## Contents Page

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword – Chief Executive and Chairman</td>
<td></td>
</tr>
<tr>
<td>1. Introduction</td>
<td>4</td>
</tr>
<tr>
<td>2. Our Vision and Values</td>
<td>4</td>
</tr>
<tr>
<td>3. NHS Drivers</td>
<td>5</td>
</tr>
<tr>
<td>4. Legislative Overview</td>
<td>6</td>
</tr>
<tr>
<td>4.1 The Human Rights Act 1998</td>
<td>6</td>
</tr>
<tr>
<td>4.2 The Equality Act 2010</td>
<td>7</td>
</tr>
<tr>
<td>4.3 Public Sector Equality Duty</td>
<td>7</td>
</tr>
<tr>
<td>5. Equality Delivery System (EDS) Framework</td>
<td>8</td>
</tr>
<tr>
<td>5.1 Trust Approach to EDS</td>
<td>9</td>
</tr>
<tr>
<td>5.2 EDS Action Plan</td>
<td>9</td>
</tr>
<tr>
<td>5.3 Trust Equality Objectives</td>
<td>10</td>
</tr>
<tr>
<td>6. Trust approach to Equality Analysis</td>
<td>10</td>
</tr>
<tr>
<td>6.1 Equality Information Collection and Monitoring</td>
<td>11</td>
</tr>
<tr>
<td>7. Engagement &amp; Consultation</td>
<td>12</td>
</tr>
<tr>
<td>8. Partnership Working</td>
<td>13</td>
</tr>
<tr>
<td>9. Procurement</td>
<td>13</td>
</tr>
<tr>
<td>10. Monitoring and Delivering the Equality Strategy and Action Plan</td>
<td>13</td>
</tr>
<tr>
<td>11. Implementation of the Strategy</td>
<td>14</td>
</tr>
<tr>
<td>12. Accessibility Statement</td>
<td>14</td>
</tr>
</tbody>
</table>

### Appendices:

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix 1</td>
<td>15</td>
</tr>
<tr>
<td>Appendix 2</td>
<td>16</td>
</tr>
<tr>
<td>Appendix 3</td>
<td>17</td>
</tr>
<tr>
<td>Appendix 4</td>
<td>19</td>
</tr>
<tr>
<td>Appendix 5</td>
<td>23</td>
</tr>
<tr>
<td>Appendix 6</td>
<td>27</td>
</tr>
<tr>
<td>Appendix 7</td>
<td>33</td>
</tr>
</tbody>
</table>

Community, service and staff demography information can be found in our Annual Equality and Diversity Monitoring Reports.
Welcome to Wrightington, Wigan and Leigh NHS Foundation Trust's Equality Strategy 2012 - 2016. This new strategy supersedes our existing Single Equality Scheme and sets out our commitment to ensuring equality and human rights will be taken into account in everything we do, both as an employer and provider of healthcare.

This Strategy has been designed in response to the requirements of the Equality Act 2010, the Human Rights Act and the new national NHS Equality Delivery System (EDS). It builds on the previous actions and objectives that were contained in our former Single Equality Scheme 2009 - 2012.

Within the EDS there are 4 main goals:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and included staff
- Inclusive leadership at all levels

We are committed to ensuring that the Trust supports a fully inclusive culture, where the needs of individuals are recognised, assessed and respected. Through the development of this Strategy, we will continue to promote equality of opportunity amongst different groups of people, ensuring that potentially vulnerable groups and individuals are supported and their needs addressed in ways that are best suited to them.

We believe that the Equality and Diversity Agenda is a vital, integral part of working that underpins all aspects of our vision and values. It will be through the effective implementation of this agenda that the Trust will achieve its vision and values.

We recognise that all our staff are key in achieving this commitment. It is the responsibility of everyone in our organisation to ensure that the actions of our Equality Strategy are delivered.

It is a long-term commitment driven by both the needs and wishes of our patients and staff, and the new Equality Legislation. For that reason, much of the work will be on-going. The Trust Board is committed to monitoring progress, reporting regularly and openly in line with the specific duties of the Equality Act 2010.

We look forward to the work ahead, facing the challenges and delivering the actions that we have set ourselves. On a final note it is vital that everyone has the opportunity to be involved in shaping and influencing the decisions and services that affect them and the patients that we serve.

Andrew Foster  Les Higgins
Chief Executive  Chairman
1. **Introduction**

This is Wrightington, Wigan and Leigh NHS Foundation Trust’s Equality Strategy. It sets out our approach to equality and diversity, both as an employer and as a healthcare organisation providing secondary care services. This document is a public commitment of how we aspire to meet the needs and wishes of local people and our staff, and meet the duties placed upon us by the Equality Act 2010, and the requirements of the national NHS Equality Delivery System (EDS).

It is firstly very important that we define what we mean by ‘equality’, ‘diversity’ and ‘human rights’:

‘**Equality**’ is about making sure everyone is treated fairly and given the same life opportunities. It is not about treating everyone in the same way, to achieve the same outcomes. Different people have different needs. For example making reasonable adjustments for disabled people (providing correspondence in audio for visually impaired patients removes barriers to equality of opportunity and helps prevent discrimination). Equality recognises that people’s needs may need to be met in different ways.

‘**Diversity**’ refers to individual difference. People are unique and differ from one another in a range of ways. Differences may or may not be visible and may include personal characteristics such as background, culture and personality. Diversity is also about recognising that our service users come from different backgrounds. If we welcome diversity as colleagues, value each other and treat each other fairly, we will work better together. In doing so, we will provide a better service to our patients who are coming from diverse backgrounds.

Equality and Diversity are not inter-changeable – they need to be progressed together. There is not equality of opportunity if differences are not recognised and valued.

If individual patients from particular communities or groups are denied timely access to healthcare or are otherwise treated unfairly or less favourably because of who they are or what they believe in, then the Trust will be failing to respond to their health needs and circumstances. It will also be failing to deliver accessible services and fair treatment to everyone. It will not be the equal service for all people from all communities and different levels of society that it aspires to be.

‘**Human Rights**’ are the basic rights all individuals have, regardless of who they are, where they live or what they do. Human rights represent all the things that are important to human beings, such as the ability to choose how to live their lives and being treated with dignity and respect.

This strategy explains and responds to the Trust’s statutory duties to promote equality amongst all groups of people. It replaces and builds on our previous Single Equality Scheme 2009 - 2012. The purpose is to set out in one place, our equality objectives and other arrangements for embedding equality into everything we do. It will help us to communicate and manage our equality commitments. It is a living document that will be developed and revised in line with changes in legislation, progress made and as priorities change.

This Strategy is also intended to inform all Wrightington, Wigan and Leigh NHS Foundation Trust staff, service users, their carers, visitors and partner organisations, as to how we propose to address issues of equality, diversity and human rights.
Consideration of human rights is an important factor in the production of this strategy. An appreciation of how the principles of human rights apply to equality is vital in achieving all of our aims, objectives and actions towards addressing inequality and promoting diversity. It ensures that human rights principles and standards are made real in practice. Every employee in the NHS has a crucial role to play in creating an environment where human rights are respected. By valuing the principles of human rights in relation to our service users and staff, we will ensure accountability for our actions as an Acute Trust, empower people to have their say, and provide services which are non discriminatory. Overall we will improve the quality of services and patient experience.

We are committed to challenging discrimination in all its forms and ensuring that equality lies at the heart of everything we do. We want to promote a culture of support and inclusion for everyone who works for us and accesses our services.

2. Our Vision and Values

Our Vision:
Alongside other NHS Organisations, Wrightington, Wigan and Leigh NHS Foundation Trust aims to be a leading organisation for promoting equality, diversity and human rights in the North West. We believe that any modern organisation has to reflect all the communities and people it serves, in both service delivery and employment, and tackle all forms of discrimination. We will work to remove inequality and ensure there are no barriers to health and wellbeing. See Appendix 1 for information on the areas of discrimination where the Equality Act 2010 offers protection.

Our Values:
The NHS Plan sets out a vision that places equality, fair treatment and social inclusion at its heart.

We recognise that people from all sections of society can experience prejudice, discrimination or disadvantage for different reasons and at different times in their life. We understand that as individuals we are all diverse and as such our experiences and needs are very different.

We believe that people who use our services, their carers and our staff should be treated with respect and dignity and that no one should be treated less favourably than others on the grounds of the following protected characteristics:

- Age
- Disability
- Gender
- Ethnicity
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Religion or Belief
- Sexual Orientation
- Gender re-assignment
- Carer responsibilities

See Appendix 2 for more details about the groups with protected characteristics covered by the Equality Act 2010.

The promotion of equality and addressing discrimination are essential in the process of recognising human diversity. The following values are, therefore, central to the Trust:-

- Reducing inequalities and embedding diversity in what we do, ensuring this impacts positively upon all patients and employees.
• Treating patients and staff as individuals and respecting their values and differences.

• Delivering high quality care, provided by dedicated staff, within a framework of equality, diversity and human rights.

• Ensuring services are available to all patients in a way that reflects individual need and circumstance, thus improving health outcomes for patients.

• Establishing and maintaining partnerships with key stakeholders, including the local community, in order to ensure our work is influenced by those who need local secondary care health services.

We believe that the successful implementation of equality and diversity in all aspects of work will ensure that people who use our services, their carers and our staff feel valued, motivated and treated fairly.

3. **NHS Drivers**

There are a number of drivers that inform, regulate and monitor our equality work. These include:

**Equality Legislation**
Equality Legislation has developed significantly over recent years. More recently developments have been introduced under the Equality Act 2010. For further information see Section 4.

**Equality and Human Rights Commission (EHRC)**
Equality, Diversity and Human Rights is subject to regulation by the Equality and Human Rights Commission which is a public body set up to challenge discrimination, to protect and promote equality and respect for human rights and to encourage good relations between different people of different backgrounds.

**Care Quality Commission (CQC)**
The Care Quality Commission (CQC) regulates all health and adult social care services in England, including those provided by the NHS, local authorities, private companies or voluntary organisations. The CQC makes sure that essential standards of quality and safety are being met where care is provided, from hospitals to private care homes. It has a wide range of enforcement powers to take action on behalf of people who use services if services are unacceptably poor.

