

## **Equality, Diversity and Inclusion Annual Monitoring Report – April 2021 to March 2022**

This report provides a summary update of the main achievements, progress and developments in relation to the Equality, Diversity and Inclusion (EDI) agenda at WWL during 2021/2022.

2021/2022 has continued to be a very challenging 12 months for the Trust. A year which has been dominated by the impact of and response to the Covid-19 global pandemic. WWL have remained committed to providing an environment where all staff, service users and carers have equality of opportunity.

In July 2021, our new Workforce EDI Lead joined the Trust. This gave us the opportunity to reevaluate our EDI agenda and the structures in place to support this. During 2021/2022 we reviewed the Trust's strategic approach to EDI and developed new equality objectives for 2022-2026, which reflected our learning from the COVID Pandemic. Following a consultation with stakeholders and staff, we developed a new EDI Strategy, which was launched in January 2022.

In October 2021, WWL were lucky enough to secure a funded place on the LGBTQIA+ Rainbow Badge Phase 2 Scheme and have since commenced the assessment process for this, which included a policy review, workforce assessment and staff, patients and services review surveys. This review will help us to 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.

During 2021/22, WWL also commenced the Race Equality Code Accreditation process and are at the early stages of the process. The feedback from the Rainbow Badge Assessment and the Race Equality Code Accreditation will be invaluable, whilst the frameworks relate to specific protected characteristics, the recommendations and actions taken will be beneficial for people beyond the specific protected characteristic of the framework.

A review of the staff networks available at WWL was undertaken and by the end of 2021, WWL were recruiting to the newly formed LGBTQIA+ and Disability Staff Networks. These networks will soon be fully operational. In addition, work has been undertaken to review the Focus on All Minority Ethnic (FAME) Staff Network and this will be relaunched in May 2022. The role of the EDI champion is being reviewed and strengthened. EDI Champions, in alliance with the Staff Networks will play a vital role in the EDI Structure at WWL.

WWL has continued to enhance patient experience, by engaging and involving patients, and their families. During 2021/22 WWL sourced and implemented transparent face masks, to help improve communication; a focus group was established to involve patients living with disabilities in the design and implementation of the new Trust website; and funding was sourced for a further 5 year contract with AccessAble for the provision of our on-line hospital accessibility checker.

**The table in Appendix 1 summarises our EDI Objectives and key progress during 2021-22.**

## **Our Staff / Our Patients**

Having a clear profile of our staff and patients helps to advance equality of opportunity and meet the needs of our patients and staff in designing our services and employment practice. The following workforce data is collected routinely by the Trust:

- Age
- Disability
- Ethnicity
- Sex
- Marital Status
- Maternity
- Religion & Belief
- Sexual Orientation

For the purposes of this report, we have reviewed the data which is available to us in terms of the above protected characteristics. The Trust does not hold data on gender reassignment for its workforce profile although it does for statistics in relation to Recruitment and Selection.

The Trust has historically only had very limited information on the protected characteristics of the people who use our services. As a consequence, it can be difficult for us to determine the extent to which we are providing services which are responsive to individual needs. The following patient demographics are collected routinely by the Trust:

- Age
- Sex
- Ethnicity
- Religion and Belief

For the purposes of this report, we have reviewed the data which is available to us in terms of age, sex, ethnicity and religion and belief, along with local data and reports. Where we do not have sufficient data in terms of disability, sexual orientation, marriage and civil partnership and transgender, we have used regional or national data as an estimate.

## Our People (Workforce)

### Age



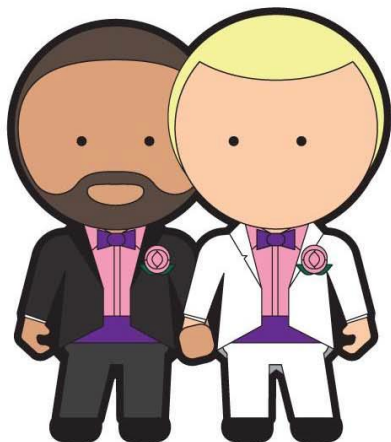
The proportion of staff in each age bracket has stayed relatively static compared to 2021.

As at 31 March 2022 WWL Trust staff breakdown was:

**61.5%** Aged 50 or under    **38.5%** Aged 51 and over

Performance management cases split by age were 20% for aged 50 or under and 80% for aged 51 and over which is not in proportion to the workforce representation.

### Marriage and Civil Partnership



As at 31 March 2022

**54%** of staff were **Married**

**1%** were in a **Civil Partnership**

**33% single, 8% divorced / legally separated, 1% widowed, 3% unknown.**

Figure has remained relatively static over a period of several years.

## Disability



**As at 31 March 2022**

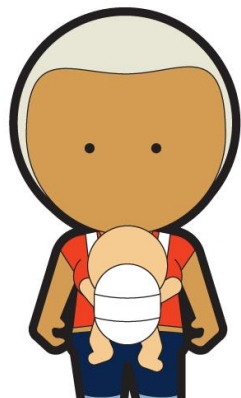
**3.1%** of the Workforce have declared that they are living with a disability. This has not significantly changed compared to the 2021 figure (2.6%).

Although there is still a large amount of undeclared data **21.7%** this has decreased over the previous years: 2021 = 26.6%, 2020 & 2019 = 29% & 2018 was 32%)

For Non-Clinical Staff there is an under representation of disabled staff in Band 7 and 8c and above.

For Clinical Staff there is an under representation of disabled staff particularly in Bands 8b and 8c, in addition to Medical & Dental.

## Pregnancy and Maternity



**As at 31 March 2021**, a snap shot from the Electronic Staff Record indicated that:

**1.85%** of staff were on **Maternity Leave**

This is comparable to the previous two years.

## Religion and Belief



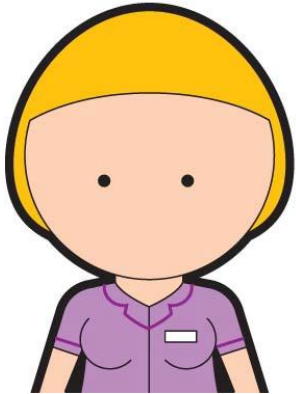
**As at 31 March 2022**

**58.2%** of staff were Christian. The remaining staff are split across a range of religions and beliefs with the highest number being in Atheism category (7.6%) and then Other Religion (6.9%).

A significant proportion of staff have not declared their religion and belief (22.9%).

(2011 Census, The Wigan borough figure for Christianity is 77.8%)

## Sexual Orientation



**Workforce as at 31 March 2022:**

**77.6%**

Heterosexual

**1.3%** Gay or  
Lesbian

**0.7%** Bisexual

20.3% did not wish to disclose.

**There is under representation of gay, lesbian or bisexual staff in AFC bands from 8c and above.**

## Ethnicity



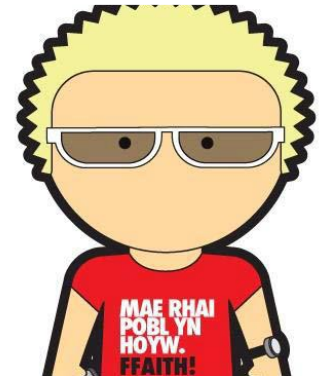
As at 31 March 2022:  
**87.8%** of Staff of White Ethnicity  
(2011 Census, Wigan Borough White representation is 97.3%)

**11.1%** of Staff from Black & Minority Ethnic Groups  
**1%** Not Stated

**11.8%** of the Trust Board membership is BME.

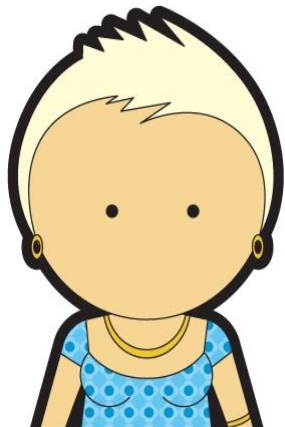
21.7% of **Disciplinary** cases were in respect of BME staff members which above the workforce profile.

