

## Equality Objectives Review & Equality Delivery System (EDS2) Assessment 2016 Scores

### 1. Executive Summary

This paper is being presented to Trust Board to provide a summary of the 2016 Equality Delivery System Assessment which incorporates a review of the Trust's new Equality Objectives 2016-2020.

### 2. Background

The Public Sector Equality Duty is supported by specific duties set out in regulations which came into force on 10 September 2011. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable Equality Objectives.

The Equality Delivery System (EDS2) is a toolkit which has been designed to help NHS Organisations to meet the requirements of the Public Sector Equality Duty. The EDS2 toolkit supports NHS organisations to identify areas for improvement.

The EDS2 toolkit is structured around 4 Goals:

- Goal 1** Better health outcomes for all.
- Goal 2** Improved patient access and experience.
- Goal 3** Empowered, engaged and included staff.
- Goal 4** Inclusive leadership at all levels.

Against these four areas there are a set of 18 outcomes (See Appendix 1). These range from service quality to how staff, are managed in the Trust. All health care providers are required to review and grade performance against each outcome on an annual basis.

### 3. EDS2 Assessment / Scoring Process

In March 2016 the Trust undertook its fifth assessment of performance against the EDS (incorporating the Trust Equality objectives 2012-2016) and obtained feedback from key stakeholders. An action plan has been developed to address gaps & areas for improvement.

In order to arrive at our 2016 scores, the Trust has undertaken a process of evidence collection and engagement with local stakeholders. Evidence collation has included:

- During November 2015 a survey was sent to a random sample of 300 patients who were in-patients during August to October 2015. Of the 76 patients who participated within this survey and completed the equality monitoring data form, analysis showed that there were no specific trends / concerns in relation to equality related issues. An overall positive experience was reported.
- The Trust's Head of Engagement and Inclusion and Diversity Project Lead attended the Wigan Access Committee Meeting on 2<sup>nd</sup> March 2016 to ascertain their views about Trust services. Overall positive feedback was obtained.
- During 2015, the need for an Assistance Dogs Policy and Standard Operating Procedure was identified. Staff, other stakeholders, including local guide dog owners and the RNIB were encouraged to give feedback on the development of this policy and SOP.
- On 23<sup>rd</sup> February 2016, WWL hosted England's 2<sup>nd</sup> biggest transgender equality event for NHS Staff. The masterclass was a partnership event between WWL,

Wigan CCG and the 5 Boroughs Partnership NHS FT Trust. It included trans speakers and audience members, and was aimed at helping staff learn more about the health challenges faced by trans people.

- An Inclusion and Diversity Schedule of events is promoted throughout the Trust on a monthly basis. The Trust's Inclusion and Diversity Project Leads and Head of Engagement engage with staff, patients, relatives, carers, other organisations at these events on an on-going basis.
- EDS scores against Goals 1 & 2 were sent to Healthwatch for review in March 2016. **See Appendix 2** for a copy of WWL's response in relation to Healthwatch' feedback.
- A Staff Survey was sent out via global e-mail and Trust News to assess progress against Goals 3 and 4. This feedback was used in conjunction with the 2015 National Staff Survey results.
- The Trust remains a Positive about Disability Two Ticks employer, having been successfully re-assessed against this standard in Summer 2015.
- On 2<sup>nd</sup> March 2016, the Trust held its second focus group for staff living with a disability and an action plan was produced following this. Attendees also agreed to act as a central resource for managers dealing with disability related issues within the Trust.
- In April 2015, the Trust worked in partnership with Greater Manchester Police and Staff Side on a series of events to support Wigan and Leigh 'Hate Crime Awareness Week'. GMP representatives visited the Trust with their 'Rainbow Car' to raise awareness at RAEI, Leigh, Buckingham Row, Thomas Linacre Centre. Staff, volunteers, patients and relatives visited the information stand and were handed free goodies.
- In August 2015, we worked in partnership with the University of Manchester to promote Lesbian, Gay, Bisexual and Transgender (LGBT) awareness in support of Manchester PRIDE. At the launch, staff helped to erect the Rainbow flag to demonstrate its support of LGBT as an inclusive employer and in terms of delivery to the patients within the community.
- EDS scores against Goals 3 and 4 were sent to Southport and Ormskirk Hospital NHS Trust for peer review.

The specific outcomes and Trust scoring relating to these EDS goals are summarised in **Appendix 1**.

#### **4. Trust Equality Objectives**

In April 2012 as required by the Public Sector Equality Duty (Equality Act 2010), WWL set 4 Equality Objectives. WWL has now completed its progress towards these objectives as detailed in **Appendix 3** with these objectives now achieved successfully, WWL has proposed 4 new equality objectives for 2016-2020.

In determining our equality objectives, we reviewed local and national data, patient feedback, complaints analysis, staff survey results and aspects for service delivery that present a local challenge.

It was noted that our initial proposed equality objectives were very broad, they were not outcome focused from the analysis of the experience of particular protected groups and were not specifically measurable.

The following equality objectives are proposed:

1. We will work together with the local Lesbian, Gay, Bisexual & Trans (LGBT) community to improve and expand the quality of the information, knowledge and understanding we have about our LGBT service users. We will ensure their

experience of our services is improved by being more responsive to their needs.

