Wirral Community NHS
NHS Trust

Equality & Diversity

2013 - 2017

Getting it right - for everyone.

for you, with you

Equality Diversity & Human Rights Strategy 2013-17

Applies to:	All functions and services
Committee for Approval	Board of Directors
Date of Approval	
Review Date	December 2015
Name of Lead Manager	Director of Human Resources and Organisational Development
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Acknowledgment

The Trust would like to thank all the individuals, groups and organisations who gave their time and expertise to contribute to the development of this draft strategy, and who continue to help us move further towards full equality for all people in Wirral.

Easy Read Available

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Foreword

Wirral Community NHS Trust has, with the production of this Equality Diversity & Human Rights draft strategy, set out our commitment to ensuring that equality and human rights will be taken into account in everything we do both as a major employer and provider of healthcare.

It has been designed in response to the requirements of the Equality Act 2010 future monitoring requirements from Wirral CCG and builds on the previous actions and objectives that were contained in our former Single Equality Scheme. It is also designed to meet the requirements the Human Rights Act and the new national NHS Equality Delivery System (EDS).

Within the EDS there are 4 main goals.

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and included staff
- Inclusive leadership at all levels

Through the development of this Strategy, we will continue to promote equality of opportunity amongst different groups of people and ensure that potentially vulnerable groups and individuals are supported, and their needs are addressed, in ways that are best suited to them.

It is a long-term commitment driven by both the needs and wishes of our local people and staff, and the new equalities legislation. For that reason, much of the work will be on-going. Our Board of Directors commits to monitoring our progress and reporting regularly and openly in line with the specific duties of the Equality Act 2010.

We look forward to the work ahead, facing the challenges, and delivering the actions we have set ourselves and ensuring that everyone has the opportunity to be involved in shaping and influencing the decisions and services that affect them and the patients we serve.

Simon Gilby
Chief Executive
&
Jo Harvey
Director of Human Resources and Organisational Development

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 (EDS). It recognises the differences between people, and how we aim to make sure that (as far as possible) any gaps and inequalities are identified and addressed.

Much of it has been developed in partnership with staff and stakeholders and other healthcare organisations across the Wirral (see appendix 5). All divisions of the organisation share the key objectives detailed in this Strategy, although the actions required to make progress on equality and human rights belong to Wirral Community NHS Trust (WCT).

The Strategy will be regularly reviewed and strengthened.

We aim to build on our current work in putting Equality and Human Rights at the heart of all we do.

1. Vision & Values

Our Trust vision is 'To be the outstanding provider of high quality, integrated community care to Wirral and beyond.'
Our values show what we stand for, believe in and are passionate about:

- Promoting the importance of services in the community
- Providing excellent care and service
- Listening and responding
- Being supportive and empowering
- Demonstrating knowledge and professionalism
- Promoting the value of services in the community
- Embracing change.

We believe this is inclusive of both our staff and people who use our services including those who have protected characteristics and those who are vulnerable in our community.

To meet the full requirements of the Equality Act 2010 and the Equality Delivery System, we will use our strategy as part of our consultation pathway with our diverse communities and staff to help us to grade our equality performance and identify our core equality objectives going forward.

Working with the community and our staff will enable us to set clear, focused, achievable equality objectives.

In January 2014 we will publish our final strategy with our core equality objectives which will provide us with a clear pathway forward to improve equality for those people who access our services and for our staff.

2. Our Shared Vision

Alongside our NHS counterparts, Wirral Community NHS Trust aims to be a leading organisation for promoting Equality and Diversity in Wirral. We believe that any modern organisation has to reflect all the communities and people it serves, in both service delivery and employment, and tackle all forms of discrimination. We need to remove inequality and ensure there are no barriers to health and wellbeing.

We aim to implement this by:

- becoming a leading organisation for the promotion of Human Rights Equality and Diversity, for challenging discrimination, and for promoting equalities in service delivery and employment;

- creating an organisation which recognises the contribution of all staff, and which is supportive, fair and free from discrimination; and

- ensuring that Wirral Community NHS Trust is regarded as an exemplary employer.

The Trust has made a commitment to valuing diversity and achieving equality; the Trust's vision is that NHS care in Wirral will have a culture of fairness, equality, and respect for diversity that is evident to everyone.

The following principles underpin our work:

- support and respect for everyone's Human Rights as a fundamental basis for our work with people;

- identifying and removing barriers that prevent people we serve from being treated equally;

- treating all people as individuals respecting and valuing with their own experiences and needs;

- finding creative, sustainable ways of supporting Human Rights, improving equality and increasing diversity;

- working with the people who use our services and staff towards achieving equality;

- learning from what we do – both from what we do well and from where we can improve;

- using everyday language in our work; and

- working together to tackle barriers to equality across our organisation.

3. Meeting Our Duties

The Equality Act 2010 introduced the Public Sector Equality Duty which came into force on the 5 April 2010. This Duty 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:

- Disability
- Age
- Race – this includes ethnic or national origins, colour or nationality
- Sex
- Sexual orientation
- Religion or belief – this includes lack of belief
- Gender reassignment
- Pregnancy and Maternity
- Marriage and Civil Partnership (in respect of the need to eliminate discrimination between the two)

The Public Sector Equality Duty (PSED) encourages us to engage with the diverse communities affected by our activities to ensure that policies and services are appropriate and accessible to all and meet the different needs of the communities and people we serve.

Equality considerations must therefore be reflected in the design of all policies and the delivery of all services. In short, the organisation must have due regard of the need 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 (this includes tackling prejudice and promoting understanding).

Having due regard means that we must take account of these three aims as part of our decision making processes –- in how we act as an employer; how we develop, evaluate and review policy; how we design, deliver and evaluate services; and how we commission and buy services from others.

It also requires the Trust to consider the need to:

- remove or minimise disadvantages suffered by people due to their protected characteristics;

- meet the needs of people with protected characteristics;

- encourage people with protected characteristics to participate in public life or in other activities where participation is low.

Complying with the general duty may mean that we treat some people differently than others; this will be to ensure we meet their needs as far as this is allowed in discrimination law. It also explicitly recognises that disabled people's needs are different from those of non-disabled people. This may mean making reasonable adjustments for them or providing services in a different way to make sure they achieve the same outcomes from our services.

The general duty is also underpinned by a number of specific duties which include the need for us to:

- set specific, measurable equality objectives;
- analyse the effect of our policies and practices on equality and consider how they further the equality aims; and
- publish sufficient information to demonstrate we have complied with the general equality duty on an annual basis.

We also have to meet certain standards set out by the Care Quality Commission who are the regulators for health and social care services. Many of these standards are focused around equality, diversity and human rights, and the actions contained within this strategy will help us to continue to achieve these (see Appendix 3 for a list of the relevant standards).

4. Monitoring

WCT will be monitored by Wirral CCG on our equality performance from April 2014 through Quality/Performance Contract Schedule.

5. The Protected Characteristics

5.1 Age

The Equality Act protects people of all ages. However, different treatment because of age is not unlawful direct or indirect discrimination if it can be justified as a way of meeting a legitimate aim.

Age equality is concerned with responding to differences between people that are linked to age, and with avoiding preventable inequalities between people of different age groups.

Ageism, the attitudes of others, and the assumptions they make, can have a dramatic effect on people – on their quality of life, access to services and choices, employment, and other opportunities.

5.2 Older People

The group that are most at risk of exclusion in this context are those aged 50 and over, and particularly those aged 65 and over. This group of adults experience a range of disadvantages in terms of access and also including feelings of stigma and discrimination, lack of respect and social isolation.

5.3 Children & Young People

Some national findings suggest children and young people can be at a disadvantage or at risk of discrimination in access to services, the level and quality of service provided, and how they are treated because of their age.

According to Ofsted, the British Medical Association and Children's Commissioner finding:

- those aged 16-18 years with a mental health condition or chronic illness received insufficient priority by health and social care services;
- lack of and poor services, for teenagers who need treatment for smoking, alcohol and drug addiction;
- Some children aged 16-17 years can find themselves caught between services for children and those for adults with some 17 year olds not able to access any mental health services.

5.4 Disability

Under the Equality Act, a person is disabled if they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities, which can include things like using a telephone, reading a book or using public transport.

The vast majority of disability groups prefer that the 'social model' of disability is promoted rather than the 'medical model'. This aims to address the social, environmental and attitudinal barriers that can cause social exclusion and reduced self-esteem amongst people with disabilities.

5.5 Race

Under the Equality Act 'race' includes colour, nationality and ethnic or national origins. People from black and minority ethnic groups can experience a range of disadvantages, often victims of prejudice, discrimination, harassment and abuse.

5.6 Sex Equality

Both men and women are protected under the Equality Act.
Sex equality means to be treated the same as others in society regardless of being a man or woman, and to have the same opportunities. So for example the same access to job opportunities at the same rate of pay (relevant to experience and qualifications), the same access to services, to work within policies and guidelines which don't discriminate because a person is a carer or parent, man or woman.

5.7 Religion and Belief

Under the Equality Act, religion includes any religion. It also includes a lack of religion, in other words employees or jobseekers are protected if they do not follow a certain religion or have no religion at all. Additionally, a religion must have a clear structure and belief system. Belief means any religious or philosophical belief or a lack of such belief.

5.8 Sexual Orientation

The Equality Act protects bisexual, gay, heterosexual and lesbian people.

5.9 Gender Reassignment

The Equality Act provides protection for transgender people. A transgender person is someone who proposes to, starts or has completed a process to change his or her gender.

5.10 Pregnancy and Maternity

A woman is protected against discrimination on the grounds of pregnancy and maternity during the period of her pregnancy and any statutory maternity leave to which she is entitled.

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.

5.11 Marriage and Civil Partnership

The Equality Act protects employees who are married or in a civil partnership against discrimination but does not provide protection against discrimination because of marriage or civil partnership in the provision of services.

The marriage and civil partnership characteristic is not about creating equality between marriage and civil partnership, but to ensure that someone is protected from discrimination at work (or in training for work) because they are married or in a civil partnership.

6. Evidencing our Duties

Corporate Induction

As part of the Corporate Induction programme, delegates receive Equality and Diversity 'face to face' presentation which outlines:

- individual's responsibility under the Equality Act 2010 to pay due regard to the aims of the general duty therein
- health inequalities that exist in the local community
- partner organisations

By engaging with staff right at start of their time with WCT, this demonstrates the organisation's clear commitment to the equality agenda and ensures visibility throughout.

