



Warrington and Halton
Teaching Hospitals
NHS Foundation Trust

Equality Duty Assurance Report 2023

We are **WHH** & We are
PROUD

to make a difference

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1. Introduction

1.1 Background

As public sector organisations, all NHS Trusts are required to demonstrate how they meet the Public Sector Equality Duty as outlined in section 149 of the Equality Act 2010. The general duties of the Public Sector Equality Duty require organisations to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The specific duties of the Public Sector Equality Duty also define how Trusts must:

- Publish information outlining how the Trust complies with the 'General' Duty on an annual basis.
- Publish data on the Trust workforce which should reflect relevance to the local population.

As part of the requirements organisations are required to demonstrate how they are actively working to reduce health inequalities by promoting equality and working to eliminate discrimination, whilst maintaining a commitment to respect human rights. Additionally, they need to demonstrate the outcomes of this work, in particular, showing how they have assessed the impact of policies, strategies, decision making and action plans on its patients, workforce and the local population.

In addition, on 22nd November 2022, the Armed Forces Act 2021 legally came into force. This means that all public bodies, such as the NHS, have a legal duty to demonstrate 'due regard' to veterans and their families in the provision of services.

On an annual basis the Trust publishes a Workforce Equality Analysis Report which looks at the personal demographics of individuals currently working at Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH) and those entering or leaving the workforce. In addition to meeting the requirements of the Public Sector Equality Duty, the information in this report allows us to:

- Understand what the diversity of the Trust's workforce looks like at a snapshot in time.

- Monitor the effectiveness of our Workforce Equality, Diversity and Inclusion Strategy and related policies and processes.
- Make improvements in our employment policies and practices to ensure all staff have equal opportunities to employment, development and a good employment experience.

In April 2022 the Trust in line with the specific duties of the Public Sector Equality Duty reviewed and refreshed its equality objectives. Part of this review included the formation of two new strategies:

- Workforce Equality, Diversity and Inclusion Strategy 2022-2025
- Patient, Service User and Carers Diversity, Inclusion and Belonging Strategy 2022-2025

The two strategies provide an approach to delivering on the expectations of the Public Sector Equality Duty and Armed Forces Act 2021 whilst supporting the delivery of the organisations commitment to being an inclusive employer and outstanding place to receive healthcare.

1.2 Aims of the Equality Duty Assurance Report (EDAR)

In formulating this Equality Duty Assurance Report (EDAR), Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH) are not only aiming to ensure that it is meeting the legal duties to promote equality and challenge unlawful discrimination, but also to ensure that consideration of equality and human rights issues are incorporated into day-to-day practice across the organisation. Therefore, intended outcomes will have equitable access to services for all groups and the Trust will endeavour to reduce health inequalities for our patients, workforce and the local communities we serve.

This document aims to provide assurance that the strategic direction of WHH for promoting equality and eliminating discrimination since April 2011 underpins its adherence to the general duty of the Equality Act 2010 and binding specific duties of the equality duty. Moreover, it may serve as a steppingstone towards formulating strategies and actions that build upon the previous achievements made under Equality Delivery System (EDS2) and other statutory reports such as the Gender Pay Gap and Workforce Equality Standards.

1.3 Scope of the Equality Duty Assurance Report (EDAR)

This Equality Duty Assurance Report sets out the commitment of Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH) in how it will endeavour to adhere to statutory obligations, building upon progress achieved under previous equality schemes and directives.

2. The Public Sector Equality Duty

2.1 Legislation Overview

In April 2010, the Equality Act received Royal assent. The act identified the phased implementation of legislative requirements, to bring into effect measures to promote equality and eliminate discrimination, which were built upon nine previous pieces of equality law. The initial phase came into force in October 2010. The second phase came into effect from 5th of April 2011. This took the form of the creation of a single equality duty for public sector bodies. The third phase came forward from 1st of October 2012 and this extended *Age equality* from only employment protection to include the duty with regard to the provision of goods and services.

This single equality duty replaces the three previous duties which applied to only race, disability and gender. The duty now includes other protected characteristics, although the part of the general duty that applies to *civil partnership and marriage* is the responsibility to eliminate discrimination and prohibited conduct. The duty is now referred to as the Public Sector Equality Duty¹.

The full list of protected characteristics as outlined in the Equality Act 2010² are illustrated in **Diagram One**.

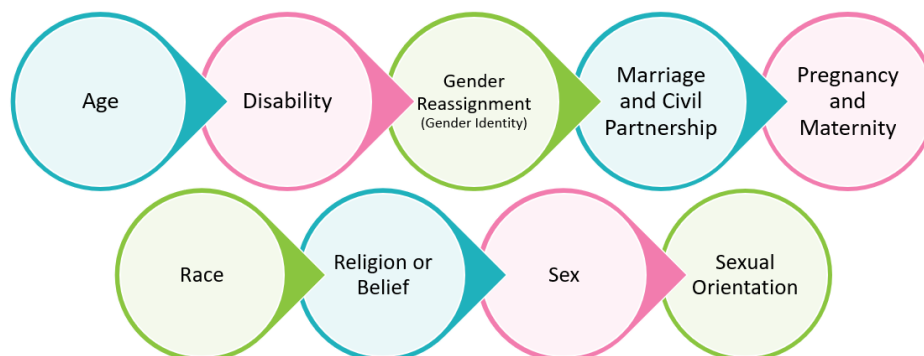


Diagram One: Protected Characteristics in the Equality Act 2010

Warrington and Halton Hospitals Teaching Hospitals NHS Foundation Trust (WHH) has been working towards eliminating discrimination across the protected characteristics for some

¹ Equality and Human Rights Commission: Public Sector Equality Duty. [online] Accessed by: <https://equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty>

² Equality and Human Rights Commission: The Protected Characteristics. [online] Accessed by: <https://equalityhumanrights.com/en/equality-act/protected-characteristics>

time, which is reflected in both of the organisation's Equality, Diversity and Inclusion Strategies, as outlined in section 1 of this report.

