**NHS England**

# NHS Equality Delivery System 2023
# EDS Reporting Template

Draft subject to Board Approval

Version 1, 28 February 2024

# Contents

# Equality Delivery System for the NHS

***The EDS Reporting Template***

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation's website.

# NHS Equality Delivery System (EDS)

| Name of Organisation | | Wrightington, Wigan and Leigh NHS Teaching Hospitals Foundation Trust | Organisation Board Sponsor/Lead | | |
|---|---|---|---|---|---|
| | | | Chief People Officer: Jules Tait<br>Interim Chief Nurse: Kevin Parker-Evans | | |
| Name of Integrated Care System | | Greater Manchester | | | |

| EDS Lead | Tim Brown and Debbie Jones | | At what level has this been completed? | |
|---|---|---|---|---|
| | | | | *List organisations |
| EDS engagement date(s) | **Domain 1:** 23rd / 25th / 30th January 2024<br>**Domain 2:** 31st January 2024<br>**Domain 3:** 9th February 2024 | | Individual organisation | Yes |
| | | | Partnership* (two or more organisations) | |
| | | | Integrated Care System-wide* | |

| Date completed | Feb 2024 | Month and year published | Feb 2024 |
|---|---|---|---|
| Date authorised | Feb 2024 | Revision date | 8 Feb 2025 |

| Completed actions from previous year | |
|---|---|
| **Action/activity** | **Related equality objectives** |
| As 2022/23 was a pilot year, WWL were unable to host stakeholder engagement events for Domain 1. Engagement events for agreed services were carried out in 2023/24. | **Understand and improve the experience of patients across all protected characteristics** |
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| | |

Note: The EDS system was piloted in 2022/23 and no formal action plans were included in the previous report. Limited progress has been made on the actions developed on the back of the 2022/23 pilot EDS report and outstanding actions have been included in the action plan for 2023/24. A new EDI strategy group will be set up to monitor progress on EDI action plans going forward.

# EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

| | |
|---|---|
| **Undeveloped activity** – **organisations score out of 0** for each outcome | Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped** |
| **Developing activity** – **organisations score out of 1** for each outcome | Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing** |
| **Achieving activity** – **organisations score out of 2** for each outcome | Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving** |
| **Excelling activity** – **organisations score out of 3** for each outcome | Those who score **33,** adding all outcome scores in all domains, are rated **Excelling** |

# Domain 1: Commissioned or provided services

Three patient services were identified for review during 2023/24.

- Fertility Fusion
- Community Learning Disability Team
- Maternity Unit at Royal Albert Edward Infirmary

A separate evidence pack was compiled for each service identified. Compilation of evidence packs largely utilised already existing data and reports. Service leads provided specific input on their service.

Existing data and reports included:

- Patient Surveys (local & national)
- Patient feedback / Lived experience
- The Friends and Family Test (FFT results)
- Serious incidents, never events and complaints
- Examples of reasonable adjustments made
- Policies and Procedures
- Interpreting and Translation information

Three separate engagement events were held at three different locations (one for each service) during January 2024. Service users / members of the local community were encouraged to attend. The events were promoted widely via various communication channels during November / December. Evidence was also made available on the Trust website. Stakeholders who were unable to attend, were encouraged to review and provide feedback via the online feedback survey.

**As advised by NHS England guidance, the middle score out of the three services for Domain 1 will be added together to provide the overall score.**

| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) |
|---|---|---|---|---|
| **Domain 1: Commissioned or provided services** | 1A: Patients (service users) have required levels of access to the service | **See Appendix 1**<br>• Maternity Unit<br>• Community Learning Disability Team<br>• Fertility Fusion | 3<br>2<br>3 | Maternity Service Lead<br>LD Service Lead<br>Fertility Fusion Lead<br>EDI Service Lead |
| | 1B: Individual patients (service users) health needs are met | **See Appendix 1**<br>• Maternity Unit<br>• Community Learning Disability Team<br>• Fertility Fusion | 3<br>2<br>3 | Maternity Service Lead<br>LD Service Lead<br>Fertility Fusion Lead<br>EDI Service Lead |
| | 1C: When patients (service users) use the service, they are free from harm | **See Appendix 1**<br>• Maternity Unit<br>• Community Learning Disability Team<br>• Fertility Fusion | 3<br>2<br>3 | Maternity Service Lead<br>LD Service Lead<br>Fertility Fusion Lead<br>EDI Service Lead |
| | 1D: Patients (service users) report positive experiences of the service | **See Appendix 1**<br>• Maternity Unit<br>• Community Learning Disability Team<br>• Fertility Fusion | 3<br>1<br>3 | Maternity Service Lead<br>LD Service Lead<br>Fertility Fusion Lead<br>EDI Service Lead |
| **Domain 1: Commissioned or provided services overall rating (As advised by NHS England guidance, the middle score out of the three services for Domain 1 has been used for the overall score rating).** | | | 12 | Fertility Fusion / Maternity Unit |

# Domain 2: Workforce health and well-being

Introduction: The health of our workforce is critical, and NHS organisations are best placed to support healthy living and lifestyles. The EDS recognises that our staff are also our patients, who belong to various community groups; the very same community groups that we serve. WWL is encouraged to monitor the health of our workforce, support self-care and build health literacy among staff.

Evidence was collated and scored in collaboration with stakeholder groups (staff side, Chaplaincy, diversity staff networks).

| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) |
|---|---|---|---|---|
| Domain 2: Workforce health and well-being | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | The Trust screens all new staff for a range of health conditions during the initial Occupational Health process.<br><br>The Trust does not provide direct support to help staff manage obesity, diabetes, asthma, and COPD. This is something that will be recommended as part of the EDS review and action plan process.<br><br>The Trust provides psychological and wellbeing services to support staff with mental health conditions and wellbeing –  See appendix 2<br><br>WWL acknowledge that to improve the EDS rating for this Domain it will need to evidence providing support for staff living with obesity, diabetes, asthma and COPD. | 1 | EDI Lead for Workforce |

| | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | The main evidence of the prevalence of bullying, harassment and abuse was considered using the following sources of:<br><br>• NHS England Workforce Race Equality Standard (WRES)<br>• NHS England Workforce Disability Equality Standard (WDES)<br>• Datix<br>• Freedom to Speak Up report<br><br>The WRES and WDES reports, and associated action plans can be found in Appendix 2.<br><br>The data from the WRES report 2023 is showing BME staff are experiencing bullying, harassment and abuse from the public or colleagues higher than white staff.<br><br>The WDES 2023 data is showing that staff with a disability and long-term health conditions (LTC) experience higher levels of bullying, harassment and abuse than staff without a disability.<br><br>The WRES and WDES action plans are in the process of being implemented with the stated aim of reducing bullying, harassment and abuse from patients, the public and staff. A new EDI Steering Group is being set up to help with action planning.<br><br>Data from Datix incident reporting highlights that there has been a significant number patient on staff incidents related to violence and abuse in the past year. Staff-on-staff violence or abuse was rare. However, available data does not provide insight into impact of incidents broken down by protected characteristics. | 1 | EDI Lead for Workforce |
|---|---|---|---|---|

| | | The Freedom to Speak Up Annual Report indicates a relatively small number of cases associated with discrimination. This suggests that further work is needed to understand whether this is an accurate reflection of staff's experience or if there are any barriers that prohibit staff from contacting the Freedom To Speak Up Guardian.<br><br>Other data sources include HR related data on complaints, grievances, and employment tribunal cases. The data is often too small to enable equality analysis to be carried out across each of the protected characteristics. | | |
| --- | --- | --- | --- | --- |
| | 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | The evidence that was relied upon to address this outcome was a substantive range of support and advice services to assist staff who are suffering from stress, abuse, bullying, harassment and physical violence from any source.<br><br>The evidence from the services highlighted a lack of consistency with regards to equality and diversity monitoring of service users. This is important to enable services to understand if there's any disparities across the protected groups.<br><br>See appendix 2 for the list of services. | 1 | EDI Lead for Workforce |