2. We will ensure that our patients are communicated with in a manner that is appropriate to their specific needs. We will identify how patients prefer us to communicate with them from the earliest point of contact. Our objective will be to ensure that every time we communicate with them, that we use their preferred format.
3. We will work to reduce inequalities experienced by staff and applicants from a black and minority (BME) ethnic background so as to improve the engagement and experience of BME staff within the workplace.
4. We will equip Trust Managers to proactively manage inclusion and diversity within their teams so that staff work in an equal, diverse and inclusive environment regardless of their equality group.

These objectives will be reviewed annually and revisited at four yearly intervals in line with equality legislation.

**See Appendix 4** for a SMART summary of our Equality Objectives.

## **5. EDS2 Action Plan**

The EDS 2016/17 Action Plan has been updated to reflect the actions outstanding from 2015/16 and to incorporate the new Equality Objectives and actions arising from the recent 2016 EDS2 assessment.

## **6. Monitoring**

Monitoring and review of the Equality Objectives and Action Plan will be through the delivery and implementation of the EDS2 Action Plan with quarterly updates to the Trust's established Inclusion and Diversity Steering Group.

Progress will also be reviewed annually within the Trust's Inclusion and Diversity Annual Monitoring Report.

## **7. Conclusion**

Trust Board are requested to note the scores against each of the EDS2 Outcomes.

**Debbie Jones / Philip Makin**  
**June 2016**

## Equality Delivery System (EDS2) Objectives and Outcomes – 2015/16 Assessment Overall Grades

Goal 1	Outcome	2014 Score	2015 Score	2016 Score
<b>Better Health Outcomes for All</b>	<b>1.1</b> Services are commissioned, procured, designed and delivered to meet the health needs of local communities.	<i>CCG / Public Health</i>	<i>CCG / Public Health</i>	<i>CCG / Public Health</i>
	<b>1.2</b> Individual people's health needs are assessed and met in appropriate and effective ways.	<i>CCG / Public Health</i>	<i>CCG / Public Health</i>	<i>CCG / Public Health</i>
	<b>1.3</b> Transitions from one service to another, for people on care pathways, are made smoothly and everyone well informed.	<b>Developing</b>	<b>Developing</b>	<b>Developing</b>
	<b>1.4</b> When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	<b>Developing</b>	<b>Developing</b>	<b>Developing</b>
	<b>1.5</b> Screening, vaccination and other health promotion services reach and benefit all local communities.	<i>CCG / Public Health</i>	<i>CCG / Public Health</i>	<i>CCG / Public Health</i>
<b>Assessment Criteria</b>	<p><b>The assessment criteria of Goal 1 for Outcome 1.3 and 1.4 was based on the following key factors:</b></p> <ul style="list-style-type: none"> <li>• Evidence of one or more care pathway which suggests there is significant local equality progress as people transit from one service to another.</li> <li>• Evidence of one or more service / care setting which suggests there is significant equality progress for people's safety.</li> <li>• For all protected groups, we have to assess and grade how well: <ul style="list-style-type: none"> <li>• Service transitions are made, including how well patients, carers and professionals are kept informed of what is happening.</li> <li>• Key aspects of safety are prioritised and managed.</li> </ul> </li> <li>• Evidence of how well other disadvantaged groups, including inclusion health groups fare compared with people overall.</li> </ul>			
<b>Assessment Key Gaps / Development Areas</b>	<p><b>The key gaps / development areas of Goal 1 are: Patient equality monitoring data not yet recorded in respect of all 9 protected characteristics.</b> Disability; Sexual Orientation; Transgender; and Marriage and Civil Partnership not yet recorded.</p> <p>Two 6 week equality monitoring pilots undertaken during 2014 to assess feasibility of data collection within out-patient clinics. Further pilot undertaken within Leigh Out-Patient Clinics from December 2015 to assess resource requirements. Pilot currently on-going. Proposal for equality data collection, including resource requirements currently being reviewed, actions to be incorporated within EDS Action Plan 2016/17. Accessible Information Standard (SCC11605) to be used as a driver to implement equality monitoring throughout the Trust.</p> <p><b>Goal:</b> Once equality data is collated and recorded within hospital activity, data can be extracted to identify any visible trends which require further investigation.</p> <p>The Trust's I&amp;D Project Leads are active members of: E&amp;D Wigan Borough Collaborative / Greater Manchester / E&amp;D Provider Leads Forum / and North West NHS E&amp;D Network Forum. Working in collaboration to share equality data and best practice and jointly promote and challenge inequalities. Plans are in place to progress to the next grade (Achieving), with milestones (EDS Action Plan 2016/17 currently being developed).</p>			

