

## Equality Delivery System (EDS2) Assessment Scores 2018 & Equality Objectives Annual Review

### 1. Executive Summary

This paper is being presented to Trust Board to provide a summary of the 2018 Equality Delivery System Assessment Scores, which incorporates an annual review of the Trust's 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. 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.

**Following NHS England Guidance, WWL has chosen to continue to narrow its focus to reviewing a small number of outcomes each year – these are reviewed annually to ensure we look at all outcomes over a period of time. The 4 outcomes we identified for 2017/18 are listed below**

Goal	Outcome		Grade
1	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities.	Achieving
2	2.3	People report positive experiences of the NHS	Achieving
3	3.6	Staff report positive experiences of their membership of the workforce	Achieving
4	4.3	Middle managers and other line managers support and motivate their staff to work in culturally competent ways	Achieving

### 3. EDS2 Assessment / Scoring Process

In March 2018 the Trust undertook its seventh assessment of performance against the EDS (incorporating the Trust Equality objectives 2016-2020) and obtained feedback from key stakeholders. An action plan has been developed to address gaps & areas for improvement.

The following summarises our key evidence and local stakeholder engagement:

## **Outcome 1.5**

### **Screening, vaccination and other health promotion services reach and benefit all local communities.**

The majority of screening, vaccination and health promotion services provided within the Wigan Borough are provided for by primary care providers, such as Bridgewater Community NHS FT Trust and Wigan Borough CCG. For this reason, the number of services we can review is limited. We therefore chose to focus our review on the **South Lancashire Breast Screening Service**.

The South Lancashire Breast Screening Service, part of the NHS Breast Screening Service, provides a high quality, efficient and friendly breast service to the population of South Lancashire. More than 86,000 women from the region are invited to attend for breast screening each year. To enable women to be screened closer to home, breast screening is carried out at a number of sites across the region. This includes Thomas Linacre Centre and the Mobile Digital Breast Screening Vehicle.

### **Annual Patient Satisfaction Surveys**

#### **Client Satisfaction Survey 2017**

A questionnaire was completed by patients at Breast Screening Appointment attendance on Mobile Units during April to June 2017. 235 surveys were completed.

- 90% stated they were extremely likely to recommend the service to friends and family.
- 99% of patients felt the information received with invitation was “informative and clear”.
- Everyone who answered the question said they found it easy to reschedule their appointment.
- Most patients travelled to the unit by car but some had difficulty parking.
- Those that travelled by public transport said that the transport links were good.
- 98% of patients said that the mobile screening unit was easy to find.
- Everyone who completed the questionnaire said that they were greeted at reception on arrival and that they were made to feel welcome.
- More information needs to be given to clients about waiting times. 10% said that they were not kept informed.
- Waiting times on the unit were short. 57% said that they were waiting zero minutes and 35% said they waited 5-10 minutes.
- Clients felt they received clear explanations and were treated with dignity and respect.
- Staff were helpful and the unit was clean and tidy.

**Client demographics collected included age; ethnicity; religion/belief; disability; sexual orientation; trans; and marital status.**

### **Experience Based Design Breast Screening Report**

An engagement event was held on 13<sup>th</sup> October 2016 to identify best practice and areas for improvement from the view point of the patient and family in receipt of care. Participants were drawn from patients, family members from Chorley, West Lancashire, Wigan Borough and staff who had been involved in the Breast Screening care pathway. A total of 15 patients and carers and 13 members of staff attended the event. Overall the service was seen as very good. Patients said that the staff were welcoming informative and delivered a friendly efficient service.

**An additional Engagement Project took place separate to the Experience Based Design Event. The project was based in the Out-patient Centre in Wigan.**

Members of the public were asked “If we could make one improvement to the breast screening service what would it be” and “How can we encourage more women to attend for their breast screening appointments.

## **Complaints and Compliments**

**Complaints/Compliments** analysis are monitored by WWL Clinical Governance Team and presented annually at Breast Annual General Meeting.

Clients are encouraged to complain / compliment by:

- Letter via Breast Screening Unit
- Phone / E-mail – PALS
- On-spot form / Comment card

## **Equality Impact Assessments**

All policies and changes across services are Equality Impact Assessed across all 9 protected characteristics and monitored by the Trust's Inclusion and Diversity Service Lead. The Equality Impact Assessments for the Breast Screening Unit at Thomas Linacre Centre and the Mobile Screening Unit were recently reviewed.

