



**Bridgewater
Community Healthcare**
NHS Foundation Trust

EQUALITY DIVERSITY & INCLUSION

Equality Annual Report 2021



Quality first and foremost

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Introduction

Welcome to our Equality, Diversity and Inclusion Report for 2021.

Within this annual report we hope to provide you with information on our equality, diversity and inclusion activities over the last year, and also provide you with an update on our current and future projects to improve ourselves in these areas.

We could not of course produce this report without reference to the Covid 19 global pandemic, and this report focuses on how we worked to meet our equality and human rights duties for staff and for patients during this period of unprecedented challenge for the NHS and for our Trust.

If you have any questions or queries regarding the information in this report, or if you require the information in another format please don't hesitate to contact us using the details at the end of the report.

Thank you

Paula Woods (Director of People and Organisational Development)

Ruth Besford (Equality & Inclusion Manager)

Equality Act 2010

The Equality Act came into force in England in 2010.

The Act brought together 116 separate pieces of equality legislation into one simplified and streamlined act that brought protection from discrimination for nine protected characteristic groups:

- Age
- Disability (including physical, mental, sensory, neuro, learning and hidden disabilities)
- Gender Reassignment (Transgender)
- Marriage & Civil Partnership (including same sex marriage)
- Pregnancy and Maternity
- Race (Ethnicity)
- Religion or Belief
- Sex
- Sexual Orientation

As a provider of healthcare services and employment in areas of high inequality, including health inequality, Bridgewater also chose to recognise other vulnerable groups as needing extra support accessing services and employment opportunities. These were:

- Carers
- Military veterans
- The homeless and vulnerably housed
- Asylum seekers and refugees
- Those with 'chaotic lifestyles' – drug and alcohol abuse and sex workers

For organisations providing public services the Equality Act introduced a Public Sector Equality Duty (Section 149 of the Act). The Public Sector Equality Duty comprises two duties:

- The Equality Duty (also called the General Duty)
- The Specific Duties

The Equality Duty

The Equality Duty requires public sector organisations to have due regard to three aims in all they do:

- To eliminate discrimination, harassment, victimisation and other conduct prohibited by the Act
- To advance equality of opportunity between people who share a protected characteristic and people who do not, the Act states that this includes:
 - Removing or minimising disadvantages suffered by people due to their protected characteristics
 - Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
 - Encouraging people from protected groups to participate in public life or in other activities where the participation is disproportionately low
- To foster good relations between people who share a protected characteristic and people who do not, which includes promoting understanding of and between different groups and tackling prejudice, racism, homophobia, transphobia, religious hatred and disability harassment and hatred

Due regard means thinking about these three aims in all Trust business, for example in employment; in service design and delivery; and in corporate projects such as strategy and policy development, or engagement and event organisation. This consideration should be robust, timely, conscious, and carried out with an open mind as to the outcomes.

The Specific Duties

There are two elements to the Specific Duties:

- To publish at least annually evidence that shows compliance with the three aims above for both employees and for the public
- To publish at least every four years measurable and achievable objectives that advance the three aims above

This report is our 2021 compliance with the first of these two Duties.

Our Six Point Action Plan for Equality, the second of the two Specific Duties, is referenced within this report and can be seen in full on our website:

<http://bridgewater.nhs.uk/aboutus/equalitydiversity/equalityact2010/>

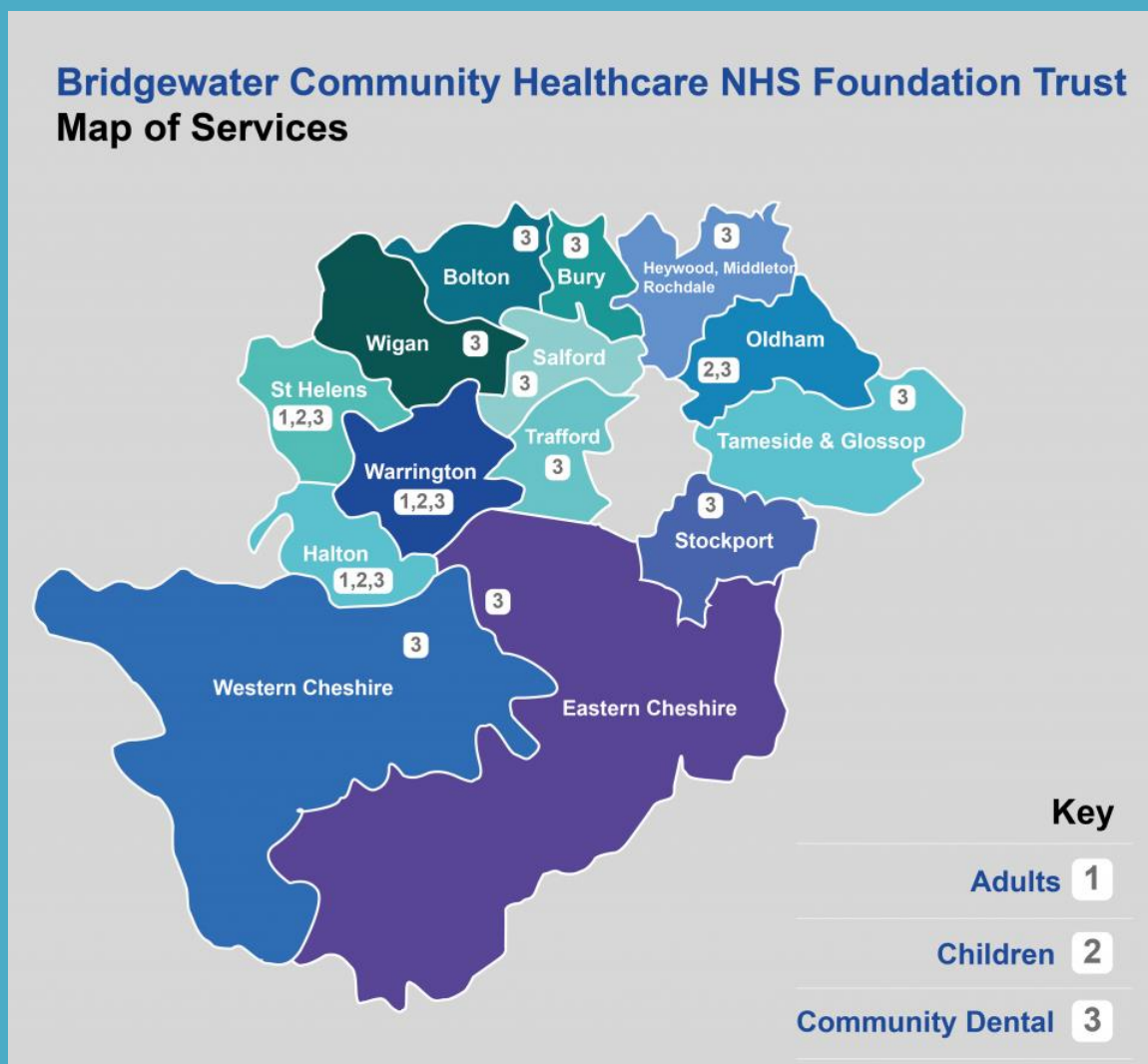
About Bridgewater

Bridgewater provides community services in Halton (Runcorn and Widnes), St Helens and Warrington, these services include:

- 0 – 19s services
- District nurses and community matrons
- Therapy services including physiotherapy and speech and language
- Specialist services such as palliative care and mental wellbeing

We also provide the 0 – 19s services in Oldham, and specialist community dental services for those who can't access high street dentists across a large area. We were delighted to welcome new colleagues in community dental from Bury, Heywood, Middleton, Oldham and Rochdale in autumn 2020

Figure 1: Bridgewater Map of Services



Trust Mission, Strategy and Objectives

The Trust's mission is 'to improve local health and promote wellbeing in the communities we serve'. To do this 'we will work closely with local people and partners to promote good health and to be a leading provider of excellent community healthcare services in the North West'.

This mission is underpinned by our People values:

- **Person centred**
- **Encouraging innovation**
- **Open and honest**
- **Professional**
- **Locally led**
- **Efficient**

And our Strategy Objectives, refreshed in 2020 to add our equality objective:

- **Quality** – to deliver high quality, safe and effective care which meets both individual and community needs
- **Innovation and collaboration** – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living
- **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability
- **People** – to be a highly effective organisation with empowered, highly skilled and competent staff
- **Equality, Diversity and Inclusion** – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive.

Our overarching Trust Strategy, Quality and Place was also refreshed in 2020 and can be viewed on our website.

In the process of development and review at this time, reflective of the changes that the last year has brought on the NHS and Bridgewater are the following:

- **Workforce Strategy**
- **Patient Engagement and Experience Strategy**

Anti-Racism Statement and Commitment

Bridgewater is committed to improving race equality for our staff and our communities, and to being actively anti-racist.

We are committed to improving awareness and understanding, from an individual to a Trust level, of the ways in which many of us have benefitted from privilege and systemic racial discrimination throughout our lives.

We will as a Trust demonstrate honestly and transparency; we will admit where we have gaps in knowledge, understanding, data, representation; we will be open and honest about where we believe we can do better; and we will actively facilitate and listen to the voices of our diverse workforce and communities, recognising that Black, Asian and minority ethnic groups are not a collective whole any more than 'White British' is a group with identical views, needs, aspirations and inequalities.

We will work in true partnership with our staff networks and with our wider communities to develop and deliver real and sustainable plans that address racism, discrimination, and inequality.

The NHS People Plan and Promise

We Are The NHS 2020 - 21 (the People Plan) made commitments to everyone working in the NHS, and detailed a set of actions that would transform the NHS as a place of work. The actions focus on four areas:

- Looking after our people
- Belonging in the NHS
- New ways of working and delivering care
- Growing for the future



As a Trust we have benchmarked ourselves against every action and ensured strategy, governance and action plans reflect these plans.

The NHS People Promise was just that, a promise to staff of what the NHS will be for them:

Figure 2: NHS People Promise Rainbow



Equality, Diversity & Inclusion in Bridgewater

Our strategy for equality, diversity and inclusion was refreshed in 2020, built on the conversations we held with our staff networks, aligned to the action areas of the NHS People Plan, and signed off with the full commitment and active support of our Executive and Non-Executive Directors.

The strategy's vision, aims and principles remain the same as its predecessor - equality being everyone's every day so that the workplace and our services are compassionate, inclusive, representative, respectful, value diversity, and respect and support individual contributions, needs and aspirations.

Where the new strategy differed was in the focus on the future, on moving beyond data and compliance, (important though these are for monitoring and evaluating), to stretching ourselves, our services and our staff to be the best they can and should be.

More information can be found in the full Strategy on our [website](#).

As part of our strategy refresh we also reviewed our planned actions, previously set out in our Equality Objectives. With the input of our staff networks we developed a new Six Point Action Plan for Equality built around six themes and mapped to the legal and NHS frameworks (such as the NHS People Plan), this will be refreshed annually. The six theme areas are:

1. Data
2. Leadership and accountability
3. Creating an inclusive culture
4. Talent management and career development
5. Supporting staff
6. Supporting communities

Our Six Point Action Plan for Equality 2020 – 2021 can be viewed on our [website](#).

In 2021 we are establishing a People Hub which will bring together teams such as workforce, human resources, communications, learning and organisational development, and clinical service representation, on delivery of our People Plan actions. A key member will be equality, allowing equality, inclusion and diversity to be at the centre of discussions, and providing a link to staff voice via the networks.

Our Staff - Due Regard in Employment

Due regard in employment requires us to consider the three aims of the Equality Duty in all workforce related issues, including for those potentially joining our Trust, and those who support our work through their invaluable volunteering contributions.