Equality and Diversity mandatory Training for WCT staff

Organisational Equality and Diversity training consists of two separate e-learning packages:

- Equality and Diversity Training (General awareness) which is a mandatory requirement for all staff every 3 years
- Equality and Diversity for Managers (Promoting Understanding) which is mandatory for all staff with line management responsibilities every 3 years.

This includes Medical Leads and Clinical Directors who have management responsibilities.

Additional Equality and Diversity developmental Training for WCT staff

- WCT will identify additional training as indicated through equality analysis

Workforce

Employment monitoring and statistical data on recruitment and selection can provide an insight into our employment profiles, giving WCT intelligence to understand where it has not yet been able to deliver on equality objectives effectively. For example, efforts to encourage job applications from underrepresented groups may have worked with the number of applications increasing significantly, however there may be issues with the conversion of applications to actual jobs. Similarly, in an overview there may be a representative workforce, but on closer analysis staff from minority groups may pool in lower paid, part time roles. With this intelligence more targeted action is possible.

The organisation currently monitors its employment processes by race, disability, gender. We intend to gather data across the 9 Protected Characteristics
Equality monitoring takes place:

- Staff in post
- Staff requesting funding from the central training budget
- Applicants for employment, training and promotion
- Application for clinical academic training via CPD Apply
- Targeted action to ensure services are inclusive

Strategy

WCT will achieve the desired outcome and the activity/actions by adopting the principles/methodology of the NHS Equality Delivery System (EDS).

The EDS has been designed by the NHS, for the NHS, to support the delivery of services that are personal, fair and diverse. It will support NHS organisations to drive up equality performance and embed equality into mainstream NHS business. It has been designed to help NHS organisations to meet the requirements of the public sector Equality Duty. The EDS will also support NHS organisations to meet the equality aspects of the NHS Constitution, the NHS Outcomes Framework, Care Quality Commission's Essential Standards, and the Human Resources Transition Framework.

Additional actions identified from the initial grading of "Under Developed" awarded to the will be added to the equality action plan to support delivery of this strategy.
WCT will seek the endorsement of both the initial EDS grading and Equality Objectives of Wirral Healthwatch.

The Equality Diversity & Human Rights Strategy is not a document in isolation; it is part of the strategic planning of the organisation and has clear links to other principle strategies which include Human Resources, Quality and Risk Management.

Measures & Assurance

Successful delivery of the equality objectives will be measured through the following demonstrable outputs:

1. An increase in an overall EDS grading from " Underdeveloped to Developing" by 2014 endorsed by the Wirral Health Watch EDS Advisory Group's assessment panels
2. An increase in satisfaction across all protected characteristics in the Patient satisfaction survey.
3. An increase in how WCT meets staff rights and pledges (NHS Constitution 3a, 3b) as captured in the NHS Staff survey
4. Zero compliance notices from the Equality and Human Rights Commission

Measures will be reflected in the organisation's key performance indicators and will be measured through the Board. This approach demonstrates WCT's commitment to equality and enables issues to be escalated from the services to the Board.

All measures will be included in a detailed action plan to underpin this strategy. Monitoring will be through a quarterly report to the Board.

Risks

The key risk in failing to deliver the equality objectives is the potential for legal challenge if WCT failed to meet it duties under equality legislation or if knowingly or unknowingly allowed discrimination to occur. The Equality Strategy and equality objective is consistent with WCT's risk tolerance with an aim to reduce to a minimum level.

Resources

The organisation's most valuable resource is its staff. All staff, have an individual role and responsibility in delivering the equality strategy and the achievement of the WCT vision by the delivery of equality leadership from every seat.

WCT has and continues to invest in the equality agenda through the existing infrastructure. Equality will continue to be integral to the future of WCT and will underpin WCT's Integrated Business Plan.

The organisation needs to identify a process to take the agenda forward
The Trust will work in partnership with the clinical commissioning groups and stakeholders including Wirral MBC Health Watch and other groups.

It is not anticipated that any financial investment in addition the existing infrastructure is required to support delivery of this strategy.

Trust Membership

We are working on our member events programme for the coming year and will be focusing on making sure we are holding regular member events that combine service news and updates from the Trust with a spotlight on patient experience and quality.

We are also planning to develop a Quality Group of interested members who we can involve in discussions and consultations about improving the quality of our services. This will be at the member meetings and sometimes by email in between meetings. This means there will be opportunities to stay involved even as we await our elections.

7. Equality Information

This section outlines what we know about the make-up of local population, the people who use our services, and our workforce in relation to the different protected characteristics.

The Trust appreciates the benefits that diversity brings but it also recognises that in order to give people equal access to services, we sometimes need to tailor our response. Equality of opportunity cannot be achieved by simply providing the same service to everyone in the same way. This means that it is really important that we understand the needs of different people and groups. Most people will experience inequality at some point in their lives, but some people experience greater inequality than others, including inequality in accessing services. If the Trust doesn't understand what inequalities people face and what can be a barrier for someone accessing services, then the Trust can't adapt the service to offer equal access and eliminate potential inequality. The most effective means of understanding and addressing an individual's needs is by engaging with them.

To enhance understanding of the needs of our staff and patients we collate and analyse where possible intelligence relating to the nine protected characteristics. This helps us to understand who we are and providing services too and how changes and decisions relating to those services may have an impact.

Draft equality data profiles (Appendix 1 and 2) accompany this document and continue to be developed as further information is gathered.

8. Our Local Population

The older population in Wirral as a whole (aged 65 years and above) is expected to increase at the fastest rate (than any other age group) over the next decade; between 2011 and 2021 it is estimated that this population group will have increased by 17.4%. The population of over 85s is projected to increase from 8,460 in 2011 to 10,985 in 2021, which equates to a 29.9% increase.
Source: UK Census 2011

9. Key Data for Wirral

9.1 Health & Wellbeing- Key issues in Wirral

- The gap in life expectancy between Wirral and England continued to widen in 2008-10. Amongst women in Wirral, life expectancy has actually decreased slightly for the last two time periods recorded (2007-09 and 2008-10)

- The gap in life expectancy between the most and least affluent *within* Wirral was 14.6 years for men and 9.7 years for women (Marmot Indicators, 2012)

- The Marmot Indicators (2012) also showed that Wirral had the largest gap in Disability Free Life Expectancy (DFLE) for males and females of any authority in England (20.0 years for men, 17.1 years for women)

- The main contributors to the gap in life expectancy between Wirral and England was chronic liver disease for men and lung cancer for women

- Mortality from chronic liver disease (in both the under 75s and those of all ages) in Wirral men is higher than England. The main contributor to liver disease is alcohol.

- In 2011, it was estimated that there were around 4,100 people in Wirral with undiagnosed Coronary Heart Disease (CHD), 35,500 with undiagnosed hypertension and 2,800 with undiagnosed diabetes.

- Mortality from cardiovascular disease (CVD) amongst Wirral women has been increasing since 2007, whilst mortality from this cause has been falling amongst women in England over the same period

- Estimates suggest that the number of people in Wirral surviving a stroke and heart attack who are left with a longstanding health condition as a result will rise by a third by 2030, with significant implications for health and social care services.

- Lung cancer had the highest mortality rates of the four main cancers (lung, breast, colorectal and prostate) in England, the North West and Wirral. Rates in Wirral were very similar to England and the North West in 2008-10 (slightly lower)

- Mortality rates from breast, colorectal (women only) and prostate cancer in Wirral in 2008-10 however, were higher than England and the North West.

9.2 Health Inequalities- Key Issues in Wirral

Wirral has some of the widest health inequalities in England. (Source: JSNA 2012)

- The gap in life expectancy between the most deprived (defined as those living in the most deprived 5th of areas nationally) and the rest of Wirral

- Death rates from digestive diseases, which are mainly caused by alcohol, are increasing very rapidly in the most deprived areas, and are contributing most out of individual causes to the internal gap in life expectancy.

- The most deprived areas have much higher emergency hospital admission rates than the rest of Wirral.

- Health inequalities manifest themselves from the start of life. Mothers in deprived areas of Wirral are more likely to smoke in pregnancy and have low birth weight babies. They are also less likely to breastfeed their babies.

- The main cause of health inequalities is income inequality and poverty. Living in poverty is closely related to other factors that influence health such as education, living environment employment and lifestyle.

- Lifestyle behaviours such as smoking and drinking too much alcohol, as well as obesity, contribute to health inequalities. These behaviours are all more prevalent in the most deprived areas.

9.3 Race

- The Wirral also has very limited information in relation to the exact number of Gypsies and Travellers visiting Wirral.
- We need to better understand and fulfil the needs of these groups and ensure that we make services more accessible to meet those needs.
- In terms of ethnicity in Wirral, the breakdown is below.
- Wirral Joint Strategic Needs Assessment (JSNA) 2008/09 acknowledged a significant gap in knowledge about Wirral's Black Minority Ethnic (BME) community including the lack of robust data on population prevalence, and information on its health and well-being needs.
- Given the diversity of the relatively small BME population of both our staff and the local population there is a particular risk that their needs are not fully understood.
- Local evidence suggests a lack of general information available to BME communities.
- Not having adequate access to information means that the BME community are often not aware or informed of general advice on health issues.
- Generally there is historically poor engagement with services.
- Information from the local data highlighted a number of barriers in accessing health, particularly in relation to GP services and ultimately secondary care which are not always accessible to migrant communities.
- Walk in Centres and A/E departments have also reported to work differently in other countries and there is a need to make information relating to these services more readily available to BME communities to improve access and take up of services.

10. Age

10.1 Older People

- The number of older people is set to increase over the next two decades; by 2032 it is estimated that 27% of the Wirral population will be aged 65 or above. This will have a considerable impact on health and social care services, as the number of older people presenting with health related problems increases. This could also have a considerable impact on the number of family carers in Wirral

- Life expectancy at age 65 is lower for men and women in Wirral compared to the North West and England overall.
- In 2011/12, 438 people aged 65+ in Wirral fractured their hip as the result of a fall. The projected rise in the older population may mean the number of falls resulting in serious consequences will also rise in Wirral (resulting in more admissions to care homes)

- The pneumococcal vaccine is recommended for all older people aged 65 and over. As of March 2012, 68.9% of people aged 65+ in Wirral had had the vaccine, but this masks considerable variation between practices, with coverage rates ranging from 13% to 85%

- Hospital admissions for hip and knee replacements within Wirral are high.

