Public Sector Equality Duty

Equality, Diversity and Inclusion Annual Report 2023/24

Contents

1 Introduction

The Walton Centre NHS Foundation Trust Annual Equality Diversity and Inclusion (EDI) Report 2023/24 sets out the Trust's approach to EDI and how the Trust meets the Public Sector Equality Duty (PSED).

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

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

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

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

- **Education, training and learning** - Leading the way in neurosciences education and training
- **Research and Innovation** - Delivering high-quality clinical neuroscience research, in collaboration with universities and commercial partners
- **Leadership** - Developing the right people with the right skills and values to enable sustainable delivery of health services
- **Collaboration** - Clinical and non-clinical collaborations across and beyond the ICS, building on existing relationships and services
- **Social Responsibility** - Supporting our local communities and providing services for patients within and beyond Cheshire and Merseyside

1.4 Our Values
Walton Way:

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

The Walton Centre is committed to reducing health inequalities, promoting equality and valuing diversity as an important part of everything we do. This document clearly describes the headline activity that has taken place in 2023/24 and more importantly it sets out the work and approaches that need to be undertaken to advance equality of opportunity. We will continue to monitor our equality diversity and inclusion progress against our action plans and report annually and openly.

2 Equality Act 2010

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

The Act protects people from discrimination based on 'protected characteristics'.

The nine protected characteristics are:

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

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

2.1   The General Duty

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

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

2.2   The Specific Duty

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

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

Demonstrating the Trusts continued commitment to EDI and the General Equality Duty, our Chief Executive commissioned two reviews of services via external Equality, Diversity and Inclusion consultancy firms at the end of 2022 to review our practises and make any recommendations for improvements.

Recognising the expanding remit of interlinking work, relating to EDI, health inequalities and social value, a committee restructure was undertaken earlier this year. Our previous Strategic Black, Asian and Ethnic Minority (BAME) Advisory Committee (SBAC) has since been replaced with our Health Inequalities and Inclusion Committee (HIIC), a Board level committee in June 2023. HIIC receives input from numerous work streams including our EDI Steering Group and Staff Network Groups directly.

In line with changes to our committee structure and following the publication of NHS England's EDI Improvement Plan in June 2023, a master action plan has been developed to amalgamate actions from a number of reports/work streams including NHS EDI Improvement plan 2023, Workforce Race and Disability Equality Standard reports, Gender Pay Gap report and others to provide assurance and ensure all actions are monitored and progressed appropriately. This is monitored by our EDI Steering Group with overall responsibility at HIIC.

Following external reviews and committee changes, two EDI projects were commissioned and launched in October 2023, in collaboration with South, Central and West Commissioning Unit (SCW - one of the providers who undertook an initial review of services in 2022). One project was to develop training for Building a Culture of Conscious Inclusion and recruit in-house trainers to deliver this to staff across the organisation. The other was an EDI Solutions Package to review policies and processes within a staff members journey, including recruitment, induction, career progression, appraisals and training to identify any gaps and make recommendations for improvements. A further project in collaboration with SCW was launched in January 2024 to co-deliver a Gender Dynamics Seminar to staff.

The train the trainer sessions were undertaken at the end of November 2023 with training cohorts released to staff from January – March 2024. Initial uptake and feedback has been positive; the training will be reviewed in April 2024 with a plan to launch further dates for staff. It is expected that the Solutions Package and Gender Dynamics Seminar projects will be completed by the end of the financial year and that this will have a significant positive impact for new and existing staff. Actions will be tracked via the EDI Master Action Plan and regular updates will be provided to the Health Inequalities and Inclusion Committee as this work progresses.

Over the past year, the Trust have taken positive action to eliminate discrimination, advance equality of opportunity and foster relationships in a number of ways as listed below.

- Our incident management system has been updated to ensure all protected characteristics are collected for both patients and staff to allow any themes and trends to be highlighted and escalated appropriately.

- 25 Freedom to Speak Up Champions have been recruited across the Trust (including both clinical and non-clinical), empowering staff to raise issues.

- Staff have been given the opportunity to attend training sessions in relation to Neurodivergence and Transgender Awareness to increase staff knowledge and reduce instances of discrimination.

- A new Reasonable Adjustments policy for staff has been introduced to ensure staff with disabilities are fully supported at work, including the introduction of disability leave for those who may require additional time off work to attend appointments.

- We were accredited as Veteran Aware and received a Silver Award as part of the Defence Employer Recognition Scheme, formally recognising our commitment to the Armed Forces community.

- The Trust achieved it's Navajo Merseyside & Cheshire LGBTQIA+ Charter Mark reaccreditation for a further two years. The mark reflects our commitment to equality, diversity and inclusion for our patients and staff.

- Building a Culture of Conscious Inclusion Training was launched in January 2023, delivered to staff across the Trust by in-house trainers.

- Our Staff Network Groups have grown to include Anti-racism, LGBTQ+, Disability and Veterans. Plans are in place to introduce a Women's Group in 2024.

- The Trust continues to recognise awareness days and celebrations and share staff stories. A quarterly EDI newsletter has been introduced to ensure all EDI information and events can be easily accessed by all.

3.1 Published Reports

The Trust demonstrates its continuing commitment to race equality via its compliance with the NHS, Workforce Race Equality Standards (WRES). These standards provide a number of indicators and corresponding action to drive improvements. The WRES findings for 2023 can be viewed using the following link:
https://www.thewaltoncentre.nhs.uk/Downloads/Reports-and-Publications/Equality-Diversity-and-Inclusion/WRES%2022%2023%20Final.pdf

The Trust demonstrates its continuing commitment to disability equality via its compliance with the NHS, Workforce Disability Equality Standards (WDES). These standards provide a number of Metrics and corresponding action to drive improvements. The WDES findings for 2023 can be viewed using the following link:
https://www.thewaltoncentre.nhs.uk/Downloads/Reports-and-Publications/Equality-Diversity-and-Inclusion/2022%2023%20WDES%20Report%20Final.pdf

In addition to the WDES, the Trust also takes action to ensure that we are giving full and fair consideration to applications for employment made by disabled persons, having regard

to their particular aptitudes and abilities. The Trust operates guaranteed interviews for all Disabled job applicants who meet the specified criteria for the job and the Trust also provides Reasonable Adjustments for Disabled applicants at interview. For staff who notify the Trust of their disability during their employment at the Trust, we provide Reasonable Adjustments if required to continue their employment and the Trust make available appropriate training, technology and adjusted work arrangements for those employees where appropriate. Information on reasonable adjustments is made available to all employees via the staff intranet pages.

The Trust demonstrates its continuing commitment to gender equality via its compliance with the Government Gender Pay Gap reporting requirements. The Trust reports and publishes its gender pay gap on an annual basis. This reporting allows the Trust to understand the average difference in pay between male and female staff. It also allows the Trust to take actions to close the gender pay gap. The Trust's Gender Pay Gap report 2023 can be viewed using the following link:

https://www.thewaltoncentre.nhs.uk/about-us/Gender%20Pay%20Gap%20Report%202024.pdf

The Trust demonstrates its continuing commitment to equality for LGBT+ patients and staff by its participation in the Navajo Charter Mark Scheme. In 2023 the Trust successfully completed reaccreditation and gained the privilege of holding the Navajo Charter Mark for a further two years, which is a signifier of good practice, commitment and knowledge of the specific needs, issues and barriers facing LGBTIQA+ people in Merseyside.

The Trust's EDI performance if facilitated by a number of policies and guidance documents which include the following:

- Equality Diversity & Human Rights Policy
- Transgender Policy
- Tailored Reasonable Adjustment Template
- Equality Impact Assessment (EIA) Form