Data regarding our staff can be seen in Appendix 1 and information about 2020 and the future from page 11, but here are the basic and everyday things we do that support due regard in our employment actions and decisions:

- EDI is reported and assured through the Trust's governance structure, with updates provided to the People Committee and thereby to Board.
- Staff side colleagues work closely with corporate and medical leads through the Joint Negotiating and Consultation Committee and Local Negotiating Committee.
- Employment and human resources matters are underpinned by a suite of policies and procedures that undergo regular review by subject matter experts, clinical and corporate managers, and our staff side colleagues.
- All Trust policies related to staff are reviewed by the equality lead before being approved, with support provided as necessary to staff completing equality impact assessments of these documents and final sign off being undertaken by the Equality and Inclusion Manager.
- The vast majority of job vacancies are advertised through the national NHS Jobs website with prospective candidates signposted to this. Only certain posts are advertised differently, i.e. Non-executive posts.
- Staff are recruited on nationally agreed terms and conditions, either Agenda for Change or Medical and Dental. These T&Cs are agreed by our staff side colleagues nationally, with local colleagues supporting the Trust staff through panels that review job descriptions and person specifications for new posts and also those staff who have asked for a pay band review.
- All staff can access, or are referred to, occupational health services, who provide support and advice on health and wellbeing, including advice and support for staff with disabilities requiring reasonable adjustments.
- Flexible working is open to all staff, within the needs of the service, and more than half of our staff work flexibly. Retire and return is also an option that many older staff have taken up in recent years.
- Employment and health and safety laws also underpin our employment practice, including providing protection and reporting processes for staff for discrimination, violence, bullying and harassment.

NHS Staff Survey 2020

In 2020 we achieved our best ever response rate to the annual staff survey, with 50% of staff responding. Our EDI Theme results improved to 9.5 out of 10, making us the best performing Trust in Greater Manchester and Cheshire and Merseyside. Across most themes we have seen improvements, and the two areas that saw a dip, team working and team managers, are Trust priorities in 2021. See more on page 17.

COVID 19

We are always proud of our staff, but never more so than in the last 12 months. Across the country NHS staff in every role have worked throughout the pandemic with compassion, commitment, innovation and true team work.

Our staff have worked as partners within the Trust and across organisations to facilitate the discharge of patients back into the community, to support those patients at home and in care settings, and to support our colleagues working within the hospitals, in social care, and in care homes.

It hasn't been easy; it has been exhausting, frustrating and often extremely upsetting. But there have been moments of positivity, and this has very often come from those instances when staff members have worked together as a team and with patients and families to achieve amazing things.

And staff have had to face challenges in their home lives too, with disconnect from family and friends, with home schooling, with increased care responsibilities for loved ones, and sometimes with loss of loved ones.

Covid of course has thrown equality and inequality into the spotlight in 2020. No one can any longer deny the evidence that shows the impact that inequality, discrimination, racism etc. have on health and wellbeing in both staff and communities.

But more than the virus itself, the circumstances and situations it has led to, (loneliness and isolation, domestic violence, unemployment and poverty....) have demonstrated that our society isn't fair and equitable, that there are deeply rooted and systemic inequalities that must be addressed before we can say we live in a fair and equal society where everyone has the same opportunities to thrive.

As an individual employer, as part of the NHS, one of the biggest employers in England, as a public service, and as a partner in our Boroughs we have a duty to recognise this inequality and to take steps to address the issues we know or find. We know we need to do better, nationally and within our Trust. As a Trust we are committed to our equality agenda and action plans, to better understanding the issues that face our staff and communities, to becoming a fair and equitable employer and provider of services to our diverse community.

For now, for all you have done for colleagues and patients we say thank you to everyone in #TeamBridgewater

Workforce Equality Standards

The three mandatory workforce equality standards allow us to analysis our progress in relation to gender, race and disability.

The Workforce Race Equality Standard was mandated by NHS England in 2015 and looks at the inequality in nine indicators of employment experience between Black, Asian and Minority Ethnic (BAME) and White staff. This is in recognition of the evidence that shows that across most if not all areas of employment BAME staff report worse experiences than their White colleagues. The table on pages 12 -13 shows our 2020 results.

Pages 14 - 15 show the 2020 Workforce Disability Equality Standard results for Bridgewater. Mandated in 2019 this Standard looks at 10 indicators, comparing the experiences of Disabled and non-disabled staff. As with BAME staff, staff with disabilities report poorer experiences in the workplace and often difficulty finding and retaining employment.

The Gender Pay Gap reporting is a legal requirement set down by Government in recognition of the ongoing disparity in pay between men and women despite many years of equal pay legislation. Publishable by 30 March every year the data looks at a snapshot date of 31 March the previous year, giving time for detailed review of results and action planning to address identified issues. The table on page 16 details our gender pay gap for 2018 to 2020.

Full reports for all three Standards can be found on our [website](#).

The NHS Staff Survey gives us valuable data about staff experience at a snapshot date in time. The indicators range across safety, quality of patient care, recommendation as a place to work, to health and wellbeing, and of course equality. We provide our most up to date results for equality on page 17.

Finally we also assess and grade our equality performance in relation to employment and service delivery in the Equality Delivery System 2 (EDS2) annual submission. More information and latest results can be found on pages 20 - 21.

As a Trust we are also committed to two external standards, the Disability Confident Employer scheme, and the Cheshire and Merseyside Navajo Charter Mark for LGBT+ equality in employment and service delivery.

We are also committed to being an Age Positive employer, to the Equality and Human Rights Commission Working Forward charter for pregnancy and maternity equality, and to the Race At Work charter.

Workforce Race Equality Standard 2020

We have provided in the table to follow a summary of our results against the nine indicators of the WRES. More information, including year on year comparisons, can be found in the detailed report on our [website](#).