- Wirral is successfully achieving on the flu vaccination target, with around three out of four older people being vaccinated in the last year.

- A total of 1,902 people were recorded on the QOF register as having dementia between April 2010 and March 2011 in Wirral. It is a nationally recognised issue however, that only around 45% of people with dementia on a GP register, obtaining the care needed

.

- There are around 30,000 people aged 65+ in Wirral who report that they have a Limiting Long-Term Illness. This is projected to increase to 41,000 by 2030

10.2 Young People

- The number of births in Wirral in 2011 was the highest in the last 13 years with 3,802 live births in the borough.

- There is a need for targeted action on smoking in pregnancy in more deprived areas and amongst younger women

- There is clear evidence about where to target increasing breastfeeding rates, particularly areas of deprivation. Action should be informed by national guidance and local consultation.

- Wirral's teenage conception rate in 2010 (47.3 per 1,000) was higher than both the North West average (40.7 per 1,000) and England (35.4 per 1,000). Rates for 2011 are currently only available for Wirral (England and the North-West not yet available) and show a marked decrease in Wirral, to 36.9 per 1,000

- The rate of child poverty in Wirral was 24.9% in 2009. This is 17,615 children. This is up 0.7% from 24.2% in 2008, equating to an increase of 615 children.

- Wirral has a higher rate of emergency admissions for unintentional and deliberate injuries in those aged 0-17 in comparison to the regional and national average

- Alcohol is a significant problem for children and young people in Wirral. This can cause a wide range of associated problems including injuries and accidents, risk taking behaviour, cognitive problems and long term risks to health.

- Although Wirral has achieved a reduction in the number of children who are obese in Reception and Year 6 in recent years, the number of overweight children was still higher locally compared to the North West and England in 2010-11.

11. Disability

- There is a lower life expectancy within the learning disability population than with the general population and people with a learning disability are more likely to have undiagnosed long term conditions.

- Nationally, and in Wirral, people with learning disabilities experience amongst the lowest levels of employment of any working age group.

- Work needs to continue to identify any 'reasonable adjustments' made to health services to reflect the specific needs of people with a learning disability.

- In Wirral, 11.9% of the population identified as having ‘Day to Day activities limited a lot’ and 10.7% of the population identified as having ‘Day to Day activities limited a little’

- In Wirral it is estimated that there is a higher prevalence of severe mental illness compared with the North West and England average (QOF, 201/11)

- Disability-free life expectancy (DFLE) at age 65 for men in Wirral is slightly higher than the North West, but lower than England. DFLE for women at age 65 in Wirral is higher than both England and the North-West

12. Sex Equality

- In 2010, there were 165,936 women and girls in the Wirral (51.9% pop) and largely because women’s life expectancy is longer than men. Specific areas of disadvantage for women include:

- Potential for prejudice, stigma and harassment in individuals’ not conforming to (sometimes cultural) stereotypes associated with women’s and men’s gender, marital or relationship status – these issues can also affect men, although the stereotypes are clearly different.

- For women, expected stereotypes involve expectations of both domestic and caring roles – whether caring for children, the disabled or the elderly.

13. Sexual Orientation

Some key facts:

- Young gay and bisexual men are seven times more likely to have attempted suicide (Remefedi et al, 1998).

- Although homophobia seems to have become less common, studies suggest that up to 25% of health service staff have expressed negative or homophobic attitudes (Beehler, 2001).

- Lesbian, gay and bisexual people are less likely to access routine screening than heterosexual people (Department of Health, 2007).

- The NHS in the North West employs157,155.25 * Full Time Equivalent of whom over 10215.091 are likely to be lesbian, gay or bisexual. A report written by Stonewall and the) Department of Health, 'Being the gay one' (2007), shows that there is still homophobia and discrimination in parts of the NHS.

- The National Audit Office and Stonewall estimate that around 6.5% of the national population is lesbian, gay or bisexual, which will be reflected in the local populations that we serve.

*Source NHS Information Centre for Health and Social Care website: Electronic Staff Record (ESR) Date Warehouse (DW) May 2012

14. Gender Reassignment:

Some key facts:

- More than 1 in 3 Trans People have attempted suicide

- 17% of Trans People were refused (non-trans related) healthcare treatment by a doctor or a nurse because they did not approve of gender reassignment

- 29% of Trans People stated that being trans adversely affected the way they were treated by healthcare professionals

- The National Audit Office and Press for Change estimate that around 2.5% of the national population is Transgender, which will be reflected in the local populations that we serve.

(Whittle, Turner, and Al-alami, 2007)

The most obvious healthcare need for transgender people are around gender reassignment treatment and GPs have a crucial role in the process of seeking this treatment. On average transgender people have to wait six years for treatment. Gender

reassignment can have huge implications for mental health although it is not a mental health illness and the NHS needs to understand the issues facing gender reassignment

15. Marriage and Civil Partnership

- **No available data**

16. Religion & Belief

- Religious and cultural views on the beginning of life can influence attitudes towards a range of health issues including reproductive medicine, abortion, contraception and neonatal care. Views on dying, death and the afterlife can also influence attitudes e.g. towards pain relief for terminally ill people (Department of Health, 2009).

- The degree to which we respect religion and belief reflects the organisation's commitment to delivering patient centred care and how well it responds to our local communities.

- Spiritual healthcare is an important aspect of healthcare. Total care includes care for the physical, social, psychological and spiritual dimensions of the person. If we do not acknowledge a patient's religion and belief, we cannot communicate with the 'whole' person, and they cannot participate in their recovery and make informed decisions about their treatment. Different cultures and faiths have a variety of views on health, ill health, birth, dying and death, and we need to be aware of the diversity which will affect their path and outcome of treatment.

17. Pregnancy & Maternity:

Some key statistics:

- 45% of pregnant women claim to have suffered "unfair treatment" at the hands of their employers across the UK (Equal Opportunities Commission, 2006).

- A qualitative study of pregnant women found that Asian women in particular felt that employers and/or colleagues made additional assumptions on the basis of their ethnic origin, presuming that they may go on to have more children or that they would choose to stay at home with their child rather than return to work. (Equal Opportunities Commission, 2005).

18. Society, Economy and Environment

Health Inequalities in relation to the Wirral area

Health Economy Profile

18.1 Population Profile

- Wirral is a Borough of contrast and diversity in both its physical characteristics and social demographics. There are both rural areas and townships and urban and industrialised areas in a compact peninsula of 60 square miles. The Borough has a wealth of parks and countryside and over 20 miles of coastline.

- Wirral has a relatively high older population and a relatively low proportion of people in their twenties and thirties compared to England and Wales as a whole.

- The older population (aged 65 years and above) are expected to increase at the fastest rate (than any other age group) over the next decade; between 2011 and 2021 it is estimated that this population group will have increased by 17.4%.

- The population over 85 is projected to increase from 8,460 in 2011 to 10,985 in 2021, which equates to a 29.9% increase.

- The biggest decrease is in the 35-59 year age group, from 108,548 in 2008 to 82,061 in 2021.

- Births reached a 15 year high in 2011.

- The Index of Multiple Deprivation (IMD) places 30 of Wirral's LSOAs in the lowest 5% in England and 23 Lower Super Output Areas (LSOA) in the 3% most deprived nationally.

18.2 People Who Use Our Services

The Trust provides a wide range of services to a local community of residents from Wirral, with an increasing range of more specialised services provided to patients. The Trust also provides a range of community based services.

Our services include:

- **Nursing** – providing nursing care in people's homes. We also provide specialist nursing services for people with specialist requirements including continence, heart services, end of life care and Parkinson's disease.
- **Therapies** – offering a diverse and integrated range of therapy services. We provide the care and support needed to reduce health inequalities, promote health and wellbeing within our communities and play a vital role in supporting those people of all ages who live with on-going health problems enabling them in many cases to continue to live at

home. including, physiotherapy and rehabilitation, podiatry, nutrition and dietetics, speech and language, wheelchair service and independent living centre.

- **Primary Care** – including two GP practices, GP Out of Hours, Dental Out of Hours and Community Dental.

- **Unplanned Care** – consisting of three walk-in centres, a minor injuries department, the newly launched centralised booking service, which incorporates Single Point of Access (SPA), a specialist Deep Vein Thrombosis service and a community-based Phlebotomy service.

- **Lifestyle Services -** including Sexual Health Wirral, Health Visitors and infant feed team – supporting people to make positive lifestyle changes, maximise community resources and signpost residents to activities close to where they live.

The Trust aspires to be a provider of first class NHS Services and to be the first choice of patients locally. We will maintain our high quality services and be focused on, and responsive to, the requirements and expectations of our customers.

To support quality we will ensure that our workforce is the best in the healthcare industry. Our staff will have the freedom to act to meet our commitments to high quality and responsiveness, to innovate and to ensure that the patient is put first. Staff will be accountable for their actions and will have the confidence and the support of the organisation for what they do.

19. Patient Demographic Information

Demographic information from patients on Race, Disability, Gender and Age is collated on our **System). *(This data can be found at Appendix 1 showing the range of diverse groups that access our services).***

Qualitative data is gathered by patient experience team via patient stories..

The Trust is currently engaging with patient and community groups to explore what they feel would be further information that would be beneficial in collecting.

Information about our Services

Information about the services the Trust provides is published on the Trust's website: www.wirralct.nhs.uk and on www.nhs.uk.

A diverse range of specific patient information is in other languages or formats such as large print or Braille, upon request to the Trust.

Information is also targeted at specific communities through our involvement at a number of organisations across Wirral such as Wirral Older People's Parliament, Wirral Mind and Advocacy Wirral (a full list of organisations we engage with is at appendix 5).

20. Access to our Services

We continue to ensure that our buildings are accessible for people with disabilities.

Refurbishment Programmes undertaken at:
Heswall Clinic
Water Street Clinic
Fender Way
Greasby
Leasowe Primary Care Centre

The Trust uses face to face interpretation services provided by Wirral Multicultural Organisation, and also has access to Language Line for telephone interpretation and Action on Hearing Loss a range of support including sign language interpretation, speech to text reporters, lip speakers and note takers.

21. Complaints

Complaints are an important source of information for monitoring impact on equality. The Complaints procedure leaflet can be translated in other languages or formats on request.

