

Annual EDI report 2020

**Introduction**

St Helens and Knowsley Teaching Hospitals NHS Trust provides a full range of acute and intermediate healthcare services across our sites at St Helens, Whiston and Newton hospitals, including inpatient, outpatient, intermediate care, maternity and emergency services. Alongside these community and secondary care services, the Trust also provides primary care services from the Marshalls Cross Medical Centre, which is situated inside St Helens Hospital. In addition, all St Helens Community Services were transferred to the Trust with effect from 1 April 2020.

The Trust has an excellent track record of providing high standards of care to a population of approximately 360,000 people principally from St Helens, Knowsley, Halton, and Liverpool, but also from other neighbouring areas such as Warrington, Ormskirk and Wigan. In addition, the Mersey Regional Burns and Plastic Surgery Unit provides treatment for patients across Merseyside, Cheshire, North Wales, the Isle of Man and other parts of the North West, serving a population of over 4 million.

The Trust employed an average of 5,543 full time equivalent (FTE) staff during 2020, including 425 temporary staff. The communities served by the Trust are characterised by their industrial past, with local people being generally less healthy than the rest of England, and a higher proportion suffering from at least one long-term health condition.

**Our populations**

The population served by the Trust resides principally in four local different local authority areas, St Helens, Knowsley, Halton and Liverpool.

The communities served by the Trust are characterised by their industrial past, with local people being generally less healthy than the rest of England, and a higher proportion suffering from at least one long-term health condition. Rates of smoking, cancer, obesity, and heart disease, related to poor general health and nutrition, are significantly higher than the national average. Many areas also have high levels of deprivation, which in turn is linked to health inequalities.

The population in our catchment area is growing as a result of new housing developments and regeneration, but is also aging faster than the general population of the UK. This results in proportionally older people who are living in poor health.

All of these factors and the impact of the COVID-19 pandemic have given rise to a population with greater health needs that require increased access to both health and social care. In order to help create both clinically and financially sustainable services, the Trust is working in several different collaborations with other partners in the local health system.

**St Helens**

The health of people in St. Helens is varied compared with the England average. St. Helens is one of the 20% most deprived districts/unitary authorities in England and 21% (6,270) of children live in low income families. Life expectancy for both men and women is lower than the England average (Local Authority Health Profile 2019). Life expectancy is 77.8 years for men and 81.2 years for women in the area of St. Helens (Local Authority Health Profile 20193).

Currently, 20.6% of the population are aged 65 years and above, which is higher than the national average of approximately 18.4% (ONS Mid-year Population Estimates 2019).St. Helens has a low proportion of the population Black or Minority Ethnic 3.4%, which includes 0.5% of the population in a white Irish ethnic group. 78.3% of the population declared themselves to be Christian whilst 15.1% declared to have no religion (Census 2011).

**Knowsley**

Knowsley resident population is estimated at 150,900 at mid-year 2019 (ONS). The age structure of the Borough reflects the national trend of an ageing population. Knowsley’s working age population is projected to decline by 2030 (Knowsley Evidence Base Report 2030). Of Knowsley’s population, ONS estimate that 79,100 are female and 71,700 are male. 62.5% of people in Knowsley are aged between 16-64 (ONS population estimates 2019) National projections from the Office for National Statistics indicate that by 2030, Knowsley will have a population of 154,223.

The health of people in Knowsley is generally worse than the England average. Knowsley is one of the 20% most deprived districts/unitary authorities in England

and 25% (7,460) of children live in low income families. Life expectancy for both men and women is lower than the England average (Local Authority Health Profile 2019). Life expectancy is 11.4 years lower for men and 12.6 years lower for women in the most deprived areas of Knowsley than in the least deprived areas. 17.10% of the population is aged over 65 in comparison with 18.20% of people in England (Office for National Statistics 2018).

97.2%5 of Knowsley’s residents are White British, with the highest non-white population describing themselves as being of “Mixed Ethnic Origin” (1.3% of population). National data shows that the population is 85.4% White British, with Asian/British Asian comprising 7.8% of the population.

