Equality Diversity & Inclusion
Everyone is Unique

NHS
Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

EQUALITY DIVERSITY AND INCLUSION STRATEGY 2022-2026

Everyone is Unique

Contents

* Some photographs taken pre COVID-19 pandemic

Foreword

The COVID-19 pandemic has exposed, and in many ways, widened inequalities so never has it been more important for equality, diversity, and inclusion to be a top priority for the Trust. This means for WWL as an employer, and as a provider of healthcare services. Our three overarching objectives set the scene for our approach:

• Increasing diversity and accessibility
• Eliminating inequality
• Improving experience for protected groups

Some of this we can do on our own as a Trust and can make change happen quickly. Other things will take longer and may need the support and collaboration with key partner organisations in the Borough, such as the Local Authority, primary care, commissioners, education providers and the voluntary sector.

We all need to play our part by embracing difference, valuing everyone's contribution, treating people with dignity and respect and through increasing our understanding by hearing the lived experience of others. Only by doing this can we take the appropriate positive steps forward to ensure we can meet the needs of everyone associated with WWL.

What we know for sure is that this really does matter. It matters for everyone, and it must be a priority, not just in words but in action.

Alison Balson
Director of Workforce

Our Family, Our Future, Our Focus
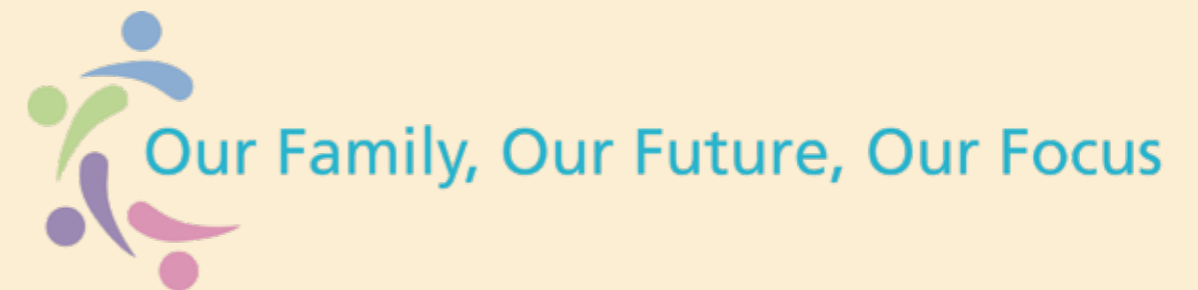
Executive Summary

Our WWL Equality, Diversity and Inclusion Strategy

THEMES	Our People Aims	Our Patient Aims
Increasing diversity and accessibility	• Inclusive recruitment and selection practices	• Improving accessibility for patients • Accessible information
Eliminating inequality	• Addressing our pay gaps • Amplifying diverse voices • Eliminate inequality in employment / HR processes • Eliminate bullying, harassment, discrimination and violence • Widening participation in personal and professional development	• Identify health inequalities and address these through action focussed equality impact assessments • Build knowledge and capacity to complete high quality equality impact assessments
Improving experience for protected groups	• Inclusive team and cultural integration	• Patient informed design

Strategy Development Process

A communications and engagement framework was developed in September 2021 to enable us to gather thoughts, feedback and ideas from key internal and external stakeholders on our proposed strategy themes and aims. A consultation period was undertaken during October 2021, as we wanted our strategy to reflect the priorities of our colleagues and patients, as well as aligning with our local and national people and service priorities.

What is Equality, Diversity, and Inclusion (EDI) to WWL?

Although we use the term equality throughout this strategy, we acknowledge that what equality means for WWL is true equity and this may mean not treating everybody in the same way, because their needs may differ. Taking positive action to address structural and unconscious bias is the way to achieve real inclusion.
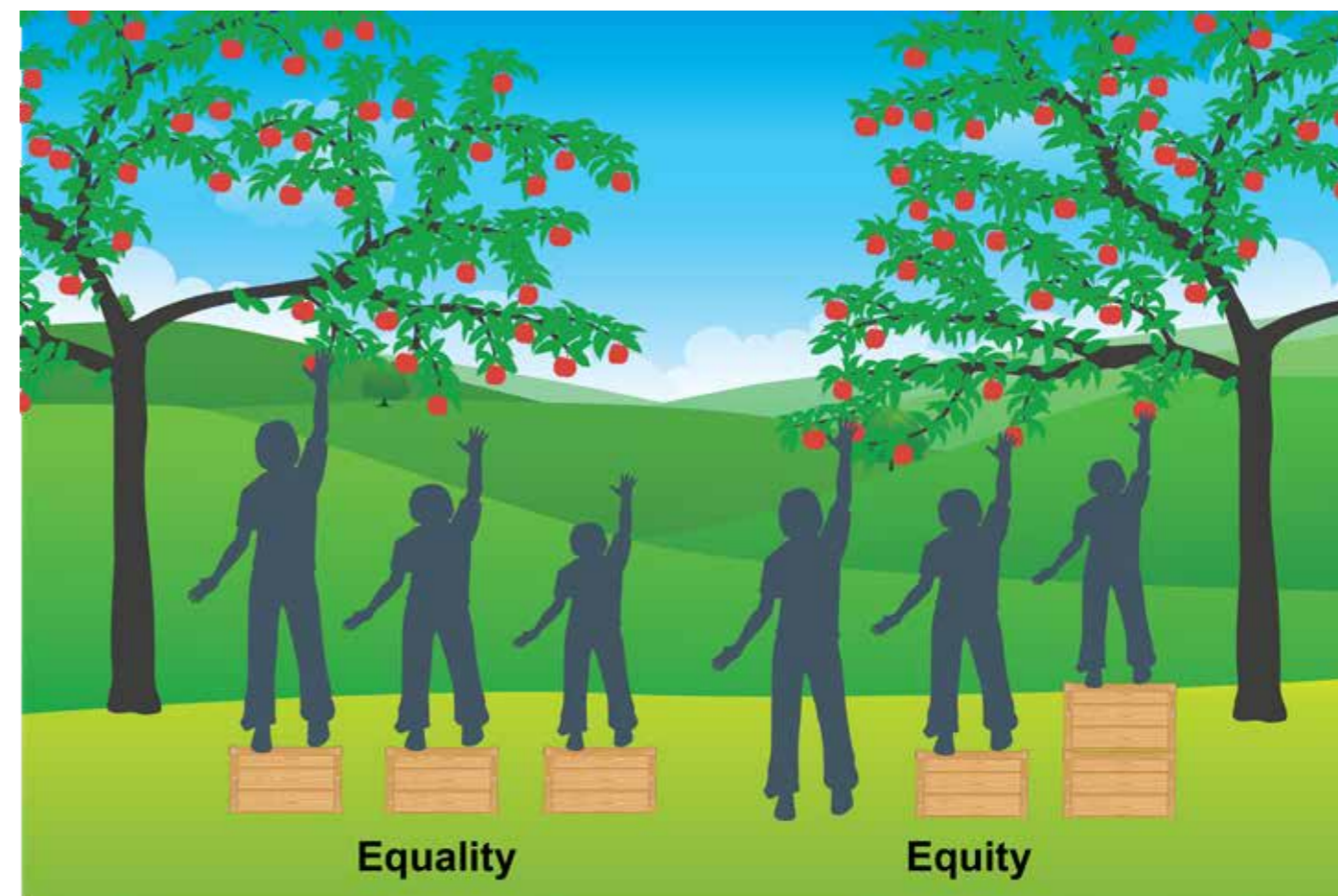
Why an EDI Strategy?