22 Our Workforce

The Trust collates workforce information on the protected characteristics where these are disclosed by staff members. The key performance indicators on gender, ethnicity and disability in order to reflect our local population are reported to the Board of Directors on a regular basis.

(This data can be found at Appendix 2).

23 Summary of Workforce by Protected Characteristics

Race

Of the staff who have disclosed their ethnicity, the largest group is White British at 97.9%.

Age

The largest age group of our workforce are those staff between the ages of 51-55 years who constitute 38.4% of the total workforce.

Disability

2.7% of staff have formally disclosed to the Trust that they consider themselves to have a disability. This compares to an estimated 8.2%% of the Wirral population who are permanently sick or disabled.

There are a total of 26,335 Disability Living Allowance (DLA) claimants within Wirral, which is a rate of 8.2%. This is lower than the Merseyside average but higher than the North West average. The majority of those on DLA are claiming long term (6.3%), 5 years and over.
Source: DWP, February 2012

Sexual Orientation

The numbers of staff declaring as LGB are, 0.3% Gay, 0.2% Lesbian, 0.1% Bisexual, with 18.8% not wishing to disclose.

This compares to an estimated 6.5% of the North West population being lesbian, gay or bisexual *(Government Office for National Statistics)*.

Gender

The workforce is predominantly female with 90% of the total workforce. This compares to the population demographic of 52% women and 48% men.

Religion and Belief

Of the staff who have disclosed a religion to us, the largest group remains Christian at 50.6%.

24 Work Experience

The trust offers a non clinical work experience programme aimed at young people seeking career opportunities in the NHS. Placements are targeted at students across Wirral and promoted through four local schools and colleges and to young trust members. This is in addition to the clinical placements that the trust provides for students on pre and post registration courses. During the 2012/13 academic year approximately 300 placements were provided in total.

25 Training and Development

The Trust ensures that its staff are trained in equality and diversity issues via an awareness session in the mandatory Corporate Trust induction programmes and equality and diversity training sessions. Subject specific training is also provided on other relevant issues, for example, learning disability awareness. All staff have been provided with

access to National Learning Management System e-learning programmes and can access the range of equality and diversity programmes within this.

The Trust ILM accredited management skills programme includes a half day session on equality and diversity aspects of the manager/employee relationship, to ensure managers are aware of diversity aspects of managing people. A wide range of managers, from different professions, undertake this programme.

Work is underway to better monitor completion of qualifications and Continuous Professional Development (CPD) activity by different groups to identify any potential unfair bias within this process.

Monitoring takes place of unsatisfactory performance within the Trust Appraisal Process to ensure there is no unintended bias towards or against particular protected groups.

26 WCT Current Equality Position

Since WCT became an NHS Trust on 1St April 2011, it has demonstrated significant commitment to the equality agenda, listed below

Equality Analysis

Previously referred to as Equality Impact Assessments, Equality Analysis is now embedded in strategy, policy and service development. It is also a requirement of the Quality Framework.

Involvement Champions

The Trust is seeking to establish Involvement Champions that will be a key factor in furthering the understanding across the Trust of the importance of the Equalities Agenda.

- WCT members will be invited to join a focus group (to be established)
- E&D Champions across the Trust workforce
- Board E&D Champion- both Executive & Non-Executive Director
- Examine the concept of staff networks to raise equality issues

27 Our Equality Analysis

As a public sector organisation Wirral Community Trust has a duty to analyse the effects of our policies and practices on equality across all of the protected characteristics. This helps us to consider if our policies and practice have any unintended consequences for some groups, and to check if they will be fully effective for all target groups. It can help us identify any practical steps to tackle any negative effects or discrimination, and to promote equality and foster good relations between different groups.

Our approach to Equality Analysis

Wirral Community Trust has a very clear process for Equality Analysis. We have changed our documentation to reflect the Equality Act 2010 and provide training for all staff undertaking Equality Analysis. Our Equality Analysis form is available on the trust's website on the equality and diversity page

We are working closely with community groups to ensure we are aware of the health issues and access needs of our local community and that we develop best practice services.

We also work closely with our Staff Side colleagues to ensure that all policies and procedures are reviewed on a regular basis.

All new staff policies are consulted with the Joint Forum prior to approval to ensure that they are equitable and fair to all our staff.

22 What steps are we taking?

We are working closely with our local community to develop our equality objectives. While developing our objectives we will also look at gaps in our information and data collection developing a plan of how we will address these over the coming years. The Trust values the patient and staff experience and members of our community. We have already undertaken a series of different initiatives with patients across some of the protected characteristic groups and we recognise the need to further develop this work. Our engagement has involved a range of services, examples of which are.

Age

- Sexual health school launch campaign with Juice FM
- Public and Sexual health schools programme
- Falls service targeted events / activities
- Public health over 50's activity programme
- Vitamin D – raising awareness of the importance of vitamin D intake with a focus on people who are at greater risk of deficiency. Targeting the over 65s, babies and young children
- Livewell has targeted activities for people over 55.

Disability:

- Wheelchair service activities
- Livewell Programme is working with Mencap on providing training for staff and volunteers on Healthy Weight.

Gender Reassignment:

- Psychosexual counselling and specialist services in sexual health

Sex:

- Sexual health campaigns at car washes
- Public health at Tranmere Rovers

Sexual Orientation:

- Sexual health campaigns in bars

Pregnant Women:

- Vitamin D – raising awareness of the importance of vitamin D intake with a focus on people who are at greater risk of deficiency. Targeting pregnant women
- Livewell promotes Breastfeeding in schools and early years settings through the Healthy Settings Service

Carers:

- Public health programme for health MOTs for carers

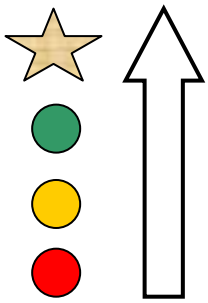
Over the next four years we will work with our diverse communities to look at our objectives, how we evaluate our progress, and ensure we maintain that progress.

23. THE NHS Equality Delivery System (EDS)

The purpose of the EDS is to drive up equality performance and embed equality into mainstream NHS business. The EDS covers patient, public health, compliance and workforce issues. It applies to commissioning organisations including GP Consortia, and to NHS providers including Foundation Trusts.

Under the system, NHS organisations are required to develop four-year Equality Strategies based on their grading of their equality performance against a set of nationally determined EDS goals and outcomes. (See below) When they grade themselves in discussion with local interests, organisations choose from 4 grades:

- Excellent
- Achieving
- Developing
- Undeveloped



Based on the grading, the system will show how the most immediate priorities are to be tackled, by whom and when. Each year, organisations and local interest groups will assess progress and carry out a fresh grading exercise. In this way the EDS will foster continuous improvements.

We have used information and the EDS ratings to identify a small number of specific and measurable quality objectives. This will help us meet the public sector equality duty.

Health Watch and other local groups will help NHS organisations to engage with local interested groups. Performance will be shared with Local Authority Overview and Scrutiny Committees and Health and Wellbeing Boards. They will also be forwarded for review by the Care Quality Commission (CQC). The grades for all organisations will be published nationally in the form of red, amber or green rating. The CQC will take account of any concerns as part of its process to monitor registration.

The EDS contains a number of outcomes grouped under 4 goals:

1. “Better health outcomes for all”
2. “Improved patient access and experience”
3. “Workforce – the NHS as a fair employer”
4. “Inclusive leadership at all levels”.

24 Compliance with the Public Sector Equality Duty

The Public Sector Equality Duty as set out in the Equality Act 2010; will not automatically lead to or ensure compliance in responding positively to the EDS, however as a Trust we will be able to respond more effectively to the requirements to all three aims of the duty.

The three aims of the Public Sector Equality Duty:

A number of the EDS outcomes relate to the Equality Act aim of eliminating unlawful discrimination, harassment and victimisation. These include (but not limited to) the following EDS outcomes:

- Tackling abuse, harassment, bullying and violence towards patients and staff is prioritised (EDS outcome 1.4)
- Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being and reduce health inequalities (EDS outcome 1.1)
- Complaints about services are handled respectively and efficiently (EDS outcome 2.4)
- Staff receive equal pay for work of equal value (EDS outcome 3.2)

A number of the EDS outcomes relate to the Equality Act aim of advancing equality of opportunity. These include (not limited to) to the following EDS outcomes:

- Public health, vaccinations and screening programmes reach all communities and groups (EDS outcome 1.5)
- Patients are informed and supported to be involved in decisions about their care (EDS outcome 2.2)
- Recruitment and selection process are fair, inclusive, and transparent (EDS outcome 3.1)

A number of the EDS outcomes relate to the Equality Act aim of fostering good relations. These include (but not limited to) the following EDS outcomes 3.3:

Services changes are informed be engagement of patients and local communities (EDS outcomes 1.3)

- Working practices are culturally competent and working environments are free from discrimination (EDS outcome 3.3)
- Business is planned so that equality is advanced and good relations fostered, within and beyond the organisation (EDS outcome 4.1)

25 Implementation of the EDS

The relevant information has been identified for each of the EDS goals and both qualitative and quantitative information has been collected.

The Trust has assembled evidence across all four EDS goals from all the Directorates. Through this data collection and analysis, we have identified gaps and illustrated how these gaps will be addressed.
For each of the 18 outcomes, we have highlighted the Trusts current position in implementing the EDS. This exercise of data collection and analysis has identified future areas of work which will need to be undertaken.

26 Monitoring of Equality Objectives & EDS progress

Reports will be prepared and progress monitored for presentation to the board on a quarterly basis.

27 Better Health Outcomes for All

The Equality Delivery System states that organisations should:

"Achieve improvements in patients' health, public health and patient safety for all, based on comprehensive evidence of needs and results".

This means that when we plan and deliver services we need to make sure that:

- We understand the needs of the people who use our services and we involve them in deciding what things are important for us to focus on.
- We coordinate care well when more than one service is involved.
- We have measures in place to check and make sure that our services are safe.
- The same outcomes are achieved for people of all groups.

Within Wirral we are currently reviewing how we do this and identifying pathways for Acute, Primary, Public Health, and Mental Health, working with the CCG, to develop effective methods of involving all our community groups.

We undertake audits and reviews including patients' real time feedback to enable the trust to act quickly on any findings.

We also monitor our complaints and access to the Patient Experience Service to enable our service delivery to improve.

28 Improved Patient Access and Experience

The Equality Delivery System states that organisations should:

"Improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience".