## **Promotion / Awareness Raising**

The South Lancashire Breast Screening Service has been commissioned by NHS England to undertake a Patient Navigator Project to target non-responders, in order to understand the barriers to accessing screening and to provide evidence based information on service user needs.

The Patient Navigator Progress Report details the work undertaken during Quarter 1 and Quarter 2 of 2017/2018, the insight gained and the actions, both taken and planned, resulting from this work.

### **Engagement included:**

- Attendance at Slimming World Community Sessions.
- Attendance at shopping centres and super markets across Chorley & South Ribble.
- Screening promoted with leaflets and hand outs at Wigan PRIDE 2017.
- Attendance at GP Practices.
- 100 women who had never previously attended screening were identified and contacted via telephone in an initial attempt to gain insight into reasons why women do not attend their routine screening appointments.

### **Promotion Included:**

- Development of a Communications Toolkit between North Lancashire Breast Screening, East Lancashire Breast Screening and South Lancashire Breast Screening, with the aim of promoting Breast Screening to increase uptake. The toolkit included the development of leaflets, posters, pop up banners, DNA reminder, post cards, a promotional video and a social media campaign.
- Contact information for all 3 areas of the Lancashire Breast Screening Programmes have been printed in the Travellers Time Magazine.
- Contact was made with the Learning Disabilities Team within the Lancashire Care Foundation Trust to attempt to gain insight from the perspective of the staff who support adults with learning difficulties. Following contact, the patient navigator was invited to attend a team meeting which revolved around the barriers and needs of these women in order to attend screening following the receipt of their invitation. The staff of the LDT Team agreed to promote and encourage their service users to attend.

### **Stakeholder Feedback:**

- The EDS Evidence Report was sent to Health Watch Wigan and Leigh for review in March 2018. In support a Feedback Survey was published on the Trust Website. A web link was circulated by Healthwatch to key stakeholders. 12 responses were received. 83% (10 respondents agreed with our proposed grade for 'achieving' to WWL Breast Screening Services reaches and benefits all local communities). No overall formal response was received from Healthwatch.

## **Outcome 2.3**

### **People report positive experiences of the NHS**

The Trust continues to have a clear approach in engaging with patients, carers and communities about the services it provides. Through the monitoring of real-time surveying of in-patients, the use of comment cards, patient opinion surveys, national in-patient and out-patient surveys the Trust can demonstrate that many groups of patients have been listened to and service changes made accordingly. The Trust has been recognised both regionally and nationally for its innovative approach to engaging with patients both in service redesign and patient experience across all protected characteristics.

### **Summary of all engagement in relation to inclusion and diversity (encompassing positive experiences) during the last 12 months:**

#### **LGBT Community – Wigan PRIDE – 12<sup>th</sup> August 2017**

Wigan Pride returned for a second year in Wigan Town Centre on 12<sup>th</sup> August 2017, celebrating the 50th anniversary of the decriminalisation of homosexuality in the UK. WWL were delighted to be part of this event, working in partnership with BYOU, Wigan CCG, Wigan Council and other local providers.

WWL actively got involved on the day, by hosting an information stall, raising breast screening awareness and actively engaging with the local community about hospital services. Members of the public were asked to participate in a survey to find out about their experience of using hospital services and if any improvements could be made. 43 members of the public participated within the survey. Overall a very good experience was received by the community who attended the pride event.

#### **Support for Wigan Arrivals Project (SWAP) on Women and Children's Services.**

The Head of Patient and Public Engagement and the Inclusion and Diversity Service Lead attended SWAP to ask the women about their experience of using women and children's service. The women were from countries, such as Sudan and Albania. The majority of the women had used the maternity services. An overall positive experience was received. The women were very grateful of the care that they had received from the nurses and doctors within maternity services and A&E.

Aspects which could be further improved included access to interpreters and a more varied choice of foods for vegetarians. Contraceptive education sessions would be beneficial.

#### **National Maternity Survey 2017**

Between April and August 2017 questionnaires were sent out to a sample of women who gave birth in February 2017. Responses were received from 92 patients at Wrightington, Wigan and Leigh NHS Foundation Trust.