In addition to the nine protected characteristics, the Trust also ensures that due regard is given to other vulnerable groups, such as, but not limited to:

- Carers
- Deprived Communities
- Asylum Seekers and Refugees
- Military Veterans and the Armed Forces Community.

2.2 What are the Equality Duties?

The Public Sector Equality Duty requires public organisations to show how they will adhere to the new **general duty**. This is underpinned by a set of actions and assurances termed the **specific duties**³. These serve as guidance on how the general duty can be met, through a range of actions and the provision of evidence in varied formats. The framework is based upon the inaugural creation of a Public Sector Equality Duty for Race, which came into force in 2002, following the Race Relations (Amendment) Act 2000.

The **general duties** of the Public Sector Equality Duty are:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The public sector **specific duties**, which came into force on 10th September 2011, state that public sector bodies should:

- **publish information** to demonstrate compliance with the general duty annually.
- **publish one or more specific and measurable equality objectives** which will help to further the three aims of the Equality Duty.

At Warrington and Halton Teaching Hospitals, adherence to the Public Sector Specific Equality Duties are through the production of the Workforce Equality Analysis Report (WEAR) and the Equality Duty Assurance Report (EDAR). Part of the technical requirements for the duty is that all information published is accessible to the public and available in various formats upon request. The Trust applies the guidance and principles of the Accessible Information Standard in its approach to formal publications.

³ Equality and Human Rights Commission: Technical Guidance of the Public Sector Equality Duty. [online] Accessed by: <https://www.equalityhumanrights.com/en/publication-download/technical-guidance-public-sector-equality-duty-england>

3. The Armed Forces Act 2021

The Armed Forces Act 2021⁴ further enshrines the Armed Forces Covenant into law to help prevent service personnel and veterans being disadvantaged when accessing public services.

The Act introduces a duty to have ‘due regard’ to the principles of the Armed Forces Covenant, as follows:

- a) the unique obligations of, and sacrifices made by, the armed forces.
- b) the principle that it is desirable to remove disadvantages arising for service people from membership, or former membership, of the armed forces.
- c) the principle that special provision for service people may be justified by the effects on such people of membership, or former membership, of the armed forces.

Warrington and Halton Teaching Hospitals considers the element of ‘due regard’ associated with the Armed Forces Act 2021 in its equality analysis and considerations process where more information can be found in section 5.4. Progress and achievements against the Armed Forces Act 2021 are reported through this Equality Duty Assurance Report annually to demonstrate progress against the Act and its duties.

4. The Equality Delivery System

4.1 Background of the Equality Delivery System

The emphasis of equality, diversity and inclusion now focuses on equality outcomes and productivity rather than process. To help NHS Trusts to demonstrate equality assurance and performance, NHS England introduced the NHS Equality Delivery System (EDS) in November 2011. Since its launch the EDS has been reviewed in November 2013, creating EDS2 and a further review in 2020 following the COVID-19 pandemic. In the year 2022 to 2023, Warrington and Halton Teaching Hospitals (WHH) participated in a pilot for the updated EDS framework, referred to as the EDS 2022. EDS 2022 is aligned to NHS England’s Long-Term Plan and its commitment to an inclusive NHS that is fair and accessible to all. EDS 2022 remains the foundation of equality improvement within the NHS. It is an accountable improvement tool for NHS organisations in England - in active conversations with patients, public, staff, staff networks and trade unions - to review and develop their services, workforces, and leadership. It is driven by evidence and insight⁵.

⁴ Legislation UK: Armed Forces Act 2021. [online] Accessed by:
<https://www.legislation.gov.uk/ukpga/2021/35/contents>

⁵ NHS England: NHS Equality Delivery System 2022 – Technical Guidance. [online] Accessed by:
<https://www.england.nhs.uk/wp-content/uploads/2022/06/Equality-Delivery-System-2022-Technical-Guidance.pdf>

The EDS framework is split into three domains which include:

1. Commissioned or provided services.
2. Workforce health and well-being.
3. Inclusive leadership.

4.2 Organisational Scoring for the Equality Delivery System 2022

Table One provides a summary of the Trust's performance in the EDS for the year 2022-2023. The full EDS evidence collation and action plan is published on the Trust website annually by 28th February 2023.

Domain	Question	Score	
Domain 1: Commissioned or provided services			
Domain 1	Question 1a: Patients (service users) have required levels of access to the service.	Developing	1
	Question 1b: Individual patients (service users) health needs are met.	Excelling	3
	Question 1c: When patients (service users) use the service, they are free from harm	Achieving	2
	Question 1d: Patients (service users) report positive experiences of the service	Achieving	2
Total Score – Domain 1 (Out of 12)			8
Domain 2: Workforce health and well-being			
Domain 2	Question 2a: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions.	Achieving	2
	Question 2b: When at work, staff are free from abuse, harassment, bullying and physical violence from any source.	Achieving	2
	Question 2c: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.	Achieving	2
	Question 2d: Staff recommend the organisation as a place to work and receive treatment.	Developing	1
Total Score – Domain 2 (Out of 12)			7

Domain 3: Inclusive Leadership			
Domain 3	Question 3a: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities.	Achieving	2
	Question 3b: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.	Developing	1
	Question 3c: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.	Achieving	2
Total Score – Domain 3 (Out of 9)			5
Combined Trust Score (Out of 33)		Developing	20

Table One: Equality Delivery System 2022 Results

Progress against the EDS is monitored as part of section 5 of this report, including action updates on previous years performance. It is noted that due to the change in framework for the EDS, comparable analysis cannot be completed for previous performance.