## Gender Reassignment



Transgender information for current staff is not recorded on ESR so we cannot therefore undertake workforce profile monitoring at present.

## Sex



Workforce as at 31 March 2022:  
**81%** Female  
**19%** Male  
(2011 Census, 50.3% female / 49.7% male within Wigan population)

48.1% of **Disciplinary** cases were in respect of male staff members which is over representative of the workforce profile. This is a slight increase from the previous year's data at 47% of disciplinary cases in respect of male staff members.

## Our Service Users (Patients)

### Ethnicity (Out-Patients & In-Patients)



During 2021/22  
**91%** of Patients  
of British White  
Ethnicity

**4.7%** of Patients  
from Black &  
Minority Ethnic  
Groups (BME)

During last 12 months, 0.4% decrease in patients of BME Origin. Patients of British White Ethnicity remains the same. 4.3% not stated.

**Over last 12 years steady increase in BME activity**  
2010/11: 2.9% / 2021/22: 4.7%.

### Ethnicity (Accident & Emergency)

During 2021/22  
**90.3%** of Patients of  
British White Ethnicity

**7.5%** of Patients from  
Black & Minority Ethnic  
Groups (BME)

**2.2%** Not Known

During last 12 months, 1% decrease in patients of British White Ethnicity. 1.3% increase in patients of BME Origin.

**Over last 12 years steady increase in BME activity in A&E.** 2010/11: 3.5% / 2021/22: 7.5%

Ethnicity overall reflective of local population – Latest census (2011) reported that 95% of the local population were of British White Ethnicity. In 2001 it was estimated that 97.6% of Wigan's Population was "White: British". However, since 2001 the number of residents from Black, Asian and other Minority Ethnicities has more than doubled to 7,062 (2.2% of the population).

### Ethnicity (Maternity Admissions)



During 2021/22  
**86.8%** of Patients of  
British White Ethnicity

**12.3%** of Patients from  
Black & Minority Ethnic  
Groups

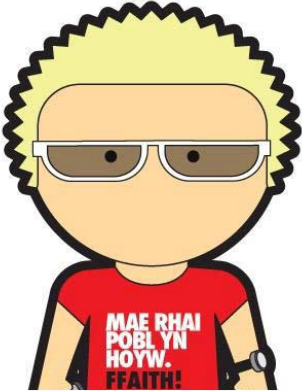
**0.9%** Not Known

During last 12 months, data mirrors previous year's data. During last 7 years 3.2% decrease in patients of British White Ethnicity. 2.5% increase in patients of Black and Minority Ethnic Backgrounds

Higher % of Black and Minority Ethnic Groups using maternity services than overall out-patient / in-patient activity. No statistically significant difference noted – data historical. Data in line with significant growth in Wigan Borough migrant worker population and numbers of refugees / asylum seekers.



## Interpreter & Translation Services



### During 2021/22 Top Languages Requested

Polish, Farsi, Arabic, Kurdish Sorani, Romanian, Russian, Portuguese, Urdu

Trends show the similar top languages as 2020/21 with an increase in Portuguese interpreters this year.

### During 2021/22:

**48 Translations into other languages**

**14 Other formats - 6 Large Print / 6 Braille / 2 Audio Translations requested**

This will continue to increase with the implementation of the Accessible Information Standard.

## Ethnic Population in Greater Manchester

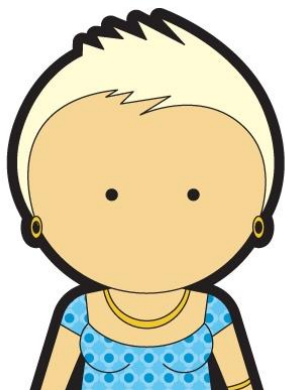
As of the 2011 Census, over 95% of the population was White British. This compares to just under 80% in England as a whole. However, Wigan Borough has received a sizeable number of refugees and migrants over the last decade and it is likely that the population will become more diverse over the coming years. Migration has significantly changed the wealth of diversity in Wigan since the last census and there has been significant demographic change within Wigan Borough.

Ethnic minority populations living in Wigan are:  
Long-term resident ethnic minority population and asylum seekers  
And refugees, migrants, Gypsies and Travellers,  
European Roma and Overseas students. Although the numbers are small compared to the size of the total population and some only stay for a short period of time, some will have specific health needs that need to be addressed.

Local Authority	White British	Mixed	Asian or Asian British	Black or Black British	Chinese
Wigan	95%	0.8%	1.3%	0.7%	0.3%
Bolton	84%	1.4%	9.6%	1.2%	0.5%
Salford	86%	1.6%	3.3%	1.7%	0.6%



## Sex (Out-Patients)



During 2021/22

**57%** Female

**43%** Male

Latest census reported that 50.3% of the local population is female

As with most healthcare services in the UK, women are more likely to use hospital services than men.

## Age



During 2021/22  
% of patients accessing hospitals services

**9.5%** Under 18    **11%** 18-30 Years

**42%** 31-64 Years    **37.5%** 65+ Years

**1 in 6 residents in Wigan are now aged over 65 years.**

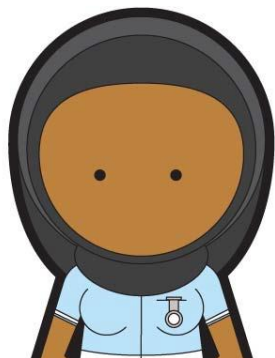
**Set to increase by 30,000 over the next 20 years**

Age overall reflective of local population – Latest census reported that the % of the population aged 65 and over in the Wigan Borough was the highest seen in any census. **There has been a steady increase in the number of people aged 65+ within Wigan Borough as a result of increasing life expectancy . The proportion of people aged 65+ in 2017 was 18.8%. This is projected to rise to 20.9% by 2025, to 23.0% by 2030, and to 26.2% by 2040.**

**Maintaining the health and resilience of older people is important both for the individuals themselves and in ensuring the sustainability of local health and adult social care services.**

The age of patients accessing hospital services is bias towards the older population, reflecting greater healthcare needs. Trends show a 3% increase in patients aged 65+ years over the last 2 years and 4% decrease in those aged 18-30 years. This needs to be monitored over longer period to establish if any statistical significant difference.

## Religion and Belief



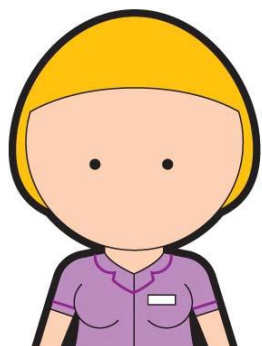
During 2021/22  
% of patients accessing out-patient services

<b>67%</b> Christian	<b>18%</b> Unknown
<b>14%</b> None	<b>0.2%</b> Hindu
<b>0.6%</b> Muslim	<b>0.2%</b> Atheist
<b>0.1%</b> Buddhist	<b>0.1%</b> Islam
<b>0.1%</b> Jewish	<b>0.1%</b> Unitarian
<b>0.1%</b> Spiritualist	

Religion overall reflective of local population – Latest census reported that 78% of the population were of Christian Belief

Trust Data affected by the high proportion of religion not known (114,328 patients).

## Sexual Orientation and Transgender



Based on recent research and LGBT inequalities data it is estimated that there are

**15,000** Lesbian, Gay or Bisexual Wigan Residents  
**2,500** People who identify as trans in Wigan

Despite the relatively small numbers, the impact that gender re-assignment can have on people's outcomes is extreme.

In response to national research, NHS England is spearheading a collective drive to improve the experience of trans and non-binary people when accessing health and care services.

