Livewell Southwest
Equality, Diversity & Inclusion
Annual Report

July 2025 to June 2026

Contents

1 Executive summary

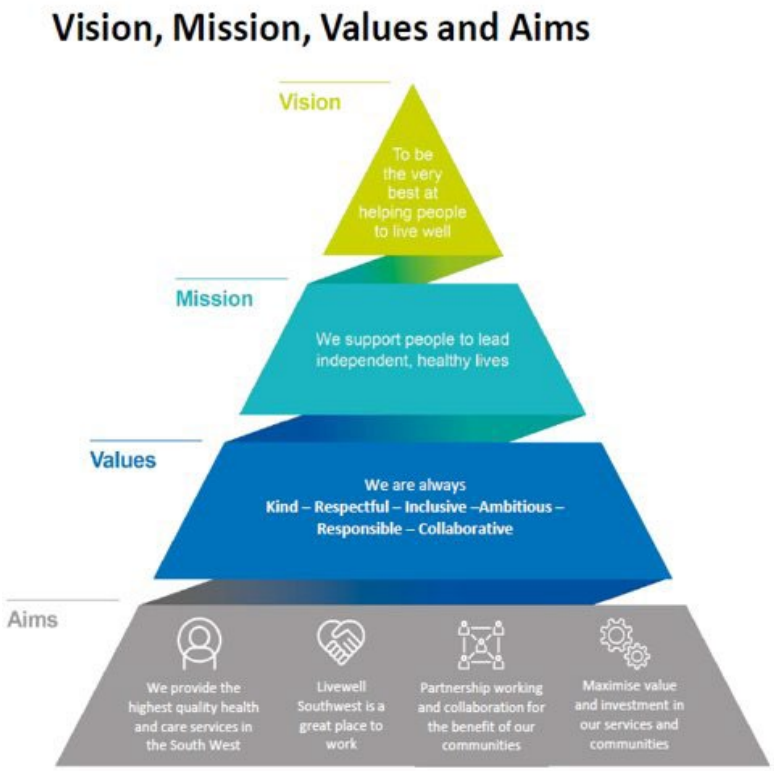
At Livewell Southwest, we know enabling equality, inclusion and celebrating diversity are vital to delivering quality services to the people we care for and in providing a working environment where everyone feels able to be themselves. This year's annual report summarises the progress Livewell have made during 2025/2026 and what we are doing to build on this in 2026/27. It showcases Livewell's commitment and demonstrates compliance with the general equality duty across our services and workforce.

This year Livewell has made progress in actively promoting an inclusive culture and supporting several employee networks. Whilst we celebrate our successes, we acknowledge some of the challenges relating to collecting and analysing our diversity data.

2 Introduction

Livewell Southwest is an independent, award-winning social enterprise providing integrated health and social care services for people across Plymouth, South Hams and West Devon, as well as some specialist services for people living in parts of Devon and Cornwall. We are at the forefront of integrating health and social care, which means that we care for people in new ways that are more efficient, with health and social care professionals who would have previously worked in individual teams now working together. This helps us to deliver the right care for people, in the right place and at the right time.

Livewell Southwest believes that promoting equality, inclusion and valuing diversity is essential to achieving its vision and values:



Work to promote awareness of equality, diversity and inclusion is going on every day, which is important to Livewell and is helping to develop a culture that has equality and inclusion at the heart of everything we do. We acknowledge that unless our leaders and managers role model inclusive behaviours and oversee practices that support equality, diversity and inclusion, our policies will not have the impact that we need to see.

3 Looking back over the last 12 months

Some examples include:

- Continuing to support Livewell's Employee Networks – Carers Employee Network, Minority Ethnic Network, Neurodiversity Network, Menopause Network and Military Families Network which are helping to support colleagues in the workplace and contributing to policy and guidance development.
- Progress work to strengthen support for neurodivergent colleagues, including development work relating to a standalone Neurodiversity Policy.
- Continued to promote inclusive recruitment, reasonable adjustments and support for colleagues through our Disability Confident commitments.
- Continued to support the Minority Ethnic Employee Network, providing opportunities for peer support, organisational feedback and awareness raising.
- Publications of the Gender Pay Gap report, Workforce Race Equality Standard (WRES) and Workforce Disability Standard (WDES).
- Delivering bespoke EDI training sessions delivered to Livewell colleagues throughout the year.
- Celebrating several events throughout the year to help promote awareness and achievements. Examples include running a Neurodiversity Day, Black History month, LGBT+ History month, International Women's Day, Pride month, Disability Awareness Month, Learning Disability Week.
- Creating opportunities for 16 – 18 year olds through a number of initiatives. An incredible work experience programme at the University of Plymouth, we had 160+ applications from Devon, but also from London, Sheffield and Bournemouth to join our programme. Working as part of the Caring Plymouth Programme maximising opportunities across health and social care.
- Promotion of religious festivals through the Bulletin throughout the year.
- Transition from the Inclusion Steering Group arrangements into oversight through the People and Culture Collective to strengthen organisational accountability for EDI, culture and inclusion.
- Continued work to improve workforce diversity data quality and helping to strengthen reporting.
- Reviewed several workforce policies and procedures to ensure that they remain fit for purpose and promote EDI.
- Launch of the Patient and Carer Race Equality Framework (PCREF) with the formation of a steering group and action plan. (Applicable to Mental Health Services)
- New Carers Awareness Training, co-produced with staff and carers, is now delivered monthly alongside carers.
- A new Carers Dashboard in SystmOne has been developed to support staff in more effectively recording contact with unpaid carers.

4 Purpose of this report

The Equality Act 2010 outlaws direct and indirect discrimination, harassment and victimisation of people with the following nine protected characteristics - age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, marital or civil partnership status (in relation to employment only).

The general Public Sector Equality Duty, which forms part of the Equality Act 2010 requires us, as an NHS public sector organisation, to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

- Forster good relations between persons who share a relevant protected characteristic and persons who do not share it.

All NHS bodies are required to publish an annual report detailing how they are meeting the requirements of the Equality Act 2010 in respect of service users, families and employees.

5 Workforce

EDI work is fundamental to our workforce; it is embedded through everything we do. This year we launched our People Charter, revisited our Culture Check-in with 17 teams, we have updated guidance for recruiting managers, and consistently apply changing sponsorship rules. Bringing employee networks into the People and Culture Collective has brought a clear route to Workforce Committee for the collective through updates in the People Assurance Report.

Finally, have worked to enhance our workforce reporting through a new People Analytics Toolkit / platform that will be accessible across the organisation, pulling workforce data into one place. There is a bespoke Inclusion dashboard that updates on a monthly basis. (draft below).

6 Workforce Race Equality Standard (WRES)

The WRES is a mandatory requirement embedded within the NHS Contract to ensure effective collection, analysis and use of workforce data to address the under-representation of Black, Asian and Minority Ethnic (BAME) employees across the NHS. The WRES requires the organisation to demonstrate progress against nine standard indicators specifically focused on race equality. From April 2016 it has also formed part of the CQC inspection standards, which means that the organisation will be scrutinised on progress in meeting the requirements of the standard.

The WRES is to help ensure that people from BAME backgrounds have equal access to career opportunities and fair treatment in the workplace. The information will be used by this organisation to monitor progress against the indicators of race equality. For more information regarding the WRES please visit - https://www.livewellsouthwest.co.uk/equality-diversity-inclusion.

7 Workforce Disability Equality Standard (WDES)

The NHS Workforce Disability Equality Standard (WDES) came into force on 1 April 2019 and is a set of specific measures (metrics) that will enable NHS organisations and providers to compare the experiences of disabled and non-disabled employees.

The WDES is a mandatory requirement embedded within the NHS Contract to ensure effective collection, analysis and use of workforce data. This information will be used by this organisation to monitor progress against the indicators of disability equality. For more information regarding the WDES please visit - https://www.livewellsouthwest.co.uk/equality-diversity-inclusion.