The CQC ensures that NHS Trusts are complying with the essential standards of quality and safety by enforcing a number of standards. Each of the standards has an associated outcome that the CQC will expect all people who use their services to experience as a result of the care they receive. Many of these standards are focussed around equality, diversity and human rights, and the actions contained within this strategy will help us to continue to achieve these. See Appendix 3 for further information about these standards.

**National Health Service Litigation Authority (NHSLA)**
The National Health Service Litigation Authority handles negligence claims and works to improve risk management practices in the NHS. All NHS Organisations are assessed by the NHSLA against a set of core standards, which encompass equality and diversity.

**Equality Delivery System (EDS)**
The Equality Delivery System has been designed to improve the equality performance of the NHS and embed equality into mainstream business. By using the EDS all NHS Organisations will be able to meet the requirements of the Equality Act and the CQC. See Section 5.
Wrightington, Wigan and Leigh NHS Foundation Trust demonstrates its commitment to equality-based national drivers through providing a health service that respects and responds to diversity of the local population. We oppose all forms of unlawful and unfair discrimination for both service users and our workforce.

4. Legislative Overview

4.1 The Human Rights Act 1998
The Human Rights Act came into force in the UK in October 2000. The Act has two aims:

1. To bring most of the human rights contained in the European Convention on Human Rights into UK law – making it possible for people to raise or claim their human rights within the complaints and legal systems in the UK.

2. To bring about a new culture of respect for human rights in the UK – the Act was intended to place human rights at the heart of the public service delivery, and through this to make rights a reality for all people in the UK.

Human rights are the basic rights and freedoms that belong to every person in the world. The FREDA principles are the values supported by the Human Rights Act:

- Fairness
- Respect
- Equality
- Dignity
- Autonomy

These principles are invaluable in helping employers to develop policies and procedures that are linked with human rights values.

4.2 The Equality Act 2010
On 1st October 2010, the Government introduced the Equality Act. This Act brings together, harmonises and extends current equality law. It replaces the existing anti-discrimination laws with a single act. It simplifies the law, removing inconsistencies and making it easier for people to understand and comply with it.

The Equality Act 2010 consolidates existing legislation on sex, race, disability, sexual orientation, religion/belief and age and brings together over 116 separate pieces of legislation into a Single Act. It strengthens the law to tackle discrimination and inequality.

4.3 Public Sector Equality Duty
The Equality Act 2010 introduced the Public Sector Equality Duty which came into force on 5th April 2011, a Duty which applies to all public authorities. It brings together previous gender, race and disability duties and extends the protection from discrimination on the basis of nine protected characteristics, which are:

- Age
- Disability
- Race
- Gender
- Religion or Belief
- Sexual Orientation
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity

For further information about the protected characteristics covered by the Equality Act 2012 see Appendix 1
Under the **General Duty of the Equality Act 2012**, all Trusts have a statutory duty to promote equality and demonstrate that they have given due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation;
- Advance equality of opportunity between those covered by the Equality Act and those not covered, e.g. between disabled and non-disabled people;
- Foster good relations between these groups.

Having 'due regard' means that all public bodies must take account of these three aims as part of their decision making processes; in how they act as an employer; how they develop, evaluate and review policies; how they design, deliver and evaluate services; how they commission and buy services from others.

All public bodies must consider the need to:

- Remove or minimise disadvantages suffered by people due to their protected characteristics.
- Meet the needs of people with protected characteristics.
- Encourage people with protected characteristics to participate in public life or in other activities where participation is low.

The General Duty is also underpinned by a number of Specific Duties in which all public bodies must:

- Set specific, measurable equality objectives.
- Publish sufficient information to demonstrate compliance with the General Equality Duty on an annual basis.
- Analyse the effect of their policies and practices on equality and consider how they can further the equality aims.

### 5. Equality Delivery System (EDS) Framework

In October 2011, the Department of Health launched a new framework to promote equality and fairness in the NHS - the Equality Delivery System (EDS). This toolkit was designed to help NHS Organisations to drive up equality performance and embed equality into mainstream NHS business, thereby meeting the requirements of the Public Sector Equality Duty. The EDS is a national equalities framework which can be adapted locally. It is designed to be a performance and quality assurance mechanism to underpin legislation. This will enable the Trust to meet the evidential requirements of the Public Sector Equality Duty. The CQC will take into account the ratings achieved by the Trust for registration requirements.

The EDS ensures all NHS services are working to the same set of goals around equality and diversity and human rights. The EDS toolkit is structured around the following four goals:

<table>
<thead>
<tr>
<th>GOAL</th>
<th>TRUST REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Better health outcomes for all.</td>
<td>To understand the needs of the people who use our services; to treat them fairly with dignity and respect; to involve them in decision making. To co-ordinate care well, when more than one service is involved. To have measures in place to check and ensure services are safe. To ensure the same outcomes are achieved for people of all groups.</td>
</tr>
</tbody>
</table>
|   | Improved patient access and experience. | To have measures in place to identify and tackle any barriers to using our services.  
   |                                             | To provide people with the support and information they need to use our services in a way that meets and takes account of their individual needs.  
   |                                             | To support people to make informed choices about their care and treatment and understand their rights.  
   |                                             | To have systems in place to gather feedback and capture experiences from the people who use our services and to use this to improve what we do.  
|   | Empowered, engaged and included staff.      | To employ a workforce which is representative at all levels of our local community.  
   |                                             | To support our staff to live and promote healthy lifestyles.  
   |                                             | To have fair and flexible policies and practices in place to support staff to do their jobs effectively without fear of discrimination.  
   |                                             | To have sufficient staff who are properly qualified and trained to confidently and competently do their job.  
|   | Inclusive leadership at all levels.         | To develop and support equality leaders and champions within the workforce to mainstream equality into every part of our business.  

All NHS organisations are required to undertake a self assessment of current performance against the EDS, grading themselves, as ‘undeveloped’, ‘developing’, ‘achieving’ or ‘excellent’. These self assessments must be undertaken and agreed collaboratively with stakeholders. Each year, organisations and local interests will assess progress and carry out fresh grading exercise. All NHS organisations are then required to develop four year equality objectives based on the grading of their equality performance against the EDS goals and outcomes.

5.1 Trust Approach to EDS  
The EDS is a public commitment of how we plan to meet the needs and wishes of local people and our staff, and meet the duties placed on us by the Equality Act 2010. It also sets out how, Wrightington, Wigan and Leigh NHS Foundation Trust recognises the differences between people, and how we aim to make sure that any form of discrimination is identified and addressed.

Our EDS Plan was developed through a process of:  
- Reviewing local demographic information on the population of Wigan.  
- Consultation and involvement with stakeholders.  
- Collating qualitative and quantitative evidence in relation to equality issues for patients, service users and staff.  
- Analysis of workforce data and the production of equality data.  
- Considering what we currently do to meet identified needs and what else we might need to do.

The EDS requires systematic and routine engagement with a range of representative groups, including patient groups, community groups and staff. These in effect are required to validate the assessments of performance made by all Trusts.
In order to self assess our performance and grade ourselves accordingly, the Trust undertook a process of evidence collection, engagement and consultation with local stakeholders. Evidence collation included:

- A Survey sent to all Public Foundation Trust Members to assess progress against Goals 1 and 2.
- A Focus Group Event was held in February 2012 to assess progress against Goals 1 and 2. This was a joint venture with NHS Ashton, Leigh and Wigan; Public Health, Bridgewater Community Healthcare NHS Trust, 5 Boroughs Partnership NHS Foundation Trust and Wigan Borough Local Involvement Network (LINKs).
- Public, patients and staff were encouraged to complete an on-line EDS Survey in order to assess progress against Goals 1 and 2.
- All staff where sent a survey to assess progress against Goals 3 and 4.
- A Joint Staff Network and Champion EDS Consultation meeting was held in February 2012 to assess progress against all 4 goals.

The specific outcomes and grades relating to these EDS goals are summarised in Appendix 4.

5.2 Our Equality Delivery System Action Plan

We have identified a series of high level actions which are planned to assist in furthering our equality and diversity achievements across the Trust. These actions relate to the workforce, service provision and the four equality delivery system goals: they will be managed by the Trust’s Equality and Diversity Project Leads and monitored by the Trust’s Equality and Diversity Steering Group.

Appendix 6 summarises the key activities designed to ensure that we continue to meet our obligations under existing equality legislation.

5.3 Our Equality Objectives

Under the Equality Act 2010, all NHS Organisations are required to prepare and publish at least one equality objective from each of the four EDS Goals (based on the outcome of the EDS self assessment) by 6th April 2012, and subsequently at four yearly intervals.

Wrightington, Wigan and Leigh NHS Foundation Trust has developed 4 equality objectives and additional actions based upon feedback from staff, service users, patients and carers, and from reviewing the equality information published in January 2012. These objectives address the Trust’s main priorities across services and employment practices for 2012/13.

These have been based on available equality information through National surveys, EDS research, consultation and engagement. The purpose of these equality objectives is to make a real difference to some of the most pressing issues facing the protected groups that we provide services for and any staff we employ. They will also enable us to demonstrate that we are meeting our statutory duties.

Our Equality Objectives are:

1. To ensure that our patients experience good quality service that is sensitive to their personal and cultural needs as well as receiving effective treatment and care appropriate to their clinical condition.

2. To improve the experience of people with learning disabilities who use health services.

3. To eliminate discrimination, bullying, harassment, abuse and victimisation within the Trust workforce.
4. To ensure that Trust leaders have the required skills to support their staff to work in a fair, diverse and inclusive environment.

These objectives have been discussed and agreed by the Equality and Diversity Steering Group and Trust Board.

Although these objectives only need to be revised at four yearly intervals in line with the legislation, the Trust’s Equality Objectives will be reviewed annually.

See Appendix 5 for a more detailed summary of our Equality Objectives.

6. Trust approach to Equality Analysis

As a public sector organisation, the Trust has a duty to analyse the effects of its policies and practices on equality across all of the protected characteristics. This helps us to consider if our policies and practice have any unintended consequences for some groups. It can help us to identify any practical steps needed to tackle any negative effects or discrimination, to promote equality and foster good relations between different groups.

