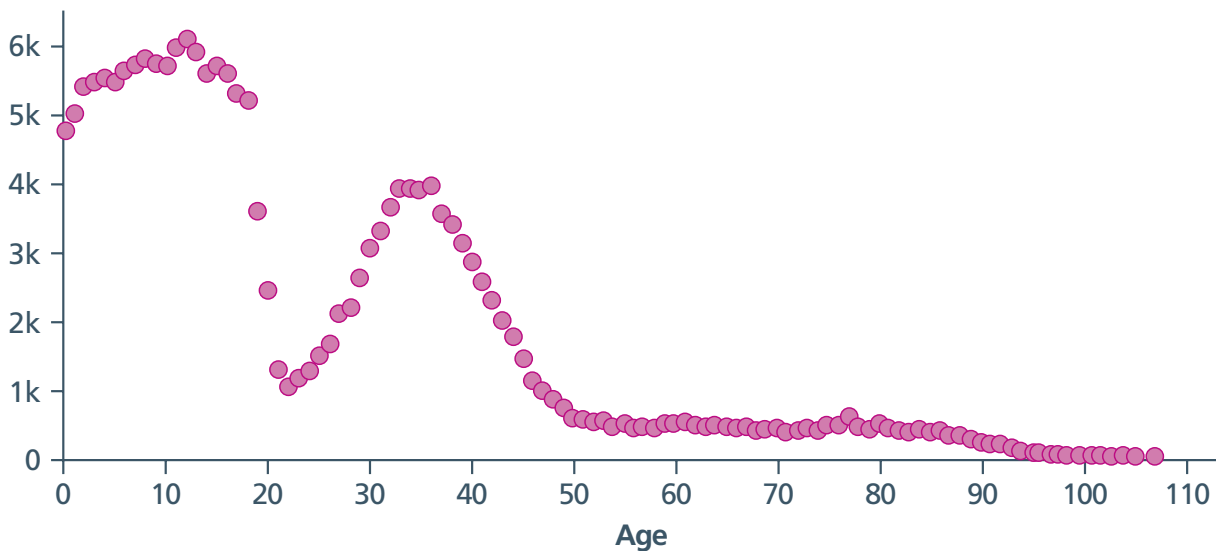
Year	Ethnicity	Marital Status	Religion	Sexual Orientation
2022/23	53.2%	21.2%	3.0%	1.3%
2023/24	69.6%	21.7%	21.8%	7.8%

Information about the people we serve – age range of our patients

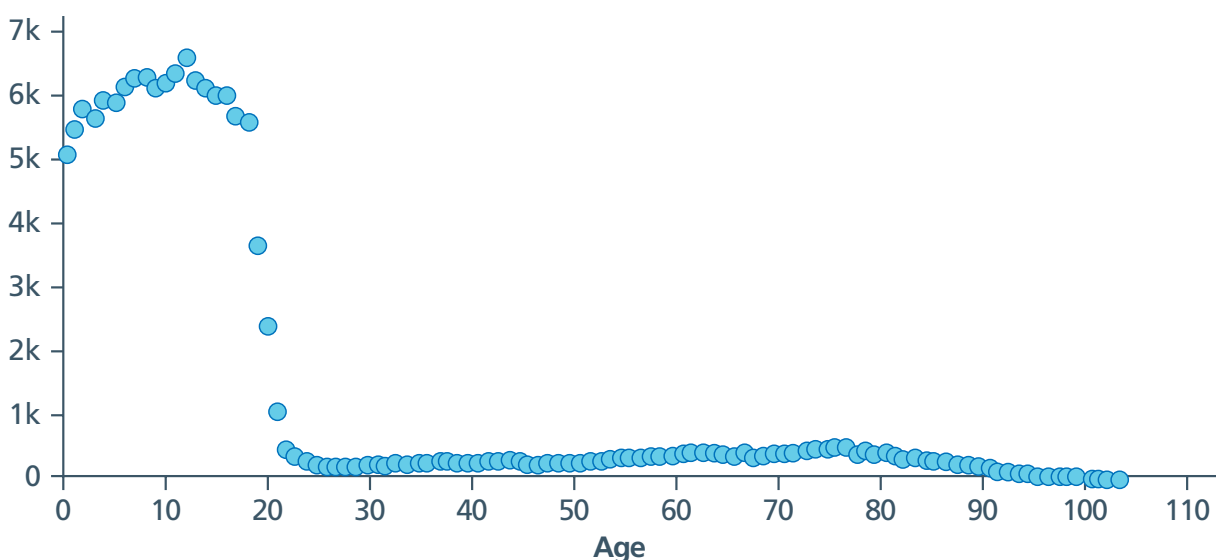
The following section shows information about the people who are using our services. We split this information into groups of characteristics that are protected under law by the Equality Act 2010, commonly called the “Protected Characteristics”.

This shows the number of patients in each age banding that we saw in 2023/24 (split by gender).

Age Range (Females)



Age Range (Males)



Information about the people we serve – other protected characteristics

This shows the % of patients we saw in 2023/24 by a range of protected characteristics.

Gender	%	Total
Female	58.5	201,154
Male	41.5	142,588
Other	0.0	16
Unknown	0.0	24

Religion category	Total patients	%
Buddhist	99	0.4
Christian	19,732	70.6
Hindu	333	1.2
Jewish	20	0.1
Muslim	871	3.1
None	6,763	24.2
Other	68	0.2
Sikh	50	0.2

Ethnic category	Total patients	%
Asian or Asian British - any other background	1,098	1.1
Asian or Asian British - Bangladeshi	379	0.4
Asian or Asian British - Indian	1,146	1.1
Asian or Asian British - Pakistani	348	0.3
Black or Black British - African	877	0.9
Black or Black British - any other background	99	0.1
Black or Black British - Caribbean	200	0.2
Mixed - any other mixed background	4,786	4.6
Mixed - White and Asian	787	0.8
Mixed - White and Black African	486	0.5
Mixed - White and Black Caribbean	393	0.4
Other Ethnic Groups - any other ethnic group	812	0.8
Other Ethnic Groups - Chinese	433	0.4
White - any other background	3,855	3.7
White - British	86,929	84.4
White - Irish	383	0.4

Sexual Orientation	Total patients	%
Bisexual	25	0.1
Gay or Lesbian	255	1.2
Heterosexual or Straight	18,922	87.6
No known (sexual orientation not recorded)	1,167	5.4
Not stated (person asked but declined to provide a response about their sexual orientation)	1,104	5.1
Other sexual orientation not listed	126	0.6
Person asked and does not know or is not sure (about their sexual orientation)	6	0.0

Accessibility and Inclusion Template

In 2022/23 we undertook a Quality Improvement project to improve the collection of protected characteristics data and to clarify and improve how we record and act upon the communication needs of patients and carers that result from disability and impairment.

To do this we developed a single form which appears on every patient's electronic health record. We have asked staff to complete this for every patient we see either face to face or via telephone or video.

During 2023/24 we continued to monitor completion rates across our services, setting an ambition at the start of the year to have the template completed for 90% of all new patient contacts. Whilst we have continued to make progress toward this ambition in 2023/24 there is still work for us to do to achieve this level of performance and we are redoubling our efforts to improve on the 65% rate across our 8 localities.

Health Inequalities Waiting List Tool

During 2023/24 we have developed, piloted, and rolled out a tool to be used by our services to support with managing our waiting lists in a way that helps us to reduce potential health inequalities and allows us to better prioritise those who are most in need whilst waiting for a service.

Patients receive a pre-appointment questionnaire whilst on the waiting list for these services. This is texted out to the patient who can complete it on their smartphone, tablet or computer, or call us to assist with completing it over the telephone.

The tool is aligned to the National Core 20 Plus 5 model and Patient Safety Incident Response Framework (PSIRF) and has been implemented in 12 of our services. Work will continue during 2024/25 to refine this approach and to understand and evaluate the overall impact of the tool on health inequalities.

Armed forces community Inclusion

The Trust signed the Armed Forces Covenant in June 2022, confirming our commitment to support the armed forces recognising the value serving personnel, both regular and reservists, and military families contribute to the Trust and our country.

To support this work, we established the Armed Forces Community Working Group to include those with lived experience, led by an Executive, Management and Clinical leads.

The work of the group has included ongoing partnership development work and engagement with other related local networks and partners including Poppy Factory, Cheshire and Wirral Partnership NHS Foundation Trust, Primary care colleagues and more.

During 2023/24 the Working Group focussed on delivery of actions to the Defence Employer Recognition Scheme (DERS) Accreditation and has been successful in building on our work the previous year to upgrade our accreditation to the Silver DERS level.

The working group has also undertaken some groundwork to support the establishment of an Armed Forces Community Staff Network to support those members of our workforce who are a part of this community.



EMPLOYER RECOGNITION SCHEME

SILVER AWARD 2023

Proudly supporting those who serve.



Inclusion Events and Campaigns

A number of Events and Campaigns throughout the 2023/24 period have been hosted by the Trust, aimed at encouraging both staff and members of the public to celebrate diversity with us, and to embed inclusive practices to ensure that we are getting it right for everyone.

Menopause network - in October 2023 to celebrate Menopause Day a number of awareness raising events were held including a café style get together in-person across two sites and online health sessions.

LGBTQ+ Pride - the Trust formally supported New Brighton Pride in August 2023. Supported from our LGBTQ+ staff network, our Sexual Health Wirral service and our colleagues in Sahir (a local HIV support organisation) ensured that we celebrated the diversity in our communities and our workforce showing positive allyship to our LGBTQ+ colleagues, friends, families and to LGBTQ+ communities where we provide services.

LGBT+ History Month (Feb 24). We produced an infographic to support staff with understanding the issues faced by the LGBTQ+ community and to understand some of the language and terminology currently in use around this community.

Staff Network Celebration event and understanding allyship - in December 2023 all of our staff networks came together for a half day celebration event to celebrate our individual and collective successes over the last 12 months and to reflect on and celebrate our intersectionality. We were joined by the Trust board who were able to share in our celebrations and to contribute to our work on defining how 'allyship' should look and feel within our organisation.