We Care

WWL wants to be an inclusive employer and service provider and recognises that it has improvements to make. Equality, diversity, and inclusion are the right thing to pursue. They impact on wellbeing, feelings of value and belonging and if we get it right, we can boost morale and confidence. Setting out our EDI strategy lays the pathway for us to focus on the inclusion work that matters most to our patients and our colleagues. We want all our patients and colleagues to know that we are here for them, no matter who they are. Our strategy sets out how we will get to that inclusion goal.

It Makes Good Business Sense and Improves Quality of Care

In these challenging times, using the talents of the whole workforce is more important than ever. Improving and celebrating the diversity of our workforce and ensuring that WWL is an inclusive place to work will enable our people to work with less stress and help enable the psychological safety required for innovative ideas to flourish. This ultimately leads to better patient care.

Making the most of everyone's skills, working patterns and potential is vital for success. Respecting the diversity of Greater Manchester and our local areas will help us to have access to the widest possible pool of talent and competitive advantages that come with it. Fostering an inclusive culture at WWL will help us to retain these valuable people.

As the diversity of our community evolves, we need to ensure that we can understand, reflect on, and deliver services that meet their needs as they develop. We commit to working with patients, local residents and groups representing patients and protected groups in the design, review and delivery of our services. This should also result in better informed decision-making and policy development, leading to services that are more appropriate for our residents and patients, and services that are more effective and cost-effective.

We Have Legal Duties

There are several equality-based national laws and guidelines which mandate and guide how NHS organisations should demonstrate equality. The principal equality drivers include:

Legislation	Requirement
The Human Rights Act 1998	The Human Rights Act is underpinned by the core values of Fairness, Respect, Equality, Dignity and Autonomy for all. All public bodies must comply with the convention rights.
The Equality Act 2010	Protection from discrimination based on nine protected characteristics - Age - Disability - Ethnicity - Gender reassignment - Marriage & Civil Partnership - Pregnancy & Maternity - Religion or Belief - Sex - Sexual Orientation
General Equality Duty	To eliminate unlawful discrimination, harassment, and victimisation. Advance equality of opportunity. Foster good relations.
Public Sector Equality Duty From 5 April 2010	To publish relevant, proportionate information demonstrating compliance with the Equality Duty. To analyse effect of policies and practices on equality. Set specific, measurable Equality Objectives.
Accessible Information Standards	DCB1605 Accessible Information (formerly SCCI1605 Accessible Information) – the 'Accessible Information Standard' – directs and defines a specific, consistent approach to identifying, recording, flagging, sharing, and meeting the information and communication support needs of patients, service users, carers, and parents, where those needs relate to a disability, impairment, or sensory loss.
Gender Recognition Act 2004	The GRA legislation provides a mechanism to allow trans people to obtain recognition for all legal purposes to their preferred gender role.
Workforce Disability Equality Scheme (WDES) From April 2019	The Workforce Disability Equality Standards (WDES) is a set of specific measures that will enable NHS Organisations to compare the experiences of disabled colleagues to non-disabled colleagues, this will then be sued to develop any required actions
Workforce Race Equality Standard (WRES) From 1 April 2015	Must demonstrate through the nine-point Workforce Race Equality Standard (WRES) metric how we are addressing race equality issues in a range of staffing areas. Must demonstrate progress against several indicators of workforce equality, including a specific indicator to address the levels of BAME Board representation. This will be included in the Standard NHS Contract.

Why an EDI Strategy?

We Have a Role as an Anchor Institution

Anchor Institutions are organisations that are rooted in local communities, and through their size and scale can contribute to the local area in ways beyond the provision of healthcare.

Through this contribution the NHS can have a greater impact on wider socio-economic factors which can positively influence the health and wellbeing of our communities.

WWL, as an anchor institution in the Wigan Borough, has a responsibility to advance the welfare of the population we serve. We have sizeable assets that can be used to support local community wealth building and development, through procurement and spending power, workforce and training, and buildings and land. By working and engaging with our community, we should develop strategies to increase opportunities and narrow the inequality gaps that exist within the Borough. This has never been so important, given the health inequalities that the COVID-19 pandemic has exposed.