Table 1: Workforce Race Equality Standard Results 2020

| Indicator | | | | | | |
|---|----------------------------|-------------|-----|--------------|------|-------------|
| 1. Percentage of staff in each AfC Band 1-9 or Medical and Dental pay grades, compared with the percentage of staff in the workforce overall | | | | | | |
| Disaggregated by non-clinical staff, clinical staff, and medical and dental staff | | | | | | |
| | Non-clinical | | | Clinical | | |
| | White | BAME | N/S | White | BAME | N/S |
| AfC1 | 0% | 0% | 0% | 0% | 0% | 0% |
| AfC2 | 5.8% | <1% | <1% | 2.0% | <1% | <1% |
| AfC3 | 7.6% | <1% | <1% | 6.3% | <1% | <1% |
| AfC4 | 2.2% | 0% | 0% | 6.2% | <1% | <1% |
| AfC5 | 2.2% | <1% | <1% | 15.4% | 1.1% | <1% |
| AfC6 | 1.8% | <1% | <1% | 20.6% | <1% | 1.3% |
| AfC7 | <1% | <1% | <1% | 8.5% | <1% | <1% |
| AfC8a | <1% | 0% | <1% | 3.0% | 0% | <1% |
| AfC8b | <1% | <1% | 0% | <1% | 0% | 0% |
| AfC8c | <1% | 0% | 0% | <1% | <1% | 0% |
| AfC8d | <1% | 0% | 0% | 0% | 0% | <1% |
| AfC9 | <1% | 0% | 0% | 0% | 0% | 0% |
| VSM | <1% | 0% | <1% | <1% | 0% | 0% |
| | Medical and Dental Grades: | | | | | |
| Consultants | <1% | <1% | <1% | | | |
| (of which VSM) | <1% | <1% | <1% | | | |
| Non-Consultant Career Grade | 3.6% | 2.3% | <1% | | | |

Continued....

Table 2: Workforce Race Equality Standard Results 2020 Continued

| Indicator | |
|---|--|
| 2. Relative likelihood of being appointed from shortlisting across all posts | 1.39 times more likely to be appointed if you are White |
| 3. Relative likelihood of entering formal disciplinary processes | 2.4 times more likely to enter formal disciplinary processes if you are BAME |
| 4. Relative likelihood of accessing non-mandatory training/CPD | 0.6 times more likely to access this training if you are BAME |
| 5. Percentage of staff experiencing bullying, harassment and abuse from patients/relatives/public in last 12 months | BAME 28.0% White 23.1% |
| 6. Percentage of staff experiencing bullying, harassment and abuse from staff in last 12 months | BAME 20.0% White 20.8% |
| 7. Percentage believing the Trust provides equal opportunities for career progression and promotion | BAME 70.6% White 89.6% |
| 8. In the last 12 months personally experiencing discrimination from manager/team leader/other colleagues | BAME 16.0% White 4.9% |
| 9. Percentage difference between Board membership and overall workforce Disaggregated by voting and non-voting members | White -25.6% BAME 3.4% Not Stated 22.2% |

Workforce Disability Equality Standard 2020

We have provided in the table to follow a summary of our results against the ten indicators of the WDES. More information, including year on year comparisons, can be found in the detailed report on our [website](#).

Table 3: Workforce Disability Equality Standard Results 2020

| Indicator | | | | | | |
|---|----------------------------|--------------|---|-------------|--------------|------|
| 1. Percentage of staff in each AfC Band 1-9 or Medical and Dental pay grades, compared with the percentage of staff in the workforce overall | | | | | | |
| Disaggregated by non-clinical staff, clinical staff, and medical and dental staff | | | | | | |
| | Non-clinical | | | Clinical | | |
| | Disabled | Non-Disabled | N/S | Disabled | Non-Disabled | N/S |
| AfC1 - 4 | 0% | 13.1% | 3.3% | <1% | 11.0% | 4.5% |
| AfC5 - 7 | 0% | 4.1% | 1.4% | 1.6% | 37.9% | 9.0% |
| AfC8a – 8b | 0% | <1% | <1% | <1% | 2.1% | 1.3% |
| AfC8c - VSM | 0% | <1% | <1% | 0 (zero) | <1% | <1% |
| | Medical and Dental Grades: | | | | | |
| Consultants | 0 (zero) | <1% | <1% | | | |
| (of which VSM) | 0 (zero) | 2.3% | 1.6% | | | |
| Non-Consultant Career Grade | 0 (zero) | 1.3% | <1% | | | |
| 2. Relative likelihood of being appointed from shortlisting across all posts | | | 3.03 times more likely to be appointed if you are Non-Disabled | | | |
| 3. Relative likelihood of entering capability processes | | | There have been no formal capability procedures in this two year rolling period | | | |
| 4. A) Percentage of staff experiencing bullying, harassment and abuse from patients/relatives/public in last 12 months | | | 28.7% Disabled 21.6% Non-Disabled | | | |
| Percentage of staff experiencing bullying, harassment and abuse from managers in last 12 months | | | 15.2% Disabled 9.8% Non-Disabled | | | |
| Continued.... | | | | | | |

Table 4: Workforce Disability Equality Standard Results 2020 Continued

| Indicator | |
|---|--|
| Percentage of staff experiencing bullying, harassment and abuse from staff in last 12 months | 20.7% Disabled 11.2% Non-Disabled |
| B) Percentage staff reporting bullying, harassment and abuse in last 12 months | 47.6% Disabled 51.4% Non-Disabled |
| 5. Percentage believing the Trust provides equal opportunities for career progression and promotion | 86.0% Disabled 89.7% Non-Disabled |
| 6. Percentage feeling pressure by manager to attend work even when feeling unwell | 27.2% Disabled 16.7% Non-Disabled |
| 7. Feeling valued by the Trust | 32.9% Disabled 48.6% Non-Disabled |
| 8. Satisfaction that reasonable adjustments made to support them in their work | 75.8% Disabled |
| 9. A) Staff engagement score (Disabled staff only) | 6.6 Disabled 7.1 Non-Disabled 7.0 Overall Trust Result |
| B) Have you taken action to facilitate the voices of Disabled staff | No |
| 10. Percentage difference between Board membership and overall workforce Disaggregated by voting and non-voting members | Disabled -3% BAME -8% Not Stated -10% |

Gender Pay Gap 2020

We have provided in the table to follow a summary of our results for the Gender Pay Gap reporting indicators. More information including action plans can be found in the detailed report on our [website](#).

