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# NHS Equality Delivery System 2022 EDS Reporting

# Contents

Equality Delivery System for the NHS.....	2
NHS Equality Delivery System (EDS) .....	3
This is the first year of the EDS2022 so will be left blank.EDS Rating and Score Card .....	4
Domain 1: Commissioned or provided services. ....	6
Domain 2: Workforce health and well-being .....	8
Domain 3: Inclusive leadership .....	10
Appendix 1 EDS2022 Domain 1 Evidence – March 2022-Feb 2023.....	13
Appendix 2: EDS2022 Domain 2 Evidence – March 2022-Feb 2023.....	31
Appendix 3 EDS2022 Domain 3 Evidence – March 2022-Feb 2023.....	48

# 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/](http://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](mailto:england.eandhi@nhs.net) and published on the organisation's website.

## NHS Equality Delivery System (EDS)

<b>Name of Organisation</b>	<b>Wrightington Wigan and Leigh NHS Teaching Hospitals Foundation Trust</b>	<b>Organisation Board Sponsor/Lead</b>		
		Chief People Officer: T. Bousted Chief Nurse: R. Tindale		
<b>Name of Integrated Care System</b>	Greater Manchester			

<b>EDS Lead</b>	T. King and D. Jones		<b>At what level has this been completed?</b>	
				<b>*List organisations</b>
<b>EDS engagement date(s)</b>	<b>Domain 1:</b> 30 Jan 2023 <b>Domain 2:</b> 24 Jan 2023 <b>Domain 3:</b> 20 Jan 2023 and 24 Jan 2023		<b>Individual organisation</b>	Yes
			<b>Partnership* (two or more organisations)</b>	
			<b>Integrated Care System-wide*</b>	

<b>Date completed</b>	23 Feb 2023	<b>Month and year published</b>	Feb 2023
<b>Date authorised</b>	23 Feb 2023	<b>Revision date</b>	28 Feb 2024

This is the first year of the EDS2022 so will be left blank.

Completed actions from previous year	
Action/activity	Related equality objectives

## 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

<b>Undeveloped activity</b> – organisations score out of 0 for each outcome	Those who score <b>under 8</b> , adding all outcome scores in all domains, are rated <b>Undeveloped</b>
<b>Developing activity</b> – organisations score out of 1 for each outcome	Those who score <b>between 8 and 21</b> , adding all outcome scores in all domains, are rated <b>Developing</b>
<b>Achieving activity</b> – organisations score out of 2 for each outcome	Those who score <b>between 22 and 30</b> , adding all outcome scores in all domains, are rated <b>Achieving</b>
<b>Excelling activity</b> – organisations score out of 3 for each outcome	Those who score <b>31 or more</b> , adding all outcome scores in all domains, are rated <b>Excelling</b>

## Domain 1: Commissioned or provided services.

Two patent services were identified for review during 2022/23 - Learning Disability Service and Maternity Services. Each outcome was scored out of 3 for both services and a mean score was taken.

Due to transitional challenges including time constraints, it has not been feasible to host stakeholder events and focus groups during this pilot. It was agreed in December 2022 that evidence and service lead scores be submitted to Healthwatch Wigan and Leigh. Evidence was collated and circulated to Healthwatch Wigan and Leigh on 24<sup>th</sup> Jan 2023 for review. Evidence was presented to HealthWatch Wigan and Leigh Board on 30<sup>th</sup> Jan 2023. The Committee and Board declined to comment due to time constraints and not being involved from the beginning. On the evidence provided, scores for Domain 1 have been agreed by the EDI and Service Leads.

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<b>Domain 1: Commissioned or provided services.</b>	1A: Patients (service users) have required levels of access to the service	See Appendix 1	2.0	EDI Lead (Service)
	1B: Individual patients (service users) health needs are met	See Appendix 1	2.0	EDI Lead (Service)
	1C: When patients (service users) use the service, they are free from harm	See Appendix 1	2.0	EDI Lead (Service)
	1D: Patients (service users) report positive experiences of the service	See Appendix 1	1.5	EDI Lead (Service)
<b>Domain 1: Commissioned or provided services overall rating</b>			<b>7.5</b>	



## Domain 2: Workforce health and well-being

Evidence was collated and presented to stakeholder groups (staff side, Chaplaincy, diversity staff networks) on 24 Jan 2023. Each outcome was scored out of 3 and a mean score was taken from all participants.

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<b>Domain 2:</b> <i>Workforce health and well-being</i>	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	See Appendix 2	2.8 2.5 1.5 2.5  Mean: 2.3	EDI Lead (workforce)
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	See Appendix 2	2.3 2.5 1.0 2.5  Mean: 2.1	EDI Lead (workforce)
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	See Appendix 2	1.0 2.5 1.0 2.0  Mean: 1.6	EDI Lead (workforce)

	2D: Staff recommend the organisation as a place to work and receive treatment	See Appendix 2	1.0	EDI Lead (workforce)
<b>Domain 2: Workforce health and well-being overall rating</b>			7.0	

## 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)
<b>Domain 3: Inclusive leadership</b>	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	<b>Appendix 3</b>	1.0	Rated independently by Liverpool University Hospitals Foundation Trust.
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	<b>Appendix 3</b>	1.0	EDI workforce lead
	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	<b>Appendix 3</b>	1.5	EDI Workforce lead and EDI service lead
<b>Domain 3: Inclusive leadership overall rating</b>			3.5	
<b>Third-party involvement in Domain 3 rating and review</b>				
<b>Trade Union Rep(s):</b> Phil Powell, Joanne Matthews		<b>Independent Evaluator(s)/Peer Reviewer(s):</b> EDI Lead at Liverpool University Hospitals Foundation Trust		

EDS Organisation Rating (overall rating): 18.0 (Developing)

Organisation name(s):

Wrightington Wigan and Leigh Teaching Hospital NHS 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 30**, adding all outcome scores in all domains, are rated **Achieving**.

Those who score **31 or more**, adding all outcome scores in all domains, are rated **Excelling**.

## EDS Action Plan

An EDS Action Plan for Domains 1-3 are not published here in this pilot year as timescales have not allowed engagement with relevant leaders in time for publication.

After publication of this document, however, EDI leads will work with service leads, wellbeing leads, OD leads and others to develop action plans which will be acted upon during 2023 and progress of which will be reflected in the next EDS2022 report, published in February 2024.

## **Appendices**

### Appendix 1 EDS2022 Domain 1 Evidence – March 2022-Feb 2023

#### **1A: Service users have required levels of access to the service – Learning Disability Service**

**Learning Disability & Autism Policy** - Currently being reviewed - (Appendix 1.1)

- This Policy was developed in partnership with WWL and the now collaborated Bridgewater Community NHS Foundation Trust Community Learning Disability Team. To Identify people with a Learning Disability that access WWL services or receive care provided by WWL.
- To deliver safe, effective and compassionate care to service whom have a known or suspected Learning Disability and/or Autism.
- To avoid diagnostic overshadowing, inappropriate sedation, to always provide care jointly with family and/or carers.
- To identify the specific care needs of people with a Learning Disability in order to give them equality to access and receive all services that they are entitled to at WWL.

**Learning Disability & Autism Planned Admission Pathway SOP** - Currently being reviewed - (Appendix 1.2)

**Learning Disability & Autism Unplanned Admission Pathway SOP** - (Appendix 1.3)

The purpose of these policies is to:

- To ensure that WWL staff are aware of their roles when delivering/preparing for planned/unplanned care to patients with known or suspected learning disability and/or autism.
- To ensure that the service user whom has a learning disability and/or autism is appropriately supported and care is planned with the service user and jointly with the carer/parent prior to and during the hospital stay.
- To work effectively, both interagency and multi-agency and promoting the best service delivery outcomes for service users with Learning Disability and/or Autism.

### **Learning Disability Liaison Team**

Their role is to support people with Learning Disabilities, when they are accessing WWL services for both planned and emergency admissions.

### **Dedicated Learning Disability Liaison Nurse Role for unplanned admissions**

### **Dedicated Learning Disability Complex Care Team**

Preventing patients with physical complex LD needs from being admitted to nursing homes / unnecessary hospital admissions. Work alongside hospice to deliver enhanced palliative care.

### **Learning Disability Carers Counselling Support Group**

First Group held May 2022. Established to bring informal and professional carers together with health and social care professionals to:

- Share knowledge, experience, concerns, successes, and challenges of families/those important to an individual living with a profound learning disability
- To seek to overcome or manage end of life challenges in an inclusive way
- Explore the role of the hospice and its services, in supporting the needs of the person with a learning disability, and those important to them
- Provide a supportive, non-judgemental forum, in which everyone's views are heard and considered equally.

### **Patients with Learning Disabilities awaiting breast screening identified by GP**

WWL informed and patients provided with support – Accessible breast awareness packages / supported care pathway / breast screening awareness training available for patients with LD and their carers.

### **Learning Disability Community Team hold LD transition events for young people with LD**

To inform them about what to expect when transitioning to adult services.

### **Learning Disability Access Tours**

**Patients with learning disabilities are encouraged to attend Tours** to familiarise themselves with the service and give feedback on service accessibility. Tours currently being held Friday afternoon at Out-Patients at Thomas Linacre Centre. A&E Tours to be resumed

**Access to Interpreter & Translation Services** Patient information can be made available in large print, audio and braille on request.

**Special Dietary Requirements are catered for patients**

**Bespoke paperwork / charts / patient information** is provided on patient specific needs basis.

**Easy Read Patient Information Leaflets** can be accessed on Trust website:

- Patient Access Policy – First Appointments
- Parking
- Going to A&E
- Complaints, concerns and compliments
- Coming to hospital during the day
- Staying overnight in the hospital
- Welcome to Audiology
- Chaplaincy & Spiritual Care
- My Birth Plan

**Other WWL Policies**

- Learning Disability and Autism Reasonable Adjustments SOP
- Inappropriate prescribing of psychotropic medication SOP
- Learning Disability and Autism Triage Appropriately SOP
- Learning Disability and Autism Accessibility to appointment Letters SOP
- Learning Disability and Autism facilities to support carer involvement SOP



## **1A: Service users have required levels of access to the service – Maternity Service**

### **Access to Interpreter & Translation Services**

### **Special Dietary Requirements catered for patients**

### **Regional Action Plans/Strategies**

In place for Black and minority ethnic (BAME) Health Inequalities - It has long been known that Women from minority ethnic backgrounds are generally at greater risk of long-term health problems than white women, with black women more likely to have conditions that can put them at greater risk, with some of the reasons attributed to social factors associated with health, including poverty, education and housing. The NHS Planning Guidance 2019/20 sets out an expectation that systems will start to implement continuity of carer models for women of Black and Asian ethnic backgrounds and those living in the most deprived deciles.

