

# Inclusion and Diversity Strategy 2016 - 2020



Everyone  
is Unique

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Community, service and staff demography information can be found in our Annual Inclusion and Diversity Monitoring Report

# Our Inclusion and Diversity Strategy on a Page

## Our Vision

We aim to promote inclusion and diversity for both our staff and our patients, tackling all forms of discrimination and removing inequality in the provision of both health services and employment.



- 1 • We will work together with the local Lesbian, Gay, Bisexual & Trans (LGBT) community to improve and expand the quality of the information, knowledge and understanding we have about our LGBT service users. We will ensure their experience of our services is improved by being more responsive to their needs.
- 2 • We will ensure that our patients are communicated with in a manner that is appropriate to their specific needs. We will identify how patients prefer us to communicate with them from the earliest point of contact. Our objective will be to ensure that every time we communicate with them, that we use their preferred format.
- 3 • We will work to reduce inequalities experienced by staff and applicants from a black and minority ethnic (BME) background so as to improve the engagement and experience of BME staff within the workplace.
- 4 • We will equip Trust Managers to proactively manage inclusion and diversity within their teams so that staff work in an equal, diverse and inclusive environment regardless of their equality group.

## Monitoring and delivery of our Strategy

Through the delivery and implementation of our Annual Equality Delivery System (EDS) Action Plan with quarterly updates to the Trust's established Inclusion and Diversity Steering Group.

## 1.0 Introduction

- 1.1 The purpose of this Inclusion and Diversity Strategy is to support the achievement of the Trust's overarching strategy to be a safe, effective and caring organisation and to fully endorse the Wrightington, Wigan & Leigh NHS Foundation Trust (WWL NHSFT) Wheel.
- 1.2 A guiding principle for WWL NHSFT is to always put our patients first, to value each person as an individual, and respect their diverse aspirations, beliefs and priorities. The WWL Wheel was developed as a visual aid to demonstrate how the elements contained within the Trust's strategic framework link together, with patients at the centre.



- 1.3 At WWL NHSFT, we recognise that good equalities practice is central to the provision of high quality health services that meet people's individual needs. The Trust is committed to fulfilling its General Duty under the Equality Act 2010 to promote equality and demonstrate that we have given due regard to the need to:
- 1.3.1 Eliminate unlawful discrimination, harassment, victimisation;
  - 1.3.2 Advance equality of opportunity between those covered by the Equality Act and those not covered, e.g. between disabled and non-disabled people;
  - 1.3.3 Foster good relations between these groups.
- 1.4 This Strategy builds on the previous actions and objectives that were included within both our former Equality Strategy and Single Equality Schemes. It sets out our approach to inclusion and diversity, both as an employer and as a healthcare provider. This document is a public commitment of how we aspire to meet the needs and wishes of local people and our staff, and meet the duties placed upon us by the Equality Act 2010, and the requirements of the national NHS Equality Delivery System (EDS2).

## 2.0 What is equality, diversity, inclusion and human rights?

- 2.1 **'Equality'** is about fair treatment - making sure everyone is treated fairly and given the same life opportunities. It is not about treating everyone in the same way, to achieve the same outcomes. Different people have different needs. For example making reasonable adjustments for disabled people (providing correspondence in audio for visually impaired patients removes barriers to equality of opportunity and helps prevent discrimination). Equality recognises that people's needs may need to be met in different ways.
- 2.2 **'Diversity'** is about recognising difference. It recognises that everyone is an individual with their own background, experiences, styles, perceptions, values and beliefs and that we need to understand, value and respect these differences.
- 2.3 **'Inclusion'** is a sense of belonging, of feeling respected and valued for who you are.

**2.4** 'Human Rights' are the basic rights all individuals have, regardless of who they are, where they live or what they do. Human rights represent all the things that are important to human beings, such as the ability to choose how to live their lives and being treated with dignity and respect.

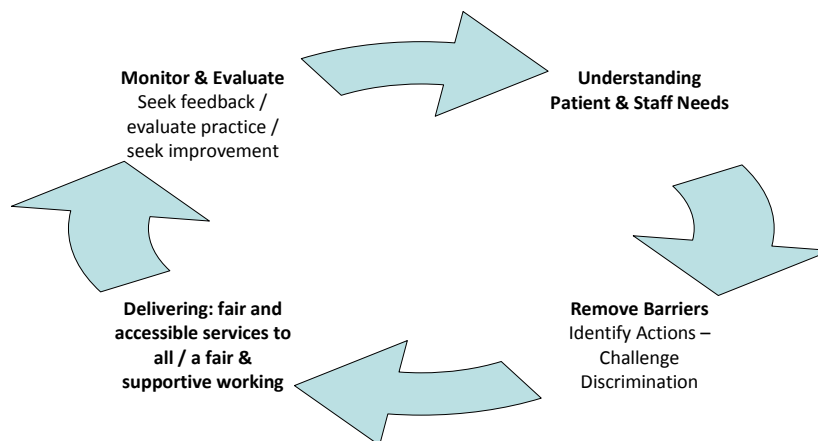
### 3.0 Why an Inclusion and Diversity Strategy?

**3.1** As an NHS organisation, we have both a legal and moral duty to demonstrate fairness and equality to our patients, service users, their carers and families, and to our employees. This strategy explains and responds to the Trust's statutory duties to promote equality amongst all groups of people. It replaces and builds on our previous Equality Strategy 2012 - 2016.

A four week consultation was undertaken during May and June 2016 to encourage public, patients, staff, governors, local community groups and other organisations to express their views on our visions and values and key priorities. Overall all respondents agreed with the Trust's approach to implementing inclusion and diversity within the Trust. All feedback was reviewed and where applicable has been included / updated within this strategy. **See Appendix 1** to view the Consultation Report.

### 3.2 Our Vision:

**3.2.1** We aim to promote inclusion and diversity for both our staff and our patients, tackling all forms of discrimination and removing inequality in the provision of both health services and employment.



**3.2.2** To do this, we will:

**3.2.2.1** Use all the information available to us to understand the needs of our staff, patients, service users, carers and local population.

**3.2.2.2** Identify actions which will address inequality and implement.

**3.2.2.3** Monitor and evaluate who uses our services / continually seek patient and staff feedback and measure our outcomes, continually seeking improvement.

**3.2.2.4** Learn from what we do – both when we do well and when we can improve.

The delivery of the above will be achieved by the implementation of our Annual Equality Delivery System (EDS) Action Plan. Progress against this Action Plan is monitored quarterly by the Trust's Inclusion and Diversity Steering Group. **See Section 5.5.**

**3.2.3** We believe that the successful implementation of inclusion and diversity in all aspects of work will ensure that people who use our services, their carers and our staff feel valued, motivated and treated fairly. We are committed to consulting, engaging and involving those who wish to be involved in the development and delivery of our services.

**3.2.4** An appreciation of how the principles of human rights apply to equality is essential in achieving all of our aims, objectives and actions towards addressing inequality and promoting diversity. It ensures that human rights principles and standards are made real in practice. Every employee in the NHS has a crucial role to play in creating an environment where human rights are respected. By valuing the principles of human rights in relation to our service users and staff, we will ensure accountability for our actions as an Acute Trust, empower people to have their say, and provide services which are non-discriminatory.

## 4.0 Our Legal Duties

4.1 There are a number of equality based national laws and guidelines which mandate and guide how NHS organisations should demonstrate equality. The principle equality drivers include:

Legislation	Requirement
<b>The Human Rights Act 1998</b>	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.
<b>The Equality Act 2010</b>	Protection from discrimination on the basis of 9 protected characteristics ( <b>See Appendix 2</b> ) <ul style="list-style-type: none"> <li>- Age</li> <li>- Sex</li> <li>- Ethnicity</li> <li>- Religion or Belief</li> <li>- Disability</li> <li>- Sexual Orientation</li> <li>- Gender Re-assignment</li> <li>- Pregnancy &amp; Maternity</li> <li>- Marriage &amp; Civil Partnership</li> </ul>
<b>General Equality Duty</b>	To eliminate unlawful discrimination, harassment and victimisation. Advance equality of opportunity. Foster good relations.
<b>Public Sector Equality Duty</b> 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.
<b>Workforce Race Equality Standard (WRES)</b> 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 a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation. This will be included in the Standard NHS Contract.

## 5.0 Where are we now and what have we learned

### 5.1 Equality Delivery System (EDS2) Framework

This Inclusion and Diversity Strategy links to a number of local and national drivers (**See Appendix 3**) but is based on the requirements of the NHS Equality Delivery System, which aims to embed equality into all policies and practices whilst driving up performance and going beyond legislation.

5.2 The Equality Delivery System (EDS2) is a toolkit which has been designed to help NHS Organisations to meet the requirements of the Public Sector Equality Duty. The EDS2 toolkit supports NHS organisations to identify areas for improvement.  
From April 2015, EDS2 implementation by NHS provider organisations was made mandatory in the NHS standard contract. EDS2 implementation is openly referred to within the Clinical Commissioning Group (CCG) Assurance Framework and embedded within the Care Quality Committee (CQC) new inspection regime for hospitals.