3.2 NHS England EDI Improvement Plan High Impact Actions and Progress

High impact action 1: Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable. • Every board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process (by March 2024). • Board members should demonstrate how organisational data and lived experience have been used to improve culture (by March 2025). • NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework (by March 2024).	• All Non-executive Directors and Chair have EDI objectives included in their appraisal. Plans are in place for all Exec Board members to have these established in line with their usual appraisal cycle. • Staff and patient data is regularly reviewed by the Board and Health Inequalities and Inclusion Committee to highlight key priorities and implement actions which and reviewed and monitored appropriately via the Board Assurance Framework and EDI Action Plan. • Organisational data and lived experience is shared throughout the Trust via Trust communications, EDI Newsletter, intranet and website and quantitative and qualitative data has informed EDI projects and training programmes (BCCI, Solutions Support, Gender Dynamics).
High impact action 2: Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity. • Create and implement a talent management plan to improve the diversity of executive and senior leadership teams (by June 2024) and evidence progress of implementation (by June 2025) • Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan. This should include the creation of career pathways into the NHS such as apprenticeship programmes and graduate management training schemes (by October 2024). Impact should be measured in terms of social mobility across the integrated care system (ICS) footprint. Read case studies from a range of organisations that share good practice around embedding inclusive recruitment.	• A talent management plan is being developed regionally and work is ongoing in relation to this. • The Trust are working closely with and exploring opportunities to widen recruitment opportunities within local communities via our partnerships with Liverpool Citizens and Liverpool City Region.
High impact action 3: develop and implement an improvement plan to eliminate pay gaps. • Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce (by March 2024). • Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This will be tracked and monitored by NHS boards. Plans should be in place for sex and race by 2024, disability by 2025 and other protected characteristics by 2026. This article gives more information around pay gap reporting, useful resources and some tips. • Implement an effective flexible working policy including advertising flexible working options on organisations' recruitment campaigns. (March 2024)	• The Trust have reviewed our Flexible Working policy and were reported as top in the country in the 2022/23 NHS Staff Survey. • Recommendations from the Mend the Gap review have been included in our EDI Action Plan to progress and monitor. • Plans are in place to analyse data to understand pay gaps by protected characteristic and put in place improvements. The Trust publish our Gender Pay Gap data annually and reporting mechanisms for Ethnicity Pay Gap data have been built in to the National ESR system for 2024/2025. The Trust will continue to expand our reporting in relation to pay gap data in coming years.
High impact action 4: develop and implement an improvement plan to address health inequalities within the workforce. • Line managers and supervisors should have regular effective wellbeing conversations with their teams, using resources such as the national NHS health and wellbeing framework. (by October 2023). • Work in partnership with community organisations, facilitated by ICBs working with NHS organisations and arm's length bodies, such as the NHS Race and Health	• Regular wellbeing conversations are encouraged and supported by being incorporated into our annual appraisal process and by our health and wellbeing support for staff. • The Trust are working closely with and exploring partnership opportunities with community organisations via Liverpool Citizens and Everton in the Community and will continue to expand our community partnerships in the coming years.

Observatory. For example, local educational and voluntary sector partners can support social mobility and improve employment opportunities across healthcare (by April 2025). This NHS Confederation page has guidance and tools for tackling health inequalities.	
High impact action 5: implement a comprehensive induction, onboarding and development programme for internationally-recruited staff. • Before they join, ensure international recruits receive clear communication, guidance and support around their conditions of employment; including clear guidance on latest Home Office immigration policy, conditions for accompanying family members, financial commitment and future career options (by March 2024). • Create comprehensive onboarding programmes for international recruits, drawing on best practice. The effectiveness of the welcome, pastoral support and induction can be measured rom, for example, turnover, staff survey results and cohort feedback (by March 2024). • Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety (by March 2024). • Give international recruits access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities. They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression (by March 2024).	• Building rapport training in place and mandatory for all line managers. • Building a Culture of Conscious Inclusion in-house trainers in place with courses made available to all staff from January 2024. this training will continue to be reviewed and new cohorts launched and delivered over the coming years. Initial uptake has been good and feedback positive with a number of line managers/ senior managers having attended the training. • Current EDI Solutions project is being undertaken in collaboration with South, Central and West Commissioning Unit to which include the review of our recruitment, onboarding and induction policies and procedures. • Pre-interview support offered to internationally recruited staff and direct encouragement from Senior Nursing Team and Professional Nurse Advocates (PNA) in place to support staff in their career progression.
High impact action 6: create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur. • Review data by protected characteristic on bullying, harassment, discrimination and violence. Reduction targets must be set (by March 2024) and plans implemented to improve staff experience year-on-year. • Review disciplinary and employee relations processes. This may involve obtaining insights on themes and trends from trust solicitors. There should be assurances that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. Where the data shows inconsistency in approach, immediate steps must be taken to improve this (by March 2024). • Ensure safe and effective policies and processes are in place to support staff affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and staff should know how to access it (by June 2024) • Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff (by March 2024). • Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence (by March 2024).	• Data collected for all protected characteristics in our Datix incident management system to allow the Trust to capture this data and be aware of any themes/trends. Informal and formal debrief process in place following any incidents of violence and aggression. Task and finish group to be set up to review data and agree next steps. • NOSS counselling service in place for staff. • Mental Health First Aiders in place across the Trust. • Freedom to Speak Up Guardian and champions in place. • Policies in place including dignity at work policy, management of violent and aggressive individuals. • Staff Networks in place (LGBTQIA+, Veterans, Anti-racism, Disability and Women's) to provide a safe space for staff. • Trust signed Sexual Safety Charter and plans in place to progress this work and improve how we support staff affected by domestic abuse and sexual violence (DASV).

4 The Specific Equality Duty and the Walton Centre

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

Providers within the NHS are now moving to a new EDS reporting system; EDS2022. For this financial year, however, it was acknowledged by the Board that, as a result of vacancies in key roles, the Trust were not in a position to effectively undertake a review as outlined by new EDS2022 guidance. As a result, and following seeking advice from NHS England, it was agreed that the Trust would complete a review using previous EDS2 methodology in order to meet our Public Sector Duty requirements and outline our current position prior to adopting the new EDS2022 approach in 2024/25.

4.1 EDS

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

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

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

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

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

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

These objectives are currently under review as part of our ongoing EDI Solutions Package project and, once work is completed, new objectives will be set in 2024.

4.3 Current 2023/24 The Walton Centre EDS2: The Goals and Outcomes			Grade Status
Goal	**Sub**	**Description of outcome**	
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways	Developing
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Developing
	1.4	When people use NHS services their safety is prioritised, and they are free from mistakes, mistreatment and abuse	Developing
	1.5	Local health campaigns reach communities	Developing
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Developing
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Achieving
	2.3	People report positive experiences of the NHS	Achieving
	2.4	People's complaints about services are handled respectfully and efficiently	Achieving
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Achieving
	3.3	Training and development opportunities are taken up and positively evaluated by all staff	Achieving
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Achieving
	3.6	Staff report positive experiences of their membership of the workforce	Developing
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Developing
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Developing
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Developing

5   Next steps

The Trust will continue to deliver BCCI training to staff to encourage a culture of equality and belonging. Following completion of our EDI Solutions project, action will be taken as required to improve our processes and practices to enhance staff experience and ensure equality of opportunity. In line with NHS England's EDI Improvement Plan, the Trust will continue to progress actions and broaden the recording and reporting of data from an EDI perspective, allowing us to acknowledge and recognise where positive action is required and improve our services for all.

To ensure we continue to build a culture of inclusion and raise the profile of EDI work, the Trust will continue to engage with staff through our staff networks and ensure EDI awareness days and events are recognised and celebrated, sharing staff stories to bring these to life. Communication with all staff is key to ensuring such matters remain high on our agenda and continued communication via our quarterly EDI newsletter, utilisation of Trust bulletins and celebrating of key events via multiple platforms including our communication screens in key areas and on social media will help to increase visibility.

The Trust will move from EDS2 to the new EDS2022 evaluation and reporting system in 2024/25 to further scrutinise our service delivery to patients from an EDI perspective to ensure access and quality of care is consistent and positive steps are taken were appropriate to ensure equality and inclusion at all levels.

During the 2024/25 financial year, the Trust will be developing a strategy to confirm our vision and objectives in relation to a number of health inequality and inclusion areas which will encompass EDI, health inequalities and social value. Work undertaken during 2023/24 to review our practises, raise awareness and have a robust structure of staff network leads and BCCI trainers across the Trust will inform the strategy and help to ensure this is robust and fully embedded.

6 Workforce EDI Profile

Workforce EDI Profile 1st January 2023-31st December 2023.

6.1 Workforce by Age

Age Range	No. of Staff
<=20 Years	14
21-25	69
26-30	181
31-35	241
36-40	225
41-45	171
46-50	186
51-55	180
56-60	150
61-65	115
66-70	23
>=71 Years	5
Grand Total	**1560**

Staff Group by Age

Age Range	Add Prof Scientific and Technic	Additional Clinical Services	Admin and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	Grand Total
<=20 Years	0	4	10	0	0	0	0	0	14
21-25	1	15	20	8	0	1	0	24	69
26-30	0	23	49	22	1	6	5	75	181
31-35	9	31	55	36	2	5	23	80	241
36-40	7	28	48	35	1	8	34	64	225
41-45	9	23	45	30	1	5	18	40	171
46-50	4	40	54	16	1	3	24	44	186
51-55	2	28	52	21	3	3	32	39	180
56-60	1	33	51	10	3	0	17	35	150
61-65	0	38	41	4	4	1	6	21	115
66-70	0	4	8	1	3	0	0	7	23
>=71 Years	0	0	2	0	1	0	2	0	5
Grand Total	**33**	**267**	**435**	**183**	**20**	**32**	**161**	**429**	**1560**

6.2   Workforce by Gender

Gender	No. of Staff
Female	1188
Male	372
Grand Total	**1560**

The National ESR system for the NHS only allows gender data to be collected as either female/male.