Goal 2	Outcome		2014 Score	2015 Score	2016 Score
<b>Improved Patient Access and Experience</b>	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.	Developing	Developing	Developing
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care.	Developing	Developing	Developing
	2.3	People report positive experiences of the NHS.	Achieving	Achieving	Achieving
	2.4	People's complaints about services are handled respectfully and efficiently.	Developing	Developing	Developing
<b>Assessment Criteria</b>	<p><b>The assessment criteria of Goal 2 was based on the following key factors:</b></p> <ul style="list-style-type: none"> <li>• Evidence of one or more service / care setting which suggests that there is significant local equality progress for people in relation to: <ul style="list-style-type: none"> <li>• Access to services.</li> <li>• The information and support people receive, so that they can be involved in decisions about them.</li> <li>• People's experiences.</li> <li>• Handling of complaints.</li> </ul> </li> <li>• For all protected groups, we have to assess and grade how well: <ul style="list-style-type: none"> <li>• Services are accessed, taking into account the fairness of reasons when access is denied.</li> <li>• People are informed and supported.</li> <li>• Service is experienced.</li> <li>• Complaints are handled.</li> </ul> </li> <li>• Evidence of how well other disadvantaged groups, including inclusion health groups fare compared with people overall.</li> </ul>				
<b>Assessment Key Gaps / Development Areas</b>	<p><b>The key gaps / development areas of Goal 2 are: Patient equality monitoring data not yet recorded in respect of all 9 protected characteristics.</b> Disability; Sexual Orientation; Transgender; and Marriage and Civil Partnership not yet recorded.</p> <p>Two 6 week equality monitoring pilots undertaken during 2014 to assess feasibility of data collection within out-patient clinics. Further pilot undertaken within Leigh Out-Patient Clinics from December 2015 to assess resource requirements. Pilot currently on-going. Proposal for equality data collection, including resource requirements currently being reviewed, actions to be incorporated within EDS Action Plan 2016/17. Accessible Information Standard (SCCI1605) to be used as a driver to implement equality monitoring throughout the Trust.</p> <p>Once equality data is collated and recorded within hospital activity, data can be extracted to identify any visible trends which require further investigation.</p> <p>The Trust's I&amp;D Project Leads are active members of: E&amp;D Wigan Borough Collaborative / Greater Manchester / E&amp;D Provider Leads Forum / and North West NHS E&amp;D Network Forum. Working in collaboration to share equality data and best practice and jointly promote and challenge inequalities. Plans are in place to progress to the next grade (Achieving), with milestones (EDS Action Plan 2016/17 currently being developed).</p>				

Goal 3	Outcome		2014 Score	2015 Score	2016 Score
<b>Empowered, Engaged and Well-Supported Staff</b>	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving	Achieving	Achieving
	3.2	The NHS is committed to equal pay for work of equal value and expected employers to use equal pay audits to help fulfil their legal obligation	Undeveloped	Undeveloped	Achieving
	3.3	Training & Developing opportunities are taken up and positively evaluated by all staff	Developing	Developing	Developing
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing	Developing	Developing
	3.5	Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people lead their lives.	Achieving	Achieving	Achieving
	3.6	Staff report positive experiences of their membership of the workforce	Developing	Developing	Developing
<b>Assessment Criteria</b>	<p><b>The assessment criteria of Goal 3 is based on these key factors</b></p> <ul style="list-style-type: none"> <li>• Evidence that the workplace is representative of staff from all protected groups, taking into account the fairness of recruitment &amp; selection processes.</li> <li>• Evidence that we have assessed and graded participation in and evaluation of training &amp; development opportunities for staff from protected groups</li> <li>• Evidence that we have used equal pay audits to help fulfil our legal obligations. For all protected groups we have to assess &amp; grade the extent to which they receive equal pay for work of equal value.</li> <li>• For all protected groups we have to assess &amp; grade the extent of abuse, harassment, bullying &amp; violence</li> <li>• For all protected groups we have to assess &amp; grade the availability of flexible working options</li> <li>• For all protected groups we have to assess &amp; grade how well membership of the workforce is experienced</li> </ul>				
<b>Assessment key gaps / development areas</b>	<p><b>The key gaps/development areas of Goal 3 are:</b></p> <ul style="list-style-type: none"> <li>• BME staff representatives on appointment panels when BME applicants have been shortlisted – pilot to continue.</li> <li>• Feedback from staff who are retiring from the Trust to be obtained so as to further investigate the statistics in relation to training and PDR.</li> <li>• Continue with overseas recruitment drives.</li> <li>• Develop and implement a BME Leaders module within the WWL Leadership Programme.</li> <li>• Third BME Focus Group to take place in September 2016.</li> <li>• Continue to offer training at a variety of days and times.</li> <li>• Analyse results from the planned equal pay audit.</li> <li>• Staff experiences of violence &amp; harassment- the 2015 staff survey results do not correlate with internally reported incidents of staff on staff violence- this suggests that there is still an undercurrent that we are not aware of. Need to further promote a culture of staff feeling safe to raise concerns as part of the Operations Group's agenda.</li> <li>• Facilitate the establishment and management of a BME staff support network within the Trust so as to provide opportunities for people to share, learn and contribute to improving the Trust.</li> <li>• Undertake audit of incidents of violence and aggression for BME staff to identify key actions.</li> <li>• Send further reminder out via Trust News that the flexible working tracking form needs to be completed for every request that is made.</li> <li>• Active support of and participation in Wigan Pride 2016.</li> <li>• Involve local LBGTQ+ groups in Trust business and in particular the activities of the I &amp; D Operational Group.</li> <li>• Events planned for 2016 to raise awareness of protected characteristics.</li> <li>• Develop network for Staff Living with a Disability.</li> <li>• Continue to build up bank of Staff Stories.</li> </ul>				