Overall, women reported positive experiences of maternity care in 2017, and there were small incremental improvements in results across almost every question. Compared with the last survey in 2015 a greater proportion of women said that they:

- Were offered the choice of giving birth in a midwife-led unit or birth centre.
- Saw the same midwife at every antenatal appointment.
- Were 'always' treated with dignity and respect during labour and birth.
- Were never left alone during the birth of their baby at a time when it worried them.
- Could 'always' get help from a member of staff within a reasonable time while in hospital after the birth.

## Disabledgo

WWL have been working with DisabledGo, a leading provider of accessibility information for disabled people in the UK, to create an online guide for patients, staff and visitors.

Visitors, patients and staff can use this online resource to find out about the access to all of the Trust's buildings at the hospitals. You can find out where a department is located in relation to the main entrance, where car parking spaces are located, whether there are lifts to access other floors, whether a hearing loop is fitted at reception, in-depth information about accessible toilets and much more. Most important of all, everywhere has been visited and assessed by trained surveyors, so you can get all the facts, knowing someone has actually been there to collect the details.

A launch event was held on 19<sup>th</sup> September 2017. As well as raising awareness of the resource to staff, public and other local organisations, the event was an opportunity for those in attendance to ask questions. A separate presentation was delivered to Wigan Metro Access for the Disabled Committee on 10/05/17. Wigan Access Committee members were encouraged to give their feedback, ask questions etc. Overall positive feedback was received.

## National In-Patient Survey 2017

### Of the 503 inpatients who responded to the survey:

**47%** of patients were on a waiting list/planned in advance and **50%** came as an emergency or urgent case

**67%** had an operation or procedure during their stay

**45%** were male; **55%** were female

**5%** were aged 16-39; **17%** were aged 40-59; **24%** were aged 60-69 and **53%** were aged 70+

**The survey results highlighted many positive aspects of the patient experience and some very good improvements.**

Overall: **90%** rated their care as 7+ out of 10 (**86% 2016**) an improvement of **4%**.

Overall: **86%** Treated with dignity and respect (**84% 2016**) an improvement of **2%**.

Hospital: **99%** Room or ward very clean - maintained since 2013.

**Comparing results over time, WWL has significantly improved since the 2016 survey.**

## Stakeholder Feedback:

The EDS Evidence Report was sent to Health Watch Wigan and Leigh for review in March 2018. In support a Feedback Survey was published on the Trust Website. A web link was circulated by Healthwatch to key stakeholders. 12 responses were received. 82% (9 respondents agreed with our proposed grade for 'achieving' for people report positive experiences of the NHS). 1 respondent did not answer this question. No overall formal response was received from Healthwatch.

## **Outcome 3.6**

### **Staff report positive experiences of their membership of the workforce**

- The 2017 National Staff Opinion Survey engagement indicator again places the Trust in the highest 20% when compared with trusts of a similar type. This reflects that overall staff members are reporting positive experiences of their membership of the workforce.
- The 2017 National Staff Opinion Survey shows no change from 2016 in the percentage of staff believing that the Trust provides equal opportunities for career progression or promotion which is again in the top 20% of the country.
- The 2017 National Staff Opinion Survey data in relation to the percentage of staff experiencing discrimination at work in the last 12 months is again in the best 20% of the country. Again, 2017 data indicates that the Trust is better than the national average in relation to employees stating that they have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months. The internal EDS Staff Survey 2017-18 indicated that less than 6% had experienced such violence and 65% of staff responses stated that they feel that the Trust deals with instances in an effective manner.
- For the second time, the Trust published data this year with regards to the Workforce Race Equality Standard (WRES) in order to demonstrate through the 9 Point metric how we are addressing race equality issues in a range of staffing areas. WWL is performing better than many other Trusts in relation to the specific indicator relating to BME representation at Board level which is a problem area nationally.
- Local Pulse Check Surveys continued to be carried out this year. Feedback from the April 2018 survey indicated that 69% of respondents would recommend WWL as a place to work. Data analysed according to protected groups indicates that feedback from respondents in possession of protected characteristics is positive.
- Further targeted focus groups were held for managers and leaders as well we for BME staff with action plans and outcomes communicated via awareness raising initiatives following the event.
- WWL actively supported and participated in Wigan Pride 2017 as one of the main sponsors. For the first time, there was a parade and WWL took a lead role in this.
- WWL has continued to publish an annual I and D Schedule Of Events to raise awareness of protected characteristics covered under the Equality Act 2010.
- In order to peer review EDS scores against Goal 3, evidence was sent to Stockport NHS Foundation Trust.