| | 2D: Staff recommend the organisation as a place to work and receive treatment | This Domain 2D question relies on evidence from the NHS Staff Survey 2022. The grading guidance has indicated, WWL's staff recommending WWL as a place to work would need to be above 70% to enable a score greater than 1 to be awarded.<br><br>**Staff recommend the organisation as a place to work:**<br><br>Trust overall average 61%<br>Best NHS Trust average 75.2%<br>BME staff = 66%<br>Staff with long lasting health condition or illness = 55.3%<br>Staff aged 51-65 = 57%<br>Gay or Lesbian staff = 54.7%<br><br>**Staff recommend the organisation as a place to receive treatment:**<br><br>Trust overall average = 62.4%<br>Best NHS Trust Average = 86.4%<br>BME staff = 66%<br>Staff with long lasting health conditions and illness = 55.3%<br>Staff aged 51-65 = 61%<br>Gay or Lesbian staff = 47% | 1 | EDI Lead for Workforce |
|---|---|---|---|---|
| **Domain 2: Workforce health and well-being overall rating** | | | 4 | |

## Domain 3: Inclusive leadership

Evidence was collated and presented to stakeholder groups (staff side & a neighbouring NHS Trust). Each outcome was scored out of 3 and a mean score was taken.

| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) |
|---|---|---|---|---|
| | | | | |

| Domain 3: Inclusive leadership | 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | See Appendix 3 for the summary from the independent rater feedback.<br><br>It was evident that there is a clear desire and commitment from the Board to improve the experience of staff working at WWL. The Chief Executive demonstrates compassionate and inclusive leadership by actively engaging with staff from different professional groups, bandings, and staff from different protected groups.<br><br>The Board has acknowledged that the experience of WWL's international educated nurses and staff with a disability and long-term condition needed to improve. The Trust Board has shown a commitment to the anti-racism agenda by becoming a signatory to the GM anti racism framework and implementing the Disability Confident Employer Scheme.<br><br>WWL's True Colours, FAME and Disability and LTC staff networks each have an executive sponsor who works closely with the staff network members to support and promote their activities, such as Wigan Pride sponsorship, Rainbow Badge scheme and other community events.<br><br>The Trust Chair is proactively engaged with the NHS England NExT Director scheme -supporting tomorrow's non-executives. The NeXT Director Scheme is a development programme created and designed to help find and support the next generation of talented people from groups who are currently under-represented on NHS Trust Boards. | 1 | EDI Lead for Workforce |
| --- | --- | --- | --- | --- |

| | | The Executive Team makes use of corporate communications to promote key EDI awareness days. This helps to educate and support staff to become more curious about EDI and its links to delivering high quality patient care. | | |
|---|---|---|---|---|

| | 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | Similar to last year and in line with EDS2022 guidance, a random sample of WWL's 2023/24 minutes/agendas/papers from the following were examined for evidence to score against the 3B outcome.<br><br>• Board meetings<br>• People Committee Meetings<br>• Quality and Safety Committee Meetings<br>• Projects<br>• Policies<br><br>EDS progress has been quite limited. This may partially be due to not having an Equality Steering Group in place and carrying an EDI Lead vacancy in 2023. The EDS findings are very similar to the previous 12 months. There is clear evidence of both equality and health inequalities being discussed in some Board and Committee meetings. While equality and health inequalities are discussed in some Board and Committee meetings (particularly People Committee), they are not standing agenda items for all. A Fair Experience for All is a standing agenda item at People Committee – this is where employee relation cases are reviewed and monitored. Diversity information is included to enable themes to be identified and addressed. Like last year, Equality and Health Inequalities impact assessments are not completed for all projects and policies. | 1 | EDI Lead for Workforce |