Goal 4	Outcome		2014 Score	2015 Score	2016 Score
<b>Inclusive Leadership at All Levels</b>	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	Achieving	Achieving	Achieving
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.	Developing	Achieving	Achieving
	4.3	Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination.	Developing	Developing	Developing
<b>Assessment Criteria</b>	<p><b>The assessment criteria of Goal 4 is based on whether both Board members and other Leaders:</b></p> <ul style="list-style-type: none"> <li>• Evidence of 10- 20 instances when Board members and senior leaders had the opportunity to demonstrate their commitment to equality in the past year.</li> <li>• Evidence of 10-20 papers that came to the Board and other major committees in the past year or, if needs be, a longer period and assess &amp; grade the extent to which the selected papers took account of the equality related impacts including risks and how risks will be managed.</li> <li>• Assess &amp; grade for all protected groups the extent to which staff are supported within the workplace.</li> </ul>				
<b>Assessment key gaps/development areas</b>	<p><b>The key gaps/development areas of Goal 4 are:</b></p> <ul style="list-style-type: none"> <li>• Develop and embed an Inclusion and Diversity module into the WWL Management and Leadership programme in line with the Trust's corporate objective regarding Talent Management.</li> <li>• Produce an Inclusion and Diversity Video / Podcast for use within the above programme and for wider roll out as a standalone training resource within the e-learning suite of online training resources.</li> <li>• Review the method of communicating initiatives so as to further increase take up and awareness.</li> </ul>				

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14<sup>th</sup> April 2016

Mr David Nunns  
Chief Executive  
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Dear Dave,

Many thanks for reviewing our proposed EDS Grades and evidence for Goals 1 and 2 and providing us with feedback so quickly.

Our 2016 review, recommended that our overall scores should remain the same – to continue to be graded as **'developing'** in terms of service delivery (for better health outcomes for all / improved patient access and experience), with Goal 2.3 continuing to be graded at **'achieving'**. We note your agreement within your response to agree to this proposal, and your recommendation to provide a yearly trend of all previous grades.

Within your response you highlighted some issues. We have taken on board your comments and provided the following response:

**Lack of Reference to definition of 9 Protected Characteristics within report:**

Our EDS Assessment Report is a summary of evidence in relation to each of the EDS Outcomes, hence the reason why we have not included definitions around the 9 protected characteristics. We will ensure however, that all our future reports will include reference to the definition of all 9 protected characteristics.

**Format of Evidence Report too lengthy and repetitive:**

We whole heartedly agree with your comments and will be reviewing the format of our EDS Assessment for 2017.

Our current report format included several references to the EDS Survey as specific questions and results were extracted from the overall EDS Survey to provide evidence for each of the outcomes.

Our Inclusion and Diversity Steering Group has proposed that focus be given specifically to 5 key outcomes each year (as opposed to all 18 outcomes from Goals 1 to 4). Further Outcomes then reviewed on a rotational basis. The format and content of our future EDS Assessments will therefore be more condensed and easier to digest. By reviewing specific outcomes we will be able to review in more detail, providing you with more meaningful evidence.



**Fewer examples of good practice within report than there are within Inclusion & Diversity Monitoring Report submitted:**

Only key examples of equality progress were highlighted at the beginning of each Outcome Evidence Report. This was not intended to be a full summary of progress. Our I&D Annual Monitoring Report which was embedded within each of the Outcome Evidence Reports was intended to give a full summary of progress. We did not feel it necessary to further duplicate within the body of our Outcome Evidence Reports.

**Example of Internal Patient Safety Notices not included:**

Reference to Internal Patient Safety Notices was included as an example of one of the processes we have in place to ensure internal concerns are escalated and action taken. We did not feel it appropriate to include an example of an actual Internal Patient Safety Notice, as none were directly related to equality and diversity.

**Outcome 2.4 (complaints) did not include reference to Healthwatch Advocacy Role / Concerns regarding handling of complaints:**

We are sorry that you are disappointed that Healthwatch was not mentioned in our EDS Evidence Report. No discourtesy was intended, rather the EDS submission was about how we, as an acute provider, demonstrate and ensure compliance with equality and diversity.

You will probably be aware that our complaints leaflet "Information, Comments, Suggestions, Problems and Praise" which is freely distributed (and available on the internet), advises of the Advocacy Service provided by Healthwatch.

We were surprised to read that Healthwatch considers that WWL does not welcome complaints or apply actions promised in its complaint responses. Our Patient Relations Department is not aware of any current complaints that are being represented through your Advocacy Service since the last one received in October 2015. We understand that Healthwatch (since being given the role of ICA in the Wigan area) has outsourced advocacy services) To our knowledge, the Trust has not received any formal complaints where these other providers have been acting as advocates on behalf of the complainant through Healthwatch.

If Healthwatch wish to contact our Patient Relations Team to advise of who they are representing then we would be happy to review these complaints.

It may be of interest for you to know that following a visit from Dame Julie Mellor, Parliamentary and Health Service Ombudsman, she corresponded with the Medical Director, Dr Umesh Prabhu as follows:

*Thank you so much for hosting us yesterday. It was inspiring to see, hear and feel the values I have heard you talk about so passionately. Please thank everyone we met for giving so generously of their time to learn more about our work, give us some feedback, show us around and share some thinking about board measurement of people's experience of complaining.*

In relation to applying the actions promised in complaint responses, as outlined and embedded in the EDS2 Assessment 2016 Report, there are reports which illustrate and identify some of the learning that takes place from complaints.

If Healthwatch still have concerns about the way in which the Trust welcomes complaints or applies actions following receipt of any complaints, we would respectfully ask that you contact our Patient Relations Team so we can better understand the issues.

**Outcome 2.1 – Summary of Engagement Evidence starts at bullet point 5:**

This was a typo and has been amended.

**Outcome 1.4 (Patient Safety) – Reference is made specifically to the names of two consultants (recipients of Clinical Excellence Awards), but not of the three Quality Champions (awarded Advancing Quality Awards):**

Titles of all staff will only be referred to in future reports.