Staff Group by Gender

Staff Group	Female	Male	Grand Total
Add Prof Scientific and Technic	26	7	33
Additional Clinical Services	227	40	267
Administrative and Clerical	305	130	435
Allied Health Professionals	147	36	183
Estates and Ancillary	12	8	20
Healthcare Scientists	20	12	32
Medical and Dental	50	111	161
Nursing and Midwifery Registered	401	28	429
Grand Total	**1188**	**372**	**1560**

6.3 Workforce by Ethnic Origin

Ethnic Origin	No. of Staff
A White - British	1231
B White - Irish	32
C White - Any other White background	41
CH White Turkish	1
CP White Polish	2
D Mixed - White & Black Caribbean	1
E Mixed - White & Black African	3
F Mixed - White & Asian	3
G Mixed - Any other mixed background	5
H Asian or Asian British - Indian	128
J Asian or Asian British - Pakistani	8
K Asian or Asian British - Bangladeshi	5
L Asian or Asian British - Any other Asian background	17
LH Asian British	1
LK Asian Unspecified	1
M Black or Black British - Caribbean	2
N Black or Black British - African	26
PC Black Nigerian	1
PD Black British	1
R Chinese	5
S Any Other Ethnic Group	26
SC Filipino	1
SE Other Specified	1
Z Not Stated	18
Grand Total	**1560**

Staff Group by Ethnic Origin

Ethnic Origin	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	Grand Total
A White - British	29	235	408	163	19	29	48	300	1231
B White - Irish	2	1	4	9	0	0	1	15	32
C White - Any other White background	1	6	3	2	0	1	21	7	41
CH White Turkish	0	1	0	0	0	0	0	0	1
CP White Polish	0	1	0	0	0	0	0	1	2
D Mixed - White & Black Caribbean	0	0	1	0	0	0	0	0	1
E Mixed - White & Black African	0	0	0	0	0	0	2	1	3
F Mixed - White & Asian	0	1	1	0	0	0	0	1	3
G Mixed - Any other mixed background	0	2	0	0	1	0	1	1	5
H Asian or Asian British - Indian	0	5	3	1	0	2	46	71	128
J Asian or Asian British - Pakistani	0	0	1	0	0	0	6	1	8
K Asian or Asian British - Bangladeshi	0	0	1	0	0	0	4	0	5
L Asian or Asian British - Any other Asian background	0	2	1	0	0	0	4	10	17
LH Asian British	0	0	0	0	0	0	1	0	1
LK Asian Unspecified	0	0	0	0	0	0	0	1	1
M Black or Black British - Caribbean	0	0	0	0	0	0	1	1	2
N Black or Black British - African	0	5	2	3	0	0	8	8	26
PC Black Nigerian	0	0	1	0	0	0	0	0	1
PD Black British	0	0	0	0	0	0	0	1	1
R Chinese	0	0	3	0	0	0	1	1	5
S Any Other Ethnic Group	1	4	3	2	0	0	8	8	26
SC Filipino	0	0	0	1	0	0	0	0	1
SE Other Specified	0	1	0	0	0	0	0	0	1
Z Not Stated	0	3	3	2	0	0	9	1	18
Grand Total	33	267	435	183	20	32	161	429	1560

6.4 Workforce by Disability

Disability	No. of Staff
No	1316
Not Declared	37
Prefer Not To Answer	3
Unspecified	140
Yes	64
Grand Total	**1560**

Staff Group by Disability

Staff Group	No	Not Declared	Prefer Not To Answer	Unspecified	Yes	Grand Total
Add Prof Scientific and Technic	31	0	0	2	0	33
Additional Clinical Services	228	9	0	22	8	267
Administrative and Clerical	375	6	1	30	23	435
Allied Health Professionals	148	4	1	13	17	183
Estates and Ancillary	18	1	0	0	1	20
Healthcare Scientists	25	0	0	7	0	32
Medical and Dental	137	11	0	11	2	161
Nursing and Midwifery Registered	354	6	1	55	13	429
Grand Total	**1316**	**37**	**3**	**140**	**64**	**1560**

6.5 Workforce by Religion or Belief

Religion/Belief	No. of Staff
Atheism	207
Buddhism	9
Christianity	968
Hinduism	48
I do not wish to disclose my religion/belief	128
Islam	40
Judaism	3
Other	104
Unspecified	53
Grand Total	**1560**

Staff Group by Religion or Belief

Staff Group	Atheism	Buddhism	Christianity	Hinduism	Not Disclosed	Islam	Judaism	Other	Unspecified	Grand Total
Add Prof Scientific and Technic	8	0	15	0	3	1	0	5	1	33
Additional Clinical Services	20	2	174	1	24	4	0	29	13	267
Administrative and Clerical	67	0	288	0	29	3	1	37	10	435
Allied Health Professionals	33	1	125	0	12	1	1	3	7	183
Estates and Ancillary	4	0	13	0	1	0	0	2	0	20
Healthcare Scientists	8	0	16	0	3	1	0	3	1	32
Medical and Dental	25	1	38	32	25	24	1	6	9	161
Nursing and Midwifery Registered	42	5	299	15	31	6	0	19	12	429
Grand Total	**207**	**9**	**968**	**48**	**128**	**40**	**3**	**104**	**53**	**1560**

6.6 Workforce by Sexual Orientation

Religion/Belief	No. of Staff
Bisexual	12
Gay or Lesbian	29
Heterosexual or Straight	1375
Not stated (person asked but declined to provide a response)	77
Other sexual orientation not listed	2
Undecided	2
Unspecified	63
Grand Total	**1560**

Staff Group by Sexual Orientation

Staff Group	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not stated	Other	Undecided	Unspecified	Grand Total
Add Prof Scientific and Technic	0	0	31	0	0	1	1	33
Additional Clinical Services	1	8	225	19	0	0	14	267
Administrative and Clerical	3	8	396	17	1	0	10	435
Allied Health Professionals	2	5	162	5	0	0	9	183
Estates and Ancillary	0	1	18	1	0	0	0	20
Healthcare Scientists	0	0	29	1	0	0	2	32
Medical and Dental	0	2	129	20	0	1	9	161
Nursing and Midwifery Registered	6	5	385	14	1	0	18	429
Grand Total	**12**	**29**	**1375**	**77**	**2**	**2**	**63**	**1560**

6.7 Workforce by Marital Status

Marital Status	No. of Staff
Civil Partnership	28
Divorced	74
Legally Separated	7
Married	742
Single	661
Unknown	41
Widowed	7
Grand Total	**1560**

Staff Group by Marital Status

Staff Group	Civil Partnership	Divorced	Legally Separated	Married	Single	Unknown	Widowed	Grand Total
Add Prof Scientific and Technic	3	1	0	19	10	0	0	33
Additional Clinical Services	8	20	2	103	122	11	1	267
Administrative and Clerical	7	27	3	178	208	9	3	435
Allied Health Professionals	3	2	0	100	76	1	1	183
Estates and Ancillary	1	1	0	10	5	3	0	20
Healthcare Scientists	0	1	0	16	15	0	0	32
Medical and Dental	3	6	2	115	28	7	0	161
Nursing and Midwifery Registered	3	16	0	201	197	10	2	429
Grand Total	**28**	**74**	**7**	**742**	**661**	**41**	**7**	**1560**

7 New Starters

New starters EDI Profile 1st January 2023-31st December 2023.

Age Range	No. of Staff
<=20 Years	13
21-25	40
26-30	41
31-35	48
36-40	33
41-45	24
46-50	17
51-55	14
56-60	19
61-65	15
66-70	1
Grand Total	**265**

Gender	No. of Staff
Female	186
Male	79
Grand Total	**265**

Disability	No. of Staff
No	245
Not Declared	1
Unspecified	4
Yes	15
Grand Total	**265**

Marital Status	No. of Staff
Civil Partnership	7
Divorced	12
Legally Separated	2
Married	102
Single	137
Unknown	5
Grand Total	**265**

Ethnic Origin	No. of Staff
A White - British	185
B White - Irish	3
C White - Any other White background	7
CH White Turkish	1
CP White Polish	1
F Mixed - White & Asian	2
G Mixed - Any other mixed background	1
H Asian or Asian British - Indian	19
J Asian or Asian British - Pakistani	4
K Asian or Asian British - Bangladeshi	1
L Asian or Asian British - Any other Asian background	7
N Black or Black British - African	8
PC Black Nigerian	1
R Chinese	3
S Any Other Ethnic Group	9
SC Filipino	1
SE Other Specified	1
Unspecified	3
Z Not Stated	8
Grand Total	**265**

Religion	No. of Staff
Atheism	52
Buddhism	3
Christianity	151
Hinduism	10
I do not wish to disclose my religion/belief	16
Islam	18
Judaism	1
Other	12
Unspecified	2
Grand Total	**265**

Sexual Orientation	No. of Staff
Bisexual	4
Gay or Lesbian	3
Heterosexual or Straight	249
Not stated (person asked but declined to provide a response)	7
Unspecified	2
Grand Total	**265**

Nationality	No. of Staff
Australian	2
Bangladeshi	1
Brazilian	1
British	206
Bulgarian	1
Central African	2
Egyptian	2
Filipino	3
Hong Kong (British/Chinese)	1
Indian	16
Irish	3
Italian	1
Kenyan	1
Maltese	2
Myanmar	1
Namibian	1
Nepalese	2
Nigerian	5
Northern Irish	3
Pakistani	3
Polish	2
Portuguese	1
Romanian	1
Sri Lankan	1
Swedish	1
Turkish	1
(blank)	1
Grand Total	**265**

8 Recruitment Data

Recruitment EDI Profile 1st January 2023-31st December 2023.