## Disability



**Latest Census reported**  
**21.5%** of Wigan Residents living with a limiting long-term illness, health problems or disability which limits daily activities at work.  
**Higher than national average 17.9%**

**The 5 most common conditions which account for 54% of DLA Claims**  
Arthritis; Learning Disabilities; Heart Disease; Disease of muscles, bones & joints; Hyperkinetic syndromes

**Action on Hearing Loss estimate that**  
**1 in 6 (16%)** of the population are living with hearing loss.  
**53,000** of Wigan Residents.

**Royal National Institute for Blind People estimates that**  
**8,680** of Wigan Residents are living with sight loss (**990** are living with severe sight loss)

By 2020, figures are expected to rise to  
**10,500** of Wigan Residents living with sight loss (**1,250** living with severe sight loss)

**1 in 4** people experience a mental health problem during their life. Having a long-term condition increases the risk that an individual will have a mental health.

The number of people who are at risk of having poor mental wellbeing in Wigan is high because of the high levels of deprivation.

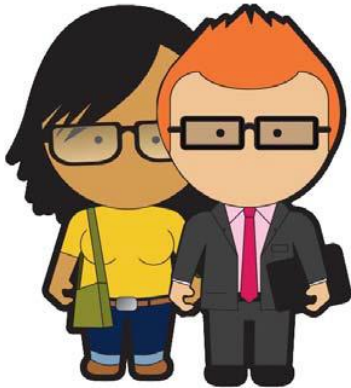
**Improving Health & Lives (IHAL) estimate that**  
**1.9% (6,170 residents)** have learning disabilities.

**The Accessible Information Standard**  
A law to ensure that people who have a disability, impairment or sensory loss are given information they can easily read or understand. **Making information easier to understand for people living with communication and information needs.**

**WWL is committed to working towards meeting the core requirements of the Standard for everyone we serve.**

Patients with disabilities often report barriers to using health services, in terms of transport difficulties, distance and needing someone to accompany them. Poor communication leads to non-attendance for appointments. These are issues currently being reviewed within Wigan Borough Locality Plan.

## Marriage and Civil Partnership



### Latest Census reported

**47.4%** Wigan Residents are **Married**

**0.2% (482)** Wigan Residents in a Registered **Same-Sex Civil Partnership**

## Complaints



**441** Complaints Received during 2021/22

**249** Female **189** Male

**419** British White Ethnicity

**10** Black & Minority Ethnic Background

**12** Not Stated

### 5 Main Subject Complaints

- Clinical treatment
- Communications
- Patient Care
- Admissions and Discharges
- Value and Behaviour

**No trends in relation to protected characteristics noted**

**63%** Aged 50 years or above

## Conclusion

WWL has strengthened its commitment to change and to reviewing, evaluating and improving equality, diversity and inclusion. WWL has continued to make good progress on EDI work and remains focussed on our equality duties. Particularly in the area of workforce EDI, 2021-22 has been a year to understand our baselines and where our gaps are to establish areas of focus for the coming years.

Of all the many achievements in 2021-2022, the primary highlights of the year have been:

- Continuing our significant equality, diversity and inclusion focused response to the COVID-19 pandemic for patients, service users, our communities and our staff.
- Reviewing our strategic approach to EDI, setting new overarching equality objectives for 2022-2026 and subsequently launching our new EDI Strategy 2022-2026.
- Setting up new governance structures to weave EDI into business-as-usual in the Trust.
- Ongoing FAME Network events and recruiting for the new LGBTQIA+ and Disability Staff Networks.
- Securing a funded place on the LGBTQIA+ Rainbow Badges Phase 2 and commencing the assessment process. This will help us to understand LGBTQIA+ inclusion in the Trust for our people and patients and where our areas of strength are, along with where we need to focus.
- Securing funding to train EDI Champions across the Trust, which will begin in Sep 2022.
- Secured funding to enter WWL into the Race Equality Code, which involves looking at how our organisation can be more anti-racist and inclusive.
- Redesigning the Annual EDI Calendar and promoting the team inclusion challenge.
- Continuing to raise awareness of protected characteristics throughout the year for example Wigan Pride which returned for a sixth year in August 2021, with a smaller scale format that allowed attendees to enjoy a mixture of in-person and online events.
- Implementation of transparent face masks to support communication between not only those who have hearing difficulties or are deaf, but patients with cognitive problems such as dementia, learning disabilities, autism etc. sourced.
- Establishing a focus group on-line to involve patients living with disabilities in the design and implementation of the new Trust Website. Accessibility functionality reviewed, stakeholders involved in the tender process and design.
- Securing funding for an additional 5 year contract with AccessAble (provider of WWL's on-line accessibility checker).
- Changes made to incorporate the capture of accessible information requirements in PAS for elective in-patients and out-patients.
- Continuing to undertake 3 yearly reviews of existing Equality Impact Assessments (EIAs) for all divisions.

WWL has met its statutory obligations to monitor and report on workforce and patient equality and diversity issues and provides assurance that action is being taken to address issues of note.

Under current practice, there continues to be gaps within the Trust's information gathering and analysis of patient data. Only equality information in relation to a patient's ethnicity, age, sex and religion is collected routinely via out-patients and admissions. Although postal patient experience surveys collect data across all 9 protected characteristics, the implementation of more robust equality monitoring and data analysis within service delivery continues to be addressed and is being actioned as a key priority within the Trust's Equality Objectives.

For the purposes of this report, we have reviewed the patient data which is available to us in terms of age, sex, ethnicity and religion and belief, along with local data and reports. Where we do not have sufficient data we have used regional or national data as an estimate. The overall picture of access, using the best available data, continues to reflect broad similarity to local demographics.

In terms of workforce data, we have reviewed the data which is available to us with regards to age, disability, ethnicity, sex, marital status, maternity, religion & belief and sexual orientation. Other than in respect of Recruitment and Selection statistics, the Trust does not hold workforce data on gender reassignment.

The Trust recognises the importance of equality and human rights and the value that it adds. We will continue to build on the progress we have made to date.

Over the past few years, Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust have made substantial progress in understanding diversity within the local population and ensuring the knowledge, skills and competencies in our staff meet the needs of service users with protected characteristics. We will continue to make progress by ensuring these values are mainstreamed through all aspects of our service provision, and in how we work in partnership with our employees and our local communities.

## **The Year Ahead**

### ***EDI Strategy***

Equality, diversity and inclusion objectives must be set every 4 years and the Trust must regularly monitor and demonstrate progress against these objectives. In January 2022, the new EDI Strategy 2022-26 was published. Our strategy focuses on three key themes:

- To increase diversity and accessibility
- To eliminate inequality
- To improve experience for protected groups

Discussions are currently taking place to agree the patient and people objectives we will be focussing on during the year ahead.

### ***EDS2022***

WWL will be implementing the new EDS 2022 framework which consists of 3 domains and 11 outcomes. Compared to EDS2 some of the key differences of the EDS3 include:

- Collaborative approach for the patient related domain instead of a single organisation approach.
- Focus on inequalities in workforce health and well-being, encouraging organisations to use data generated from tools such as WRES and WDES, rather than repeating their purpose
- Focus on the accountability of leaders and now requires leaders and board members to show evidence of how they personally commit and contribute to the EDI and health inequalities agenda within their organisations, and the use of relevant tools.

The EDS 2022 will be in pilot form until Quarter 4 of 2023, an exact date has not yet been published. It is not compulsory for Trusts to implement the EDS 2022 until the final version has been released and we will be applying some flexibility in the framework during the year ahead. The trust will report on the new domains and outcomes, however there may be some data gaps and additionally there may be flexibility in the proposed timescales for each domain. To support the Trust in working to the EDS 2022 framework, a paper will be presented at an executive team meeting to the highlight key differences, details of what will be reported on, responsibilities, risks and mitigations, and any actions required in order to successfully implement this framework at WWL.

## ***Maintaining Compliance with the Public Sector Equality Duty***

The Trust has and will continue to monitor compliance with the equality agenda and ensure that staff and service users are consulted with and updated on any changes and progress. This will include ensuring that there is equality for all and eliminating discrimination.