- **WWL ‘Additional Support for Minority Ethnic Group Women in Pregnancy’ Standard Operating Procedure (SOP)** in place for staff. (Appendix 1.4)
- **GMEC Black and Asian Local Maternity Standards – Assurance Template** completed and monitored quarterly by WWL. Standards set to improve the experience and outcomes for black and south Asian women/birthing people, their families and babies within GM and Eastern Cheshire. (Appendix 1.5)

### **Complex Medical Conditions Individual Management Plans**

Implemented for all patients with disabilities / health conditions. (Appendix 1.6)

### **Safeguarding / Learning Disability Passports**

People with a learning disability can **bring a copy of the Hospital Passport with them when they attend hospital**. If they do not bring one with them, hospital staff will provide a blank copy and encourage them, with support from a relevant individual, to complete one on arrival.

**Bespoke ‘My Maternity Passport’** for patients with a learning disability (Appendix 1.7)

### **Hidden Voices – A Bespoke Maternity Pathway**

Devised for women with learning disabilities / hidden disabilities. Whilst a robust safeguarding process is well established for women with learning disabilities/hidden disabilities, several gaps came to light that there was no formal pathway in place for women with learning disabilities, so this pathway was devised.

### **Formal Maternity Process for Women with Learning Disability/Learning Difficulty/Hidden Disability/Autism –**

The purpose of the maternity process is to improve the perinatal outcomes for mothers with a learning disability, learning difficulty or hidden disability (other conditions affecting intellectual ability) and autism and their babies. More specifically to identify and intervene to provide reasonable adjustments to help parents understand help parents adjust to pregnancy, and to support them to prepare for parenthood.

### **Access to WWL Learning Disability Liaison Team**

#### **Dedicated Perinatal Mental Health Midwife**

(Perinatal mental health (PMH) problems are those which occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 27% of new and expectant mums and covers a wide range of conditions).

#### **Assistance Dogs Policy and SOP**

Implemented following complaint regarding access in maternity services in 2015. Policy sets out roles and responsibilities of staff to support access for patients/visitors with assistance dogs. SOP identifies the process for allowing access to assistance dogs within the Trust. (Appendix 1.8)

#### **Easy Read Patient Information Leaflets**

- My Birth Plan – An Easy Guide to Planning your Birth (Appendix 1.9)

#### **Same-Sex Couples**

- Recording of different family structures recorded within patient notes.
- Maternity Services Database (Euroking) allows 'Partners' details to be entered. Additional to field to Mother and Father.

#### **Access to multi-faith chaplaincy and spiritual care services**

- **Prayer facilities** on all hospital sites.
- **Cultural beliefs / traditions** documented in notes and adhered to (within care plan)

**Community Midwives DAISY Team**

Providing enhanced support and education to vulnerable women (for example homeless)

**Trust Patient Information / Maternity Services Website includes statement regarding terminology woman / mother.**

## **1B: Service users health needs are met – Learning Disability Service**

### **Bespoke Learning Disability Awareness Training provided**

LD Complex Care Team currently undertaking project in A&E delivering awareness sessions to staff on Thursdays.

### **Learning Disability Awareness Communication Guides**

Currently being produced for staff / support workers.

### **Learning Disability Awareness Training**

Included on Trust Induction for all new staff.

### **Learning Disability Awareness Training**

Provided to all new GPs (twice a year)

### **Training provided to patient's carers**

on how to meet the needs of patients with LD

### **Safeguarding / Learning Disability Passports**

People with a learning disability can **bring a copy of the Hospital Passport with them when they attend hospital**. If they do not bring one with them, hospital staff in A&E will provide a blank copy and encourage the carer to complete with the patient whilst waiting.

### **My Maternity Passport**

People with a learning disability can **bring a copy of the Hospital Passport with them when they attend hospital**. If they do not bring one with them, hospital staff in maternity will provide a blank copy and encourage the carer to complete with the patient whilst waiting. (Appendix 1.7)

### **Learning Disability recorded on hospital admission.**

**Safeguarding and Community LD Team alerted to patient's admission.** Planned & unplanned admission pathways initiated / support provided.

### **Learning Disability on Safeguarding Committee Agenda**

Any topics / issues fed back at each meeting

### **Learning Disability Improvement Standards**

Published, in 2018, NHS Trusts are required to report annually on their compliance with these standards. The NHSE & NHSI – The Learning Disability Standards Review requires NHS Trusts to submit data annually. The data collection is looking at the care for people with a learning disability and autistic people of all ages in NHS Trusts.

## **1B: Service users health needs are met – Maternity Services**

### **Maternity Voices Partnership (MVP)**

Forum for maternity service users, providers and commissioners of maternity services to come together and design services that meet the needs of local women, parents and families. They all work together to share ideas and identify solutions for the design and improvement of maternity care. It is a way of discussing and over-coming challenges. The group aims to support the development and improvement of maternity care for everyone, regardless of who they are or where they live, so that everyone has access to the same quality care.

The group continues to try to increase the numbers of women from minority ethnic groups into the MVP. A visit is planned to Wigan SWAP (support group for asylum seekers and minority ethnic groups) to explain the MVP to them and try and encourage their voices to be heard.

### **Community Midwives DAISY Team**

Providing enhanced support and education to vulnerable women (for example homeless)

- Antenatal Risk Factor Identification Tool completed and sent with Daisy Team Referral

### **Complex Medical Conditions Individual Management Plans**

Implemented for all patients with disabilities / health conditions

- Care Plan – Additional information and care for pregnant women with complex medical disorder(s).
- Antenatal Admission Care Plan for complex medical disorders in pregnancy

### **Regional Action Plans/Strategies**

In place for Black and minority ethnic (BAME) Health Inequalities - It has long been known that Women from minority ethnic backgrounds are generally at greater risk of long-term health problems than white women, with black women more likely to have conditions that can put them at greater risk, with some of the reasons attributed to social factors associated with health, including poverty, education and housing. The NHS Planning Guidance 2019/20 sets out an expectation that systems will start to implement continuity of carer models for women of Black and Asian ethnic backgrounds and those living in the most deprived deciles.

- **WWL 'Additional Support for Minority Ethnic Group Women in Pregnancy' Standard Operating Procedure (SOP)** in place for staff. (Appendix 1.4)

- **GMEC Black and Asian Local Maternity Standards** – Assurance Template completed and monitored quarterly by WWL. Standards set to improve the experience and outcomes for black and south Asian women/birthing people, their families and babies within GM and Eastern Cheshire. (Appendix 1.5)

#### **BCG Vaccination Clinics now offered on Saturdays in the community**

BCG is offered to babies who are likely to spend time with someone with TB. This includes babies who live in an area with high rates of TB or babies with parents or grandparents from a country with high rates of TB.

#### **Safeguarding / Learning Disability Passports**

People with a learning disability can **bring a copy of the Hospital Passport with them when they attend hospital**. If they do not bring one with them, hospital staff will provide a blank copy and encourage them, with support from a relevant individual, to complete one on arrival.

- **Bespoke ‘My Maternity Passport’** for patients with a learning disability (Appendix 1.7)

#### **Access to Learning Disability Liaison Team**

#### **Dedicated Perinatal Mental Health Midwife**

(Perinatal mental health (PMH) problems are those which occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 27% of new and expectant mums and covers a wide range of conditions).

- Antenatal Risk Factor Identification Tool completed and sent with Perinatal Mental Health Team Referral.

## **1C: When service users use the service, they are free from harm – Learning Disability Service**

### **Trust Risk Management Policy** (Appendix 1.10)

All serious incidents / complaints are investigated and lessons learnt embedded within Trust practice.  
Learning Disability alert embedded within WWL's electronic incident reporting system (DATIX).

### **Learning Disability Mortality Review (LeDer) Programme – Wigan Borough Annual Assurance Report 2020-21**

This assurance report is the second written in respect of the Learning Disabilities Mortality Review Programme (LeDeR) within Wigan Borough. The report concerns the period 1st April 2020 until 31st March 2021. 2. The report provides an overview of LeDeR activity for 2020 – 2021 and analysis of the same. Commentary is provided regarding progress against the previous year's objectives and outlines the objectives for the forthcoming year.

extension://elhekieabhbkmcefcobjddigjcaadp/https://healthierwigan.nhs.uk/wp-content/uploads/2021/08/LeDeR-Annual-Assurance-Report-2020-2021-002.pdf

### **Learning Disability Community Team hold LD transition events for young people with LD**

To inform them about what to expect when transitioning to adult services.

### **Learning Disability Access Tours**

**Patients with learning disabilities are encouraged to attend Tours** to familiarise themselves with the service and give feedback on service accessibility. Tours currently being held Friday afternoon at Out-Patients at TLC. A&E Tours to be resumed.

### **Easy Read Patient Information Leaflets available on the following:**

- How to prevent a fall
- Bowel cancer screening

### **Access to Interpreter & Translation Services**



## **1C: When service users use the service, they are free from harm – Maternity Services**

### **Trust Risk Management Policy** (Appendix 1.10)

All serious incidents / complaints are investigated, and lessons learnt embedded within Trust practice. All staff working within Maternity & Neonatal Services at WWL NHSFT have a role in identifying risk and ensuring children and adults are protected from harm. Maternity staff are likely to have significant contact with families who may require support and interventions in relation to safeguarding. All Maternity staff need to be aware of national and local procedures and their responsibility in relation to these.

### **Think Family Safeguarding Team**

Based WWL NHSFT covering all hospital sites and community services, providing maternity and neonatal care. The WWL NHSFT Think Family Safeguarding Team has a statutory requirement to ensure the Trust are compliant with National Safeguarding and oversee the effectiveness of our Safeguarding Service provision. The WWL Think Family Safeguarding Team has A Name Midwife, Named Nurse for Adults, Named Nurse for Children and Named Nurse for Children in Care.