Wrightington, Wigan and Leigh NHS Foundation Trust aims to design and implement all policies, procedures and functions to meet the diverse needs of our service users and staff, ensuring that they receive good access, outcome and experience. We will continue to undertake equality analysis (equality impact assessments) on all policies and practices. This is to ensure that any new or existing policies and practices do not disadvantage any group or individual.

Our Equality Impact Assessment Programme has been developed to:

- Take account of the need, circumstances and experience of those intended to benefit from a policy or practice.
- Identify actual and potential inequalities in outcomes.
- Consider other ways of achieving the aims of policies and practices.
- Increase confidence in the fairness of our activities.
- Develop better policies, projects and functions.

6.1 Equality Information Collection and Monitoring

As set out in the Regulations of the Equality Act 2010, all Public Authorities are required to publish information to demonstrate their compliance with the Public Sector Equality Duty by 31st January 2012, then at subsequent intervals of not greater than one year.

It is both a requirement and good practice to know the composition of our patients and workforce so that issues of under-representation can be addressed and needs provided for. The Trust uses equality data to understand whether people from all backgrounds are being treated fairly. Even in equality areas where there is no legal requirement to monitor, it is good practice for the Trust to know whether its services are accessible and used by all groups, so that issues of under-representation can be addressed.

Monitoring gives equal opportunities credibility and integrity and it is the basic foundation for evaluating the extent of diversity. The results of equality monitoring can inform the effective use of resources, improve competitiveness by attracting and retaining staff, and enhance service delivery by understanding who our patients and service users are.

The Trust requires monitoring reports to be produced on an annual basis for both service delivery and our workforce.
The **Workforce Report** details monitoring against the key equality areas of gender, age, disability, ethnicity, sexual orientation and religion/belief against the following categories:

- Recruitment (applied, short listed and appointed)
- Comparison of staff in post against the Wigan Borough population
- Promotions
- Leavers
- Training attended
- Employee Relations

The **Service Report** provides an annual overview of progress in the key areas of equality and diversity activity in service delivery. This includes:

- Equality Impact Assessments
- Involvement and consultation
- Training
- Access to information and services
- Equality monitoring
- Procurement
- Promotion and awareness raising
- External reports and reviews

Patient equality monitoring is against the equality areas of gender, age, ethnicity and religion. Gaps within the Trust’s collection and analysis of equality patient data are being addressed via the Trust’s Equality Delivery System Action Plan (See 5.2).

The Equality Monitoring Reports are used to highlight trends and to identify any potential areas of concern so that appropriate action can be taken. The reports are published on an annual basis and are included on the Trust Internet Website.

### 7. Engagement and Consultation

We have been recognised regionally and nationally for our innovative approach to engaging with patients both in service re-design and in quality assessment. We acknowledge that the key to measuring the success of our actions is to ensure that stakeholders, including Foundation Trust members, service users, patients, carers, staff and the public have opportunities to share their experience with us, and that we use these shared experiences to inform and improve the design of future services.

The Trust has a number of ways in which it regularly involves local people and staff in the development of services and the working environment for patients and local people.

The Trust has a very active Engagement Committee which meets quarterly and includes Council of Governors representatives. This forum is used to consult on strategies and any significant service changes.

We have a Patient and Public Involvement Strategy and a Consultation Policy which outlines our values and objectives in relation to community engagement and acts as a mechanism for driving corporate consultation and the co-ordination of patient engagement across the Trust.

Improving patient and service user experience is a core benefit of embedding equality, diversity and human rights. It is expected that by improving the experience for one or more sections of the population that have previously experienced discrimination or poor access, the whole population will benefit in the long-term.

Whilst we recognise the importance of engaging with service users and staff when developing, delivering and designing services, we do recognise that this is an
important area for continual improvement. We have identified the need to further improve the way in which we engage and involve local people, including the way we engage with groups who are often seldom heard / key disadvantaged groups.

An action plan ensuring Wrightington, Wigan and Leigh NHS Foundation Trust can improve the ways in which it engages with, and involves local people and staff (from all equality groups), including the seldom heard/key disadvantaged groups, to support improvements in its service delivery, will be implemented. See Appendix 6.

8. Partnership Working

The Trust operates to deliver secondary care services and as such delivers activity within a system of other healthcare organisations. The Trust will seek to continue to work effectively in partnership with other organisations to promote health and wellbeing and to tackle health inequalities for the population it serves.

9. Procurement

We are fully committed to ensuring that we promote and influence equality and diversity issues through our procurement process.

We believe that it is essential that people and organisations with whom we sign contracts to work on our behalf, are accountable to us and aspire to our vision and values. We want them to abide by our equality and human rights obligations, including our duty to protect the human rights of those who use our services.

We ensure that staff involved in procuring services on behalf of the Trust, are aware of their responsibilities in accordance with Equality Legislation. Regular monitoring of existing contractors is undertaken by Contract Managers. Equality is listed as a key performance indicator, and all contractors will therefore be expected to adhere to Trust policies and procedures.

We believe that the promotion of equality in procurement is essential in order to help the Trust to:

- Improve the overall value for money for the Trust in terms of the goods, works and services we purchase.
- Improve the quality, responsiveness and appropriateness of our services.
- Create a diverse and integrated workforce.
- Deliver more responsive and flexible services in combating social exclusion and building stronger and unified communities.
- Encourage other organisations to promote and practice the Trust’s values on equality, diversity and human rights.

10. Monitoring and Delivering the Equality Strategy and Action Plan

Monitoring and review of this Strategy and Action Plan will be through the delivery and implementation of the action plan with quarterly updates to the Equality and Diversity Steering Group. The Trust’s Equality and Diversity Steering Group was established in 2002 to develop and advance the Trust’s approach to equality and diversity. It is chaired by an Executive Director and attended by other Executive Directors. Each Division has a direct representative to feedback progress, changes and future developments. Regular reports are submitted to the Trust Board.

We will publish evidence and progress of how we have met each of the Equality Objectives. We have adopted the principles of the EDS, and have begun working with LINK to develop a more formal relationship which is better informed and supported.
We are committed to ensuring that this Equality Strategy is not seen as being separate or discreet, but is clearly linked with existing policies and business plans, so that it can successfully act as a lever for change and service improvement.

11. **Implementation of this Strategy**

This Strategy has been developed as part of the commitment to using the Equality Delivery System approach for mainstreaming and embedding equality, diversity and human rights in all activities undertaken by the Trust. The Trust’s Equality and Diversity Leads will work with corporate and divisional services / leads to ensure that the equality, diversity and human rights agenda including the actions set out in this Strategy are delivered.

This Strategy and the actions set out within it will provide assurance that the Trust will be meeting its duties under Equality Legislation and fulfil the expectations of the NHS Equality Delivery System.

12. **Accessibility Statement**

This document can be made available in a range of alternative formats e.g. large print, braille and audio.

For more details, please contact:

Senior Human Resource Business Partner: 01942 773848
Equality and Diversity Project Manager (Services): 01942 822217
TYPES OF DISCRIMINATION

There are seven areas of discrimination where the Equality Act 2010 offers protection:

Direct Discrimination:
When someone is treated less favourably than another person because of a protected characteristic they have.

Associative Discrimination:
This is direct discrimination against someone because they associate with another person who possesses a protected characteristic.

Perceptive Discrimination:
This is direct discrimination against an individual because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic.

Indirect Discrimination:
When a rule or practice is applied across the board, but it operates to particularly disadvantage a protected group when compared to others outside the group, unless the rule is needed to achieve a legitimate aim, and the means of achieving that aim are appropriate and necessary.

Victimisation:
When an individual who has sought to enforce their rights, or has helped another to do so, has as a result, been treated less favourably than others who have not complained.

Harassment:
When an individual is subjected to unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating, or offensive environment for that individual.

Harassment by a Third Party:
Employers can be found liable for the harassment of an employee by third parties, who are not members of staff, such as service users. This only applies, however if the employer knows that the employee has been harassed on at least two other occasions, the employer is aware of it and has not taken reasonable steps to prevent it from happening again.

Positive Action:

Positive action is one of the Government's range of measures aimed at ending discrimination in the workplace under the Equality Act 2010. It can be used in two areas: "encouragement and training" (since October 2010) and "recruitment and promotion" (from April 2011).

In recruitment and promotion, it allows an employer, when faced with two or more candidates of equal merit, to select a candidate from a particular group (e.g. a particular racial group, age group or gender) that faces a disadvantage or is under-represented in its workforce over a candidate who isn't from that group, to achieve diversity in its workforce.

This selection can only lawfully be made by employers after the relevant candidates have been through a proper selection process and judged to be equal according to an objective and rigorous assessment of their abilities, skills, experience and personal circumstances. Each candidate’s skills, qualifications and aptitude would therefore continue to be the most important factors in deciding who to employ.
PROTECTED CHARACTERISTICS – EQUALITY ACT 2010

The protected characteristics covered by the Equality Act 2010, are as follows:

Age:
Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).

Disability:
A person has a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Race / Ethnicity:
It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Gender:
A man or a woman.

Sexual Orientation:
Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Gender Re-assignment:
The process of transitioning from one gender to another.

Marriage and Civil Partnership:
Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.

Pregnancy and Maternity:
Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Religion and Belief:
Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

You can see a more in-depth definition of these protected characteristics on the Office of Public Sector Information website: http://www.legislation.gov.uk/ukpga/2010/15/contents
The Care Quality Commission (CQC) regulates all health and adult social care services in England, including those provided by the NHS, local authorities, private companies or voluntary organisation. It also protects the interests of people detained under the Mental Health Act.

The CQC makes sure that essential standards of quality and safety are being met where care is provided, from hospitals to private care homes. It has a wide range of enforcement powers to take action on behalf of people who use services if services are unacceptably poor.

The CQC’s aim is to make sure better care is provided for everyone, whether that is in hospital, in care homes, in people’s own homes or elsewhere.

By law all NHS providers (such as hospitals and ambulance services) must register with the CQC to show they are protecting people from the risk of infection. The registration system applies to NHS provider trusts (acute, ambulance, mental health and primary care) and the NHS Blood and Transplant Authority.