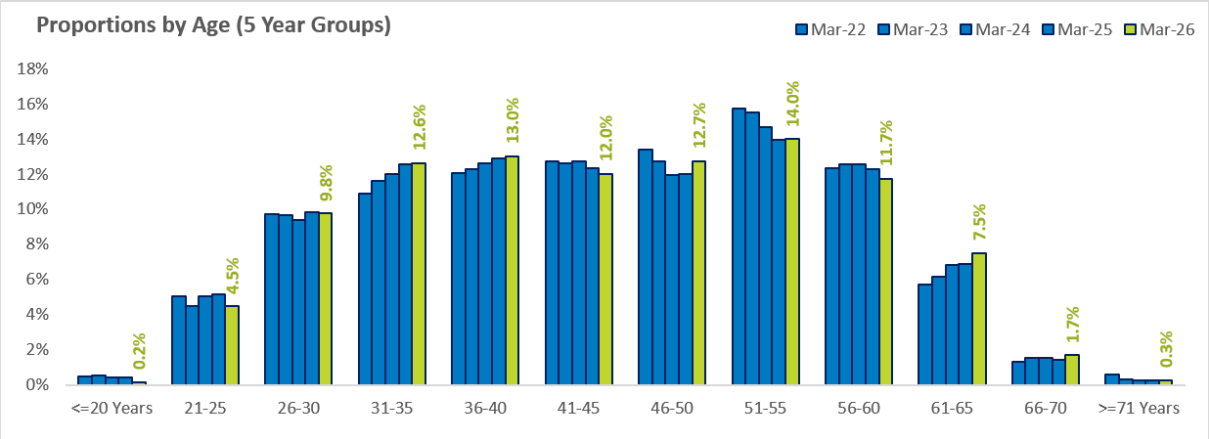
8 Gender pay gap reporting

Gender pay reporting legislation requires employers with 250 or more employees from April 2017 to publish statutory calculations every year, on a specific snapshot date, showing how large the pay gap is between men and women within the workforce.

Livewell produce and analysed gender pay gap information on 5 April each year (snapshot date). The report shows the difference in the average pay between all men and women in the workforce. If a workforce has a particularly high gender pay gap, this could indicate there may be several issues and the individual calculations may help to identify what those issues are. The organisation uses this information to monitor progress in reducing the gender pay gap between men and women. For more information regarding the Gender Pay Gap, please visit – https://www.livewellsouthwest.co.uk/equality-diversity-inclusion.

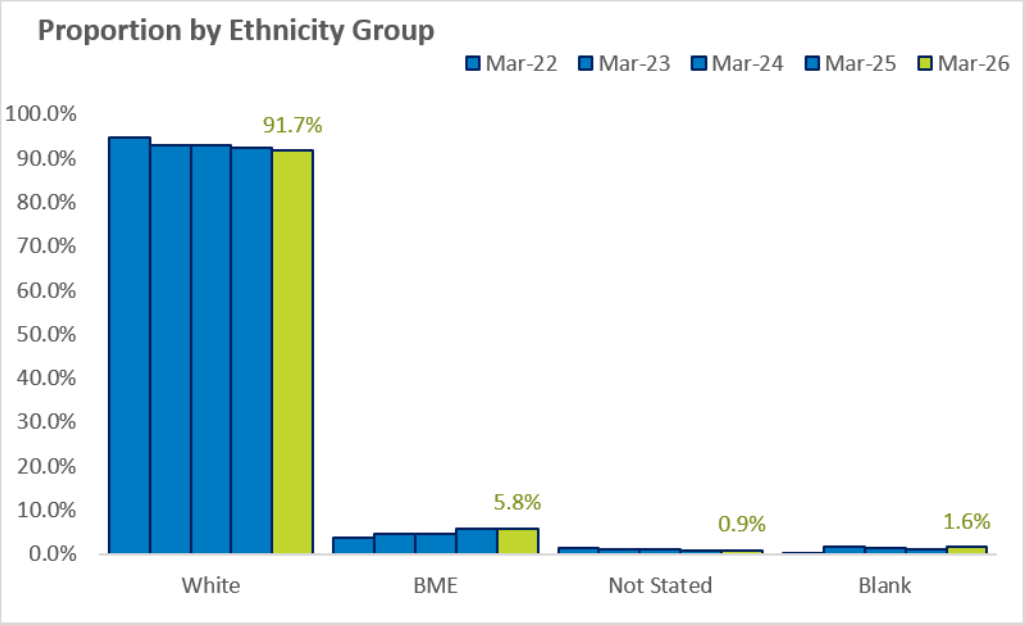
9 Workforce breakdown summary

9.1 Age



Headcounts have decreased since last year across most age groups. Some of these shifts appear to be due to existing colleagues crossing an age bracket boundary. There was a small increase in the proportion of colleagues aged 46–55 (up ~0.8 percentage points) and a small decrease in colleagues under the age of 25 (down ~1 percentage point)."