Category	Description	Applications	% of total applications	Shortlisted	% shortlisted in this group	% of those who applied that were shortlisted
Gender	Male	1534	40.52%	420	34.60%	27.38%
	Female	2198	58.06%	789	64.99%	35.90%
	Prefer not to say	16	0.42%	5	0.41%	31.25%
Is your gender the same as that assigned at birth?	Yes	3707	97.91%	1202	99.01%	32.43%
	No	19	0.50%	3	0.25%	15.79%
	Prefer not to say	22	0.58%	9	0.74%	40.91%
Disability	Yes	192	5.12%	86	7.08%	44.79%
	No	3486	93.03%	1096	90.28%	31.44%
	Prefer not to say	69	1.84%	32	2.64%	46.38%
Criminal Conviction	Yes	28	0.74%	7	0.58%	25.00%
	No	3704	97.83%	1207	99.42%	32.59%
Ethnicity	White: English, Scottish, Welsh, Northern Irish, British	1363	36.00%	755	62.19%	55.39%
	White: Irish	20	0.53%	15	1.24%	75.00%
	Any other white background	153	4.04%	43	3.54%	28.10%
	Asian/Asian British: Bangladeshi	41	1.08%	6	0.49%	14.63%
	Asian/Asian British: Chinese	45	1.19%	10	0.82%	22.22%
	Asian/Asian British: Indian	587	15.50%	116	9.56%	19.76%

	Asian/Asian British: Pakistani	223	5.89%	27	2.22%	12.11%
	Asian/Asian British: Other	83	2.19%	15	1.24%	18.07%
	Black/Black British: African	892	23.56%	155	12.77%	17.38%
	Black/Black British: Caribbean	13	0.34%	3	0.25%	23.08%
	Black/Black British: Other	6	0.16%	1	0.08%	16.67%
	Mixed: White and Asian	24	0.63%	6	0.49%	25.00%
	Mixed: White and Black African	61	1.61%	6	0.49%	9.84%
	Mixed: White and Black Caribbean	4	0.11%	1	0.08%	25.00%
	Mixed: Other	33	0.87%	6	0.49%	18.18%
	Any other ethnic group	135	3.57%	27	2.22%	20.00%
	Prefer not to say	65	1.72%	22	1.81%	33.85%
Age Range	Under 24 years	474	12.52%	182	14.99%	38.40%
	24-44 years	2762	72.95%	773	63.67%	27.99%
	45-59 years	450	11.89%	223	18.37%	49.56%
	60-74 years	33	0.87%	22	1.81%	66.67%
	75+ years	0	0.00%	0	0.00%	0.00%
	Prefer not to say	29	0.77%	14	1.15%	48.28%
Religion	Atheism/no religion	548	14.47%	280	23.06%	51.09%
	Buddhism	45	1.19%	11	0.91%	24.44%

	Christianity (including Church of England, Catholic, Protestant and all other Christian denominations)	2079	54.91%	710	58.48%	34.15%
	Hinduism	296	7.82%	52	4.28%	17.57%
	Judaism	5	0.13%	2	0.16%	40.00%
	Islam	541	14.29%	81	6.67%	14.97%
	Sikhism	8	0.21%	1	0.08%	12.50%
	Jainism	2	0.05%	0	0.00%	0.00%
	Any other religion	46	1.22%	10	0.82%	21.74%
	Prefer not to say	178	4.70%	67	5.52%	37.64%
Sexual Orientation	Heterosexual/straight	3449	91.10%	1127	92.83%	32.68%
	Bisexual	100	2.64%	22	1.81%	22.00%
	Gay/lesbian	65	1.72%	28	2.31%	43.08%
	Other sexual orientation not listed	9	0.24%	3	0.25%	33.33%
	Undecided	6	0.16%	1	0.08%	16.67%
	Prefer not to say	119	3.14%	33	2.72%	27.73%
Marital Status	Married	1590	42.00%	453	37.31%	28.49%
	Single	1889	49.89%	645	53.13%	34.15%
	Civil Partnership	84	2.22%	32	2.64%	38.10%
	Legally separated	10	0.26%	5	0.41%	50.00%
	Divorced	65	1.72%	32	2.64%	49.23%
	Widowed	17	0.45%	8	0.66%	47.06%
	Prefer not to say	93	2.46%	39	3.21%	41.94%
Are you currently pregnant, or on maternity/paternity leave, or have you given birth in the last 26 weeks?	Yes	56	1.48%	17	1.40%	30.36%
	No	3664	96.78%	1187	97.78%	32.40%
	Prefer not to say	28	0.74%	10	0.82%	35.71%

Impairment	Physical impairment	13	6.84%	8	9.30%	61.54%
	Sensory impairment	7	3.68%	5	5.81%	71.43%
	Mental health condition	24	12.63%	11	12.79%	45.83%
	Learning disability/difficulty	47	24.74%	20	23.26%	42.55%
	Long-standing illness	59	31.05%	30	34.88%	50.85%
	Other	40	21.05%	12	13.95%	30.00%
Total	Total	3786	100.00%	1214	100.00%	32.07%

9 Patients

Patients' EDI Profile 1st January 2023-31st December 2023.

9.1 Gender

Sex	Description	Inpatient	Outpatient	Grand Total	% of Total
F	Female	10,265	81,618	91,883	58.25%
I	Indeterminate/Other	1	12	13	0.008%
M	Male	6,554	59,251	65,805	41.72%
U	Unknown/Not Stated	5	32	37	0.023%
Grand Total		16,825	140,913	157,738	100.00%

9.2 Age Band

Age Band	Inpatient	Outpatient	Grand Total	% of Total
Under 18	64	1,082	1,146	0.73%
18-24	715	7,514	8,229	5.22%
25-34	1,832	15,848	17,680	11.21%
35-44	2,532	20,157	22,689	14.38%
45-54	3,483	24,282	27,765	17.60%
55-64	3,909	30,043	33,952	21.52%
65-74	2,630	24,620	27,250	17.28%
75+	1,660	17,367	19,027	12.06%
Grand Total	16,825	140,913	157,738	100.00%

9.3 Religion

Religion	Religion Description	Inpatient	Outpatient	Grand Total	% of Total
UNK	UNKNOWN	1,101	6,369	7,470	4.74%
AGN	AGNOSTIC	18	106	124	0.08%
ANG	ANGLICAN	19	74	93	0.06%
ATH	ATHEIST	109	581	690	0.44%
BAP	BAPTIST	7	187	194	0.12%
BUD	BUDDHIST	29	138	167	0.11%
CHR	CHRISTIAN	719	4,128	4,847	3.07%
COE	CHURCH OF ENGLAND	3,267	25,498	28,765	18.24%
CON	CONGREGATIONAL	0	8	8	0.01%
COS	CHURCH OF SCOTLAND	19	69	88	0.06%
COW	CHURCH OF WALES	53	327	380	0.24%
GO	GREEK ORTHODOX	6	43	49	0.03%
HIN	HINDU	20	183	203	0.13%
JEW	JEWISH	31	155	186	0.12%
JW	JEHOVAH'S WITNESS	19	241	260	0.16%
MET	METHODIST	115	941	1,056	0.67%
MOR	MORMON	1	30	31	0.02%
MUS	MUSLIM	73	688	761	0.48%
NRP	NO RELIGIOUS PREFERENCE	4,907	26,291	31,198	19.78%