### ***WRES and WDES***

The Equality Delivery System (EDS2), Workforce Race Equality Standard (WRES) and the Workforce Disability Standard (WDES) are published on our Trust Website and help us to focus, highlight concerns and keep on track with making improvements in what we do and how we do it – for the benefit of all our service users, carers and staff.

### ***Engagement***

We recognise the need to continue to work in partnership with staff and patients. For staff, this means continuing to raise awareness of initiatives and engaging with protected groups to ensure that all staff feel valued, respected and able to progress through the organisation. It also means the opportunity to share and build on areas of good practice whilst addressing areas for development. For patients and carers, this means being able to access our services, receive care and support and be treated as individuals with dignity.

The involvement of patients, their families and others with lived experience in the planning and development of health care services has been shown to improve the health and quality of life of patients. Involving patients with service design has been recognised as an important element in achieving patient centred care. Patient involvement offers the potential to target service redesign to patient needs, thus improving the patient experience and quality of care. We already have strong links with local community groups who help us to shape and improve our services. We will build on these relationships to not only listen but routinely act on their feedback, comments and suggestions.

### ***Improving Representation and Access***

We fully recognise that people access services in a range of different ways and may encounter different barriers in doing so. Our aim is to effectively engage with our local communities and organisation representing protected groups to understand their diverse needs, and then to provide services which meet these local needs.

The feedback from the Rainbow Badges Phase 2 assessment will be a very valuable tool to allow WWL to increase representation of the LGBTQIA+ community and improve patient access.

Census day was on 21<sup>st</sup> March 2021. Phase one results will be published at the end of June 2022. These are estimates of the number of people and households in England and Wales. They show the number of people by sex and age at local authority level. Main results will be released within two years of the census. After a period of living with the coronavirus, there has never been a more important time to have a census. This data will be essential to our long-term understanding of the health, social and economic impacts on the people and households of England and Wales. The census will highlight the needs of different groups and communities, and the inequalities people are experiencing.

During 2021/22, the Trust continued to undertake equality analysis on all policies and practices (to ensure that any new or existing policies and practices do not disadvantage any group or individual). Equality impact assessments are embedded as part of Trust Policy Protocol. We need to review our approach to service redesign, ensuring that equality, diversity and inclusion are central to community engagement, consultation and decision making to ensure the patient voice is heard.

The **Accessible Information Standard** came into force for all NHS organisations in July 2016. It stipulates that we have a duty to ensure that people with a disability, impairment or sensory loss are



given information in a way that they can understand. Patients must be asked if they have any communication needs. These must be recorded, highlighted and acted upon.

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. As we enter 2022-2023, we look forward to continued 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.

### ***Improving Experience***

Developing a culture where patient experience considerations are at the heart of any key service change or development is fundamental. WWL is very keen to embed the philosophy of 'nothing about me, without me'. We will ensure that patients from all protected characteristics have assurance that their voices have been heard and informed the provision and development of health care services through patient informed design.

We know that the borough has a higher proportion of people from Black and Minority Ethnic groups than the 2001 Census indicates. Although Wigan is the least ethnically diverse borough in the county, migration has significantly changed the wealth of diversity in Wigan. Wigan Borough has received a sizeable number of refugees and migrants over the last decade and it is likely that the population will become more diverse over the coming years. Dealing with these population changes will pose some significant challenges in terms of delivering responsive and appropriate services across a range of diverse communities and groups of people. The need for good communication between staff and service users is essential for the delivery of high quality care. To achieve this, we will review the effectiveness of our interpretation and translation services to ensure that patients can be communicated with appropriately and effectively as timely as possible. We are committed to ensuring all service users have equal access to services, taking into account the barriers that may be created due to language or impairment.

### ***Staff Networks***

Our newly formed LGBTQIA+ and Disability staff networks in addition to our relaunched FAME staff network will hold regular events during the year ahead. The staff networks will each own a project and be consulted in HR policy development.

### ***Promotional Events***

We will continue to help publicise and promote events that highlight best practice in equality and diversity within the organisation. This will focus on national campaigns that are linked to the protected characteristics as well as all the various initiatives that are being undertaken at a local level.

### ***Employment Practice***

We aim to further develop the support available to staff, with regard to equality, diversity and inclusion and look to develop more local resources and training. We also aim to further reduce inequalities experienced by staff and applicants from a protected groups by means of staff network events.

## Appendix 1 – EDI Objectives and Key Progress during 2021/22

### Wrightington, Wigan and Leigh NHS Foundation Trust's Equality Objectives & EDS2 Action Plan 2021/22

Governance				
1.	Action(s)	Outcome	How Measured	Progress
1.1 National	Produce 2020-21 Annual I&D Monitoring Report. To be approved by I&D Steering Group and tabled for information and sign off at People Meeting and Trust Board in November 2021.	Regular monitoring of staff & patient equality data.  Reference to data signposted in Equality Impact Assessment (EIA) Guidance.	Annual review of patient and staff activity by protected groups.  Evidenced within Annual Report / Annual EDS Assessment / Equality Impact Assessments.	EDI Report produced Approved by People Committee Dec 21. Published on Trust website Jan 22.
1.2 National	Annual I&D Monitoring Report published on Trust Website in line with Public Sector Equality Duty Requirements to publish equality information. Trust website to be updated accordingly.	Compliance with Public Sector Equality Duty.		
1.3 National	Produce Annual Equality Objectives Review and EDS2 Assessment 2021 Scores Report.	Report summarising progress against Equality Objectives during last 12 months and EDS Grades for 2020/21.	Progress monitored by I&D Steering Group. Shared with People Committee & Trust Board.	EDS Outcome Scores not reviewed during 2020/21 due to COVID. EHRC suspended PSED reporting obligations in England for 2020.
1.4 National	To review the Trust's strategic approach to EDI.  To develop new equality objectives for 2021-2025 which reflect the learning from the COVID Pandemic - National media coverage has demonstrated that Covid has disproportionately affected some protected groups and exacerbated health inequalities.  To develop a new EDI Strategy 2021-2025 that effectively addresses these issues.	Refreshed strategic approach to EDI, including how WWL monitors and provides assurance and how WWL can work not only within the Trust, but across the local borough.  New EDI Strategy and Equality Objectives 2021-25 which reflects the learning from the COVID Pandemic.	EDI Strategy and Equality Objectives Action Plan.  Progress monitored by I&D Steering Group. Shared with People Committee & Trust Board.	WWL's current equality objectives and EDI Strategy rolled over to 2021. Update given to staff in WWL News 12/05/21 in conjunction with ED&HR Week 10-14 May. Overall themes and aims proposed for 2022-26 Consultation undertaken with stakeholders & staff during October 2021. Feedback collated into themes. Strategy approved by Trust Board Nov 21. Strategy launched Jan 22.
1.5 National	Annual Workforce Race Equality Standard (WRES) assessment to be compiled and published.	Compliance with WRES requirements.	WRES Assessment completed & published by August 2021.	WRES report submitted and published on Trust website.