This means that when we plan and deliver services we need to make sure that:

- We have measures in place to identify and tackle any barriers to using our services.

- We provide people with the support and information they need to use our services in a way that meets and takes account of their individual needs.
- We support people to make informed choices about their care and treatment and understand their rights.
- We have strong systems in place to gather feedback and capture experiences from the people who use our services and use this to improve the things we do.
- We have undertaken targeted work across all our services to make them more accessible for hard to reach groups e.g. sexual health promotion at Tranmere Rovers, Health Visiting drop-in clinics at Victoria Central Health Centre.
- We have patient forums in every service to engage with our patients on how we can improve patient experience.

29 Empowered, Engaged and Well-Supported Staff

The Equality Delivery System states that organisations should:

"Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and community needs"

This means that when we plan and deliver our services we need to make sure that:

- We employ a workforce which is representative at all levels of our local community.
- We support our staff to live and promote healthy lifestyles.
- We have fair and flexible policies and practices in place to support our staff to do their jobs effectively without fear of discrimination.
- We have sufficient staff who are properly qualified and trained to confidently and competently do their job.
- We offer work experience which is accessible to all diverse groups.

We have a workforce which broadly represents the local population profile and our staff receive appropriate training and development to carry out their roles safely and proficiently. There is a mandatory organisational learning matrix which defines the compulsory training and learning required for staff in all services to be able to carry out their job.

Staffing levels are monitored through the Education and Workforce Committee which is also responsible for the range of workforce policies we have in place to ensure our staff can do their jobs in an environment free from discrimination. This includes the Dignity at Work Policy, Raising Concerns Policy, Flexible Working Policy, Maternity, Paternity and Adoption Policies.

30 Inclusive Leadership at All Levels

The Equality Delivery System states that organisations should:

"Ensure that throughout the organisation, equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions"

This means that when we plan and deliver our services we need to make sure that:

- We recognise the individual diverse needs of our service users and treat them fairly with dignity and respect.
- We develop and support equality leaders and champions within the workforce to mainstream equality into every part of our business.
- We involve our public in all aspects of our work making sure we listen and involve patient's carers and the public from all diversity groups in our planning.
- All staff are required to undertake equality and diversity training both in relation to service delivery and staff management.
- We have dedicated Equality and Diversity Champions who deliver E&D training to colleagues.
- All services have patient forums to ensure patients' views are incorporated into plans for future developments.

31 Grading Criteria for Equality Delivery System within Wirral Community NHS Trust

These criteria have been developed with the help and support of staff, patients/carers and external forums.

Service Users

Underdeveloped (Red)

- No policies or guidelines put in place.
- No equality analysis or equality impact assessment by protected characteristics groups.
- No data collected evidence for protected characteristics groups.
- No patient/carer involvement by protected characteristics.
- Little or no equality training put in place.
- No analysis of patient/service users views from protective characteristics groups.

Developing (Yellow)

- Policy is put in place. Little or no evidence that policy is being applied constantly in relation to protected characteristics groups.
- Some equality analysis or impact assessment by protected characteristics groups.
- Some protective characteristics groups data analysis available.
- Some patient/carer involvement with good consistency. Breakdown by protected characteristics groups.
- Some equality training in place.
- Some analysis of patient/service users views from protected characteristics groups.

Achieving (Green)

- Evidence on policy being applied and monitored by some protected groups.
- Equality impact assessment/audit uses robust evidence to ensure all protected characteristics are considered with action plans in place.
- For most protected characteristic groups, evidence of data is collected to inform services.
- Patient/carer involvement through some protected characteristic groups with involvement in service provision.
- Robust equality training provided across the organisation.
- Analysis of patient/service users views from most protected characteristics groups.

Excelling (Purple)

- Robust evidence of policy guidelines being applied and outcomes for all policy protected characteristics groups.
- Robust evidence of analysis through equality impact assessment with outcomes for all protected groups.
- Robust evidence through data analysis of all protected characteristics groups embedded systematically across the organisation with evidence of informing services and service provision.
- Patient/Carer involvement demonstrates positive outcomes and included in service delivery.

- Robust equality training in place, audited and development plans put in place with gap analysis.
- Analysis of patient/service users views from all protected characteristic groups.

Staff

Underdeveloped (Red)
- No policies or guidelines put in place
- No equality analysis or equality impact assessment by protected characteristics.
- No data collected evidence for protected characteristics groups.
- No staff involvement by protected characteristics groups.
- Little or no equality training put in place for all members of staff.
- No analysis for staff views from protected characteristics groups.

Developing (Yellow)
- Policy is put in place. Little or no evidence that policy is being applied constantly in relation to protected characteristics groups.
- Some equality analysis or impact assessment by protected characteristics groups.
- Some protected characteristics groups' data analysis available.
- Some staff/carer involvement with good consistency groups.
- Some equality training in place.
- Some analysis of staff/service users views from protected characteristics groups.

Achieving (Green)
- Evidence on policy being applied and monitored by some protected characteristics groups.
- Equality impact assessment/audit uses robust evidence to ensure all protective characteristics groups are considered with action plans in place.
- Consistency with evidence of staff/carer involvement by some protected characteristics groups.
- Staff/carer involvement through some protected characteristics groups with an action plan put in place.
- Robust training provided across the organisation.
- Some analysis of staff/service users views from protected characteristics groups.

Excelling (Purple)
- Robust evidence of policy guidelines being applied and outcomes for all policy protected characteristics groups.
- Robust evidence of analysis through equality impact assessment with outcomes for all protected groups.
- Robust evidence through equality analysis of all protected characteristics groups embedded systematically across the organisation with real time feedback.
- Staff/carer involvement through all protected characteristics groups with evidence achieved through outcomes regularly received.
- Robust equality training put in place, audited and development plans put in place with gap analysis.
- PCPI involvement across all protected characteristics groups in relation to EDS criteria.

32 THE NHS EQUALITY DELIVERY SYSTEM (EDS) FOR WIRRAL COMMUNITY NHS TRUST

The Trust has with the support of staff members and service users, graded itself by considering the goal, narrative and outcomes in accordance with the internal grading criteria of the EDS. This self-assessment has been supported by external users.

Goal	Narrative	Outcome	Grade			
			Undeveloped	Developing	Achieving	Excelling
1. Better Health Outcomes	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results.	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities.				
		1.2 Individual patients health needs are assessed and resulting services provided in appropriate and effective ways.				
		1.3 Changes across services for individual patients are discussed with them and transitions are made smoothly.				
		1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all.				
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups.				

Goal	Narrative	Outcome	Grade			
2. Improved patient access and experience.	The NHS should improve accessibility and information and deliver the right services that are targeted, useful, and useable in order to improve patient experience.	2.1 Patients, carers and communities can readily access services and should not be denied access on unreasonable grounds.				
		2.2 Patients are informed and supported to be as involved as they wish in their diagnosis and decisions about their care and to exercise choice about treatments and places of treatment.				
		2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised.				
		2.4 Patients and carers complaints about services and subsequent claims for redress should be handled respectfully and efficiently.				
3. Empowered, engaged and well supported staff.	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients and communities needs.	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades.				
		3.2 Levels of pay and related terms and conditions are fairly determined for all posts with staff doing equal work and work rated as of equal value being entitled to equal pay.				

Goal	Narrative	Outcome	Grade			
		3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work so that services are commissioned or provided appropriately.				
		3.4 Staff are free from abuse, harassment, bullying and violence from patients or relatives and their colleagues, with redress being open and fair to all.				
		3.5 Flexible working options are made available to all staff consistent with the needs of the service and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers).				
		3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population.				
4. Inclusive leadership at all levels.	NHS organisations should ensure that equality is everyone's business and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions.	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced and good relations fostered within their organisations and beyond.				

Goal	Narrative	Outcome	Grade			
		4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination.				
		4.3 The organisation uses the 'Competency Framework for Equality and Diversity Leadership' to recruit, develop and support strategic leaders to advance equality outcomes.				

33 Our Equality Objectives

Under the Equality Act 2010, Wirral Community NHS Trust has a duty to publish equality objectives by 2012 and at least every four years after that. We are also required to publish details of the engagement work we have done to develop our objectives and set out how we will measure our progress against them.

The purpose of the equality objectives are to help us make a real difference to some of the most pressing issues facing the protected groups that we provide services for and any staff we employ. They will also help us demonstrate how we are meeting our statutory duties.

The following 6 objectives have been created from the information gathered from members of the public as well as staff in accordance with the EDS guidelines. In order to identify any gaps in services from the service users and staff members, an internal grading criteria was formed and used across Wirral Community NHS Trust.

1. Establish a short life working group tasked with reviewing and improving data collection across the Trust and build in collection and use down to the level of the 9 protected groups (working alongside other NHS organisations where appropriate). This is likely to have a particular focus on

    - Patient satisfaction feedback
    - Accessibility of services
    - Satisfaction with complaints handling for the protected groups
    - compared with all patients

2. To improve access to services for people with a learning disability

3. To Improve patient experience by all protected characteristics

4. To improve the experiences of staff who, might be subject to discrimination by strengthening our policies, checking that they are really working, and by drawing more formally on the experience and knowledge of our employee network groups in our policy and practice development.

5. Audit effects of appraisal policy and review policy requirements across the 9 PC

6. Incorporate the principals of the Competency Framework for Equality and Diversity Leadership into the Trust's new appraisal system during the next 6 to 12 months

33.1 Equality Objective 1

Establish a short life working group tasked with reviewing and improving data collection across the Trust and increasing collection and use down to the level of the 9 protected groups (working alongside other NHS organisations where appropriate). This is likely to have a particular focus on:

- **Patient satisfaction feedback**
- **Accessibility of services**
- **Satisfaction with complaints handling for the protected groups compared with all patients**

We believe this objective addresses all the protected characteristics of Race, Disability, Sex, Age, Religion/Belief, Sexual Orientation, Gender Reassignment Marital Status, Pregnancy/Maternity.

Specific Objective

- To improve data collection across the 9 PC
- To undertake an equality analysis across the 9 PC to identify any barriers to the provision of inclusive services

Measurable

- Identification of discriminatory practice in service provision
- Increased patient satisfaction across the 9 PC

Action

This objective will be part of our on-going improvement in service development

Realistic

The outcome addresses the specific EDS objective were we scored ‘red’

Time

- This objective to be completed by the end of 2014

33.2 Equality Objective 2

To improve access to services, for people with a learning disability.

