

Have your say on our Inclusion &
Diversity Strategy 2016-2020

Consultation Report
July 2016

Introduction:

In May / June 2016, a 4 week consultation on our draft Inclusion and Diversity Strategy and Equality Objectives for 2016-2020 was undertaken.

Local stakeholders, including, public, patients, staff, hospital governors, local community groups and other organisations were encouraged to express their views on our vision and values and our key priorities for inclusion and diversity for the next four years.

This report provides a summary of the feedback received. A Trust response in relation to some of the feedback given is included.

Method:

A 4 week Consultation was undertaken during 16th May to 13th June 2016. Respondents were encouraged to give feedback via the following methods:

- Visit Trust Website and complete on-line feedback form
- Postal survey and feedback form
- Telephone
- E-mail
- In writing

A summary of the individuals / organisations we consulted with during the 4 week consultation period is listed below:

Target Audience	Consultation Method
Members of the Public / Service Users	On-Line Survey Article feature on Trust Website
Trust Staff	News Brief / Trust Induction Article feature on Trust Website On-Line Survey
Hospital Governors	Postal Survey
Inclusion & Diversity Champions	Agenda Item at I&D Champion Meeting / E-mail
Inclusion & Diversity Operational Group	Agenda Item at I&D Operational Group Meeting / E-mail
Equality & Diversity Collaborative Group <ul style="list-style-type: none"> • Healthwatch • Wigan Borough Clinical Commissioning Group • Bridgewater Community Healthcare NHS Foundation Trust • Wigan Council • Greater Manchester Police 	E-mail / Postal Survey circulated to all organisation leads
Wigan Access Group	E-mail / Postal Survey
BYOU & BYOU+	Copies distributed at official launch of Wigan PRIDE 2016 on 16 th May 2006. E-mail / Postal Survey
Age UK	E-mail / Postal Survey
Visionaries	
Leigh Deaf Club	
Support for Wigan Arrivals Project (SWAP)	
Embrace	

Acknowledgments

Wrightington, Wigan and Leigh NHS Foundation Trust would like to thank all the respondents who chose to take part in the survey.

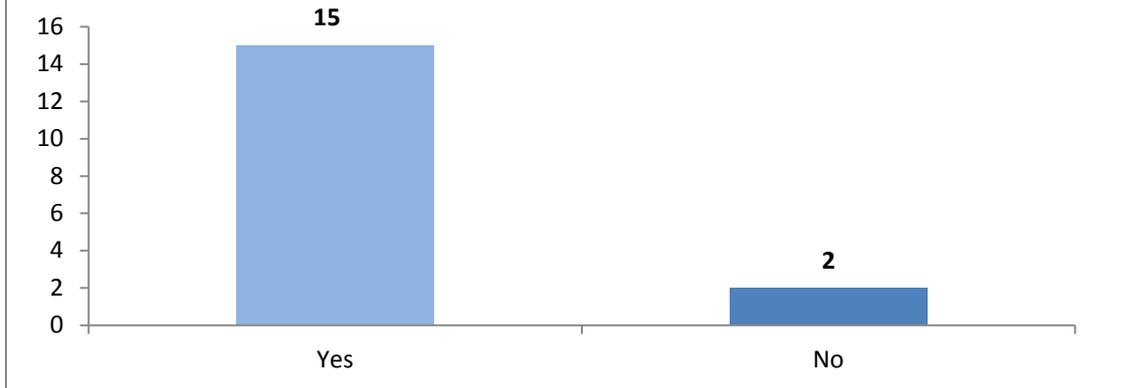
Results

The results on the following pages show the responses given to the survey.

17 respondents provided feedback:

Feedback from:	No. of Respondents
Staff	6
Hospital Governor	5
Public Sector Organisation	1
Service User / Member of the Community	4
BYOU / BYOU+ Representative (on behalf of Groups)	1
Total	17

Q1. Is our draft Inclusion & Diversity Strategy easy for you to read and understand?



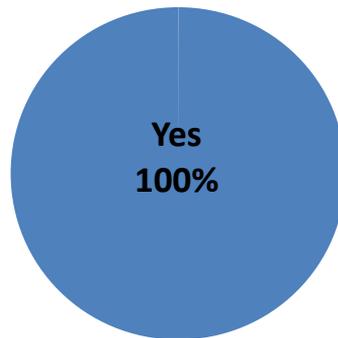
88% of our respondents said that they thought that our strategy was easy to read and understand.