1.	Action(s)	Outcome	How Measured	Progress
<b>1.6</b> National	Review of requirements of forthcoming Workforce Disability Equality Standard (WDES)	Compliance with WDES requirements. To be mandated via the NHS Standard Contract in England from April 2019.	WDES Assessment to be complete by August 2021	WDES report submitted and published on Trust website.
<b>1.7</b> National	Gender Pay Gap Report to be published.	Compliance with Government Gender Pay Gap reporting requirements.	Gender Pay Gap Report to be completed & published by 30 March 2022	Report completed and published on Trust website.  Actions to be built into Action Plan.
<b>1.8</b> CCG	E&D evidence requirements for QSSG Quality Monitoring Schedule 2021/22 to be compiled and submitted to Trust Governance Lead.	Compliance with Quality and Safety Standards as specified in Wigan CCG General Contract.	QSSG Self- Assessment Return.	Annual EDI Report submitted as evidence Jan 22.
<b>1.9</b> National	Update flexible working policy following change in Agenda for Change terms and conditions effective from 13/09/2021.  Review flexible working guidance available to managers and staff.  Review how flexible working requests are monitored.	Flexible working policy to reflect Agenda for Change terms and conditions.  Support managers to deal with requests confidentially and correctly.  More detailed flexible working. reporting to allow us to assess any inequalities.	Improvement in Staff Survey results 'the opportunities for flexible working patterns.	Agenda For Change amends made to policy and flexible working request form updated.  Flexible working guidance document being drafted, planned first draft by end of April. Then to be taken to policy development group with flexible working policy.

## Organisational and Cultural Development

2.	Action(s)	Outcome	How Measured	Progress
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2.1	Implement Schedule of Events for 2021/22 and promote / hold supporting events.	Increased staff and patient engagement. WWL seen as fully inclusive employer and service provider.	Monitored by I&D Operational Group/ I&D Champions. Annual Schedule of Events Summary Report.	Schedule of Events 2021/22 reviewed. Calendar implemented. On-going.
2.2	To continue 3 yearly reviews of existing Equality Impact Assessments (EIAs) for all divisions.	Review of all existing Equality Impact Assessments. Quality Assurance implemented. EIAs are embedded within Theme 3 Modelling of GM Improving Specialist Services. EIAs to be embedded within Quality Priorities 20/21 'Care' Proposal.	Robust review system implemented to ensure EIAs are monitored and reviewed Any negative impacts identified within Equality Impact Assessments. Assessors have a requirement to report on what actions will be implemented to reduce any negative impact.	Review commenced March 2021. EIAs on-going.
2.3	To develop training programme for Equality Impact Assessments for staff.	Staff have a more in depth understanding of how to complete an Equality Impact Assessment.	Staff feedback	EIA Training delivered for HR Staff during June 2021. One to one training provided as and when required.
2.4	To develop an Equality Impact Assessment template for organisational change projects	The template will allow for an understanding of the demographics of the staff involved with the organisational change project compared to the overall Trust, allowing managers to identify impacts towards protected groups.	Any negative impacts identified within Equality Impact Assessments and what actions will be implemented to reduce any negative impact.	EIA template for organisational change projects paused so it can be considered as a wider EIA reform project.
2.5	Cultural integration of international nurses. Identify areas where the Trust can improve its support of the international nurse community at WWL  Identify areas where the Trust can streamline the integration of international nurses into their roles at WWL. Raise awareness of the cultural differences that exist between our international nurses so that	Standardise the support offer for international nurses to ensure a consistent high-quality level of support is in place across the Trust.  Quicker team integration maintained dignity and respect.  More inclusive behaviour within teams. Integration of colleagues from all backgrounds and cultures.	Feedback via FAME network forum  Feedback from ward leaders  Improved Your Voice survey results and BHDV results	Action not complete but actions already taken include:  Identified common barriers to integration. Manager guide/WWL welcome pack in progress.  Working with FAME Network to establish cultural competence lived experience awareness programme.

	we can celebrate our diversity and learn from one another			
<b>2.6</b>	Race Equality Code	Assess ourselves against Race Equality Code and produce action plan to improve	Compliance against the 4 overarching principles of the code which includes 55 outcomes.	<p>EDI Calendar/Teams Inclusion Challenge to support cultural competence.</p> <p>Relaunched FAME staff network, given committee formalised time and budget, including international nurses representative, employed EDI administrator to support.</p> <p>MS Teams backgrounds created for Black History Month, South Asian Heritage Month,</p> <p>Delivering microaggression training to students, FY1/2 doctors, Staff Engagement Associates, Wellbeing Champions, council of governors, apprenticeship inductions.</p> <p>Trust commenced Race Equality Code to ensure race equality is designed into governance structures. The process is ongoing.</p>
<b>2.7</b>	Rainbow Badges Awards Scheme	Join first cohort of NHS Trusts to audit ourselves against LGBTQIA+ inclusion in the Trust and produce an action plan to improve.	<p>Improved LGBTQIA+ declaration rates</p> <p>Improved Your Voice survey results from LGBTQIA+ colleagues</p>	<p>LGBTQ+ Exec Sponsor appointed.</p> <p>Induction attended Nov 21. Met with NHS Rainbow Badges in Jan 2022 to confirm timescales and requirements. Policy submission actioned Jan 22. Services / Patient &amp; Staff Surveys commenced.</p> <p>Feedback and action plans should be received by July 2022.</p>
<b>2.8</b>	To complete the Disability Confident Employer reassessment by 8 <sup>th</sup> December 2021.	To keep our Disability Confident Employer Status active and demonstrate our commitment to this, identifying any associated actions required.	<p>Disability Confident Employer Status</p> <p>Recruitment data for disabled applicants WDES</p>	<p>Reassessment completed.</p> <p>Procurement will be one of key stakeholders to train on EIA's to encourage them to think more about the impact our suppliers have on</p>

	To complete ongoing yearly reviews of the self-assessment.			disabled people. This will be picked up as part of the wider EIA project.
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### Equality Delivery System (EDS2) Annual Assessment & Scores

3.	Action(s)	Outcome	How Measured	Progress
3.1	EDS2 Outcomes for 2021/22 Assessment for Goals 1 and 2 to be agreed. Action Plan for evidence collection to be agreed.	Action plan for evidence collection implemented.	EDS Action Plan 2021/22.	EDS Outcomes for Goals 1 and 2 confirmed.
3.2	EDS2 Outcomes for 2021/22 Assessment for Goals 3 and 4 to be agreed. Action Plan for to be agreed.	Action Plan implemented.	EDS Action Plan 2021/22.	EDS Outcomes for Goals 3 and 4 confirmed.
3.3	Evidence and proposed grades in relation to Goals 1 and 2 to be shared with local stakeholders for feedback and review.	Grades agreed by local Stakeholders through engagement / equality monitoring / improved patient access & experience during 2021/22. EDS 2022 Assessment Report summarising overall scores for 2021/22.	Patient Engagement Review of available services Equality Impact Assessments 2022/23 EDS Action Plan drafted to enable plans to be formulated to progress EDS scores.	Wigan Healthwatch agreed with proposed scores of 'achieving' for Outcomes 1.4 and 2.2
3.4	Evidence in relation to Goals 3 and 4 to be submitted to another Trust for peer review	Grades agreed via peer review.	2021/22 EDS Action Plan drafted to enable plans to be formulated to progress EDS scores.	EDS report for employment related goals delayed due to staff survey results not being available. Draft report will be sent for peer review w/c 11/04

### Equality Objective 1 - Better Health Outcomes for All

To work together with the local LGBT Community to increase the quality of the information, knowledge and understanding we have about our LGBT service users.

4.	Action(s)	Outcome	How Measured	Progress
4.1	Wigan PRIDE 2021 Launch Event to be arranged and held.	WWL seen as an LGBT friendly employer and service provider. Increased staff awareness. Increased publicity.	Follow-Up Staff LGBT Awareness Survey shows improvement in baseline scores recorded.	Article featured in WWL News 19/05/21.  Article for Pride Stewards featured in newsletter on 21/07/21.
4.2	To fully support and participate within Wigan PRIDE 2021.	Working collaboratively with Wigan Borough CCG & Bridgewater.		Wigan PRIDE took place on 14th August 2021. New format this year with return of a live audience. On a smaller scale to pre-covid events (No Parade).
4.3	Protocol for patient's changing gender identity and requests for medical records to be updated to be reviewed and formalised	Robust SOP Increased staff awareness	Audit Trail.	Draft SOP Produced.  7 patient requests received. Divisional responsibility and ownership to be confirmed.
4.4	To promote national trans awareness events	WWL seen as an LGBT friendly employer and service provider.  Increased staff awareness.	Follow-Up Staff LGBT Awareness Survey shows improvement in baseline scores recorded.	Article featured in WWL News ED&HR Week 10-14 <sup>th</sup> May.  IDAHO 17 <sup>th</sup> May 21 – Article featured in WWL. Rainbow Flag flown.  Transgender Day of Remembrance 2021 featured in WWL and Rainbow Flag flown.  Pronouns event advertised to staff Oct 21

## Equality Objective 2 - Improved Patient Access & Experience

To ensure patients are communicated with in a manner that is appropriate to their specific need or requirement.