### **National MBRRACE Reports and Action Plans**

Each year the MBRRACE Report "Saving Lives, Improving Mothers' Care" is published as part of the Maternal Newborn and Infant Clinical Outcome Review Programme. The report looks at data from the UK and Ireland confidential enquiries into how many women had died during child birth. And the 12 months after. The report provides statistics on these deaths as well as summaries on the circumstances around them; and makes suggestions on preventions and lessons to be learnt. WWL reviews this report and embeds recommendations / changes to guidelines within local maternity improvement action plans

- **WWL Action Plan currently being developed in response to this.**

### **Vitamin D Antenatal Guidelines**

Vitamin D deficiency more prevalent between ethnic groups. Compared to white British babies, concentrations of the vitamin were much lower in babies of Black, Asian and mixed races as well as non-British white babies.

- Antenatal Risk Factor Identification Tool completed with Vitamin D Assessment.

### **GMEC Black and Asian Local Maternity Standards** (Appendix 1.5)

Assurance Template completed and monitored quarterly by WWL. Standards set to improve the experience and outcomes for black and south Asian women/birthing people, their families and babies within GM and Eastern Cheshire.

**Complex Medical Conditions Individual Management Plans** (Appendix 1.6)

Implemented for all patients with disabilities / health conditions

**Safeguarding / Learning Disability Passports**

People with a learning disability can bring a copy of the Hospital Passport with them when they attend hospital. **If** they do not bring one with them, hospital staff will provide a blank copy and encourage them, with support from a relevant individual, to complete one on arrival.

- **Bespoke 'My Maternity Passport'** for patients with a learning disability (Appendix 1.7)

**Access to Learning Disability Liaison Team**

**Dedicated Perinatal Mental Health Midwife**

(Perinatal mental health (PMH) problems are those which occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 27% of new and expectant mums and covers a wide range of conditions).

**WWL Honour Based Abuse Procedure** (fundamental abuse of Human Rights and

Should be recognised and responded to in a prompt and effective manner).

Defines the process for recognising individuals who may be at risk from or suffering from honour based abuse.

## **1D: Service users report positive experiences of the service – Learning Disability Service**

### **Patients with LD awaiting breast screening identified by GP.**

WWL informed and patients provided with support – Accessible breast awareness packages / supported care pathway / breast screening awareness training for patients with LD and their carers.

### **LD Community Team hold LD transition events for young people with LD**

to inform them about what to expect when transitioning to adult services.

### **Learning Disability Access Tours**

**Patients with learning disabilities are encouraged to attend Tours** to familiarise themselves with the service and give feedback on service accessibility. Tours currently being held Friday afternoon at Out-Patients at TLC. A&E Tours to be resumed.

### **Learning Disability Carers Counselling Support Group**

First Group held May 2022. Established to bring informal and professional carers together with health and social care professionals to:

- Share knowledge, experience, concerns, successes, and challenges of families/those important to an individual living with a profound learning disability
- To seek to overcome or manage end of life challenges in an inclusive way
- Explore the role of the hospice and its services, in supporting the needs of the person with a learning disability, and those important to them
- Provide a supportive, non-judgemental forum, in which everyone's views are heard and considered equally.

### **Access to Interpreter & Translation Services**

### **Patient Experience and Engagement Surveys**

The Trust collects and obtains feedback from patients through its PALS processes and patient surveys which are reported to the Trust Board of Directors (Family & Friends; Patient Care; Picker National In-Patient & Out-Patient Surveys).

All 9 protected groups are included in Hospital Patient Surveys (overseen by the Trust's Patient Experience and Engagement Department).

## **1D: Service users report positive experiences of the service – Maternity Services**

### **CQC National Maternity Survey 2021**



Update to Q&S  
PICKER MATERNITY S

The 2021 Maternity Survey involved 122 NHS trusts in England. All NHS trusts providing maternity services that had at least 300 live births were eligible to take part in the survey. Women aged 16 years or over who had a live birth between 1 and 28 February 2021 (and January if a trust did not have a minimum of 300 eligible births in February) were invited to take part in the survey. Fieldwork took place between April and August 2021. Responses were received from more than 23,000 women, an adjusted response of 52%

A total of 300 Questionnaires were sent to mothers who birthed at WWL. 297 were eligible for the survey, of which 109 returned a completed questionnaire, giving a response rate of 36.7%. This is an increase in the previous response rate of 34%. The results show that despite the constraints of the Covid pandemic, our results are predominantly in line with other trusts, with 1 result worse, and 1 result somewhat worse, than most trusts.

98% Treated with respect and dignity (during labour & birth)  
97% Had confidence and trust in staff (during labour & birth)  
96% Involved enough in decisions about their care (during labour & birth)

The somewhat worse result is now actioned with the implementation of our Perinatal Mental Health Midwife and should see improvement in the next report. The worse result continues to be worked on with the planning of implementation of continuity teams.

#### **Demographics:**

##### **Age Groups**

7% 16-25years

28% 26-30 years  
45% 31-35 years  
19% 36+ years

#### **Ethnicity**

2% Asian / Asian British  
1% Black / African / Caribbean / Black British  
0% Mixed / Multiple ethnic groups  
0% Other ethnic group  
97% White

#### **Disability**

31% respondents said they had a long-term condition.

#### **WWL National Maternity Survey 2021 Action Plan**

An Action Plan based on the CQC Maternity survey report for WWL is produced and monitored.

#### **Maternity Voices Partnership (MVP)**

Forum for maternity service users, providers and commissioners of maternity services to come together and design services that meet the needs of local women, parents and families. They all work together to share ideas and identify solutions for the design and improvement of maternity care. It is a way of discussing and over-coming challenges. The group aims to support the development and improvement of maternity care for everyone, regardless of who they are or where they live, so that everyone has access to the same quality care.

The group continues to try to increase the numbers of women from minority ethnic groups into the MVP. A visit is planned to Wigan SWAP (support group for asylum seekers and minority ethnic groups) to explain the MVP to them and try and encourage their voices to be heard.

- **Wigan Borough Maternity Voices Work Plan 2022/23** developed and actioned.

#### **Rainbow Badge Programme**

During 2022, WWL were offered a place on Phase 2 of the NHS Rainbow Badge Assessment Programme. A number of service / patient / staff surveys were undertaken across the Trust to ascertain how services are currently being inclusive of LGBT+ people (Maternity services was included). This assessment was to help us identify and celebrate the work that is already being

done while also understanding what next steps need to be taken to make our services a safer and more inclusive environment for LGBT+ people. WWL scored within the initial stage. A Recommendations Report was produced and is currently being reviewed).

### **Sub-Appendices**

Appendix 1.1 Learning Disability and Autism Policy



LD policy.doc

Appendix 1.2 Learning Disability and Autism Planned Admission Pathway SOP



planned  
admission.doc

Appendix 1.3 Learning Disability and Autism Unplanned Admission Pathway SOP



Learning Disability  
and Autism Unplanned

Appendix 1.4 Additional Support for Minority Ethnic Group Women In Pregnancy SOP



STANDARD  
OPERATING PROCEDU

Appendix 1.5 GMEC Black and Asian Local Maternity Standards



GMEC Black and  
Asian Maternity Stand

Appendix 1.6 Complex Medical Conditions Individual Management Plans



Complex medical  
conditions.docx

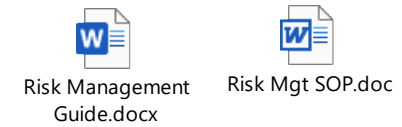


Lead  
Obstetrician.docx



My Maternity  
Passport.pdf

Appendix 1.7	My Maternity Passport
Appendix 1.8	Assistance Dogs Policy & SOP
Appendix 1.9	An Easy Guide to Planning your Birth
Appendix 1.10	Trust Risk Management Policy



## Appendix 2: EDS2022 Domain 2 Evidence – March 2022-Feb 2023

### **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**

The health and wellbeing of all staff is monitored right from the commencement of employment and continues throughout their employment journey. (Appendix 2.2 and 2.3.)

On appointment with the Trust, candidates are asked to complete a Health Questionnaire, (Appendix 2.1.) This questionnaire is currently being reviewed. Depending on the answers provided, the employee may undergo an Assessment with one of the team. Following their assessment, the OH Practitioner may make recommendations to the Appointing Manager.

Employees are also provided with signposting information for a variety of services. For example, the team offer Health checks to individuals and teams who request them, and they facilitate voluntary roadshows that review weight, BMI, bone and muscle mass and a BP check. Following this, discussions can be arranged with the Steps 4 Wellness Team to review the results and to decide on next steps, including a referral back to their GP if they receive a high BP reading. The team also signpost to The Psychological Support Team and can make referrals for staff who are absent from work due to mental health concerns or other sickness.

Staff Psychological Service conducts pre and post outcome measures, to ensure that psychological interventions are suited to the needs of individuals engaging with the Service.

The Staff Psychology Service is a confidential treatment Service, therefore individual needs and outcomes are not shared to inform the broader Trust, but can, with consent, be shared with the Line Manager and/or HR Representative to support with adjustments and recommendations within their working environment. However, with the recent transition to a new clinical



recording system, the Staff Psychological Service is more readily able to complete analyses upon a confidential 'cohort' basis, which could identify organisational themes with respect to needs and difficulties.

**Supports all staff to actively manage their conditions.**

The Trust has a staff Physiotherapy Referral Scheme for employees who are experiencing musculoskeletal problems. (Details noted in Appendix 2.4.) The Chaplaincy and Spiritual Care Team are available to provide pastoral, emotional, spiritual and religious support, and the Trust offer SPACE, which is support and guidance following a critical event. (Supporting People After Critical Events). (Details noted in Appendix 2.5).

The Staff Psychological Service provides 1:1 support, in addition to group interventions, and delivers therapeutic skills to enable individuals to actively manage their mental health difficulties. The Staff Psychological Service cannot provide a 'crisis' response to an individual's difficulties, however the team will signpost individuals to alternative suitable services (e.g., local crisis teams). The Staff Psychological Service also holds a waiting list for initial assessments, and it is understood that this causes a delay for some with respect to accessing support.

The Trust has also recently undertaken a 'Paid Special Leave' pilot and have since confirmed provision for paid special leave for staff to attend healthcare appointments, if authorised by the Line Manager.

**Uses sick and absence data to support staff to self-manage long term conditions and reduce negative impacts of working environment.**

Employees are referred into the Occupational Health Service when they are experiencing ill health which may impact on their ability to undertake their role. Some employees are still in work, and some will be absent at the time of the referral.

All referrals seen are allocated a diagnostic code (Appendix 2.6) following assessment and this data is collated and shared as part of the department's Performance Report. An example Performance Report is attached, which is shared with the Chief People Officer. It provides high level data in relation to the types of conditions that employees have been referred to the service with. (Appendix 2.7).