12% of our respondents disagreed with this question.

Comments

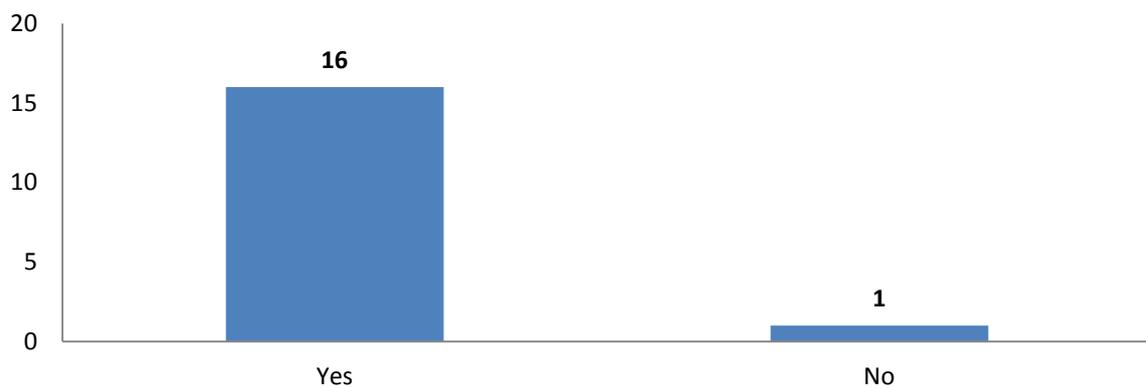
"Congratulations on what seems to me to be a very comprehensive document. I found the Glossary very helpful"
"Really positive strategy"
"A very comprehensive document. Congratulations. Found glossary particularly useful".
"The document is well structured and comprehensive. Easy to read & understand".
"Reference to action plan needed".
"If this document is for corporate issue only then it is fine, but for a document to be issued out to staff and the public or to go on the internet for public access it is in my opinion too long. There should be an abridged edition available for use of staff providing information on HOW, WHY, WHERE and WHEN with a link to the full version on the internet should the individual want to read it. The average person will not spend the time to read digest and interpret the information provided".
"English is poor. Sentences without verbs, poor use of punctuation and at least wrong wording in two places".
"Could be clearer, not everyone would be able to understand terminology".
"Yes, but very long. A brief synopsis could help to include more members".

Q2. Do you agree with our approach to Inclusion & Diversity?



100% of our respondents agreed with our approach to inclusion and diversity.

Q3. Do you think the areas covered in our strategy (where we want to be / equality objectives) are the ones we should be focusing on for the next 4 years?



94% of our respondents agreed that the areas covered within the strategy were the ones we should be focusing on for the next 4 years.

6% (1 respondent) provided the following comments:

Comments

“Some issues regarding quality of research underpinning strategy. How were these areas prioritised? Underpinning research not local but extrapolated from national research”.

“There is a formal definition of disability in that people are ‘registered’. This distinction is important for various reasons, but not made in this document.

Q4. Is there anything else you think we could do to improve access to services or patient care with regard to inclusion and diversity?