Carers Awareness week - during carers week (June 2023) the Working Carers staff network and the HR team supported an Information Stand in St Catherine's Health Centre. The stall was supporting unpaid carers within the organisation or people who use our services, to identify themselves as a carer. We shared a wealth of information about the support available to carers across Wirral and to carers who are also a part of our workforce. This information included the carer's passport, useful apps, and information about our policies and procedures that support staff with caring responsibilities.

Ability Network - the group has welcomed new members during the year and widened to include neurodivergent staff. This has highlighted the need to increase awareness and promote access to shared resources and learning. The group has contributed to the review of the following policies: managing attendance, reasonable adjustments, navigating access to work processes and flexible working.

Cheshire and Merseyside NHS Prevention Pledge

Wirral Community Health and Care NHS Foundation Trusts has continued to support and actively strive to put 'prevention first' in line with the commitments we have made under the Cheshire and Merseyside NHS Prevention Pledge

The NHS Prevention Pledge is underpinned by 14 'core commitments' (below) that have been developed through extensive consultation with representatives from provider Trusts, NHS England, local authority public health teams, Office for Health Improvement and Disparities (OHID), and third sector organisations across the region.

Wirral Community Health and Care NHS Foundation Trust signed up to the pledge in 2022/23 and has worked on delivering 11 of the commitments during 2023/24. This will be extended to include all 14 commitments during 2024/25.

The pledge links strongly to the ambitions in our strategies and is reflected in our delivery plans. As a result, the pledge contributes to key priorities for the Trust including; Population Health, Health Inequalities; Workforce Health and Wellbeing, Social Value and supporting our role as an Anchor Institution.

CHESHIRE & MERSEYSIDE NHS PREVENTION PLEDGE

<p>1 Prioritise long-term focus on prevention, early intervention, embed it in governance. Appoint Exec Sponsor; MECC (make every contact count) prevention is everybody's business</p>	<p>2 Create conditions to support service managers & staff to take a Quality improvement approach to review & transform services to embed prevention.</p>	<p>3 Use Marmot principles; develop approaches to prevention, work with partners at place to address inequalities, deliver local priorities and prevention plans (as per NHS Plan & COVID rec)</p>	<p>4 Work in partnership of common prevention pathways across Trusts work on prevention that reduces the impact of disease through lifestyle advice and cardiac or stroke rehabilitation programmes.</p>	<p>5 Increase social value by establishing anchor practices, that positively impact on the wider determinants of health AND climate health. Use Social responsibility in procurement and purchasing supplies.</p>	<p>6 Adopt & embed a MECC approach, increase the number of brief or very brief interventions, supporting people to eat well, be physically active, reduce harm from alcohol & tobacco, promote mental well-being</p>	<p>7 Work with primary care, LA, Voluntary sector to refer to non clinical support via social prescribing, build community capacity to reduce GP, A&E, hospitalisation, medication use and social care</p>	<p>8 Support workforce development, train staff in brief advice & referral in supporting people to eat well, be physically active, reduce harm from tobacco and alcohol and promote mental well-being.</p>	<p>9 Ensure a smoke free environment, linked to support to stop smoking for patients and staff who need it</p>	<p>10 Workplace health programmes, foster org culture that promote workplace resilience, creates opportunities for staff to eat well, be active, reduce harm from alcohol, tobacco & promote MH well-being</p>	<p>11 Review food & drink provision make it healthier, convenient & affordable. Limit access to high fat/sugar/salt content. Increase access to fresh water & encourage reusable bottle refills.</p>	<p>12 Support the sub-regional physical activity strategy; promote & create opportunities for people to be physically active, on & off site and in line with active travel & sustainable management plans.</p>	<p>13 Sign up to the 'Prevention Concordat for Better Mental Health for All' and to embed the Prevention Concordat across health & care policies and practices.</p>	<p>14 Monitor the progress of the pledge against all commitments And to publishing the results of our progress at regular intervals.</p>
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Section 3

Overview of workforce focussed inclusion activity



Workforce Accreditations

The Trust has continued its work to achieve a range of standards and accreditations focussed on ensuring that we are an inclusive organisation for our workforce and the following accreditations have been achieved or maintained during 2023/24

- Disability Confident Employer
- Mindful Employer
- Menopause Pledge
- Rainbow Pin Badge
- Veteran Aware (VCHA)
- Silver Defence Employer Recognition Scheme (awarded May 2023)



Inclusion Learning and Development

Ensuring our people have the relevant knowledge, skills and competencies to deliver our Inclusion and Health Inequality ambitions is a key deliverable in our strategies. In 2023/24 we have achieved the following outcomes.

- 97.9% compliance with Mandatory Equality Diversity and Inclusion Learning
- The trust has been working with local organisations who support people with Learning Disabilities (LD) and Autism to implement the Oliver McGowan Mandatory Training for LD and Autism. The training is delivered in two parts, the first is eLearning and the second is a workshop delivered by people who have lived experience of LD and Autism. The Trust rolled out the eLearning part of this training in 2023/24 and achieved a compliance rate of 96.65% (March 2024). In 2024/25 the Trust will start delivering the workshop part of the training.
- 4 x LGBTQ+ and Trans awareness sessions have been delivered across the Trust to support staff understanding of the evolving language used around this community and to understand the experience of LGBTQ+ community members in accessing services and being part of the organisation's workforce so we are able to be more inclusive and respectful.
- We currently have over 70 inclusion champions within the organisation and they have continued to meet on a bi-monthly basis to share best practice around Equality, Diversity and Inclusion and to share with their teams information and experiences to support our understanding of vulnerable or excluded people and communities.
- 'Values into Action' session for all staff with Aftathought (early October 2023) – as part of our Festival of Leadership, during October-November 2023, they delivered some thought-provoking drama sessions where they brought to life how our day-to-day

interactions impact on each other and the care we provide to the communities we serve – demonstrating that great leadership is all about ‘leading self’ and understanding the power of role modelling and the ripple effect that has on others.

- The 5 staff networks and representatives from the Equity, Diversity and Inclusion team and Human Resources team celebrated the achievements of the networks at a celebration event in December 2023. This event also initiated our work on defining what ‘Allyship’ was for us all and helped us to define the behaviours we would like to see amongst our colleagues, ensuring that respect and kindness is fostered for everyone.
- Immediately following the Staff Network Celebration Event the EDI team and the Staff Network Chairs joined the full Trust Board to share and celebrate the work of the networks over the year and to discuss the role that the Board have in leading the organisation by sharing and discussing the emerging vision for active allyship within the organisation.
- This work was then used to inform the developments of two sessions of training around ‘Microaggression and Allyship’ to be delivered later in 2024, supporting the launch of the Trust’s Behavioural Standards Framework.

Engagement Forums

The Trust also has two Engagement forums, Involve and Your Voice who support the organisation in our quality improvement work by ensuring we consult with and involve both under 18’s (Involve) and adults (Your Voice) in the co-design of our services.

Both groups have been meeting on a regular basis throughout 2023/24. We have focussed our recruitment to the groups on recruiting a diverse range of individuals to better reflect the diversity in the communities we serve.

Both forums have been involved in a range of initiatives and reviews of public facing information resources and provide invaluable feedback supporting the services to ensure their quality improvements are effective and meaningful to the patient. For example, the Your Voice group were engaged with the development of a ‘Clinical Photography’ leaflet and a ‘Your Catheter’ leaflet and have provided detailed feedback, ensuring the voice of the patient was reflected in the material. The group were also consulted on a range of quality improvements implemented at Community Intermediate Care Centre relating to nutrition and hydration.

Celebration and Sharing Events

As a showcase opportunity for our services who have undertaken Quality Improvement Projects and as an opportunity to celebrate and share these innovations and improvements with others, we run Celebration and Sharing events twice a year. During 2023/24 we had two successful events in the main atrium area of St Catherine’s Health Centre. These events are a great opportunity for services to show how they are improving

in order to better patient outcomes. These improvements often include a focus on access to services for all, ensuring that the patient experience is also positive and that we are able to deliver better outcomes for everyone. We were also joined by a range of key stakeholder organisations at our Celebration and Sharing events including organisations such as DA Languages, Signalise Cooperative, Age UK, Healthwatch, and others who we work with to ensure we make our services accessible and appropriate for the diverse individuals who may need them.

Staff Networks update

The trust has 5 staff network groups and is currently supporting the formation of a sixth Armed Forces Community Staff Network.

Our staff networks provide important peer support and a sense of belonging for staff who share a particular protected characteristic or other vulnerability. Alongside the important function of support for members, the network also provides important steer and challenge to the organisation around its strategic direction, with a wide range of policies and procedures going to some or all of the staff networks for consultation and feedback. This helps to ensure that the Trust remains an inclusive and supportive organisation for everyone to work in but also ensures that the policies that impact on patients and service users are also inclusive and put prevention first, ensuring we do all that is possible to tackle health inequalities.

Our staff networks are:

- Ability Staff Network (including long term conditions, disabilities and neurodiversity)
- Black Asian and Minority Ethnic (BAME) Staff Network
- Lesbian Gay Bisexual Trans Queer/Questioning + (LGBTQ+) Staff Network
- Menopause Staff Network
- Working Carers Staff Network

Each of our staff networks benefit from an executive sponsor. The sponsors are rotated on an annual basis and regularly attend their nominated network. They are committed to gaining a deeper understanding of the groups' lived experience and representing their network at the board level providing escalation of any identified issues to their exec and non-exec colleagues.