The CQC ensures that NHS Trusts are complying with the essential standards of quality and safety by enforcing a number of standards. Each of the standards has an associated outcome that the CQC will expect all people who use their services to experience as a result of the care they receive.

The standards relate to the 28 regulations contained in the legislation governing CQC’s work. When checking providers' compliance with the essential standards, the CQC focuses on one or more of the 16 standards that most directly relate to the quality and safety of care. Providers must have evidence that they meet these outcomes. Equality issues are a key component of the Essential Standards of Quality and Safety.

The 16 Standards that most directly relate to Quality and Safety of Care:

<table>
<thead>
<tr>
<th>Outcome 1</th>
<th>Respecting and involving people who use services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 2</th>
<th>Consent to care and treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before people are given any examination, care, treatment or support, they should be asked if they agree to it.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 4</th>
<th>Care and welfare of people who use services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>People should get safe and appropriate care that meets their needs and supports their rights.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 5</th>
<th>Meeting nutritional needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Food and drink should meet people’s individual dietary needs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 6</th>
<th>Cooperating with other providers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>People should get safe and coordinated care when they move between different services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 7</th>
<th>Safeguarding people who use services from abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>People should be protected from abuse and staff should respect their human rights.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 8</th>
<th>Cleanliness and infection control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
| Outcome 9 | Management of medicines  
People should be given the medicines they need when they need them, and in a safe way. |
| Outcome 10 | Safety and suitability of premises  
People should be cared for in safe and accessible surroundings that support their health and welfare. |
| Outcome 11 | Safety, availability and suitability of equipment  
People should be safe from harm from unsafe or unsuitable equipment. |
| Outcome 12 | Requirements relating to workers  
People should be cared for by staff who are properly qualified and able to do their job. |
| Outcome 13 | Staffing  
There should be enough members of staff to keep people safe and meet their health and welfare needs. |
| Outcome 14 | Supporting workers  
Staff should be properly trained and supervised, and have the chance to develop and improve their skills. |
| Outcome 16 | Assessing and monitoring the quality of service provision  
The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care. |
| Outcome 17 | People should have their complaints listened to and acted on properly. |
| Outcome 21 | People’s personal records, including medical records, should be accurate and kept safe and confidential. |

The other 12 regulations relate more to the routine day-to-day management of a service. The information the CQC receives on these helps them to check that the service is being run responsibly. The CQC will make checks where concerns are raised over these standards.

For more information about these standards, please visit Care Quality Commission’s Website:  [http://www.cqc.org.uk/organisations-we-regulate](http://www.cqc.org.uk/organisations-we-regulate)
### EQUALITY DELIVERY SYSTEM OUTCOMES AND SCORES

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Outcome</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better Health Outcomes for All</td>
<td>1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities. <em>PCT &amp; Public Health</em></td>
<td>Developing</td>
</tr>
<tr>
<td></td>
<td>1.2 Patients’ health needs are assessed, and resulting services provided, in appropriate and effective ways. <em>PCT &amp; Public Health</em></td>
<td>Developing</td>
</tr>
<tr>
<td></td>
<td>1.3 Changes across services are discussed with patients, and transitions are made smoothly.</td>
<td>Developing</td>
</tr>
<tr>
<td></td>
<td>1.4 The safety of patients is prioritised and assured.</td>
<td>Developing</td>
</tr>
<tr>
<td></td>
<td>1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups. <em>PCT &amp; Public Health</em></td>
<td>Developing</td>
</tr>
</tbody>
</table>

#### Assessment Criteria

The assessment criteria of Goal 1 was based on the following key factors:

- Evidence of adequate procedures in place to prevent the breakdown of care pathways for patients from all equality groups when transferring across services.
- Evidence showing that patients from all equality groups have their safety prioritised and assured.
- Analysis of equality data. Evidence of how the safety of patients from equality groups compares with the safety of patients as a whole. Evidence of how service changes and transitions for patients from equality groups compares with the changes and transitions for patients as a whole.
- Engagement with patients, members and governors from all equality groups on how service changes are planned and transitions made smooth and how patient safety procedures can be improved.
- Demonstration that key disadvantaged groups are taken into account in the above factors.
- Evidence of plans to improve patient safety and improve on service transitions for equality groups through mainstream processes.

#### Assessment Key Gaps / Development Areas

The key gaps / development areas of Goal 1 were:

- Collation and analysis of equality data across all equality groups.
- Comparison analysis (across all equality groups) in terms of service changes, transitions and patient safety.
- Engagement with local people who are often seldom heard and key disadvantaged groups.
<table>
<thead>
<tr>
<th>Goal 2</th>
<th>Outcome</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved Patient Access and Experience</td>
<td>2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds.</td>
<td>Developing</td>
</tr>
<tr>
<td></td>
<td>2.2 Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment.</td>
<td>Developing</td>
</tr>
<tr>
<td></td>
<td>2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised.</td>
<td>Achieving</td>
</tr>
<tr>
<td></td>
<td>2.4 Patients’ and carers’ complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently.</td>
<td>Developing</td>
</tr>
</tbody>
</table>

**Assessment Criteria**
The assessment criteria of Goal 2 was based on the following key factors:

- Evidence that service users from all equality groups can readily access services, are informed and supported to be involved in decisions about their care and choice of treatment.
- Evidence that service users report positive experiences of the Trust and that complaints are appropriately managed.
- Analysis of equality data. Evidence of how access, information and support, experience and handling of complaints of patients from equality groups compares with patients as a whole.
- Engagement with patients, carers and communities, members and governors from all equality groups about service improvements in relation to patient access, patient information and choice, patient experience and complaints.
- Demonstration that key disadvantaged groups are taken into account in the above factors.
- Evidence of plans to improve patient access, information, experience and the handling of complaints through mainstream processes.

**Assessment Key Gaps / Development Areas**
The key gaps / development areas of Goal 2 were:

- Collation and analysis of equality data across all equality groups.
- Comparison analysis (across all equality groups) in terms of patient access, information and choice, experience and complaints.
- Engagement with local people who are often seldom heard and key disadvantaged groups.
<table>
<thead>
<tr>
<th>Goal 3</th>
<th>Outcome</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades.</td>
<td>Achieving</td>
</tr>
<tr>
<td>3.2</td>
<td>Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing the same work in the same job being remunerated equally.</td>
<td>Achieving</td>
</tr>
<tr>
<td>3.3</td>
<td>Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are Commissioned or provided appropriately.</td>
<td>Developing</td>
</tr>
<tr>
<td>3.4</td>
<td>Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all.</td>
<td>Developing</td>
</tr>
<tr>
<td>3.5</td>
<td>Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people lead their lives.</td>
<td>Developing</td>
</tr>
<tr>
<td>3.6</td>
<td>The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population.</td>
<td>Developing</td>
</tr>
</tbody>
</table>

**Assessment Criteria**

The assessment criteria of Goal 3 is based on the following key factors:

- Evidence that staff from all equality groups experience equitable recruitment and selection processes within all occupations and grades, equitable levels of pay and terms and conditions of employment, equitable levels of personal development and performance appraisals, that staff are free from abuse, harassment, bullying and violence from patients, their relatives and colleagues and that staff have access to a full range of flexible working options and are supported to remain healthy and have access to initiatives to promote healthy lifestyles.
- Evidence that staff from all equality groups are represented on the Board, in senior management teams and in clinical leadership roles to the same extent of the total workforce of the Trust and the population being served.
- Evidence that the Trust can demonstrate how the range and extent of flexible working options that are made available to staff from equality groups compares with the range and extent of flexible working options made available to staff as a whole.
- Evidence that the Trust engages with staff side and staff about the above areas and how to make progress.
- Evidence that the Trust takes account of key disadvantaged groups in the above processes.
- Evidence that the Trust deals with instances of possible unfairness and discrimination in regards to the above areas for equality groups, and quality assure practice and outcomes through mainstream processes.
- Evidence that the Trust has plans in place to progress to the next level, with milestones.

**Assessment key Gaps / Development Areas**

The key gaps/development areas of Goal 3 are:

- There are gaps in the equality data that is available on the Electronic Staff Record around declared disability, sexual orientation and religion/belief. We also do not currently hold any data on gender re-assignment. This limits the available evidence we have to assess whether staff from these equality groups experience equitable treatment. This is being addressed through a Trust wide data cleanse exercise.
- A data capture mechanism for equality information in regards to special leave applications & outcomes is not yet in place but will be developed within 2012/13.
- The Trust needs to develop the level of engagement and feedback undertaken with staff and staff side organisations around the areas identified in Goal 3. This will be progressed through the development of the Trust's Staff Network, further EDS staff surveys and targeted engagement with staff side organisations.
- Health & Wellbeing staff surveys are planned for 2012/13 with targeted initiatives and events on Trust sites.
<table>
<thead>
<tr>
<th>Goal 4</th>
<th>Outcome</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inclusive Leadership at All Levels</strong></td>
<td><strong>4.1</strong> Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond.</td>
<td>Developing</td>
</tr>
<tr>
<td></td>
<td><strong>4.2</strong> Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination.</td>
<td>Developing</td>
</tr>
<tr>
<td></td>
<td><strong>4.3</strong> The organisation uses the NHS Equality &amp; Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes.</td>
<td>Developing</td>
</tr>
</tbody>
</table>

**Assessment Criteria**

The assessment criteria of Goal 4 is based on whether both Board members and other Leaders:

- Actively take steps to create high performing diverse teams and develop diverse talent
- Include advancing of equality of opportunity and fostering good relations in their personal objectives and ask the same of their staff
- Demonstrate the importance of engaging with patients and communities across all equality groups in their decision making and service review
- Demonstrate the importance of engaging with staff –side organisations and staff across all equality groups in its decision-making and service review
- Demonstrate the importance of using best available evidence across all equality groups in its decision making and service review
- Deal with issues of personalisation, fairness and diversity, across all equality groups as part of mainstream business and internal assurance processes

This goal also includes a factor on whether the Trust uses the Competency Framework for Equality & Diversity Leadership to recruit, develop and support strategic leaders to advance equality outcomes.