NULL	NULL	3,469	55,909	59,378	37.64%
OC	OTHER CHRISTIAN	132	988	1,120	0.71%
ONC	OTHER NON CHRISTIAN	4	92	96	0.06%
PRE	PRESBYTERIAN	27	48	75	0.05%
QUA	QUAKER	6	11	17	0.01%
RC	ROMAN CATHOLIC	2,648	17,652	20,300	12.87%
REF	PATIENT REFUSED TO GIVE INFO	2	15	17	0.01%
RO	RUSSIAN ORTHODOX	9	1	10	0.01%
SAL	SALVATION ARMY	3	22	25	0.02%
SEI	SEIKH	8	49	57	0.04%
SPR	SPIRITUALIST	2	68	70	0.04%
WW	WHITE WITCHCRAFT	2	1	3	0.00%
Grand Total		16,825	140,913	157,738	100.00%

9.4 Ethnicity

Ethnic Group	Ethnic Group Description	Inpatient	Outpatient	Grand Total	% of Total
UNK	Unknown	1,629	27,507	29,136	18.47%
A	WHITE - BRITISH	13,498	95,891	109,389	69.35%
B	WHITE - IRISH	67	326	393	0.25%
C	WHITE - ANY OTHER BACKGROUND	207	1,314	1,521	0.96%
D	MIXED - WHITE/BLACK CARIBBEAN	25	103	128	0.08%
E	MIXED - WHITE/BLACK AFRICAN	4	103	107	0.07%
F	MIXED - WHITE AND ASIAN	34	145	179	0.11%
G	MIXED - ANY OTHER	38	222	260	0.16%
H	ASIAN - INDIAN	29	291	320	0.20%
J	ASIAN - PAKISTANI	18	138	156	0.10%
K	ASIAN - BANGLADESHI	8	71	79	0.05%
L	ASIAN - ANY OTHER BACKGROUND	27	267	294	0.19%
M	BLACK - CARIBBEAN	3	101	104	0.07%
N	BLACK - AFRICAN	19	226	245	0.16%
P	BLACK - ANY OTHER BACKGROUND	18	237	255	0.16%
R	OTHER - CHINESE	20	211	231	0.15%
S	OTHER - ANY OTHER	73	694	767	0.49%
Z	NOT STATED	1,108	13,066	14,174	8.99%
Grand Total		16,825	140,913	157,738	100.00%

9.5 Disability

Disability Risk Flag Y/N	Inpatient	Outpatient	Grand Total	% of Total
N	16,100	135,881	151,981	96.35%
Y	725	5,032	5,757	3.65%
Grand Total	16,825	140,913	157,738	100.00%

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

10   The use of interpretations services

Interpreter Services use 1st January 2023-31st December 2023.

9.1

Number of interpreter appointments conducted per language spoken 1st January 2023 to 31st December 2023					
ALBANIAN	AMHARIC	ARABIC	BANGALI & SYLHETI	BULGARIAN	CANTONESE
6	1	212	16	21	85
CREOLE	CZECH	FARSI (PERSIAN)	FRENCH	GREEK	GUJARATI
6	21	123	9	3	2
HINDI	HUNGARIAN	ITALIAN	KURDISH	LATVIAN	LITHUANIAN
2	26	16	79	7	24
MACEDONIAN	MALAYALAM	MANDARIN	OROMO	OTHER	PAKISTANI
2	4	21	4	32	1
PASHTO (PASHTOO)	POLISH	PORTUGUESE	PUNJABI	ROMANIAN	RUSSIAN
13	235	44	12	77	31
SERBIAN/ CROATIAN	SLOVAKIAN	SOMALI	SPANISH	TAMIL	THAI
4	23	9	37	26	4
TIGRINYA	TURKISH	UKRAINIAN	URDU	VIETNAMESE	WELSH
13	57	1	27	18	2
Total appointments made:		1356			

9.2

Number of sign language appointments conducted per language spoken 1st January 2023 to 31st December 2023			
		Number of cancellations by the provider	
Total number of appointments	37		0

11   Conclusion

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

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End of Report

NHS

The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience

Equality Delivery System – *EDS2* Summary Report 2023

The Equality Delivery System – EDS2 was made mandatory in the NHS standard contract from April 2015. NHS organisations are strongly encouraged to follow the implementation of EDS2 in accordance with the
'9 Steps for EDS2 Implementation' as outlined in the 2013 EDS2 guidance document. The document can be found at:
http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf

This *EDS2 Summary Report* is designed to give an overview of the organisation's most recent EDS2 implementation. Once completed, this Summary Report should be published on the organisation's website.

NHS organisation name:

The Walton Centre NHS Foundation Trust

Organisation's Board lead for EDS2	Organisation's EDS2 lead
Mike Gibney (Chief People Officer)	Jane Mullin (Deputy Chief people Officer)

Level of stakeholder involvement in EDS2 grading and subsequent actions:

• EDI Steering Group • Patient Experience Group • Health Inequalities and Inclusion Committee • Staff Partnership Committee

Organisation's Equality Objectives (including duration period):

2017-2022 – currently undergoing review

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

EDS2 Grades

Goal	Outcome	Grade and reasons for rating
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities • **Grade: Developing** • **Evidence drawn upon for rating:** The Trust are committed to providing the highest quality services to all patients which meet the health needs of the local communities, which is reflected in the Trust's corporate objectives and mission statement. The Trust works in partnership with commissioners to shape their contract thus ensuring that services are commissioned to meet the needs of the local population and to reduce health inequalities. Equality performance is routinely monitored in the quality contract with the Trust's commissioners. In order to ensure we are taking action and having a positive impact on our local communities, the Trust are involved in Liverpool Citizens, an alliance of active citizens and leaders from local institutions who are dedicated to working together for the common good. In addition to this, the Trust are working with Liverpool City Region and other providers across the city to actively consider the way in which policies and strategic decisions can increase or decrease inequalities through the 'socio-economic duty' as set out in Section 1 of the Equality Act 2010. In June 2023, the Trust introduced a Board level Health Inequalities and Inclusion Committee (HIIC), replacing the previous Strategic BAME Advisory Committee, recognising the expanding remit required of the committee and to oversee work in relation health inequalities, social value and EDI. A specific health inequalities dashboard has been created to track and analyse data for both patients and staff by indices of multiple deprivation (IMD) and ethnicity. Patient data includes referral rates, missed appointments (DNAs) and inpatient, new and follow up waiting lists. This data is regularly presented and discussed at HIIC with further work being undertaken by Operational Leads to understand the data further in relation to themes identified (e.g. higher DNA rates in areas of highest deprivation) to ensure action is being taken where possible to support patients. In order to respond to patients' need for local services, to reduce a patient's visits to hospital and aligned with Getting It Right First Time (GIRFT) recommendations, the Trust offer local satellite services across over 15 acute hospitals, providing both outpatient services and support to inpatients. Alongside this, the Trust have a number of treatment pathways in place to ensure patients receive the highest quality care at point of access including the below: • Rapid Access Neurology Assessment (RANA) service - provides rapid and direct access for patients with acute neurological issues to specialist neurology service in consultant led clinics and reduce unnecessary hospitalisations and facilitate speedy diagnosis and management plans. • Brain Tumour Optimisation Pathway – working with other providers across Cheshire and Mersey, a new pathway has been introduced in 2023 to ensure optimal and immediate diagnosis of a brain tumour. • Headache Pathway – with advice for both District General Hospital (DGHs) and General Practitioners (GPs) in managing primary headache disorders and recognising red flags and take appropriate and timely action. • Suspected Papilledema/Increase Intracranial Hypertension (IIH) Pathway – ensuring appropriate investigation and treatment is undertaken in a timely manner within local hospitals with advice provided as necessary from our on call teams. • Parkinson's Disease (PD) Management Pathway – advice to Acute hospital Trusts in appropriately assessing and managing patients with PD in a local setting • Seizure/Epilepsy Pathway – to support front-line clinicians to recognise and manage seizures and facilitate rapid referral of seizure patients to an outpatient appointment at The Walton Centre. • 24/7 Thrombectomy service – ensuring rapid transfer, treatment and repatriation of appropriate acute stroke patients. • Enhanced Triaging Process – providing full and appropriate advice and management plans in response to referrals from primary care, reducing the need for appointments in specialist clinics and the likelihood of a rereferral in future. Following a joint tender process with local Trusts and Clinical Commissioners Groups, a new provider for interpretation and translation services have been implemented since September 2023 to ensure information provided to our patients is accessible and of the highest quality. Any new services or existing services undergoing change are assessed for possible equality impact on patients, visitors and staff. In addition, services are designed to be compliant with the Royal College of Nursing and National Institute for Health and Clinical Excellence (NICE) standards and guidelines and are fully accredited by awarding bodies. The Trust is planning to undertake a review of our Equality Impact Assessment/Equality Analysis procedures in 2024/25 in order to strengthen and streamline the process. The Trust believes that the services offered by the Trust are available to all irrespective of their protected characteristics, and data from the patient data report, complaints and concerns monitoring, patient surveys and engagement supports this belief. Patients, carers, Foundation Trust members and other stakeholders and local organisations and community groups are consulted with and involved in the design and delivery of services, thus ensuring that the health needs of the local communities are considered. All tenders assess equality and diversity, with responses considered as part of the tender process. All contracts include equality clauses.