Section 4

Workforce Inclusion Data

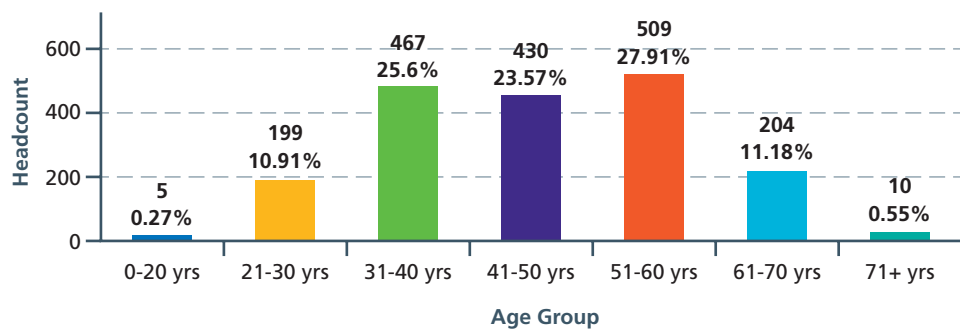


Reporting is a requirement of the public sector equality duty. The next few pages tells you a bit more about the make-up and profile of the workforce. Where possible we have compared to 2021 census data available [here](#).

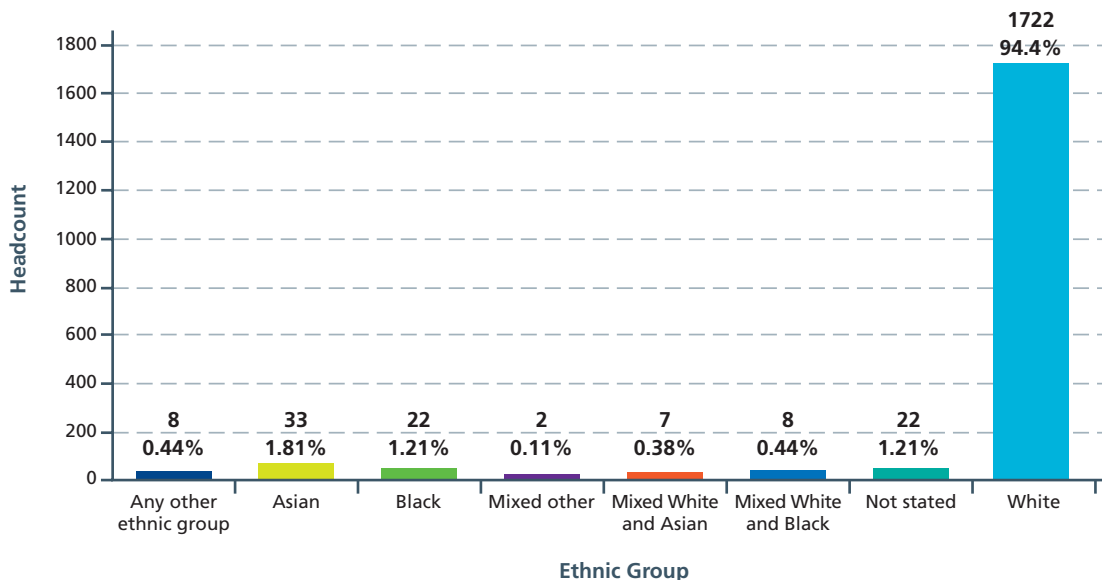
Workforce diversity

This information has been generated from our Electronic Staff Record (ESR) system and shows data as of 31 March 2024.

Substantive headcount by age group

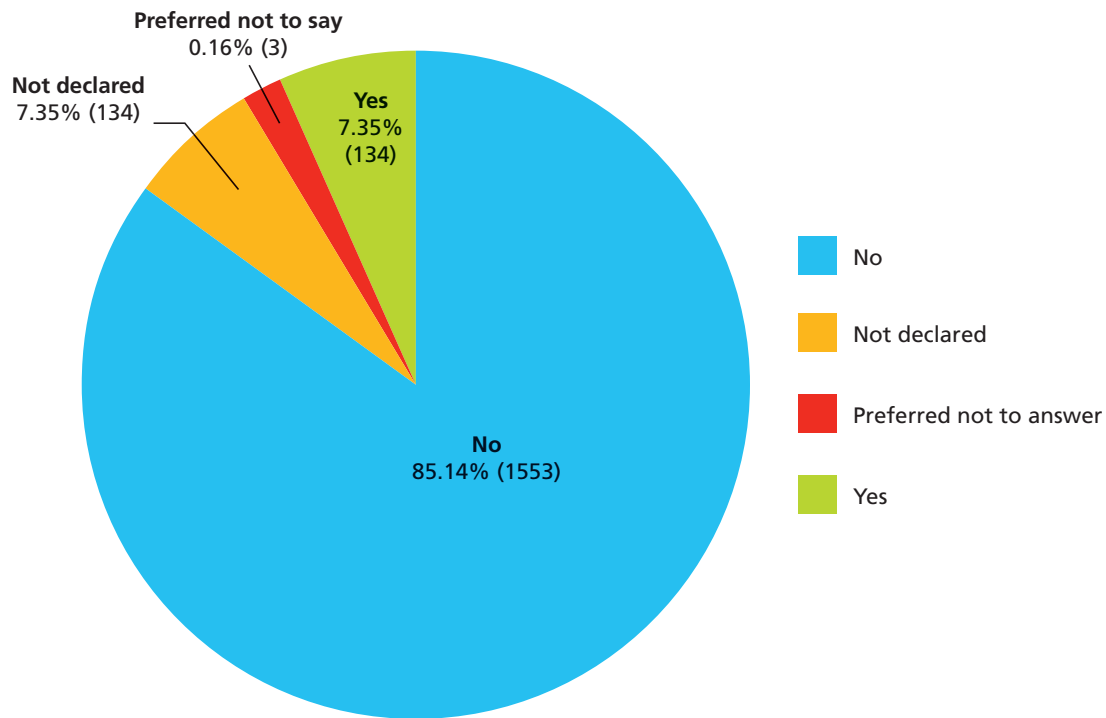


Substantive headcount by ethnicity



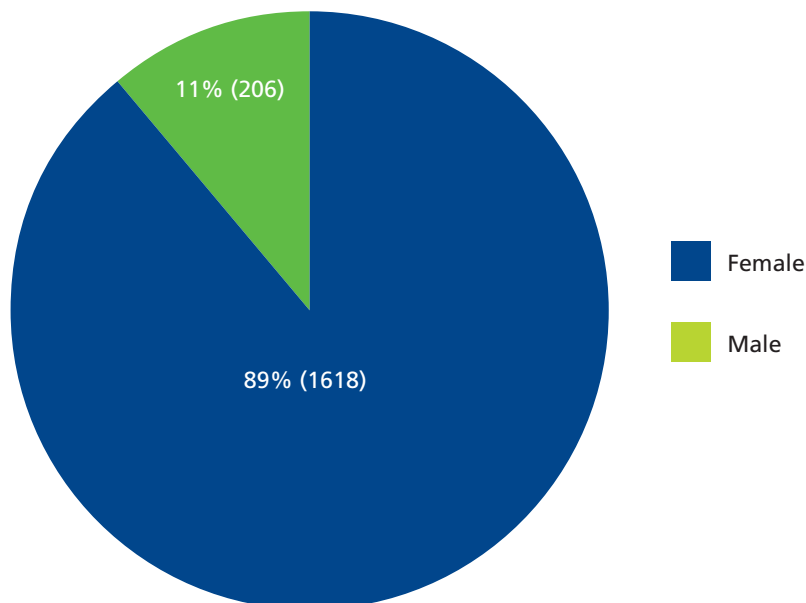
BAME staff increased from 4.1% March 2023 to 4.4% in March 2024.

Substantive headcount by disability



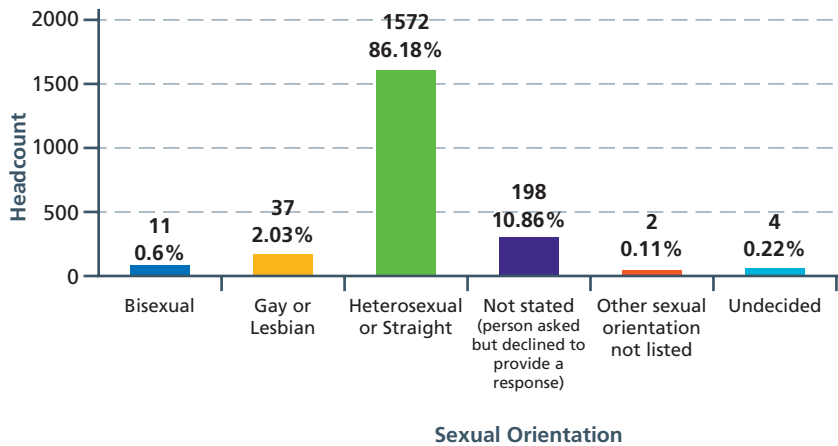
Declaration rates have improved from 6.2% in March 2023 to 7.35% in March 2024. This compares to a Wirral figure for Disabled (under Equality Act) of 22.2%.

Substantive headcount by gender



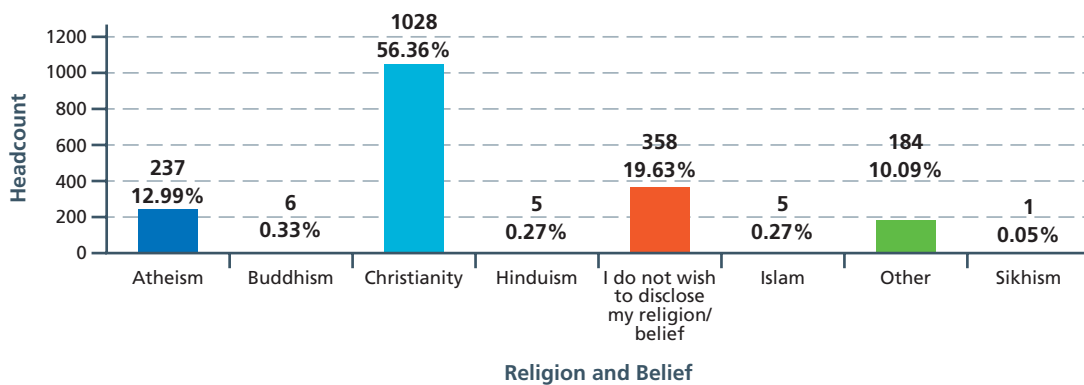
This has not changed from March 2023 to March 2024. This compares to Wirral 51.6% Female. Trans/non-binary status is not recordable in ESR.