## **Outcome 4.3**

### **Middle managers and other line managers support and motivate their staff to work in culturally competent ways**

- Findings from the 2017 National Staff Opinion Survey indicate that 84% of the workforce believe that the Trust provides equal opportunities for career progression and promotion and 9% of staff indicate that they have experienced discrimination in the last 12 months which is lower than the national average of 12%.
- The EDS Internal Staff Survey 2017 results show that 77% of respondents felt that managers actively take steps to create high performing diverse teams.
- We introduced a new intranet website so as to improve communication methodologies. This work will develop further with the introduction of the associated “apps” which are planned for next year.

- The CEO weekly update message to staff and the WWL weekly news bulletin have been used to greater effect to make staff and managers aware of key I and D initiatives.
- Line managers have continued to release staff members who are in Inclusion and Diversity Champion roles to attend regular meetings and also work on projects during working hours as many of these form key aspects of the annual I and D Schedule of Events referred to above.
- Managers and supervisors have continued to encourage their teams to submit the Staff Stories referred to above to raise awareness of initiatives, comment on support received from the Trust or publicise experiences they wished to share.
- We held workshops and masterclasses for managers and staff to raise awareness of protected characteristics and available support mechanisms
- Managers and Supervisors from all Divisions within the Trust took part in a Focus Group to share good practice and establish gaps in resources available.
- Staff attendance at Focus Groups has been actively encouraged by managers by way of making them aware of them and releasing them to facilitate their attendance on the day and participate in follow up actions.
- During the past year, the Inclusion and Diversity team have again launched a number of competitions and managers have actively encouraged their staff to enter these and thereby increased discussion and raised awareness within departmental teams.

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

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

As required by the Public Sector Equality Duty (Equality Act 2010), Equality Objectives must be set and published every 4 years. Progress against our 2016-2020 Equality Objectives are reviewed annually and revisited at four yearly intervals in line with equality legislation.

**See Appendix 2** for a summary of our Equality Objectives, including progress update.

#### **5. EDS2 Action Plan**

The EDS 2018/19 Action Plan has been updated to reflect the actions outstanding from 2017/18 and to incorporate our Equality Objectives and actions arising from the recent 2018 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.

**EDS2 Outcomes and Grades 2016/17**

Although we have chosen to focus on 4 outcomes for 2017/18 (shaded below) it should be recognised that the evidence included within this assessment will likely have an impact on other outcomes too.

Grades based on 2017/18 evidence submission for all other outcomes are listed below:

Goal	Outcome		Grade
1	1.1	Services are designed and delivered to meet the health needs of local communities	Developing
1	1.2	Individual people’s health needs are assessed and met in appropriate and effective ways	Developing
1	1.3	Transitions from one service to another are made smoothly with everyone well informed	Developing
1	1.4	When people use services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Developing
1	1.5	<b>Screening, vaccination and other health promotion services reach and benefit all local communities.</b>	Achieving
2	2.1	People can readily access community health services and should not be denied access on unreasonable grounds	Developing
2	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Developing
2	2.3	<b>People report positive experiences of the NHS</b>	Achieving
2	2.4	People’s complaints about services are handled respectfully and efficiently	Developing
3	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving
3	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	Achieving
3	3.3	Training & Developing opportunities are taken up and positively evaluated by all staff	Developing
3	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing
3	3.5	Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people	Achieving
3	3.6	<b>Staff report positive experiences of their membership of the workforce</b>	Achieving
4	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	Achieving
4	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.	Achieving
4	4.3	<b>Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination.</b>	Achieving



## Equality Delivery System (EDS2) Objectives and Outcomes – 2016/17 Grades

Goal 1	Outcome	2014 Score	2015 Score	2016 Score	2017 Score	2018 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.	Developing	Developing	Developing	Developing	Developing
	<b>1.2</b> Individual people's health needs are assessed and met in appropriate and effective ways.	Developing	Developing	Developing	Developing	Developing
	<b>1.3</b> Transitions from one service to another, for people on care pathways, are made smoothly and everyone well informed.	Developing	Developing	Developing	Developing	Developing
	<b>1.4</b> When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	Developing	Developing	Developing	Developing	Developing
	<b>1.5</b> <b>Screening, vaccination and other health promotion services reach and benefit all local communities.</b>	Developing	Developing	Developing	Developing	Achieving
<b>Assessment Criteria</b>	<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>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><b>Goal:</b> Once equality data is collated and recorded within hospital activity, data can be extracted to identify any visible trends / inequalities.</p> <p>The Trust's I&amp;D Leads are members of: E&amp;D Wigan Borough Collaborative; Greater Manchester E&amp;D Provider Leads Forum; North West NHS E&amp;D Network Forum; Wigan Borough CCG Accessible Information Standard Group - Working in collaboration to share equality data and best practice and jointly promote and challenge inequalities.</p>					