For this outcome, the Trust has good evidence and data to demonstrate that services are equality impact assessed. The Trust can also demonstrate that the health and well-being of its staff and patients is taken seriously through strategic planning processes and policy making.

1.2

Individual people's health needs are assessed and met in appropriate and effective ways

- Grade: Developing
- Evidence drawn upon for rating:

Patient & Family Centred Care (PFCC) is a top priority at The Walton Centre to ensure patients' individual needs are met and to enhance their experience whilst receiving care from/at the Trust. This includes a number of initiatives which are implemented and monitored by our PFCC Steerng Group which was relaunched with a new work plan in December 2023 this is made up of members from many staff croups across the Trust including; , Senior Nursing Team, Quality Improvement Sustainability Team, Estates/Facilities, a clinical representative and Patient Experience Team. Initiatives this year have included our Noise at Night Campaign, review of our environment via PLACE assessments resulting in updated signage, equipment and furnishings for all ward areas.

Our Enhanced Triaging Process ensures patient referrals are appropriately assessed and individual advice and care plans are provided.

Risk assessments are undertaken on all patients in relation to falls, pressure ulcers, venous thromboembolism (VTE) and nutrition, in line with Commissioning and quality targets. The assessment includes review of patient's religious and cultural requirements, communication and care requirements, family support and carer needs. Individual care plans are developed for each patient and reviewed throughout their period of care. These plans are contributed to by all members of the Trust multidisciplinary team as and referrals made to subsequent services such as smoking cessation, dieticians, support groups or district nursing and rehabilitation services as appropriate.

Following an individual health needs assessment, either in an outpatient, inpatient or community setting, all patients are provided access to the services they require in an appropriate and effective manner. The Trust ensures effective assessments are undertaken and case note and nursing quality audits support this process.

The Trust ensures that reasonable adjustments are made where appropriate for patients and that supporting documents (e.g. carers passports and Learning Disability passports) are completed and/or utilised appropriately to ensure continuity of care and appropriate involvement of necessary parties. In addition, the Trust has access to 24-hour interpretation services (including BSL) for face-to-face/virtual appointments and support inpatient care. Any other reasonable adjustments are required, for example patients are supported to make a complaint, should they require additional support due to their conditions.

Patient & family stories are shared at the Patient Experience Group and Trust Board, these are examples of how patients/families have accessed and received care. For example, to the sister of a patient with learning disabilities shared her story on how she had been invited to meet with staff prior to her sisters' admission to plan and put all measure in place to support the patient and family.

Details are provided in our Patient & Visitor Information Guide and in posters across clinical areas about how to provide feedback regarding services including details for our Patient Experience Team, QR codes for our Friends and Family Test and a dedicated Listening Line which is manned 24 hours a day by a member of the senior nursing team for any inpatient concerns or advice. Themes and trends are monitored and reported to our Divisional Governance meetings and Quality Committee in order for actions and learning to be agreed, implemented and monitored.

1.3

Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed

- Grade: Developing
- Evidence drawn upon for rating:

The Trust has numerous examples to demonstrate effective and appropriate transitions from services to support individual needs. This happens during transfer of patients into the Trust from the Trauma Network, from District General Hospitals, from other specialist Trust, for example Alder Hey, and GP referrals. We also transfer patients onto various points of care, including services within the Rehab Network, repatriating hospitals and social care or specialist services. This includes patients from Warrington, Cheshire, Merseyside, Wales and the Isle of Man. For outpatient services, a number of joint clinics are also held to assist in the transition of patients from one service to another, whether that be across providers or from one service to another within the Trust.

Individual care plans are developed for each patient and reviewed throughout their period of care. The patient's assessment includes a review of their religious and cultural requirements, communication and care requirements, family support and carer needs. These plans are contributed to by all members of the Trust's multidisciplinary teams with input from the patient and carers, alongside health and social care professionals. Any change in services provided is planned and communicated with all concerned and any referrals are made to subsequent services with full handover of information.

The Trust has good links with local communities and social services across its footprint. Holding multi-disciplinary meetings with internal and external stakeholders, as well as family members, to ensure arrangements are agreed and planned in the best interests of individual patients.

The Trust actively signposts carers to appropriate support, includes them as partners in care and has implemented the 'Carers Passport' along with 11 other trust across Merseyside and Cheshire to highlight and acknowledge the importance of involving families as partners in care. The Trust is currently allocating space for a carers resource where it will provide information and a quiet space for carers to access. This resource will be

		supported by the Brain Charity in partnership with the Trust.
	1.4	**When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse** • **Grade: Developing** • **Evidence drawn upon for rating:** The Trust believes that patient safety and quality must be at the heart of everything it does. The Quality Accounts Annual Report provides the backdrop to demonstrate the organisations commitment to improving the quality of services and safety of care. The Trust must ensure that it listens to and acts on feedback received. From 1st September 2023, The Walton Centre began to respond to patient safety incidents in line with Patient Safety Incident Response Framework (PSIRF) which supports the key principles of a patient safety culture, focusing on understanding how incidents happen, rather than apportioning blame, allowing for more effective learning, and ultimately safer care for patients. In addition to this, the Trust have appointed 3 Patient Safety Partners (roles held by members of the public, patients or carers) to involve patients in patient safety. Our Patient Safety Partners have been invited and attended Trust Board, Patient Safety Training, to be a member of the Patient Information Panel and Patient Experience Group. One will also sit on the Quality & Patient Safety Group to help improve patient safety across the Trust. The Head of Patient Experience & Governance Lead meet monthly with the group to gain feedback on their evolving roles and provide 1:1 support. The organisation has a system in place whereby incidents of abuse must be reported by staff whether the abuse is directed at staff by patients, patient to patient or staff to patient. All incidents are reported via Datix, our incident reporting system to the Safeguarding Team. Abuse includes behaviours such as violence, verbal abuse, gestures, sexual or racial abuse. Reporting is web based, and all incidents are investigated thoroughly, and actions undertaken to address the behaviours. All incidents are reported through the appropriate governance committee structures. Some incidents, such as neglect, abuse of vulnerable adults or children, are reported directly to the Strategic Executive Information System (STEIS) as per NHS standard procedures for external reporting. Any concerns raised via the Patient Experience team will be escalated to the SG team. Patient Led Assessment of Cleanliness and Environment (PLACE) inspections are carried out annually. Teams are made up of patient representatives and members of staff, volunteers and patients with long term conditions and disabilities. The visits are planned but unannounced and intended to review the hospital for standards in cleanliness, hand hygiene, quality of accommodation and food and food service. The Trust also has an appointed Freedom to Speak Up Guardian to ensure that staff are encouraged and supported to report any mistakes, mistreatment and abuse. This year 25 Freedom to Speak Up Champions have been recruited across the Trust including both clinical and non-clinical staff from all levels of the organisation. Champions empower staff to raise issues and listen to concerns about patient care or staff safety. Any incidents reported collect all protected characteristics for both patients and staff and any themes and trends are highlighted and escalated appropriately. The Trust seeks causes through incident reporting and whistle-blowing systems and Freedom To Speak Up Guardians, which informs actions to be undertaken. Policies are in place to protect people making complaints and follow strict guidelines. Staff and patients are able to make complaints without fear of victimisation. Along with the safeguarding annual report, the Trust has a Safeguarding Adults and Children team to ensure the Trust operates within national statutory and non-statutory guidance for on safeguarding vulnerable people. Policies have been introduced to provide guidance to staff on the management of allegations of abuse and deprivation of liberty safeguards. In addition, staffs have access to taught sessions and e-learning training packages on safeguarding issues. For this outcome, the Trust firmly believes that all people from all protected characteristics are given the same protection in accordance with its mission statement to provide the very best care for each patient on every occasion, which is at the core of everything it does. However, grading has been identified as developing. This is due to the good data and evidence to demonstrate patient safety across the protected characteristics available in comparison to the less adequate data available for incident reporting of bullying or harassing behaviours. Patients from all protected characteristics are engaged with in the above processes.
	1.5	**Screening, vaccination and other health promotion services reach and benefit all local communities** • **Grade: Developing** • **Evidence drawn upon for rating:** The Trust is currently working with local CCGs and other local hospital trusts on Merseyside to engage collectively across multiple protected characteristics and will form a new high level and diverse EDS 2 grading panel to assure future grading and ensure PSED compliance. The Trust has an extensive range of health programmes and initiatives in place to support staff and patients alike in accessing public health, vaccination and screening programmes. The Trust is able to provide evidence to demonstrate that people are accessing services; Previously, due to the data collection system we were only able to collect information on 4 of the protected characteristics but this has now risen to 8. Work is underway to enhance the current data collection systems to cover all protected characteristics. Throughout the hospital's wards, outpatients and public areas there is an extensive range of public health information for staff and patients to access, examples being for infection control and smoking cessation. Audits are undertaken to ensure sufficient coverage and appropriate placement of information is provided. All patient information is available on request in alternative formats. Interpreters are utilised to ensure communication is most effective.