Many thanks again for reviewing our assessment and providing us with such a detailed response. We hope our response addresses some of the issues you have raised and we too look forward to continuing to work with Healthwatch and ensuring that local people from all protected groups, receive the best possible care and treatment.

Many Thanks

Kind Regards

*Debbie*

Debbie Jones

Inclusion and Diversity Project Lead (Services)

## Equality Objectives 2012-2016

EDS Goal	Equality Objective	Key Progress
<p><b>Goal 1:</b> Better Health Outcomes for All</p>	<p>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.</p>	<ul style="list-style-type: none"> <li>• Fully endorsed implementation of Equality Delivery System (EDS).</li> <li>• Establishment of local health economy group (Wigan Borough E&amp;D Collaborative)</li> <li>• Continued engagement with service users, including asylum seekers and refugees; people living with disabilities; gypsies and travellers; homeless; black and minority ethnic groups; trans service users and local population. Feedback received has enabled the following developments: <ul style="list-style-type: none"> <li>- Implementation of On-line Appointment Booking Facility for hearing and speech impaired service users.</li> <li>- New glass manifestation in main entrance, Royal Albert Edward Infirmary.</li> <li>- Production of Disability Awareness Training Film for staff – highlighting some of the barriers people with disabilities face when accessing healthcare.</li> <li>- Review and purchase of additional hearing loops across all sites.</li> </ul> </li> <li>• Implementation of Guidance for staff: <ul style="list-style-type: none"> <li>- Guidance for staff on supporting transgender service users.</li> <li>- Assistance Dogs Policy and Procedure</li> </ul> </li> <li>• Awarded Wigan Council Breast Feeding Friendly Award – Breast feeding facilities available on all sites.</li> <li>• Review of Interpreter and Translation Services. A number of key changes to current practice implemented to streamline services, ensure cost effectiveness and improved patient care.</li> <li>• Equality Impact Assessment Guidance and practice reviewed. Equality Impact Assessment Training Workshops delivered to staff.</li> <li>• Implementation of Schedule of Events to raise awareness of protected characteristics throughout the year.</li> <li>• Implementation of Annual Multi-faith calendar for staff.</li> </ul>

EDS Goal	Equality Objective	Key Progress
<p><b>Goal 2:</b> Improved patient access and experience</p>	<p>Improve the experience of people with learning disabilities who use health services.</p>	<ul style="list-style-type: none"> <li>• Implementation of Tours for Learning Disability Patients (commenced 2011 in A&amp;E, expanded to Surgical Admissions and Out-Patients) to obtain feedback about service accessibility. Feedback received has enabled pathways to be reviewed. For example, patients with learning disabilities are now fast-tracked through A&amp;E to reduce any unnecessary anxiety/agitation.</li> <li>• Provision of Easy Read Patient Information reviewed and implemented.</li> <li>• Bespoke Learning Disability Awareness Training is now provided for all new staff Bands 5 to 7, in addition to monthly Trust Induction.</li> </ul>
<p><b>Goal 3:</b> Empowered, engaged and included staff</p>	<p>Eliminate discrimination, bullying, harassment, abuse and victimisation within the Trust workforce</p>	<ul style="list-style-type: none"> <li>• Implementation of Training Programme for I&amp;D Champions followed by specific project areas and a formal recognition process.</li> <li>• Working in partnership with the University of Manchester, WWL Staff from a number of departments jointly promoted LGBT awareness by participating in Manchester Pride 2016.</li> <li>• Bespoke Focus Groups took place for staff from protected groups such as BME and Disability.</li> <li>• The Focus Group for Staff Living with a Disability allowed a network to be developed.</li> <li>• Staff stories from those who took part in initiatives or who felt that they wished to comment regarding support received from the Trust, has been published on the Trust intranet to raise awareness.</li> <li>• Events to raise awareness of Hate Crime Reporting, in conjunction with Greater Manchester Police were held across Trust sites.</li> <li>• A Trans Master class was held in February 2016 and was the second largest event of its kind ever hosted by an NHS organisation.</li> <li>• A Mediation Service was launched in July 20015 within the Trust and, although it is too early to carry out any significant analysis as such, early indications are that it is a favourable addition to the support available to managers and staff.</li> </ul>

<p><b>Goal 4:</b> Inclusive leadership at all levels</p>	<p>Ensure that Trust leaders have the right skills to support their staff to work in a fair, diverse and inclusive environment.</p>	<ul style="list-style-type: none"> <li>• A regular update session takes place with Trust Board members and, within this, agreements are reached regarding priorities around Inclusion and Diversity and their roles in promoting these.</li> <li>• With regards to middle managers, during the period 2013 to 2015, 116 middle managers took part in bespoke tutored sessions on Advancing and Managing Diversity in the Workplace Inclusion and Diversity which provided a good foundation for managing and supporting front line Inclusion and Diversity within the Trust.</li> <li>• Support for managers has been made available in the form of guidance documents and points of contact for areas such as disability.</li> </ul>
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## Proposed Equality Objectives 2016-2020