Goal 2	Outcome		2014 Score	2015 Score	2016 Score	2017 Score	2018 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	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	Developing	Developing
	2.3	<b>People report positive experiences of the NHS.</b>	Achieving	Achieving	Achieving	Achieving	Achieving
	2.4	<b>People's complaints about services are handled respectfully and efficiently.</b>	Developing	Developing	Developing	Developing	Developing
<b>Assessment Criteria</b>	<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>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><b>Goal:</b> Once equality data is collated and recorded within hospital activity, data can be extracted to identify any visible trends / inequalities.</p> <p>The Trust's I&amp;D Leads are members of: E&amp;D Wigan Borough Collaborative; Greater Manchester E&amp;D Provider Leads Forum; North West NHS E&amp;D Network Forum; Wigan Borough CCG Accessible Information Standard Group - Working in collaboration to share equality data and best practice and jointly promote and challenge inequalities.</p>						

Goal 3	Outcome		2014 Score	2015 Score	2016 Score	2017 Score	2018 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	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	Undeveloped	Achieving	Achieving
	3.3	Training & Developing opportunities are taken up and positively evaluated by all staff	Developing	Developing	Developing	Developing	Developing
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing	Developing	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	Achieving	Achieving
	3.6	Staff report positive experiences of their membership of the workforce	Developing	Developing	Developing	Developing	Achieving
<b>Assessment Criteria</b>	<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>The key gaps/development areas of Goal 3 are:</p> <ul style="list-style-type: none"> <li>Further develop the BME element within the WWL Leadership Programme.</li> <li>Link in with BME Staff Support Network Forum to share good practice and work together on initiatives.</li> <li>Continue to offer training at a variety of days and times.</li> <li>Continue to undertake audits of incidents of violence and aggression for BME staff to identify key actions.</li> <li>Active support of and participation in Wigan Pride 2018.</li> <li>Involve local LBGTQ+ groups in Trust business and in particular the activities of the I&amp;D Operational Group.</li> <li>Further events planned for 2018-19 to raise awareness of protected characteristics.</li> <li>Continue to support the development of networks for protected characteristics such as BME and Staff Living with a Disability.</li> <li>Obtain and publish further Staff Stories and share these at Workforce Committee meetings whenever possible.</li> </ul>						

Goal 4	Outcome		2014 Score	2015 Score	2016 Score	2017 Score	2018 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	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	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	Developing	Achieving
<b>Assessment Criteria</b>	<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>The key gaps/development areas of Goal 4 are:</p> <ul style="list-style-type: none"> <li>Further develop the range of online training resources.</li> <li>Building on the Inclusion and Diversity module within the WWL Management and Leadership programme in line with the Trust's corporate objective regarding Talent Management.</li> <li>Ongoing review of communication initiatives so as to further increase take up and awareness.</li> <li>Development and implementation of "Apps" with signposting to available resources.</li> </ul>						