- 5.3** EDS2 provides a robust framework against which we can assess and grade our performance against a range of nationally determined indicators grouped under the following four goals:
- 5.3.1** Better health outcomes for all
  - 5.3.2** Improved patient access and experience
  - 5.3.3** A representative and supported workforce
  - 5.3.4** Inclusive leadership at all levels
- 5.4** Our progress in meeting these aims must be assessed and scored in discussion with local population and staff, including seeking views through peer review and Healthwatch. EDS2 is a public commitment of how we plan to meet the needs and wishes of local people and our staff, and meet the duties placed on us by the Equality Act 2010. It also sets out how, Warrington, Wigan and Leigh NHS Foundation Trust recognises the differences between people, and how we aim to make sure that any form of discrimination is identified and addressed.
- 5.5** **Our Equality Delivery System Scores and Action Plan**  
 WWL was an early adopter of the NHS EDS, which was launched by DOH in July 2011. Since then we have used it to help us to develop our own WWL Equalities Framework that focuses upon the areas that we, in collaboration with a wide range of our stakeholders, have identified as being the most important for us to make progress on. Our annual EDS2 Action Plan identifies a series of high level actions which are planned to assist in furthering our equality and diversity achievements across the Trust. These actions relate to the workforce, service provision and the four EDS2 Goals: they are managed by the Trust's Inclusion and Diversity Project Leads and monitored by the Trust's Inclusion and Diversity Operational and Steering Group. **See Appendix 4** to view our Annual EDS Action Plan for 2016/17.
- 5.6** **Our Equality Objectives**  
 The Equality Act 2010 requires public sector organisations to publish equality objectives at least every four years and share its progress in achieving those objectives. As well as ensuring that we meet our statutory duties, equality objectives are key in helping us to make a real difference to the experiences of our staff and patients from protected groups.
- 5.7** In determining our equality objectives, we reviewed local and national data, patient feedback, complaints analysis and patient and staff survey results. In determining our service equality objectives we have identified aspects of service delivery that present a local challenge. We aim to deliver objectives that help us to reduce inequalities. In determining our employment related equality objectives we have 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. Our Equality Objectives are:

EDS2 Goal	WWL Equality Objective
<b>Goal 1:</b> Better Health Outcomes for All	We will work together with the local Lesbian, Gay, Bisexual & Trans (LGBT) community to improve and expand the quality of the information, knowledge and understanding we have about our LGBT service users. We will ensure their experience of our services is improved by being more responsive to their needs.
<b>Goal 2:</b> Improved patient access and experience	We will ensure that our patients are communicated with in a manner that is appropriate to their specific needs. We will identify how patients prefer us to communicate with them from the earliest point of contact. Our objective will be to ensure that every time we communicate with them we use their preferred format.
<b>Goal 3:</b> Empowered, engaged and included staff.	We will work to reduce inequalities experienced by staff and applicants from a black and minority ethnic (BME) background so as to improve the engagement and experience of BME staff within the workplace.
<b>Goal 4:</b> Inclusive leadership at all levels.	We will equip Trust Managers to proactively manage inclusion and diversity within their teams so that staff work in an equal, diverse and inclusive environment regardless of their equality group.

**5.8** These objectives have been reviewed and agreed by the Inclusion and Diversity Steering Group and Trust Board. Although these objectives only need to be revised at four yearly intervals in line with the legislation, the Trust's Equality Objectives will be reviewed annually. Monitoring and review of our Equality Objectives will be through the delivery and implementation of our Annual EDS2 Action Plan.

**See Appendix 5** for a detailed summary of our Equality Objectives.

## **6.0 Where We Want To Be**

**6.1** This section provides a high level summary of the implementation priorities of our Inclusion and Diversity Strategy, which will support our overall business strategy:

### **6.2 Improving our Understanding - Equality Monitoring**

**6.2.1** The idea of collecting and analysing data for us is not about the law; it's about measuring our employment practices and service delivery to ensure we are the best that we can be. WWL recognises that equality monitoring is central in understanding whether people from all backgrounds are being treated fairly in terms of service delivery and employment practice. We need information about the characteristics of our service users and staff, if we are to understand people's needs and monitor whether or not we are meeting them. To ensure that everyone has equal access to services and opportunities.

**6.2.2** Equality monitoring has been identified as a key priority area for improvement and we will be working closely with staff and service users over the next four years to improve the way that we ask for, collect and use information about our staff and service users. This will include explaining the reasons why we need to collect this data.

### **6.3 Greater input into service design and transformation - Equality Analysis**

**6.3.1** 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. We consider all of the 9 protected characteristics as well as carers and vulnerable groups who are socially and economically disadvantaged, such as asylum seekers and refugees.

**6.3.2** WWL's approach to EIAs has been embedded within our policy development framework with all key policies requiring an assessment to be completed in order to be approved by committee. Although EIAs have been integrated into much of the organisations decision making process, we will be focussing our efforts on ensuring that good quality assessments are undertaken on all service changes.

### **6.3 Accessibility and Patient Experience**

#### **6.3.1 Engagement and Consultation**

WWL recognises 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.

**6.3.2** The Trust has a number of ways in which it regularly involves local people and staff in the development of services and the working environment for patients and local people. The Trust has a very active Engagement Committee which meets quarterly and includes Council of Governors representatives. This forum is used to consult on strategies and any significant service changes.

**6.3.3** We have a Patient and Public Involvement Strategy and a Consultation Policy which outlines our values and objectives in relation to community engagement and acts as a mechanism for driving corporate consultation and the co-ordination of patient engagement across the Trust.



**6.3.4** Whilst we recognise the importance of engaging with service users and staff when developing, delivering and designing services, we do recognise that this is an important area for continual improvement. We want our patient and public engagement activities to fully represent the diverse communities we serve and we are committed to ensuring that the way in which we communicate with people is fully inclusive and equitable. In line with Equality Delivery System, we will engage with all our stakeholders, involving them in assessing our progress towards achieving our equality objectives

#### **6.3.5 Access to Services**

WWL is committed to improving access to our premises and services by removing physical and other barriers experienced by our staff and service users. We will ensure that equality impact assessments are undertaken on all modifications to premises and service redesigns. All the Trust's estates schemes are designed and constructed in accordance with Disability Legislation and the Building Regulations Part M standards. In addition wherever practicable designers consult with Inclusion and Diversity leads within the trust which often encompasses patient groups and forums. The Trust is fully committed to ensuring that it promotes and influences inclusion and diversity issues through its procurement process.

**6.3.6** Our Interpreter and Translation Services Policy ensures that all patients whose first language is not English and patients with disabilities, such as hearing and visual impairments, have access to quality health services regardless of the language they speak or any disability they may have. It also ensures that staff follow the correct procedures for obtaining interpreter and translation services.

### **6.4 Developing more Inclusive Leadership**

**6.4.1** High-level leadership on inclusion and diversity issues is in place within the Trust as demonstrated within our EDS2 assessment. A regular update session takes place with Trust Board Members and, within this, agreements are reached regarding priorities around inclusion and diversity and their roles in promoting these.

**6.4.2** With regard to middle managers, during the period 2013 to 2015, 116 middle managers attended bespoke tutored sessions on Inclusion and Diversity which provided a good foundation for managing and supporting front line Inclusion and Diversity within the Trust.

**6.4.3** Sustained activity is needed against this key action within the EDS action plan so as to enable managers to deal confidently with inclusion and diversity issues and give their staff the confidence to get involved in Inclusion and Diversity initiatives within the Trust.

### **6.5 Promoting Partnership Working**

WWL will continue to work in partnership with stakeholders and the wider health economy. The Trust will seek to continue to work effectively in partnership with other organisations to promote health and wellbeing and to tackle health inequalities for the population we serve.

### **7.0 Monitoring and Delivering the Inclusion Strategy and Action Plan**

**7.1** The Trust Board has overall responsibility for the Inclusion and Diversity Strategy and achievement of our EDS2 Objectives. The Director of Human Resources and Director of Operations and Performance have responsibility for promoting inclusion and diversity on behalf of the Trust.

**7.2** Monitoring and review of this Strategy and action plan will be through the delivery and implementation of our EDS2 Action Plan with quarterly updates to the Trust's established Inclusion and Diversity Steering Group.

**7.3** See Appendix 5 to view the Trust's Inclusion and Diversity Governance Structure.

### **8.0 Implementation of this Strategy**

**8.1** WWL will implement this Strategy by adopting the principles / methodology of the Equality Delivery System. Our equality goals are to deliver better health outcomes; improved patient access and experience; a representative and supported workforce and inclusive leadership – these outcomes relate to the issues that matter to people who use and work in the NHS.

- 8.2** The Trust's Inclusion and Diversity Leads will work with corporate and divisional services / leads to ensure that the equality, diversity and human rights agenda including the actions set out in this Strategy are delivered.
- 8.3** We are committed to ensuring that this Strategy is not seen as being separate, but is clearly linked with existing policies and business plans, so that it can successfully act as a lever for change and service improvement. The expectation is that all service leads and managers will be familiar with this strategy and ensure equality considerations are an integral part of the Trust's business including: Policy development; Service redesign and development; Service delivery; Staff recruitment and retention; Professional development and staff training; and Procurement and commissioning of any goods and services.
- 8.4** All staff have a responsibility to eliminate discrimination in their day to day work, and recognise and respect the diverse backgrounds and circumstances of patients and colleagues.
- 8.5** Existing groups and networks will be used as a source of advice and expertise in order to achieve annual priorities.
- 8.6** We will publish evidence and progress of how we have implemented the EDS2 Action Plan and delivered on our equality objectives.

## **9.0 Measures and Assurance**

- 9.1** Successful implementation of this strategy and delivery of our equality objectives will be measured as follows:
- 9.1.1** Progressive development towards 'achieving' and 'excelling' in the Equality Delivery System (EDS2) annual assessment.
  - 9.1.2** Improved patient and staff experience as measured by annual patient and staff surveys.
  - 9.1.3** Evidence of equal access, experience and outcomes for all protected groups through better monitoring and use of data.
  - 9.1.4** Reduction in complaints associated with Human Rights, Inclusion and Diversity.
  - 9.1.5** Improved community engagement held in conjunction with wider public engagement events the Trust undertakes.
  - 9.1.6** Avoidance of costly litigation; employment tribunals and / or patients seeking legal redress for discrimination.
  - 9.1.7** Reduced reported levels of bullying and harassment.
- 9.2** Measures will be reflected in the Trust's key performance indicators and will be measured through Trust Board. This approach demonstrates WWL's commitment to inclusion and diversity and enables issues to be escalated from the services to the Board. All measures will be included in the EDS2 Action Plan which underpins this strategy.

## **10.0 Risks**

- 10.1** The key risk in failing to deliver our equality objectives is the potential for legal challenge if WWL fails to meet its duties under equality legislation or if knowingly or unknowingly allowed discrimination to occur. Non-compliance / failure to address national requirements could impact on our Care Quality Commission Scores.