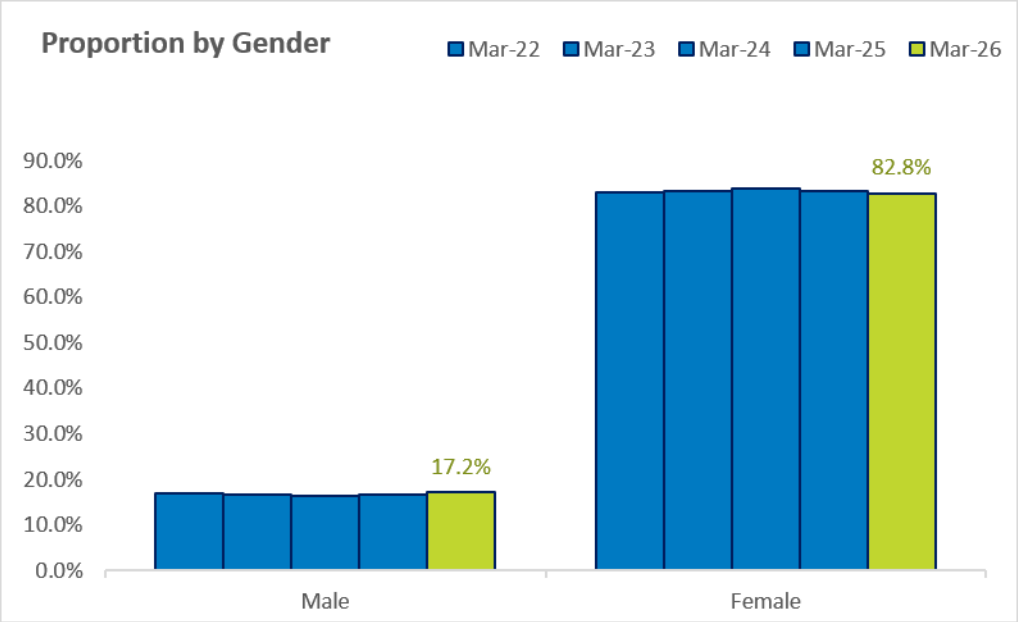
9.2 Ethnicity



There has been no significant change in the BAME headcount compared to the previous year. However, the proportion of our BAME workforce has increased gradually over the last 5 years.

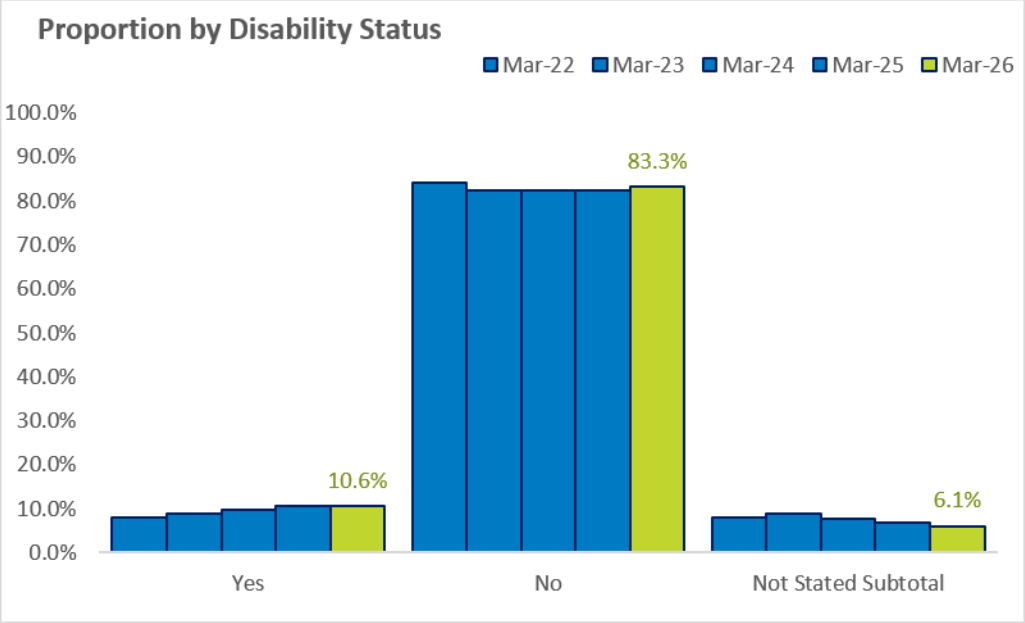
The number of colleagues who leave their ethnicity unstated or blank remains similar to previous years.