Links to National and Local Strategies

NHS People Plan
The NHS People Plan talks about the NHS needing more people and working differently in a compassionate and inclusive culture. What WWL aims to deliver with its EDI Strategy will help to achieve that goal.

Our Strategy 2030
WWL's overall strategy Our Strategy 2030 is based around our 4Ps (Patients, People, Performance and Partnerships) equality, diversity and inclusion measures.

WWL's Our Strategy 2030	How we can deliver this through the EDI Strategy
Patients	Understanding the needs of our population and working with them to design and deliver services that meet the needs of all our patients.
People	Providing good employment opportunities for people who understand and represent the community we serve and creating a caring, inclusive, respectful working environment where everyone can flourish.
Performance	We strive to be ambitious in our aims and will measure how we perform against key equality, diversity and inclusion measures.
Partnerships	Whilst there are things we can take forward on our own, there's more we can achieve by working together with our system partners in the Borough.

WWL People Strategy 2020-2025
The EDI Strategy also aligns with each pledge in WWL's People Strategy (People Promise) 2020-2025:

WWL's People Promise Pledges	How we will deliver this through the EDI Strategy
Employment Essentials - Uphold and protect your employment rights	• Pursue inclusive recruitment and selection processes • Eliminate inequality in employment/HR processes
Your Voice Matters – Do our best to make your working life enjoyable	• Amplify diverse voices • Eliminate bullying, harassment, discrimination and violence
Learn and Grow – Help you to be the best you can be	• Widen participation in personal and professional development
Steps 4 Wellness – Look after your health	• Improving inclusion will reduce stress and will benefit the mental health of our colleagues

Who We Serve

Based on recent research and LGBT inequalities data it is estimated that there are 15,000 lesbian, gay or bisexual Wigan residents and 2,500 people who identify as trans in Wigan.

21.5% of Wigan residents are living with a limiting long-term illness, health problem or disability which limits daily activities or work (Census, 2011). This is higher than the national average of 17.9%.

The Royal National Institute for Deaf People (RNID) estimates that:

60,500 residents in Wigan were living with hearing loss in 2019. (RNID, 2020a)

Hearing Loss affects more than 12 million people across the UK. (RNID, 2020b)

Higher % of Black and Minority Ethnic Groups using maternity services (12%) than overall outpatient/ inpatient activity (4%).

Although Wigan is the least ethnically diverse borough in the county, migration has significantly changed the wealth of diversity in Wigan since the last census and there has been significant demographic change within the Wigan Borough.

Our Local Community

Wigan North

Wigan Central

South Wigan & Ashton North

Ince, Hindley, Abram, Platt Bridge

Tyldesley & Atherton

Leigh

Lowton & Golborne

The Royal National Institute of Blind People (RNIB) estimates that:

10,200 residents in Wigan are living with sight loss in 2021. (1,340 are living with severe sight loss). It is estimated this number will increase to 11,300 in 2025.

(RNIB, 2021)

ONS estimate that:

19.1% of the Wigan population were aged over 65 mid 2019. (ONS, 2020)

The number of residents in the Wigan Borough aged 65 and over is projected to increase to 24.9% by 2037. (ONS, 2013)

The age of patients accessing hospital services is bias towards the older population, reflecting greater healthcare needs.

Dementia is projected to rise – one in six people aged over 80 years have dementia. (Alzheimer's Society)

Wigan Borough CCG (2019) report that patients with disabilities often report barriers to using health services: transport; distance; support; poor communication - all being reviewed within Wigan Borough Locality Plan.

Who We Serve

Health Inequalities

Levels of deprivation are significantly worse than the England average. Wigan has a registered population of over 320,000. Nearly 100,000 of these are part of the most deprived 20% in the country. (Wigan Borough CCG, 2018)

Life expectancy for both men and women is lower than the England average. Life expectancy is 11.1 years lower for men and 8.8 years lower for women in the most deprived areas of Wigan than in the least deprived areas. (PHE Local Authority Health Profile, 2019)

People from ethnic minority groups (especially Pakistani and Bangladeshi groups) are more likely than White British people to report limiting long-term illness and poor health. (The Kings fund, 2021). ONS Census data shows that the percentage of Pakistani and British Pakistani people living in Greater Manchester is 4.9% compared to 2.1% across England, and the percentage of Bangladeshi or British Bangladeshi people living in Greater Manchester is 1.3% compared to 0.8% across England. (Manchester City Council)

Our Workforce

88.5% of colleagues are of White ethnicity. This figure remains lower than the Wigan Borough figure of 97.3%.

57% of colleagues who have disclosed their religion and belief describe themselves as Christian compared to a Wigan Borough figure of 78%.

Workforce profile remains predominantly female at 81% whereas the local population is 50.3% female.

WRES (Workforce Race Equality Standard) The Trust's Black, Asian and Minority Ethnic (BAME) representation is currently 10% compared to 3% BAME for the Wigan Borough. A large percentage of BAME employees are within clinical colleague groups and in particular the Medical and Dental colleague group. Data highlights that BAME colleagues fared worse than White colleagues in areas of formal disciplinary procedures, bullying and harassment.

2.6% of the Trust's workforce declared having a disability. This figure remains lower than the Wigan borough figure of 21.5%.

Gender Pay Gap
The data highlights as of 31 March 2020 the Trust had a 31.46% mean average gender pay gap with females earning £6.86 an hour less than males. As at March 2020 the Trust had a 15.14% median hourly rate gender pay gap with females earning £2.35 an hour less than males.

75% of colleagues describe themselves as heterosexual.

WDES (Workforce Disability Equality Standard)Disability declaration rates within the trust are currently at 2.6%. Data highlights that disabled colleagues fared worse than non-disabled colleagues in areas of career progression and promotion, bullying and harassment and feeling their work is valued by the Trust.