Substantive headcount by sexual orientation



This has not significantly changed since March 2023 and this compares to Wirral 90.65% straight/heterosexual.

Substantive headcount by religion and belief



The measure for Christianity for the Trust has not significantly changed from March 2023 and is at 56.36% which compares to a Wirral Population figure of 55.0%. Staff with the religion and belief of Islam / Muslim is 0.27% compared to the Wirral 1.00% and has gone up by 0.05% from 2023.

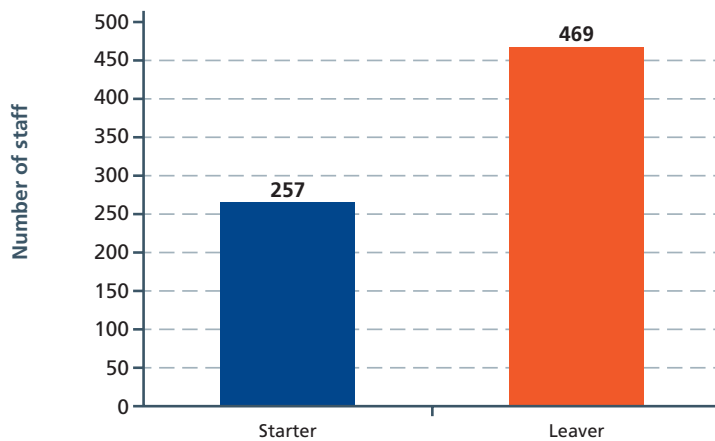
Disciplinary cases

Cases	Ethnicity	Sex	Disability
12 in total	11 white British	9 female	1 disabled
	1 white Irish		
	0 BAME	3 male	9 not disabled
			2 not stated
Patient related: 2 out of 12 cases patient related incidents			

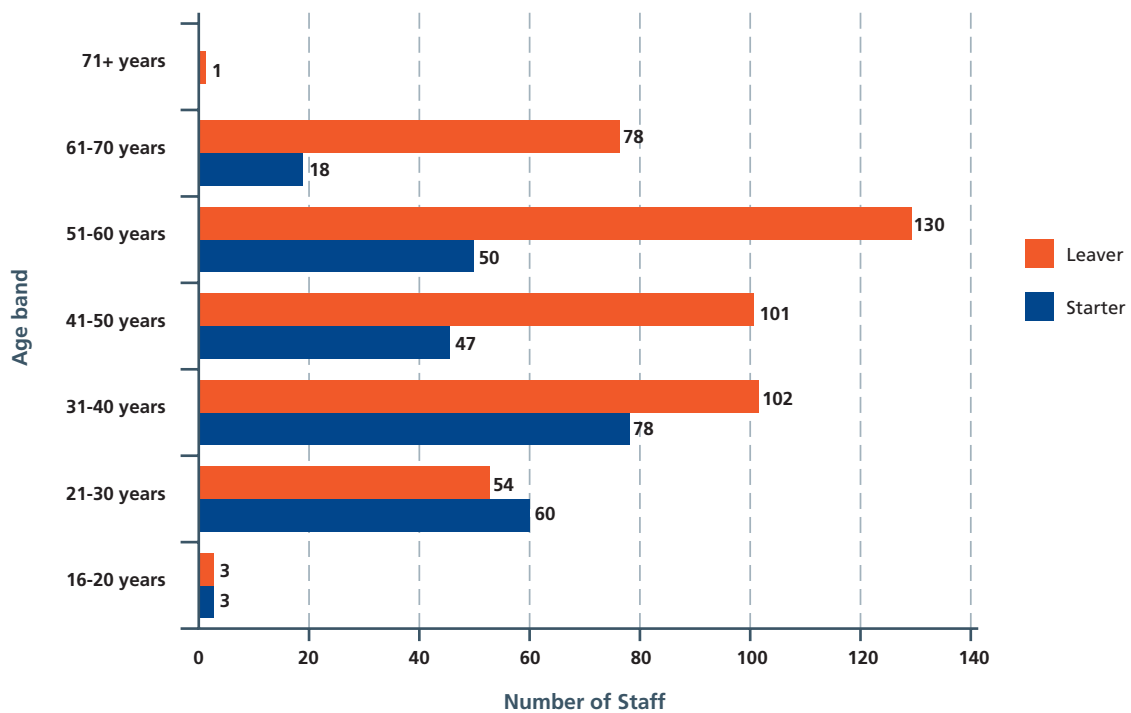
Starters and leavers

The following graphs tells you a bit more about the make-up and profile of new starters in the organisation and those that have left the organisation, by protected characteristic. In 2023 the Trust transferred the Adult Social Care contract back to Wirral Council, which explains the high number of leavers. This accounts for 224 of the leavers.

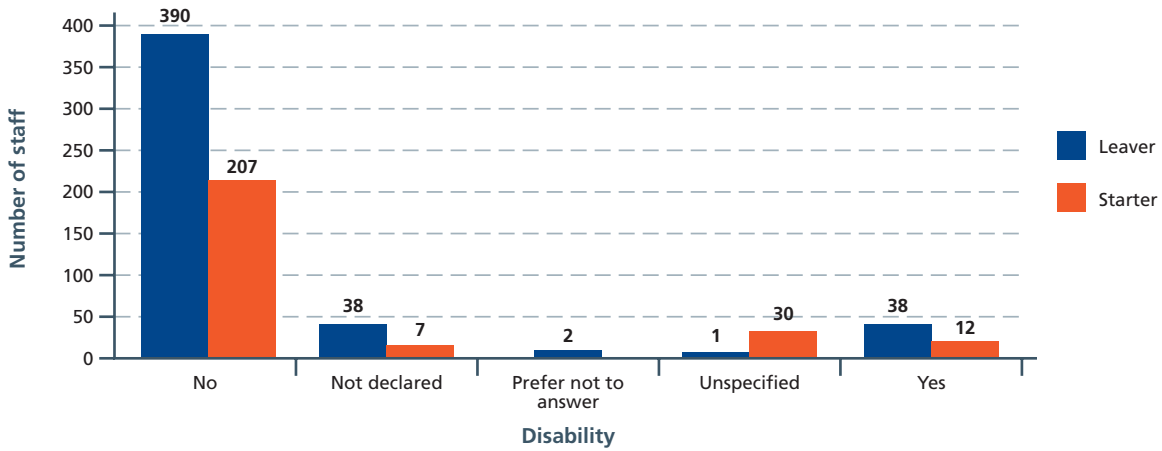
Substantive total of leavers and starters



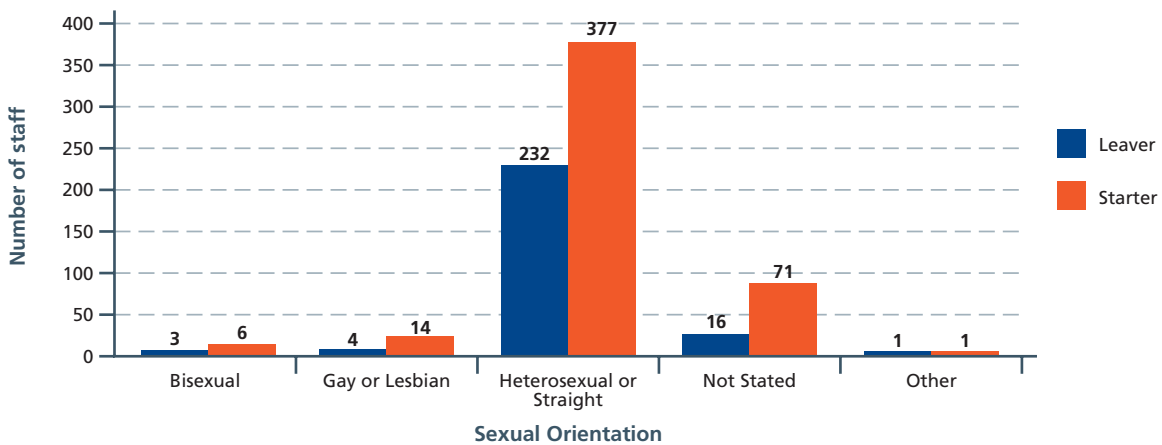
Substantive total of leavers and starters by age



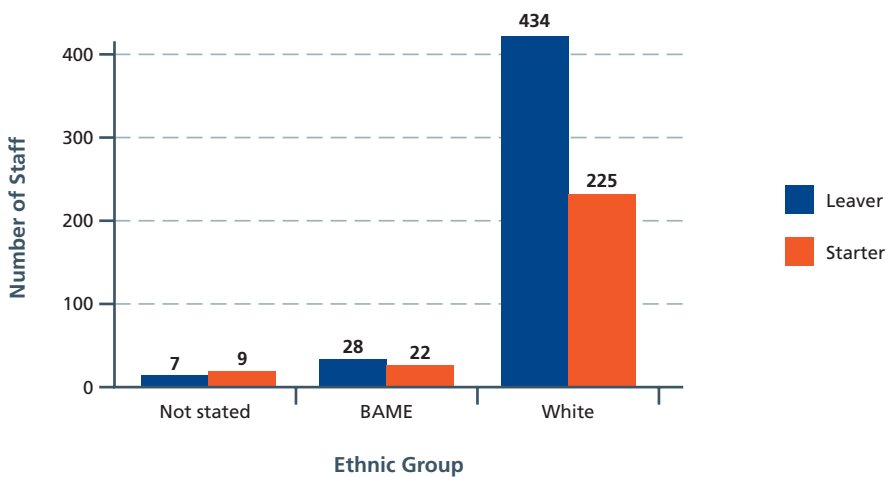
Substantive total of leavers and starters by disability