9.3 Gender



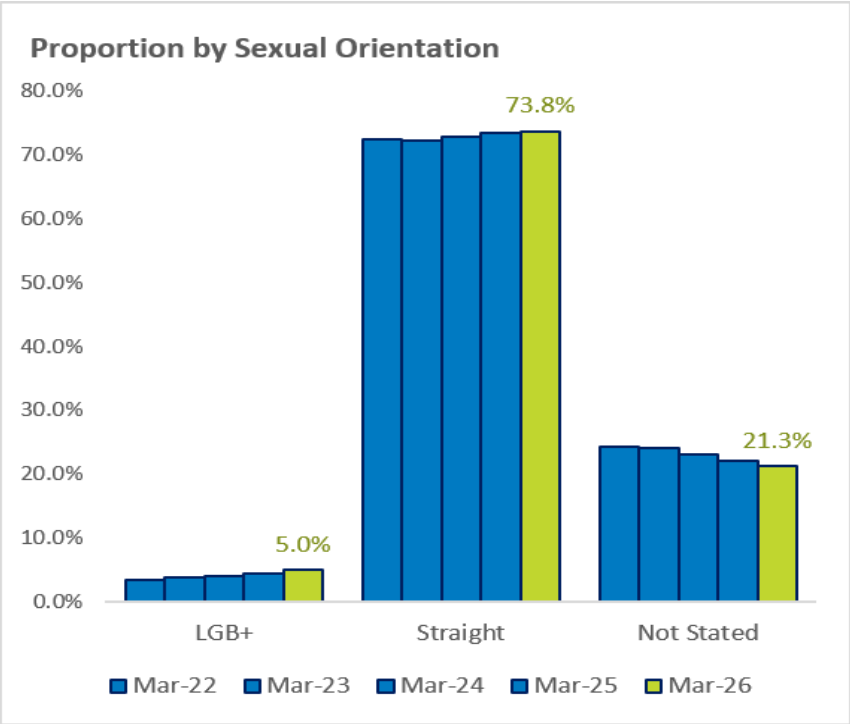
The male headcount increased slightly this year while the female headcount decreased, pushing the male proportion above 17% for the first time in 5 years.

9.4 Disability



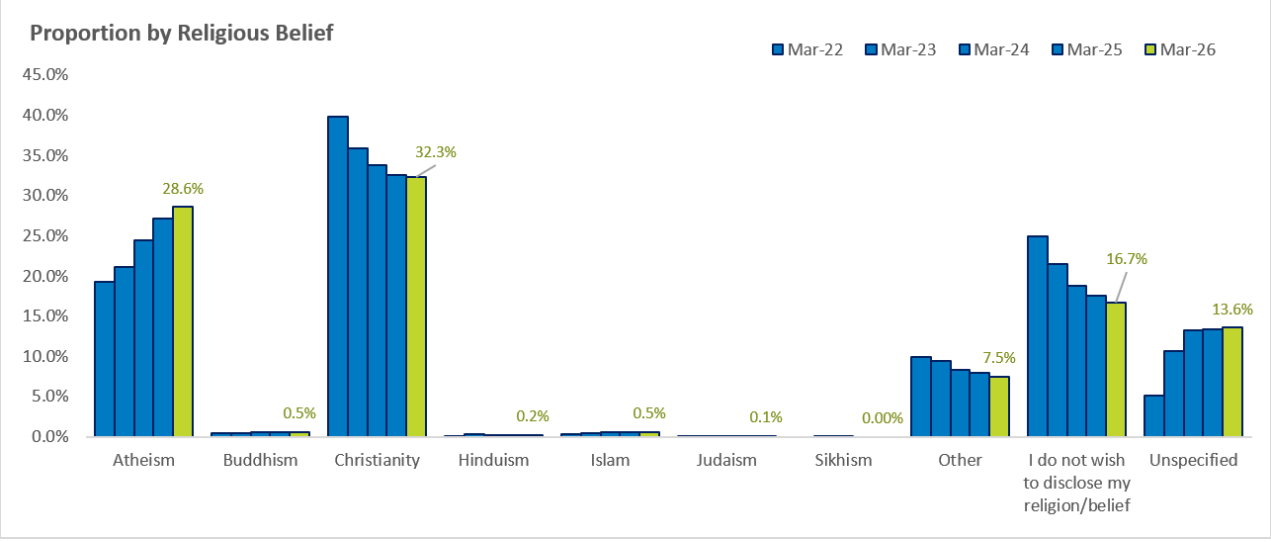
There has been a slight shift between 'Not Stated' and 'No' disability statuses this year, following a prior trend of increasing disability disclosures. While the proportion of colleagues reporting a disability has increased slowly over the last five years, it plateaued over the past year at 10.6%. There may be a variety of reasons why individuals choose not to disclose this information. To address this, we feature regular reminders in the staff bulletin to highlight the importance of capturing accurate workforce diversity data.