We believe this objective addresses all the protected characteristics of Race, Disability, Sex, Age, Religion/Belief, Sexual Orientation, Gender Reassignment, Marital Status, Pregnancy/Maternity.

Specific Objective

- To work with members of appropriate representative groups and the Patient Forum group to identify gaps in service provision and access to services.

Measurable

- To evidence action from issues identified within Patient Forum which will be reported to the Patient & Public Involvement Steering Group who will monitor action.

- To develop patient surveys, mystery shopper and community focus groups. The Patient & Public Involvement Steering Group will receive 6 monthly reports which will form part of annual review process of access to services for patients with a learning disability.

Action:

- To design patient questionnaire and undertake first audit by March 2014.
- To agree action plan as a result of audit - July 2014.
- Undertake second audit and identify progress - March 2015.

Realistic

- To meet the individual needs of the patient with a Learning Disability is a key goal that the Trust wants to achieve. The aim is also to give patients with a learning disability, including patients on the autistic spectrum, the control and choice about the support that they need.

Time

- The objective to be completed by the end of 2014

33.3 Equality Objective 3

To improve patient experience by all protected characteristics

We believe this objective addresses all the protected characteristics of Race, Disability, Sex, Age, Religion/Belief, Sexual Orientation, Gender Reassignment, Marital Status, Pregnancy/Maternity.

Specific Objective

- The equality and diversity lead will work with Patient Experience Team to develop practice guidance materials that can be used in training and development courses or as standalone resources. These to cover (as a minimum) information about why we ask monitoring questions, supporting LGBT people, and supporting people from gypsy and traveller communities.

- The equality and diversity lead works with the patient experience lead to ask people from protected characteristic groups about their experiences of services.

- This information being used to improve care.

Measurable

- Evaluation of the training materials through the Learning & Development Group and reporting of feedback and improvements through the Education & Workforce Committee.

Action:

- The objectives are aligned with our wider organisational objectives and can be resourced.

Realistic

- The objective addresses the specific EDS objective where we scored ‘red’.

Time

- The objective to be completed by the end of 2014

33.4 Equality Objective 4

To improve the experiences of staff who, might be subject to discrimination by strengthening our policies, checking that they are really working, and by drawing more formally on the experience and knowledge of our employee network groups in our policy and practice development.

We believe this objective addresses all the protected characteristics of Race, Disability, Sex, Age, Religion/Belief, Sexual Orientation, Gender Reassignment Marital Status, Pregnancy/Maternity.

Specific Objective

- Carry out a review of our anti-discrimination policies (including arrangements for managing the behaviour and supporting the person targeted) and develop ways of improving confidence in the Trust's approach to tackling abuse.

- Formalise the terms of reference for the employee network groups so as to include them in policy and practice development.

Measurable

- To undertake an equality survey in 2014 to measure progress.

- Report to the Board on the extent to which employee forums have been engaged in policy and practice development and the benefits of doing so.

Action:

- Although the 'inputs' are achievable, it will only be clear whether it makes a difference in practice later in the year.

- Building confidence takes time and creating an environment where staff are free from all abuse is probably not realistic.

Realistic

- The outcome addresses the specific EDS objective were we scored 'red'

Time

- The objective to be completed by the end of 2014

33.5 Equality Objective 5

Audit effects of appraisal process and review policy requirements.

We believe this objective addresses all the protected characteristics of Race, Disability, Sex, Age, Religion/Belief, Sexual Orientation, Gender Reassignment, Marital Status, Pregnancy/Maternity.

Specific Objective

- To review the new appraisal process including any potential bias in its application across those staff covered by Agenda for Change pay and terms and conditions – information on any disproportionate impact on a particular protected group will be analysed and assessed for potential statistical relevance.

Measurable

- To monitor and review the characteristics within the ESR system of those individuals whose increments were deferred versus the workforce as a whole.
- 6 monthly reports to the HR Steering Group – May 2014.
- Revised policy ratified by the Trust – September 2014

Action:

- To produce information by protected characteristics in ESR, on those whose incremental progression has been deferred due to the lack of a satisfactory appraisal – May 2012.
- To review implementation of policy to ensure its application is fair and consistent across all Agenda for Change staff groups – September 2014.

Realistic

- To identify and address any potential bias in the application across those staff covered by Agenda for Change pay and terms and conditions

Time

- The objective to be completed by 2014

33.6 Equality Objective 6

Incorporate the principals of the Competency Framework for Equality and Diversity Leadership into the Trust's new appraisal system during the next 6 to 12 months.

We believe this objective addresses all the protected characteristics of Race, Disability, Sex, Age, Religion/Belief, Sexual Orientation, Gender Reassignment Marital Status, Pregnancy/Maternity.

Specific Objective

- To implement the 'Competency Framework for Equality and Diversity Leadership' to recruit, develop and support strategic leaders to advance equality outcomes.

Measurable

- Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within the organisation
- Middle Managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination

Action:

- Additional work may be required to develop their skills in line with the competency framework. Their existing job descriptions and persons specifications for their roles should be mapped against the framework elements.

- For other leaders, in the first 12 months, knowledge and skill in cultural competence should be developed. This should be demonstrated through personal development reviews and the NHS Knowledge and Skills Framework.

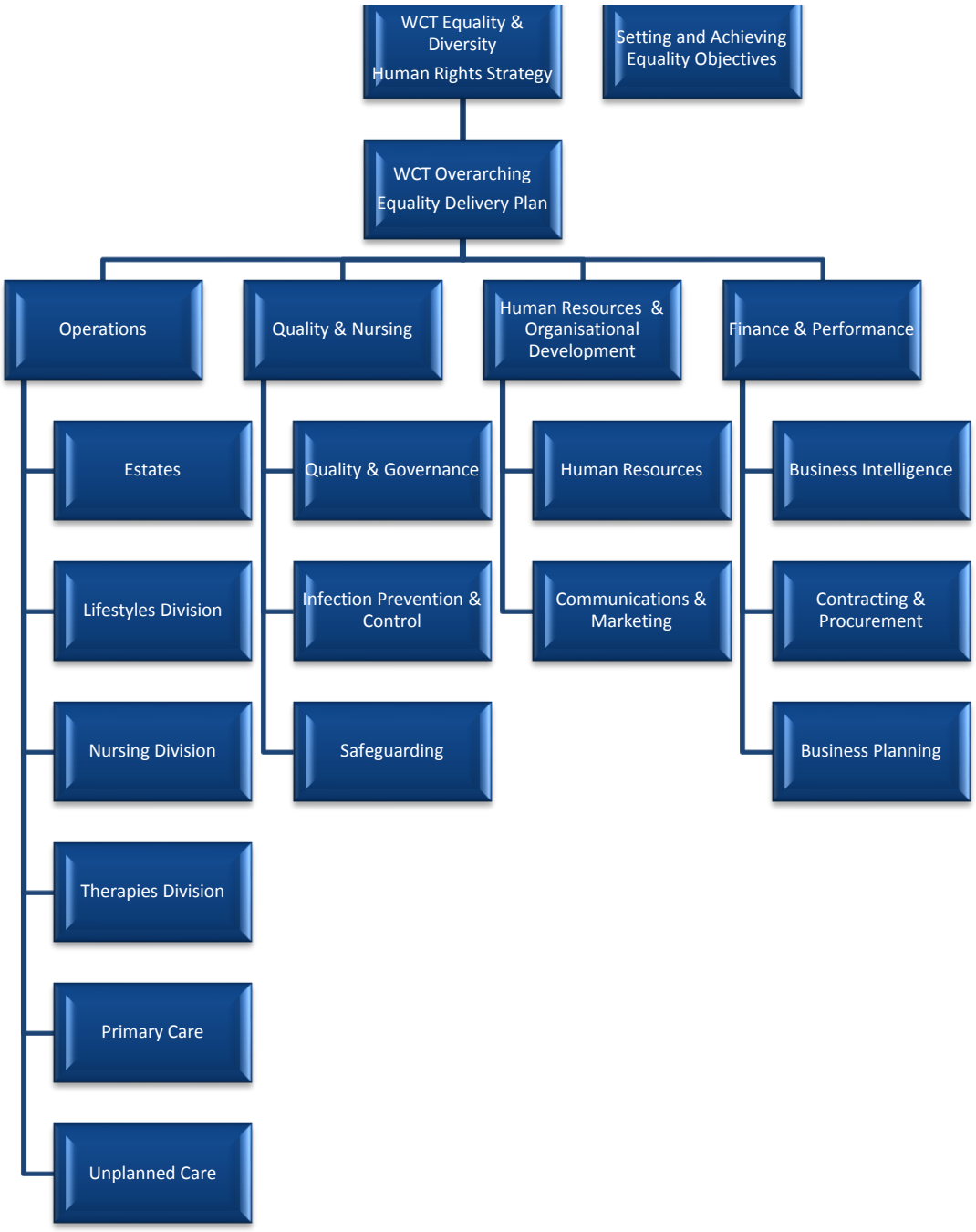
Realistic

- To address the EDS objective where we scored 'red'

Time

- The objective to be completed by 2014

Embedding Equalities Across the Organisation- How it all fits



- Raising Awareness
- Understanding the barriers
- Identifying actions
- Achieving outcomes

Each Division will have identified its own equality actions and outcomes which will need to be addressed

33.7 E& D Governance Structure

Wirral Community NHS Trust Board

Executive Director Lead: Director of Human Resources and Organisational Development

There is also a non-executive lead for equality and diversity.

The main duties of the Board are to monitor the implementation of the organisation's Equality, Diversity & Human Rights Strategy and to ratify through its relevant committees the organisation's policies and procedures which relate to Equalities.

The Board will receive quarterly reports to inform them of key data and issues relating to the management of the workforce.

The Board will receive an annual report updating them of progress in relation to the Strategy.

Responsibilities for delivering the Equality, Diversity and Human Rights Strategy

The Chief Executive has overall accountability for Equality Diversity & Human Rights issues within Wirral Community NHS Trust and the Board demonstrates commitment through the endorsement of the ED & HR Strategy.

The Director of Human Resources and Organisational Development is responsible for:
Leading on the development of ED & HR policy and practice in the Trust and providing assurance on the Equality Objectives which are reported to the Board.