Table 5: Gender Pay Gap 2018 to 2020

| Indicator | | | | | | | | | |
|------------------------------|------------------------------|---------------|-------------|------------------------------------|---------------|-------------|--------------------------------------|---------------|-------------|
| | 31 March 2018 | | | 31 March 2019 | | | 31 March 2020 | | |
| Mean Gender Pay Gap | 23.87% or £4.84 | | | 22.38% or £4.53 | | | 25.35% or £5.56 | | |
| Median Gender Pay Gap | 7.34% or £1.16 | | | 1.54% or £0.24 | | | 9.19% or £1.56 | | |
| Total Staff | | Female | Male | | Female | Male | | Female | Male |
| | Quartile 1 | 663 | 57 | Quartile 1 | 660 | 57 | Quartile 1 | 397 | 44 |
| | Quartile 2 | 597 | 58 | Quartile 2 | 621 | 61 | Quartile 2 | 416 | 24 |
| | Quartile 3 | 748 | 53 | Quartile 3 | 626 | 42 | Quartile 3 | 415 | 25 |
| | Quartile 4 | 620 | 105 | Quartile 4 | 707 | 97 | Quartile 4 | 373 | 67 |
| Bonus Pay | -66.67% (in favour of women) | | | 100% (in favour of men – 1 person) | | | 100% (in favour of women – 1 person) | | |

NHS Staff Survey 2020

In March 2021 the results of the 2020 NHS Staff Survey were published. We were delighted as a Trust to achieve 9.5 out of 10 overall for the equality theme, making us the best scoring Trust in Cheshire and Merseyside, and Greater Manchester for this theme. We know however that while overall we have seen improvements there are variations in the results that make up this theme when experiences are analysed by protected characteristic.

Trust Provides Equal Opportunities for Career Progression:

- **Age:** all age bands 91 – 95% agreed, except over 66 years olds with 83.3%
- **Disability:** 92.8% of non-disabled staff agreed, but only 87% of disabled staff
- **Race:** 91.7% of white staff agreed, but only 84.6% of minority ethnic staff
- **Sex:** 92.2% of women agreed compared to 87.5% of men
- **Sexuality:** 91.9% of heterosexual staff agreed, but only 85.7% of LGB staff

Discrimination from Patients/Families/Public:

- **Age:** for all age bands less than 3.5% of staff reported experiencing this
- **Disability:** Disabled staff reported more positively at 1.3% compared to 1.8%
- **Race:** minority ethnic staff reporting was significantly higher at 12.1% compared to 1.1%
- **Sex:** male and female staff reporting was very similar at about 1.5%, however staff preferring to self-describe reported much higher rates at 18.2%
- **Sexuality:** 18.8% of LGB+ staff reported experiencing this compared to 1.7% of straight staff

Discrimination from Staff:

- **Age:** results varied across age bands with those in the 41 – 50 age band reporting highest experience at 7%
- **Disability:** staff with disabilities reported considerably higher experiences at 10.3% compared to 3.7%
- **Race:** 12.1% of minority ethnic staff reported experiencing this compared to 4.4% of white staff
- **Sex:** female staff reported slightly higher than male staff
- **Sexuality:** 12.5% of LGB+ staff reported compared to 4.4% of straight staff

2020/21 – Our Actions for Workforce Equality

In 2020 we did the following to support equality, diversity and inclusion for our staff:

- Covid 19 risk assessment, regularly reviewed, for all staff and mitigating actions delivered to protect all, but particularly those identified as most vulnerable, including minority ethnic staff. This has included facilitating home working, redeployment, and provision of appropriate PPE. A risk assessment quality panel has been established to review and agree all risk assessments scoring high, and all risk assessments for minority ethnic staff. Figures on compliance and quality are reported back regionally on a regular basis.
- Chief Executive letter to all staff from minority ethnic groups setting out his commitments to protect and listen both during the pandemic and as we work towards a new future.
- Bridgewater published anti-racism commitment in partnership with other Trusts across our boroughs.
- Establishment of three staff networks – Race Inclusion Network, (Dis)Ability and Wellbeing Network (DAWN), and LGBT+ Network. All three networks started with a meeting to discuss three questions in relation to Covid and workplace experience generally, these meetings were followed up by a Survey Monkey that enabled further responses. The themes from the responses supported development of our Six Point Action Plan for Equality with members supporting on:
 - Race Inclusion Network – zero tolerance working group looking at actions in relation to racism, discrimination etc. from patients/families/public. Inclusion on Bridgewater Anti-Bullying and Harassment group. Black History Month communications.
 - DAWN – membership of occupational health procurement working group. Membership of Bridgewater Anti-Bullying and Harassment working group. Centralisation of reasonable adjustments for staff budget. Development of Disability Peer Support Volunteer programme. Disability History Month communications.
 - LGBT+ Staff Network – refresh of Rainbow Badges training offer. Review of patient record inclusion. LGBT+ History Month communications.
- Renewal of our commitment to Disability Confident Level 2, and commitment with DAWN network to work towards Level 3 before next assessment due date.
- Recruitment of Freedom to Speak Up Champions from Race Inclusion Network membership.
- Support for health and wellbeing through the Covid 19 Staff Health Hub.