Comments

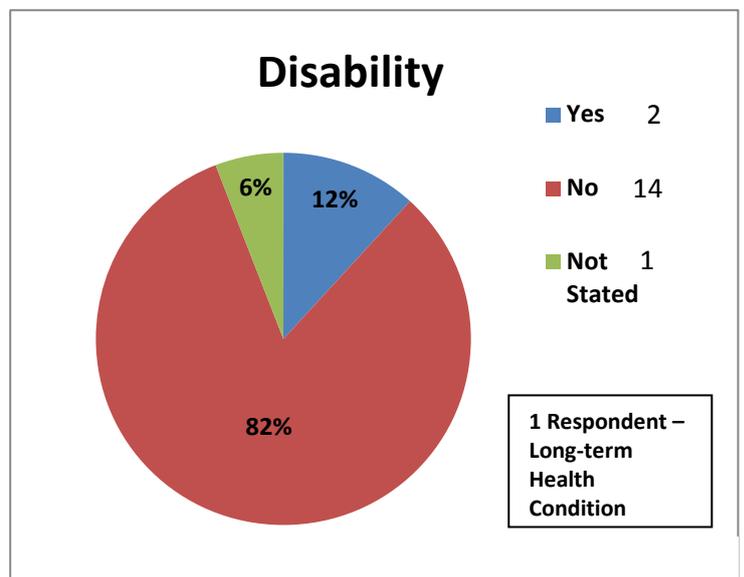
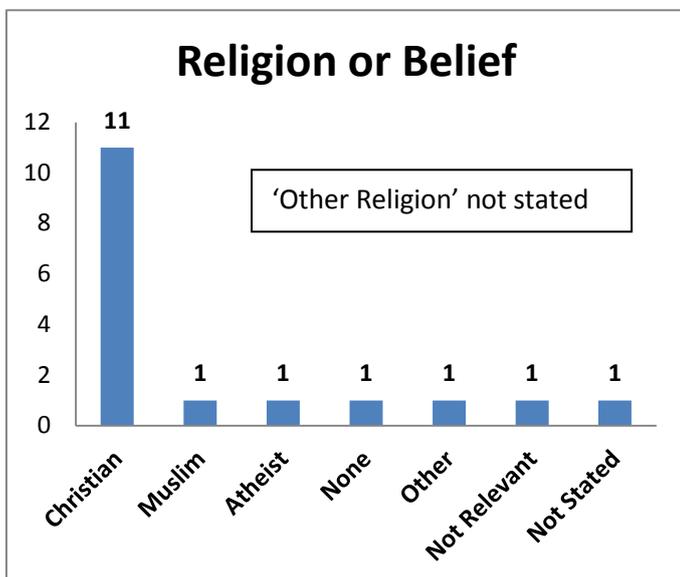
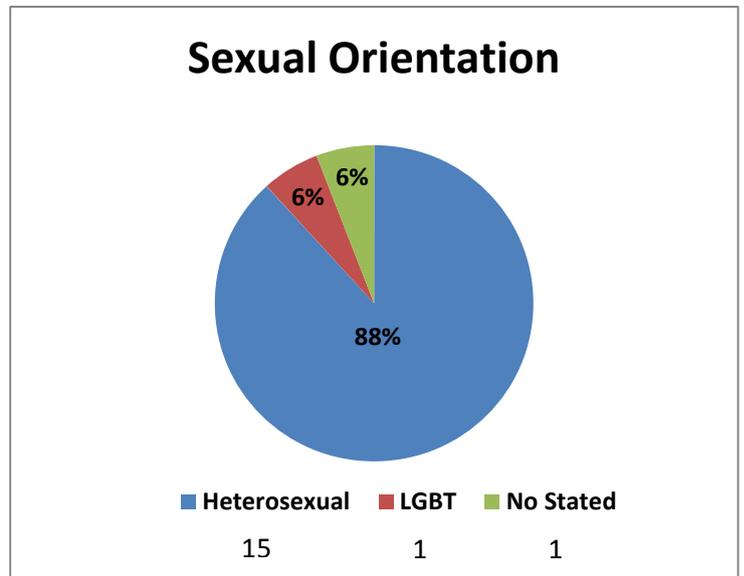
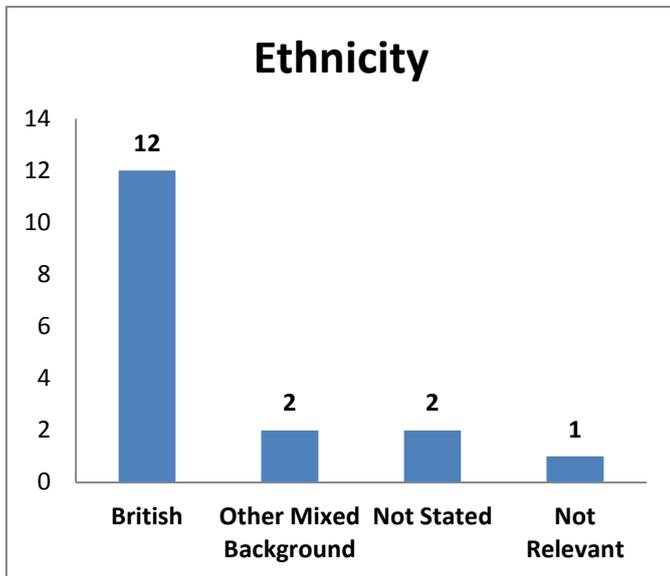
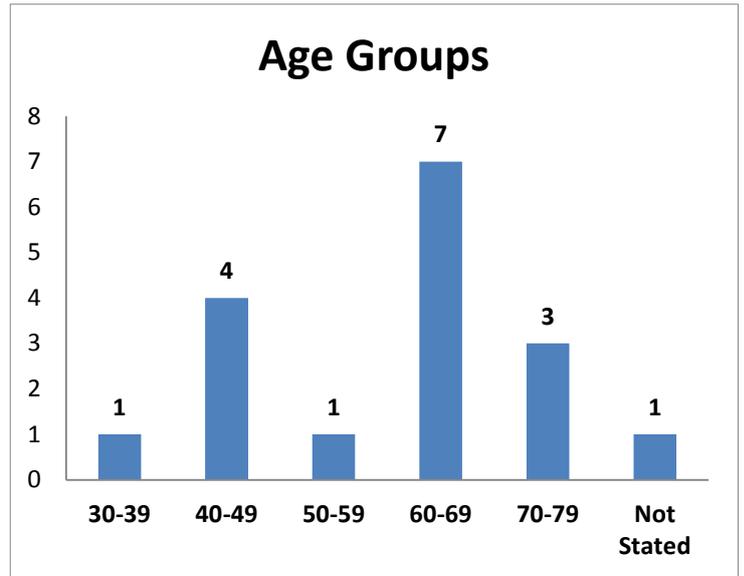
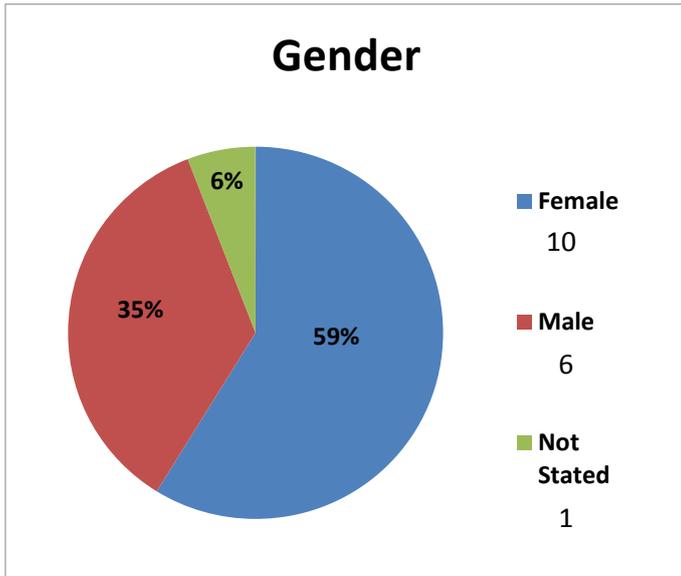
<p>“To continue to listen to staff and the public and to learn from our experiences”.</p>
<p>“Maybe more information in the community in relevant languages to encourage more uptake, and appropriate use of services and how to access them for BME and refugee/asylum seekers”</p>
<p>“Guidance around admission of patients who are transgender and in transition as to where they should be nurses and priority for side room highlighted with bed”.</p>
<p>“The communication of results to staff, patients & the public is not clearly determined and would be useful”.</p>
<p>“Clearer timetable of events/actions aimed at improving services & communication. Better links with governors who represent local users. PPG Links - establish contact with patient participation groups based at GP Surgeries. Governors have already begun this process and established links”.</p>
<p>“Under EDS2 Goal 2, the vision of the use of first or surname when talking to patients should be addressed. Many older people dislike the informality of using their first name and people introducing themselves by this”.</p>
<p>“Ensure that limited ability to use of modern electronic technology does not result in negative discrimination”.</p>
<p>“Would like to see more communication & quicker discharge from hospital and engagement with patients on discharge”.</p>
<p>“Promoting equality and diversity within our supply chain to embed equality and diversity practices”.</p>