5.	Action(s)	Outcome	How Measured	Issues /
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				Concerns / Progress	
<b>Interpreter &amp; Translation Services</b>					
5.1	Raise staff awareness of interpreter and translation services protocol.	Increased staff awareness of how to access interpreter and translation services.  Improved patient experience.	Follow-Up Staff Interpreter Awareness Survey shows improvement in baseline scores recorded.	On-going promotion of interpreter and translation services	
5.2	Review and Update Staff Interpreter Handbooks.	Increased staff awareness of how to access interpreter and translation services.  Improved patient experience.	Follow-Up Staff Interpreter Awareness Survey shows improvement in baseline scores recorded.	Handbooks updated and uploaded on Intranet.	
5.3	Replace current video remote BSL interpreting provision in A&E and Maternity services with current F2F service provider DA Languages.  During COVID service BSL Health Access was launched free of charge - SignHealth were optimistic that NHS England or another government body would pay for the service in due course. This is now not the case. Service ceased from 1 <sup>st</sup> April 2021.	Access to BSL Signers in emergencies / unplanned hospital attendances.	Patient and Staff feedback. Activity Reports	Specification and configuration requirements requested from DA Languages – delayed due to GM Interpreter Services Tender. New agreement will include video remote interpreting.	
5.4	VRI BSL Interpreting to be rolled out to other areas, when fully implemented in A&E and Maternity – funding to be sourced for dedicated IPADS.	Instant access to BSL VRI Interpreting	Patient and Staff feedback. Activity Reports	Potential for funding to be sourced from PLACE Funds for IPADS. New GM Interpreter Services Tender to include video remote interpreting.	
5.5	VRI Interpreting for BSL and other languages to be embedded within Attend Anywhere Patient Clinics	Provision of Face to Face Interpreters available within Attend Anywhere practice.	Patient and Staff feedback. Activity Reports	New GM Interpreter Services Tender to include video remote interpreting.	
5.6	Dual Sensory Awareness Training to be re-launched.	Increased staff awareness. Improved patient experience.	Patient feedback	Been on-hold due to COVID and staff redeployment.	

5.7	Review the feasibility of developing an autism friendly kit on each hospital site (including A&E).	Improved patient experience for patients with autism.	Patient Feedback.	Been on-hold due to COVID 19 and staff redeployment.	
5.8	Progress Implementation of <b>Accessible Information Standard.</b>	Increased progress in working towards meeting the requirements of the Accessible Information Standard (published by NHS England).	AIS Action Plan	Although controls implemented to demonstrate compliance with some aspects of AIS, no consistent approach Trust wide. Patients could have their information and communication needs met for some services, but not for others. Requirement for standalone systems to be reviewed recorded. In March 2021 changes made to incorporate the capture of accessible information requirements in PAS for elective in-patients and out-patients - Risk Assessment Score reviewed and reduced.	
5.9	Annual Review of AccessAble (On-line Information Guides). To promote accordingly and raise patient & staff awareness further.	Increased public awareness of AccessAble and provision of WWL on-line information access guides. Patient feedback / improved patient access and experience. Increased provision of accessible information.	Activity Reports	AccessAble Surveys undertaken March 22. Estates Lead identified to co-ordinate future surveys. Funding secured for a further 5 year contract with AccessAble.	
5.10	To provide PPI and E&D input and support for the implementation of the Project In-touch – supporting safe out-patient face to face services	Reduction in overcrowding of waiting areas and clinical rooms. Unsafe social distancing minimised. Reduction in cleaning of waiting areas. Helps to improve infection prevention and control measures	Patient feedback	workstream dedicated to PPI and E&D. Patient focus group set up. Feedback obtained.	

### Equality Objective 3 – A Representative & Supported Workforce

#### 3.3 Training & Development Opportunities are taken up and positively evaluated by Staff

6.	Action(s)	Outcome	How Measured	Issues / Concerns / Progress	
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6.1	To research into barriers and develop inclusive management programmes, enabling staff from protected groups to have equal access to career progression and progression to senior bandings.  Potentially Springboard – VSM Training  BME Leadership Module within WWL Leadership Programme	More reflective representation of BME & Female VSM staff across the workforce.	Improvement in WRES assessment scores Metric 4. Improved Staff Survey Results	Research into barriers for career progression needed before deciding most appropriate programmes. Could be discussed at staff network when set up.  BME Leadership Modules – Leadership Academy Programme paused during Covid. Once open raise awareness and monitor take up. 27/10: provider that they hope to restart programme early 2022. Emailed for an update 05/04.  Work on this paused until Talent action plan produced (linked to wider Talent piece)	
6.2	Review and develop current Training Evaluation System incorporating 3 step approach.	Robust meaningful evaluation process which will guide future development of training within the Trust.	Improved Staff Survey Results Improve EDS score for objective 3.	Learning Needs Analysis completed	

<b>Equality Objective 4 - Inclusive Leadership at all levels</b>					
<b>4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations</b>					
7.	Action(s)	Outcome	How Measured	Issues / Concerns / Progress	
7.1	Regular Video blogs from executive leaders covering a range of EDI initiatives including encouraging colleagues to contribute to the draft EDI strategy, to take part in Wigan Pride etc.	Staff feel more connected to the executive team and the importance of EDI issues are demonstrated by senior leaders	Staff engagement with EDI initiatives will increase.	Regular	

<b>7.2</b>	Executive sponsors appointed for FAME network (network for ethnic minority colleagues and their allies), Disability/LT Health Conditions network and LGBTQIA+ Network	Diverse voices are amplified and escalation routes are clearer	Improved Your Voice survey results Improved influence of colleague diversity networks	Appointed FAME, LGBTQIA and Disability exec sponsors and all started on training programmes	
<b>7.3</b>	Weekly wellbeing walkabouts by WWL executive colleagues to encourage a listening culture.	Senior leaders will listen to colleagues at all levels about the culture in their work areas and highlight to relevant colleagues when issues are highlighted.	Improved Your Voice survey results	Regular	
<b>7.4</b>	Appoint an EDI lead for workforce	New EDI Strategy will be written, to incorporate EDI Objectives for the next 4 years	Appointed to role EDI Strategy written	In post from July 2021	
<b>7.5</b>	Execs working with Healthy Wigan Partnerships	Partnership working across the GM footprint on EDI issues	Improved connections across GM	Picked up as part of community wealth building and anchor inst prog.	