Where We Are Now

Our Patients

Good Practice Examples

- Assistance Dogs Policy & Procedure
- A&E / OPD Tours for patients with learning disabilities
- Interpreter & Translation Services
- Hearing Loops
- Patient Engagement
- Multi-Faith Theatre Gowns / Services
- Adult Safeguarding Team
- Equality Impact Assessments
- On-Line Hospital Accessibility Checker
- Video & Telephone Appointments
- Schedule of Events
- Breastfeeding Rooms

Our People

Good Practice Examples

- FAME (Focus on all Minority Ethnic Groups) Colleague Network
- Equality Impact Assessments
- Shielding colleague forum and workshop
- Level 3 & 5 Inclusive Leadership Management Training Session
- LGBT Pride in Practice Training
- Portable Breastfeeding Fridges
- Schedule of Events
- COVID-19 Risk Assessments for colleagues
- Self-Care Resources
- Rainbow Badge Initiative

Covid Health Inequalities

COVID-19 has exposed some of the health and wider inequalities that continue in our society. It has become increasingly clear that COVID-19 has had a disproportionate impact on many who already face disadvantage and discrimination.

The impact of the virus has been particularly harmful on people living in areas of high deprivation, on people from Black, Asian and Minority Ethnic (BAME) communities, on older people, men, those with a learning disability and others with protected characteristics:

• COVID-19 vaccine hesitancy is around five times higher among Black or Black British adults compared with White adults. (ONS, 2021a).

• Mortality rates due to COVID-19 were significantly higher for men than women across all age groups. (ONS, 2021b).

• During the second wave South Asian ethnic groups, especially Pakistani and Bangladeshi groups, were at the greatest risk of death from COVID-19. (ONS, 2021b).

To respond to COVID-19 and begin to restore services, there is a need to increase the scale and pace of NHS action to tackle health inequalities to protect those at greatest risk.

Where We Want To Be and How We Will Get There

There are broadly three main aims in this EDI strategy, under which our Patient and People objectives lie. These are:

Increase diversity and accessibility:

Our Patients

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 impact of COVID-19 will mean that we will continue to look at alternative ways of engaging with colleagues, the public and partners where face to face appointments cannot take place or are not appropriate.

We know that the Wigan Borough has a growing elderly community and that the age of patients accessing hospital services is bias towards the older population, reflecting greater healthcare needs. We know that 21.5% of our local population are living with a disability and that disability is more likely to affect older adults over State Pension age. We know that patients with disabilities often report barriers to using health services and people with learning disabilities have higher levels of unmet need and receive unequal access to treatment.

We recognise that people in our community have different needs and qualities. Understanding the diversity and needs of our local population can help us to plan and deliver services better. To achieve this, we need to engage with our communities to better understand their needs based on their protected characteristics. We need to review our approach to service redesign, ensuring that inclusion and diversity are central to community engagement, consultation and decision making to ensure that the patient voice is heard. Engagement is extremely important to us. We recognise that the key to improving services is by working in partnership with patients and local stakeholders.

Our People

We know that we do not proportionately represent the diversity of our workforce in all areas and at all levels in the Trust. We aim to achieve a more diverse colleague mix at all levels, with an initial focus on leadership positions. We will use our people data to identify areas to target and will trial non-traditional recruitment and selection pathways that are more inclusive to those who we are least representative of in our workforce. We will eliminate all sources of bias in the recruitment and selection processes to enable our people to go as far as their talent takes them.

Where We Want To Be and How We Will Get There

Eliminate inequality

Our Patients

We are committed to tackling health inequalities and understand that some groups of people, including protected characteristic groups, experience different access, experience, and outcomes when they use NHS services which can lead to inequalities affecting different groups of patients, families, and carers.

Health inequalities remain a key challenge for Wigan Borough. We know that some groups of people within the community experience greater levels of inequality than others, for example due to age, ethnicity, gender, disability, sexual orientation, socio-economic status. Levels of deprivation in Wigan are significantly worse than the England average. People living in deprived areas on average have poorer health and shorter lives. We know that socially excluded groups (homeless people, gypsies and travellers, sex workers and migrant groups) who often need support and help to navigate the health system effectively access healthcare in ways which do not necessarily meet their needs – such as an over-reliance on A&E services.

The COVID-19 pandemic has further exposed and magnified the health and wider inequalities experienced by some in our society. Research shows that COVID-19 has had a disproportionate negative impact upon certain groups, including those living in the most deprived neighbourhoods, people from minority ethnic communities, older people, men, and those who are obese and who have other long-term health conditions. NHS England has set out recommended guidelines and actions to increase the scale of progress of reducing health inequalities. Along with these guidelines and actions, we will continue to work with our partners and local communities to ensure that health inequalities are considered, tackled, and monitored during the COVID-19 recovery phase and beyond.

Our aim is for every patient to receive the same high quality of care, regardless of where they live, what health condition they are experiencing, or any other personal characteristic that may affect their experience of accessing health care services. We want to identify where there are health inequalities in our services and have systems in place to tackle these in an open and transparent way. We want to ensure inequalities are flagged and transformed into improvement measures. To achieve this, we will build on and improve established links with community and third sector services. Through engagement, we will consider the way in which socially excluded groups access and use healthcare. We will promote and raise awareness of access to appropriate health services. We will ensure Equality Impact Assessments are completed for all services and provide evidence that these have informed decision making.

Undertaking Equality Impact Assessments (EIAs) helps us to understand how our policies, procedures and functions may affect different groups of people. We use EIAs to help us identify what we need to do better to meet people's needs. EIAs help us to think about how what we do may impact on all members of the community and provide us with an opportunity to consider how we can further promote inclusion and diversity in everything we do. The culture of EIAs will be pursued to provide assurance that the Trust has carefully considered any potential negative outcomes.