## **11.0 Accessibility Statement**

- 11.1** This document can be made available in a range of alternative formats e.g. large print, braille and audio. For more details, please contact the Trust's Patient Information Administrator on 01942 77(3106) or e-mail [Translation.services@wwl.nhs.uk](mailto:Translation.services@wwl.nhs.uk)

# APPENDICIES



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

## Consultation Report July 2016



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*your hospitals, your health, our priority*

## 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 13<sup>th</sup> 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"> <li>• Healthwatch</li> <li>• Wigan Borough Clinical Commissioning Group</li> <li>• Bridgewater Community Healthcare NHS Foundation Trust</li> <li>• Wigan Council</li> <li>• Greater Manchester Police</li> </ul>	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 <sup>th</sup> May 2006. E-mail / Postal Survey
Age UK	E-mail / Postal Survey
Visionaries	
Leigh Deaf Club	
Support for Wigan Arrivals Project (SWAP)	
Embrace	

## Acknowledgments

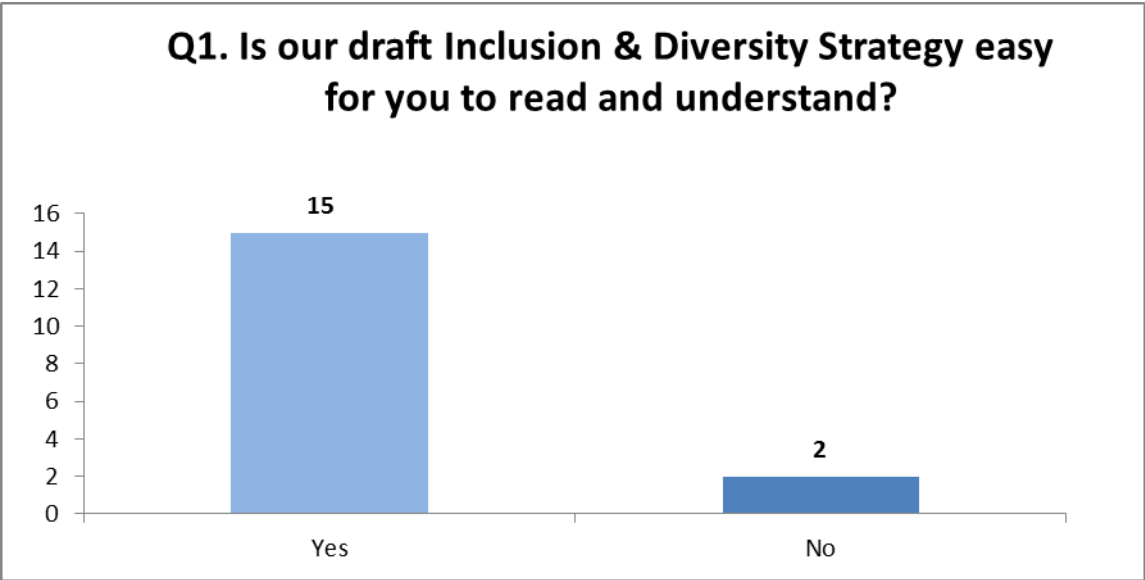
Wrightington, Wigan and Leigh NHS Foundation Trust would like to thank all the respondents who chose to take part in the survey.

## Results

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

17 respondents provided feedback:

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



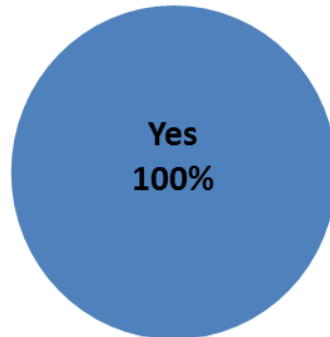
**88%** of our respondents said that they thought that our strategy was easy to read and understand.

**12%** of our respondents disagreed with this question.

**Comments**

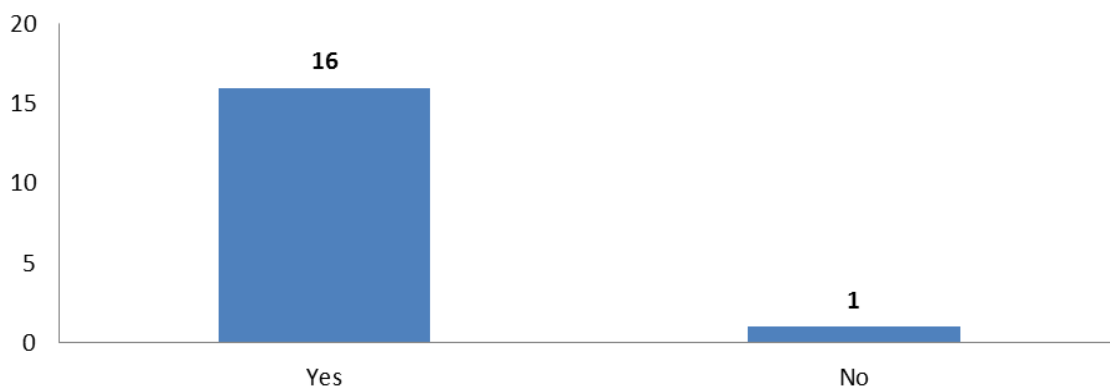
“Congratulations on what seems to me to be a very comprehensive document. I found the Glossary very helpful”
“Really positive strategy”
“A very comprehensive document. Congratulations. Found glossary particularly useful”.
“The document is well structured and comprehensive. Easy to read & understand”.
“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**

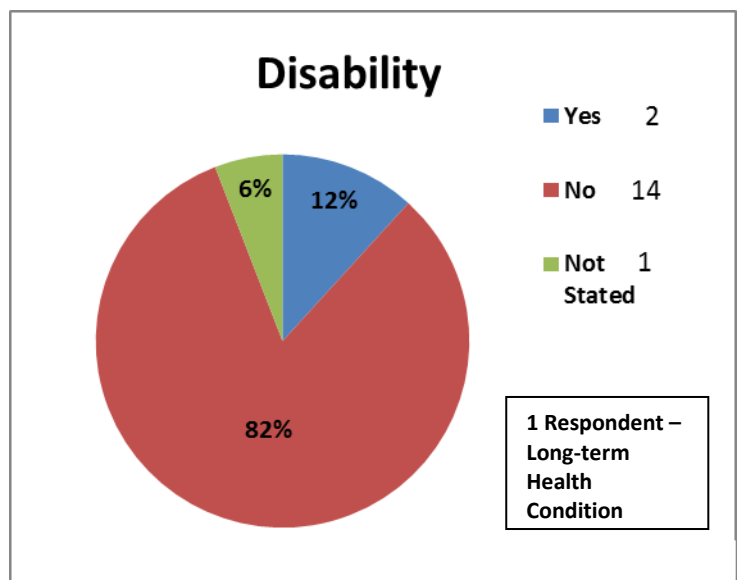
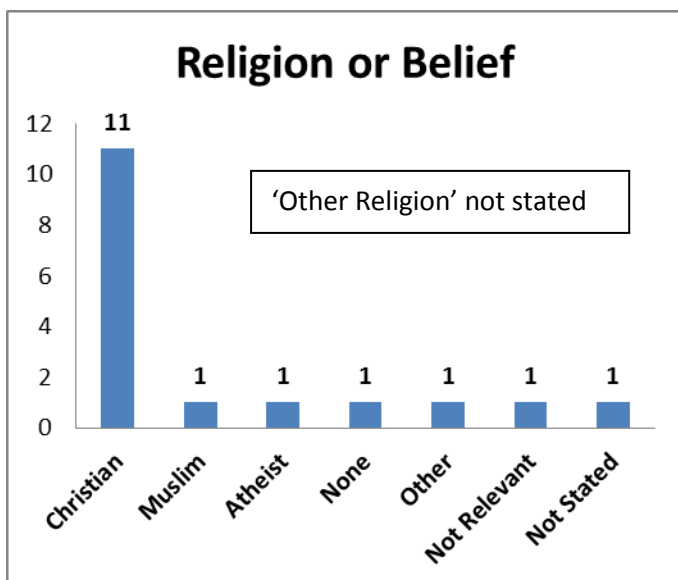
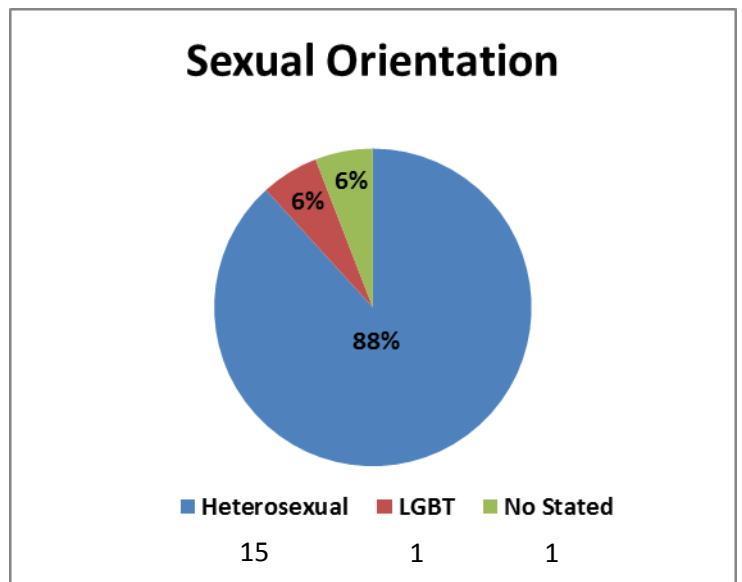
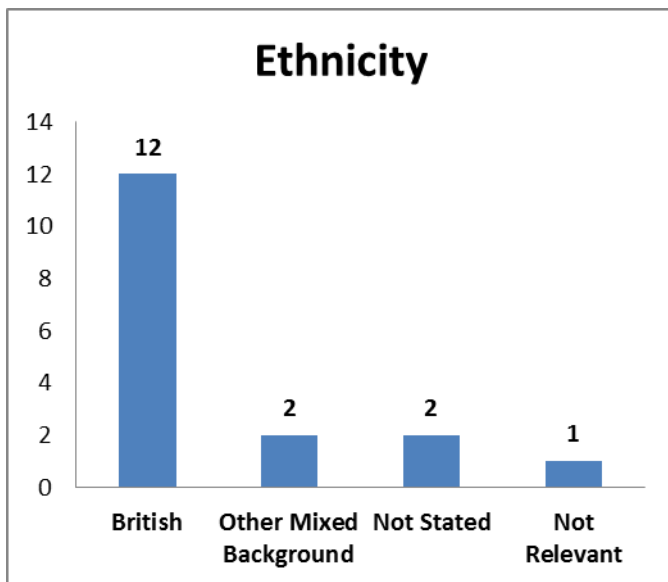
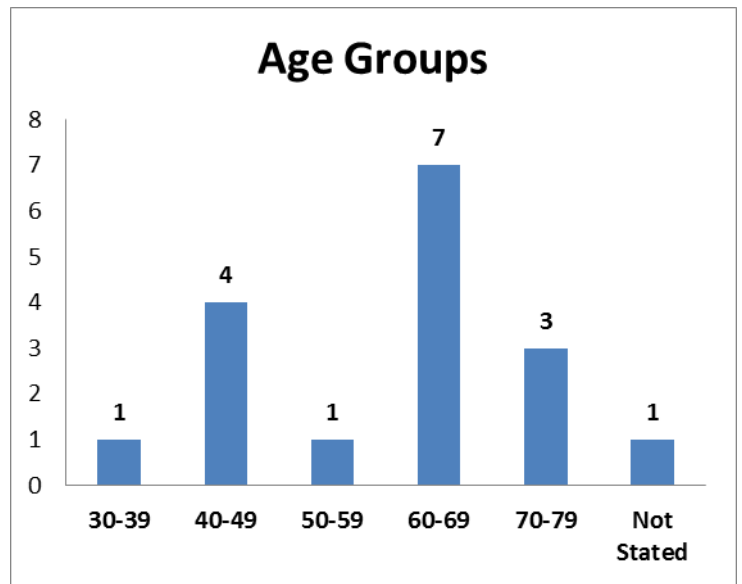
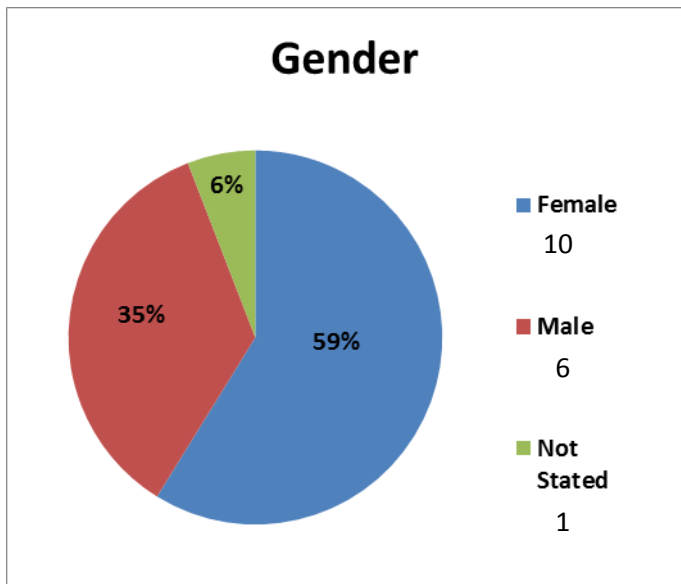
<p>“To continue to listen to staff and the public and to learn from our experiences”.</p>
<p>“Maybe more information in the community in relevant languages to encourage more uptake, and appropriate use of services and how to access them for BME and refugee/asylum seekers”</p>
<p>“Guidance around admission 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 &amp; the public is not clearly determined and would be useful”.</p>
<p>“Clearer timetable of events/actions aimed at improving services &amp; 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 &amp; 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?**