## Actions carried over from 2018/19 Action Plan

### Equality Objective 3 – A Representative & Supported Workforce

To reduce inequalities experienced by staff and applicants from a BME background

8.	Action(s)	Outcome	How Measured		Issues / Concerns / Progress	
8.1	<p>In collaboration with Staff Engagement, to implement a programme of focused BME Listening Events so as to provide opportunities for people to share, learn and contribute to improving the Trust.</p> <p>To progress actions developed from 2018 BME Focus Group</p> <ol style="list-style-type: none"> <li>1. Prayer/Ablution Room at Buckingham Row</li> <li>2. Time off for religious events</li> <li>3. Lack of Training Opps</li> </ol>	<p>To enable BME staff to have an ongoing forum to have suggestions, comments and concerns listened to and acted upon.</p>	<p>Improvement for EDS Objective 3 assessment score.</p> <p>Improvement in WRES assessment scores Metric 4</p> <p>Improvement in Staff Engagement Scores.</p>		<p>Reviewing overall accommodation in Buckingham Row –further review to be made due to impact of Covid and staff working from home. Given time passed since issue raised and impact of covid / agile working, item to be revisited at future FAME event to understand if still required.</p> <p>Policy reviewed-comments going to Policy Development Group however feel flexibility already built into policy. Action completed in previous year.</p> <p>Training Data Triangulated with Staff Survey data, information does not correlate as more BME staff received training &amp; dev than White staff groups. Action completed in previous year.</p> <p>Talent progression work will aim to identify barriers such as these and will be tackled if it comes out as a theme.</p>	

## Local Objectives - Linked to People Strategy Objective No.3 Go Engage (People)

I&D - WWL is an employer that values diversity and inclusion demonstrated by our workforce at all levels being representative of the community we serve:

- Reducing the gender pay gap by 5% / Improvement in WRES
- Improvement in the WDES
- Talent & succession plans aligned to ED&I ambitions

9.	Action(s)	Outcome	How Measured	Issues / Concerns / Progress
9.1	Analyse Gender Pay Gap information by division and develop action plan to facilitate reduction in gender pay gap in 2019/20. <ol style="list-style-type: none"> <li>1. VSM Female Focus Group</li> <li>2. Publicising Stories of VSMS</li> <li>3. Springboard (Women's Development Programme)</li> <li>4. Review EDS Survey format to include questions around Gender pay gap issues.</li> </ol>	Reduce Gender Pay Gap by 5% in line with objective developed within Interim Plan	Improvement in % of Gender Pay Gap 2020 report	VSM Focus Group - met to discuss. develop format and agree dates – delayed due to Covid Stories – one story published in Focus Jan 19. One not published due to covid. See 6.1 – delayed for further research Work paused due to prioritising other EDI areas (EDI Strategy and Staff Networks)
9.2	Drill down BME and Disability Shortlist to appointed ratios 2020/21 in order to identify any potential issues.	To identify any specific issues and develop any potential actions.	WRES % improvement in Indicator 2 and improvement in WWL recruitment stats.	Recruitment data for 2020-2021 is not reliable. Reports can't be re-run due to months dropping off system.
9.3	Review current Recruitment Training to include prejudice and bias for Consultant Interviews	Ensure interview panel members undertake I & D related training with regards to bias and prejudice	WRES % improvement in Indicator 2 and improvements in WWL Recruitment stats.	reviewed current training programme for Recruitment revised to include prejudice and unconscious bias. to escalate for approval. On hold due to Covid. Postpone as will be picked up during 2022-2023 recruitment project.
9.4	Development of I & D Leadership Masterclass	I & D Leadership Masterclass to be run as part	Improvements in Staff Survey Results	Had obtained potential funding but that fell through

		of overall Masterclass Programme			and recommended speaker was too expensive so other options being explored. Delayed due to Covid.	
9.6	<p>1. Drill down staff survey 2020 Bullying &amp; Harassment % figures to identify any specific issues around BME &amp; Disability characteristics.</p> <p>2. Launch of just culture programme. This will include a focus on any bullying / harassment, civility saves lives, embedding within performance management frameworks and a zero tolerance programme in relation to physical and verbal abuse of employees.</p>	<p>To identify any issues and develop any potential actions.</p> <p>Raise awareness of bullying and harassment within the Trust.</p>	<p>Improvements in Staff Survey results 2021.</p> <p>Improvements in Staff Survey results 2021 and WRES Metrics 5, 6 7 &amp; 8 and WDES Metric 4.</p> <p>Reduction in dignity at work cases for 21-22, Corporate had high amount during 20-21.</p>		<p>Delayed due to Covid. Drilled down 2020 survey figures and discussed at FAME network 21/06/21. No negative experiences shared during the event Continue to explore this via staff networks.</p> <p>Launched in March 2020 but ongoing work during 2020-2021 around just and learning culture, toolkit and behaviour framework published.</p>	
9.7	Review of current Disciplinary Process following NHSE/I of recommendations made to Trusts in Dec 2020 following the review into the death of Mr Amin Abdullah.	<p>Person centred disciplinary policy including support proforma</p> <p>EDI Work Plan - We are open and honest and staff have a voice.</p>	Improvements in Staff Survey results 2021.		New policy ratified and support proforma being used. All cases go through exec review panel.	
9.8	Strengthen the existing FAME network and launch Disability and long term health condition and LGBTQIA+ networks	<p>To have influence over the changes that are required to enable WWL to become a more inclusive workplace.</p> <p>Enable colleagues to work in partnership with senior management and the board to make decisions that affect them.</p>	<p>Rainbow Badges Awards Scheme</p> <p>Disability Confident / WDES score improvements</p> <p>Race Equality Code / WRES score improvements</p> <p>More robust EIAs</p>		Trust Management Committee agreed on 03/11/21 to new structure and remit of staff networks, plus protected time, budget and EDI administrator vacancy	



		<p>To help to raise awareness of the lived experience of those from minority groups.</p> <p>To act as a safe space to network with others who share the same protected characteristic.</p>	Your Voice survey results			
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## Appendix 2 - Compliance against National Standards - Dashboard

Equality National Standards	Requirements	Update	RAG Rating
<b>Equality Act 2010:</b>  <b>Public Sector Equality Duty - General Duty</b>	Must provide evidence that we have given 'due regard' to the three aims of the General Duty across all 9 protected characteristics: <ul style="list-style-type: none"> <li>• Eliminate unlawful discrimination, harassment &amp; victimisation</li> <li>• Advance equality of opportunity</li> <li>• Foster good relations</li> </ul>	Equality Impact Assessments provide evidence-based assurance of how the Trust is identifying and addressing any existing or potential inequalities across all 9 protected characteristics.  Evidenced within Annual EDS Action Plan.	
	Must publish relevant, proportionate information demonstrating compliance with the Equality Duty by 31st January of each year.  Must set four-year equality objectives, based on key local equality priorities.  Must analyse the effect of policies and practices on equality.	EDI Annual Monitoring Report 2020/21 drafted and reviewed at Workforce Committee in November 2021. Has been published on the Trust Website by the deadline of 31/01/22.  EDI Strategy 2022-2026 developed and was published in January 2022. Discussions are currently taking place to agree the patient and people objectives we will be focussing on during the year ahead.  Equality Impact Assessments provide evidence-based assurance of how the Trust is identifying and addressing any existing or potential inequalities across all 9 protected characteristics.	
<b>Equality Delivery System (EDS2)</b>  NHS Standard Contract Requirement  Embedded within CCG Assurance Framework & CQC Inspection regime.	Must comply with the Mandatory Equalities Reporting Framework for the NHS.  Must undertake in partnership with local stakeholders, to review and improve performance for people from protected groups.	<b>When assessing and grading performance against 18 EDS Outcomes, guidance now stipulates that NHS organisations can choose to look at just one or a few aspects of their work, rather than looking across the entirety of all they do.</b> Given the number of services provided by the Trust and the 18 outcomes within EDS2, a phased implementation of EDS2 was agreed. 4 outcomes reviewed each year. One for each of the four goals. In March 2022 the Trust undertook its 10th assessment of performance against the EDS. From the evidence reviewed, it was proposed that Outcomes 1.4 and 2.2 be graded as ' <b>achieving</b> '. Evidence can be provided for 6 to 8 protected characteristics for these outcomes. There is little evidence from the data of any groups of patients who fare less well. Healthwatch Wigan and Leigh agreed with our scores. Staff related assessment delayed due to staff survey results not being available, will be sent for peer review April 2022.	