The Staff Psychological Service does not routinely monitor sickness absence and absence data at an organisational level.

Staff Psychological Service does accept referrals from Occupational Health.

During COVID-19, the Staff Psychological Service provided mental health wellbeing calls to staff who were absent from work.

Sickness and absence data is monitored centrally by the divisional HR teams, and this is used to inform any decisions relating to formal or informal sanctions imposed as per the Attendance Management Policy.

### **Increases Health Literacy**

The Trust offer Psychological Education support via group sessions and 1-2-1 sessions. The Trust also offer an Anxiety Group, Personal Resilience training, a Mindful Living Programme, Wellbeing Conversations as part of the Route Plan, and an Emotional Coping Group is under development.

The Trust also have a number of Wellbeing Champions, whose role it is to cascade any Health and Wellbeing information, either internal or external, across the divisions and teams. The Wellbeing Champions ensure departmental noticeboards and the Steps 4 Wellness noticeboards are updated with the latest news and information. These champions undertake an online training module in advance of their appointment so they are trained to undertake low-level conversations around mental health if approached and if necessary, can then signpost to the Trust services, such as the Steps 4 Wellness Team or the Psychological Support Team.

The Trust also facilitate Menopause Cafes, both locally and across the GM Network and the Trust also have a number of Men's Health Champions.

Although the Staff Psychological Service provides information for those in service, there is not yet an established a means by which those who are not 'actively in service' (e.g., not referred in or on waiting list for assessment) can access mental health literature or self-help resources. However, there are a limited number of resources on the Psychological Support Team's Intranet page, which are accessible to all staff.

### **Health initiatives, including Work/Life Balance, Healthy Lifestyles, Encourages Exercise**

The Trust offer a number of health checks, and have a Smoking Cessation Team, the Step Challenge program, 5-a-side World Cup teams, Couch to 5k, VIVUP Salary Sacrifice Bike Scheme, and have made investment in a number of secure bike storage lockers. The Trust also have the Wellbeing Lounge, which has access to showers and changing facilities, and has the provision for staff to take a break outside of the Ward environment. The Intranet also has a webpage dedicated to making healthy choices, in respect of physical, emotional and financial health.

The Staff Psychological Service has undertaken a Stress Management Pilot Project, across two staff teams. The positive outcomes from this Project have resulted in the planned extension and roll out of this programme across the WWL Trust. They have identified what causes stress in the workplace, and themes included workload, relationships and the working environment, in relation to resources, working conditions, etc.)

There are a number of initiatives currently under development, such as the Emotional Coping Group, and the Schwartz Rounds and Stress Management Programme, whilst successful, are not currently active.

The Trust's Flexible Working Policy and Agile Working arrangements are currently under review as part of the wider Policy Handbook roll-out but will include provision for increased flexibility with working arrangements. This is available to all Trust employees, from the outset of employment.

### **Signposts to National and Voluntary, Community and Social Enterprise support**

The Steps 4 Wellness Team work closely with the Greater Manchester Resilience Hub and regularly signpost employees to this service. The Greater Manchester Wellbeing Toolkit (Appendix 2.8) has been shared across the organisation via Global communications and via the divisional HR Representatives.

The Psychological Support Service often signpost employees to the IAPT (Improving Access to Psychological Therapies) programme, alongside the Think Wellbeing service, the Nurse Lifeline (Appendix 2.9) and the Employee Assistance Program. (Appendix 2.10.) The organisation also signposts to other services, such as the British Heart Foundation and the Samaritans, for example, and to Primary Care NHS services, such as the Long Covid Clinic, Wigan Council's Warm Welcoming Space initiative, and to GP Services across the borough.

The HR Teams are also informed of any new services that offer wider physical, mental, emotional or financial support, so that these can be discussed with employees who are absent from work due to illness.

The Trust also have a number of trained Men's Health Champions, who are able to support and advise on different aspects of men's health, both physical and mental. They also have access to the Man Manual and are able to distribute copies if required.

The Trust also signpost to support with financial wellbeing. There are links on the intranet to Salary Finance's Financial Wellbeing Hub, the Citizens Advice Bureau are currently offering staff 1-1 Financial Wellbeing Sessions, the Trust offer low cost loans, advance salary payments and a savings scheme.

The Trust's Staff Side Representatives signpost members to external services, such as the Able Futures initiative, Citizens Advice and the DWP's Access to Work service, for those requiring additional support when in the workplace. The Union also has a Financial Welfare Fund, 'There for you' which is means-tested and accessible for branch members in financial hardship. They also offer uniform grants and heating grants, also means tested, and provide access to solicitors for legal, work-related issues and a free consultation for non-work-related issues.

### **Use of data in supporting workforce to make healthy lifestyle choices.**

The Trust use 'Britain's Healthiest Workplace' Data to implement initiatives throughout the Trust, such as Smoking Cessation, signposting to healthy routes via the local Council, and the 'Know your Numbers' blood pressure campaign.

The Staff Psychological Service is limited in how it can use the data gathered due to 'confidentiality' but also, has previously encountered limitations in the ability to conduct group level analysis of data. However, following the recent migration to a new clinical recording system, such analyses should be easier to conduct moving forwards allowing us to identify organisational themes with respect to needs and difficulties.

### **Staff access to Physical Health Support in the Workplace**

The Psychological Support Team work closely with the Long Covid Clinic and will refer employees into this service. The team have strong links with this service and work in partnership with the Long COVID neurorehabilitation clinic.

The Psychological Support Team are also aligned with the Steps 4 Wellness Team and can signpost and refer employees to the Steps 4 Wellness Team, if, upon referral, assessment or ongoing treatment, any physical health issues are identified which may relate to the mental health difficulties that the client is experiencing.

The Steps 4 Wellness Team perform staff health checks and will arrange a motivational interview and discussion following the health check to discuss what changes and improvements can be made to health and lifestyle. If there are concerns with the results from the health check, the team will signpost the employee back to their GP for further investigations if necessary.

The team in Therapies have introduced a 'Back Chat' Clinic, where employees can ask for advice and support with back conditions, alongside educational sessions advising on correct moving and handling techniques, and guidance on how employees can help themselves to manage pain, with the intention of preventing these issues from worsening. The team also provide a MSK Self-Referral scheme for employees that either have a long-standing back condition or have a new complaint.

Every quarter, the Steps 4 Wellness Team coordinate a Trust-wide, team-based activity, with previous events including a 5-a-side football tournament.

The divisional HR teams, alongside Line Managers, will always, with informed consent, attempt to expedite referrals, results or appointments for employees who are awaiting services provided by WWL. This is encouraged for employees currently in work and is also for staff that are absent due to either long or short-term sickness.

The Trust also have a number of Risk Assessments that can be completed in collaboration with the individual, their Line Manager and/or the Health and Safety Team, to identify and mitigate any risks to their health and wellbeing when in work. These include a Workplace Risk Assessment and a Display System Equipment Risk Assessment.

### **Staff access to Mental Health Support in the Workplace**

#### **Steps4Wellness Team**

The Steps 4 Wellness Team coordinate Wellbeing 'Walkabouts' with the Chief Executive and the wider Executive and Non-Executive Teams. These 'walkabouts' provide staff with the opportunity to speak directly and informally with the Senior Leadership Team and the CEO to let them know how they are and how they're feeling at the moment from a wellbeing perspective. It is an opportunity for the departments to highlight any concerns and issues they're experiencing, and these can then be fed back into the Wellbeing Forum who can identify any themes and trends and take action as appropriate. The

Executive Team can see what work the wellbeing champions are doing and how they're embedding a culture of 'wellbeing' into the teams across the organisation. This is also a good opportunity to recruit more Champions and to promote the service.

As well as being signposted to further Mental Health support, which may lead to referrals to the Steps 4 Wellness team or Staff Psychological Service, Wellbeing walkabouts sometimes highlight issues which are then raised with the Estates and Facilities division, if they are related to the working environment.

The Trust also have 5 Wellbeing Leads, and these are Senior Leaders from across various areas and across a range of disciplines within the organisation. The Leads aren't aligned to a specific division, and work across the entire Trust, bringing a degree of impartiality to concerns and issues raised. WWL Staff can speak directly to the Wellbeing Leads, who, in turn, can then provide advice and support and can signpost to various other services within the organisation. As the Wellbeing Leads are part of the senior management teams, they have a high level of influence across the organisation.

The Trust also offer a Mindful Living program, a six-week programme to promote mindfulness in daily living. It offers an introduction to mindfulness alongside stress management techniques and a focus on resilience building.

The Steps 4 Wellness Team also offer 1:1 wellbeing drop-in sessions and regularly visit teams to discuss personal resilience techniques to help with stress. Individual teams can also request support from Steps 4 Wellness if they feel help or guidance is required by the team as a whole, following, for example, a distressing incident within the department. The team also have a Bereavement Counselling program, 'Sad, Not Mad' which is a self-referral service and offers a 6-session group program, assisting attendees to understand the emotions they may be experiencing and how to cope and move forwards.

In addition to supporting staff with their emotional health, there are also a variety of services in place to support with financial wellbeing. The Steps 4 Wellness team promote Salary Finance Online, and access to low-cost loans and saving schemes. The service also offers debt counselling and advice. The Trust are currently working with the Citizens Advice Bureau, who are offering employees 1:1 advice sessions on managing money, budgeting and a variety of other topics. The Employee Assistance Program also offers financial support and advice so employees can contact them on an ad-hoc basis. The Trust intranet has a Steps 4 Financial Wellness webpage on the intranet, offering information and advice on money management, borrowing wisely and how to be energy-savvy, alongside links and signposting to other external support services, such as helplines and crisis support. There are also offers, discounts and advice on making health and low-cost meals to feed a family.

#### Staff Psychological Service

All Staff working across WWL can access the support of the WWL Staff Psychological Service. Engagement with the WWL Staff Psychology Service is voluntary in nature and is confidential, however, with informed consent from the employee, their individual needs and outcomes may be shared with the Line Manager and/or HR Representative to support with adjustments and recommendations within their working environment.

All WWL staff members can self-refer to the Staff Psychological Service, from within their workplaces, through completion of an on-line referral form, which is available on the Trust intranet.

The self-referral form is compatible with mobile devices, and the Trust intranet page is accessible internally as well as externally, therefore enabling referrals to be made by staff working across WWL sites as well as staff working remotely and from home, or those in Community settings who have no fixed base.