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

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

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

For this outcome, the Trust is again able to present data for 4 of the protected characteristics for patients, and all but 1 protected characteristic for staff (although not all staff services are monitored for equality purposes).

People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
- Grade: Developing
- Evidence drawn upon for rating:

Our Patient Administration System (PAS) collects protected characteristics in terms of age, ethnicity, gender, gender at birth, religion, sexual orientation and disability. We are therefore able to monitor patient groups who are accessing our services and analyse the data as to where access does not meet our expectations in relation to our local population. As noted earlier, a dedicated health inequalities dashboard is regularly presented to our Board level Health Inequalities and Inclusion Committee with work undertaken by our Operational Leads to understand the data further in relation to themes identified (e.g. higher DNA rates in areas of highest deprivation) to ensure action is being taken where possible to support patients.

All referrals made to the service are triaged by a clinical member of staff and dealt with appropriately. Any referrals which are rejected are provided with clear and appropriate reasons for this and will offer advice and guidance to the referrer either in relation to a more appropriate onward referral or treatment options.

The Trust recognises that accessing services can be more difficult for some people. Our Health Inequalities data confirms that patients are more likely not to attend a follow up appointment (DNA) if they are from an area of higher deprivation. Work is ongoing with our Operational Leads to understand this further and implement any reasonable actions the Trust can take to help patients attend their appointments as needed. We also recognise that patients who have learning difficulties or require an interpreter (people whose first language is not English and/or those who are Deaf) often find it more difficult to access our services. The Trust is committed to ensuring that reasonable adjustments are made where required, including the use of interpreting services, adjustments to appointment times and changes to environment. Reasonable adjustments are made on a regular ad hoc basis, although the Trust does not record this officially for all disabilities.

When patients telephone to make appointments, the access, booking and choice receptionists ask patients whether they have caring responsibilities or any disability in order to ensure that the best appointment possible is provided to suit their needs. Patients are also able to make appointments via email if preferred. Text messages are also sent to patients to remind them of their appointment, and the Trust has a self-check in kiosk, which has been reviewed regarding its accessibility (assisted check-in at the desk also remains available if required). Any enquiries or concerns from patients with regards to accessibility, for example, if a patient is unable to use the telephone due to a hearing impairment and they inform the Patient Experience Team, they will liaise with the appropriate team to ensure reasonable adjustments are put in place, for example, to communicate via email with the patient.

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

The Trust provides access to the following services and facilities on request:
- Face to face interpreters for non-English speakers
- Telephone interpreters for non-English speakers
- British Sign Language (BSL) interpreters for Deaf people
- Translated written information upon request for patients who do not read English
- Translated information into audio format for those who cannot read or blind or are visually impaired
- Large print for those with vision impairment
- Braille for those who are blind or visually impaired
- Easy read version on request
- Information on coloured paper for those who are visually impaired or who have dyslexia
- Provide information and explanations in a clear and comprehensive way

2.1

Improved patient access and experience

		'Meet and Greet' volunteers are in place to support patients to navigate around the hospital and the Trust is working with local communities and charities to ensure training is appropriate regarding peoples cultural and disability requirements, i.e. patients with vision impairment being guided appropriately. The Trust has recently provided Visually Impaired or Blind/Deaf training for staff and continues to provide Visually Impaired Training for all staff and volunteers. For this outcome, the Trust is able to demonstrate that patients, carers and communities from 4 of the protected characteristics readily access services and there are no obvious concerns as demonstrated in the patient data report.
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care • Grade: Achieving • Evidence drawn upon for rating: The Trust is committed to ensure that all patients, irrespective of protected characteristics, are informed, supported and involved in their diagnosis and decisions about their care where appropriate. Patient Initiated Follow Up (PIFU) is in place to allow patients/carers more autonomy in relation to follow up appointments. Suitable patients remain on the PIFU to make decisions about when they feel they require a further appointment and this is managed and validated by our Consultants to ensure appropriateness. Quality Boards are in place across the Trust to allow patients and visitors the opportunity to suggest improvements in individual areas and be involved in improving patients' experience. An open clinic is held by senior nursing staff in on Complex Rehab Unit (CRU) for patients and families to discuss care and provide feedback with business cards provided with appropriate contact information. Patient within our CRU are often an inpatient for an extended period of time and involving patients and their families directly in decision about their care is vital. The CQC National Inpatient Survey is the main source of reporting the perceptions of patients across the NHS and is used in comparative performance tables and quality indicators. In 2023, The Walton Centre were ranked 8th out of 133 providers for overall positive patient experience. The results in relation to being actively involved in decisions about care and treatment were positive with the Trust performing 'better than expected' on questions such as 'how much information about your condition or treatment was given to you?', 'when nurses spoke about your care in front of you, were you included in the conversation?' and 'when you asked doctors questions, did you get answers you could understand?' The Trust also scored 'much better than expected' on questions such as 'to what extent did staff looking after you involve you in decision about your care and treatment?', 'to what extent did staff involve you in decisions about you leaving hospital?' and 'to what extent did hospital staff involve your family and carers into account when planning for you to leave hospital?' The Trust has an active Patient Experience Group which meet quarterly, and the membership includes Healthwatch representatives and governor, the group receives a report bi-annually on the progress of patient information developed across the Trust. Standard, easy read and talking leaflets are being developed continually. A Patient Safety Partner has been recruited as part of the membership in 2024. Staff are able to access the interpreting services to ensure that patients whose first language is not English, or those patients who use British Sign Language, are fully able to understand their diagnoses and treatment and this should always be used during the consent process. Indeed, where patients are to be given 'bad news' interpreting provision takes place face to face and not by telephone.
	2.3	People report positive experiences of the NHS • Grade: Achieving • Evidence drawn upon for rating: The Trust has been assessed as Outstanding by the CQC. As part of this assessment NHS England reviewed and assessed the delivery of care to patients and their experiences when accessing services. They also undertook a review of equality and diversity provision and compliance within the Trust and found the outcome to be good. In 2023, The Walton Centre were ranked 8th out of 133 providers for overall positive patient experience. For overall experience, the Trust scored 8.9/10 which was 'much better than expected' when compared with other Trusts. Feedback through surveys and social media indicate a very good patient experience of services at the Walton Centre. Scheduled quarterly reports on all patient experience and dignity and respect activities are presented to the Trust Board and to the specialist CCG commissioners. The patient experience team meet with divisions on a weekly basis to discuss experiences of patients and discuss any open concerns or complaints. This is then reported via a report monthly to Divisional Governance meeting and the bi-monthly Executive meeting and the Quarterly Quality Committee of the Board. This information also goes to Patient Experience Group which has representatives from Healthwatch, Trust Governors and local charitable organisations. All patients are asked to complete a Friends and Family Test during their admission and upon discharge. The results of these surveys are reported though the Integrated Performance Report and the quarterly Patient Experience Group. All wards receive feedback on a monthly basis to share the positive comments and put actions in place for any negative comments or themes.