**Assessment Key Gaps / Development Areas**

The key gaps/development areas of Goal 4 are:

- The development of high performing diverse teams and the development of diverse talent
- Including advancing of equality of opportunity and fostering good relations in personal objectives
- Engagement with staff across all equality groups in decision making and service review
- The Trust has not yet implemented the Competency Framework for Equality & Diversity Leadership

The following actions are planned within 2012/13 to address these issues:

- Review of Competency Framework for Equality & Diversity Leadership and map to KSF Lite, LQF & Local behaviour standards
- Produce `Equality and Diversity Leadership: what does it mean in practice` guidance for managers to support PDR process
- Complete work to link the Equality and Diversity Leadership Framework to the Trust Behaviours Framework.
- Develop Module `Leading in an Equal, Diverse and Inclusive Way` into programmes on leadership pathway.
- Develop Equality and Diversity learning space on the Intranet & populate with resources to support managers.
- Develop engagement/feedback mechanisms with Staff Network and Equality & Diversity Champions around decision making and service review.
Wrightington, Wigan and Leigh NHS Foundation Trust’s
EQUALITY OBJECTIVES 2012/13

<table>
<thead>
<tr>
<th>Goal:</th>
<th>Goal 1: Better Health Outcomes for All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective:</td>
<td>To ensure that our patients experience good quality service that is sensitive to their personal and cultural needs as well as receiving effective treatment and care appropriate to their clinical condition.</td>
</tr>
<tr>
<td>Context:</td>
<td>The responsibility for commissioning of health services for people in the Wigan Borough rests with NHS Ashton, Leigh and Wigan. As a Trust we work with colleagues in NHS Ashton, Leigh and Wigan to identify where the scope or model of services may impact on the ability of people with some, but not all of the protected characteristics. It is difficult to demonstrate the extent to which our services are accessed by people across all protected characteristics as the data gathered is only available by ethnicity, age and gender. Equalities profiling allows the NHS to put services, support or adjustments in place to meet patients’ needs. Responding to patients needs will not only improve patients’ experience of care, but improve overall health outcomes. The Trust recognises that gathering equality information is key to ensuring a safe and positive experience. This data will help the Trust to measure how well it is doing to meet the needs of different groups.</td>
</tr>
</tbody>
</table>
| Key Actions: | • To introduce more robust equality monitoring data collection within both service delivery and employment practice.  
• To ensure all routine service delivery information published is broken down by ethnicity, age, and gender (equality data which the Trust currently collates). With a view to incorporating the other protected characteristics over a longer period of time.  
• To analyse this information in order to enable a better understanding of patient and staff needs and effectiveness of service delivery and employment practice.  
• To ensure this information is routinely used in policy development and service design and delivery.  
• To improve the ways in which the Trust engages with and involves local people and staff (from all equality groups) including seldom heard/key disadvantaged groups to support improvements in its service delivery and employment practices. |
| Measures: | • Annual Patient Surveys.  
• Analysis of data on complaints and compliments.  
• Monthly Nursing Care Indicators Surveys.  
• Review of Re-admission rates / Key Performance Indicators broken down by all equality groups. |
| Time-scale: | By April 2013, with further reviews in September 2013 and April 2014. |
| Mainstreamed: | This equality objective will be taken forward and reported to the Equality and Diversity Steering Group and progress will be overseen by Trust Board. |
| Transparent Reporting: | Progress will be monitored at the quarterly meetings of the Equality and Diversity Steering Group and the Equality and Diversity Champions Group. Details on progress will also be included in annual information published within the Equality and Diversity Service Monitoring Report. |
| Link to WWL Wheel: | Information  
Patients  
Safe, Effective and Caring  
Partnership |
<table>
<thead>
<tr>
<th>Goal:</th>
<th>Goal 2: Improved Patient Access and Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective:</td>
<td>To improve the experience of people with learning disabilities who use health services.</td>
</tr>
<tr>
<td>Context:</td>
<td>The number of people with learning disabilities is rising due to increased survival of infants born with conditions likely to give rise to disabilities. Adult survival has increased substantially over the last 30 years within the Wigan Borough. Of the 37,000 Wigan residents admitted to hospital for any condition at least once last year (2011), 7.5% had a diagnosed mental or behavioural condition. This was much higher for people admitted with injuries (20%) and respiratory problems (11%).</td>
</tr>
</tbody>
</table>
| Key Actions: | To ensure patient information is available in easy read / easy accessible format within the main services accessed by patients with learning disabilities.  
- A basic awareness session is included in Trust Induction on a monthly basis. Further training to be delivered to targeted staff (to commence April 2012).  
- To continue to have Trust Representation on Wigan Learning Disability Partnership Board (LDPB) and Health Sub Group (led by NHS Ashton, Leigh and Wigan Commissioners).  
- To continue to participate in NHS North West's Annual Health Self Assessment.  
- To continue to provide orientation tours for patients with a learning disability, in order to obtain feedback on service accessibility. |
| Measures: | Feedback from the following groups:  
- Wigan and Leigh People First  
- Wigan Family Forum  
- To evidence how feedback and engagement has influenced changes in service delivery. |
| Time-scale: | To be achieved by December 2012. |
| Mainstreamed: | This equality objective will be taken forward and reported to the Equality and Diversity Steering Group and progress will be overseen by Trust Board. |
| Transparent Reporting: | Progress will be monitored at the quarterly meetings of the Equality and Diversity Steering Group and the Equality and Diversity Champions Group. Details on progress will also be included in annual information published within the Equality and Diversity Service Monitoring Report. |
| Link to WWL Wheel: | Information  
Patiens  
Safe, Effective and Caring  
Partnership |
**Goal:** Goal 3: Empowered, engaged and well-supported staff

**Objective:** To eliminate discrimination, bullying, harassment, abuse and victimisation within the Trust workforce.

**Context:** Data from the 2011 national staff survey highlights:
- The Trust has an above average rate of staff reporting they had experienced discrimination at work in comparison with other Acute Trust.
- The % staff reporting they believe the Trust provides equal opportunities for career progression or promotion is below average in comparison with other Acute Trusts.
- The % of staff reporting physical violence or experiencing harassment, bullying or abuse was lower than average in comparison with other Acute Trusts. However, our internal statistics highlight that within 2010/11 we had 7 dignity at work cases, 4 discrimination related grievances and 2 discrimination related Employment Tribunal claims.

Providing a safe working environment where staff are free from discrimination, abuse, harassment, bullying and violence is a key priority for the Trust.

**Key Actions:**
- Commitment by Trust Board and staff side to implement zero tolerance to discrimination, bullying, harassment, abuse and victimisation within the Trust workforce.
- Implement anti bullying and harassment month within 2012/13.
- Develop communication plan to incorporate Team Brief, wage slips, Focus, 5 point communication files and global e-mail.
- Update HR induction information to include leaflet on bullying, harassment, abuse and victimisation with the Trust workforce.
- Implement e-mail etiquette guidance to provide outline of acceptable e-mail communications.
- Revise Equality and Diversity e-compulsory training to expand the information on bullying and harassment and standards of behaviour.
- Implement quarterly ‘temperature check’ of staff opinions on discrimination, bullying, harassment, abuse and victimisation with the Trust workforce.
- Continued promotion of the HR contact line which is available for staff to speak directly to HR about any concerns around bullying and harassment.
- Introduce quarterly monitoring of workforce discrimination incidents and implement targeted action for any hot spots.
- Develop Equality and Diversity learning space on the Intranet and populate with resources to support managers and staff.

**Measures:**

<table>
<thead>
<tr>
<th>Measures</th>
<th>Internal reported incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local monitoring of incidents on:</td>
<td>Bullying, harassment and abuse at work.</td>
</tr>
<tr>
<td></td>
<td>Discrimination related grievances.</td>
</tr>
<tr>
<td></td>
<td>Number of Discrimination related ET cases.</td>
</tr>
<tr>
<td>Target of 30% reduction in internal reported incidents by March 2013.</td>
<td></td>
</tr>
</tbody>
</table>

**2012 National staff survey results**
Comparison with national averages reported in the NHS Staff Survey and target of upper quartile performance in the 2012 national staff survey against the bullying, harassment & discrimination indicators.

**Time-scale:** Actions will be completed by March 2013

**Mainstreamed:** This Equality objective will be taken forward and reported to the Equality and Diversity Steering Group and progress will be overseen by the HR Committee

**Transparent Reporting:** The organisation will report on progress to deliver on this equality objective quarterly through the Workforce Activity reports, Equality and Diversity Steering Group and Staff Network. Details on progress will also be included in annual information published within the Equality and Diversity Employment Report.

**Link to WWL Wheel:** Partnership / Staff Engagement / Leadership
<table>
<thead>
<tr>
<th>Goal:</th>
<th>Goal 4: Inclusive leadership at all levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective:</td>
<td>To ensure that Trust leaders have the right skills to support their staff to work in a fair, diverse and inclusive environment.</td>
</tr>
<tr>
<td>Context:</td>
<td>The local Equality Delivery System staff survey feedback around Equality and Diversity leadership identified several areas for improvement/development. The Trust recognises that effective leadership is key in ensuring that staff are supported to work in culturally competent ways within a fair, diverse and inclusive environment.</td>
</tr>
</tbody>
</table>
• Produce ‘Equality and Diversity Leadership: what does it mean in practice’ guidance for managers to support PDR process.  
• Complete work to link the Equality and Diversity Leadership Framework to the Trust Behaviours Framework.  
• Develop Module ‘Leading in an Equal, Diverse and Inclusive Way’ into programmes on leadership pathway.  
• Develop Equality and Diversity learning space on the Intranet & populate with resources to support managers. |
| Measures: | • Local monitoring of performance through engagement with Staff Network and local EDS staff survey. Target of 20% improvement in scores relating to Equality and Diversity leadership within the next local EDS staff survey (to be undertaken in early 2013). |
| Time-scale: | Actions will be completed by December 2012. |
| Mainstreamed: | This Equality objective will be taken forward and reported to the Equality and Diversity Steering Group and progress will be overseen by the HR Committee. |
| Transparent Reporting: | The organisation will report on progress to deliver on this equality objective quarterly through the Equality and Diversity Steering Group and Staff Network. Details on progress will also be included in annual information published within the Equality and Diversity Employment Monitoring Report. |
| Link to WWL Wheel: | • Leadership  
• Staff Engagement |
# Wrightington, Wigan and Leigh NHS Foundation Trust’s
# EDS Implementation Action Plan 2012/13