Q5. Is there anything else you think we could do to promote equality of opportunity in the workplace with regard to inclusion and diversity?

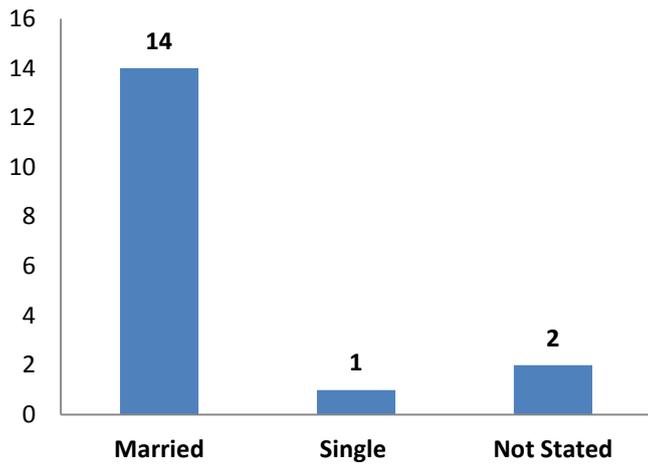
Comments

<p>“To continue to listen to staff and the public and to learn from our experiences”.</p>
<p>“Yes try to remove reference to BME or any other group(s) in the work place or society, we are ALL individual and equal, no matter from which background or group we have been pigeon holed into. By the use of these categories I feel we are slowing down the inclusion and diversity of the populous”.</p>
<p>“Actively look at equality of local interview panels to ensure if possible that they are as diverse as possible - this may reduce bias at interview”.</p>
<p>“One possible way to reduce discrimination in recruitment is ‘blind recruitment’ where names etc. are not provided”.</p>
<p>“Ensure that limited ability to use of modern electronic technology does not result in negative discrimination”.</p>
<p>“Disability profile could be higher”.</p>
<p>“I think WWL does strive to promote equality of opportunity, but although I have not been personally affected, I work with all levels within the organisation and I have noticed that staff are able to influence getting jobs for relatives and friends, and I do strongly feel that candidates should be treated and have their applications considered fairly and equally. I realise that this is something that is already embedded within the organisational culture and will take time to change, but I do feel it needs to be addressed”.</p>
<p>“I am very pleased with the objectives that have been outlined. I think they are some of the key areas that need improving. On a personal level, I am pleased to see that WWL is looking to support managers who manage staff from equality groups. I have a fluctuating and unpredictable health condition. I have spent the past few months feeling stressed because I'm worried about my condition flaring up and being off sick if I can't manage to get in. I find this much more stressful than managing my condition itself. I personally just want to come to work and enjoy it, and not be stressed over something I have no control over. Having said this, I am pleased that Occupational Health and Human Resources have invited the Disability Focus Group members to a meeting to discuss how they can develop individualised support reviews. I think this is a positive and proactive step forward. Hopefully, this issue will be addressed and resolved with the new Attendance Management Policy.”</p>
<p>“Noble effort, but some areas need improvement. No mention of paternity leave - this aspect should be included in the definition of maternity leave.</p>

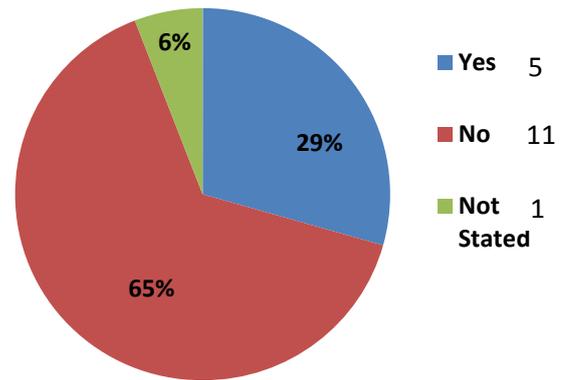
Equality Monitoring Data Analysis - Respondents



Marital Status



Providing Carer Support



Maternity & Pregnancy

No respondents were an expectant mother or on maternity leave.

Summary:

Overall, all respondents agreed with the Trust's approach to implementing inclusion and diversity within the Trust. Although some comments were centred around the 'length' of the strategy document and the level of detail included, the majority of respondents agreed with our focus and key priorities for the next four years.

Monitoring and review of our strategy will be through the delivery and implementation of our Annual EDS2 Action Plan. Our Annual EDS Action Plan for 2016/17 was approved by the Inclusion and Diversity Steering Group on 14th June 2016 and will be included as an appendix within our strategy document.