For those unable to access the Trust intranet or unable to utilise the on-line referral system, for any reason, the team are contactable via the Staff Psychological Service Team e-mail address, to obtain a printable paper-based format of the referral form. (Appendix 2.11.)

The Occupational Health Team can also refer individuals to the Staff Psychology Service, where a mental health need is identified, which is impacting upon an individual within the workplace or is leading to a staff member being absent from work due to their mental health-related sickness.

The Staff Psychological Service provides a range of evidenced-based individual interventions, as well as group interventions, consistent with NICE guidance. An individual needs-led approach to treatment is taken with respect to the Mental Health intervention(s) offered WWL Staff Members.

Following post-assessment identification that a staff member's treatment needs would be more suitably met through an external local Mental Health Provision, the Staff Psychological Service will, with the Staff member's informed consent, seek to refer the Staff Member to the appropriate Service. The Staff Psychological Service works in partnership with the Greater Manchester Resilience Hub as well as local NHS Community Services, providing more timely access for staff who may require longer-term and/ or specialist interventions to meet their mental health needs.

The networks established between the Staff Psychological Service and Partner Agencies such as (GM resilience hub, primary and secondary NHS care services) provide a 'faster access' for WWL Staff into broader NHS Mental Health Services.



The Staff Psychological Service provides individual therapeutic work including, Cognitive Behavioural Therapy, Counselling as well as Psychological Therapy, for example, Acceptance and Commitment Therapy. The medium through which these interventions are offered, are responsive to the expressed preference of Staff members (e.g., in-person at worksites or an alternative WWL worksite as well as remote therapeutic interventions delivered through Microsoft Teams).

A range of group interventions are also delivered, across WWL sites, with clients being allocated to a relevant treatment group, that is local to their workplace or home location (dependent upon staff preference). Such groups include, Emotional Coping, Acceptance and Commitment Therapy Groups, Bereavement Groups, Menopause Groups.

The Chaplaincy and Spiritual Care Team have a very visible presence across wards and departments and are very active on social media and as a result, often act as a conduit for mental health support services. The Chaplaincy Lead (who is a Wellbeing Lead) often attends the 'Wellbeing Walkabouts' with the other Wellbeing Leads and so are familiar faces across the organisation. The requests for support are often from those seeking faith-based guidance, who had not considered accessing support via a mental health route, and in situations such as this, the team will signpost to a variety of support services. However, this is not always the case, and in addition to signposting to these teams, the Chaplaincy and Spiritual Care Team accept referrals from Occupational Health and from the Psychological Support Team too.

The Organisation's Staff Side Representatives frequently signpost to any and all available services, both internally and externally. They work in close collaboration with divisional HR representatives, particularly when managing long-term absence, to ensure that access to the right support for the individual is discussed and signposted.

The Staff Psychological Service has undertaken a Stress Management Pilot Project, across two staff teams. The positive outcomes from this Project have resulted in the continuation of the project to target hotspot areas that have high levels of sickness absence, specifically relating to stress.

The Staff Psychological Service has also, to date, provided individual Psychological therapeutic intervention to staff members suffering from the symptoms of Long Covid and fatigue-related illnesses, attending to the consequences for the mental health and wellbeing of these staff members. The Staff Psychological Service has developed strong links with the Long COVID Neuro-Rehabilitation Service within the broader NHS.



**2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source (like EDS2 3.4)**

**The organisation has and actively implements a zero-tolerance policy for verbal and physical abuse towards staff.**

There are policies and procedures in place to ensure that any and all concerns are thoroughly and impartially investigated, most notably, the Disciplinary Policy, the Dignity and Work Policy, the Grievance Procedure, and for Medical Staff, Maintaining High Professional Standards Policy. Within the policies, there are a number of formal and informal sanctions, that can be considered if an employee is found to have displayed behaviours not consistent with our values and behaviours, and the organisation penalises and/or removes staff who are found to have abused, harassed or bullied other members of staff.

The Trust also has a Values and Behaviours Framework, outlining how the Trust expect employees to approach work and working relationships.

The Trust also has an Internal Transfer Process and a Redeployment Process that can also be explored, dependant on individual circumstances. (Appendix 2.12-2.19.)

WWL has a Patient Advice and Liaison Service (PALS), providing confidential advice, support and information on health-related matters.

The Trust offers a variety of Leadership courses and training/refresher sessions to we are supporting our leaders and to ensure skills are maintained. In collaboration with the Greater Manchester network, the Trust are developing a Policy Handbook to streamline existing Trust policies and ensure consistency across the wider network. This is currently in development, and a full training package will support the roll-out and implementation of the Handbook.

The organisation has a team of Staff side Representatives, who are available to advise and support members with any and all concerns raised. They advise on the implementation and interpretation of Trust policy and represent employees during employee relations cases, such as during Disciplinary or Dignity at Work Investigations.

Employees are also encouraged to submit DATIX's via the DATIX risk management system, as a way to collect and manage data on adverse events, as well as complaints, claims and risks. The purpose of collating data such as this is to identify learning and implement improvement.

**The organisation signposts staff to VSCE organisations who provide support for those who have suffered verbal and physical abuse.**

There are a variety of stakeholders within the organisation, such as Line Managers, divisional HR Representatives, the Steps 4 Wellness Team, Occupational Health, Staff side Representatives and the Psychological Support Team, who will signpost to teams and services that can support individuals who have or are considering raising concerns, such as the Employee Assistance Program or the Samaritans.

**Staff with protected characteristics are supported to report and refuse treatment to patients who verbally or physically abuse them,** as outlined in the Trust's Violence and Aggression Policy and SOP. (Appendices 2.16 and 2.20.) There are a number of sanctions that the Trust can impose on an individual, up to and including the withholding of treatment and criminal prosecution. A DATIX should also be completed following any incidents.

**The organisation works with VSCE organisations to provide support for staff with protected characteristics who have suffered verbal and physical abuse.** As noted above, the organisation has strong links with the Greater Manchester Resilience Hub, and the Psychological Support Team can and do refer to external providers, such as the IAPT (Improving Access to Psychological Therapies) programme, the Health Assured Employee Assistance Program and into Primary Care NHS services.

**2C: Staff have access to support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source (response to Covid-19)**

**The organisation facilitates pooling union representatives with partner organisations, to encourage independence and impartiality.**

The Trust employs the service of an impartial Freedom to Speak Up Guardian, to provide options of internal routes of support for individuals who wish to speak up about any work-related concerns but have recognised the importance of providing an

additional option to staff that's independent to foster a positive speaking up culture at the Trust. The Guardian Service Ltd support WWL workers by providing an independent, confidential, and non-judgmental listening support service where individuals can seek support to raise concerns such as stress, abuse, bullying harassment and physical violence but can speak to a Guardian about any concern they have that's impacting them, their colleagues, or patients within the workplace. They are an additional route of support available for individuals who are seeking an impartial conversation in which the Guardian can provide information and emotional support, discuss options, and can facilitate next steps to have individual voices heard. The Guardian is Mental Health First trained to signpost individuals to additional and professional pathways of support.

There is an agreed escalation pathway within the Trust so concern raised through the Guardian can be escalated within the organisation within hours. The support that the Guardian provides is informal, so if the individual doesn't reach an outcome to their concerns, they always have the Trusts formal processes as options to pursue their concerns.

The Guardian reports to the Trust board on a regular basis highlighting themes and trends from concerns that are received. Individuals' confidentiality is protected. It's a crucial tool to give the Trust an opportunity to understand any underlying cultural themes and identify opportunities for learning, development and to take any action that's needed. Barriers to staff speaking up and accessing support is also reflected upon and gives the Trust the opportunity to understand where barriers exist and who they affect, giving the Trust the opportunity reduce them.

**Relevant staff networks are staff led, funded and provided protected time to support and guide staff who have suffered abuse, harassment, bullying and physical violence from any source.**

**Relevant staff networks are engaged, and equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence.**

The Trust also have a number of Staff Networks, and these are staff-led, funded and provided protected time to support and guide staff who have suffered abuse, harassment, bullying and physical violence from any source. The LGBTQIA+ Network, the Disability and Long-Term Health Conditions Network and the FAME (For All Minority Ethnicities) Network all have an agreed Terms of Reference, Committee Members with designated role descriptors and protected time, executive sponsors and an annual budget to spend. Network Chairs have been on Network Chairs training and have been upskilled on how to signpost appropriately.

There are also a number of EDI Champions across the organisation.

**Support is provided for staff outside of their line management structure.**

Support is also provided for staff outside of employee's line management structure via the various avenues referenced above, such as the Freedom to Speak up Guardian, the Steps 4 Wellness Team and Psychological Support Team and the Employee Assistance Program.

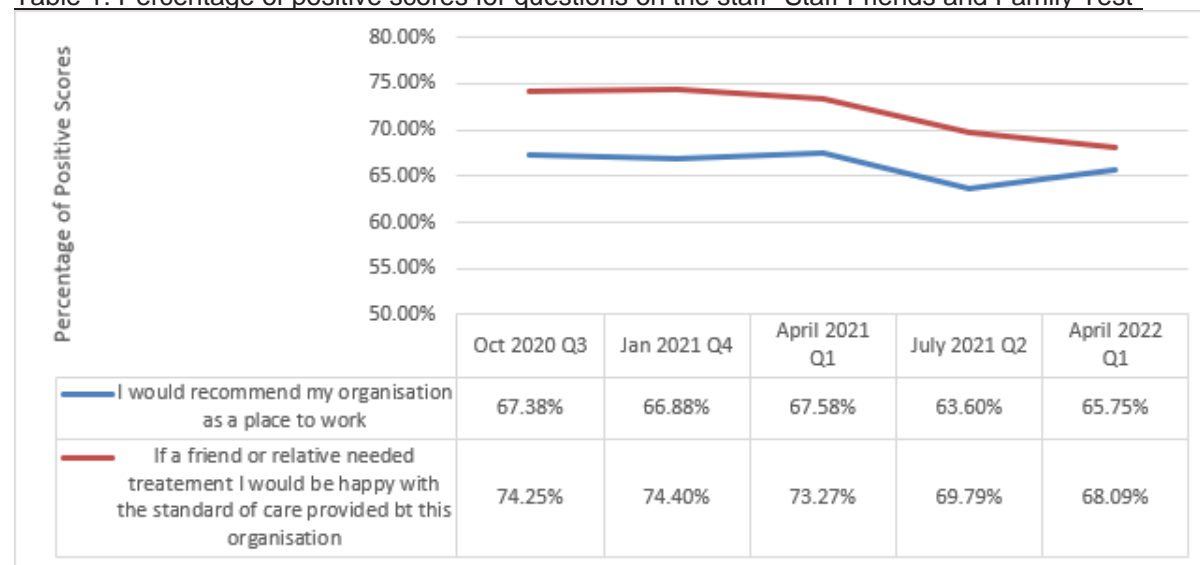
The EDI, Organisational Development, Steps 4 Wellness, Learning & Development and Psychological Support pods work closely together to address systemic matters within the workplace, and for teams who need support.