9.5 Sexual orientation



Proportions of colleagues in in LBGT+ and straight groups has both increased over the last 5 years but. However, this has coincides with a reduction in 'Not Stated' responses, making it difficult to determine whether this represents a true increase or simply improved data quality. There may be a variety of reasons why individuals choose not to disclose this information**.** To address this, we feature regular reminders in the staff bulletin to highlight the importance of capturing accurate workforce diversity data.

9.6 Religion



The headcount and proportion of colleagues identifying with atheism have continued an upward trend over the last five years. This coincides with declining proportions of colleagues reporting their faith as Christianity or **'**Other**'.** Over the five-year period, the reduction in 'Not Disclosed' responses and the increase in 'Unspecified' responses have largely cancelled each other out. Consequently, the changes observed in other religious groups represent genuine shifts rather than byproducts of improved data completeness."

10 Reducing Bullying and Discrimination

Through our 2025 Annual Staff Survey data, disabled colleagues continue to report higher bullying and harassment levels than non-disabled colleagues. However Black Asian Ethnic Minority colleagues show reduced harassment but declining perceptions of career progression and increased discrimination concerns.

What we have put in place to try and address the issue:

- Established employee networks who are helping to shape policies and raise awareness.
- Freedom to Speak up Champions and Guardian in place to support inclusion.
- Regular review of recruitment practices to ensure they remain inclusive.
- EDI training and awareness raising in place.
- People and Culture Committee established to focus on restorative just and learning.
- Compassionate Leadership programme which encompasses inclusion.
- System/partner agency collaboration to share and promote best practice.
- Celebrating diversity through our communications bulletin.
- Health and wellbeing – offering a range of opportunities for colleagues to access services to support wellbeing.
- Challenging discrimination in all its forms by addressing unprofessional behaviours through various policies, procedures and processes which are regularly reviewed.
- Supporting reasonable adjustments and flexible working requests.

11 Freedom to Speak Up Guardian (FTSUG)

The Freedom to Speak Up (FTSU) role at Livewell provides an alternative route for colleagues who need to speak up about anything impacting on patient safety or their experiences at work.

Livewell Southwest has two Freedom to Speak Up Guardians: Director of People & Professionalism, and Senior Chaplain.

There are 5 Freedom to Speak Up Champions that have been recruited to complement the Guardian role and they are active in supporting colleagues to speak up. They come from a range of services and there is a further recruitment plan for the autumn to ensure we reflect the diversity within our workforce.

Freedom to Speak Up Guardians help to promote patient safety, improve the experience of workers, and promote learning and improvement by ensuring that:

- Workers are supported in speaking up.
- Barriers to speaking up are addressed.
- A positive culture of speaking up is fostered.
- Issues raised are used as opportunities for learning and development.

Freedom to Speak Up Guardians operate independently, impartially and objectively, whilst working in partnership with individuals and groups throughout the organisation. The Freedom to Speak Up Guardians have direct access to the Chief Executive of Livewell Southwest and the Board.

12 Pastoral and spiritual care

The organisation is committed to providing a fair, equitable and professional spiritual and pastoral care service, which meets the individual spiritual religious and pastoral care needs of

all service users in innovative and creative ways. The organisation endeavours to support its employees in their religious and spiritual concerns, e.g., religious practices, holy days and seasons.

There is a multi-faith room for both service users and employees at both the Local Care Centre.