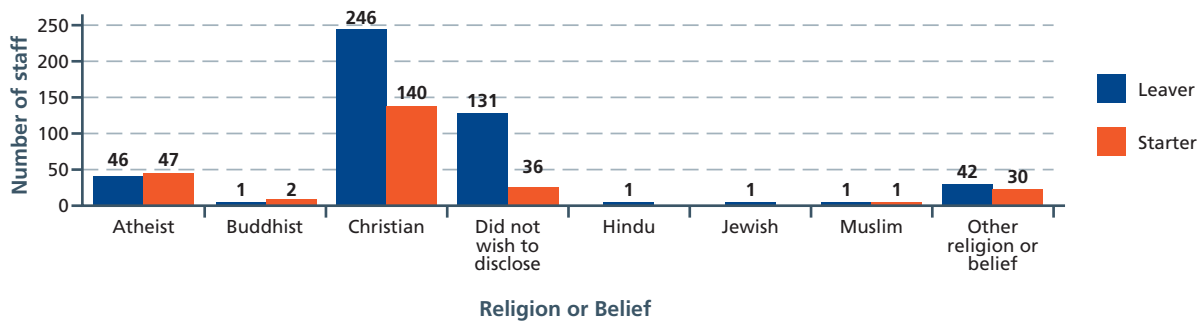
Substantive total of leavers and starters by sexual orientation



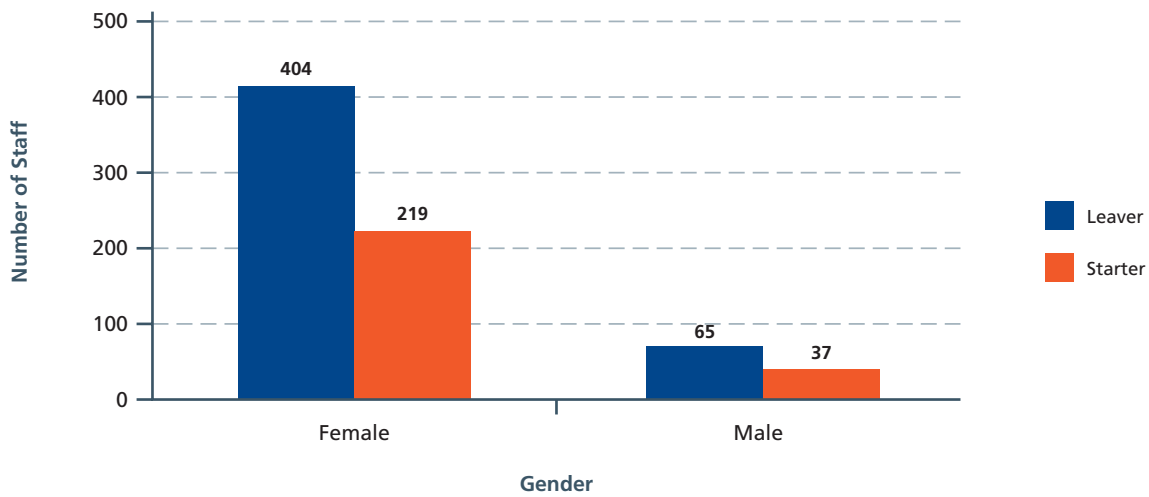
Substantive total of leavers and starters by ethnicity



Substantive total of leavers and starters by religion or belief



Substantive total of leavers and starters by gender



Recruitment - positive action

During 2023/24 the Trust continued to support positive action in relation to increasing diversity through its inclusive recruitment programmes.

For disabled applicants we renewed our accreditation with the Disability Confident Scheme at Employer level status.

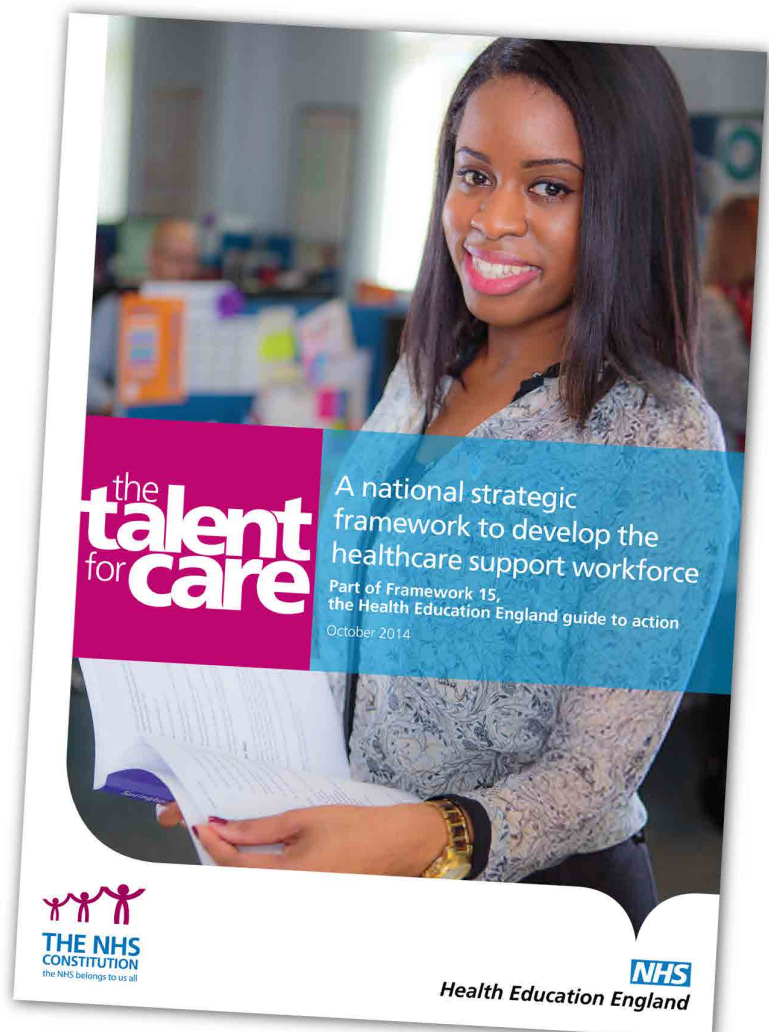
For those applicants who state they meet the Armed Forces status when applying for roles will have guaranteed interview scheme implemented if they meet the essential criteria for roles and this resulted in 160 applicants being offered interviews.

We continued to use positive action to increase the number of BME staff within the Trust and for senior roles which are Band 8a and above applicants have the guaranteed interview scheme implemented if they meet the essential criteria for roles and this resulted in 6 applicants being offered interviews.

Widening participation

Widening Participation and Access is part of NHS England's 'Talent for Care' agenda which aims to help people Get Ready, Get In, Get On and Go Further in their careers in the NHS.

The activity we have achieved is in the table overleaf. Our Widening participation Lead post was only established at the end of the 2023/24 period and elements of the programme started after the period for this report, so activity shows zero against a number of metrics, however there has been significant progress since and this will be reported in the 2024-25 report.



	Sub-theme	Metrics	Activity 23/24	Proposed target 24/25
4A	NHS career and familiarisation sessions	Number of sessions	15	18
4B		Staff hours spent	47	36
4C		Number of student contacts (est. average 20 per session)	186	360
5A	Work placements	Weeks of meaningful work placements provided (10 people supported on 1 week placement over a 4 week time period)	0	10
5B		Number of people supported on meaningful work placements	0	10
5C		Weeks of meaningful work placements provided - targeted areas (1 week placement. 4 weeks block x 5 people)	0	4
5D		Number of people supported on meaningful work placements - targeted areas	0	4
6A	Pre-employment programmes	Weeks of pre-employment programmes provided (7 week placement and 6 week Prince's Trust placement. 13 weeks x 15 people (20 max per programme but 15 reflects possible DNAs))	0	195
6B		Number of people supported on pre-employment programmes	0	30
6C		Weeks of pre-employment programmes provided - targeted areas *changed to reflect 50% of people from targeted areas*	0	91
6D		Number of people supported on pre-employment programmes - targeted areas	0	14

As part of our social value aims we are starting to collate and analyse data relating to where our staff live and work. We intend in our next report (2024/25) to include this analysis on representative workforce and widening participation.

NHS Cadets programme

The NHS Cadets Programme was established and funded in 2019 as a joint programme between NHS England and St John Ambulance.

It aims to provide opportunities for young people to explore roles in healthcare, specifically widening access to under-represented groups. Our NHS Cadets programme operates in Wirral, Knowsley and St Helens. The infographic below shows some of the activity data from the programme for 2023/24.



Our key stakeholders for our NHS Cadets programme:



Section 5

Assurance and compliance against Statutory duties



Equality Delivery System 2022

The Equality Delivery System (EDS2022) is designed to support local and regional NHS organisations to help them fully develop inclusive services in response to the NHS Long Term Plan.

In 2023/24 we implemented the third version (EDS2022) of the EDS which is a simplified, updated, and easier-to-use version than the second version, EDS2.

The EDS process was undertaken alongside local and place-based partnerships of NHS and local authority commissioners, providers and others; and ultimately Integrated Care Systems (ICSs).

EDS now supports the outcomes of the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).

The EDS now assists organisations in looking at the physical impact of discrimination, stress and inequality, providing an opportunity for organisations to support a healthier and happier workforce, which will in turn increase the quality of care provided for patients and service users.

The EDS comprises eleven outcomes across three Domains:

1. Commissioned or provided services.
2. Workforce health and wellbeing.
3. Inclusive leadership.

Services examined this year for Domain 1 were:

- Adult Learning Disability Speech and Language Service
- Sexual Health Service
- 0-19 Neurodevelopmental Team

The Trust was rated **'Achieving'** across all three domains, and **'Achieving' overall**.

'Achieving' is the second highest rating of four possible ratings. The framework can be seen in full at [NHS England/Equality Delivery System 2022](#).

Improvement actions identified are incorporated into Trust-wide delivery plans and service improvement plans for 2024/25.

The full report and the accessible summary report are available [here](#).

Workforce Race Equality Standard (WRES)

The annual report and action plan were completed with involvement from the BAME Staff Network.