		The Trust has Dignity Champions across the organisation with each ward having at least one Dignity Champion. The Champions act as role models, identifying breaches of dignity in care, addressing and challenging issues as they arise and promoting dignity in care for every patient. For this outcome, the Trust is firmly committed to listening to the views of patients, carers and other local interest groups and communities and ensuring positive patient experience. Evidence from all of the above leads us to suggest that we are Achieving with regards to this sub-goal.
	2.4	People's complaints about services are handled respectfully and efficiently • **Grade: Achieving** • **Evidence drawn upon for rating:** Complaints about care and our services are taken very seriously and all concerns and complaints are managed by Patient Experience Team and investigated by the appropriate division to provide a response. Statistical information and lessons learnt are reported to the Patient Experience Group and the Quality Committee and Trust Board on a quarterly basis. This report also highlights actions taken as a result of complaints, together with any trends and themes. Responses are provided in line with the complainant's preference, for example written responses from the Chief Executive are provided for formal complaints but some patients/family members prefer a verbal explanation following raising a concerns. Local resolution meetings following complaints are also advocated especially following a death or sensitive complaint to provide complainants with the opportunity to discuss their concerns face to face with senior staff/clinicians. All patients/families are supported by the Patient Experience Team both prior to and during the meeting. All meetings are followed by a written response. Providing Patient & Family Centred Care is a high priority, and the key stages of the patient & family journey is outlined as 6 steps. This strategy was recently re-designed and relaunched in February 2023. A workplan and working groups underpins the progress and on-going work. The Trust Board receive a monthly Patient & Family Story at the beginning of each board meeting. This can be in person or via MS teams where both positive and negative experiences are shared from all service lines and following any new innovations. The Patient Experience Team capture all concerns/enquiries and complaints in line with the 9 protected characteristics. The details of which along with any action or learning is included within the quarterly reports, reported to Quality Committee. Any themes or trends would be highlighted to the relevant divisional management team in real time. In line with Trust Policy, complaints are responded to within a specific timeframe which is negotiated with the complainant. All complaints are responded to within either Level 1 (25 working days), Level 2 (45 working days) and Level 3 (60 working days). These KPIs are closely monitored and reported bi-monthly to the Exec Team, Quarterly to Quality Committee.
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels • **Grade: Achieving** • **Evidence drawn upon for rating:** The Trust uses NHS Jobs which collects data on 7 of the 9 protected characteristics (gender reassignment and pregnancy/maternity are currently not recorded). Recruiting managers are unable to see any of the monitoring information at any point and are also unable to see the applicants name or right to work status until after the shortlisting process has been completed either. All figures and demographics can be found in the E&D Workforce Annual Report. An EDI Solutions Project is currently underway in collaboration with an external provider to review our policies and procedures including those in relation to recruitment, onboarding and induction. This project has been ongoing since October 2023 and is expected to conclude prior to the end of March 2024.
A representative and supported workforce	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations • **Grade: Developing** • **Evidence drawn upon for rating:** The Trust has met its Gender Pay Gap reporting obligations and the results are published on the Trust's website. The Trust has taken note of the results and actions highlighted have been included in our EDI Action Plan. In our latest reporting, a 7.33% decrease in average gender pay gap figures could be seen when compared to 2017/18 figures when reporting began. In line with NHS England's EDI Improvement Plan, the Trust plans to introduce monitoring of other protected characteristics to pay gap reporting, beginning with ethnicity and disability with a view to bringing further characteristics online in future.
A representative and supported workforce	3.3	Training and development opportunities are taken up and positively evaluated by all staff • **Grade: Developing** • **Evidence drawn upon for rating:** The Trust provides mandatory equality, diversity & human rights training on a 3 yearly basis, as opposed to a one off session. Furthermore, the Trust's e-Learning allows employees to complete parts of their mandatory training at a time and place convenient to them. Adjustments have been accounted for to support individuals as needed including 1:1 support sessions.

		All training opportunities are well publicised, through weekly communications and the monthly team brief. Data is collected on 7 of the protected characteristics (gender reassignment and pregnancy/maternity are not captured, although questions are asked around pregnancy where appropriate to ensure training can be adjusted where necessary). There is still an under-representation of BME staff, compared to the overall workforce demographics accessing training. The percentages of applications by age group, sexual orientation and religion or belief are all comparable with the workforce demographics with the percentage by disability also being broadly in line. The ongoing EDI Solutions Project will review training opportunities and processes to ensure these are distributed fairly and that all staff have equal access to opportunities. The Trust have also undertaken a recent project to train inhouse trainers to deliver Building a Culture of Conscious Inclusion Training, this training is available to all Trust staff and has been communicated via a number of different channels. Five cohorts have taken place between January and March 2024 with good uptake and positive feedback. Training will be reviewed based on any constructive feedback and new dates will be launched later in the year.
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source • **Grade: Developing** • **Evidence drawn upon for rating:** Data in respect of all employee relation cases (grievances, disciplinaries, and dignity at work) is monitored against the 7 protected characteristics currently recorded in ESR. The E&D Annual Report includes analysis of this. In relation to race, monitoring is also conducted via the Workforce Race Equality Standard (WRES). In relation to Disability, monitoring is also conducted via the Workforce Disability Equality Standard (WDES). The Trust has robust policies in place for the management of violence and aggressive behaviours (as well as guidelines for supporting staff following traumatic stressful incidents) and HR policies in relation to dignity at work, Equality, Diversity and Human Rights and disciplinary and grievance policies. Due to the nature of the patients treated by the Walton Centre aggression is quite common and is often a symptom of their illness/lack of capacity. Whilst any patient behaving inappropriately will be spoken to it is often the case that they are either unable to help their actions or they forget the warning given, this makes it very difficult to eradicate this behaviour completely, however, the Trust does offer staff additional support in these cases. A dedicated Patient Safety Lead is in place to respond to incidents, support staff and provide debriefing sessions to those involved. Preventative actions are taken where possible to minimise the likelihood of escalating behaviours and all patient facing staff undertake personal safety training on an annual basis. Any themes and trends are reported to the Health & Safety Group for monitoring and escalation as appropriate. Staff listening weeks and Freedom to Speak Up services also promote an open culture to ensure staff feel they have appropriate channels to raise any concerns.
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives • **Grade: Developing** • **Evidence drawn upon for rating:** The Trust's Flexible Working Policy enables all employees from the point at which they join the Trust to request a flexible working arrangement. In addition to part-time working, flexible working options also include compressed or adjusted hours, job-sharing, flexi-time, term-time working, home working (where possible) and career breaks. The Trust has an Agile Working policy in place in relation to home based/hybrid working. The Trust also offers flexible retirement options, as detailed in the Trust's Flexible Retirement policy. This aims to support older employees in their retirement plans and therefore demonstrates our commitment, and appreciation of, a diverse workforce.
	3.6	Staff report positive experiences of their membership of the workforce • **Grade: Developing** • **Evidence drawn upon for rating:** Evidence can be taken from the National Staff Survey; for 2022 the Trust scored higher than average in relation to all People promise Elements and Themes. The Trust also monitors staff experience via Workplace Race Equality Standards (WRES) reporting and Workplace Disability Equality Standards (WDES) reporting and has corresponding actions to improve staff experience. The Trust also has an extensive suite of wellbeing activities that are promoted to staff. This year saw the opening of our Wellbeing Hub in April 2023 – Hub provides staff with a safe space to collect their thoughts and find out what health and wellbeing activities we have coming up at the Trust. We will also be using the space to hold events and drop-in sessions that we run as part of our Walton wellbeing programme.

		The Trust have been awarded Investors in People Gold award for both 'we invest in people' and 'we invest in wellbeing' standards.
Inclusive leadership	4.1	**Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations** • **Grade: Developing** • **Evidence drawn upon for rating:** The Trust board review and approve the Equality and Diversity Annual Report, which covers all the protected characteristics. All papers presented to the Trust Board and to other senior committees ask the author to confirm whether an Equality Impact Assessment (EIA) has been completed. In June 2023, the Trust introduced a Board level Health Inequalities and Inclusion Committee (HIIC), replacing the previous Strategic BAME Advisory Committee, recognising the expanding remit required of the committee and to oversee work in relation health inequalities, social value and EDI. The Trust also commissioned two external reviews of EDI within he Trust at the end of 2022 and, as a result, have continued to work with an external provider on three separate EDI focused projects to review policies and procedures, implement Building a Culture of Conscious Inclusion training at the Trust and deliver a seminar on Gender Dynamics in the workplace. Examples of when Board members and senior leaders have demonstrated their commitment to equality include the commissioning of 2 external reviews of EDI across the Trust as well as two projects in collaboration with an external provider to review policies and procedures and train inhouse trainers to deliver Building a Culture of Conscious Inclusion training. Members of the Board are also involved in EDI events such as attending Liverpool PRIDE and sharing staff stories in their communications to staff. The Board also attend EDI focused workshops to further their awareness and attended such in relation to transgender awareness and sexual misconduct and work in 2023. The Trust are members of Liverpool Citizens, working with other organisations and groups across the city to positively impact the lives of local residents and have involved patients/volunteers in some of their working groups. As well as working with Liverpool City Region in relation to Socio-economic Duty.
	4.2	**Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed** • **Grade: Developing** • **Evidence drawn upon for rating:** All papers presented to the Trust Board and to other senior committees ask the author to confirm whether an Equality Impact Assessment (EIA) has been completed. To support this, the EIA screening tool has been added to the policy template. As part of the Trusts ongoing EDI Action Plan, our EIA process is due to be reviewed in the next financial year to ensure this is robust. Risk in relation to health inequalities and prevention is monitored via the Board Assurance Framework.
	4.3	**Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination** • **Grade: Developing** • **Evidence drawn upon for rating:** Our Building Rapport training programme for managers, includes an equality section aimed at Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination. Building a Culture of Conscious Inclusion training is now available for all staff across the Trust to book with inhouse trainers available. Staff Network groups (LGBTQIA+, Disability, Anti-racism and Veterans) are available to all staff and line managers are advised to allow staff protected time to attend where possible. Staff stories are shared across the Trust and EDI events marked in internal communications including weekly Trust newsletter, Team Brief, information screens in staff areas, intranet, closed staff facebook group and a quarterly EDI newsletter.