2021/22 – Our Plans for Workforce Equality

To follow are some of the planned actions for 2021 – 22, developed in partnership with our staff networks:

- Improving our data in areas where we have gaps within staff records, particularly in relation to disability and sexual orientation, but also in leavers exit interview capture.
- Continuing the work on zero tolerance and anti-bullying in partnership with the Health and Safety working group delivering the Violence Prevention and Reduction Standard.
- Cultural celebration event planning.
- Development of Disability Peer Support Volunteer programme.
- Establishment of Race Equality Champions.
- Delivery of reasonable adjustments policy and procedure for workforce.
- Establishment of a women's network, to look at specific issues such as support for carers, and support for peri-menopause women in the workplace.
- Delivery of action plan for Menopause Friendly Employer accreditation.
- Development and establishment of Paths to Parenthood project looking to develop awareness, deliver tools and evaluate Trust policy and process in relation to staff with fertility challenges or on different paths to becoming parents, e.g. LGBT+ parents to be.
- Delivery alongside Cheshire and Merseyside partners of military veterans action plan.
- Refresh and delivery of EDI training offer.
- Awareness raising project in relation to race inequality and racism.
- Implementation of Just and Learning Culture action plans.
- Continued working with Cheshire and Merseyside partners on real actions to improve Equality Delivery System 2 (EDS2) grades.

A big project that is commencing in early 2021 is rollout of the NHS NW Leadership Academy's Reciprocal Mentoring Programme, a programme that we were delighted to be accepted on in December 2020. A project board has been established to deliver the programme and membership includes staff from our networks alongside executives, and support from Cheshire and Merseyside Health Care Partnerships Talent Leadership and OD lead.

EDS2 Collaborative

In 2018 we joined with colleagues in Merseyside and Cheshire in a collaborative group facilitated by the Merseyside CSU. The intention of the collaborative is to support Trusts who are developing in relation to the EDS2 indicators agreed nationally. These are Trusts, like ourselves, who struggle to evidence improvement through data – often due to difficulties with diverse patient record systems in use across the organisation.

EDS2 is a nationally mandated equality toolkit that has 18 outcomes across four goals:

- Patient Access
- Patient Experience
- Staff Experience
- Leadership

The collaborative recognise that rightly or wrongly EDS2 can be just a tick box exercise, a gathering of 'evidence' to prove a Trust is doing well in relation to equality. Data in itself is not always proof that equality is achieved.

Across the protected characteristic groups there are challenges and inequalities, often related to poor or no access to services, or to challenges when in these services. The collaborative members have engaged with national, regional and local groups representing different protected characteristics to gather both qualitative and quantitative evidence of inequality. From this an action plan was developed.

To date the group has worked in the following areas:

- Interpretation and Translation Quality Standard development
- Reasonable Adjustment Standard Operating Procedure: Patients
- Reasonable adjustments Standard Operating Procedure: Staff

Work is currently underway on:

- Transgender Standard Operating Procedure
- Staff Networks development
- Military veterans equality action plan

Through continued collaborative work, and engagement with external groups, Trusts can move to EDS2 achieving or excelling grades through real and sustained action rather than data. The EDS2 assessment documents can be viewed on our [webpage](#).

Equality Delivery System 2 (EDS2) 2021

We have provided in the table to follow a summary of our grading following internal assessment against the Equality Delivery System 2 (EDS2) NHS toolkit in March 2021. More information and previous year's results can be found on our [website](#).

Table 6: EDS2 Results 2021

| Outcome | Grading 2021 |
|--|--------------|
| 1. Better Health Outcomes | |
| 1.1 Service design and delivery | Developing |
| 1.2 Meeting individual needs | Developing |
| 1.3 Transitions between services | Developing |
| 1.4 Patient safety | Achieving |
| 1.5 Screening, vaccination and other health promotion services for all | Achieving |
| 2. Improved Patient Access and Experience | |
| 2.1 Accessible services | Developing |
| 2.2 Information and support for decision making | Developing |
| 2.3 People report positive experiences of the NHS | Developing |
| 2.4 People's complaints about services are handled respectfully | Achieving |
| 3. A Representative and Supported Workforce | |
| 3.1 Recruitment and selection for a representative workforce at all levels | Developing |
| 3.2 Equal pay | Achieving |
| 3.3 Training and development | Developing |
| 3.4 Abuse, harassment, bullying and violence | Developing |
| 3.5 Flexible working | Developing |
| 3.6 Staff report positive experiences of their membership of the workforce | Developing |
| 4. Inclusive Leadership | |
| 4.1 Equality commitment from Board and senior leaders | Achieving |
| 4.2 Equality impact assessment of Board and other decision making papers | Developing |
| 4.3 Middle managers and other line managers cultural competence | Developing |

Our Boroughs

The Trust's Quality & Place Strategy has at its core high quality, patient centred care that meets individual need.













There are two elements that are important to delivering this:

- Understanding health inequalities in our boroughs, particularly in relation to the nine protected characteristic groups and our vulnerable populations referenced on page 3
- Recognising and meeting the key priorities of our commissioners.

The health and other inequalities in and across our boroughs mean that life expectancy is below the national average in most areas, with a big disparity at ward level between the most and least affluent wards in both life and healthy life expectancy. Health inequalities can and do affect most of us, but we know that protected characteristic and vulnerable groups can be affected differently and more adversely.