Our People

WWL, as with most employers, has a gender pay gap that it must start to tackle specifically. Recognising that reducing our gender pay gap to zero is something to be worked on in a long-term plan, we still seek to reduce the gap each year. WWL also seeks to reduce our Black, Asian, and Minority Ethnic (BAME) and disability pay gaps. Our first steps will be to identify contributing factors to our pay gaps before putting in place positive action for the affected groups. The positive action will be evidence-based to ensure its effectiveness.

Eliminating inequality can only be achieved if we know about the lived experience of our people. Amplifying the voices of our colleagues using colleague diversity networks will be key to us working on the issues that matter most to our people. Only then will we hear about issues of bullying, harassment, discrimination and/or violence that need to be addressed at our Trust.

WWL provides its employees with many opportunities for personal and professional development. However, we want to be sure that the opportunities are taken up by a diverse range of colleagues. We will improve the attractiveness, relevancy, and accessibility of our wellbeing, learning and development and engagement initiatives to all colleagues.

Where We Want To Be and How We Will Get There

Improve experience for protected groups

Our Patients

The involvement of patients, their families and others with lived experience in the planning and development of healthcare 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.

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 will continue to improve patient and colleague experience by using methodologies such as Experience Based Design (EBD). The EBD approach is a method of designing better experiences for patients, carers, and colleagues. The approach enables healthcare providers to understand the experience of healthcare from the patients, carers, and colleague's perspective. It is through these stories that we can begin to understand not just the care journey, but the emotional journey people experience when they come into contact with a particular pathway or service. Once we can understand this, we can improve care in ways that matter most to people who use it and the people who deliver it.

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 colleagues 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, considering the barriers that may be created due to language or impairment.

Our People

WWL is proud of the diversity of its people, we recognise that diversity positively influences performance because team members' contributions are unique based on their lived experiences. Therefore, teams who embrace the diversity within themselves are the happiest, and most effective.

Over the recent past, WWL has employed many colleagues from overseas and the cultural integration of these colleagues into our Trust is a priority. But aside from ethnicity, we recognise that all our differences are to be celebrated. We want our people to feel like one big work family and this EDI strategy aims for that goal by setting inclusive teamworking as a main lever.

Improving the experience for protected groups will improve the working experience for all our colleagues and will create a more successful, stable workforce that delivers fantastic patient care.

Where We Want To Be and How We Will Get There

Moving Words into Action

We aim to become actively inclusive as a Trust. This involves being intentional about our actions for change and continually reviewing our progress. The table below demonstrates how we will achieve the objectives set out in our strategy. Each year, WWL produces an action plan, within which the yearly priorities are identified. Each year will build on the last but will always be aligned to the objectives and be based around the five principles of:

Prioritise:

Our organisation is committed that equality, diversity, and inclusion matter. Our executive leaders will have EDI objectives in their PDPs that they will be proud to talk about, and each of our colleague diversity networks will have an active executive champion. Like all prioritised tasks, EDI will be given the time and resources to become the golden thread that ties all our people and patient services together.

Understand:

WWL will be intentional about understanding the experience of those from protected groups. This involves collecting and analysing data, but also involves listening and learning from lived experience. WWL recognises how important it is to hear from more than one perspective. Therefore, leaders will actively seek to hear from a diverse range of voices and to limit the weathering effect sharing lived experiences can have if the same individuals are always asked to speak. Representatives from each of our colleague diversity networks will have an opportunity to present to the board at least annually, to share their lived experience. As well as hearing the lived experiences of colleagues, we will undertake meaningful patient and public engagement to involve, collaborate and coproduce improvements to quality, ensuring that patients have assurance that their voices have been heard and used to inform the provision and development of healthcare services through patient informed design.

Grow:

Senior leaders will role model inclusion and communicate their desire for diversity at all levels. Our talent pipelines will be unblocked to allow our people to go as far as their talents take them. Middle leaders will have a PDP goal agreed around EDI. Positive action/stretch projects will be available to give people from protected groups the experience and exposure to support with career progression. Senior leaders will work in partnership with our local partners and communities to ensure health inequalities are considered, tackled, and monitored.

Act:

Assurance frameworks will not be used as tick box exercises. Instead, they will be used to prioritise, leverage, and monitor real change. We will also act in partnership with other organisations to enable change to occur at the highest levels. Colleagues will build knowledge and capacity to complete high quality action focused equality impact assessments.

Review:

Leaders at all levels will take a responsibility to understand how their area is performing in relation to key EDI targets and EDI performance will be fed back regularly according to the governing structure outlined in Section 8 of this Strategy document.

Our Patients		
Aims	**Objectives**	**How we will achieve our objectives**
Increase diversity and accessibility	• Understand and improve the experience of patients across all protected characteristics. Ensure our services meet their needs. • Implement an infrastructure for service equality monitoring and roll out accordingly. • Identify variations in access, safety and experience of our services and develop plans to address these. • Meet the information and communication needs of patients, their families and carers with a disability, impairment, or sensory loss by completing the implementation of the Accessible Information Standard	• We will engage with our local community and organisations representing protected groups to understand their experiences of patient services and use this feedback to influence and improve accessibility. • We will work with colleagues, patients, families, and communities to improve the way we collect and use data. • We will ensure all policies, guidelines, business cases, services and tenders will be equality impact assessed across all protected characteristics. • We will embed the Accessible Information Standard (AIS) into all procedures and systems ensuring colleagues understand their roles and responsibilities in delivering the AIS.
Eliminate inequality	• Identify inequalities in our service delivery and develop targeted initiatives to improve them.	• We will build knowledge and capacity to complete high quality action focused equality impact assessments. • We will work in partnership with our local partners and communities to ensure health inequalities are considered, tackled, and monitored during the COVID-19 recovery phase and beyond. • We will further integrate our physical, mental health and learning disability services by working closely with partners to improve experience and outcomes.
Improve experience for protected groups	• Develop a culture where patient experience considerations are at the heart of any key service change or development, embedding the philosophy of 'nothing about me, without me'. • 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 will undertake meaningful patient and public engagement to involve, collaborate and coproduce improvements to quality with our services users, patients, and communities. • We will continuously seek to better patient experience – from our patient experience design projects to our review of FFT scores, complaints, and other patient experience measures. • We will listen to our patients; ensuring we hear from voices representative of our diverse patient populations – including seldom heard groups, using a variety of proactive methods. We will have in place an engagement plan for engaging with diverse patients, their families, and carers. • 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.