5. Meeting the Equality Duties

5.1 Governance Arrangements to Meet the ‘Duty’

Through this Equality Duty Assurance Report (EDAR) and the Workforce Equality Analysis Report (WEAR) Warrington and Halton Teaching Hospitals (WHH) aims to demonstrate how it is paying due regard to the general duty of the Public Sector Equality Duty and Armed Forces Act 2021.

As an NHS Foundation Trust and public sector organisation WHH has a legal and moral duty to promote equality and challenge unlawful discrimination. We also must ensure that the consideration of equality and human rights issues are incorporated into day-to-day practice across our hospitals, as is the right thing to do.

In 2022 the Trust ratified two new strategies which set out the strategic intent of the Trust for the next three years. The Trust has taken the steps for the first time to separate the objectives for patients and workforce into two strategies, recognising that the principles of

equality, diversity and inclusion are fundamental to the delivery of outstanding, quality patient care and experience for our workforce.

The Patient, Service User and Carers Diversity, Inclusion and Belonging Strategy 2022-2025 was designed with our patients and communities at its centre, acknowledging the role WHH play in ensuring our hospitals are accessible and that our services address health inequalities in our community.

The Workforce Equality, Diversity and Inclusion Strategy 2022-2025 sets out the WHH commitment to be the best place to work, creating a culture of belonging for all.

The Workforce Equality, Diversity and Inclusion Sub Committee and Patient Equality, Diversity and Inclusion Sub Committee are chaired by the Chief People Officer and Deputy Chief Nurse, respectively. Both committees in turn ensure oversight of the equality, diversity and inclusion agenda via respective Board committees with escalations reported to the Board of Directors as required. The Sub-Committees have internal and external stakeholder membership, with active involvement from patient representatives, staff networks and members of third sector bodies.

The Trust's four Staff Equality Networks representing Race, Disability, Sexual Orientation & Gender Identity, and Armed Forces, all have representatives who attend the Workforce EDI Sub Committee. The aim of this is to help ensure the voice of our workforce is fed in at this level and that commitments can be made to ensure the Trust is eliminating any potential for discrimination within its workforce. The Network Chairs who attend the committee represents the following Staff Networks:

- Multi-Ethnic Staff Network
- PROGRESS Staff Network (supporting the LGBTQIA+ community)
- Disability Awareness Staff Network
- Armed Forces and Military Veterans Community Staff Network

The EDI Sub-Committees engage with and/or report to the following groups within the corporate governance structure at WHH:

- Patient Experience Sub-Committee
- Operational People Committee
- Strategic People Committee
- Quality Assurance Committee
- Trust Board

In addition, the organisation's Staff Networks have a standing agenda item on the Workforce EDI Sub-Committee and the work of the Workforce EDI Sub-Committee is also supported by additional staff engagement mechanisms such as the Freedom to Speak Up Champions and Mental Health First Aiders / Mental Wellbeing Hub where appropriate.

As in previous years, WHH can provide its strategic documents in varied formats with significant work to improve compliance with the Accessible Information Standards

undertaken. Although it is not a legal requirement to publish equality analysis and engagement undertakings in a documented format, WHH will continue to be transparent and inclusive, in demonstrating how it is meeting its equality duty and working in partnership with others.

5.2 Consultation and Involvement of our Workforce, Patients and Communities

Warrington and Halton Teaching Hospitals (WHH) is committed to ensuring that its workforce and patients are involved in shaping the organisations equality, diversity and inclusion workstreams, with opportunities to influence health service planning and delivery.

The Trust has a dedicated Engagement Officer who engages externally with the community and local stakeholders on consultation and changes impacting on healthcare within the local boroughs. Internally the Trust has dedicated EDI resources with a Head of Workforce EDI and Head of Patient Experience and Inclusion responsible with leading the delivery of the associated EDI Strategies.

The Trust also has a Learning, Organisation Development and Culture department which supports and leads on the workforce engagement and wellbeing portfolio. WHH ensures that its workforce voice is integral to improving the experiences of all at WHH. Both staff engagement and wellbeing, and equality, diversity and inclusion agendas are reported through the Workforce EDI Sub-Committee, Operational People Committee and the Strategic People Committee.

From a workforce perspective the Trust utilises analysis from the annual NHS Staff Survey and recently implemented quarterly NHS People Pulse surveys⁶ which are able to be broken down by protected characteristics. This allows for deeper analysis of data to understand the experiences of our all workforce. The Trust's 2021 Staff Survey data, illustrated in **Diagram Two** illustrates that the organisation is doing better than the Acute Trust average across England in 7 areas with the same as the Acute Trust average score in two areas.

Results of the 2021 Staff Survey broken down by protected characteristic were utilised as part of the grading for the Equality Delivery System (EDS) 2022. This provided a deeper analysis of the information available to support meaningful actions for improvement. More information on this can be found in the EDS 2022 report on the Trust website.

These results are shared with Staff Networks Chairs and Vice Chairs who contribute to an organisational staff survey action plan based on the experiences of their networks. This illustrates how the organisation is paying due regard to the experiences of individuals who have protected characteristics as outlined in the Equality Act 2010 and **Diagram Two**.

⁶ NHS People Pulse Survey: www.england.nhs.uk/nhs-people-pulse

2021 NHS Staff Survey Results

NHS
Warrington and Halton
Teaching Hospitals
NHS Foundation Trust

All of the themes are scored on a scale of 0-10, where a higher score is more positive than a lower score.



1744 =
staff responded



40% = of our workforce



= Better than average acute trust score

= Same as average acute trust score

= Lower than average acute trust score

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Diagram Two: NHS Staff Survey 2021 Results

From a patient perspective the Trust works in partnership with a variety of external partners and advocacy groups. This allows for a greater understanding of the local population, health needs and barriers to accessing health care which leads to addressing potential health inequalities.

The Trust complies with the Equality Delivery System reporting which is in place for both patients and service users and workforce. Grading is completed on an annual basis for the 4 questions associated with patients and service users and this is graded in collaboration with community partners, key stakeholders and the wider public. A copy of the latest grading can be found on the Trust website.