The table below shows health needs, commissioning priorities, expected population growth and life expectancy for our community services areas:

Figure 3: Bridgewater Health Priorities

| | | | | |
|--------------------------|--|---|---|---|
| <p>Halton</p> | <ul style="list-style-type: none"> • Deprivation and child poverty figures • Obesity in adults and children • Diabetes and cancer related deaths • Smoking related deaths | <ul style="list-style-type: none"> • Integrated health and social care • Harnessing transformational technologies • Practice based services • Providers working together to deliver improvements in health and wellbeing | <p> 1.5%</p> <p>Population growth expected over next five years.</p> | <p>For those in the most deprived areas of the borough compared to those in the least deprived is:</p> <p> 11.9 years lower for men</p> <p> 9.3 years lower for women</p> |
| <p>Oldham</p> | <ul style="list-style-type: none"> • Supporting people to take more control over their lives, increasing levels of community engagement and so reducing levels of behaviour that are a risk to good health | <ul style="list-style-type: none"> • Best Start - improving school readiness through integrated service delivery • Work and Health - increasing productivity through health in the workplace • Ageing Well • Find and Treat programmes | <p> 5.2%</p> <p>Population growth expected over next five years.</p> | <p>For those in the most deprived areas of the borough compared to those in the least deprived is:</p> <p> 11.1 years lower for men</p> <p> 9.8 years lower for women</p> |
| <p>St Helens</p> | <ul style="list-style-type: none"> • Alcohol specific admissions for under 18s • Obesity and diabetes in adults • Under 18 conceptions • Smoking related deaths | <ul style="list-style-type: none"> • Giving every child the best start in life • Tackling alcohol misuse • Promote good mental health and wellbeing • Early detection of long term conditions | <p> 3.2%</p> <p>Population growth expected over next five years.</p> | <p>For those in the most deprived areas of the borough compared to those in the least deprived is:</p> <p> 11 years lower for men</p> <p> 10.5 years lower for women</p> |
| <p>Warrington</p> | <ul style="list-style-type: none"> • Breastfeeding initiations • Excess weight in adults • Alcohol related admissions • Cardiovascular deaths • Smoking related deaths | <ul style="list-style-type: none"> • Growing healthy communities • Promoting healthy lifestyles • Promoting healthy ageing • Improving child health and wellbeing • Improving healthy life expectancy • Delivering high quality systematic healthcare | <p> 6.8%</p> <p>Significant population growth expected over next five years - nearly twice the national average.</p> | <p>For those in the most deprived areas of the borough compared to those in the least deprived is:</p> <p> 12.1 years lower for men</p> <p> 8.3 years lower for women</p> |

Our Patients - Due Regard in Service Delivery

- All Trust policies, procedures and guidelines related to patients and services are reviewed by the equality lead before being approved, with support provided as necessary to staff completing equality impact assessments of these documents and final sign off being undertaken by the Equality and Inclusion Manager. In this way the three aims of the Equality Duty and the FREDA principles of Human Rights are ensured.
- Many Trust services deliver specialist care to protected characteristic groups, for example people with disabilities, the elderly, and children and young people. These services are designed to meet the particular needs of the target demographic with staff automatically identifying and making the adjustments needed to support access and inclusion.
- All Trust staff must undertake mandatory training, some standard for all and some role specific. Much of this training supports patient safety, experience and outcome, including infection prevention and control, safeguarding, and hand hygiene.
- All services have access to interpretation and translation providers, this includes information and communication support in community languages, BSL, and other formats such as audio, easy read and Braille. See Appendix 2 for our language interpretation usage in 2020.
- The Trust's incident reporting systems and Freedom to Speak Up processes ensure that any issues in relation to patient experience are flagged, recorded, analysed and lessons learned and shared.
- Staff are supported by the internal Library Service who advise on updated NICE guidance, changes to legislation, current news, and who provide an invaluable source of support in developing the patient policies, procedures and guidelines.
- The Trust's services are effectively supported by our Safeguarding teams, with staff and named nurses working collaboratively with outside agencies to ensure the most vulnerable in our communities are identified and supported.
- To help us to consider our equality impact, and to support us in meeting due regard to equality, we use borough health inequality documents; these provide local population demographics by protected characteristic, and inequalities information for protected groups.

2020/21 – Our Actions for Service Equality

As a Trust we were required to prioritise our services at the start of the pandemic in March 2020. This meant that some services were stepped up, for example the Urgent Treatment Centre and District Nursing teams, and others were stepped down, for example the Dental network, Podiatry and other therapy teams. This allowed us to support our partners in the discharge of patients to free up beds, and through the redeployment of staff to support other services and to undertake other duties such as Covid swabbing and delivery of PPE across our sites.

- In order to meet due regard to the three aims of the Equality Duty we ensured equality impact assessments and risk scoring were integral to the decision making of the panel reviewing each service quality impact assessment document. These documents were used, alongside the narrative of service staff and clinical leads to identify priorities for re-starting service delivery.
- The services themselves developed processes for triage, review, waiting lists and patient contacts to ensure their urgent caseload continued and support for less urgent patients was available via telephone, email, social media and other communications.
- Services also implemented new ways of working remotely with patients, where this was a practical and safe solution for all concerned. Patient feedback has continued and the Patient Services Team have undertaken planned engagement work to understand the experience of patients using video consultations, a new method of patient appointment for the Trust. Responses have been largely positive with patients and families happy with the quality of service provided and the personal positive impacts that this method of appointment has had on them.
- Throughout 2020/21 we have continued to ensure that language interpretation and translation have been available to support staff and patients, working closely with providers to ensure all parties are safe. Language interpretation has also been included within three way video consultations with patients, and of course telephone appointments and face to face where appropriate and necessary.
- The Trusts EDI lead was redeployed into the Covid 19 Staff Health Hub in April 2020 but continued to support services in relation to patients and communities. This included providing information and signposting to support for carers, children and young people, access to faith services, support for our LGBT+ communities, and support for people with learning disabilities and their carers, and signposting to accessible information in Easy Read, BSL and community languages.
- Partnership work also continued across EDI forums in Cheshire and Merseyside, bringing together EDI leads to share resources, highlight areas of concern or innovation, and to just provide general support to each other.