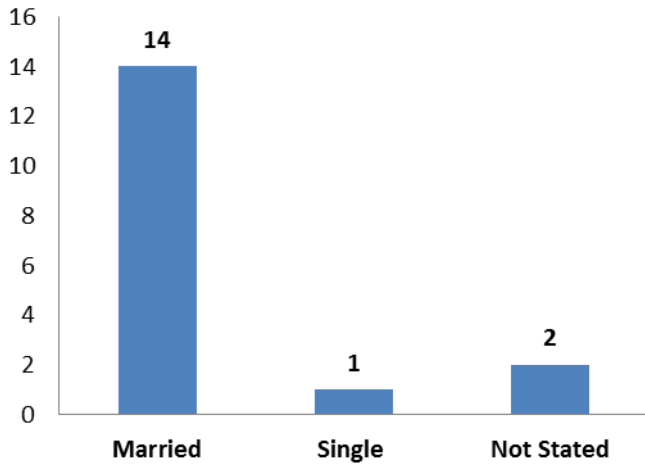
**Comments**

<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>

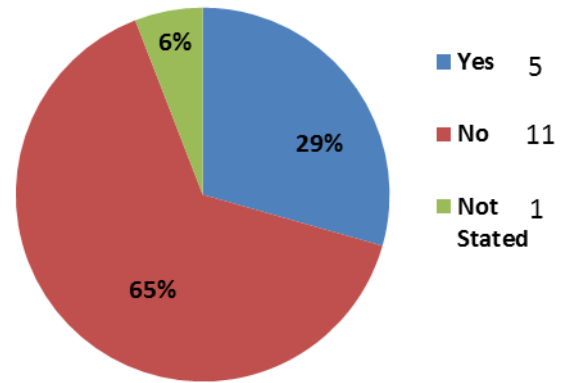
# Equality Monitoring Data Analysis - Respondents



## 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 14<sup>th</sup> 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 below 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 <sup>th</sup> 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: <b>'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'</b>. 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>
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<p><b>SUMMARY OF KEY FEEDBACK – ACCESS TO SERVICES / PATIENT CARE</b></p>	<p><b>TRUST RESPONSE</b></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"> <li>• Guidance for staff on supporting trans patients (this was produced in May 2013 and is currently being updated in line with its review date).</li> <li>• Supporting Transgender Staff (this was produced in January 2014 and will be reviewed in January 2017).</li> </ul>
<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>

<p><b>SUMMARY OF KEY FEEDBACK – WORKPLACE</b></p>	<p><b>TRUST RESPONSE</b></p>
<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 <b>group</b> of people who differ in race or colour or in national, religious, or cultural origin from the dominant <b>group</b>, 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 <a href="#">racism</a> or are in the minority because of their skin colour and/or <a href="#">ethnicity</a>. This term has evolved over time becoming more common as the term “black” has become less all-inclusive of those experiencing racial <a href="#">discrimination</a>. 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>

## PROTECTED CHARACTERISTICS – EQUALITY ACT 2010

The protected characteristics covered by the Equality Act 2010, are as follows:

**Age:**

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).

**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.

**Race / Ethnicity:**

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

**Gender:**

A man or a woman.

**Sexual Orientation:**

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

**Gender Re-assignment:**

The process of transitioning from one gender to another.

**Marriage and Civil Partnership:**

Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.

**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 a woman unfavourably because she is breastfeeding.

**Religion and 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.

You can see a more in-depth definition of these protected characteristics on the [Office of Public Sector Information website](http://www.legislation.gov.uk/ukpga/2010/15/contents): <http://www.legislation.gov.uk/ukpga/2010/15/contents>

**Wrightington, Wigan and Leigh NHS Foundation Trust  
EQUALITY DELIVERY SYSTEM (EDS2) ANNUAL ACTION PLAN 2016/17**

<b>Governance</b>					
1.	Action(s)	Outcome	How Measured	Lead	Date
1.1	Review and agree Terms of Reference for Inclusion and Diversity Steering Group (IDSG).	Clearly defined Terms of Reference.	Annual Effectiveness Report. Annual Review of TOR.	I&D Leads	Jun 16
1.2	I&D Operational Group Membership to be reviewed. Senior Chair to be assigned.	Divisional Representation at all future meetings. Active participation in all I&D operational matters.	Annual Effectiveness Report. Annual Review of TOR.	I&D Leads	Jun 16
1.3	Develop an I&D Dashboard for monitoring Compliance against National Standards.	Progress against Compliance with National Standards can be continually monitored by I&D Steering Group.	EDS Action Plan 2016/17 Progress monitored by I&D Steering Group.	I&D Leads	Jun 16
1.4	Review and propose Inclusion & Diversity Strategy for 2016-2020. Agree Consultation Plan. Commence 4 week consultation with staff, service users & other stakeholders. Review and incorporate feedback within final Strategy Document.	4 week consultation.  Staff and patient feedback reviewed and incorporated within Strategy.	EDS Action Plan 2016/17	I&D Leads	Jul 16
1.5	Review local equality priorities and propose 4 Equality Objectives for 2016-2020. Consult with staff, service users and other stakeholders.	4 week consultation. Staff and patient feedback reviewed. Compliance with Public Sector Equality Duty.	EDS Action Plan 2016/17	I&D Leads	Jul 16
1.6	Review and propose new report format for Annual I&D Monitoring Report 2015/16.	Regular monitoring of staff & patient equality data.	Annual review of patient and staff activity by protected groups.	I&D Leads	Aug 16
1.7	Produce 2015-16 Annual I&D Monitoring Report. To be approved by I&D Steering Group and tabled for information at November's Trust Board Meeting.	Reference to data signposted in Equality Impact Assessment (EIA) Toolkit and Forms. Compliance with Public Sector Equality Duty.	Evidenced within Annual Report / Annual EDS Assessment / Equality Impact Assessments.	I&D Leads	Nov 16
1.8	Annual I&D Monitoring Report to be Published on Trust Website in line with Public Sector Equality Duty Requirements to publish equality information. Trust website to be updated accordingly.			I&D Leads	Jan 17
1.9	Annual Workforce Race Equality Standard (WRES) assessment to be compiled and published.	Compliance with WRES requirements.	WRES Assessment	I&D Employment Lead	Aug 16

## Organisational and Cultural Development

2.	Action(s)	Outcome	How Measured	Lead	Date
2.1	Implement Schedule of Events for 2016/17 and 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 Report.	I&D Leads	Mar 17
2.2	Programme of I&D Champion Projects to be reviewed and initiated.  Progress and best practice to be shared and monitored at quarterly I&D Champion Meetings.	I&D Champions all educated at same entry level / signed up to role description/requirements.  Programme of Projects to further embed inclusion and diversity within service delivery / employment practice.	Improvements to service delivery / employment practice evidenced within Annual Report / Annual EDS Assessment.  Monitored by I&D Project Leads / Ops Group & Steering Group.	I&D Leads	Jul 16
2.3	Develop and implement an awareness I&D Champion Campaign.	Increased staff awareness of Champion role & projects.		I&D Leads	Mar 17
2.4	Review current Equality Impact Assessment Guidance and Toolkit. Review and update Assessment Templates. Implement a staff awareness campaign.	Increased staff awareness of EIAs.  Reference to EIA included in Business Case Protocols.  Equality analysis used to inform EIAs.	All Equality Impact Assessments monitored by I&D Project Lead.  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.	I&D Service Lead	Dec 16
2.5	Develop and implement a monitoring system to ensure all Equality Impact Assessments are reviewed on a 3 yearly basis.	Robust review system implemented to ensure EIAs are monitored and reviewed.		I&D Service Lead	Mar 17
2.6	Explore the feasibility of Training and Development evaluation methodologies.	Compliance with EDS requirements	EDS Assessment	Head of Learning & Organisational Development	Mar 17