The Trust is confident in securing the views of patients and their families and this is evidenced by the following:

- Trust Friends and Family Test Scores - Inpatient, Emergency Department, Maternity and Outpatients
- National Patient Survey Results
- NHS Choices – Online comments
- Patient feedback reported through Patient Experience and Inclusion Team and local Community Partners and Healthwatch
- Patient and public engagement events

Scores and data collated from the Friends and Family Test, survey results and subsequent action plans and key themes identified through engagement with the public and community partners are reported monthly through the Patient Experience Sub-Committee. **Table Two** highlights available data for the Trust Friends and Family Test in 2022/23 with the Cheshire and Merseyside average for local Emergency Departments.

Month	Internal Target	Emergency Department	Cheshire and Merseyside Average - ED	Inpatient Areas	Outpatient Areas
February 2022	87%	71%	79%	100%	93%
March 2022	87%	66%	75%	98%	92%
April 2022	87%	68%	74%	98%	92%
May 2022	87%	72%	75%	97%	92%
June 2022	87%	70%	76%	97%	92%
July 2022	87%	70%	74%	97%	92%
August 2022	87%	72%	77%	96%	94%
September 2022	87%	71%	75%	97%	93%
October 2022	87%	74%	73%	97%	93%
November 2022	87%	71%	74%	96%	93%
December 2022	87%	66%	73%	95%	94%
January 2023	87%	84%	Data not yet published	98%	94%

Table Two: Patient Friends and Family Test Data (2022/23)

The Trust can breakdown feedback results by protected characteristic to highlight if there are any disproportionate impact on patient experience. Learnings from patient feedback and results are utilised in patient stories which allows for continued learning across the Trust, celebration of good practice and improvements across the Trust.

WHH has a strong emphasis on engagement in its equality action plans to facilitate ‘*autonomy, accountability and democratic legitimacy*’ with regard to how it discharges undertakings under the general duty of the Equality Act 2010. Only by working in partnership with service users and our staff can we develop services that meet local need and are utilised effectively.

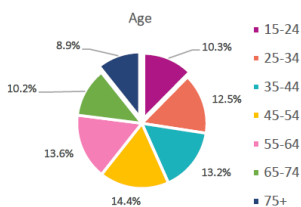
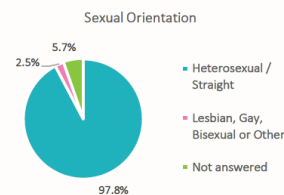
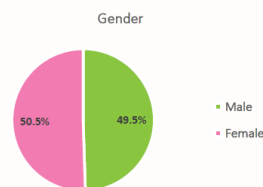
5.3 Equality Monitoring

Good quality data underpins all equality, diversity and inclusion work from identifying priorities to measuring the effectiveness of our actions and impact. Part of the equality monitoring process is the alignment of internal and external sources. The Office for National Statistics 2021 Census⁷ provides Warrington and Halton Teaching Hospitals with an updated population profile for the local boroughs we serve and employ from.

Diagrams Three and **Four** provide a high-level analysis of some of the protected characteristics based on data collated from the Census 2021.

ONS 2021 Census data – Warrington

Ethnic Group	%
Asian, Asian British or Asian Welsh	3.3%
Black, Black British, Black Welsh, Caribbean or African	0.7%
Mixed or Multiple Ethnic Groups	1.6%
White	93.5%
Any other Ethnic Group	0.9%



Religion	%
No religion	34.6%
Christian	56.7%
Hindu	0.7%
Muslim	1.7%
Other	1.0%
Not answered	5.2%

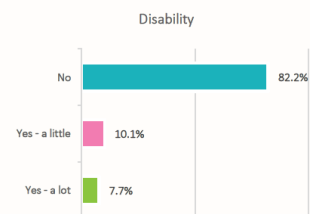
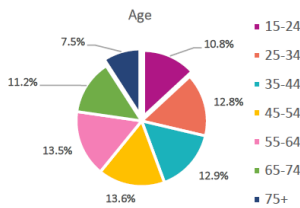
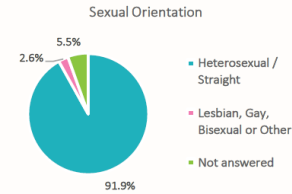
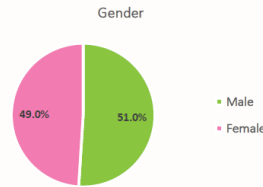


Diagram Three: Office for National Statistics: Census 2021 Results for Warrington

⁷ Office for National Statistics: Census 2021 [online] Accessed by: <https://www.ons.gov.uk/census/maps>

ONS 2021 Census data – Halton

Ethnic Group	%
Asian, Asian British or Asian Welsh	1.1%
Black, Black British, Black Welsh, Caribbean or African	0.4%
Mixed or Multiple Ethnic Groups	1.4%
White	96.5%
Any other Ethnic Group	0.6%



Religion	%
No religion	35.2%
Christian	58.6%
Hindu	0.3%
Muslim	0.6%
Other	0.7%
Not answered	4.6%

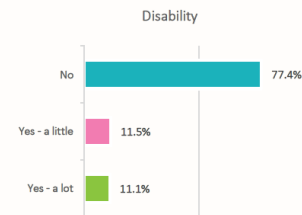


Diagram Four: Office for National Statistics: Census 2021 Results for Halton

We recognise that the quality of internal data collection and analysis needs to be improved in order that we may effectively understand our local population and who is using local services. Continuing to improve the capture and quality of equality data is a key element of the new Patient and Workforce Equality, Diversity and Inclusion Strategies and is reflected within the delivery plans of the Workforce and Patient EDI Teams.

5.4 Equality Impact Assessments

A commitment to undertaking equality analysis ensures that our policies, strategies, functions and any services we deliver endeavour not to lead to an unfavourable effect on different people. Equality analysis also helps to identify any positive action we can take to promote equality of opportunity and access for our patients, workforce and communities.