## Goal 1: Better Health Outcomes for All

<table>
<thead>
<tr>
<th>No.</th>
<th>Key Actions</th>
<th>Actions</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To introduce more robust equality monitoring data collection within service delivery.</td>
<td>1.1 To review the requirements of the Public Sector Equality Duty (PSED). To review all available guidance. To stipulate what equality information must be published to ensure compliance.</td>
<td>Jan 2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.2 To produce a Gap Analysis outlining key gaps in equality information collation and future actions to address.</td>
<td>April 2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.3 To publish equality information on Trust Website in line with PSED requirements.</td>
<td>Jan 2012</td>
</tr>
<tr>
<td>2</td>
<td>To ensure routine reports are broken down by the characteristics currently recorded - age / gender / ethnicity / religion.</td>
<td>2.1 Data Quality Team to review Gap Analysis / Equality Information requirements. To ensure all equality information published in the public domain is validated by the Data Quality Team.</td>
<td>May 2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.2 To review current reports produced by Business Intelligence (in line with PSED Requirements).</td>
<td>Jun 2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.3 To ensure routine reports are broken down by the characteristics currently recorded - age / gender / ethnicity / religion.</td>
<td>Jan 2014</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PHASE 1 - IP &amp; Maternity Admissions / OP Attendances and DNAs / Maternity OP Attendances and DNAs</td>
<td>Jun 2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PHASE 3 – IP Readmissions / RTT</td>
<td>Jan 2014</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.4 To ensure routine reports, broken down by age / gender / ethnicity &amp; religion can be accessed on a monthly basis via a self-service tool (e.g. ORBIT/Qlikview) by Divisional Teams.</td>
<td>Jan 2014</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.5 To review current reports produced by Infection Control (in line with PSED Requirements / EHRC &amp; NHS Employers Guidance) - C.Diff / MRSA.</td>
<td>May 2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.6 To review current reports produced by Cancer Services (in line with PSED Requirements / EHRC &amp; NHS Employers Guidance) - Cancer Waits.</td>
<td>May 2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.7 To review current reports produced by Patient Relations (in line with PSED Requirements / EHRC &amp; NHS Employers Guidance). To ensure routine reports are broken down by the characteristics currently recorded - age / gender / ethnicity / religion.</td>
<td>May 2012</td>
</tr>
<tr>
<td>No.</td>
<td>Key Actions</td>
<td>Actions</td>
<td>Target Date</td>
</tr>
<tr>
<td>-----</td>
<td>-------------</td>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>2.8</td>
<td>To review current reports produced by PPE (in line with PSED Requirements / EHRC &amp; NHS Employers Guidance). To ensure routine reports are broken down by the characteristics currently recorded - age / gender / ethnicity / religion.</td>
<td></td>
<td>May 2012</td>
</tr>
<tr>
<td>2.9</td>
<td>To review current reports produced by Patient Safety (in line with PSED Requirements). To ensure routine reports are broken down by the characteristics currently recorded - age / gender / ethnicity / religion.</td>
<td></td>
<td>Mar 2013</td>
</tr>
<tr>
<td>3</td>
<td>To review how equality monitoring data (currently not recorded) can be introduced.</td>
<td>3.1 To review how information on sexual orientation / trans gender / disability can be recorded.</td>
<td>Mar 2013</td>
</tr>
<tr>
<td></td>
<td>3.2 To review all Trust clinical recording systems to ensure systems can facilitate future data collection.</td>
<td></td>
<td>Mar 2013</td>
</tr>
<tr>
<td></td>
<td>3.3 To ensure that staff are trained to support the new service delivery approach to data collection.</td>
<td></td>
<td>Mar 2013</td>
</tr>
<tr>
<td></td>
<td>3.4 To ensure patients are aware of the importance of service delivery data collection.</td>
<td></td>
<td>Mar 2013</td>
</tr>
<tr>
<td>4</td>
<td>To ensure patient’s needs are recorded (Legislative requirement to ensure all correspondence is sent out in the appropriate format – i.e. audio / braille / large print).</td>
<td>4.1 To identify how ‘Patient’s Needs’ can be recorded on PAS.</td>
<td>Jan 2011</td>
</tr>
<tr>
<td></td>
<td>4.2 Alert to be set up on EPR to notify Medical Secretary’s of patient’s needs.</td>
<td></td>
<td>Mar 2011</td>
</tr>
<tr>
<td></td>
<td>4.3 To ensure all relevant staff are trained to record and view patient needs.</td>
<td></td>
<td>Mar 2013</td>
</tr>
<tr>
<td></td>
<td>4.4 Data Capture Reports to be produced and monitored accordingly.</td>
<td></td>
<td>May 2012</td>
</tr>
<tr>
<td>5</td>
<td>To analyse this information in order to enable a better understanding of patient and staff needs and effectiveness of service delivery.</td>
<td>5.1 To ensure all equality data reports can be accessed on a monthly basis by Divisional Teams.</td>
<td>Jan 2014 (Phased approach Phase 1 Jun 2013)</td>
</tr>
<tr>
<td></td>
<td>5.2 Information to be reviewed on monthly basis. Any trends to be identified and monitored.</td>
<td></td>
<td>From Jun 2013 (Phase 1)</td>
</tr>
<tr>
<td></td>
<td>5.3 Equality Information to be used in all Equality impact assessments. All Assessments to be tabled as an Agenda Item at all Divisional Quality Executive Committee Meetings. Outcomes / service improvements to be fed back to E&amp;D Lead.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5.4 To ensure this information is routinely used in policy development &amp; service design and delivery.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Key Actions</td>
<td>Actions</td>
<td>Target Date</td>
</tr>
<tr>
<td>-----</td>
<td>----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>6.</td>
<td>To improve the ways in which the Trust engages with and involves local people and staff (from all equality groups) including seldom heard/key disadvantaged groups to support improvements in its service delivery.</td>
<td>6.1 To develop a means of securing feedback from protected characteristic groups where routine data is not collected i.e. refugee and asylum seekers, gypsies and travellers and the homeless. To obtain feedback on Patient Safety / Access to Services / Consent to Treatment / Patient Choice / Complaints.</td>
<td>Mar 2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6.2 To ensure all ethnic groups (including gypsies &amp; travellers / refugees, asylum seekers) and homeless groups are aware of the Trust’s PALS &amp; Complaints processes.</td>
<td>Apr 2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6.3 Review local demographics annually to ensure that the needs of new arrival communities are taken into consideration.</td>
<td>Mar 2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6.4 To ensure engagement is used to support improvements in service delivery.</td>
<td>Mar 2013</td>
</tr>
</tbody>
</table>
Goal 2: **Improved Patient Access and Experience**

<table>
<thead>
<tr>
<th>No.</th>
<th>Key Actions</th>
<th>Actions</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>To ensure patient information is available in easy read / easy accessible format within the main services accessed by patients with learning disabilities.</strong></td>
<td>1.1 To identify the main services accessed by patients with learning disabilities within the Trust and to produce easy read information where applicable.</td>
<td>Jul 2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.2 To produce an easy read information leaflet on ‘Going to Accident &amp; Emergency’.</td>
<td>Jan 2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.3 To produce an easy read information leaflet on ‘How to make a complaint’.</td>
<td>Jan 2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.4 To produce an easy read information leaflet for Dental and Planned Surgery Patients’.</td>
<td>Jan 2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.5 To develop electronic pictorial menus for patients.</td>
<td>Mar 2013</td>
</tr>
<tr>
<td>2.</td>
<td>A basic awareness session is included in Trust Induction on a monthly basis. Further training to be delivered to targeted staff (to commence April 2012).</td>
<td>2.1 To deliver learning disability awareness training. Frequency of training sessions - alternate months, first session April 2012.</td>
<td>April 2012</td>
</tr>
<tr>
<td>3.</td>
<td>To continue to have Trust Representation on Wigan Learning Disability Partnership Board (LDPB) and Health Sub Group (led by NHS Ashton, Leigh and Wigan Commissioners).</td>
<td>3.1 Adult Safeguarding lead to attend Wigan LDPB and LD Health Sub Group</td>
<td>On-going</td>
</tr>
<tr>
<td>4.</td>
<td>To continue to participate in NHS North West’s Annual Health Self Assessment.</td>
<td>4.1 Provide required information &amp; participate in annual Learning disability health self assessment for NHS North West with PCT.</td>
<td>Oct 2012</td>
</tr>
<tr>
<td>5.</td>
<td>To continue to provide orientation tours for patients with a learning disability, in order to obtain feedback on service accessibility.</td>
<td>5.1 To evidence how feedback and engagement has influenced changes in service delivery.</td>
<td>Mar 2013</td>
</tr>
</tbody>
</table>

**To improve patient access and experience**

| 6.  | To promote and raise awareness about the Trust’s DisabledGo Guide.                                                                           | 6.1 To undertake an annual review of the DisabledGo Guide. DisabledGo to be advised of any service / structural changes. | Oct / Nov 12 |
|     |                                                                                                                                               | 6.2 To devise and implement a promotional plan to ensure service users / public are aware of this provision.       | Mar 2013    |
| 7.  | To promote and raise awareness of plans to improve patient access, information, experience, patient safety and the handling of complaints through mainstream processes. | 7.1 To publish evidence of plans to improve patient access, information and experience.                        | Mar 2013    |
|     |                                                                                                                                               | 7.2 To publish evidence of plans to improve the handling of complaints through mainstream processes.           | Mar 2013    |
|     |                                                                                                                                               | 7.3 To publish evidence of plans to improve patient safety and improve on service transitions for equality groups through mainstream processes. | Mar 2013    |
### Goal 3: Empowered, engaged and included staff