## Equality Delivery System (EDS2)

3.	Action(s)	Outcome	How Measured	Lead	Date
3.1	Produce Equality Objectives Review and EDS2 Assessment 2016 Scores Report.	EDS 2016 Assessment Report summarising overall scores for 2015/16.	Progress monitored by I&D Steering Group. Shared with HR Committee & Trust Board.	I&D Leads	Jun 16
3.2	Review and agree EDS2 Reporting Format for 2016/17.	Grades agreed by local stakeholders through engagement / equality monitoring / improved patient access & experience during 2016/17.  EDS 2017 Assessment Report summarising overall scores for 2016/17.  2017/18 EDS Action Plan drafted to enable plans to be formulated to progress EDS scores.	EDS Action Plan 2017/18.  Feedback reviewed / Action Plan agreed / Feedback actioned & fed back to local groups.	I&D Leads	Sep 16
3.3	Identify leads for EDS2 Outcomes.			I&D Leads	Nov 16
3.4	Review National In-Patient Survey Report. Identify and report on any I&D issues highlighted within report.			I&D Service Lead	Sep 16
3.5	To engage with Wigan Access Group – present at end of year Wigan Access Group Meeting.			I&D Service Lead  and  Head of Engagement	Mar 17
3.6	To review Healthwatch Asylum Seekers and Refugees Report and work collaboratively with CCG and local providers to implement action plan to improve health outcomes.				Mar 17
3.7	To attend Wigan SWAP & Leigh Lasars Drop in Sessions (Support for Wigan Arrivals). Engage with asylum seekers and refugees.				Mar 17
3.8	To engage with local visually and hearing impaired groups.				Mar 17
3.9	Collate evidence against agreed outcomes			I&D Leads	Jan 17
3.10	Identify other local stakeholders, obtain feedback and agree grades.			I&D Leads	Feb 17
3.11	Evidence in relation to Goals 1 and 2 to be submitted to Healthwatch for their feedback.			I&D Service Lead	Mar 17
3.12	With regards to EDS2 Goal 3 to assess equal pay for work of equal value, Granular review of the equal pay data relating to gender to identify the factors contributing to higher earnings for male staff within key staff groups.	Meet all aspects of “Achievement” level within this aspect of EDS2, Goal 3.	Analysis of IVIEW equal pay audit reports	Senior HR Business Partner and I&D Employment Lead	Mar 17
3.13	Evidence in relation to Goals 3 and 4 to be submitted to another Trust for peer review.			I&D Employment Lead	Mar 17

## Better Health Outcomes for All - Equality Objective

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	Lead	Date
4.1	To engage with the local LGBT community on the Trust's proposed I&D Strategy and Objectives 2016-2020.	Feedback obtained, reviewed and incorporated within strategy.	4 week consultation undertaken from 16 <sup>th</sup> May – 13 <sup>th</sup> Jun 2016 – Feedback encouraged via on-line & postal survey.	I&D Service Lead	Jul 16
4.2	To undertake baseline staff LGBT Awareness Audit. (to be revisited Jul 2018)	Ascertain staff's current knowledge & understanding of LGBT issues / health inequalities.  Sets baseline score to measure future progress.	Staff Survey	I&D Service Lead	Aug 16
4.3	To review and revise existing trust guidance on supporting trans service users.  To obtain feedback engage with trans service users	Ensures senior staff are provided with the required skills and knowledge to be effective in their roles.	Follow-Up Staff LGBT Awareness Survey shows improvement in baseline scores recorded (EDS Action Plan 2017/18). LGBT Patient Stories / Focus Group Feedback.	I&D Service Lead	Jul 16
4.4	To promote national trans awareness events and fully support and participate within Wigan PRIDE 2016.	WWL seen as an LGBT friendly employer and service provider.	Feedback reviewed / Action Plan agreed / Feedback actioned & fed back to local groups.	I&D Leads	Aug 16
4.5	To engage with LGBT service users and gain a more in depth understanding of their health and social needs.		Feedback obtained from engagement at PRIDE 2016.	Head of Engagement	Sep 16
4.6	To encourage local LGBT service users to participate in an LGBT Patient Focus Group.		LGBT Focus Group Patient Survey	I&D Service Lead and Head of Engagement	Mar 17

## Improved Patient Access & Experience - Equality Objective

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

5.	Action(s)	Outcome	How Measured	Lead	Date
5.1	To undertake baseline Accessible Information & Interpreter Services Staff Awareness Audit. (to be revisited Jul 2017)	Ascertain staff's current knowledge & understanding of Accessible Information & interpreter and translation services. Sets baseline score to measure future progress.	Staff Survey	I&D Service Lead	Aug 16
5.2	Interpreter and Translation Services Policy and SOP to be reviewed. Develop and implement a staff awareness campaign (Road Show).	Robust Interpreter and Translation Services Policy & SOP. Increased staff awareness.	Staff Survey Activity Reports	I&D Service Lead	Dec 16
5.3	Requirements of Accessible Information Standard to be reviewed. To be raised at IM&T Awareness / HIS / Stakeholder Meetings.	Increased staff awareness.	Minute of Meetings	I&D Service Lead	Apr 16
5.4	Best practice within other Trusts to be reviewed.	Best practice reviewed. Incorporated within Trust review.	GM E&D Provider Meetings E&D Wigan Borough Collaborative Meetings NW NHS E&D Network Forum	I&D Service Lead	Apr 16
5.5	Risk of non-compliance by 31/07/16 to be raised / Senior Managers to be notified.	Communication Needs Risk Assessment.	Corporate Risk Register	IT Manager	May16
5.6	Requirement for Senior Sponsorship / Project Lead (Business Analyst) to be assigned to be requested.	Executive Sponsorship	Project Lead assigned / Action Plan developed & implemented.	I&D Service Lead	May16
5.7	To review how best practice can be implemented in the interim to work towards delivering the Accessible information Standard. Health Care Ops Project Team to be established to review.	Health Care Ops Project Team established to review best practice.	Action Plan	I&D Service Lead	Mar 17
5.8	To increase staff awareness about the requirement of the Accessible Information Standard.	Increased staff awareness. Patients asked about their communication needs. Improved patient experience.	Staff Survey	I&D Service Lead	Mar 17
5.9	To expand provision of easy read patient information. To source provider for translation of patient information into easy read.	Easy Read In-Patient Leaflet. Easy Read Discharge Leaflet	100% increase in provision of existing easy read patient information leaflets.	I&D Service Lead	Mar 17

## Empowered, Engaged and Included Staff - Equality Objective

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

6.	Action(s)	Outcome	How Measured	Lead	Date
6.1	To facilitate the establishment and management of a BME staff support network within the Trust so as to provide opportunities for people to share, learn and contribute to improving the Trust.	To enable BME staff to have an ongoing forum to have suggestions, comments and concerns listened to and acted upon.	EDS Survey WRES assessment	I&D Champions and I&D Employment Lead	Nov 16
6.2	To make use of engagement methodologies to develop an action plan to progress change so as to improve issues which present perceived or actual barriers for BME staff within the workplace. To build upon these to identify and implement key actions in response to the National Staff Opinion Survey.	Improved BME staff experience and engagement within the workplace.	Pulse checks indicators National Staff Survey	I&D Employment Lead and Staff Engagement Lead	Dec 16
6.3	To undertake an audit of incidents of violence and aggression for BME staff to identify key actions. To analyse pulse check data to assess the extent of any disproportionate issues with regards to BME staff.	Establish BME staff experience and engagement within the workplace.	EDS Survey National Staff Survey	I&D Employment Lead and Staff Engagement Lead	Mar 17
6.4	To ensure that we develop and enhance our approach to recruitment, selection and promotion to positively attract, retain and support the progression of diverse individuals within the workforce. To analyse workforce data to compare and assess this relative to regional and sub-regional population and census data.	Improved success rates of BME candidates within the recruitment process.	Annual Inclusion and Diversity Monitoring Report WRES assessment	Recruitment Manager and I&D Employment Lead	Oct 16
6.5	To run celebratory events such as Black History Month to raise the profile of BME events and promote awareness within the workplace.	Improved BME staff experience and engagement within the workplace.	EDS Survey WRES assessment	I&D Employment Lead	Sep 16 & ongoing
6.6	To work with BME staff groups and the Inclusion and Diversity Operations Group to identify and provide support required, to assist career progression and progression to senior bandings.	More reflective representation of BME staff across the workforce.	WRES assessment EDS Survey	I&D Employment Lead	Nov 16
6.7	To develop and implement a BME Leaders module within the WWL Leadership Programme.	Improved BME staff experience within the workplace.	WRES assessment Annual Inclusion and Diversity Monitoring Report	Head of Learning & Organisational Development and I&D Employment Lead	Jan 17



## Inclusive Leadership at all levels - Equality Objective

To equip Trust Managers to proactively manage inclusion and diversity within their teams

7.	Action(s)	Outcome	How Measured	Lead	Date
7.1	To hold a baseline Management Focus Group so as to establish gaps in knowledge needing to be addressed.	Feedback obtained, reviewed and incorporated below.	Management Surveys and Focus Groups	I&D Employment Lead	Sep 16
7.2	To carry out a needs analysis audit (questionnaire) for managers and follow up.	Ascertain managers' current knowledge and understanding, sets baseline score to measure future progress.	Management Surveys and Focus Groups	I&D Employment Lead	Sep 16
7.3	To produce a podcast with a view to making this available to managers and aspiring managers via the e-learning suite of online training resources.	Ensures senior members of staff are provided with the required skills and knowledge to be effective in their roles.	EDS Survey National Staff Survey Pulse checks indicators	Head of Learning & Organisational Development	Nov 16
7.4	Making use of the above pod cast, to develop and embed an Inclusion and Diversity module into the WWL Management and Leadership programme in line with the Trust's corporate objective regarding Talent Management.	Best practice shared. Increased management awareness.	Management Surveys and Focus Groups Annual Inclusion and Diversity Monitoring Report	and I&D Employment Lead	Jan 17
7.5	To develop local resources to consist of a tool kit of guidance documents, awareness sessions and master classes.	More robust process for consistent management of issues and escalation as appropriate.	EDS Survey National Staff Survey Pulse checks indicators	I&D Employment Lead	Mar 17
7.6	To look into the development and implementation of an "App" with signposting to the above resources.	Increased management awareness. Ongoing development of aspiring managers.	EDS Survey National Staff Survey Management Surveys and Focus Groups	I&D Employment Lead and Staff Engagement Lead	Mar 16

## PRINCIPLE EQUALITY DRIVERS

There are a number of drivers that inform, regulate and monitor our equality work. These include:

### **The Equality Act 2010**

On 1<sup>st</sup> October 2010, the Government introduced the Equality Act. This Act brings together, harmonises and extends current equality law. It replaces the existing anti-discrimination laws with a single act. It simplifies the law, removing inconsistencies and making it easier for people to understand and comply with it.