All Directors and managers are responsible for:

Ensuring the aims of the Equality Diversity and Human Rights Strategy is delivered in their teams.

Links to Other Strategies

The ED & HR strategy is directly linked to the HR Strategy and the Quality Strategy although it impacts on all policies and procedures in the organisation.

Appendix 1: Patient Equality Information

All data contained within this Appendix is sourced from WCT Business Intelligence

WCT recognises the need to improve our data collection and equality analysis across the 9 Protected Characteristics and will address these gaps in the future.

In respect of current available data the breakdown is as follows

Ethnicity

Row Labels	Total	%
Black or Black British African	219	0.07%
Black or Black British Caribbean	104	0.03%
Black, other, non-mixed orgin	1	0.00%
Chinese	561	0.18%
Mixed other	375	0.12%
Mixed White and Asian	82	0.03%
Mixed White and Black African	59	0.02%
Mixed White and Black Caribbean	73	0.02%
Not stated	8997	2.88%
Other Asian	381	0.12%
Other Black background	116	0.04%
Other ethnic groups	273	0.09%
White British	254903	81.68%
White Irish	658	0.21%
White other	2073	0.66%
(blank)	41934	13.44%
Total	**312070**	**100.00%**

Age band

Age band	Total	%
Under 18s	45307	14.52%
18-24	24455	7.84%
25-34	34162	10.95%
35-44	28768	9.22%
45-54	33170	10.63%
55-64	32629	10.46%
65-74	35953	11.52%
75+	77637	24.88%
Total	**312081**	**100.00%**

Gender

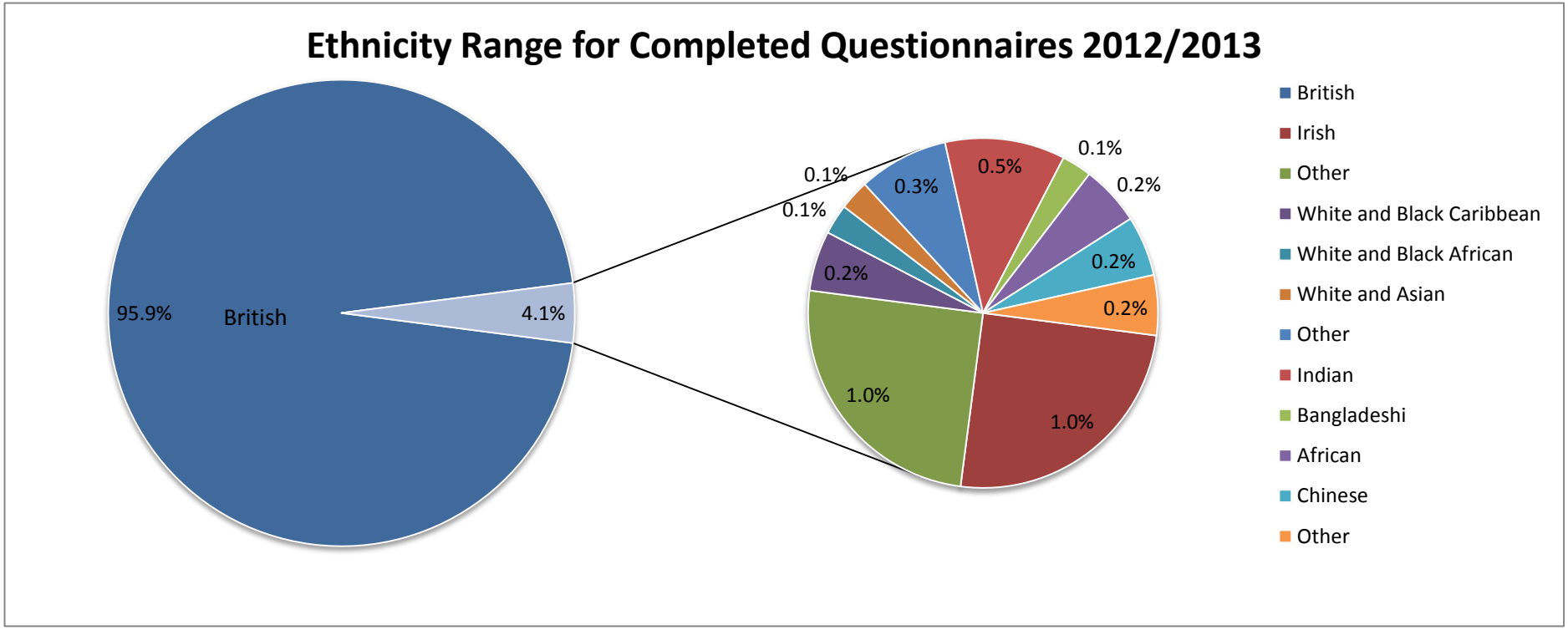
Gender	Total	%
F	184544	59.13%
M	127194	40.76%
U	343	0.11%
Total	**312081**	**100.00%**

Data sourced 01/04/2012 - 01/04/2013 and incorporates all community data from the Adastra (mostly GPOOH, walk in centres & community phlebotomy) & EMIS Web systems

This reflects the work of our Unplanned Care and Therapy Divisions. Primary Care, Nursing and Lifestyle Division do not currently have easily accessible data for the protected characteristics

Ethnicity Breakdown for Completed Patient Experience Questionnaires

(1559 questionnaires were completed, 874 completed the monitoring section of the form)



2011 Census ONS (for comparison)	Wirral	Trust
White British	95%	95%
White and Asian	0.3%	0.2%
White and Black African	0.2%	0.2%
Indian/ British Indian	0.4%	0.5%

34 Patient Experience and Complaints

Complaints

Collection period: 01 October 2012 - 30 September 2013.

Number of complaints received: 49

Number of complaints by gender: Female: 32 Male: 17

Number of complaints by age:
Patient's age:

01-17= 3
18-24= 0
25-34 = 3
35 - 44=2
45-54= 4
55-64= 1
65-74= 5
75-84= 6
85 or over=3

Not stated=22

In respect of Patient Experience Concerns

Collection period: 01 October 2012 - 30 September 2013

Number of concerns received: 364

Number of concerns by gender: Female: 30 Male: 24
Not stated: 310

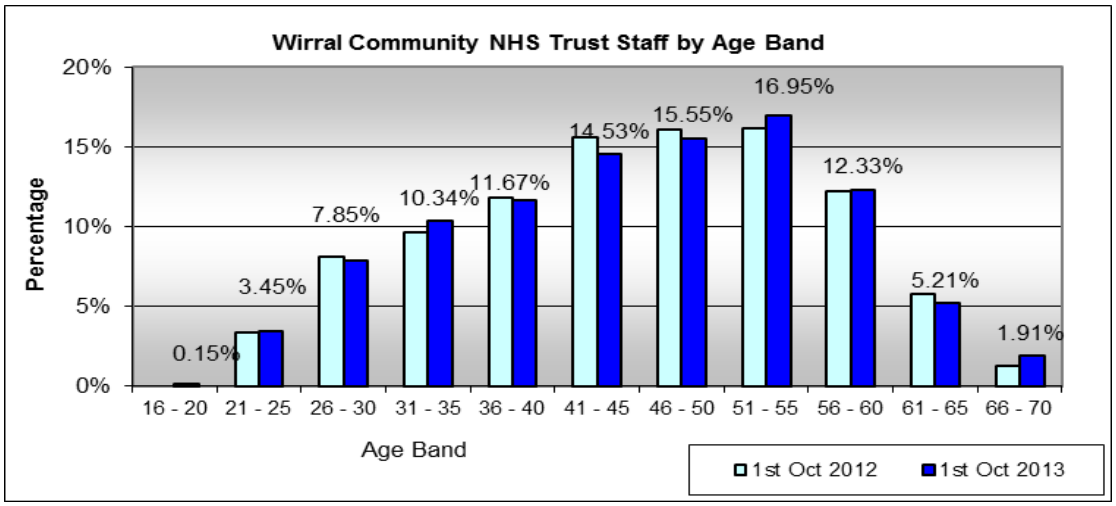
Number of concerns by age:

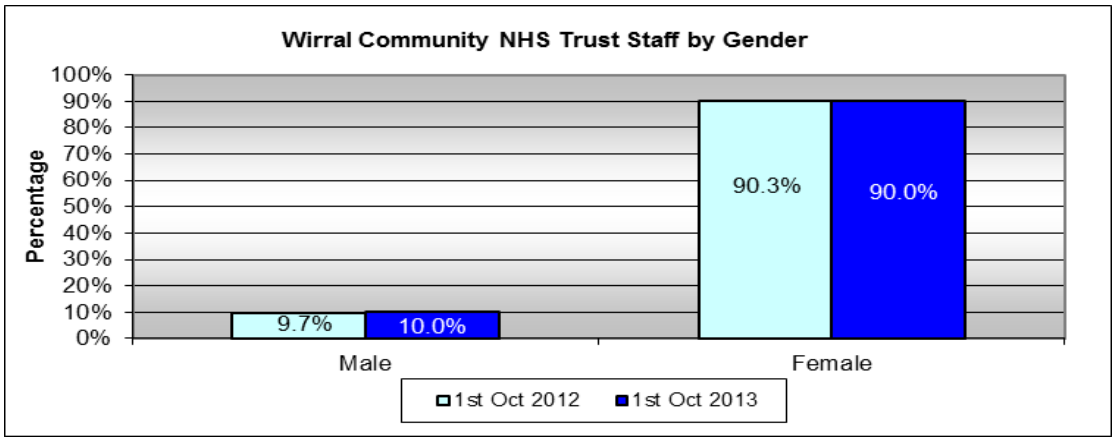
01-17=0
18-24=0
25-34=0
35-44=0
45-54=0
55-64=0
65-74=0
75-83=1
85 or over= 2