<b>EDS Goal 1</b>	<b>Better Health Outcomes for All</b>	
<b>Objective</b>	<b>We will work together with the local LGBT Community to improve and expand the quality of the information, knowledge and understanding we have about our LGBT service users. We will ensure their experience of our services is improved by being more responsive to their needs.</b>	
<b>Context</b>	<p>Stonewalls research demonstrates that there are many lesbian, gay, bisexual and trans people who continue to face poor health outcomes, as well as expecting poorer treatment from health services. Evidence linking discrimination and health inequalities is growing.</p> <p>WWL recognises that we do not have sufficient information about the health needs and experiences of lesbian, gay, bisexual and trans people and need to work to make our services more welcoming and inclusive.</p> <p>Based on recent health research &amp; LGBT inequalities data (which when applied to the population of Wigan) it is estimated that there are 15,000 Lesbian, Gay or Bisexual people and 2,500 people who identify as trans living in the Wigan Borough. Despite the relatively small numbers, the impact that gender re-assignment can have on people's outcomes is extreme.</p> <p>In response to national research, NHS England is spearheading a collective drive to improve the experience of trans and non-binary people when accessing health and care services.</p>	
<b>Key Actions (Actions / Timescales detailed within EDS Action Plan 2016/17)</b>	<p>Engage with LGBT service users to gain a more in-depth understanding of their health and social needs. To ensure Trust services and employment practice are fully inclusive of their needs.</p> <p>To review current Transgender Guidance and implement a Trust Policy which is supported by detailed guidance.</p> <p>To raise staff awareness of LGBT people's health needs and experiences. To raise awareness of the reasons for equality data collection within the Trust.</p> <p>To implement a visible campaign focused upon equitable access to services for LGBT patients within the Wigan Borough. To promote national trans awareness events and fully support and participate within Wigan Pride 2016.</p>	
<b>Measures</b>	<p><b>Staff LGBT Awareness Survey</b> To set baseline score to measure future progress.</p> <p><b>Staff LGBT Awareness Survey</b> Results show improvement in baseline scores recorded.</p> <p><b>LGBT Patient Stories / Focus Group feedback</b> report positive experiences of using hospital and out-patient services.</p> <p><b>Analysis of data in relation to complaints and compliments</b></p> <p><b>Successful Implementation of Trust Policy</b></p> <p><b>Improved equality data collection</b></p>	<p>2016</p> <p>2018</p> <p>2018</p> <p>Annual</p> <p>2018</p> <p>2020</p>
<b>Outcome</b>	Services more responsive to needs.	
<b>Time-scale</b>	By April 2017, with further reviews in September 2018 and April 2019.	
<b>Mainstreamed</b>	This equality objective will be taken forward by Inclusion and Diversity Project Leads.	
<b>Reporting</b>	Progress will be reported to Inclusion & Diversity Steering Group.	

<b>Link to WWL Wheel</b>	<b>Links to WWL's Corporate objectives: Safe, Effective and Caring</b> Patients First / Information / Partnership
<b>External Links</b>	<b>NHS EDS2 Outcomes:</b> <b>1.2</b> Individual people's health needs are assessed and met in appropriate and effective ways.

<b>EDS Goal 2</b>	<b>Improved Patient Access and Experience</b>	
<b>Objective</b>	<p><b>We will ensure that our patients are communicated with in a manner that is appropriate to their specific need or requirement within the Trust.</b></p> <p><b>We will identify how patients prefer us to communicate with them from the earliest point of contact. Our objective will be to ensure that every time we communicate with them, that we use their preferred method.</b></p>	
<b>Context</b>	<p>Feedback from our patients, tells us that we should consider a more flexible approach in the way we communicate with our patients. We need to ensure that patients continually receive information in formats that they can understand. Patient feedback re-iterates the need for us to ensure that communication support needs are recorded and acted upon accordingly.</p> <p>It is estimated that 53,000 people living in the Wigan Borough are living with hearing loss.</p> <p>RNIB research estimates that 8,680 people living in Wigan have sight loss and of this total, 990 are living with severe sight loss. By 2020, these figures are projected to rise to 10,500 with 1,250 with severe sight loss.</p> <p>Accessible Information is also a Department of Health requirement.</p>	
<b>Summary of Key Actions</b>  <b>(Actions / Timescales detailed within EDS Action Plan 2016/17)</b>	<p>To establish a Task and Finish Group to review and agree the process for recording and meeting patients communication needs. To review existing data systems and feasibility of flagging patient needs.</p> <p>To educate staff about accessible information. To raise awareness of the different types of accessible resources, communication support and how they can help. To ensure they have an understanding of the steps which can be taken to support patient's needs.</p> <p>To further develop the provision of easy read patient information. To review the Trust's Patient Information Policy &amp; SOP.</p> <p>To review current Interpreter and Translation Service Policy and practice. To raise staff awareness of how to access Interpreter &amp; Translation Services.</p> <p>To engage with patients about how we are meeting their accessible needs requirements.</p>	
<b>Measures</b>	<p><b>Accessible Information &amp; Interpreter Services Awareness Staff Survey</b> To set baseline score to measure future progress.</p> <p><b>Patient Survey</b> (Were you asked if you had any information or communication needs?) To set baseline score to measure future progress.</p> <p><b>Accessible Information &amp; Interpreter Services Staff Awareness Survey</b> Results show improvement in baseline scores recorded.</p> <p><b>Patient Survey</b> (Were you asked if they had any information or communication needs?) Results show improvement in baseline scores recorded.</p> <p><b>100% Increase in provision of Trust Easy Read Patient Information leaflets.</b></p> <p><b>Analysis of data in relation to complaints and compliments</b></p>	<p>2016</p> <p>2016</p> <p>2018</p> <p>2018</p> <p>2020</p> <p>Annual</p>