| | 3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients | Like last year, the main sources of evidence that were considered for 3C were:<br><br>• Board of Directors Cycle of Business<br>• People Committee work plan<br>• Finance and Performance work plan<br>• Audit Committee work plan<br>• Quality and Safety Committee work plan<br>• Board Assurance Framework<br>• EDI Annual Report<br>• People Committee Workforce dashboard<br><br>The Domain 3 rating was considered by the independent reviewer (Cath Prescott) after meeting with WWL's EDI Lead and assessing the relevant EDS evidence. It was important and consistent with the EDS process to ensure that the EDS grading guidance was being followed. The main reason why the independent reviewer scored Domain 3C zero was due to WWL not having in place an EDI and Health Inequalities steering group and identified an Executive Lead for Health Inequalities. Having a Health Inequalities Lead and Developing a Health Inequalities Action Plan is a requirement of the NHS Contract - Equity of Access, Equality and Non-Discrimination. It is acknowledged that WWL is working at pace to introduce an EDI steering group and identify the Health Inequalities lead. This will improve the EDI and Health Inequalities governance arrangement and help Board members and system leaders manage EDI performance and monitor progress with staff and patients. In the absence of an EDI steering group WRES, WDES, Gender Pay Gap reporting, and EDS are reported to Board/People committee and | 0 | EDI Lead for Workforce |

| | | progress of the actions arising from these reports are monitored via an EDI annual report. A Fair Experience for All is a standing agenda item at People Committee – this is where employee relation cases are reviewed and monitored. Diversity information is included to enable themes to be identified. | | |
|---|---|---|---|---|
| **Domain 3: Inclusive leadership overall rating** | | | 2 | |
| **Third-party involvement in Domain 3 rating and review** | | | | |
| **Trade Union Rep(s):** Phil Powell, Joanne Matthews | | **Independent Evaluator(s)/Peer Reviewer(s):** EDI Lead at GM Mental Health Trust | | |

## EDS Organisation Rating (overall rating): 18 (Developing)

## Organisation name(s): Wrightington, Wigan and Leigh NHS Teaching Hospitals Foundation Trust

Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**

Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**

Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**

Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

## EDS Action Plan

| EDS Lead | Year(s) active |
|---|---|
| EDI Lead (Workforce): Tim Brown<br>EDI Lead (Service): Debbie Jones | 2024/25 |
| **EDS Sponsor** | **Authorisation date** |
| Chief People Officer: Jules Tait<br>Interim Chief Nurse: Kevin Parker-Evans | |

**TO BE NOTED: FOR DOMAIN 1 ACTIONS FROM 2023/24 REVIEW RELATE TO ALL OUTCOMES (not individual outcomes)**

| Domain | Outcome | Objective | Action | Completion date |
|---|---|---|---|---|
| Domain 1: Commissioned or provided services | 1A: Patients (service users) have required levels of access to the service<br><br>1B: Individual patients (service users) health needs are met<br><br>1C: When patients (service users) use the service, they are free from harm | More engagement from public / service users from all protected characteristics at future EDS Engagement Events<br><br>Patient experience surveys to include monitoring and analysis of all 9 protected characteristics - To work with Divisional EDI Leads and Service Leads to educate them | The need for funding to be allocated to support annual EDS engagement events to be raised with Executive Team (ETM EDS 2023 Update Report)<br>To share EDS 2023/24 Domain 1 Service Stakeholder Feedback Reports with Divisions | March 2024 |

| Domain | Outcome | Objective | Action | Completion date |
|---|---|---|---|---|
| | 1D: Patients (service users) report positive experiences of the service | about the requirements of the EDS and the importance of equality and diversity monitoring. | To attend Divisional Patient Experience and Engagement Meetings and raise awareness of EDS and the importance of equality monitoring. | March 2024 |
| | | | To review how Family and Friends Test Feedback resources could be adapted to capture further equality monitoring. | Sept 2024 |
| | | To evidence what actions have been taken since the NHS Rainbow Badge Assessment Programme Recommendation Report and Action Plan was provided in 2023. | To ensure to be included within new EDI Governance Assurance Framework. Report and Action Plan to be re-circulated to Divisional Leads. | Nov 2024 |
| | | | | Sept 2024 |