**2D: Staff recommend the organisation as a place to work and receive treatment (like EDS2 3.6)**

The data below indicates the percentage of staff who would recommend the organisation as a place to work, and the percentage who would be happy with the standard of care provided by the organisation, should a friend or relative require treatment.

The data provided by the Trust does not specify the locality of the employees questioned as part of the survey, so we are unable to determine whether or not these staff reside within the locality.

Table 1: Percentage of positive scores for questions on the staff "Staff Friends and Family Test"



The organisation uses sickness and absence data to retain staff, with a staff retention plan in place.

As noted above, sickness and absence data is monitored centrally by the divisional HR teams and this is used to support employees who are absent due to illness or have a long term or underlying health condition that may contribute to an increased number of absences. The process outlined in the Attendance Management Policy is intended to support staff to manage their condition, and to facilitate any reasonable adjustments to their role or workplace to enable them to remain in work.

The organisation also has a Strategic Retention Group, and the list of agreed objectives include Stay Conversations and Exit Interviews, Onboarding and a values-based approach to recruitment and the use of videos and other media to promote an inclusive culture.

**The organisation collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members, and acts upon the data.**

WWL's EDI strategy and action plans are developed according to the need of our workforce. Data surrounding the experiences of staff with protected characteristics is what drives the projects that are prioritised, e.g., improving recruitment and induction experiences for those with disabilities and who are from an ethnic minority.

Additionally, the Trust produce a 'Fair Experience for All' report, which is submitted to the Trust Board and is presented at People Committee every other month. This report identifies the number of Employee Relations cases raised against employees with protected characteristics, to determine if those with protected characteristics are disproportionately affected by this process. Additionally, the report is used to identify if there are any themes and trends across divisions or departments and to identify if, for example. employees with particular characteristics are submitting more grievances or complains under the Dignity at Work process, which may indicate a wider issue in terms of the culture in a specific team or department.

### **Sub-Appendices**

Appendix 2.1 Occupational Health Questionnaire



OH  
Questionnaire.doc

Appendix 2.2 Occupational Health Service Leaflet



OH Service leaflet V4  
June 2022.docx

Appendix 2.3 Occupational Health Information Leaflet



OH Leaflet  
Information Leaflet (Iv

Appendix 2.4 'Looking After you' poster



2022-Feb - Looking  
after you.pdf

Appendix 2.5 SOS poster



2022-Feb SOS  
Poster.pdf

## Appendix 2.6 OH Diagnostic Codes



Diagnostic codes.pdf

## Appendix 2.7 OH Performance Report



OH WWL Activity  
Report Oct 2021 - Ma

## Appendix 2.8 Greater Manchester Wellbeing Toolkit



GMHSCP-Greater-Ma  
nchester-Wellbeing-Ti

## Appendix 2.9 Nurse Lifeline



Nurse Lifeline  
Info.docx

## Appendix 2.10 Health Assure Employee Assistance Program



HA EAP Leaflet.pdf

## Appendix 2.11 Self-Referral Form for Psychological Support Team



Self-referral.Psycholo  
gicalSupport.v3.Mar21

## Appendix 2.12 Disciplinary Policy



Disciplinary Policy  
(March 21).doc

## Appendix 2.13 Dignity at Work Policy



Dignity at Work  
Policy.doc

Appendix 2.14Grievance Policy



Grievance Policy.doc

Appendix 2.15Maintaining High Professional Standards



MHPS.doc

Appendix 2.16Violence and Aggression Policy



Violence and  
Aggression Policy.doc

Appendix 2.17Trust Values and Behaviours Framework



Trust Values and  
Behaviours Framewor

Appendix 2.18Internal Transfer Policy



Nursing+Transfer+Pr  
ocess+Internal+Staff+

Appendix 2.19Attendance Management Policy



Attendance  
Management Policy.d

Appendix 2.20Violence and Aggression SOP



Violence and  
Aggression SOP.doc



## Appendix 3 EDS2022 Domain 3 Evidence – March 2022-Feb 2023

### **Outcome 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**

This outcome was scored by Liverpool University Hospitals NHS Foundation Trust (LUHFT).

LUHFT assessed the evidence below against the published scorecard and provided scores and feedback which will be built into WWL's action plan for the coming year.

The score LUHFT awarded was 1 (developing). The justification is as follows:

*“Provided evidence of discussion of statutory compliance but limited evidence of discussion as EDI as part of business as usual.*

*Provided evidence of providing reasonable adjustments and consideration of individual needs for colleagues. Would like to see evidence of leaders championing their support through Trust wide comms/staff network champion.*

*Provided evidence of attending workshops/NW EDI Group, would like to see leaders setting EDI objectives as part of their annual appraisal.”*

Leaders assessed this year are those who lead services identified in Domain 1, and Executive Board.

Executive Board includes:

- Chief Executive
- Deputy Chief Executive
- Chief Nurse
- Medical Director
- Chief People Officer

- Director of Strategy and Planning
- Director of Finance
- Director of Communications
- Director of Corporate Affairs

Name	Rabina Tindale
Role Title	Chief Nurse
AfC Band	VSM
Role responsibilities	<ul style="list-style-type: none"> <li>• Contributing actively to the debates and discussions of the Board of Directors, including the provision of appropriate and timely information.</li> <li>• Working collegiately with other directors to model cabinet behaviour and ensure alignment of priorities and delivery of key performance objectives.</li> <li>• Using specialist knowledge and experience of own function and healthcare generally to assist colleagues and the Board to consider strategic issues and appropriate decisions.</li> <li>• Adhering to the standards laid down in current guidance for NHS senior managers and at all times acting in a manner that reflects and promotes the views of the Trust.</li> <li>• Participating in the executive on-call rota and supporting the statutory duties of the Chief Executive.</li> </ul>
Evidence to support personal commitment to equality, equity, diversity and/or inclusion. Please give dates where applicable. Relevant timescale: 01/01/22 – 31/12/22	<ul style="list-style-type: none"> <li>• Diversity on elective waiting lists – Board of Director workshop 2.3.22 – not minuted</li> <li>• Equality, diversity and inclusion Board of Director workshop, provided by an external provide 2.11.22 – not minuted.</li> <li>• WRES/WDES report to ETM 16.06.22</li> <li>• ED&amp;I annual report Board of Director 5.10.22</li> <li>• TMC – bringing EDI to life -Toria King delivered the session.</li> <li>• Resourcing Colleague Diversity Networks report discussed at Partnership council on 15.3.22.</li> <li>• Attended the EDI Strategy group on 25.4.22.</li> <li>• Attended a meeting with Debbie Jones to discuss EDI service.</li> </ul>

Name	Alison Balson
Role Title	Chief people Officer
AfC Band	VSM
Role responsibilities	Executive Director
Evidence to support personal commitment to	<ul style="list-style-type: none"> <li>• Executive sponsor for disability &amp; long-term conditions network <ul style="list-style-type: none"> <li>○ Participation in Radius course for executive sponsors</li> </ul> </li> </ul>

equality, equity, diversity and/or inclusion. Please give dates where applicable. Relevant timescale: 01/01/22 – 31/12/22	<ul style="list-style-type: none"> <li>○ Regular 1:1 meetings with network chair</li> <li>○ Attendance at network chair / sponsor sessions for all the colleague diversity networks.</li> <li>○ Attendance as network meetings (as requested by chair)</li> </ul> <ul style="list-style-type: none"> <li>• Led a NW wide programme of work to agree a new approach to attendance management – built on creating a well-being culture, person centered approaches and including disability and adjustment passports. Agreed at People Committee December 2022 that WWL would be an early adopter site.</li> <li>• Presented EDI annual report, strategy, people focused objectives and implementation plan at People Committee / Board</li> <li>• Presented WRES / WDES / Gender pay gap to People Committee / Board</li> <li>• EDI objective included in annual corporate objectives and included in the BAF (Considered at every People Committee and Trust Board)</li> <li>• Oversaw development of business case to provide workforce EDI expertise substantively.</li> <li>• Arranged Board development session – compassionate leadership.</li> <li>• Board development – EDI training</li> <li>• Supported EDI workshop for senior leaders in the Trust.</li> <li>• Shared EDI staff stories at People Committee – staff networks and using the just &amp; learning culture approach.</li> <li>• EIA – pension exchange policy principles</li> <li>• Included information about EDI in VLOGS</li> <li>• Identified potential issue about cultural onboarding for first generation in country doctors – asked FAME network to consider how we might improve this.</li> <li>• Deep dive ER review into cases involving BAME colleagues – completed with input from FAME network, looking for positive action possibilities.</li> <li>• Divisional ER reviews aligned to just &amp; learning culture principles.</li> <li>• Exec scrutiny panel for potential disciplinary cases – considers alternatives to formal disciplinary action and actively considers potential contributory factors associated with protected characteristics</li> </ul>
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Name	Mary Fleming
Role Title	Deputy Chief Executive
AfC Band	VSM
Role responsibilities	Executive Director
Evidence to support personal commitment to equality, equity, diversity and/or inclusion. Please give dates where applicable.	<ul style="list-style-type: none"> <li>• Executive lead for Staff Engagement Programme 'Our Family – Our Future – Our Focus (OFOFOF) which is underpinned by four pillars... Culture / Leadership Development / Communication and visibility / Employee Wellbeing</li> <li>• Executive lead for Culture Leadership Group. Using a phased approach to delivering our work around Just Culture and Psychological Safety, we are piloting this with several teams across the Trust before rolling this out wider. This will allow us to review and refine our approach at team level before cascading wider. The first part of the programme created a diagnostic survey as part of the pilot with teams to measure the current levels of psychological safety and help inform</li> </ul>