Equality Impact Assessments (EIA) are used as a tool for Warrington and Halton Teaching Hospitals (WHH) to evidence that it is paying 'due regard' to the general aims of the Public Sector Equality Duty, Armed Forces Act 2021 and Human Rights Act 1998.

The principles of 'due regard' state it is good practice for public functions to keep an accurate record showing that they have considered the general equality duty and pondered relevant questions. If records are not kept it may make it more difficult, evidentially, for a public authority to persuade a court that it has fulfilled the duty imposed by the equality duties. Therefore, decisions must be evidenced, it involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encourage people from protected groups to participate where their participation is disproportionately low.

In 2022-2023 the Trust refreshed its EIA process to adopt a two-stage EIA process ensuring that EIAs are meaningful and enable the organisation to actively eliminate discrimination, harassment, and victimisation, foster good relations between people who share a protected characteristic and those who don't and advance equality of opportunity between all. The updated process also puts ownership on the authors requirement to identify both positive and negative impacts with learnings shared widely.

The Trust also ensures that due regard is given to other vulnerable groups where evidence shows potential barriers to healthcare or where health inequalities are known, such as, but not limited to:

- Carers
- Deprived Communities
- Armed Forces and Military Veterans

As part of the Trusts process an EIA must be completed prior to any decision making or processes which can impact on patients, workforce or the wider public. Examples include, policies, service change, organisational change, capital or revenue business cases, public consultations and estates work.

The two-stage EIA process consists of:

1. **Summary EIA** – this allows the author to analyse their proposal against the protected characteristics and general aims of the Equality Act 2010 and of the Armed Forces Act 2021. A summary equality impact assessment is used to identify if a full equality impact assessment is required to be completed based on the actual/potential impacts on the grounds of people's characteristics.
2. **Full EIA** – if a full EIA is triggered by completion of the Summary EIA then the author is required to complete a full consultation and engagement review.

To enable successful monitoring of the Trust EIA process, an Equality Assurance Review Panel has been implemented which meets on a bi-monthly basis to review a selection of EIAs which impact on patients, workforce and the public. Learnings from this panel are reported into the Workforce and Patient Equality, Diversity and Inclusion Sub-Committees' retrospectively.

5.5 Creating Accessible Information

Barriers to information can prevent people from effectively accessing health services and may affect health outcomes for some people. It is important that local people are involved in helping us to identify these needs and agree appropriate solutions. This is an important element of how the Trust actively works with its internal and external stakeholders.

The Trust has a range of focus groups and committees that include internal and external membership from advocacy groups, patients, carers and third sector organisations. Included in these groups are the Trust's Council of Governors, Patient Experience Sub-Committee, Patient Equality Diversity and Inclusion Sub-Committee, Dementia Steering Group, the Learning Disability Steering Group and the Mental Health Steering Group.

These groups continue to collaborate to seek to make improvements to the experiences of disabled patients and to work on solutions to surmount any barriers they may face, including communications and related matters. WHH is working to enhance the range and format of communications to ensure equality of access and to provide additional support to those accessing our services. The Trust Accessible Information Standard was reviewed in June 2022 with an underpinning action plan to ensure the Trust compliance in ensuring that information is fully accessible including greater use of new technologies to assist with this. The outcomes of this review included an updated Accessible Information and Communication Policy which was approved by the Trust Board.

Supporting this policy implementation, a range of sub-actions were completed to support the deployment of Accessible Information across the Trust, they include:

- Review and implementation of the Accessible Information Standards Task and Finish Group.
- Review of patient information and appointment letters.
- Review of Translation services, including audio and written documentation.
- Continued use of EIDO to support accessible clinical information in different formats.
- Pilot of a Healthcare Passport centred on communication.
- Engagement with community partners and local community groups on the development of a Communications Passport.
- Development of QR codes on internal and external posters to support digital inclusion whilst providing accessible options such as paper-based where required.

5.6 Improving patient experience and quality

WHH builds upon what it has learned from assessments undertaken as part of the Equality Delivery System 2022 with a view to improving services and patient experience.

The Trust works towards engaging with local people from all communities, in partnership with other organisations such as the local Healthwatch teams from Halton and Warrington. It also

collaborates with partner organisations in the statutory sector, in order to gain greater understanding of the local picture and work to address potential health inequalities.

5.6.1. Foreign Language Interpretation

Language Line Solutions have been the primary provider at WHH since 2021, providing interpretation services for foreign languages via a virtual audio or video connection through tablets and other electronic devices available in clinical and non-clinical areas. The Trust has access to The Big Word for face-to-face interpretation requirements as and when required.

Data provided by the Big Word for utilisation in 2022 / 23 found that:

- Face to Face (F2F) bookings (<24 hours' notice) had a 43.75% fulfilment rate set against a KPI of 80%
- Face to Face (F2F) bookings (>24 hours' notice) had an 66.67% fulfilment rate set against a KPI of 95%

Diagram Five illustrates the usage for Language Line Solutions across all clinical areas in 2022:

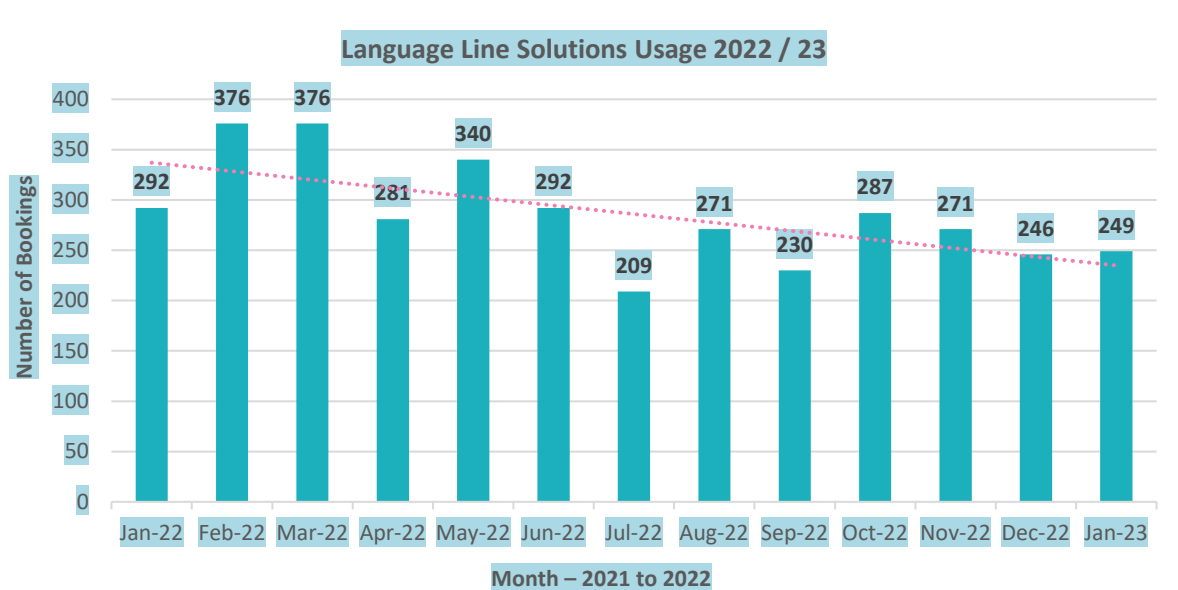


Diagram Five: Language Line Solutions Usage (2022/23)

Diagram Five demonstrates an average usage of interpreter services remains consistently between 209 and 376 bookings per month. The consistent usage for interpretation services has resulted in no requests for the Warrington and Halton Teaching Hospitals workforce to act in the position of an interpreter. This ensures that the Trust meets its quality standards and that patients are supported by bilingually competent, neutral, independent and professionally trained interpreters.

In addition to usage, it is important to understand the most frequently requested languages which is highlighted in **Table Three**. The final column in **Table Three** highlights the number of requests for face-to-face (F2F) serviced bookings for The Big Word:

Language	LanguageLine Total	The Big Word (F2F)
Romanian	377	43
Arabic	370	64
Polish	361	79
Sorani	325	35
Farsi	163	15
Cantonese	370	34
Turkish	47	26
Tigrigna	65	2
Spanish	63	7
Bulgarian	49	37
Hungarian	65	11
Portuguese	41	14
Slovak	35	16
Mandarin	31	8
Bahdini	33	6

Table Three: Most requested languages for LanguageLine and The Big Word

5.6.2. British Sign Language (BSL) Interpretation

The Deafness Resource Centre provides British Sign Language (BSL) services, this has been in place with consistently satisfactory service experience for some years.

The Trust continues to support attendance of BSL interpreters on site to support patients who require a BSL interpreter as a primary method in comparison to virtual services. In the event that a BSL interpreter is unable to visit the hospital site, a virtual BSL interpreter can be connected through Language Line Solutions.

Table Four provides an update on usage for the Deafness Resource Centre in 2022/23 (up to the end of January 2022).

Dates	Number of bookings
April 2022 – June 2022	41 active bookings
July 2022 – September 2022	35 active bookings
October 2022 – December 2022	28 active bookings
January 2023 – February 2023	17 active bookings
Total	121 active bookings

Table Four: British Sign Language Usage

Data demonstrates a consistent delivery of BSL interpretation services across the Trust with data reviewed on a regular basis at the Trust Patient Equality, Diversity and Inclusion Sub-Committee. This ensures there are no known barriers to accessing the hospital by a BSL patient or service user.

In February 2022 the Patient Experience and Inclusion Team attended a focus group supported by Healthwatch Warrington at the Warrington Deaf Centre to understand the experiences of d/Deaf people in the local community. Following the event, a report has been published and shared across the Cheshire and Merseyside footprint in both primary and secondary care. Actions taken subsequently have included:

- An awareness campaign to reiterate the importance for the use of face-to-face BSL interpreters and the process to follow.
- Digital patient stories developed with members of the d/Deaf community shared at various committees and meetings such as:
 - Ward Managers Committee
 - Patient Equality, Diversity and Inclusion Sub-Committee
 - Patient Experience Sub-Committee
 - Quality Assurance Committee.
- Continuous monitoring at Patient Equality Diversity and Inclusion Sub-Committee of the use of BSL interpretation services. The d/Deaf community are represented at this meeting by the Deafness Resource Centre.

5.6.3. Tools to enable interpretation and translation

The Trust has a 'Interpretation, Translation and Accessible Information' Staff Guide to simplify the interpretation and translation process and enable appropriate continuous learning. The guide has information on:

- Foreign language interpretation
- British Sign Language
- Accessible Information Standards
- Safeguarding and consent
- Easy Read documentation
- Makaton
- Language identifier flags

This ensures a streamlined process throughout the Trust in response to Interpretation and Translation. This guide is accessible in both a digital and paper format. This will support pre-admission, outpatient appointments and inpatient stays at WHH.

5.7 Armed Forces and Military Veterans

Following successful application for funding from the Armed Forces Covenant Fund Trust, the Trust was able to employ an Armed Forces Advocate. This two-year funded project aims to reduce or eliminate health inequalities experienced by our armed forces communities.

The main priorities of the project are:

- Working with operational teams focused on wait list data to ensure treatment prioritisation where clinically appropriate.
- Development of internal systems and processes.
- Workforce awareness and training.
- Networking with key community stakeholders and Primary Care Networks.

Quarterly awareness campaigns have been undertaken across both hospital sites to raise awareness amongst the Trust workforce, patients and visitors to encourage our workforce to ask and record veteran status and to encourage patients to disclose this information. A rolling series of awareness presentations across wards and departments is also ongoing.