Feedback:

We are grateful for all the comments we have received. All feedback has been reviewed and where relevant, has been included / updated within the final version of our Inclusion and Diversity Strategy.

See Appendix 1 for a summary of our responses in relation to the feedback given.

SUMMARY OF KEY FEEDBACK	TRUST RESPONSE
Copy of EDS Action Plan to be embedded within strategy document.	Monitoring and review of our strategy will be through the delivery and implementation of our Annual EDS2 Action Plan. Our Annual EDS Action Plan for 2016/17 was approved by the Inclusion and Diversity Steering Group on 14 th June 2016 and will be included as an appendix within our strategy document.
Document too detailed. Summary document required. Grammar to be reviewed.	<p>All feedback received about the document length, grammar etc. has been reviewed and incorporated within the final strategy document.</p> <p>A separate 'Strategy on a Page' has been produced to provide a one page summary of our vision, key priorities and outcomes.</p>
Underpinning research not local but extrapolated from national research.	<p>In order to set our equality objectives for 2016-2020, we reviewed local and national data, patient feedback, complaints analysis and patient and staff survey results.</p> <p>In determining our service equality objectives we identified aspects of service delivery that present a local challenge.</p> <p>In determining our employment related equality objectives we focussed on the outcomes of the staff survey in respect of inclusion and diversity and developed objectives that aim to improve the experience of those from protected groups.</p>
Formal definition of disability not defined within document (in that people have to be 'registered').	<p>To be protected under the Equality Act, you must meet the legal definition. Disability is defined as: 'a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities'. You do not need to be registered as disabled.</p> <p>The definition is designed to be as broad as possible and there are a wide variety of conditions and impairments that will be covered.</p> <p>There is no need for you to have a medically diagnosed cause for your impairment; what matters is the effect of the impairment on you.</p>

<p>To continue to listen to staff and the public and learn from our experiences. Better communication of results to patients, staff and the public.</p>	<p>We recognise that the key to measuring the success of our actions is to ensure that stakeholders, including service users, patients, carers, staff, Foundation Trust members and the public have opportunities to share their experience with us, and that we use these shared experiences to inform and improve the design of future services. Engagement activities are embedded within our Annual EDS Action Plan.</p> <p>Inclusion and Diversity progress / results are posted on the Trust external and internal Website and at internal and external events.</p>
---	---

<p>SUMMARY OF KEY FEEDBACK – ACCESS TO SERVICES / PATIENT CARE</p>	<p>TRUST RESPONSE</p>
<p>More information in the community in relevant languages to encourage more uptake and appropriate use of services by Black and Minority Ethnic Groups and Refugees/Asylum Seekers.</p>	<p>All Trust patient information and correspondence can be made available in other languages and formats on request.</p> <p>The provision of information within the community is the responsibility of Wigan Borough Clinical Commissioning Group, Bridgewater Community Healthcare NHS Foundation Trust and Wigan Council.</p>
<p>Guidance for staff on supporting trans patients needed.</p>	<p>The Trust has two guidance documents:</p> <ul style="list-style-type: none"> • Guidance for staff on supporting trans patients (this was produced in May 2013 and is currently being updated in line with its review date). • Supporting Transgender Staff (this was produced in January 2014 and will be reviewed in January 2017).
<p>Clearer timetable of events/actions aimed at improving services and communication. Better links with governors who represent local users (including Patient Participation Groups).</p>	<p>Monitoring and review of our strategy will be through the delivery and implementation of our Annual EDS2 Action Plan.</p> <p>A Trust Governor is a member of the Inclusion and Diversity Steering Group. A new governor has recently been appointed to this role, who has established links with Patient Participation Groups.</p>
<p>The vision of the use of first or surname when talking to patients should be addressed. Many older people dislike the informality of using their first name and people introducing themselves by this.</p>	<p>Although this is not an equality and diversity specific issue, to clarify, it is Trust practice for staff to always refer to patients by their preferred name.</p>