Our People		
Aims	**Objectives**	**How we will achieve our objectives**
Increase diversity and accessibility	• Pursue inclusive recruitment and selection processes.	• We will be data driven to identify inequities in the workforce, such as 'glass ceilings. • We will use data to identify if any stages of our recruitment process produce a set of successful candidates who are not representative of the initial applicants and will address these inequities. • We will use Race Equality Code standards to improve race inequality in the boardroom and senior leadership team. • We will maintain our Disability Confident Employer status. • We will explore less-traditional recruitment practices to enable us to attract and appoint candidates from a diverse range of backgrounds. • We will ensure that secondment opportunities are appointed fairly.

Eliminate inequality	• Address our pay gaps
	• Amplify diverse voices
	• Eliminate inequality in employment/ HR processes
	• Reduce bullying, harassment, discrimination, and violence (BHDV)
	• Widen participation in personal and professional development.
		• We will identify contributing factors to our gender, ethnicity and disability pay gaps and provide positive action for groups who are experiencing a pay gap, e.g., coaching, mentoring, role model profiles and talent development programmes.
		• We will develop our existing and create new strong colleague networks for diversity groups. Each network will have an executive sponsor and will be made up of members and allies. Networks will have 4 functions:
		   1. To exist as a safe space for those who share the protected characteristic to network with each other.
		   2. To be consulted via different mechanisms on key decisions in the Trust that affect our people or our service users.
		   3. To use their lived experience to improve our inclusive culture.
		   4. To work on projects that improve the working culture for those who share the protected characteristic that they represent.
		• We will investigate whether we are hearing from colleagues from all backgrounds when we go out with surveys and if not, we will explore ways to improve this.
		• We will ensure that flexible/agile working policies are clear and that managers have confidence to use them well for the benefit of their colleagues and their service. We will monitor flexible working requests and the outcomes of these.
		• We will review our HR policies to ensure they are inclusive. This will be underpinned by quality Equality Impact Assessments that are reviewed by diversity networks.
		• We will monitor PDR compliance data and ensure compliance is consistent across colleague groups.
		• We will collect feedback about PDR experience and take associated actions to improve this.
		• We will work to identify themes and hotspots for colleague-on-colleague and patient-on-colleague BHDV and promote a transparent escalation pathway that our people feel empowered to use if they witness or face BHDV. This will be built on our WWL behaviour framework and underpinned by a robust EDI awareness programme.
		• We will improve attraction, accessibility, and experience for all protected groups for learning and development opportunities, engagement events, wellbeing opportunities and our communication methods.
		• We will explore positive action for development such as reciprocal mentoring and redefining our interview panel makeup.

Improve experience for protected groups	• Foster inclusive teams	• We will expect and support leaders at all levels to demonstrate their commitment to tackling workplace inequalities. • We will identify and deliver against training needs for our people on health and workplace inequalities that exist for people from protected groups. • We will explore how to foster inclusive teams now that some team members may be working remotely more often. • We will celebrate the diversity of our colleagues who we have employed from overseas and seek opportunities to support them and their teams to achieve cultural integration. • We will use the phase 2 Rainbow Badges awards scheme to assess our LGBTQIA+ inequities and to provide an action plan to tackle these. • We will encourage colleagues at all levels to adopt an actively inclusive approach to EDI: promoting a learning culture where all colleagues are allies to each other. An example of this is anti-racism (it is not enough to be 'not racist', we must all take action to eliminate racism that exists within structures, and the same goes for other protected characteristics).

Governance Structure

Historically, EDI has reported through the Trust's People Committee to Trust Board. We will increase the awareness and strategic importance of EDI by reporting assurance of progress against the EDI strategy through both the Quality and Safety Committee and People Committee, with each paying particular attention to the relevant components.

The governance structure is shown below.

References

Alzheimer's Society, Facts for the Media
https://www.alzheimers.org.uk/about-us/news-and-media/facts-media

Census, Data for Wigan, 2011
https://www.ukcensusdata.com/wigan-e08000010#sthash.hWM2Ojvs.bUacS22y.dpbs

LeDeR, Annual Report 2020:
https://leder.nhs.uk/images/annual_reports/LeDeR-bristol-annual-report-2020.pdf

Manchester City Council, ONS Data
https://www.manchester.gov.uk/download/downloads/id/25531/q05b_2011_census_summary_-_ethnic_group.pdf

ONS, Future of an Ageing Population statistics by area 2013
https://www.ons.gov.uk/visualisations/nesscontent/dvc325/small%20multiple%20maps/wrapper.html

ONS, Population profiles for local authorities in England 2020
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/populationprofilesforlocalauthoritiesinengland/2020-12-14

ONS, Coronavirus (COVID-19) latest insights: Vaccines 2021 a
Coronavirus (COVID-19) latest insights - Office for National Statistics (ons.gov.uk)

ONS, Coronavirus (COVID-19) latest insights: Deaths 2021 b
Coronavirus (COVID-19) latest insights - Office for National Statistics (ons.gov.uk)