Veterans have been added to the Patient Equality, Diversity and Inclusion Dashboard and as more veteran patients are recorded, this will allow the Trust to interpret this data to better understand our veteran patient demographics and inform how we can shape our services to best meet the needs of our armed forces community.

A Veterans Patient Dashboard has been created which identifies how many veterans we have recorded on our patient information systems along with details of whether they are currently in hospital or due for Outpatients and Surgical appointments. The dashboard is a live portal updated daily, which allows the Armed Forces Advocate to identify and contact patients.

Following the implementation of the legal duty to demonstrate 'due regard' including the consideration of prioritisation of treatment where an illness or injury is related to time in service; the Trust has been working on veteran specific patient pathways in Surgical Specialities for Orthopaedic and Musculoskeletal treatments. This has resulted in being able to support our first patient to receive a clinically assessed level of prioritisation on their surgery waiting time, reducing the wait from over 70 weeks to approximately 12 weeks. Further work is underway to create similar pathways across a range of other services.

Engagement has been undertaken to build a strong network of stakeholders with local charities and organisations that support the Armed Forces Community both regionally and nationally. This allows for the sharing of knowledge and best practice to inform the provision of services.

In conjunction with the Armed Forces and Military Veterans Staff Network the Trust ensures it engages and commemorates the full calendar of Armed Forces events across the year including Armed Forces Week and Armistice and Remembrance Day.

5.8 Health Inequalities

We recognise and act on our role as an advocate for the health and wellbeing of our local communities. We know unfair and avoidable differences in health can be caused as a result of society, the environment we live in and the opportunities we have.

It is our ambition to positively impact social value and lead others to do so, in order to enhance the well-being and life chances of our patients and make a positive contribution to our local economy and community.

5.9 Promoting Equality Among the Workforce

WHH aims to have a workforce that reflects the demographic make-up of the local population. It will do this through positive and targeted recruitment policies and procedures, ensuring our processes are inclusive from start to finish. In addition, it will ensure that the workforce is supported to promote equality of opportunity and challenge discrimination confidently at all stages. WHH will maintain an annual commitment to produce a full workforce equality analysis, in order to support future planning and development options. This is completed as part of the Workforce Equality Analysis Report, published annually on the Trust website.

The Trust has also complied with reporting requirements for the Workforce Race Equality Standard, with the development of appropriate action plans, and has successfully implemented the Workforce Disability Equality Standard in partnership with the organisation's Disability Awareness Staff Network. The Trust also regularly reviews Staff Survey results by protected characteristic with the organisation's Staff Networks ensuring subsequent action plans and recommendations are collaboratively developed to ensure that equality is promoted, and no potential discrimination exists.

The Trust is committed to exploring further opportunities to utilise data to promote equality among its workforce. In 2023-2024 the Trust will review opportunities to pilot a Workforce Sexual Orientation Equality Standard and scope the development of Ethnicity Pay Gap mechanisms.

Our policies and strategies are also equality assessed to ensure no employee is at a detriment due to any protected characteristics and these are regularly reviewed. In addition, there is a programme of activity led by the Equality, Diversity and Inclusion Team in partnership with the Staff Networks to develop a calendar of events across the organisation to promote equality within the workplace.

5.10 Action planning

The organisation's approach to action planning to promote equality and meet the general and specific Equality Duties is one of collaboration utilising the organisation's internally growing engagement network and externally first and third sector partnerships. This approach enables the organisation to gain the perspectives and ascertain the needs of both its workforce and the public that it serves.

5.11 The Trust's Objectives

The Trust's Strategic objectives focus on Quality, People and Sustainability as illustrated in **Diagram Six**.

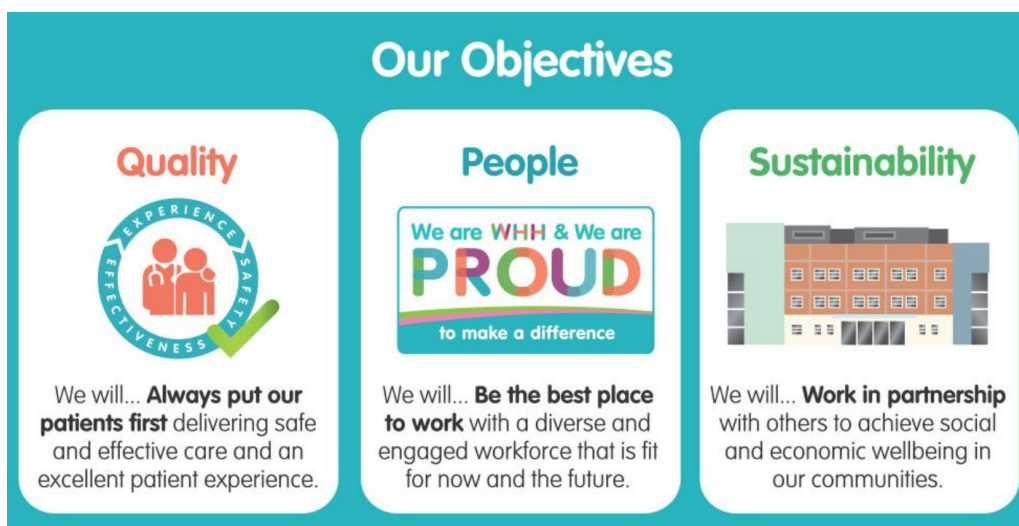


Diagram Six: Organisational Objectives

5.12 Organisational mission, vision and values

Our Mission is that ***“We will be outstanding for our patients, our communities and each other”***. The organisational vision is ***“We will be a great place to receive healthcare, work and learn”***.