<p>Ensure that limited ability to the use of modern electronic technology does not result in negative discrimination.</p>	<p>The Trust provides patient information and correspondence in other formats on request. This includes large, print audio and braille. The Equality Act 2010 requires us to provide reasonable adjustments for disabled people.</p>
<p>More communication and quicker discharge from hospital and engagement with patients on discharge.</p>	<p>Although this is not an equality and diversity specific issue, to clarify with regard to initiatives to improve the discharge process / communication, the Trust set up a Discharge Improvement Group to look at ways to improve this part of the patient experience.</p>
<p>Promoting equality and diversity within our supply chain to embed equality and diversity practices.</p>	<p>We are fully committed to ensuring that we promote and influence equality and diversity issues through our procurement process. We believe that it is essential that people and organisations with whom we sign contracts to work on our behalf, are accountable to us and aspire to our vision and values. We want them to abide by our equality and human rights obligations, including our duty to protect the human rights of those who use our services.</p> <p>We ensure that staff involved in procuring services on behalf of the Trust, are aware of their responsibilities in accordance with Equality Legislation. Regular monitoring of existing contractors is undertaken by Contract Managers. Equality is listed as a key performance indicator, and all contractors will therefore be expected to adhere to Trust policies and procedures.</p>

SUMMARY OF KEY FEEDBACK – WORKPLACE	TRUST RESPONSE
<p>Remove reference to BME or other groups in the workplace or society (we are all individual and equal, no matter from which background or group we belong).</p>	<p>The term 'BME' is 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.</p> <p>This term is used to describe people from minority groups, particularly those who are viewed as having suffered racism or are in the minority because of their skin colour and/or ethnicity. This term has evolved over time becoming more common as the term "black" has become less all-inclusive of those experiencing racial discrimination. The term is commonly used in the UK.</p> <p>From 1 April 2015, all NHS organisations are required by law to demonstrate how they are addressing race equality issues in a range of staffing areas. All NHS organisations are required to demonstrate through the nine-point Workforce Race Equality Standard metric how they are addressing race equality issues in a range of staffing areas.</p>

<p>Review equality of interview panels to ensure that they are diverse.</p>	<p>A Pilot has commenced within the Trust whereby 10 interview panels will have BME representation. 8 BME Staff have volunteered to support this initiative to date.</p>
<p>Disability profile could be higher.</p>	<p>The Trust is an accredited Two Ticks “Positive About Disability” Employer. This national standard can only be displayed once a number of criteria in relation to disability in recruitment and employment practices have been satisfied. We have held Focus Groups for Staff Living with a Disability which have allowed us to progress an action plan with key successes being publicised within Trust publications so as to further increase awareness. Some of the staff who attended are now members of the Inclusion and Diversity Operations Group allowing disability issues to be incorporated into the work programme on an ongoing basis.</p>
<p>Candidates should have their job applications considered fairly and equally. In some circumstances, staff are able to influence getting jobs for their relatives and friends.</p> <p>Reduce discrimination in recruitment by implementing ‘blind recruitment’ where names etc. are not provided”.</p>	<p>As referred to in the Trusts Recruitment and Selection Policy ‘candidates will be appointed on merit.’ Equality and diversity principles have a high impact on the policy and are a recurring theme and no account is taken of any protected characteristics with the exception of the principles of the Trust’s ‘Two Ticks’ accreditation. The shortlisting stages of the Trust’s TRAC recruitment system ensure, at the application stage, candidate names and personal data are not disclosed to recruiting managers, and alerts are provided where the recruiting manager attempts to reject a ‘two ticks’ applicant.</p> <p>WWL is recognised as a great place to work, and as recent as June 2016, Team Brief highlighted how 82% of staff would recommend the Trust as a place to work. As a Trust we are committed to attracting, retaining and developing talented staff who embody our values and word of mouth can be an effective recruitment tool for the Trust, and as such the Trust has recently launched a refer a friend scheme.</p>
<p>Review the Trust’s Attendance Management Policy to accommodate staff with disabilities. Those members of staff who have fluctuating and unpredictable health conditions / disabilities.</p>	<p>The Trust’s current Attendance Management Policy is currently being reviewed. Members from the Trust’s Disability Focus Group have been invited to give their feedback on developing individual support reviews.</p>
<p>Paternity leave should be included in the definition of maternity leave.</p>	<p>Pregnancy and maternity is a protected characteristic under the Equality Act 2010. Discrimination covers the unfavorable treatment of a woman, during the protected period in relation to her pregnancy or illness suffered by her as a result of that pregnancy. The Trust has a separate policy on Maternity, Paternity and Adoption Leave.</p>