According to the 2011 census, 80.9% of people in Knowsley describe themselves as Christian, the highest proportion in any local authority in England and Wales. This is different to the national picture, where there appears to have been a shift in religious affiliation. Although, across England as a whole Christianity remains the largest religion, with 59% of the population identifying themselves as Christians.

**Covid-19 pandemic**

The COVID-19 outbreak has had a huge impact on core NHS services. In order to free up enough capacity to deal with the initial peak of the pandemic, the NHS was forced to shut down or significantly reduce many areas of non-COVID care during April, May and June 2020. This, combined with fewer patients seeking care during lockdown, means that there has been a significant drop in elective procedures, urgent cancer referrals, first cancer treatments and outpatient appointments.(BMA The hidden impact of COVID-19 on patient care in the NHS in England July 2020).

The COVID-19 pandemic led to an extensive shift in the package of care provided by the NHS as hospitals had to prepare for a large surge in patients requiring intensive care. With services already under severe strain and functioning at maximum capacity in early 2020, unprecedented steps were needed to ensure COVID-19 care was not rationed and the NHS did not become overwhelmed. Sir Simon Stevens wrote to NHS bodies on 17 March to notify them that significant amounts of capacity would have to immediately be created by cancelling planned operations, large numbers of patients being discharged back into the community, and non-COVID-19 patients and staff conducting GP consultations remotely. 1 Whilst these changes meant that intensive care did not have to be rationed to COVID-19 patients, data indicates that the shutdown of most non-COVID services, combined with drastic changes in patient behaviour, mean the NHS is now facing a large backlog of non-COVID-19 care, storing up greater problems for the future. This paper investigates the extent to which non-COVID care has been disrupted over April, May and June 2020, and the likely impact this will have in the longer term.

As the NHS begins the vital task of reopening non-COVID services, it now faces a huge backlog of unmet patient need, with patients now facing long waits for treatment. (BMA:The hidden impact of COVID-19 on patient care in the NHS in England July 2020).

On the following pages are the statutory reports the Trust is required to produce as part of the specific equality duties, included as embedded documents.

1. **Equality Delivery System (EDS):**

The Trust went through its external assessment for the EDS in April 2021, and the current grades are included below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal** | **Outcome** | **2018** | **2019** | **2021** |
| **Better health outcomes** | **1.1** | **Developing** | **Achieving** | **Achieving** |
| **1.2** | **Developing** | **Achieving** | **Achieving** |
| **1.3** | **Developing** | **Achieving** | **Achieving** |
| **1.4** | **Achieving** | **Achieving** | **Achieving** |
| **1.5** | **Developing** | **Achieving** | **Achieving** |
| **Improved patient access and experience** | **2.1** | **Achieving** | **Achieving** | **Achieving** |
| **2.2** | **Developing** | **Achieving** | **Achieving** |
| **2.3** | **Achieving** | **Achieving** | **Achieving** |
| **2.4** | **Developing** | **Achieving** | **Achieving** |
| **A representative and supported workforce** | **3.1** | **Achieving** | **Achieving** | **Achieving** |
| **3.2** | **Excelling** | **Excelling** | **Excelling** |
| **3.3** | **Developing** | **Developing** | **Achieving** |
| **3.4** | **Achieving** | **Achieving** | **Achieving** |
| **3.5** | **Achieving** | **Achieving** | **Achieving** |
| **3.6** | **Excelling** | **Excelling** | **Excelling** |
| **Inclusive leadership** | **4.1** | **Achieving** | **Achieving** | **Achieving** |
| **4.2** | **Achieving** | **Achieving** | **Achieving** |
| **4.3** | **Developing** | **Achieving** | **Achieving** |

1. **Patient profile report**

This report shows demographic details of patients accessing both inpatient and outpatient services in the Trust during 2020, as presented to the Trust Patient Experience Council .



1. **Annual use of interpreters report 2020**

This report contains details of the usage of all types of interpreting and translation services during 2020



1. **Workforce race equality standard and disability equality standard reports 2020**



1. **Workforce profile report**