The data was submitted to the national team in May 2024 and, in line with requirements, will be published on the external website in October 2024.

9 indicators - based on data from the annual national NHS Staff Survey and % BME staff in the Trust using ESR, disciplinarys, applications and appointed staff and board membership.

Based on WRES data for 2023/24 key actions for 2024/25 were identified as:

- improve the awareness of issues faced by BME staff
- increase the ethnic diversity of the workforce
- support the trust achieving the North West BAME Assembly anti-racism framework

Workforce Disability Equality Standard (WDES)

The annual report and action plan were completed with involvement from the Ability staff Network.

The data was submitted to the national team in May 2024 and, in line with requirements, will be published on the external website in October 2024.

10 indicators - based on data from the annual national NHS Staff Survey and % disabled staff in the Trust using ESR, capability, applications and appointed staff and board membership.

Based on WDES data for 2023/24 key actions for 2024/25 were identified as:

- improve the awareness of issues faced by disabled and neurodiverse staff
- promote the awareness and utilisation of reasonable adjustments

Gender Pay Gap

Gender Pay Gap is a measure of the average difference between how much men and women are paid in an organisation.

We must find and compare:

- the average difference between men and women's hourly and bonus pay
- the percentage of men and women in the highest, middle and lowest pay groups in the organisation

All companies, including NHS organisations, with more than 250 employees have to declare their gender pay gap data which needs to be published within 1 year of the data.

The results for 2023/24 (31st March 2024) for the mean average hourly rate demonstrate a pay gap of 8.59%. The second measure is the median difference with a 0.56% gap, a slight increase compared to 2023.

Download the full Gender Pay Gap Report in our [Publications](#).

Access all reports on the Government website: [Gender pay gap for Wirral Community Health and Care NHS Foundation Trust](#).

Race Pay Gap

Race Pay Gap is a measure of the average difference between how much staff from different ethnic backgrounds are paid in an organisation.

We must find and compare:

- the average difference between staff from a BME background and white staff hourly and bonus pay
- the percentage of BME and white staff in the highest, middle and lowest pay groups in the organisation

This is now a requirement as part of the NHS England Equality, Diversity and Inclusion Improvement Plan and this is the first year the Trust has undertaken a Race Pay Gap analysis. The report is not yet available but will be published on the Trust website in October 2024.

Section 6

Inclusion Priorities 2024/25



Our priorities

The following priorities have been identified for 2024/25 from our People Strategy, our Quality Strategy and our Inclusion and Health Inequalities Strategy and their delivery plans.

- Roll out of the Oliver McGowan Mandatory Training on Learning Disability and Autism so that 20% of our staff receive the level 2 training, prioritising our service who see most people with Learning Disability or Autism by 31.03.25
- Continue to develop better ways to collect and manage data about protected characteristics, disabilities or impairments and reasonable adjustments, ensuring compliance with the Accessible Information Standard (AIS)
- We will further develop and evaluate our approach to waiting list management to ensure we are actively tackling health inequalities
- We will continue to work with our providers and other key stakeholders, including members of the communities we are supporting, to improve our Interpretation and Translation service helping to remove barriers for those with language or sensory impairments
- Develop and launch cultural awareness training for managers and staff, utilising the behavioural standards framework and including reference to the importance of allyship and the identification of different examples of discrimination
- We will demonstrate our commitment to becoming an Anti-racist organisation by developing and launching our Anti-racism statement and implementing the North West BAME Assembly Anti-racism framework and achieve the bronze status by 31.03.25



Getting it right for everyone

Mortality Report: Learning from Deaths Framework Quarter 1: 01 April 2024 – 30 June 2024			
Meeting Title	Board of Directors		
Date	16/10/2024	Agenda Item	17
Lead Director	Eddie Roche, Interim Medical Director		
Author(s)	Eddie Roche, Interim Medical Director		
Action required (please select the appropriate box)			
To Approve <input checked="" type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	
Purpose			
The purpose of this paper is to assure the Board of Directors of quality governance systems regarding learning from deaths and to seek approval in relation to the publication of the learning from deaths appendix on the Trust website.			
Executive Summary			
<p>This quarterly report provides evidence that learning from deaths is embedded as a priority across the Trust, ensuring full adherence to the NQB Learning from Deaths framework. It provides anonymised details of the numbers of unexpected deaths which have occurred within the Trust throughout Q1 2024/25, along with a summary of thematic learning identified during investigation into these cases.</p> <p>All deaths reported to the Trust in Q1 2024/25 have flowed through the Trusts governance processes. There are no deaths that were attributable to the care delivery provided by our Trust. 2 adult deaths have proceeded to a more detailed review of systems and processes by way of After Action Review, to be reviewed by the Clinical Risk Management Group. Learning will be managed and shared with teams and partners. Results of a thematic review of child deaths associated with Safer Sleeping arrangements was shared with colleagues locally and nationally and the findings were that of no unusual data trends, and existing guidance applies. This guidance, and ongoing health promotion in this area, continues to be followed by our teams, in collaboration with system partners. Attached as an appendix, is a Q1 summary report for publication on the Trust website</p>			

<p>Strategic (Board Assurance Framework - BAF) and operational Risks and opportunities:</p> <p>Not applicable.</p>					
<p>Quality/inclusion considerations:</p> <p>Quality & Equality Impact Assessment completed and attached No.</p> <p>The contents of the report do not relate to quality and inclusion matters.</p>					
<p>Financial/resource implications:</p> <p>There are no finance and resource implications</p>					
<p>The Trust Vision – To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:</p> <ul style="list-style-type: none"> • Populations – We will support our populations to thrive by optimising wellbeing and independence • People – We will support our people to create a place they are proud and excited to work • Place - We will deliver sustainable health and care services within our communities enabling the creation of healthy places <p>Please select the top three Trust Strategic Objectives and underpinning goals that this report relates to, from the drop-down boxes below.</p> <table border="1"> <tr> <td>Populations - Safe care and support every time</td> <td>Place - Improve the health of our population and actively contribute to tackle health inequalities</td> <td>People - Improve the wellbeing of our employees</td> </tr> </table>			Populations - Safe care and support every time	Place - Improve the health of our population and actively contribute to tackle health inequalities	People - Improve the wellbeing of our employees
Populations - Safe care and support every time	Place - Improve the health of our population and actively contribute to tackle health inequalities	People - Improve the wellbeing of our employees			
<p>The Trust Social Value Intentions</p> <p>Does this report align with the Trust social value intentions? Yes.</p> <p>If Yes, please select all of the social value themes that apply:</p> <p>Community engagement and support <input checked="" type="checkbox"/></p> <p>Purchasing and investing locally for social benefit <input type="checkbox"/></p> <p>Representative workforce and access to quality work <input type="checkbox"/></p> <p>Increasing wellbeing and health equity <input checked="" type="checkbox"/></p> <p>Reducing environmental impact <input type="checkbox"/></p>					
<p>Board of Directors is asked to consider the following action</p>					



To be assured by the report and approve Appendix 1 to be published on the public facing website

Report history (Please include details of the last meeting that received this paper, including the title of the meeting, the date, and a summary of the outcome). This provides the audit trail through the governance structure.

Submitted to	Date	Brief summary of outcome
Quality and Safety Committee	11/10/2024	Assured and approved



Mortality Report: Learning from Deaths Quarter 1: 01 April 2024 – 30 June 2024

Purpose

1. The purpose of this paper is to provide assurance to the members of the Quality and Safety Committee in relation to the implementation of the Learning from Deaths framework.

Executive Summary

2. During Q1 there were a total of 9 reported deaths none of which were within scope for reporting. This includes a total of 5 child deaths all of which were reviewed using SUDIC methodology.
3. During Q1 there were 0 deaths which met the criteria for StEIS reporting.
4. Each unexpected death reported during Q1 has been analysed and investigated appropriately, to identify if care provided by the Trust resulted in harm or contributed to the death, and if any relevant learning exists for the Trust and the wider health and social care system.
5. Of the total deaths reported in Q1, after investigation, none of these were within scope of this report as none of the deaths had been caused by gaps or omissions in the provision of NHS care.
6. 2 cases have progressed to a more detailed review of systems and processes by way of After Action Review and any learning from this will be shared with the relevant teams and partners.
7. It had been identified previously that there were an increased number of child deaths associated with safe sleeping arrangements. A thematic review of child deaths by our 0-19 service was carried out and presented at our Clinical Risk Management Group in May 2024. This was discussed further in our Mortality Review Group in July 2024. The data was shared with regional and national partners, including the Deputy Director of the National Child Mortality Database, who undertook a review and found no unusual trends and advised that existing guidance applies. They provided updates on work ongoing nationally to prevent such deaths and this has been shared with our specialist nurse and safeguarding leads.
8. Our Trusts services continue to be actively involved in the promotion of Safe Sleep with numerous partners including Wirral University Teaching Hospital, Liverpool John Moores University, Merseyside Police and the Lullaby Trust.

Background

9. Wirral Community Health and Care NHS Foundation Trust (WCHC) Board recognises that effective implementation of the Learning from deaths framework (National Quality Board, March 2017), is an integral component of the Trusts' learning culture, driving continuous quality improvement to support the delivery of high-quality sustainable services to patients and service users.
10. The National Quality Board (NQB) Learning from Deaths framework (2017) exists with the specific aim to address the key findings of the CQC report, ensuring a consistent approach to learning from deaths across the NHS, assuring a transparent culture of learning by delivering

a commitment to continuous quality improvement, particularly in relation to the care of vulnerable people.