Public Health England (PHE), Wigan Local Authority Health Profile 2019
https://fingertips.phe.org.uk/static-reports/health-profiles/2019/E08000010.html?area-name=Wigan

RNIB, Data Tool, 2021
https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics/sight-loss-data-tool

RNID, Projected prevalence of hearing loss for each local authority in England, 2020a
2019 projected prevalence of hearing loss for each local authority in England

RNID, Hearing Matters, 2020b
https://rnid.org.uk/about-us/research-and-policy/social-research-reports/hearing-matters/

The Kings Fund, The health of people from ethnic minority groups in England, 2021
https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england

Wigan CCG, Healthier Wigan Annual Report, 2018
https://healthierwigan.nhs.uk/wp-content/uploads/2019/11/cgc-final-psed-annual-report-2018.pdf

Wigan CCG, Healthier Wigan Annual Report, 2019
https://healthierwigan.nhs.uk/wp-content/uploads/2019/11/annual-psed-report-2019.pdf

Glossary of Key Terms

A

Access
Access refers to the mechanisms by which people with a range of needs (such as disabled people, people with children, people whose first language is not English) find out about and use services and information.

Act
A law or piece of legislation passed by both Houses of Parliament and agreed to by the Crown, which then becomes part of statutory law (i.e. is enacted).

Action Plan
A practical and realistic plan, with an agreed timetable and targets, showing how an employer is planning to achieve the aims of their Equality Strategy.

Age
This refers to a person belonging to a particular age group, which can mean people of the same age (e.g. 32 year-olds) or range of ages (e.g. 18 - 30 year-olds, or people over 50).

Asexual
A person who does not experience sexual attraction. Some asexual people experience romantic attraction, while others do not. Asexual people who experience romantic attraction might also use terms such as gay, bi, lesbian, straight and queer in conjunction with asexual to describe the direction of their romantic attraction.

B

Bisexual
Bi or bisexual is an umbrella term used to describe a romantic and/or sexual orientation towards more than one gender.

Black and Minority Ethnic (BME) Groups
A national definition used to describe a group of people who differ in race or colour or in national, religious, or cultural origin from the dominant group, often the majority population of the country in which they live.

C

Carers
People who look after a relative or friend who need support because of age, physical or learning disability or illness, including mental illness. There are nearly 5.7 million carers in Great Britain. Carer does not mean care worker or care staff of any kind, who are paid to provide care as part of a contract of employment. Parent Carer - by parent carer we mean a parent of a disabled child. Parents will often see themselves as parents rather than carers, but their child will have additional care needs and may be entitled to additional services. Young Carers - this means carers who are under the age of 18. The person receiving care is often a parent but can be a brother or sister, grandparent or other relative who needs support. There are estimated to be between 20 and 50,000 plus young carers in the UK.

Care Quality Commission (CQC)
The CQC regulates all health and adult social care services in England, including those provided by the NHS, local authorities, private companies, or voluntary organisations. The CQC makes sure that essential standards of quality and safety are being met where care is provided, from hospitals to private care homes. It has a wide range of enforcement powers to act on behalf of people who use services if services are unacceptably poor.

Consultation
Asking for views on policies or services from staff, colleagues, service-users, or the public. Different circumstances call for different types of consultation. For example, consultation can include public meetings, focus groups, surveys, questionnaires, and meeting with experts.

D

Direct Discrimination
Less favourable treatment of a person compared with another person because of a protected characteristic.

Disability
A person has a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Discrimination
This term is used here in the sense of unfair discrimination i.e., using information, which is unfair, or irrelevant to influence a decision on the way someone is treated.

Diversity
The differences in the values, attitudes, cultural perspective, beliefs, ethnic background, gender identity, sexuality, skills, knowledge, and life experiences of each individual in any group of people. This term refers to differences between people and is used to highlight individual need. It can be used inappropriately as an alternative to equal opportunities. It avoids reference to discrimination and the equality impact that power imbalances have on different communities.

E

EDI
Equality, Diversity, and Inclusion

Equality Impact Assessments
This mechanism/assessment supports staff to analyse how a policy / service impacts on various groups of people within the community. To ensure there is no discrimination against patients / staff and service users.

Equal Opportunities
The development of practices that promote the possibility of fair and equal chances for all to develop their full potential in all aspects of life and the removal of barriers of discrimination and oppression experienced by certain groups.

Equality Groups (now legally referred to as Protected Characteristics)
These are the nine commonly used classifications (protected characteristics) for examining equality and diversity issues:
• Age
• Disability
• Gender
• Race
• Religion or belief
• Sexual Orientation
• Marriage & Civil Partnership
• Pregnancy and Maternity
• Gender Reassignment

Equity
This term is defined as the quality of being fair or impartial or something that is fair and just. This may mean not treating everybody in the same way, because their needs may differ.

Ethnicity
An individual's identification with a group sharing any or all of the following: nationality, lifestyles, religion, customs, and language.

Experience

The way a person feels about using a service, product, system etc. User experience highlights the experiential, affective, meaningful, and valuable aspects of human interaction and product ownership, but it also includes a person's perceptions of the practical aspects such as utility, ease of use and efficiency of the system. User experience is subjective in nature because it is about an individual's feelings.

G

Gay

Refers to a man who has a romantic and/or sexual orientation towards men. Also, a generic term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian. Some non-binary people may also identify with this term.

Gender

Often expressed in terms of masculinity and femininity, gender is largely culturally determined and is assumed from the sex assigned at birth.

Gender Reassignment

The process of changing or transitioning from one gender to another.

Glass Ceiling

A term to describe an unseen barrier that prevents a particular demographic from progressing within their careers.

H

Harassment

Unwanted behaviour that has the purpose or effect of violating a person's dignity or creates a degrading, humiliating, hostile, intimidating or offensive environment. Sexual Harassment is any conduct of a sexual nature that is unwanted by the recipient, including verbal, non-verbal and physical behaviours, and which violates the victim's dignity or creates an intimidating, hostile, degrading or offensive environment for them.