| Domain 2: Workforce health and well-being | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | • Provide support for staff to enable the self-management of obesity, asthma, diabetes, and COPD. | • Identify reading materials, signposting to local and national resources and support pathways for each of the mentioned conditions e.g. obesity, diabetes, asthma, COPD. | June 2024 |
| | | | • Explore whether there is the demand for peer-to-peer support groups. | June 2024 |
| | | | • Promote the support for staff with long term conditions in different formats across WWL, including Social Media, All Staff Team Brief and Leaders' Forum | June 2024 |
| | | | • Review the use of sickness absence data to support staff to manage long term health conditions. | June 2024 |

| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | • Review Trust's Values and Behaviours | • Engage with WWL workforce to co-produce Trust values and behaviour. | September 2024 |
| | | • Implement NHS Engand High Impact action 6 – Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur. | October 2024 |
| | | • Review zero tolerance of bullying, harassment, and abuse and associated dignity at work policies. | September 2024 |
| | | • Co-produce anti racism statement and implement GM Anti Racist Framework | May 2024 |

| | | | | |
|---|---|---|---|---|
| | 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | • Improve the support available for staff experiencing bullying, harassment and violence from any source. | • Promote the Freedom to Speak up Guardian function across WWL. | March 2024 |
| | | | • Staff networks are developed to ensure that they are constituted, active and accessible. | May 2024 |
| | | | • Review Equality and Diversity monitoring form and promote its use across WWL. | May 2024 |
| | | | • Promote the support available to victims of bullying, harassment, verbal and physical abuse across WWL. | April 2024 |
| | 2D: Staff recommend the organisation as a place to work and receive treatment | • Review the NHS staff survey data and understand the reasons why staff are not recommending WWL as a place to work or receive care. | • Continue to strengthen our services for staff and workstreams on compassionate and inclusive culture to improve staff experience. | June 2024 |

| Domain | Outcome | Objective | Action | Completion date |
|---|---|---|---|---|
| **Domain 3: Inclusive leadership** | 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | WWL's Legal and Contractual EDI and Health Inequalities obligations – Beyond Compliance Assurance | • Implementation of an EDI Steering Group focused on Equality and Health Inequalities.<br>• Identify Executive Health Inequalities Lead and co-produce Health Inequalities Action Plan.<br>• Each Board member to agree to at least one SMART EDI Objective<br>• Implementation of the Leadership Framework for Health Inequalities improvement. | September 2024 |
| | 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | Improve the quality of health inequalities and equality impact assessments in business cases. | • To provide equality impact assessment training and support for managers across WWL.<br><br>• Equality and Health Inequalities is recommended to be standing items and discussed in Board and Committee meetings to improve the EDS score. | June 2024<br><br>April 2024 |

| | | | |
|---|---|---|---|
| 3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients | Capturing and reporting work with systems partners and its impact, including Anchor Institution activity | • WWL is represented at the key Equality and Health Inequalities GM ICB meetings and provide the Board, periodically, with an update on Anchor Institution activity and work with system partners in respect equality and reducing health inequalities, including the impact of such activity. | June 2024 |
| | Sharpening the focus of the monitoring of the implementation of actions and their impact | • Ensure that actions identified from tools such as EDS, WRES, WDES and Health Inequalities and the impact of actions, are more formally tracked and reported on during the year. | July 2024 |

# Appendix 1

## Domain 1 Service Evidence

📄 Maternity Service Evidence 2023.docx

📄 LD Service Evidence 2023 v2.docx

📄 Fertility Fusion Service Evidence 2023

## Stakeholder Feedback Reports

📄 Maternity Event Feedback Report.doc

📄 LD Event Feedback Report.doc

📄 Fertility Fusion Event Feedback Report.doc

Patient Equality Team
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# Appendix 2