13 People who use our services

13.1 Recording and monitoring EDI data

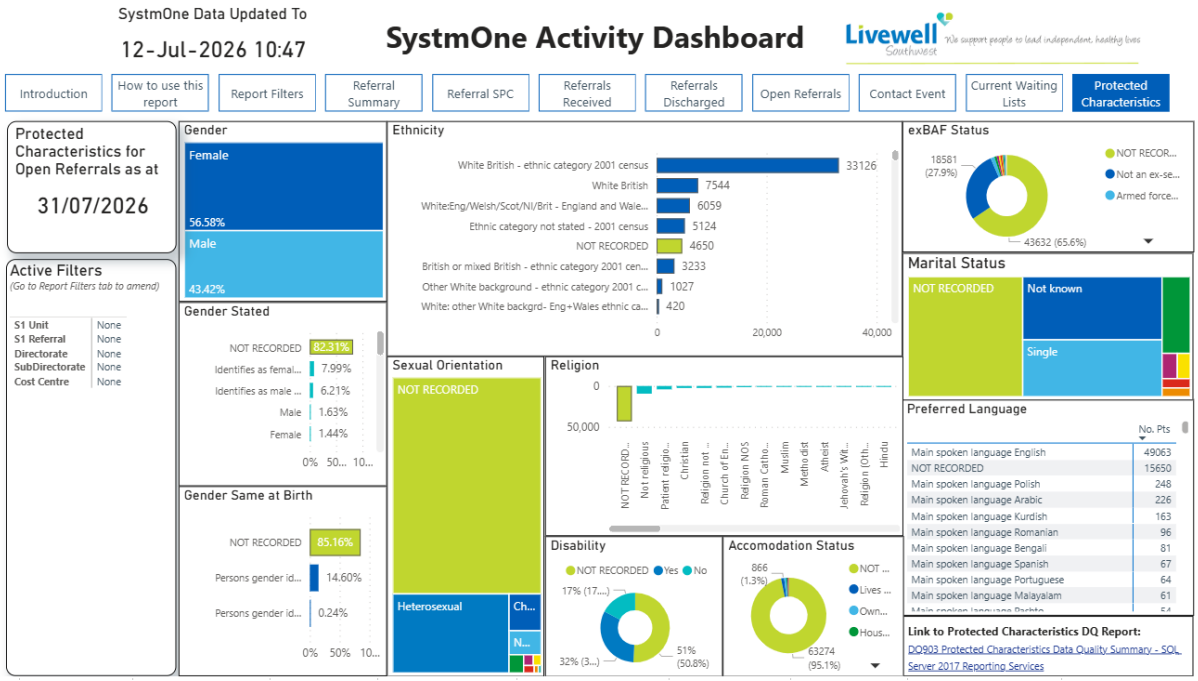
Livewell Southwest is committed to collecting quantitative data on the protected characteristics of people who use our services. This helps us to better understand patterns of service uptake and access, identify potential risks of discrimination, and highlight opportunities to promote equality for specific groups.

We collect data on the following fields for service users, both to support clinical need and to enable effective monitoring:

- Ethnicity
- Gender stated and gender at birth
- Sexual orientation
- Religion
- Preferred language
- Marriage and civil partnership status
- LAC Status (looked after children)
- Ex-British Armed Forces status
- Accommodation status
- Unpaid carer status

In 2024, updates were made to the template in SystmOne used by staff to record protected characteristic information. A new version of the former *Equality, Diversity & Accessible Information Template* was released and is now called the *Essential Information Template*. This is a local Livewell Southwest template, and the SystmOne Team has built in protocols to prompt colleagues when the information needs to be completed. This has been extended in 2025 with the introduction of the 'My Core Information' summary sheet in SystmOne which means staff can visually see gaps in any patient information including demographic information.

In previous reports, we have noted that the Business Intelligence (BI) team had developed a Data Quality report to help support and understand the Protected Characteristics of people accessing our services. The report can be accessed here. This live reporting tool was developed in conjunction with the SystmOne Team with the reporting aligned to the NHS England required standards. Additionally, there is a new SystmOne Activity Dashboard in Power BI which shows protected characteristics data.



Performance monitoring (identifying which services are completing the EDI information in SystmOne) is included in the regular accessing of the report itself by local teams. Ongoing monitoring and compliance are addressed through the IRSG (Information Recording Steering Group), discussion at Performance Meetings for each service area along with the ongoing returns BI submit. These include the Mental Health Services Dataset (MHSDS) and the Community Services Dataset (CSDS) as well as many others.

The Data Quality Policy is due to be updated and ratified again in September 2026 with the BI team currently pursuing further Essential SystmOne training for all users on an annual basis to improve the level of Data Quality, accuracy and recording in the clinical system

Livewell remains aligned with the Patient and Carer Race Equality Framework (PCREF) - a national NHS England framework designed to improve mental health services for ethnic minority communities by ensuring services are more responsive, inclusive, and equitable.