<b>Outcome</b>	By using communication methods that are preferred by patients who have a clinical need, we will be able to design patient centred services responsive to individual needs.
<b>Time-scale</b>	By April 2017, with further reviews in September 2018 and April 2019.
<b>Mainstreamed</b>	This equality objective will be taken forward by Inclusion and Diversity Project Leads.
<b>Reporting</b>	Progress will be reported to Inclusion & Diversity Steering Group.
<b>Link to WWL Wheel</b>	<b>Links to WWL's Corporate objectives: Safe, Effective and Caring</b> Patients / Information / Partnership
<b>External Links</b>	<b>NHS EDS2 Outcomes:</b> <b>2.1</b> People, carers and communities can readily access hospital services and should not be denied access on reasonable grounds



<b>EDS Goal 3</b>	<b>Empowered, engaged and included staff</b>
<b>Objective</b>	<b>Work to reduce inequalities experienced by staff and applicants from a BME background so as to improve the engagement and experiences of BME staff within the workplace.</b>
<b>Context</b>	<p>Research strongly suggests that less favorable treatment of BME staff in the NHS has significant impact on the efficient and effective running of the NHS. There is a strong correlation between how members of staff are treated and higher staff turnover, absenteeism, higher mortality rates and lower patient satisfaction.</p> <p>WWL is committed to improving the engagement of BME staff within the workplace and addressing any inequalities that exist for BME staff. With regards to WWL staff, evidence obtained via staff surveys, pulse checks, focus groups and the end of year monitoring report demonstrates less positive experiences within the workplace for BME staff. The lower level of BME satisfaction in the staff survey for the Trust also indicates that this needs to be a priority so as to demonstrate that BME staff members are treated fairly and their talents valued and developed.</p> <p>In respect of applicants for vacant posts within the Trust, BME applicants are found to be less successful at the interview stage of the recruitment process as there are significantly lower proportions of BME interviewees who are successfully appointed to vacant posts.</p>
<b>Key Actions (Actions / Timescales detailed within EDS Action Plan 2016/17)</b>	<ul style="list-style-type: none"> <li>• Facilitate the establishment and management of a BME staff support network within the Trust so as to provide opportunities for people to share, learn and contribute to improving the Trust.</li> <li>• Make use of engagement methodologies to develop an action plan to progress change so as to improve issues which present perceived or actual barriers for BME staff within the workplace.</li> <li>• Build upon the above to identify and implement key actions in response to the National Staff Opinion Survey.</li> <li>• Undertake an audit of incidents of violence and aggression for BME staff to identify key actions.</li> <li>• Analyse pulse check data to assess the extent of any disproportionate issues with regards to BME staff.</li> <li>• Ensure that we develop and enhance our approach to recruitment, selection and promotion to positively attract, retain and support the progression of diverse individuals within the workforce.</li>   <li>• This will be underpinned by the effective analysis of workforce data to compare and assess this relative to regional and sub-regional population and census data.</li>   <li>• Run celebratory events such as Black History Month to raise the profile of BME events and promote awareness within the workplace</li> <li>• Work with BME staff groups and the Inclusion and Diversity Operations Group to identify and provide support required, to assist career progression and progression to senior bandings.</li> <li>• Develop and implement a BME Leaders module within the WWL Leadership Programme.</li> </ul>

<p><b>Measures</b></p>	<p>Local monitoring of performance within the areas below.</p> <p>EDS Survey indicators demonstrate:</p> <ul style="list-style-type: none"> <li>– Improved BME scoring within the discrimination indicators contained in the EDS survey. Baseline assessment from 2015 EDS survey and review of any statistically significant improvements within the 2016 EDS survey results.</li> </ul> <p>National Staff Survey Indicators demonstrate:</p> <ul style="list-style-type: none"> <li>– Improved BME scoring within the discrimination indicators contained in the staff survey. Baseline assessment from 2015 Staff survey and review of any statistically significant improvements within the 2016 Staff survey results.</li> <li>– Improved BME scoring within the satisfaction and engagement indicators contained in the staff survey. Baseline assessment from 2015 staff survey and review of any statistically significant improvements within the 2016 survey results.</li> </ul> <p>Pulse checks indicators demonstrate:</p> <ul style="list-style-type: none"> <li>– Improved BME scoring within the satisfaction and engagement indicators contained in the Pulse Check. Baseline assessment from 2015 /16 Pulse Check results and review of any statistically significant improvements within the 2016/17 survey results.</li> </ul> <p>WRES assessment demonstrates:</p> <ul style="list-style-type: none"> <li>– Increased BME representation within the workforce.</li> <li>– A reduction in reported concerns relating to discrimination and harassment</li> </ul> <p>Baseline assessment from 2016 WRES and review of any statistically significant improvements within the 2017 assessment</p> <p>Annual Inclusion and Diversity Monitoring Report demonstrates:</p> <ul style="list-style-type: none"> <li>- Statistically significant reductions in discrimination related BME employee relations cases – disciplinary, grievance, ET.</li> <li>- Improved success rates for shortlisted BME candidates within the recruitment process</li> </ul>	<p>Annual</p> <p>Annual</p> <p>Annual</p> <p>Quarterly</p> <p>Annual</p> <p>Annual</p>
<p><b>Outcome</b></p>	<p>Improved BME staff experience and engagement within the workplace. Improved success rates of BME candidates within the recruitment process leading to a representative and inclusive workplace for BME staff at WWL.</p>	
<p><b>Time-scale</b></p>	<p>By April 2017, with further reviews in September 2018 and April 2019.</p>	
<p><b>Mainstreamed</b></p>	<p>This equality objective will be taken forward by Inclusion and Diversity Project Leads.</p>	
<p><b>Reporting</b></p>	<p>Progress will be reported to Inclusion &amp; Diversity Steering Group.</p>	