**To access full text for 2A, please click on the embedded text below:**

## EDS2022 Domain 2 Evidence – March 2023-Feb 2024

**2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions (response to Covid-19)**

***Organisation monitors health of all staff***

Occupational Health

Occupational Health provide the following services:

**Core Services**
Work Health Assessments
Management Referrals
Rehabilitation
Ill Health Retirement
Self-Referral
Health Surveillance
Statutory Medicals

**Risk Management**
*Protection of Staff*
Sharp Injuries
Psychological /Stress
*Patient Protection*
Infectious Diseases
Vaccinations

Steps for Wellness have taken on the lead for health promotion/staff wellbeing. Managers can refer staff into OH for specialist medical advice if they feel their work/role is impacting on their ability to undertake their role/having an adverse effect on their health.

HR oversee policies on abuse , bullying , harassment i.e. Dignity at Work Policy

When at work staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions: This is done opportunistically during routine appointments, however, targeted/structured activities and arranged by Steps for Wellness

Staff Psychological Service

**2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source**

**WRES**
Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

White: 21.7%
BME: 24.5%

Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

White 21.8%
BME 27.3%

**WDES**
Metric 4a -Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:
i. Patients/Service users, their relatives or other members of the public Disabled Staff: 28.2%
Non-Disabled Staff: 20.1%

 ii. Managers
Disabled Staff: 16.1%
Non-Disabled Staff: 9.5%

 4   iii. Other colleagues
Disabled Staff: 25.7%
Non-Disabled Staff: 15.5%

 b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it:

Disabled staff: 45.4%
Non-Disabled Staff: 46.6%

WRES Action Plan 2023 - Master 23.12.

2 Workforce Race Equality Standard R

1 Workforce Disability Equality St

WDES Action Plan 2023 Master - 23.12.

**Occ Health Client Satisfaction Survey (**

**WWL July to September 2023 Rep**

**Datix reporting on violence and abuse between Q4 21/22 and Q3 23/24**

Incidents by Category and Reported (Financial quarter)

| Violence and abuse by | 21/22 Q4 | 22/23 Q1 | 22/23 Q2 | 22/23 Q3 | 22/23 Q4 | 23/24 Q1 | 23/24 Q2 | 23/24 Q3 | Total |
|---|---|---|---|---|---|---|---|---|---|
| Patients (as a result of patients medical condition) | 37 | 55 | 28 | 41 | 36 | 33 | 92 | 44 | 366 |
| Patients (NOT as a result of patients medical condition) | 33 | 37 | 36 | 37 | 43 | 29 | 29 | 36 | 280 |
| Relative, Visitor, Member of the Public | 13 | 15 | 15 | 11 | 12 | 14 | 11 | 20 | 111 |
| Staff member | 3 | 3 | 5 | 1 | 5 | 1 | 1 | 2 | 21 |
| Total | 86 | 110 | 84 | 90 | 96 | 77 | 133 | 102 | 778 |

# Appendix 3

3A: Rater comments:

- There is a clear desire and commitment from the Trust Board to improve Equity and Health Inequalities.
- The Board attended a development session on "inclusion with humanity" and have acknowledged that the poorer lived experience of WWL's internationally educated nurses needs to be addressed at pace.
- Each staff network has an executive sponsor who attends meetings and champion their work.
- Trust Chair is exploring positive action(s) to increase the diversity of Trust Board membership.
- Mandatory EDI Training for all staff, including senior leaders.
- Trust Board members engage with celebratory events including attending Wigan Pride.
- The Chief Executive has used Trust communication channels to promote awareness days such as Disability History Month.
- The Trust has signed up to the GM BAME Assembly Anti Racist Framework.
- Health Inequalities Lead and associated health inequalities action plan are not yet in place.
- The Trust has an EDI Calendar and promotes key awareness days and some religious festivals.