Equality National Standards	Requirements	Update	RAG Rating
<b>Work Force Race Equality Standard (WRES)</b>	<p>Must demonstrate through the 9 Point Work Force Race Equality Standard (WRES) metric how we are addressing race equality issues in a range of staffing areas.</p> <p>Must demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation.</p>	<p>Completed and submitted August 2021. The report has been published on Trust's internet web page.</p> <p>Indications show: BAME staff were more likely to enter the formal disciplinary process compared to White staff. An improved percentage of BAME staff that believe the Trust provide equal opportunities for career progression or promotion.</p> <p>Indications show: More White staff reported experiencing harassment, bullying or abuse from patients, relatives, the public, or staff in last 12 months, the position had improved for BAME staff. BAME staff experience higher levels of bullying, harassment and abuse from other staff compared to White staff.</p>	
<b>Disability Work Force Equality Standard (WDES)</b>	<ul style="list-style-type: none"> <li>• A set of specific measures to enable us to compare the experiences of disabled and non-disabled staff.</li> <li>• Research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.</li> <li>• Will form part of NHS Standard Contract.</li> <li>• WDES will enable us to better understand the experiences of disabled staff. It will support positive change for existing employees, and enable a more inclusive environment for disabled people working in the NHS.</li> <li>• August 2019 publication date for Trusts.</li> <li>• April / May 2020 publication of first national annual WDES report.</li> </ul>	<p>Completed and submitted August 2021. The report has been published on Trust's internet web page.</p> <p>Indications show: Disabled staff were more likely to enter the formal capability process compared to non-disabled staff, as measured by entry into the formal capability procedure (excluding ill health capability). A decrease in the percentage of disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. An increase in the number of disabled staff stating that their employer has made adequate adjustment(s) to enable them to carry out their work.</p> <p>Indications show: Disabled staff experience higher levels of bullying, harassment and abuse from patients/service users, their relatives or other members of the public, managers, and colleagues. Compared to the previous year, the percentage had slightly improved in relation to colleagues and patients/service users, their relatives or other members of the public.</p>	
<b>Gender Pay Gap Reporting</b>	<p>In line with the Gender Pay Gap regulations, the Trust published its gender pay gap data by the 31<sup>st</sup> March 2022. The information is published on the Government website and on the Trust's own website so that it is openly available for review. All organisations with 250+ employees are required to publish their data and there has been national press interest in the gender pay gap issue as the deadline approaches.</p>	<p>Completed and published on Trust's internet web page. The Trust data has highlighted there is a gender pay gap within the Trust with women across the average, median and bonus gap being paid less than males. There has been an improvement to the average hourly rate gap and the median hourly pay gap is comparable to the previous year. The Trust has analysed its data and produced a supporting report which outlines the factors which contribute to the gender pay gap and this was discussed at Workforce Committee in March 2021.</p>	

Equality National Standards	Requirements	Update	RAG Rating
<p><b>Accessible Information Standard (SCCI1605)</b> <b>(for people with a disability, impairment or sensory loss)</b></p> <p>By law (Section 250 of the Health and Social Care Act 2012), all organisations that provide NHS care or adult social care must follow the Standard in full from 1st August 2016 onwards.</p>	<p>The Accessible Information Standard aims to ensure that disabled people have access to information that they can understand and any communication support they might need. The standard tells organisations how to make information accessible to patients, service users and their carers and parents. The standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.</p> <p><b>Existing controls implemented to date:</b> <b>Functionality identified on PAS to enable the recording of patient's needs (RPN).</b> AIS Codes developed and added to RPN.</p> <p><b>IT Solution identified for one aspect of AIS - Ensuring all letters which are routed via Synertec are printed in the patient's preferred format.</b> WWL worked with Synertec to implement 'capture and share' system which facilitates the capture and acting upon information needs for all letters that are routed through synertec. Appointment Centre staff ask patients if they have any communication needs and record accordingly. <b>On-line Appointment Booking webpage</b> amended to include reference to communication / information needs. <b>Communication difficulties / impairments captured within nursing admission documentation.</b> Recorded on HIS System under 'activities of daily living assessment'. Visible to clinical staff during in-patient stay.</p> <p><b>Access to Face to Face British Sign Language Interpreters available.</b> Services recently reviewed and new provider sourced and implemented from January 2020. <b>We now have video remote access to British Sign Language Interpreters in A&amp;E &amp; Maternity Services.</b> A dedicated IPAD can be accessed from Reception Staff.</p> <p><b>Capture of accessible information requirements now incorporated in PAS for elective in-patients and out-</b></p>	<p>WWL is continuing to make progress in relation to meeting the core requirements of the Accessible Information Standard.</p> <ul style="list-style-type: none"> <li>In March 2021 changes were made to incorporate the capture of accessible information requirements in PAS for elective in-patients and out-patients.</li> <li>In April 2022 - A&amp;E registration amended to provide ability to collect patient's needs (<i>Action addressed within a number of other required updates and scheduled into current resources, so no additional costs incurred (£12,000 projected not required).</i>)</li> </ul> <p>Although many controls have now been implemented to demonstrate compliance with the AIS, currently there is no consistent approach Trust wide (across all 140 standalone systems). Patients could have their information and communication needs met for some services, but not for others.</p> <p><b>Risk Assessment Score reviewed in March 2021. Due to new controls put in place, Score reduced from 15 to 20. At Patient experience Improvement committee in March 2021, agreed should be added to Corporate Risk register. Reviewed by Associate Director of Governance in July 2021, risk need to be rearticulated using new scoring matrix and include list of existing controls. Assigned score of 9. Added to Corporate Risk Register. Risk Reduction Action Plan updated.</b></p> <p>Further resource of £36,000 required <b>for contracted Business Analyst to investigate the scope of the capability of all other standalone systems managed within the Trust</b>, including Community Services (SystemOne). (Resource estimate provided by Business Analysis)</p> <p>Approached Accounts 20/10/21 regarding capital funding. Advised 16/12/21 by AAD IM&amp;T that £36k will only cover analysis work will not cover development work. Further funding would need to be sourced for this work. <b>Questioned whether money could be invested into analysing &amp; developing core systems as opposed to all which would seem more achievable.</b> DJ undertook scoping exercise of other Trusts. Majority of other Trusts do not yet have a solution for standalone systems.</p>	

	<b>patients.</b> This information passes into HIS and is visible in the patient's information tab.	Going forward queried with IM&T whether any future IM&T application submissions for system requirements could ensure AIS requirements are considered at WWL. Awaiting feedback.	
Equality National Standards	Requirements	Update	
<b>Sexual Orientation Monitoring Standard</b>  Published 5 <sup>th</sup> October 2017.	<p>The Sexual Orientation Monitoring Information Standard provides the mechanism for recording the sexual orientation of all patients/ service users aged 16 years and over across all health services and Local Authorities with responsibilities for Adult social care in England in all service areas where it may be relevant to collect this data.</p> <p>The standard acts as an enabler for the Equality Act 2010, supporting good practice and reducing the mitigation risk for organisations required to comply with the Act. All public sector bodies have a legal obligation to pay due regard to the needs of (LGB) people in the design and delivery of services, and to ensure that people are not discriminated against based upon their sexual orientation. Health and Care Organisations must review the impact of this information standard and make appropriate changes to local health IT Systems from 5/10/17 and before 31/03/19.</p>	<p><b>This standard provides the categories for recording sexual orientation but does not mandate a collection.</b> All new data sets with a business requirement to collect sexual orientation data will be expected to adopt this sexual orientation monitoring (SOM) fundamental standard, and existing data sets already reporting SEXUAL ORIENTATION CODE will be required to change to the new values at their next iteration. This Change Request adds the supporting definitions and values for Person Stated Sexual Orientation to the NHS Data Model and Dictionary to support the Sexual Orientation Monitoring Information Standard.</p> <p>PAS Update (Patient Centre) includes a field in which sexual orientation can be recorded. <b>As data not already recorded routinely within the Trust, guidance stipulates not a mandatory requirement. Standard requirements to be embedded within any changes to future operational protocol.</b></p>	