A steering group has been formed with regular meetings taking place which monitors the associated implementation plan. As part of the PCREF requirements, a data quality project is due to be undertaken. This project will focus on encouraging colleagues to record protected characteristic information accurately and consistently, and to help colleagues understand why this data is vital to improving services and reducing inequalities.

13.2 Sexual Orientation Monitoring (SOM) Standard

The SOM standard (introduced in 2017) provides the mechanisms of recording the sexual orientation of all patients/service users, aged 16 years and over, for all health services and local authorities. Within this standard, sexual orientation is defined as, '*the stated physical and emotional attraction a person feels towards one sex or another (or both)*'.

Livewell Southwest has been collecting sexual orientation data through SystmOne as part of the protected characteristics data monitoring outlined above. Whilst the SOM standard is not mandated, it recognises that 'recording sexual orientation will allow policy makers, commissioners and providers to better identify health risks and will help support targeted preventative and early intervention work to address the health inequalities for people who are Lesbian, Gay or Bisexual.'

If the sexual orientation categories in SystmOne are not completed by colleagues, this may pose a risk of not meeting the SOM Standard, however data quality is being monitored by BI through the mechanisms outlined above.

13.3 Partnering with unpaid carers

In 2025/26, partnering with unpaid carers has been strengthened through the delivery of several improvement initiatives. New Carers Awareness Training, co-produced with staff and carers, is now delivered monthly alongside carers. A new Carers Dashboard in SystmOne has been developed to support staff in more effectively recording contact with carers. Further work is underway with the Business Intelligence Team to enhance organisational reporting on carer contact, supporting compliance to the Triangle of Care (ToC) accreditation criteria (Carers Trust).

Following an annual review with Carers Trust, Livewell retained Star 1 and Star 2 ToC accreditation and achieved Star 3 within Adult Social Care through participation in a national pilot, becoming the first UK provider to deliver ToC within these services.

13.3 Understanding our service user experience

We are committed to providing high-quality care that meets the needs of the people who use our services. Our approach is centred on being a listening and learning organisation, where the views of service users and their carers are heard and taken into account. By engaging with feedback, we gain valuable insights into people's experiences, which help us to continually improve the care we provide.

Feedback and Improvement Methods

To ensure we continuously improve, we use a variety of feedback mechanisms:

- Local and National Surveys
- Friends and Family Test (FFT)
- Additional surveys for services
- Complaints, Compliments, and Concerns (Managed by the Customer Care Team)
- Patient and Public Engagement
- Service User Stories

Co-Production and Involvement

Co-production continued to be a key focus, supported by 22 Participation Partners (people with lived experience) who contribute to a wide range of activities. This included involvement in Culture of Care improvement work within inpatient services, the development of Open Forum meetings to strengthen direct engagement and continued joint training opportunities with Devon Partnership Trust. Partnership working also supported the establishment of a new ADHD peer support group within the community.

The Service User Experience Team continue to review and deliver the priorities outlined in the co-produced Involvement and Experience Plan. This details how we will better involve people who have used our services, along with their unpaid carers, in shaping and driving organisational improvements.

Friends and Family Test (FFT) Demographics

The Friends and Family Test survey (FFT) continues to be the main method used to gather feedback for services. For 2025/26, the results remained consistently strong, with a 96% satisfaction rate for the organisation. Alongside this, the Service User Experience team

continue to work closely with the Customer Care Team to identify emerging themes and learning from feedback and complaints, helping to inform service improvements.

The following provides a summary of the overall FFT results, followed by a breakdown of the demographics of those who completed the survey. It is important to note that providing demographic information is optional. Given the relatively high number of people who don't complete this information, there is limited scope to identify further actions based on this data. We also recognise that making demographic questions mandatory could discourage people from completing the FFT altogether.

FFT Annual Comparisons

2024/2025	2025/2026
Patient satisfaction rate - **95.9%**	Patient satisfaction rate - **96.2%**
Percentage negative - **2.22%**	Percentage negative - **1.78%**
No. of reviews completed - **10,789** (899 per month on average)	No. of reviews completed - **10,179** (848 per month on average)
Unpaid Carer satisfaction rate - **96.7%**	Unpaid Carer satisfaction rate - **96.8%**