### **Public Sector Equality Duty**

The Public Sector Equality Duty came into force on 5<sup>th</sup> April 2011, a Duty which applies to all public authorities. It brings together previous gender, race and disability duties and extends the protection from discrimination on the basis of nine protected characteristics, which are: Age; Disability; Race; Gender; Religion or Belief; Sexual Orientation; Gender Reassignment; Marriage and Civil Partnership; and Pregnancy and Maternity. For further information about the protected characteristics see **Appendix 2**. The Public Sector Equality Duty is supported by specific duties set out in regulations which came into force on 10 September 2011. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable Equality Objectives.

### **Workforce Race Equality Standard (WRES)**

From 1 April 2015 all NHS organisations are required to demonstrate through the nine point Workforce Race Equality Standard (WRES) metric how they are addressing race equality issues in a range of staffing areas.

For the first time, NHS organisations are required to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation. This will be included in the Standard NHS Contract.

### **The Human Rights Act 1998**

Human rights are the basic rights and freedoms that belong to every person in the world. The Human Rights Act came into force in the UK in October 2000. The Act has two aims:

To bring most of the human rights contained in the European Convention on Human Rights into UK law.

To bring about a new culture of respect for human rights in the UK –

### **Equality and Human Rights Commission (EHRC)**

Equality, Diversity and Human Rights is subject to regulation by the Equality and Human Rights Commission which is a public body set up to challenge discrimination, to protect and promote equality and respect for human rights and to encourage good relations between different people of different backgrounds.

### **Care Quality Commission (CQC)**

In addition to our legal duties, we are required to meet the standards set out by the Care Quality Commission (CQC). There are a range of standards determined by the CQC that are linked both directly and indirectly to equality, diversity and human rights. The delivery of our equality strategy will support us in ensuring that we continually meet these standards.

**National Health Service Litigation Authority (NHSLA)**

The National Health Service Litigation Authority handles negligence claims and works to improve risk management practices in the NHS. All NHS Organisations are assessed by the NHSLA against a set of core standards, which encompass equality and diversity.

**Equality Delivery System (EDS)**

The Equality Delivery System has been designed to improve the equality performance of the NHS and embed equality into mainstream business. By using the EDS all NHS Organisations will be able to meet the requirements of the Equality Act and the CQC.

Wrightington, Wigan and Leigh NHS Foundation Trust demonstrates its commitment to equality-based national drivers through providing a health service that respects and responds to diversity of the local population. We oppose all forms of unlawful and unfair discrimination for both service users and our workforce.

<b>EDS Goal 1</b>	<b>Better Health Outcomes for All</b>	
<b>Objective</b>	<b>We will work together with the local LGBT Community to improve and expand the quality of the information, knowledge and understanding we have about our LGBT service users. We will ensure their experience of our services is improved by being more responsive to their needs.</b>	
<b>Context</b>	<p>Stonewalls research demonstrates that there are many lesbian, gay, bisexual and trans people who continue to face poor health outcomes, as well as expecting poorer treatment from health services. Evidence linking discrimination and health inequalities is growing.</p> <p>WWL recognises that we do not have sufficient information about the health needs and experiences of lesbian, gay, bisexual and trans people and need to work to make our services more welcoming and inclusive.</p> <p>Based on recent health research &amp; LGBT inequalities data (when applied to the population of Wigan) it is estimated that there are:</p> <ul style="list-style-type: none"> <li>• 15,000 Lesbian, Gay or Bisexual living in the Wigan Borough</li> <li>• 2,500 people who identify as trans living in the Wigan Borough</li> </ul> <p>Despite the relatively small numbers, the impact that gender re-assignment can have on people's outcomes is extreme.</p> <p>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.</p>	
<b>Key Actions (Actions / Timescales detailed within EDS Action Plan 2016/17)</b>	<p>Engage with LGBT service users to gain a more in-depth understanding of their health and social needs. To ensure Trust services and employment practice are fully inclusive of their needs.</p> <p>To review current Transgender Guidance and implement a Trust Policy which is supported by detailed guidance.</p> <p>To raise staff awareness of LGBT people's health needs and experiences. To raise awareness of the reasons for equality data collection within the Trust.</p> <p>To implement a visible campaign focused upon equitable access to services for LGBT patients within the Wigan Borough. To promote national trans awareness events and fully support and participate within Wigan Pride 2016.</p>	
<b>Measures</b>	<p><b>Staff LGBT Awareness Survey</b> To set baseline score to measure future progress.</p> <p><b>Staff LGBT Awareness Survey</b> Results show improvement in baseline scores recorded.</p> <p><b>LGBT Patient Stories / Focus Group feedback</b> report positive experiences of using hospital and out-patient services.</p> <p><b>Analysis of data in relation to complaints and compliments</b></p> <p><b>Successful Implementation of Trust Policy</b></p> <p><b>Improved equality data collection</b></p>	<p>2016</p> <p>2018</p> <p>2018</p> <p>Annual</p> <p>2018</p> <p>2020</p>
<b>Outcome</b>	Services more responsive to needs.	
<b>Time-scale</b>	By April 2020, with reviews annually in line with Annual EDS2 Action Plan.	
<b>Mainstreamed</b>	This equality objective will be taken forward by Inclusion and Diversity Project Leads.	
<b>Reporting</b>	Progress will be reported to Inclusion & Diversity Steering Group.	
<b>Link to WWL Wheel</b>	<b>Links to WWL's Corporate objectives: Safe, Effective and Caring</b> Patients First / Information / Partnership	
<b>External Links</b>	<b>NHS EDS2 Outcomes:</b> <b>1.2</b> Individual people's health needs are assessed and met in appropriate and effective ways.	

<b>EDS Goal 2</b>	<b>Improved Patient Access and Experience</b>	
<b>Objective</b>	<p>We will ensure that our patients are communicated with in a manner that is appropriate to their specific need or requirement within the Trust.</p> <p>We will identify how patients prefer us to communicate with them from the earliest point of contact. Our objective will be to ensure that every time we communicate with them, that we use their preferred method.</p>	
<b>Context</b>	<p>Feedback from our patients, tells us that we should consider a more flexible approach in the way we communicate with our patients. We need to ensure that patients continually receive information in formats that they can understand. Patient feedback re-iterates the need for us to ensure that communication support needs are recorded and acted upon accordingly.</p> <p>It is estimated that 53,000 people living in the Wigan Borough are living with hearing loss. RNIB research estimates that 8,680 people living in Wigan have sight loss and of this total, 990 are living with severe sight loss. By 2020, these figures are projected to rise to 10,500 with 1,250 with severe sight loss.</p> <p>Accessible Information is also a Department of Health requirement.</p>	
<b>Summary of Key Actions</b>  (Actions / Timescales detailed within EDS Action Plan 2016/17)	<p>To establish a Task and Finish Group to review and agree the process for recording and meeting patients communication needs. To review existing data systems and feasibility of flagging patient needs.</p> <p>To educate staff about accessible information. To raise awareness of the different types of accessible resources, communication support and how they can help. To ensure they have an understanding of the steps which can be taken to support patient's needs.</p> <p>To further develop the provision of easy read patient information. To review the Trust's Patient Information Policy &amp; SOP.</p> <p>To review current Interpreter and Translation Service Policy and practice. To raise staff awareness of how to access Interpreter &amp; Translation Services.</p> <p>To engage with patients about how we are meeting their accessible needs requirements.</p>	
<b>Measures</b>	<p><b>Accessible Information &amp; Interpreter Services Awareness Staff Survey</b> To set baseline score to measure future progress.</p> <p><b>Patient Survey</b> (Were you asked if you had any information or communication needs?) To set baseline score to measure future progress.</p> <p><b>Accessible Information &amp; Interpreter Services Staff Awareness Survey</b> Results show improvement in baseline scores recorded.</p> <p><b>Patient Survey</b> (Were you asked if they had any information or communication needs?) Results show improvement in baseline scores recorded.</p> <p><b>100% Increase in provision of Trust Easy Read Patient Information leaflets.</b></p> <p><b>Analysis of data in relation to complaints and compliments</b></p>	<p>2016</p> <p>2016</p> <p>2018</p> <p>2018</p> <p>2020</p> <p>Annual</p>
<b>Outcome</b>	By using communication methods that are preferred by patients who have a clinical need, we will be able to design patient centred services responsive to individual needs.	
<b>Time-scale</b>	By April 2020, with reviews annually in line with Annual EDS2 Action Plan.	
<b>Mainstreamed</b>	This equality objective will be taken forward by Inclusion and Diversity Project Leads.	
<b>Reporting</b>	Progress will be reported to Inclusion & Diversity Steering Group.	
<b>Link to WWL Wheel</b>	<b>Links to WWL's Corporate objectives: Safe, Effective and Caring</b> Patients / Information / Partnership	
<b>External Links</b>	<b>NHS EDS2 Outcomes:</b> <b>2.1</b> People, carers and communities can readily access hospital services and should not be denied access on reasonable grounds	