<p><b>Link to WWL Wheel</b></p>	<p><b>Links to WWL's Corporate objectives:</b></p> <p>Effective and Caring / Team Work / Staff Engagement / Partnership`</p>
<p><b>External Links</b></p>	<p><b>NHS EDS2 Outcomes:</b></p> <ul style="list-style-type: none"> <li>• 3.1 Fair NHS recruitment &amp; selection processes lead to a more representative workforce at all levels</li> <li>• 3.6 Staff Report positive experiences of their membership of the workforce.</li> </ul>

<b>EDS Goal 4</b>	<b>Inclusive Leadership</b>
<b>Objective</b>	<b>Equip Trust managers to proactively manage Inclusion and Diversity within their teams so that staff work in an equal, diverse and inclusive environment regardless of their equality group.</b>
<b>Context</b>	<p>High-level leadership on Inclusion and Diversity issues is in place within the Trust as demonstrated within the EDS assessment. A regular update session takes place with Trust Board members and, within this, agreements are reached regarding priorities around Inclusion and Diversity and their roles in promoting these.</p> <p>With regards to middle managers, during the period 2013 to 2015, 116 middle managers took part in bespoke tutored sessions on Inclusion and Diversity which provided a good foundation for managing and supporting front line Inclusion and Diversity within the Trust.</p> <p>Sustained activity is needed against this key action within the EDS action plan so as to enable managers to deal confidently with Inclusion and Diversity issues and give their staff the confidence to get involved in Inclusion and Diversity initiatives within the Trust.</p>
<b>Summary of Key Actions</b>  <b>(Actions / Timescales detailed within EDS Action Plan 2016/17)</b>	<ul style="list-style-type: none"> <li>• Hold a baseline Management Focus Group so as to establish gaps in knowledge needing to be addressed.</li> <li>• Carry out a needs analysis audit (questionnaire) for managers and follow up.</li> <li>• Produce a podcast with a view to making this available to managers and aspiring managers via the e-learning suite of online training resources.</li> <li>• Making use of the above pod cast, develop and embed an Inclusion and Diversity module into the WWL Management and Leadership programme in line with the Trust’s corporate objective regarding Talent Management.</li> <li>• Develop local resources to consist of a tool kit of guidance documents, awareness sessions and master classes.</li> <li>• Look into the development and implementation of an “App” with signposting to the above resources.</li> </ul>

<p><b>Measures</b></p>	<p>Local monitoring of performance within the areas below.</p> <p>EDS Survey indicators demonstrate:</p> <ul style="list-style-type: none"> <li>- Improved feedback relating to managers supporting and motivating their staff to “work in culturally competent ways within a work environment that is free from discrimination.”</li> </ul> <p>National Staff Survey Indicators demonstrate:</p> <ul style="list-style-type: none"> <li>- Increased number of respondents believing that the organisation provides equal opportunities for career progression / promotion. A baseline assessment will be taken from the 2015 staff survey results.</li> <li>- Lower percentage of respondents stating that they have experienced discrimination at work. A baseline assessment will be taken from the 2015 staff survey results and a review of any statistically significant improvements within the 2016/17 survey results.</li> </ul> <p>Pulse checks indicators demonstrate:</p> <ul style="list-style-type: none"> <li>- Improved scoring within the satisfaction and engagement indicators contained in the Pulse Check. Baseline assessment from 2015/16 Pulse Checks and review of any statistically significant improvements within the 2016/17 survey results.</li> </ul> <p>Annual Inclusion and Diversity Monitoring Report demonstrates:</p> <ul style="list-style-type: none"> <li>- Statistically significant reductions in ID related employee relations cases – disciplinary, grievance, ET.</li> </ul> <p>Management Surveys and Focus Groups indicate:</p> <ul style="list-style-type: none"> <li>- Increased hit rate of intranet ID resource pages.</li> <li>- Improved levels of positive feedback from Leadership Programme delegates.</li> </ul>	<p>Annual</p> <p>Annual</p> <p>Annual</p> <p>Quarterly</p> <p>Annual</p> <p>Bi-annual</p>
<p><b>Outcome</b></p>	<p>By equipping managers to deal effectively with Inclusion and Diversity issues at a local level, there is improved staff engagement and experience within the workplace.</p>	
<p><b>Time-scale</b></p>	<p>By April 2017, with further reviews in September 2018 and April 2019.</p>	
<p><b>Mainstreamed</b></p>	<p>This equality objective will be taken forward by Inclusion and Diversity Project Leads.</p>	
<p><b>Reporting</b></p>	<p>Progress will be reported to Inclusion &amp; Diversity Steering Group.</p>	
<p><b>Link to WWL Wheel</b></p>	<p><b>Links to WWL’s Corporate objectives:</b></p> <p>Effective and Caring / Team Work / Leadership / Staff Engagement</p>	
<p><b>External Links</b></p>	<p><b>NHS EDS2 Outcomes:</b></p> <p>4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.</p>	