## Equality Objectives 2016-2020

EDS Goal	Equality Objective	Key Progress – 2017/18	Outcome
<p><b>Goal 1:</b> Better Health Outcomes for All</p>	<p>We will work together with the local Lesbian, Gay, Bisexual &amp; 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.</p>	<p>On 25th July, the Trust showed its support for the borough's LGBTQ+ community by raising the rainbow flag and cutting a celebration cake outside the main entrance to the Royal Albert Edward Infirmary. Guests including member of the Trust's executive team, Chair Robert Armstrong, staff and representatives of Wigan Council's BYOU Project, which offers activities and advice for local LGBTQ+ people aged under19.</p> <p>Wigan Pride returned for a second year in Wigan Town Centre on 12<sup>th</sup> August 2017, celebrating the 50th anniversary of the decriminalisation of homosexuality in the UK. WWL were delighted to be part of this event, working in partnership with BYOU, Wigan CCG, Wigan Council and other local providers.</p> <p>WWL actively involved in Wigan PRIDE Event on 12 Aug 2017. Hosted information stand / Participated in PRIDE Parade. Patient Engagement Survey conducted. 43 completed surveys received. Engagement Report produced.</p> <p>WWL I&amp;D Champions undertook role of Stewards.</p> <p>In support of LGBT History Month in February 2018, WWL erected the Rainbow Flag on the RAEI and WNT Sites.</p> <p>Initial PRIDE 2018 Planning Meeting held in February 2018 in line with LGBT History Month</p>	<p>WWL seen as fully inclusive employer and service provider. Increased staff and patient engagement and participation.</p>
<p><b>Goal 2:</b> Improved patient access and experience</p>	<p>We will ensure that our patients are communicated with in a manner that is appropriate to their specific need or requirement within the Trust.</p> <p>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.</p>	<p><b>WWL</b> has it's very own Accessibility Checker thanks to a partnership with DisabledGo.com. It's totally free to use and has loads of detailed information about the accessibility of the Trust's departments, wards and services for all of the hospital sites,</p> <p>WWL launched its Accessibility Checker with an event on Tuesday 19<sup>th</sup> September in the Education Centre at RAEI. As well as raising awareness of the resource to staff, public and other local organisations, the event was an opportunity for those in attendance to ask questions.</p>	<p>Accurate &amp; consistent on-line information guides. Increased staff &amp; patient awareness. Improved patient experience. Increased provision of accessible information.</p>

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<b>Goal 2:</b> Improved patient access and experience	As above	Presentation delivered by Disabledgo to Wigan Access Committee on 10/05/17.  Posters circulated to 64 GP Practices. Pop up banners ordered for all hospital sites.	As above
		Requirements of Accessible Information Standard reviewed. IT solution identified. Currently working with Synertec to implement 'capture and share' database. IM&T support required.  IM&T recently submitted details of 75 priority projects to Executive Board for prioritisation. AIS was not deemed a priority project at this time.	On-going implementation / continuing to work in collaboration with CCG. Wigan AIS Collaborative Group established (chaired by Wigan CCG). Meetings attended quarterly.  Increased staff and patient awareness. Provides evidence that WWL is working towards meeting the standard.
		Reviewed and updated Out of Hours Procedure for Face to Face Interpreters (Language & BSL Interpreters).	Robust Out of Hours Procedure. Increased staff awareness of protocol for accessing interpreters out of hours.  Improved patient experience.
		Reviewed provision of Deaf Awareness Training for staff.	Programme agreed. Trainer sourced. Session planned for 10 <sup>th</sup> July 2018

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<p><b>Goal 3:</b> Empowered, engaged and included staff</p>	<p>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.</p>	<p>Facilitated 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.</p> <p>Undertook an audit of incidents of violence and aggression.</p> <p>Developed and enhanced our approach to recruitment, selection and promotion to positively attract, retain and support the progression of diverse individuals within the workforce.</p> <p>Ran celebratory events such as Black History Month to raise the profile of BME events and promote awareness within the workplace.</p> <p>Developed and implemented a BME Leaders module within the WWL Leadership Programme.</p>	<p>Improved level of BME satisfaction and engagement within the 2016 National Staff Survey.</p> <p>Levels of BME incidents still an area of concern.</p> <p>Improved level of BME satisfaction and engagement within the National Staff Survey.</p> <p>Black History month promoted as well as International Day against Racial Discrimination via competition.</p> <p>I and D Podcast to form part of the distance learning elements of leadership programmes (CMI level 3, 5 and 7) and manager induction programme.</p>
<p><b>Goal 4:</b> Inclusive leadership at all levels</p>	<p>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.</p>	<p>Facilitated an Inclusion and Diversity update session for Executive and Non-Executive Board members.</p> <p>Held a follow up Management Focus Group so as to establish gaps in knowledge needing to be addressed.</p> <p>Carried out a needs analysis audit (questionnaire) for managers and follow up.</p> <p>Developed local resources consisting of a tool kit of guidance documents, awareness sessions and master classes.</p>	<p>Board members' awareness refreshed and relevant discussions took place to ensure the focus remains on current challenges and that leadership is top down moving forward.</p> <p>Feedback obtained, reviewed and incorporated.</p> <p>Feedback from questionnaire analysed and incorporated into action plan.</p> <p>Ensure senior members of staff are provided with the required skills and knowledge to be effective in their roles. LGBT and Autism Master Classes held.</p>