<p>Relevant timescale: 01/01/22 – 31/12/22</p>	<p>the training that we deliver with those teams. Following on from the survey, a series of masterclasses were delivered to help provide education and awareness for leaders and their teams including:</p> <ul style="list-style-type: none"> <li>• An introduction to Psychological Safety</li> <li>• A Just &amp; Learning Culture</li> <li>• Compassionate Communication</li> <li>• Delivering Psychological Safety as a Leader</li> </ul> <ul style="list-style-type: none"> <li>• Champion the civility framework as part of the Culture Programme, one of the examples we use is BAME groups are more likely to experience incivility than their white counterparts. The civility framework is about the way we behave and what we expect from people, treating people with respect and people feeling comfortable with being themselves at work.</li> <li>• Secured BAME lead representation onto the Culture Programme to understand and influence how we increase the confidence of colleagues through from international recruitment, feel confident and supported to raise issues common to each other, wider with the BAME network. And to understand the pressures of being new in the system. We also explored Creating civility safe spaces for people willing to share their experiences.</li> <li>• ‘You Said We Did’ shared at Leaders Forum ... Specifically feedback on Relationships becoming strained due to a lack of consequence for poor conduct amongst colleagues... I shared with leaders the principles of the <b>Culture</b> Change programme focusing on Civility and Respect, Psychological Safety, Just Culture and Compassionate Leadership. The aim is to raise awareness amongst all staff to feel safe to speak up, adopting a no-blame culture.</li> <li>• Used experiential learning both in the Culture group and at Board level. BAME lead shared her experience of racism, much of it through patients, but also how she felt it was her problem. Also shared how she wanted to be defined as a nursing leader which she showcased at Trust Board of Executives.</li> <li>• Discussed at Culture group and OFOF the need for BAME, disability and LGBTQ network. We also explored gender diversity pipeline regarding leaders of the future where we know there are gaps. This has resulted in the appointment of two senior leaders who fall within the protected characteristic profile.</li> <li>• The culture group also agreed to look at the lower paid sector of staff who experience incivility and the need to understand why they experience. Collaborating with Executive Director E&amp;F, and all Executive colleagues, encouraged</li> </ul>
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	<p>staff from these groups to really engage with Your Voice Survey and through softer feedback mechanism in order to shape the staff engagement programme of works to improve their experience.</p> <ul style="list-style-type: none"> <li>• Launched the program at All Staff Team Brief. specifically talked to Culture and shared BAME feedback...</li> <li>• Presented to the Board workshop staff engagement program, Culture program, staff networks.</li> <li>• Supported the Discussion on Gender pay gap at Executive Team Meeting.</li> <li>• Supported Wigan Pride parade representing WWL.</li> <li>• EDI objective included in annual corporate objectives and shared at every Trust Board in the Board Assurance Framework.</li> <li>• Attended Board development session on compassionate leadership and EDI training.</li> <li>• Included information about culture program in Exec VLOGS</li> <li>• Staff engagement program and underpinning programs of work are on the Executive Team Meeting monthly work plan.</li> <li>• Divisional Monthly Assurance meetings include response to Your Voice Survey as part of OFOFOF. Other metrics include freedom to speak up service feedback.</li> <li>• Monthly Culture program meetings</li> <li>• Monthly OFOFOF steering group meetings</li> </ul>
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Name	Paul Howard
Role Title	Director of Corporate Affairs
AfC Band	VSM
Role responsibilities	Corporate governance   Membership   Risk   Health and safety   Board member
<p>Evidence to support personal commitment to equality, equity, diversity and/or inclusion. Please give dates where applicable. Relevant timescale: 01/01/22 – 31/12/22</p>	<ul style="list-style-type: none"> <li>• Executive sponsor for LGBTQIA+ inclusion at WWL (full year)</li> <li>• Meeting with Workforce ED&amp;I Lead to talk about plans for LGBTQIA+ Network (4.iv.2022)</li> <li>• Presented the Board Diversity Policy, which I had authored, to the board for annual review (6.ix.2022)</li> <li>• Visit to Chaplaincy and Spiritual Care team to show support (14.iv.2022)</li> <li>• Attended ED&amp;I executive sponsor training course provided by Radius (25.iv.2022; 12.v.2022; 19.v.2022)</li> <li>• Presented 'hotspot' interview at Shadow Board session, where I shared my reflections on my career journey, highlighting the challenges I had experienced and listening to feedback from delegates on their reflections of working at WWL (24.v.2022)</li> <li>• Spoke about LGBTQIA+ inclusion at Council of Governors meeting, as part of session delivered by Workforce ED&amp;I Lead (27.iv.2022)</li> <li>• Participated in Race Equality Code stakeholder meetings to assess our organisational performance against the code (31. v.2022; 29.vi.2022)</li> </ul>

	<ul style="list-style-type: none"> <li>Presented at NHS Providers' Governor Focus Conference to explain and support the governor's role in holding the board to account; ensuring that all governors felt about to undertake their role regardless of their background and individual skill sets (7.vii.2022)</li> <li>Attended Network Chairs' Meetings (4.vii.2022; 16.ix.2022; 28.xi.2022)</li> <li>Photographed for Wigan media in support of Wigan Pride (5.vii.2022)</li> <li>Met with Chair and Age UK Wigan Borough around working together (7.vii.2022)</li> <li>Participated in Rainbow Badge action plan discussions (1.viii.2022)</li> <li>Chaired judging panel for ED&amp;I internal staff award (9.viii.2022)</li> <li>Attended Wigan Pride, delivered a speech on the stage alongside the Chair of the LGBTQIA+ network (13.viii.2022)</li> <li>Dedicated video message shared with the organisation and across all social media channels to share WWL's commitment to ED&amp;I, also talked about finger prick testing that was done at the event and I was shown having my test in the video (17.viii.2022)</li> <li>Introduced 'My 45s' within the team, to allow team members 45 minutes per week to do an activity that gives them energy (from September 2022)</li> <li>Undertook Men's Health training session (26. ix 2022; 28.ix.2022)</li> <li>Visit to SSDU to hear feedback from staff (10.x.2022)</li> <li>Chaired meeting of Staff Engagement Associates to hear feedback (20.x.2022)</li> <li>Attended Equality, diversity, and inclusion workshop for Board of Directors (2.xi.2022)</li> <li>Participated in Service of Remembrance at RAEI (11.xi.2022)</li> <li>Presented at Finance team's 'lunch and learn' session on own journey to inspire others (14.xi.2022)</li> <li>Interviewed on WWL Radio, including reference to LGBTQIA+ inclusion (21.xi.2022)</li> <li>Chaired National Company Secretary's network and set agenda, including session on the role of company secretaries in improving board diversity at which c.100 company secretaries from across the country were present (24.xi.2022)</li> <li>Talked about EDI (and particularly LGBTQIA+ inclusion) in video messages to the organisation throughout the year.</li> <li>Flexible working arrangements facilitated for my team which support those with caring responsibilities</li> </ul>
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Name	Anne-Marie Miller
Role Title	Director of Communications & Stakeholder Engagement
AfC Band	VSM
Role responsibilities	Executive Director
Evidence to support personal commitment to equality, equity, diversity and/or inclusion. Please give dates where applicable.	<ul style="list-style-type: none"> <li>Equality Impact Assessment for the new Intranet</li> <li>Attended EDI Workshop</li> <li>Nominated Exec sponsor for the Disability and LTHC+ network.</li> <li>Facilitated EDI at Leaders Forum and All Staff Team Brief</li> </ul>

Relevant timescale: 01/01/22 – 31/12/22	<ul style="list-style-type: none"> <li>Suggested and led Comms Team to implement MS Teams/Intranet banner to promote awareness</li> </ul>  <p>RE_ Inclusive Leadership Evidence f days/communications</p> <ul style="list-style-type: none"> <li>Vlog - 4th May 2022 - "I want to wish Eid Mubarak to our colleagues who have been observing Ramadan over these last few weeks". In reference to the new intranet launching, Anne-Marie said: "We have also started holding targeted focus groups with a diverse range of staff to ensure we continue to listen and deliver a system that works for you. It's an exciting development for us, we're responding to your feedback, and I want to thank you for your patience whilst we focus on this as a wider team."</li> <li>Attended Board Development Session on EDI and Corporate Leadership – 08/04/2022, 06/09/2022, 17/10/2022 &amp; 09/11/2022.</li> <li>Diversity on elective waiting lists – Board of Directors workshop 2.3.22 – not minuted</li> <li>Equality, diversity and inclusion Board of Directors workshop, provided by an external provide 2.11.22 – not minuted.</li> <li>WRES/WDES report to ETM 16.06.22</li> <li>ED&amp;I annual report Board of Directors 5.10.22</li> <li>TMC – bringing EDI to life -Toria should have the evidence for this as she delivered the session.</li> <li>Facilitated Communications support for Pride event – 13/08/2022</li> </ul>
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Name	Richard Mundon
Role Title	Director of Strategy and Planning
AfC Band	VSM
Role responsibilities	Production of organisational strategy and alignment of supporting activity; operational and strategic planning; partnerships; transformation and service change; continuous improvement; capital planning and major investment; business development; data analytics and assurance; senior information risk owner; research and development; and occupational health.
Evidence to support personal commitment to equality, equity, diversity and/or inclusion. Please give dates where applicable. Relevant timescale: 01/01/22 – 31/12/22	<ul style="list-style-type: none"> <li>Diversity on elective waiting lists – Board of Director workshop 2.3.22 – not minuted</li> <li>Equality, diversity and inclusion Board of Director workshop, provided by an external provide 2.11.22 – not minuted.</li> <li>WRES/WDES report to ETM 16.06.22</li> <li>ED&amp;I annual report Board of Director 5.10.22</li> <li>TMC – bringing EDI to life -Toria King delivered the session.</li> <li>We can evidence "Our Strategy 2030" which my team produced that includes reference to an inclusive working environment.</li> <li>Also, DAA produced a data strategy "Caring for Our Data", which has a specific chapter on health inequalities.</li> </ul>

















	<ul style="list-style-type: none"> <li>Supported Wigan Pride personally – in fact carried the banner at the front of WWL's team.</li> <li>Resourcing Colleague Diversity Networks report discussed at Partnership council on 15.3.22.</li> </ul>
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Name	Kelly Knowles
Role Title	Acting Chief Finance Officer (from Dec 22 onwards)
AfC Band	9
Role responsibilities	Executive director with responsibility for finance, estates & facilities
Evidence to support personal commitment to equality, equity, diversity and/or inclusion. Please give dates where applicable. Relevant timescale: 01/01/22 – 31/12/22	<p>Provide career sponsorship for a high potential member of finance staff who is from the groups under-represented at Director level within NHS Finance. We meet on a 6 weekly basis and the individual has secured a promotion since sponsoring began.</p> <p>Attended a session at Board of Directors workshop to challenge thinking around EDI and our service offering.</p> <p>Presentation on Bringing EDI to life at Trust Management Committee including consideration to truths and dispelling myths and an emphasis on the importance of the work we are doing in this area.</p> <p>Member of the Northwest Region EDI Group for finance, informatics and procurement. To focus on EDI issues in finance teams across the NW. Four workstreams:</p> <ul style="list-style-type: none"> <li>Promoting NHS finance careers</li> <li>Recruitment processes and strategy</li> <li>Development and support</li> <li>Support and Networking</li> </ul> <p>Chaired Finance Team brief with an agenda item on EDI including a video on unconscious bias. Following on from the EDI session an article on the different types of unconscious bias and how this can impact the recruitment process was shared.</p>