2021/22 – Our Plans for Service Equality

To follow are some of the planned actions for 2021 – 22 in relation to services and communities:

- Development of quality and governance processes for increasing remote consultations that use due regard to the three aims of the Equality Duty to ensure that individual patient needs are met and remote consultation only offered when this is safe, effective and meeting the wishes of the patient and family.
- Ratification of a standard operating procedure for identifying, recording and meeting reasonable adjustment needs for patients with disabilities (Cheshire and Merseyside partnership project).
- Improvement of service and workforce offers for military veterans, reservists, regulars and their families (Cheshire and Merseyside partnership project).
- New language interpretation and translation contract based on locally produced and agreed Quality Standard (Cheshire and Merseyside partnership project).
- Learning Disability Improvement Standard working group and action plans.
- Rainbow Badges training refresh led by LGBT+ Staff Network.
- Refreshed equality impact assessment templates to support service redesign.
- Patient and community engagement strategy and action plan through Trust working group.

Contact Details

If you have any questions or would like to receive this report in another language or format please contact:

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Appendix 1: Workforce Data and Governors Information

As at 31st December 2020 we employed 1763 staff, the table below provides a breakdown by protected characteristic. More detail can be found in the workforce equality standards referenced earlier and published on our [website](#). **N.B: * means figure below 10.**

| Staff Equality Demographics By Clinical and Non-Clinical Staff Groups | | | |
|---|---|----------------|---------------------|
| | | Clinical Staff | Non- Clinical Staff |
| Age | Under 21 | * | * |
| | 21 – 30 | 145 | 37 |
| | 31 – 40 | 346 | 62 |
| | 41 – 50 | 379 | 115 |
| | 51 – 60 | 367 | 167 |
| | 61 – 70 | 74 | 54 |
| | Over 70 | * | 10 |
| Disability | No | 722 | 210 |
| | Yes | 118 | 30 |
| | Not Stated | 475 | 209 |
| Pregnancy and Maternity | Maternity (pregnancy not recorded on staff record except for sickness absence purposes) | 39 | * |
| Race/Ethnicity | White British, Irish, Other | 1169 | 405 |
| | Mixed Ethnicity | 15 | * |
| | Black British, African and Caribbean | 53 | 10 |
| | Asian, Asian British, South East Asian, South East Asian British | 11 | * |
| | Other Ethnicity, inc. Chinese | * | |
| | Not Stated | 64 | 27 |
| We recognise that the figures above do not reflect the diversity of our multi-racial workforce. However figures for minority ethnic staff are too low to report when disaggregated into detailed Black, Asian, South East Asian and other identities, so we have aggregated them to provide reportable figures | | | |
| Religion/Belief | Christianity | 687 | 224 |
| | Other Religion | 109 | 31 |
| | No Religion | 85 | 23 |
| | Do Not Wish To Disclose | 420 | 162 |
| | Not Stated | 14 | * |
| Gender Identity | Male | 91 | 65 |
| | Female | 1223 | 384 |
| Our Electronic Staff Record records gender as identified by the member of staff, however we recognise that at this time for gender identity, and also sexual identity, nationally there is limited capability to record the full spectrum of identities and in 2021 this is being reviewed by IBM | | | |
| Sexual identity | Heterosexual | 936 | 320 |
| | LGB+ | 10 | * |
| | Do Not Wish To Disclose | 355 | 116 |
| | Not Stated | 14 | * |

An important part of our status as a Foundation Trust is the work our governors do. Our governors are the public's voice within Bridgewater, and they each bring with them a wealth of knowledge, skills and experience of working in the public and private sectors. We have governors representing Halton, Warrington, the rest of England, staff and partner organisations including the education and voluntary sectors. As at the date of this report we have vacancies for governor representatives for some staff groups and for our local authority partners, these gaps are actively addressed by the membership and governors team.

One of the key responsibilities of our governors is to hold their Non-Executive colleagues to account and at the Council of Governors meetings they report on their level of assurance that this responsibility is being fulfilled.

Governors sit on interview panels; undertake quality visits focusing on the patient experience of our services i.e. the cleanliness of buildings, treatment rooms, and the availability of information i.e. leaflets and the attitude of staff. They recently took a leading role in the appointment of a Chairman and are currently involved in meetings to appoint auditors for the organisation.

In addition to the formal bi monthly meetings, governors meet within the constituencies they serve to understand the operational issues that are impacting on services and users / patients. Governors utilise events that are organised by our partners that are specifically aimed at the public, these include the annual family fun day in Oldham, the Disability Awareness Day in Warrington and Halton Steam Fair. Similarly they regularly attend Halton Peoples Health Forum, Warrington Health Forum, Healthwatch meetings/events within the respective boroughs.

Our governors played a key role in the development of the organisation's five year strategy "Quality and Place" and supported a series of public facing roadshows where members of the Trust and the public at large were invited and encouraged to share their views about what's working well and where we might do better. Their views influenced the Trust's direction of travel within all areas served by the Trust and reporting on implementation of the strategy is reported at Council meetings. Barriers that are impacting on our ability to deliver are reported at local governor meetings.

Appendix 2 – Language Interpretation/Translation Usage January – December 2020

Language Interpretation and Translation

The provision of language and communication support for people whose first language isn't English, or for people with disabilities or impairments with communication support needs, is very important for effective and safe provision of care and equity of outcome.

The table below shows language and interpretation service usage in the Trust for 2020. We use two providers, DA Languages for most of our language needs and Language Empire for our services in Greater Manchester:

| | DA Languages | Language Empire |
|---------------------|--------------|-----------------|
| Total Spend | £22,098 | £15,708 |
| Face to Face | £14,032 | £15,708 |
| Telephone | £6,820 | - |
| Video | £44 | - |
| Translation | £355 | - |

Biggest users of Language services:

- Dental – Greater Manchester
- Dental – Cheshire and Merseyside
- Oldham 0 – 19s
- Warrington Podiatry
- Warrington OCATS
- Halton Midwifery
- Warrington Children's Physiotherapy
- Warrington Health Visitors

Most frequently requested languages:

- Romanian
- Polish
- Arabic
- Bengali (Sylheti)
- Urdu
- BSL
- Cantonese
- Bulgarian