<table>
<thead>
<tr>
<th>No.</th>
<th>Key Actions</th>
<th>Actions</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>1.</strong> To improve the quality of data held on ESR around disability, sexual orientation &amp; religion/belief so that monitoring information can be analysed and any areas of concern targeted for action.</td>
<td>1.1 Trust wide ESR data cleanse to take place in 2012.</td>
<td>Jul 2012</td>
</tr>
<tr>
<td>2.</td>
<td><strong>2.</strong> To develop the level of engagement and feedback undertaken with staff and staff side organisations around the areas identified in Goal 3 &amp; 4.</td>
<td>2.1 Development EDS engagement plan with staff side.</td>
<td>Mar 2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.2 Continue to develop and grow the membership of the Staff Network and utilise this forum to obtain feedback on the areas identified in Goals 3 &amp; 4.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.3 Undertake yearly EDS staff survey to obtain feedback on the areas identified in Goal 3 &amp; 4.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td><strong>3.</strong> To develop a data capture mechanism for equality information in regards to flexible working applications &amp; outcomes</td>
<td>3.1 Flexible working policy requires amendment to include a data capture form for equality monitoring information</td>
<td>Mar 2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.2 Application data to be collated and reviewed within 2012/13.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.3 Application data to be reported as part of 2012/13 EDS assessment and included in 2012/13 E &amp; D employment monitoring report.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td><strong>4.</strong> Support the workforce to remain healthy across the range of protected groups.</td>
<td>4.1 Health &amp; Wellbeing staff surveys are planned for 2012/13 with targeted initiatives and events on Trust sites.</td>
<td>Mar 2013</td>
</tr>
<tr>
<td>5.</td>
<td><strong>5.</strong> Work to eliminate discrimination, bullying, harassment, abuse and victimisation within the Trust workforce</td>
<td>5.1 Commitment by Trust Board and staff side to implement zero tolerance to discrimination, bullying, harassment, abuse and victimisation within the Trust workforce.</td>
<td>Mar 2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.2 Develop communication plan to incorporate Team Brief, wage slips, Focus, 5 point communication files and global e-mail.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.3 Update HR induction information to include leaflet on bullying, harassment, abuse and victimisation with the Trust workforce.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.4 Implement e-mail etiquette guidance to provide outline of acceptable e-mail communications.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.5 Revise Equality and Diversity e-compulsory training to expand the information on bullying and harassment and standards of Behaviour.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.6 Continued promotion of the HR contact line which is available for staff to speak directly to HR about any concerns about bullying &amp; harassment.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.7 Introduce quarterly monitoring of workforce discrimination incidents and implement targeted action for any hot spots.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.8 Develop Equality and Diversity learning space on the Intranet and populate with resources to support managers and staff.</td>
<td></td>
</tr>
</tbody>
</table>
## Goal 4: Inclusive Leadership at all levels

<table>
<thead>
<tr>
<th>No.</th>
<th>Key Actions</th>
<th>Actions</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>To ensure that Trust leaders have the right skills to support their staff to work in a fair, diverse and inclusive environment.</td>
<td>1.1 Review Equality &amp; Diversity Competency Framework for Equality &amp; Diversity Leadership and map to KSF Lite, LQF &amp; Local behaviour standards.</td>
<td>Dec 2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.2 Produce ‘Equality and Diversity Leadership: what does it mean in practice’ guidance for managers to support PDR process.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.3 Complete work to link the Equality and Diversity Leadership Framework to the Trust Behaviours Framework.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.4 Develop Module ‘Leading in an Equal, Diverse and Inclusive Way’ into programmes on leadership pathway.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.5 Develop Equality and Diversity learning space on the Intranet &amp; populate with resources to support managers.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>To Integrate Equality Objectives and actions into Mainstream business planning:</td>
<td>2.1 To deliver training on Equality Agenda to Trust Board</td>
<td>Jun 2012</td>
</tr>
<tr>
<td></td>
<td>- Quality Accounts</td>
<td>2.3 Consult on draft Single Equality Strategy with stakeholders.</td>
<td>Oct 2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.5 Develop an Action Plan for Trust Board. (Ensure that leadership from Board level is active and evident throughout the Trust).</td>
<td>Dec 2012</td>
</tr>
</tbody>
</table>
### Glossary

<table>
<thead>
<tr>
<th>A</th>
<th>Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>A law or piece of legislation passed by both Houses of Parliament and agreed to by the Crown, which then becomes part of statutory law (i.e. is enacted).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>A practical and realistic plan, with an agreed timetable and targets, showing how an employer is planning to achieve the aims of their Equality Strategy.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A</th>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access refers to the mechanisms by which people with a range of needs (such as disabled people, people with children, people whose first language is not English) find out about and use services and information.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>This refers to a person belonging to a particular age group, which can mean people of the same age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds, or people over 50).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A</th>
<th>Alternative Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media formats which are accessible to disabled people with specific impairments, for example braille, audio description, subtitles and Easy Read.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>See Equality Analysis</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B</th>
<th>Black and Minority Ethnic people</th>
</tr>
</thead>
<tbody>
<tr>
<td>The term Black is used by some African-Caribbean and Asian people and people of dual heritage as a conscious and political expression of racist oppression and/or to denote unity of origin. The term minority ethnic people refer to groups of people who share historical, cultural, or national origins and who are numerically a minority in this society. There are several characteristics a group must fall within the meaning ‘ethnic group’ under the Race Relations Act. These are a long history, their own cultural tradition, a common language, a literature, religion, a common geographical origin and being a minority within a larger community. It does not matter if the size of a particular ethnic group is diminished.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C</th>
<th>Carers</th>
</tr>
</thead>
<tbody>
<tr>
<td>By carers we mean people who look after a relative or friend who need support because of age, physical or learning disability or illness, including mental illness. There are nearly 5.7 million carers in Great Britain. Carer does not mean care-worker or care staff of any kind, who are paid to provide care as part of a contract of employment.</td>
<td></td>
</tr>
</tbody>
</table>

Parent Carer - by parent carer we mean a parent of a disabled child. Parents will often see themselves as parents rather than carers, but their child will have additional care needs and may be entitled to additional services.

Young Carers - this means carers who are under the age of 18. The person receiving care is often a parent but can be a brother or sister, grandparent or other relative who needs support. There are estimated to be between 20 and 50,000 plus young carers in the UK.
### Care Quality Commission (CQC)

The CQC regulates all health and adult social care services in England, including those provided by the NHS, local authorities, private companies or voluntary organisations. The CQC makes sure that essential standards of quality and safety are being met where care is provided, from hospitals to private care homes. It has a wide range of enforcement powers to take action on behalf of people who use services if services are unacceptably poor.

**Consultation**

Asking for views on policies or services from staff, colleagues, service-users, or the general public. Different circumstances call for different types of consultation. For example, consultation can include public meetings, focus groups, surveys, questionnaires and meeting with experts.

### Direct Discrimination

Less favourable treatment of a person compared with another person because of a protected characteristic.

### Disability

A person has a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

### Disabled person

Someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

### Discrimination

This term is used here in the sense of unfair discrimination i.e. using information, which is unfair, or irrelevant to influence a decision on the way someone is treated.

### Diversity

The differences in the values, attitudes, cultural perspective, beliefs, ethnic background, sexuality, skills, knowledge and life experiences of each individual in any group of people. This term refers to differences between people and is used to highlight individual need. It can be used inappropriately as an alternative to equal opportunities. It avoids reference to discrimination and the equality impact that power imbalances have on different communities.

### Divisions

Wrightington, Wigan and Leigh NHS Foundation Trust are divided into 7 key Divisions (Medicine; Surgery; Specialist Services; Estates and Facilities; Corporate; Human Resources and Finance). Each division is responsible for specific department areas. Each Division is headed by a Senior Manager who is responsible for the day-to-day running of their department areas.

### Equality

The vision or aims of creating a society free from discrimination where equality of opportunity is available to individuals and groups enabling them to live their lives free from discrimination and oppression.

### Equality Analysis

Equality analysis is a way of systematically and thoroughly assessing and consulting on the effects that a proposed policy/service/function/practice is likely to have on groups of people. It can also be used to estimate the likely impact of existing functions or policies and procedures, as well as looking at whether a policy, procedure or function positively promotes equality between different groups.
Equality and Diversity Champions
Each Division within the Trust has designated Equality and Diversity Champions (nominated by their Divisional Managers). Equality and Diversity Champions are responsible for driving forward Equality and Diversity throughout their Divisions.

Equality and Diversity Steering Group
The Trust's Equality and Diversity Steering Group was established in 2002 to develop and advance the Trust’s approach to equality and diversity. The Steering Group is chaired by an Executive Director and attended by other Executive Directors. Regular reports are submitted to the Board.

Equality and Human Rights Commission (EHRC)
The EHRC is a statutory body established under the Equality Act 2006, which took over the responsibilities of the Commission for Racial Equality, Disability Rights Commission, and Equal Opportunities Commission. It aims to reduce inequality, eliminate discrimination, strengthen good relations between people, and promote and protect human rights in Britain.

Equality Delivery System (EDS)
In October 2011, the Department of Health launched a new framework to promote equality and fairness in the NHS - the Equality Delivery System (EDS). This toolkit was designed to help NHS Organisations to drive up equality performance and embed equality into mainstream NHS business, meeting the requirements of the Public Sector Equality Duty. The EDS is a national equalities framework which can be adapted locally. It is designed to be a performance and quality assurance mechanism to underpin legislation. The EDS ensures all NHS services are working to the same set of goals around equality and diversity and human rights.

Equality Impact Assessments
This mechanism/assessment supports staff to analyse how a policy / service impacts on various groups of people within the community. To ensure there is no discrimination against patients / staff and service users.

Equal Opportunities
The development of practices that promote the possibility of fair and equal chances for all to develop their full potential in all aspects of life and the removal of barriers of discrimination and oppression experienced by certain groups.

Equality Groups
These are the 9 commonly used classifications (protected characteristics) for examining equality and diversity issues:

- Age
- Disability
- Gender
- Race
- Religion or belief
- Sexual Orientation
- Marriage & Civil Partnership
- Pregnancy and Maternity
- Gender Reassignment

Ethnicity
An individual's identification with a group sharing any or all of the following: nationality, lifestyles, religion, customs and language.