Name	Dr Sanjay Arya
Role Title	Medical Director
AfC Band	VSM
Role responsibilities	Medical Director / Executive Sponsor for FAME (BAME) Staff network
Evidence to support personal commitment to equality, equity, diversity and/or inclusion. Please give dates where applicable. Relevant timescale: 01/01/22 – 31/12/22	<ul style="list-style-type: none"> <li>Supporting staff networks</li> <li>Attended the following FAME committee meetings to support the above. Dates below. <ul style="list-style-type: none"> <li>12/1, 9/2, 9/3, 11/5, 1/6, 18/7, 8/8, 6/10, 31/10</li> </ul> </li> </ul> <p>Attended the FAME quarterly network events, dates below.</p> <ul style="list-style-type: none"> <li>10/5, 6/10</li> </ul>



	<ul style="list-style-type: none"> <li>o Attended a meeting with James Baker on 3<sup>rd</sup> October to discuss educational needs requirements/support for FAME staff.</li> </ul>
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Name	Cathy Stanford
Role Title	Divisional Director of midwifery and Neonates
AfC Band	8D
Role responsibilities	Maternity and Neonatal Services
<p>Evidence to support personal commitment to equality, equity, diversity and/or inclusion. Please give dates where applicable. Relevant timescale: 01/01/22 – 31/12/22</p>	<p>  E&amp;E Strategy   Population Analysis   GM work to identify areas within the Borough with High ethnic minority and deprivation.   Review of Regional SOP and local SOP in place   Bame SOP.doc   Request to Wigan to please complete I   GMEC Equity and Equality strategy and standards for GM and local benchmarking against the standards.   Local Policy/ SOP   GMEC Strategy Document   GMEC Assurance Maternity standards   Local Action Plan for agreed standards /Assurance tool completed by maternity Team May 2022   Workshop on Guidance Launch. Attendance   All the above agenda items on regional Meetings HoM/ DoM groups, and regional steering groups within GM.   03. Birth Companions NCL sli   (October 2021) presentation at regional meeting attended.   Contraceptive choices resource for Workshop January 2022 </p>

	 <b>FYI New Training dates Maternity Cult</b> Email sent to staff to book on awareness sessions January 2022  <b>For Comments (by 7th Feb) Draft Stand</b> Review of document for approval January 2022   <b>RE LMS Equity and Equality Action Plan</b> GMEC Equity and Equality strategy and Request for comments on LMS Equity and Equality Action Plan July 2022   MBRRACE-UK_Maternality_Report_2022_-_ <b>FW GMEC Local Maternity Systems E</b> December 2022. Email to Chair of Local Maternity Voices Partnership group to discuss Equity and inclusion. Also attached MBRRACE report highlighting increased risks of poor outcomes and death for mothers from minority ethnic backgrounds and those living in areas of deprivation, for discussion.   221114 HOMS GMEC LMNS E and LMNS NW - Agenda E Action Plan 28.09.2 Equity and Equality a standing agenda item on GMEC HOMS LMNS & Regional teams meeting see November 2022 agenda. Attendance at EDI workshop November 2022
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Name	Lesley Timperley
Role Title	Clinical Lead Health
AfC Band	7
Role responsibilities	To be responsible for clinical activity and care quality performance by providing clinical learning disability nursing leadership and guidance, clinical advice, and management in relation to the key dimensions of health care quality (patient safety, health interventions, patient experience and the care environment).

<p>Evidence to support personal commitment to equality, equity, diversity and/or inclusion. Please give dates where applicable. Relevant timescale: 01/01/22 – 31/12/22</p>	<ul style="list-style-type: none"> <li>- Took an apprentice From the Kickstart project who had learning disabilities and physical health condition, we adapted times for working provided timelines to help them to get to and from the office, ensured there was a member of staff in to support them each day. Worked with them alongside their allocated council worker. Adapted working times due to lethargy in the afternoon due to medication and health condition.</li> <li>- Took a young person from the pre-employment program who had autism and learning difficulties, we provided reasonable adjustments to help her to perform her tasks such as calenda, tasks lists, pictorial guides so they could understand work required.</li> </ul> <div data-bbox="667 363 725 427" data-label="Image"> </div> <p>Pre-employment overview - email.doc</p> <ul style="list-style-type: none"> <li>-</li> <li>- Provided support for a patient to access specialist psychology service during gender reassignment.</li> <li>- The general ethos of the team is to enable people with learning disabilities to access health care see leaflet below.</li> </ul> <div data-bbox="658 555 716 619" data-label="Image"> </div> <p>Service Leaflet - LD Team.docx</p> <ul style="list-style-type: none"> <li>- Computer Programme provided for staff members with dyslexia.</li> <li>- Flexible times with working parents</li> <li>- Spend time within supervision on individual needs/ learning styles to make their working life easier.</li> <li>- Follow WWL Equality and diversity procedures when recruiting staff.</li> <li>- Supporting staff through phased return after a period of absence due to mental illness.</li> </ul>
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### **3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.**

The descriptions from score card for Developing (1 point) and Achieving (2 points) are below:

Developing: *“Both equality and health inequalities are discussed in some board and committee meeting. Actions associated with equality and health inequalities are recorded and reported on. Equality and health inequalities impact assessments are completed for some projects and policies and are signed off at senior level. BME staff risk assessments are completed.”*

Achieving: *“Both equality and health inequalities are standing agenda items in some board and committee meetings. Equality and health inequalities impact assessments are completed for all projects and policies and are signed off at the appropriate level where required. BME staff risk assessments are completed. Required actions and interventions are measured and monitored.”*

**A score of 1.0 for 3B is given.**

Evidence narrative:

As suggested by the EDS2022 guidance, a random sample of 2022 minutes/agendas/papers from the following were examined for evidence to score against the 3B outcome.

- Board meetings  
Jan, March, June, July, Oct
- People Committee Meetings  
Jan, March, Sep, Oct
- Quality and Safety Committee Meetings
- Projects
- Policies

While equality and health inequalities are discussed in some board and committee meetings (particularly People Committee and Cultural Leadership Group), they are not standing agenda items in all board and committee meetings. Equality and Health inequalities impact assessments are not completed for all projects and policies. Equality Impact Assessments (EIA) are a mandated box on the standard business case (BC) proforma. There may be instances where these are not viewed by executives since they are embedded into the BC document and not submitted by the BC lead as a separate document, thereby leaving them trapped in a PDF file. Sometimes they are separated out and therefore included. On some occasions the EIA box is marked as ‘not applicable’, although it should be completed in every case. There is rarely challenge when an EIA is not included or has not been completed. Outline business cases are currently being accepted in place of the usual template and there is no EIA mandated through this document. There is also no EIA requirement for a BC from charitable funding. Therefore, this point cannot be given. Furthermore, there was no evidence that required actions from Equality Impact Assessments are measured and monitored at this time.

### **3C: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.**

The descriptions from score card for Developing (1 point) and Achieving (2 points) are below:

Developing: *“Board members, system and senior leaders ensure the implementation of the relevant below tools. Board members, system and senior leaders monitor the implementation of the below tools; WRES, WDES, EHI Impact Assessments, Gender Pay Gap reporting, Accessible Information Standard, (EDS subject to approval).”*

Achieving: *“Board members, system and senior leaders ensure the implementation and monitoring of the relevant below tools. Interventions for unmet goals and objectives are present for the relevant below tools. Organisations are able to show year on year improvement using Gender Pay Gap reporting, WRES and WDES. Board members, system and senior leaders monitor the implementation and impact of actions required and raised by the below tools; WRES (including Model Employer), WDES, EHI Impact Assessments, Gender Pay Gap reporting, Accessible Information Standard, (EDS subject to approval)”*

**The score for 3C is 1.5. This is because WWL meets some aspects of Developing and some, but not all aspects of Achieving. Board also monitors other relevant tools that aren't on the score card but that deserve credit e.g., Freedom to Speak Up results, exit interview themes, employee relation cases.**

Evidence narrative:

The main sources of evidence that were considered for 3C were:

- Board of Directors Cycle of Business
- People Committee work plan
- Finance and Performance work plan
- Audit Committee work plan
- Quality and Safety Committee work plan
- Board Assurance Framework
- EDI Annual Report

- People Committee Workforce dashboard

WRES, WDES, Gender Pay Gap reporting, and EDS are reported to Board/People committee and progress of the actions arising from these reports are monitored via an EDI annual report. Gender and Race Pay gap figures are reported every quarter via People Committee workforce dashboard.

Freedom to Speak Up: The number of new contacts is monitored quarterly. There is a KPI that measures the response rate to FTSU contacts which is also monitored quarterly. Themes of the type of contacts are reported and when these are clear, these themes, along with some recommendations are brought to the board. There is evidence that when this occurs, Board responds with further asks to deepen understanding of the data (e.g., suggestion of triangulating the data with other sources).

The Freedom to Speak Up service also conduct and report to board the number of exit interviews/stay conversations and the themes of these.

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. Indeed, there was evidence that a deep dive was undertaken when one particular protected characteristic seemed to be overrepresented in a particular type of employee relation case type.

Currently, board do not ensure the implementation of or monitor WRES Model Employer, Health Inequality Impact Assessments or Accessible Information Standard. WWL is continuing to make progress in relation to meeting the core requirements of the Accessible Information Standard. In March 2021 changes were made to incorporate the capture of accessible information requirements in PAS for elective in-patients and out-patients. Although many controls have now been implemented to demonstrate compliance with the AIS, currently there is no consistent approach Trust wide (across all standalone systems). Patients could have their information and communication needs met for some services, but not for others. Looking forward, we aim to continue integration of the AIS in the Trust's IT systems to support patients and service users in accessing care services appropriate to their communication requirements.