11. The key findings of the CQC report were as follows:
 - Families and carers are not treated consistently well when someone they care about dies.
 - There is variation and inconsistency in the way that system partners become aware of deaths in their care.
 - Trusts are inconsistent in the approach they use to determine when to investigate deaths.
 - The quality of investigations into deaths is variable and generally poor.
 - There are no consistent frameworks that require boards to keep deaths in their care under review and share learning from these.
12. This quarterly report provides evidence that learning from deaths is firmly embedded as a priority across the Trust, ensuring full adherence to the NQB Learning from Deaths framework.
13. Since 2017 the focus on learning from preventable deaths and unexpected deaths has continued to strengthen and the NHSE developed the Patient Safety Strategy in 2019 which describes how the NHS will continuously improve patient safety, building on the foundations of a safer culture and safer systems.
14. The National Safety Strategy has been pivotal introducing a Patient Safety syllabus, Patient Safety Specialists, and Patient Safety Partners. All of which have been embedded within the governance of the Trust.
15. Patient Safety and Incident Reporting Framework (PSIRF) has been embedded within our Trust. This sets out the NHS approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. This is embedded within our Clinical Risk Management group and Mortality Review group.
16. Learning From Patient Safety Events (LFPSE) is designed to capture events where:
 - A patient was harmed or could have been harmed
 - there has been a poor outcome, but it is not yet clear whether an incident contributed or not
 - risks to patient safety in the future have been identified
 - good care has been delivered that could be learned from to improve patient safety.
17. LFPSE is being rolled out nationally and is being fully adopted by the Trust.

WCHC Learning from deaths governance framework

Policies

18. In accordance with the Learning from Deaths framework, the Trust ratified and published a Learning from Deaths Policy during September 2017, and which is subject to regular review.
19. The policy provides a framework for how the Trust will evaluate those deaths that form part of our mortality review process, the criteria for review and quarterly and annual reporting mechanisms.
20. The Incident Management Policy - GP08 has been updated and cross references the Learning from Deaths Policy, ensuring a consistent approach to implementation. The revised policy contains arrangements for staff to follow in the event of an unexpected death of an adult and in the event of an unexpected death of a child.

21. The Trust's Datix incident reporting system has been aligned to the Learning from Deaths Policy to ensure prompt communication to the Executive Medical Director, Chief Nurse and Deputy Chief Nurse for all reported unexpected deaths.

Process

22. All reported deaths which have occurred in a place where we are commissioned to deliver services, are discussed at both the Quality and Governance Safety Incident Review Group (SIRG) and at the fortnightly Clinical Risk Management Group (CRMG). Further investigations are commissioned based on the events surrounding the death and the results of the Mortality Screening Tool. The principles around Duty of Candour are also overseen within this group.
23. The Mortality Screening Tool considers whether a variety of factors were present. Examples include:
 - Receipt of an End-of-Life advance care plan (PACA)
 - Presence of a DNACPR form
 - Association with failed visits
 - Association with rescheduled visits
 - Concerns raised by any party regarding the care provided prior to death
 - The involvement of other services involved prior to death
 - Medical Cause of death (if known)
24. Commissioned investigations are monitored at CRMG against progress and timelines. Any investigation reports and associated action plans are approved at CRMG. This includes cases which are under investigation by the coroner.
25. Thematic learning from Learning from Deaths cases is reviewed at the Trust's quarterly Mortality Review Group which is chaired by the Executive Medical Director and who is responsible for the Learning from Deaths agenda.
26. Minutes from the Mortality Review Group are submitted to the Quality and Safety Committee and to the Board by exception.
27. A report is produced which summarises the details of the unexpected deaths which have occurred within the preceding quarter, along with details of any thematic learning. This is ratified by the Quality and Safety Committee prior to being presented to Public Board, again on a quarterly basis.
28. The Trust continues to work with our system partners to devise systems whereby Learning from Deaths can take place in a consistent way across all major health and social care providers. This includes working with the UK Health Security Agency and the Local Authority to analyse the effect of COVID-19 by utilising a population-based approach to identify areas of inequality and its association with deaths due to this disease.
29. The Learning from Deaths report is based on the template devised by the National Quality Board. This report will be published on the Trust's website in keeping with our statutory obligations.

Child Deaths

30. Given the extensive geography that WCHC delivers Children and Young People's services, there are now robust processes in place which enable every unexpected child death to be identified within all the places we deliver care. This includes Wirral, East Cheshire, St Helens & Knowsley.
31. The membership of the Mortality Review Group includes the Trust's Child Death Overview Panel (CDOP) representative and the Trust's Head of Safeguarding enabling, the visibility of any thematic learning across the whole of Cheshire and Mersey. The membership is regularly

reviewed to ensure it contains a variety of skills and knowledge to maximise the identification of learning.

32. The Trust has links with each Place-based Child Death governance structures, which facilitates the identification of themes over a large geography and then uses this data to reflect on how WCHC can continuously improve the delivery of its Children and Young People services. Services.
33. The Trusts Named CDOP representative is an active participant of the multi-agency Place-based Sudden Unexpected Death in Childhood (SUDIC) meetings and feeds any intelligence and learning into the Mortality Review Group. When our representative has any concerns then these are escalated and raised with system partners.
34. The Mortality Review Group will receive the Child Deaths Annual reports when they become available.

Bereaved Families

35. Families will be treated as equal partners following a bereavement and will always receive a clear, honest, compassionate and sensitive response in a supportive environment and receive a high standard of bereavement care which respects confidentiality, values, culture and beliefs, including being offered appropriate support.
36. Families are informed of their right to raise concerns about the quality of care provided to their loved one and their views help to inform decisions about whether a review or investigation is needed.
37. Families will receive timely, responsive contact and support in all aspects of an investigation process, in line with duty of candour and with a single point of contact and liaison.
38. Families are partners in an investigation to the extent, and at whichever stages, that they wish to be involved and voice their experiences of the death of their loved one, as they offer a unique and equally valid source of information and evidence that can better inform investigations.

National Medical Examiner Updates

39. Medical Examiner officers at hospital trusts now provide independent scrutiny of almost all non-coronial deaths occurring in hospitals. Once the new death certification process comes into force, all deaths in England and Wales will be independently reviewed, without exception, either by a medical examiner or a coroner. Medical Examiners provide an important safeguard, as highlighted after the Lucy Letby verdict.
40. The Department for Health and Social Care (DHSC) published details of the death certification reforms and are now in place since April 2024. Primary legislation was commenced on 1 October 2023. The new death certification process requires all deaths in England and Wales to be independently reviewed either by a medical examiner or a coroner.
41. DHSC's document notes that:
42. NHS trusts hosting a medical examiner should provide adequate support and ensure the independence of medical examiners is respected. The host in Wirral is Wirral University Teaching Trust.
43. All other healthcare providers including GP practices should set up processes to start referring deaths to medical examiner offices if they have not already done so. Our trust has liaised with the Medical Examiner's office in Wirral and we have created agile and secure access for medical records to allow the Medical Examiner to fulfil their role.

Q1 2024/25 WCHC Reported deaths (Datix incident reporting)

44. During Q1 there were a total of 9 reported deaths none of which were within scope for reporting. This includes 5 child deaths.
45. During Q1 there were 0 deaths which met the criteria for StEIS reporting.

Structured Judgement Reviews:	
Total Number of Deaths in scope	9
There are no outstanding cases from the previous quarter (Q4)	
Total Number of Deaths considered to have more than 50% chance of being avoidable	0
LeDeR reviews: - Please note that these are undertaken by the mental health trust	
Total Number of Deaths in scope	0
Total Deaths reviewed through LeDeR methodology	0
Total Number of deaths considered to have been potentially avoidable	0
SUDIC reviews:	
Total Number of Child Deaths	5
Total Deaths reviewed through SUDIC methodology	5

Summary of Thematic Learning for Q1

46. Each unexpected death reported during Q1 has been analysed and investigated appropriately, to identify if care provided by the Trust resulted in harm or contributed to the death, and if any relevant learning exists for the Trust and the wider health and social care system.
47. Of the total deaths reported in Q1, after investigation, none of these were within scope of this report as none of the deaths had been caused by gaps or omissions in the provision of NHS care.
48. Some learning was identified around the reporting of an unexpected death inappropriately and this was managed with the team.
49. In addition, 2 adult deaths reported this quarter have progressed to a more detailed review of systems and processes by way of After-Action Review and learning from this will be shared with teams and partners. The Clinical Risk Management Group will receive both reviews.
50. Learning from Deaths, specifically, how are we learning as a system from each other's analyses, was raised by our Interim Medical Director at a system wide Quality and Performance Group in September 2024. It was agreed that partners already work together to review and learn from shared cases, but that we would also share thematic learning identified from our respective analyses.
51. Trend Analysis

Trend Analysis

Adult incidents coded as Unexpected Death, per service area – Q1 2025/25

	April 2024	May 2024	June 2024	Total Q1
Community Nursing Birkenhead	1	0	0	1
Community Dental	0	0	1	1
Community Integrated Response Team	0	0	1	1
Community Integrated Care Centre	1	0	0	1
Total Unexpected Adult Deaths	2	0	2	4

Child incidents coded as Unexpected Death, per service area – Q1 2024/25

	April 2024	May 2024	June 2024	Total Q1
Wirral 0 -19	1	0	0	1
Cheshire East	1	0	3	4
Total Unexpected child deaths	2	0	3	5

All incidents coded as Unexpected Death (financial year 2023/2024) – per service area

	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	March 2024	Total
Community Nursing Birkenhead	0	0	0	1	0	0	1	0	0	0	0	0	2
Community Nursing West Wirral	0	0	0	0	0	1	0	1	0	0	0	0	2
Community Nursing Wallasey	0	1	0	0	0	1	0	1	1	0	2	0	6
Adult Speech and Language Therapy	0	0	0	0	0	0	1	0	0	0	0	0	1
Community Integrated Response Team	0	0	0	0	0	0	0	0	0	0	1	0	1
Discharge To Assess	0	0	0	0	0	0	0	0	1	0	0	0	1
Cheshire East 0 - 19	0	0	1	0	1	0	0	0	0	0	0	0	2
Safeguarding Children	3	0	2	2	6	2	2	0	2	1	4	2	26
Total	3	1	3	3	7	4	4	2	4	1	7	2	41

All child incidents coded as Unexpected Death (financial year 2023/2024) – broken down by region

	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	March 2024	Total
Wirral 0- 19	3	0	0	0	2	0	0	0	2	0	1	2	10
Cheshire East	0	0	1	1	3	1	2	0	0	0	1	0	9
St Helens 0-19	0	0	2	1	2	0	0	0	0	0	1	0	6
Knowlsey 0-25	0	0	0	0	0	1	0	0	0	1	1	0	3
												0	
Total Child Deaths Reported	3	0	3	2	7	2	2	0	2	1	4	2	28

Further actions from the Mortality Review Group Q1 2024/2025

- Learning from Deaths policy updated and approved by Quality and Safety Committee, July 2024
- Mortality Review Group Terms of Reference approved by Quality and Safety Committee, July 2024
- Review and agreement of the method of reporting a death via Datix.