To support the organisation's mission and vision, the values of the organisation demonstrate the commitment of the organisation to create a culture which promotes equality and advancing of opportunity and challenging discrimination in all its forms. The values of the organisation are illustrated below:

- Working Together
- Excellence
- Inclusive
- Kind

- Embracing Change

Effective application of the mission, vision and values relating to the equality duty will complement and support the organisation's strategic vision. An increase in knowledge and understanding of the Trust workforce, patients, local communities and their needs will enable more effective and efficient use of resources. As a consequence, this will help improve patient and workforce experience and quality, minimising potential for inequalities or discrimination.

6. Progress and Achievements

The equality governance framework serves to not only ensure that WHH remains compliant with legislation and that equality issues are considered but that improvements are made and innovations realised in partnership with equality and health inequality stakeholder groups.

6.1 Summary of key equality achievements

Some of the key equality achievements of the organisation are illustrated below:

- Continued publication of the Workforce Equality Analysis Report (WEAR) on an annual basis from 31st March 2013.
- Continued implementation of Gender Pay Gap reporting on an annual basis, including development of associated action plans collaboratively developed in partnership with the workforce.
- Continued compliance of the Workforce Race Equality Standard and Workforce Disability Equality Standard with noticeable improvements in indicators year on year.
- Successful implementation of the Equality Delivery System 2022 pilot with 1 indicator scoring 'Excelling', 7 scoring 'Achieving' and 3 scoring 'Developing'. All with actions to drive improvement.
- Continued development and integration of Staff Networks across the organisation, including:
 - MESN – Multi-Ethnic Staff Network
 - PROGRESS – LGBTQIA+ Staff Network
 - DAN – Disability Awareness Staff Network
 - AFVN – Armed Forces and Military Veterans Community Staff Network
- Review and refresh of the organisation's equality objectives with two newly ratified strategies focused on improving patient and workforce outcomes and experience.
- Attainment of the In-Trust Merseyside and Cheshire Navajo Charter Mark.
- Attainment of Disability Confident Level 3 Leader Status.
- Achieved the Stonewall Diversity Champions Accreditation.

- Recording, monitoring and promotion of Armed Forces, Veterans and Carers status on the electronic staff record system.
- All policies, procedures and guidance documents which are formally ratified are equality impact assessed against protected characteristics as standard.
- Improvements in the Experts by Experience Programme with a diverse representation of experts. This is part of our commitment to meaningful co-production and co-design, ensuring patient voices are at heart of everything we do, and informs the plans and decisions we make about the delivery of services.
- Continued implementation of the multi-partnership Carers Strategy.
- Continued development of the Trust Mental Wellbeing Hub with targeted support available for individuals and teams.
- Introduction of Menopause Cafés with targeted health and wellbeing support.
- Introduction of the LGBTQIA+ Wellbeing Guide to support targeted support across the Warrington, Halton and Liverpool City Region.
- Annual sponsorship of the international Disability Awareness Day event in Warrington.
- Involvement at the Liverpool City Region Pride Event in 2022.
- Targeted equality impact assessments completed in partnerships with external and internal stakeholders for public consultations.
- Targeted Recruitment Events, including Youth Event at YouthZone, Warrington and Vale Royal, local education providers. Working collaboratively with the Apprenticeship and Widening Participation Teams.
- Memorial service led by the Armed Forces and Military Veterans Community Network for the passing of Queen Elizabeth II.
- Improving People Practices implementation to 'people' policies, with equality considerations reviewed by the Workforce EDI Team for all policies prior to implementation.
- Development and implementation of an Autism Café for working carers of children and young people with autism.
- Increased investment and implementation of Mental Health First Aiders across the organisation to increase awareness of mental health and offer the workforce additional support as required.
- Introduction of a dedicated quiet waiting area and treatment space in A&E to support patients with a mental health condition or other additional needs.
- Opening of the Halton Health Hub, a standalone outpatient unit situated within the Runcorn Shopping City providing a range of services including optometry, orthoptics, audiology and dietetics.
- Completion of a Reciprocal Mentoring Scheme with members of the organisation's Staff Networks and Executive and Senior Management Teams.

- Continued development and deployment of a tailored career conversation support for members of Staff Networks and across the organisation to support talent management across all protected characteristics.
- Increased diversity of Freedom to Speak Up Champions across the organisation.

7. Responsibilities and Accountability

The Board of Directors have overall responsibility to ensure that the organisation adheres to the statutory obligations contained within section 149 of the Equality Act 2010 known as the Public Sector Equality Duty.

From a workforce perspective, the Chief People Officer chairs the bi-monthly Workforce Equality, Diversity and Inclusion Sub-Committee which reports into the Strategic People Committee and subsequently to Trust Board. The Chief People Officer is the Executive accountable for workforce equality, diversity and inclusion.

From a patient perspective, the Deputy Chief Nurse chairs the monthly Patient Equality, Diversity and Inclusion Sub-Committee, and the committee reports into the Quality Assurance Committee and subsequently to Trust Board. The Chief Nurse and Deputy Chief Executive is the Executive accountable for patient and service user equality, diversity and inclusion.

8. Conclusion

Warrington and Halton Teaching Hospitals (WHH) continues to strive to be outstanding and pioneering in its equality, diversity and inclusion workstreams. This is achieved through the delivery of its value of 'inclusive', strategic intent outlined in its Equality, Diversity and Inclusion Strategies and the enabling of its workforce and patient voice through engagement networks.

The corporate governance structure in place allows for oversight of key risks and opportunities to drive forward the agenda whilst ensuring that the organisation meets the general and specific duties of the Public Sector Equality Duty and Armed Forces Act 2021.

In the strategic delivery plans for equality, diversity and inclusion, WHH strives to be an outstanding place to receive healthcare whilst being the best place to work for our employees.

9. Further Details

Further details about the organisation's equality, diversity, inclusion and human rights approach can be found via our website below or by contacting the Trust Communications Team:



www.whh.nhs.uk/about-us/corporate-publications-and-statutory-information/equality-diversity-and-human-rights



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