Health Inequalities

The differences between people or groups due to social, geographical, biological, or other factors. These differences can have a huge impact, as they can result in people who are worst off experiencing poorer health and shorter lives.

Heterosexual

This term refers to a person who is sexually and/or emotionally attracted to people of the opposite sex.

Homosexual

This might be considered a more medical term used to describe someone who has a romantic and/or sexual orientation towards someone of the same gender. The term 'gay' is now more generally used.

I

Impairment

A functional limitation which may lead to a person being defined as disabled according to the definition under the Act. See disability.

Inclusion

An inclusive environment is one where everyone feels welcome, valued and a sense of belonging.

Inclusive Leadership

As an inclusive leader, a person must adopt - and live - a set of values, which places human relationships centre stage, and which defines the purpose of their enterprise in other than purely financial or commercial terms. Equality Leaders and Champions are supported and developed within the workforce to mainstream equality into every part of the business.

Indirect Discrimination

The use of an apparently neutral practice, provision or criterion which puts people with a particular protected characteristic at a disadvantage compared with others who do not share that characteristic, and applying the practice, provision or criterion cannot be objectively justified.

Inequalities

Lack of equality regarding opportunity, treatment, or status. See Health Inequalities.

Intersex

A term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female. Intersex people may identify as male, female, or non-binary.

L

Legislation

A law or set of laws passed by Parliament.

Lesbian

Refers to a woman who has a romantic and/or sexual orientation towards women. Some non-binary people may also identify with this term.

LGBTQIA+

The acronym stands for Lesbian, Gay, Bisexual, Trans, Queer or Questioning, Intersex, Asexual.

M

Marriage and Civil Partnership

The legally or formally recognised union of two people as partners in a personal relationship.

Maternity

See pregnancy and maternity.

Mentoring

Mentoring is a form of human development, where one person invests time, energy, and personal know-how to assist another person to grow and to fulfil their true potential, and to increase their capacity for learning.

Monitoring

A process that involves collecting, storing, analysing, and evaluating information, to measure performance, progress, or change. Monitoring racial equality involves collecting, storing, analysing, and evaluating information about the equality target groups to which people say they belong.

O

Objective

The desired or needed result to be achieved by a specific time. An objective is broader than a goal, and one objective can be broken down into several specific actions.

Outcome

The result of the implementation of a set of goals / plan / actions etc. See Health Outcome.

P

Partnerships

There are many different types of partnerships, and many different reasons that you might want to develop them. Some partners will help you generate ideas or develop content; others will help you to design your engagement activity; some will be able to share their skills and knowledge to ensure your activity is a success and others may be prepared to put resources into the activity.

Policies

Policies are the sets of principles or criteria that define the different ways in which an organisation carries out its role or functions and meets its duties. Policies also include formal and informal decisions made during their implementation. All proposed and current activities which the Authority carries out.

Positive Action

Refers to a range of lawful actions that seek to overcome or minimise disadvantages (e.g. in employment opportunities) that people who share a protected characteristic have experienced, or to meet their different needs.

Pregnancy and Maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating someone unfavourably because they are breastfeeding/chestfeeding.

Procurement

The contractual or other arrangements that a public authority makes to obtain goods, works or services from an outside organisation.

Protected Characteristics

These are the grounds upon which discrimination is unlawful. The characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

Public Sector Equality Duty (PSED)

The duty on a public authority when carrying out its functions to have due regard to the need to eliminate unlawful discrimination and harassment, foster good relations and advance equality of opportunity.

Q

Queer

Queer is a term used by those wanting to reject specific labels of romantic orientation, sexual orientation and/or gender identity. It can also be a way of rejecting the perceived norms of the LGBT community (racism, sizeism, ableism etc). Although some LGBT people view the word as a slur, it was reclaimed in the late 80s by the queer community who have embraced it.

Questioning

The process of exploring your own sexual orientation and/or gender identity.

R

Race

Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, nationality (including citizenship) ethnic or national origins.

Religion or Belief

Religion has the meaning usually given to it, but belief includes religious and philosophical beliefs including lack of belief (e.g. atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Resources

The term is used here to refer to money, time, people, buildings, and equipment used in the provision of services.

S

Service User

This term is used here to refer to patients, staff, carers, relatives, etc.

Sex

Assigned to a person based on primary sex characteristics (genitalia) and reproductive functions. Sometimes the terms 'sex' and 'gender' are interchanged to mean 'male' or 'female'.

Sexual Orientation

A person's sexual attraction to other people, or lack thereof. Along with romantic orientation, this forms a person's orientation identity.

Stakeholder

A stakeholder is a party that has an interest in an organisation and can either affect or be affected by the organisation.

T

Training

A wide range of career development opportunities, which could include informal in-house training as well as more formal courses.

Trans

Refers to a person who has the protected characteristic of gender reassignment. This may be a woman who has transitioned or is transitioning to be a man, or a man who has transitioned or is transitioning to be a woman. The law does not require a person to undergo a medical procedure to be recognised as a transsexual.

Translation

The act or process of changing the written word (text) from one language to another, or in other formats, such as audio, large print, and braille. This is distinct from Interpretation, which is defined above.

U

Unconscious Bias

A term that describes the associations a person holds, subconsciously outside of their awareness.

Unlawful

Not permitted by law (as distinct from illegal which means 'forbidden by law'). On occasions, unlawful and illegal may be synonymous, but unlawful is more correctly applied in relation to civil (as opposed to criminal) wrongs.

V

Victimisation

Victimisation is defined by the Equality Act as: Treating someone badly because you believe they are making a claim or complaint of discrimination, or they are helping someone else to make a claim or complaint.