Recommendations for Quality and Safety Committee

52. The Quality and Safety Committee is asked to be assured that quality governance systems are in place to ensure continuous monitoring and learning from deaths in accordance with Trust policy.
53. The Quality and Safety Committee is asked to be assured the Trust is actively involved in supporting the system-wide development of processes reporting and learning from deaths.
51. The Quality and Safety Committee is asked to approve Appendix 1 to proceed through to Public Board

Dr Eddie Roche

Interim Executive Medical Director

06 September 2024

Appendix 1

Learning from Deaths Q1 24/25 Report

The following data represents the high-level reporting of deaths which occurred within our services over the period of Quarter 1 2024/25.

A more detailed report has been ratified and approved by the Quality and Safety Committee as per the Learning from Deaths Policy.

There were 9 deaths reported to the Trust and all have been reviewed in accordance with Trust policy. On this occasion, none of the deaths were within scope of this report during this period. This is because the deaths were not associated with any care delivered or harm caused by services provided by the Trust. Duty of Candour was not applicable to any of these cases.

There were 4 adult and 5 child deaths reported during this quarter, which followed the appropriate investigation processes.

We continue to promote shared learning across the health sectors and work collaboratively with our system partners to improve care within all the communities in which we provide services, focusing on addressing health inequalities on a population-based approach.

Dr Eddie Roche

Interim Executive Medical Director
Wirral Community Health and Care NHS Foundation Trust

06 September 2024

WCHC Anti-Racism statement			
Meeting Title	Board of Directors		
Date	16/10/2024	Agenda Item	18
Lead Director	Claus Madsen, Chief People Officer		
Author(s)	Claus Madsen, Chief People Officer		
Action required (please select the appropriate box)			
To Approve <input checked="" type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input type="checkbox"/>	
Purpose			
The purpose of this paper is for the Board to consider the final version of our WCHC Anti-Racism statement for approval.			
Executive Summary			
<p>As part of the Trust’s commitment to advancing and championing Anti-Racism alongside wider Anti-Discrimination, the Trust previously signed up to the NHS England North West BAME Assembly Anti-Racist Framework with a commitment and an action plan to achieve Bronze level status by 31st March 2025.</p> <p>Aligned to above, the Trust’s BAME staff network discussed and suggested that the Trust should adopt the NW BAME Assembly’s Anti-Racism statement. This was presented to and discussed at the Equity, Diversity and Inclusion steering group on 6th June 2024, where it was agreed to adopt and adapt this statement making some minor amends ensuring it would become a true WCHC-statement. On 1st August 2024 the draft WCHC Anti-Racism statement was discussed in the BAME staff network where it was supported.</p> <p>On 21st August the Board was assured by the progress of this action and discussed the draft statement. This was supported with one section to be amended. This was actioned by Chris Bentley, NED, and Claus Madsen, CPO. Following the Board development session with BRAP in September the statement has been assessed as fully supporting the direction of travel for the Trust to become an Anti-Racist organisation.</p> <p>The final version of the WCHC Anti-Racism statement was supported by the Equality, Diversity and Inclusion steering group on 7th October and is now brought to the Board of Directors for final approval. If approved, this will then be published on the Trust’s website.</p>			

Strategic (Board Assurance Framework - BAF) and operational Risks and opportunities:

The following strategic risks on the Board Assurance Framework link to the Trust's efforts in creating a more diverse and inclusive workplace: ID07 - Our people do not feel looked after, their employee experience is poor, and their health and wellbeing is not prioritised (2 x 4 = 8). ID08 - Our people inclusion intentions are not delivered; people are not able to thrive as employees of our Trust and the workforce is not representative of our population (3 x 4 = 12). ID10 - We are not able to attract, grow and develop our talent sufficiently to ensure the right numbers of engaged, motivated and skilled staff to meet activity and operational demand levels (2 x 4 = 8)

Quality/inclusion considerations:

Quality & Equality Impact Assessment completed and attached No.

N/A

Financial/resource implications:

N/A.

The Trust Vision – To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:

- Populations – We will support our populations to thrive by optimising wellbeing and independence
- People – We will support our people to create a place they are proud and excited to work
- Place - We will deliver sustainable health and care services within our communities enabling the creation of healthy places

Please select the top three Trust Strategic Objectives and underpinning goals that this report relates to, from the drop-down boxes below.

People - Grow, develop and realise employee potential	People - Better employee experience to attract and retain talent	Place - Make most efficient use of resources to ensure value for money
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The Trust Social Value Intentions

Does this report align with the Trust social value intentions? Yes.

If Yes, please select all of the social value themes that apply:

Community engagement and support

Purchasing and investing locally for social benefit

<p>Representative workforce and access to quality work <input checked="" type="checkbox"/></p> <p>Increasing wellbeing and health equity <input checked="" type="checkbox"/></p> <p>Reducing environmental impact <input type="checkbox"/></p>		
<p>Board of Directors is asked to consider the following action</p>		
<p>The Board is asked to approve this final version of the Trust’s Anti-Racism statement and its publication on the Trust’s website.</p>		
<p>Report history (Please include details of the last meeting that received this paper, including the title of the meeting, the date, and a summary of the outcome). This provides the audit trail through the governance structure.</p>		
Submitted to	Date	Brief summary of outcome
EDI steering group	01/06/2024	Discussed the NW Anti-Racism statement and agreed – as suggested by the Trust’s BAME staff network – to adapt this making it a WCHC statement.
BAME staff network	01/08/2024	A draft WCHC Anti-Racism statement was discussed and supported.
Private Board	21/08/2024	The draft WCHC Anti-Racism statement was discussed. Supported in the main. Chris Bentley and Claus Madsen to meet and amend one section.
EDI steering group	07/10/2024	This final version supported to be submitted to Board



WCHC Anti-Racism Statement

Wirral Community Health and Care NHS Foundation Trust's Anti-Racism Statement is built on the work and draft statements by the NHS England Northwest Region with the Integrated Care Boards and NHS Trusts across the Northwest.

We are committed to becoming an Anti-Racist organisation and will take a strategic approach to embed equity and inclusion. We will improve the experiences of our Black and Ethnic Minority patients and staff, which will ultimately improve the patient care we provide and improve the experiences of our workforce. We are currently implementing the Northwest BAME Assembly Anti-Racist Framework, a key driver to us becoming Anti-Racist. We will use our resources and partnerships effectively to influence and collaborate with others, challenging each other to eradicate racism in our organisations.

What is Racism and what it means to be Anti-Racist

Racism is discrimination and prejudice perpetuated by an individual, community or organisation towards an individual on the grounds of their race or ethnic group. It's marginalisation of individuals based on their race or ethnic background, which affects Black, Asian and Minority Ethnic groups. Racism is overt (racial comments) or covert (micro-aggressions). Racism is very harmful, and can make an individual feel stressed, victimised and depressed.

Being Anti-Racist is actively recognising and opposing racism, it involves taking action to address systemic racism. Understanding individual differences forms part of becoming anti-racist, it involves being open to learn, reflect and changing behaviours.

Although this is an anti-racism statement, we acknowledge individuals make up of several facets and discriminatory practice also affects other characteristics such as Religion, disability, sexual orientation, belief and gender.

What we know

In the NW Region we are aware that a higher proportion of patients from some Black and Ethnic Minority backgrounds are more likely to experience health inequalities and risk having poorer access to healthcare. WRES Data also tells us that staff from Black and Ethnic

Minority backgrounds are more likely to enter formal disciplinary processes, lack opportunities for career progression, and more likely to experience bullying, harassment or abuse from patients, relatives and the public. This is not acceptable, we must eradicate all forms of racism and health inequalities, by becoming Anti-Racist we will address inequity at root cause. To achieve this, we will be open and honest regarding our findings, and we will work with our staff networks, patients and the wider community.

What we plan to do

We will not be afraid to address systemic racism within WCHC. We are aligning this statement with our WCHC values, the North West BAME Assembly Anti-Racism Framework, the NHS Long-Term Workforce Plan, the NHS EDI Improvement Plan and the NHS People Plan and Promise. Staff will be encouraged to speak up safely without fear of reprisal; staying silent should not be the chosen option. Patients, staff, and leaders should be able to identify, discuss and challenge racism. We will change policies and practices, taking measurable actions to support this work. We will eradicate the behaviours and beliefs perpetuating racism in alignment with our Behavioural Standards Framework.

Our commitment is to develop a Trust where everyone's culture and difference is celebrated, where racism is not tolerated, and patients and staff do not experience discrimination in any form. As a Trust we are united in opposing and dismantling racism in all its forms, creating a welcoming and supportive environment where colleagues' careers flourish, and we are relentless in reducing health inequalities by improving access, experience and outcomes.

How will we drive this?

- We will take action to tackle racism and wider health inequalities that affect our patients and staff
- We will align to a consistent approach across the NW Region
- Senior Leaders will be held accountable, key processes will be introduced to ensure there is a strategic approach to measure improvements.
- We will develop and embed robust mechanisms for our patients and staff to speak up
- We will seek to understand the lived experience of our patients and staff (listening and learning with regular engagement sessions)

- We will tackle and diminish inequalities
- We will grow and develop inclusive leaders
- We will regularly measure progress, setting clear trajectories