<b>EDS Goal 3</b>	<b>Empowered, engaged and included staff</b>	
<b>Objective</b>	<b>Work to reduce inequalities experienced by staff and applicants from a BME background so as to improve the engagement and experiences of BME staff within the workplace.</b>	
<b>Context</b>	<p>Research strongly suggests that less favorable treatment of BME staff in the NHS has significant impact on the efficient and effective running of the NHS. There is a strong correlation between how members of staff are treated and higher staff turnover, absenteeism, higher mortality rates and lower patient satisfaction.</p> <p>WWL is committed to improving the engagement of BME staff within the workplace and addressing any inequalities that exist for BME staff. With regards to WWL staff, evidence obtained via staff surveys, pulse checks, focus groups and the end of year monitoring report demonstrates less positive experiences within the workplace for BME staff. The lower level of BME satisfaction in the staff survey for the Trust also indicates that this needs to be a priority so as to demonstrate that BME staff members are treated fairly and their talents valued and developed.</p> <p>In respect of applicants for vacant posts within the Trust, BME applicants are found to be less successful at the interview stage of the recruitment process as there are significantly lower proportions of BME interviewees who are successfully appointed to vacant posts.</p>	
<b>Key Actions (Actions / Timescales detailed within EDS Action Plan 2016/17)</b>	<ul style="list-style-type: none"> <li>• Facilitate the establishment and management of a BME staff support network within the Trust so as to provide opportunities for people to share, learn and contribute to improving the Trust.</li> <li>• Make use of engagement methodologies to develop an action plan to progress change so as to improve issues which present perceived or actual barriers for BME staff within the workplace.</li> <li>• Build upon the above to identify and implement key actions in response to the National Staff Opinion Survey.</li> <li>• Undertake an audit of incidents of violence and aggression for BME staff to identify key actions.</li> <li>• Analyse pulse check data to assess the extent of any disproportionate issues with regards to BME staff.</li> <li>• Ensure that we develop and enhance our approach to recruitment, selection and promotion to positively attract, retain and support the progression of diverse individuals within the workforce.</li> <li>• This will be underpinned by the effective analysis of workforce data to compare and assess this relative to regional and sub-regional population and census data.</li> <li>• Run celebratory events such as Black History Month to raise the profile of BME events and promote awareness within the workplace</li> <li>• Work with BME staff groups and the Inclusion and Diversity Operations Group to identify and provide support required, to assist career progression and progression to senior bandings.</li> <li>• Develop and implement a BME Leaders module within the WWL Leadership Programme.</li> </ul>	
<b>Measures</b>	<p>Local monitoring of performance within the areas below.</p> <p>EDS Survey indicators demonstrate:</p> <ul style="list-style-type: none"> <li>– Improved BME scoring within the discrimination indicators contained in the EDS survey. Baseline assessment from 2015 EDS survey and review of any statistically significant improvements within the 2016 EDS survey results.</li> </ul> <p>National Staff Survey Indicators demonstrate:</p> <ul style="list-style-type: none"> <li>– Improved BME scoring within the discrimination indicators contained in the staff survey. Baseline assessment from 2015 Staff survey and review of any statistically significant improvements within the 2016 Staff survey results.</li> <li>– Improved BME scoring within the satisfaction and engagement indicators contained in the staff survey. Baseline assessment from 2015 staff survey and review of any</li> </ul>	<p>Annual</p> <p>Annual</p> <p>Annual</p>

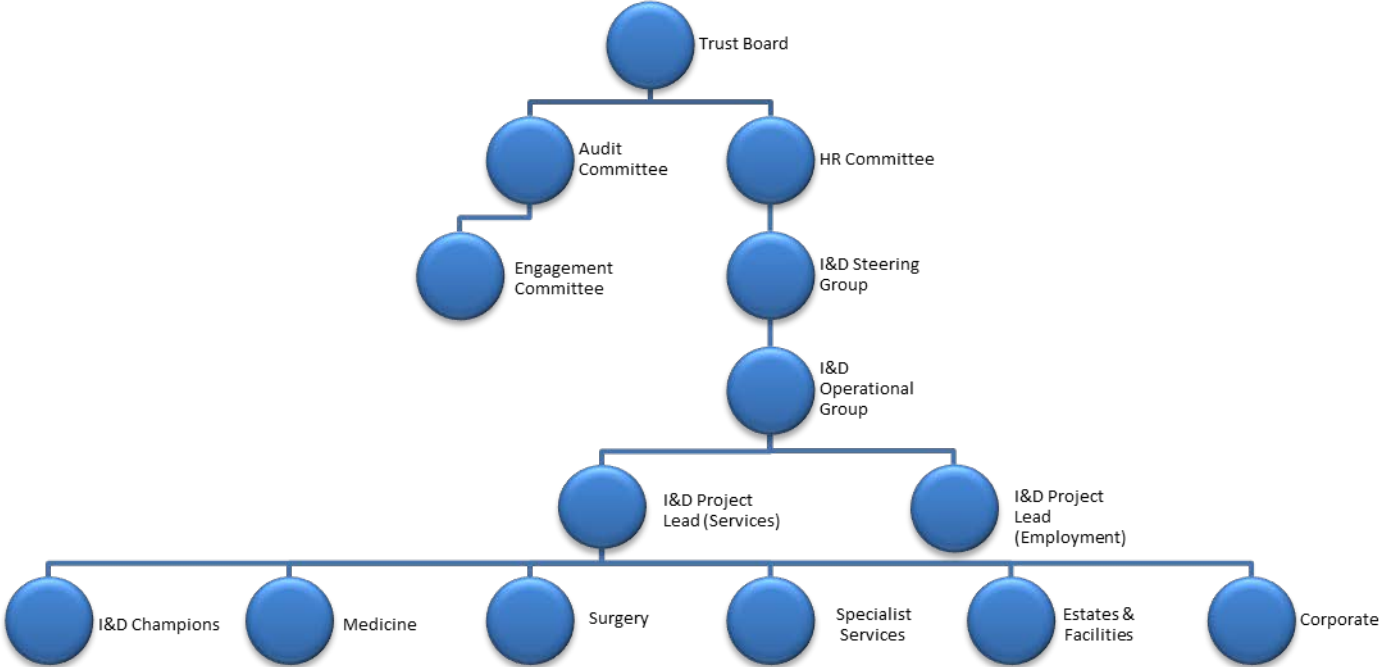
	<p>statistically significant improvements within the 2016 survey results.</p> <p>Pulse checks indicators demonstrate:</p> <ul style="list-style-type: none"> <li>- Improved BME scoring within the satisfaction and engagement indicators contained in the Pulse Check. Baseline assessment from 2015 /16 Pulse Check results and review of any statistically significant improvements within the 2016/17 survey results.</li> </ul> <p>Workforce Race Equality Standard (WRES) assessment demonstrates:</p> <ul style="list-style-type: none"> <li>- Increased BME representation within the workforce.</li> <li>- A reduction in reported concerns relating to discrimination and harassment</li> </ul> <p>Baseline assessment from 2016 WRES and review of any statistically significant improvements within the 2017 assessment</p> <p>Annual Inclusion and Diversity Monitoring Report demonstrates:</p> <ul style="list-style-type: none"> <li>- Statistically significant reductions in discrimination related BME employee relations cases – disciplinary, grievance, employment tribunal.</li> <li>- Improved success rates for shortlisted BME candidates within the recruitment process</li> </ul>	<p>Quarterly</p> <p>Annual</p> <p>Annual</p>
<b>Outcome</b>	Improved BME staff experience and engagement within the workplace. Improved success rates of BME candidates within the recruitment process leading to a representative and inclusive workplace for BME staff at WWL.	
<b>Time-scale</b>	By April 2020, with reviews annually in line with Annual EDS2 Action Plan.	
<b>Mainstreamed</b>	This equality objective will be taken forward by Inclusion and Diversity Project Leads.	
<b>Reporting</b>	Progress will be reported to Inclusion & Diversity Steering Group.	
<b>Link to WWL Wheel</b>	<b>Links to WWL’s Corporate objectives:</b> Effective and Caring / Team Work / Staff Engagement / Partnership `	
<b>External Links</b>	<b>NHS EDS2 Outcomes:</b> <ul style="list-style-type: none"> <li>• 3.1 Fair NHS recruitment &amp; selection processes lead to a more representative workforce at all levels</li> <li>• 3.6 Staff Report positive experiences of their membership of the workforce.</li> </ul>	

<b>EDS Goal 4</b>	<b>Inclusive Leadership</b>	
<b>Objective</b>	<b>Equip Trust managers to proactively manage Inclusion and Diversity within their teams so that staff work in an equal, diverse and inclusive environment regardless of their equality group.</b>	
<b>Context</b>	High-level leadership on Inclusion and Diversity issues is in place within the Trust as demonstrated within the EDS assessment. A regular update session takes place with Trust Board members and, within this, agreements are reached regarding priorities around Inclusion and Diversity and their roles in promoting these.	
<b>Summary of Key Actions</b>  <b>(Actions / Timescales detailed within EDS Action Plan 2016/17)</b>	<ul style="list-style-type: none"> <li>• Hold a baseline Management Focus Group so as to establish gaps in knowledge needing to be addressed.</li> <li>• Carry out a needs analysis audit (questionnaire) for managers and follow up.</li> <li>• Produce a podcast with a view to making this available to managers and aspiring managers via the e-learning suite of online training resources.</li> <li>• Making use of the above pod cast, develop and embed an Inclusion and Diversity module into the WWL Management and Leadership programme in line with the Trust's corporate objective regarding Talent Management.</li> <li>• Develop local resources to consist of a tool kit of guidance documents, awareness sessions and master classes.</li> <li>• Look into the development and implementation of an "App" with signposting to the above resources.</li> </ul>	
<b>Measures</b>	<p>Local monitoring of performance within the areas below.</p> <p>EDS Survey indicators demonstrate:</p> <ul style="list-style-type: none"> <li>- Improved feedback relating to managers supporting and motivating their staff to "work in culturally competent ways within a work environment that is free from discrimination."</li> </ul> <p>National Staff Survey Indicators demonstrate:</p> <ul style="list-style-type: none"> <li>- Increased number of respondents believing that the organisation provides equal opportunities for career progression / promotion. A baseline assessment will be taken from the 2015 staff survey results.</li> <li>- Lower percentage of respondents stating that they have experienced discrimination at work. A baseline assessment will be taken from the 2015 staff survey results and a review of any statistically significant improvements within the 2016/17 survey results.</li> </ul> <p>Pulse checks indicators demonstrate:</p> <ul style="list-style-type: none"> <li>- Improved scoring within the satisfaction and engagement indicators contained in the Pulse Check. Baseline assessment from 2015/16 Pulse Checks and review of any statistically significant improvements within the 2016/17 survey results.</li> </ul> <p>Annual Inclusion and Diversity Monitoring Report demonstrates:</p> <ul style="list-style-type: none"> <li>- Statistically significant reductions in Inclusion and Diversity related employee relations cases – disciplinary, grievance, employment tribunal.</li> </ul> <p>Management Surveys and Focus Groups indicate:</p> <ul style="list-style-type: none"> <li>- Increased hit rate of intranet Inclusion and Diversity resource pages.</li> </ul> <p>Improved levels of positive feedback from Leadership Programme delegates.</p>	<p>Annual</p> <p>Annual</p> <p>Annual</p> <p>Quarterly</p> <p>Annual</p>



<b>Outcome</b>	By equipping managers to deal effectively with Inclusion and Diversity issues at a local level, there is improved staff engagement and experience within the workplace.
<b>Time-scale</b>	By April 2020, with reviews annually in line with Annual EDS2 Action Plan.
<b>Mainstreamed</b>	This equality objective will be taken forward by Inclusion and Diversity Project Leads.
<b>Reporting</b>	Progress will be reported to Inclusion & Diversity Steering Group.
<b>Link to WWL Wheel</b>	<b>Links to WWL's Corporate objectives:</b> Effective and Caring / Team Work / Leadership / Staff Engagement
<b>External Links</b>	<b>NHS EDS2 Outcomes:</b> 4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

# INCLUSION AND DIVERSITY GOVERNANCE STRUCTURE



## GLOSSARY

### A

#### **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.

#### **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.

#### **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).

#### **Alternative Format**

Media formats which are accessible to disabled people with specific impairments, for example braille, audio description, subtitles and Easy Read.