Experience
The way a person feels about using a service, product, system etc. User experience highlights the experiential, affective, meaningful and valuable aspects of human interaction and product ownership, but it also includes a person's perceptions of the practical aspects such as utility, ease of use and efficiency of the system. User experience is subjective in nature, because it is about an individual's feelings.
**Focus Group**
Focus group research involves organised discussion with a selected group of individuals, to obtain information about their views and experiences on a particular topic. Focus group interviews are particularly suited for obtaining several perspectives about the topic.

**Functions**
The full range of activities carried out by a public authority to meet its duties.

**Gender**
Gender refers to a set of qualities and behaviours expected from a female or male by society. Gender is often confused with sex. Sex generally refers to biology and anatomy. By contrast, gender roles are learned and vary widely within and among cultures. Gender roles and expectations are often identified as factors hindering the equal rights and status of say, women with adverse consequences that affect life, family, socio-economic status.

**Gender Re-assignment**
The process of changing or transitioning from one gender to another.

**General and Specific Duties**
All Public Authorities are legally required to have in place, an Equality Scheme which sets out how they plan to meet the ‘general and specific duties’ (legislative requirements) contained in the Equality Act 2010

These duties ensure public authorities have a legal responsibility when carrying out their functions to have ‘due regard’ to the need to:

- Eliminate unlawful discrimination, harassment, victimisation;
- Advance equality of opportunity between those covered by the Equality Act and those not covered, e.g. between disabled and non-disabled people;
- Foster good relations between these groups.

**Harassment**
Unwanted behaviour that has the purpose or effect of violating a person’s dignity or creates a degrading, humiliating, hostile, intimidating or offensive environment. See sexual harassment.

**Health Outcome**
An outcome or result of a medical condition that directly affects the length or quality of a person’s life.

**Heterosexual**
This term refers to a person, male or female, who is sexually and emotionally attracted to people of the opposite sex.

**Human Resources**
The purpose of this function is to provide support to both managers and individuals, to make sure there is a consistent and fair approach to employment matters across Wrightington, Wigan and Leigh NHS Foundation Trust. A particular focus is supporting managers and change processes to achieve service excellence.
Impairment
A functional limitation which may lead to a person being defined as disabled according to the definition under the Act. See disability.

Inclusive Leadership
As an inclusive leader, a person must adopt - and live - a set of values, which places human relationships centre stage and which defines the purpose of their enterprise in other than purely financial or commercial terms. Equality Leaders and Champions are supported and developed within the workforce to mainstream equality into every part of the business. To recognise the individual, diverse needs of service users and staff, and treat them fairly with dignity and respect.

Indirect Discrimination
The use of an apparently neutral practice, provision or criterion which puts people with a particular protected characteristic at a disadvantage compared with others who do not share that characteristic, and applying the practice, provision or criterion cannot be objectively justified.

Inequalities
The unfair difference between groups of people in society, when some have more wealth, status or opportunities than others.

Involvement
Involvement is a more active form of community engagement than consultation. This includes involving members of the community, for example, in decision making, during a project or policy design and management.

Information collected from individual patients and staff is invaluable in helping the Trust to ensure that it provides a high quality service for all. Wrightington, Wigan and Leigh NHS Foundation Trust recognises the importance of consultation in all aspects of the development and implementation of its responsibilities for equality.

Interpretation
Interpretation, or interpreting, is an activity that consists of establishing communication between people who use different languages made up of words, gestures or other symbols. For example, an interpreter who understands both English and Urdu could help an English-speaker and an Urdu-speaker understand what each other is saying by listening to each person speak then relaying what each one is saying to the other person in the language they understand.

Legislation
See Act.

LINks
A Local Involvement Network (LINk) is made up of individuals. Groups and organisations who want to improve health and social care services in their area. To accurately assess priorities a LINk need the views of all sections of the community.
Marriage and Civil Partnership
Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated no less favourably than married couples.

Maternity
See pregnancy and maternity.

Maternity Leave
Leave which a woman can take whilst she is pregnant and after the birth of her child divided into compulsory, ordinary and additional maternity leave. How much leave a woman is entitled to will vary, but all women employees are entitled to 26 weeks.

Mentorship
Mentoring is a form of human development, where one person invests time, energy and personal know-how to assist another person to grow and to fulfil their true potential, and to increase their capacity for learning.

Monitoring
A process that involves collecting, storing, analysing and evaluating information, to measure performance, progress or change. Monitoring racial equality involves collecting, storing, analysing and evaluating information about the equality target groups to which people say they belong.

Nationality
An aspect of a person's identity conveying rights and duties, and defined by a specific legal relationship between an individual and a state, through birth or naturalisation, which is recognised by that state. Article 2 of the European Convention on Nationality defines 'nationality' as 'the legal bond between a person and a state' which 'does not indicate the person's ethnic origin'.

National Health Service Litigation Authority (NHSLA)
The National Health Service Litigation Authority handles negligence claims and works to improve risk management practices in the NHS. All NHS Organisations are assessed by the NHSLA against a set of core standards which encompass Equality and Diversity.

NHS Drivers
NHS Organisations / Legislative Bodies, which inform, regulate and monitor NHS Organisations.

Objective
The desired or needed result to be achieved by a specific time. An objective is broader than a goal, and one objective can be broken down into a number of specific goals.

Outcome
The end result of the implementation of a set of goals / plan / actions etc. See Health Outcome.
Partnership
There are many different types of partnerships, and many different reasons that you might want to develop them. Some partners will help you generate ideas, or develop content; others will help you to design your engagement activity; some will be able to share their skills and knowledge to ensure your activity is a success and others may be prepared to put resources into the activity. Partners can also help you develop relationships with different audiences.

Perception
In the Act, the belief that someone has a protected characteristic, whether or not they do have it.

Policies
Policies are the sets of principles or criteria that define the different ways in which an organisation carries out its role or functions and meets its duties. Policies also include formal and informal decisions made in the course of their implementation. All proposed and current activities which the Authority carries out.

Positive Action
Refers to a range of lawful actions that seek to overcome or minimise disadvantages (e.g. in employment opportunities) that people who share a protected characteristic have experienced, or to meet their different needs.

Positive Discrimination
Treating someone with a protected characteristic more favourably to counteract the effects of past discrimination. It is generally not lawful although the duty to make reasonable adjustments is an exception where treating a disabled person more favourably may be required by law.

Pregnancy and Maternity
Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Prejudice
Means to pre-judge someone, knowing next to nothing about them but jumping to conclusions because of some characteristics, like their appearance.

Procurement
The contractual or other arrangements that a public authority makes to obtain goods, works or services from an outside organisation.

Protected Characteristics
These are the grounds upon which discrimination is unlawful. The characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Public Authority
Organisations and individuals that carry out public functions - this would include government departments, local authorities, health authorities and hospitals, schools, prisons, and police for example.

Public bodies
Public bodies are defined as bodies which have a role in the processes of national Government but are not a Government department or part of one. They operate to a greater or lesser extent at arm's length from Ministers.

Public Sector Equality Duty
The duty on a public authority when carrying out its functions to have due regard to the need to eliminate unlawful discrimination and harassment, foster good relations and advance equality of opportunity.
### Race
Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, nationality (including citizenship) ethnic or national origins.

### Reasonable Adjustment
Reasonable adjustments are changes to physical premises or working practices that remove the disadvantage they present to a person with a disability. There are no strict rules about what qualifies as a reasonable adjustment as every case is different and must be assessed on its merits.

### Religion or Belief
Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

### Resources
The term is used here to refer to money, time, people, buildings, and equipment used in the provision of services.

### Reviewing
The term is used here to refer to the process of checking progress against aims.

### Service User
This term is used here to refer to patients, staff, carers, relatives, etc.

### Service Provider
Someone (including an organisation) who provides services, goods or facilities to the general public or a section of it.

### Sex
This is a protected characteristic. It refers to whether a person is a man or a woman (of any age).

### Sexual Harassment
Any conduct of a sexual nature that is unwanted by the recipient, including verbal, non-verbal and physical behaviours, and which violates the victim’s dignity or creates an intimidating, hostile, degrading or offensive environment for them.

### Sexual Orientation
A term describing a person’s attraction to members of the same sex or different sex. Usually defined as lesbian, gay, bisexual, or heterosexual.

### Single Equality Scheme
A Single Equality Scheme is a policy / strategy / framework for meeting the requirements of the various pieces of Equality Legislation. This Equality strategy replaces and builds on the Trust’s previous Single Equality Scheme 2009 - 2012.

### Staff Network
Staff networks are run by staff for staff and bring together people from all faculties, departments and services who identify with a group relating to one of the Trust’s nine equality strands.

### Strategy
A plan of action designed to achieve a long-term or overall aim.
### Training
A wide range of career development opportunities, which could include informal in-house training as well as more formal courses.

### Translation
The act or process of changing the written word (text) from one language to another, or in other formats, such as audio, large print and braille. This is distinct from Interpretation, which is defined above.

### Transsexual / Transgender people
Refers to a person who has the protected characteristic of gender reassignment. This may be a woman who has transitioned or is transitioning to be a man, or a man who has transitioned or is transitioning to be a woman. The law does not require a person to undergo a medical procedure to be recognised as a transsexual.

### Two Ticks' Symbol
A sign awarded by Jobcentre Plus to employers who are positive about employing disabled people and are committed to employ, keep and develop disabled staff.

### Unlawful
Not permitted by law (as distinct from illegal which means 'forbidden by law'). On occasions, unlawful and illegal may be synonymous, but unlawful is more correctly applied in relation to civil (as opposed to criminal) wrongs.

### Victimisation
Subjecting a person to a detriment because they have done a protected act or there is a belief that they have done a protected act i.e. bringing proceedings under the Act; giving evidence or information in connection with proceedings under the Act; doing any other thing for the purposes or in connection with the Act; making an allegation that a person has contravened the Act.

### Work Force and Employment Profile
What our workforce looks like. Make up of the people who work for an organisation. Analysing the workforce profile allows us to see how many people from different groups work for the organisation, how many men, how many women, how many disabled people, how many people from different ethnic groups, how many lesbian and gay people. It also allows us to see what kind of jobs people do, how much they are paid/at what grades to see if there are any patterns. For example, if all women in the authority were in low paid jobs and concentrated in one service area then the Trust would put in place policies and procedures to try and change this – are people receiving training to enable them to move up etc.