#### **Analysis**

See Equality Analysis

### B

#### **Bisexual**

This term refers to a person, male or female, who is sexually and emotionally attracted to both males and females.

#### **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**

By carers we mean 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.

## C

### **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 take action 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 general 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.

### **Disabled person**

Someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her 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, 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.

### **Divisions**

Wrightington, Wigan and Leigh NHS Foundation Trust are divided into 7 key Divisions (Medicine; Surgery; Specialist Services; Estates and Facilities; Corporate; Human Resources and Finance). Each division is responsible for specific department areas. Each Division is headed by a Senior Manager who is responsible for the day-to-day running of their department areas.

## E

### **Equality**

The vision or aims of creating a society free from discrimination where equality of opportunity is available to individuals and groups enabling them to live their lives free from discrimination and oppression.

### **Equality Analysis**

Equality analysis is a way of systematically and thoroughly assessing and consulting on the effects that a proposed policy/service/function/practice is likely to have on groups of people. It can also be used to estimate the likely impact of existing functions or policies and procedures, as well as looking at whether a policy, procedure or function positively promotes equality between different groups.

## E

### **Equality and Human Rights Commission (EHRC)**

The EHRC is a statutory body established under the Equality Act 2006, which took over the responsibilities of the Commission for Racial Equality, Disability Rights Commission, and Equal Opportunities Commission. It aims to reduce inequality, eliminate discrimination, strengthen good relations between people, and promote and protect human rights in Britain.

### **Equality Delivery System (EDS2)**

In October 2011, the Department of Health launched a new framework to promote equality and fairness in the NHS - the Equality Delivery System (EDS). This toolkit was designed to help NHS Organisations to drive up equality performance and embed equality into mainstream NHS business, meeting the requirements of the Public Sector Equality Duty. The EDS is a national equalities framework which can be adapted locally. It is designed to be a performance and quality assurance mechanism to underpin legislation. The EDS ensures all NHS services are working to the same set of goals around equality and diversity and human rights.

### **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 9 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

### **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.

## F

### **Focus Group**

Focus group research involves organised discussion with a selected group of individuals, to obtain information about their views and experiences on a particular topic. Focus group interviews are particularly suited for obtaining several perspectives about the topic.

## Functions

The full range of activities carried out by a public authority to meet its duties.

## G

### Gay

This term refers to a person, male or female, who is sexually and emotionally attracted to people of the same sex. Also referred to as homosexual.

### Gender

Gender refers to a set of qualities and behaviours expected from a female or male by society. Gender is often confused with sex. Sex generally refers to biology and anatomy. By contrast, gender roles are learned and vary widely within and among cultures. Gender roles and expectations are often identified as factors hindering the equal rights and status of say, women with adverse consequences that affect life, family, socio-economic status.

### Gender Re-assignment

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

### General and Specific Duties

All Public Authorities are legally required to have in place, an Equality Scheme which sets out how they plan to meet the 'general and specific duties' (legislative requirements) contained in the Equality Act 2010

These duties ensure public authorities have a legal responsibility when carrying out their functions to have 'due regard' to the need to:

- Eliminate unlawful discrimination, harassment, victimisation;
- Advance equality of opportunity between those covered by the Equality Act and those not covered, e.g. between disabled and non-disabled people;
- Foster good relations between these groups.

### Goal

The definition of a goal is something that you aspire to do or wish to do.

## 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. See sexual harassment.

### 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.

### Health Outcome

The term refers to the impact healthcare activities have on people — on their symptoms, ability to do what they want to do, and ultimately on whether they live or die. Health outcomes include whether a given disease process gets better or worse, what the costs of care are, and how satisfied patients are with the care they receive. It focuses not on *what is done* for patients but *what results* from what is done.

### Healthwatch Wigan

A local involvement group set up to make sure the views and experiences of people across the country are heard clearly by those who plan and run health and social care services.

**Heterosexual**

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

**Homosexual**

This term refers to a person, male or female, who is sexually and emotionally attracted to people of the same sex. Also referred to as gay or lesbian.

**Human Resources**

The purpose of this function is to provide support to both managers and individuals, to make sure there is a consistent and fair approach to employment matters across Wrightington, Wigan and Leigh NHS Foundation Trust. A particular focus is supporting managers and change processes to achieve service excellence.

**I****Illegal**

Forbidden by law. Something illegal is against the law or breaks the rules.

**Impairment**

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

**Inclusion and Diversity Champions**

Each Division within the Trust has designated Equality and Diversity Champions (nominated by their Divisional Managers). Equality and Diversity Champions are responsible for driving forward Equality and Diversity throughout their Divisions.

**Inclusion and Diversity Steering Group**

The Trust's Equality and Diversity Steering Group was established in 2002 to develop and advance the Trust's approach to equality and diversity. The Steering Group is chaired by an Executive Director and attended by other Executive Directors. Regular reports are submitted to the Board.

**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. To recognise the individual, diverse needs of service users and staff, and treat them fairly with dignity and respect.

**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 with regard to opportunity, treatment or status. **See Health Inequalities.**

**Involvement**

Involvement is a more active form of community engagement than consultation. This includes involving members of the community, for example, in decision making, during a project or policy design and management.

Information collected from individual patients and staff is invaluable in helping the Trust to ensure that it provides a high quality service for all. Wrightington, Wigan and Leigh NHS Foundation Trust recognises the importance of consultation in all aspects of the development and implementation of its responsibilities for equality.

## **Interpretation**

Interpretation is the act of explaining, reframing or otherwise showing your own understanding of something. A person who interprets one language into another is called an interpreter as they are explaining what a person is saying to someone who does not understand. This can be both verbal and non-verbal. For example, other languages, British sign language, Makaton etc.

## **L**

### **Legislation**

A law or set of laws passed by Parliament.

### **Lesbian**

This term refers to a female, who is sexually and emotionally attracted to other females.

## **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.

### **Maternity Leave**

Leave which a woman can take whilst she is pregnant and after the birth of her child divided into compulsory, ordinary and additional maternity leave. How much leave a woman is entitled to will vary, but all women employees are entitled to 26 weeks.

### **Mentorship**

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.

## **N**

### **Nationality**

An aspect of a person's identity conveying rights and duties, and defined by a specific legal relationship between an individual and a state, through birth or naturalisation, which is recognised by that state. Article 2 of the European Convention on Nationality defines 'nationality' as 'the legal bond between a person and a state' which 'does not indicate the person's ethnic origin'.

### **National Health Service Litigation Authority (NHSLA)**

The National Health Service Litigation Authority handles negligence claims and works to improve risk management practices in the NHS. All NHS Organisations are assessed by the NHSLA against a set of core standards which encompass Equality and Diversity.

### **NHS Drivers**

NHS Organisations / Legislative Bodies, which inform, regulate and monitor NHS Organisations.

### **Non-Binary**

Refers to any gender that is not exclusively male or female. Does not fit within the binary of male and female.



## 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 a number of specific goals.

### **Outcome**

The end 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.

### **Perception**

Sensing that something is true by instinct, but not necessarily by fact. This is defined under the Equality Act 2010 as someone thinking a person has a particular protected characteristic, even if they do not. For example, an employer rejects a job application from a white woman whom he wrongly thinks is black because the applicant has an African sounding name.

### **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 in the course of 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.

### **Positive Discrimination**

Treating someone with a protected characteristic more favourably to counteract the effects of past discrimination. It is generally not lawful although the duty to make reasonable adjustments is an exception where treating a disabled person more favourably may be required by law.

### **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 a woman unfavourably because she is breastfeeding.

### **Prejudice**

Means to pre-judge someone, knowing next to nothing about them but jumping to conclusions because of some characteristics, like their appearance.

### **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 Authority**

Organisations and individuals that carry out public functions - this would include government departments, local authorities, health authorities and hospitals, schools, prisons, and police for example.

**Public bodies**

Public bodies are defined as bodies which have a role in the processes of national Government but are not a Government department or part of one. They operate to a greater or lesser extent at arm's length from Ministers.

**Public Sector Equality Duty**

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.

**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.

**Reasonable Adjustment**

Reasonable adjustments are changes to physical premises or working practices that remove the disadvantage they present to a person with a disability. There are no strict rules about what qualifies as a reasonable adjustment as every case is different and must be assessed on its merits.

**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.

**Reviewing**

The term is used here to refer to the process of checking progress against aims.

**S****Service User**

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

**Service Provider**

Someone (including an organisation) who provides services, goods or facilities to the general public or a section of it.

**Sex**

This is a protected characteristic. It refers to whether a person is a man or a woman (of any age).

**Sexual Harassment**

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.

**Sexual Orientation**

A term describing a person's attraction to members of the same sex or different sex. Usually defined as lesbian, gay, bisexual, or heterosexual.

**Single Equality Scheme**

A Single Equality Scheme is a policy / strategy / framework for meeting the requirements of the various pieces of Equality Legislation. This Equality strategy replaces and builds on the Trust's previous Single Equality Scheme 2009 - 2012.

**Staff Network**

Staff networks are run by staff *for* staff and bring together people from all faculties, departments and services who identify with a group relating to one of the Trust's nine equality strands.

**Strategy**

A plan of action designed to achieve a long-term or overall aim.

**T****Training**

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

**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.

**Transsexual / Transgender people**

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.

**Two Ticks' Symbol**

A sign awarded by Jobcentre Plus to employers who are positive about employing disabled people and are committed to employ, keep and develop disabled staff.

**U****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.

**W****Work Force and Employment Profile**

What our workforce looks like. Make up of the people who work for an organisation. Analysing the workforce profile allows us to see how many people from different groups work for the organisation, how many men, how many women, how many disabled people, how many people from different ethnic groups, how many lesbian and gay people. It also allows us to see what kind of jobs people do, how much they are paid/at what grades to see if there are any patterns. For example, if all women in the authority were in low paid jobs and concentrated in one service area then the Trust would put in place policies and procedures to try and change this – are people receiving training to enable them to move up etc.