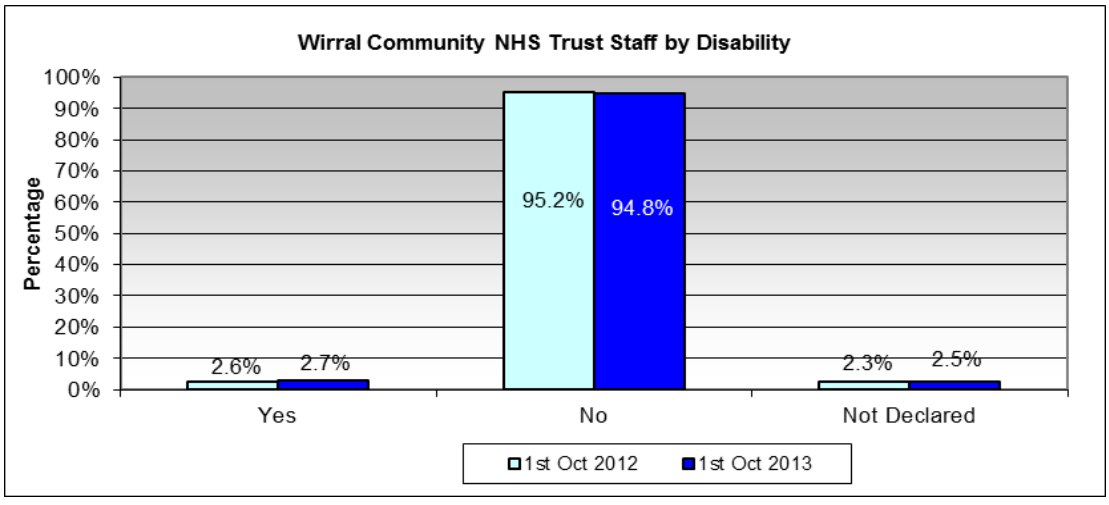
Number of concerns by ethnicity:
White - British= 1

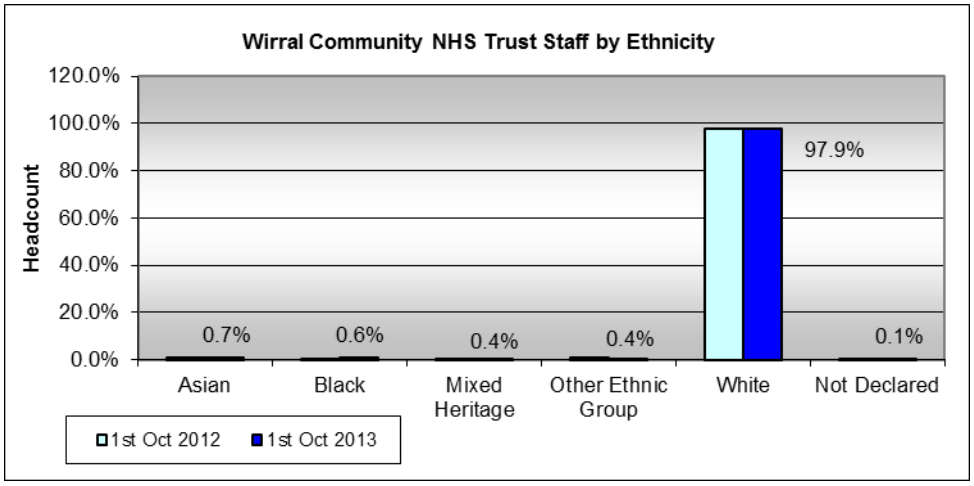
Appendix 2: Workforce Equality Information

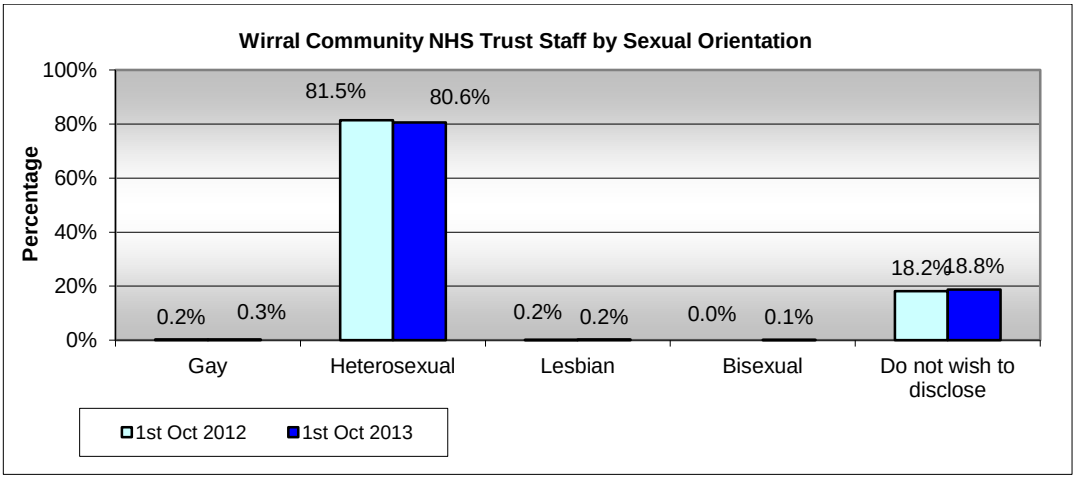
All data contained within this Appendix is sourced

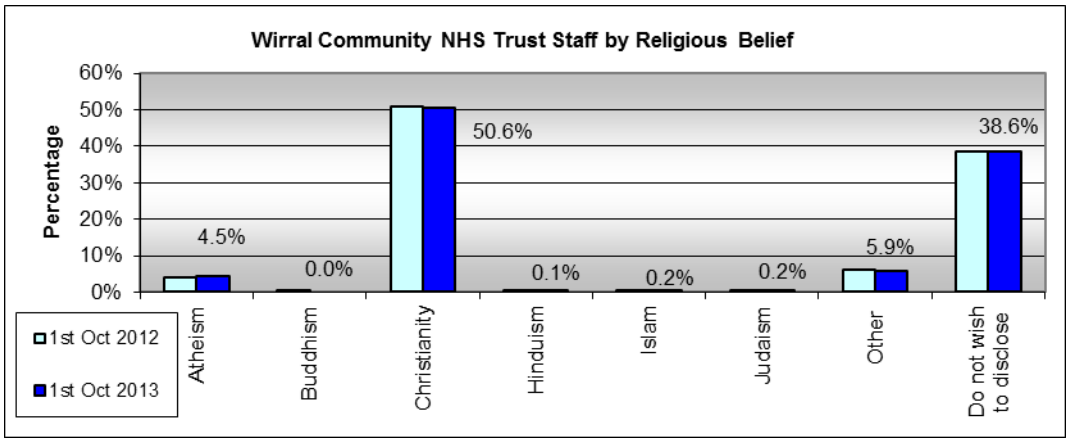







Wirral Community NHS Trust Staff by Ethnicity
Headcount
120.0%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
0.7%
0.6%
0.4%
0.4%
97.9%
0.1%
Asian
Black
Mixed Heritage
Other Ethnic Group
White
Not Declared
1st Oct 2012
1st Oct 2013


Wirral Community NHS Trust Staff by Sexual Orientation
Percentage
100%
80%
60%
40%
20%
0%
0.2%
0.3%
81.5%
80.6%
0.2%
0.2%
0.0%
0.1%
18.2%
18.8%
Gay
Heterosexual
Lesbian
Bisexual
Do not wish to disclose
1st Oct 2012
1st Oct 2013


Wirral Community NHS Trust Staff by Religious Belief
Percentage
60%
50%
40%
30%
20%
10%
0%
4.5%
0.0%
50.6%
0.1%
0.2%
0.2%
5.9%
38.6%
1st Oct 2012
1st Oct 2013
Atheism
Buddhism
Christianity
Hinduism
Islam
Judaism
Other
Do not wish to disclose

Appendix 3: Care Quality Commission Standards that relate to Equality, Diversity and Human Rights

1.1a People who use services experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights *(Regulation 4, Outcome 4)*
1.1b People who use services are supported to have adequate nutrition and hydration *(Regulation 14, Outcome 5)*
1.1c People who use services receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services *(Regulation 24, Outcome 6)*
1.1d People who use services and people who work in or visit the premises benefit from equipment that is comfortable and meets their needs *(Regulation 16, Outcome 11)*
1.1e People who use services can be confident that their personal records are accurate, fit for purpose, held securely and remain confidential *(Regulation 20, Outcome 11)*
1.3a Service users are protected against identifiable risks of acquiring such an infection *(Regulation 12, Outcome 8)*
1.3b People who use services are protected from abuse, or the risk of abuse, and their human rights are respected and upheld *(Regulation 11, Outcome 7)*
1.3c People who use services will have their medicines at the time they need them, and in a safe way *(Regulation 13, Outcome 9)*
1.3d People who use services and people who work in or visit the premises are in safe, accessible surroundings that promote their wellbeing *(Regulation 15, Outcome 10)*
1.3e People who use services and people who work in or visit the premises are not at risk of harm from unsafe or unstable equipment (medical and non-medical equipment, furnishings or fittings) *(Regulation 16, Outcome 11)*
1.3f People who use services can be confident that records required to be kept to protect their safety and wellbeing are maintained and held securely where required *(Regulation 20, Outcome 21)*
2.2a People who use services understand the care, treatment and support choices available to them *(Regulation 17, Outcome 1)*
2.2b People who use services where they are able give valid consent to the examination, care, treatment and support they receive; and understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed *(Regulation 18, Outcome 2)*

2.2c People who use services, or others acting on their behalf, who pay the provider for the services they receive: know how much they are expected to pay, when and how; know what the service will provide for the fee paid; and understand their obligations and responsibilities *(Regulation 19, Outcome 3)*
2.2d People who use services wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf *(Regulation 13, Outcome 9)*
2.3a People who use services can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support; have their privacy, dignity and independence respected; have their views and experiences taken into account in the way the service is provided and delivered *(Regulation 17, Outcome 1)*
2.3b People who use services can be confident that their human rights are respected and taken into account *(Regulation 18, Outcome 2)*
2.3c People who use services or others acting on their behalf: are sure that their comments and complaints are listened to and acted on effectively; know that they will not be discriminated against for making a complaint *(Regulation 19, Outcome 17)*
3.3a People who use services are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job *(Regulation 21, Outcome 12)*
3.3b People who use services are safe and their health and welfare needs are met by sufficient numbers of appropriate staff *(Regulation 22, Outcome 13)*
3.3c People who use services are safe and their health and welfare needs are met by competent staff *(Regulation 23, Outcome 14)*
3.3d People who use services have their needs met by the service because it is provided by an appropriate person *(Regulation 4, Outcome 22)*
3.4 The workplace is free from actual and potential discrimination - from recruitment to retirement - and all staff are able to fully realise their potential
4.1a The registered person recognises the diversity, values and human rights of people who use services *(Regulation 17, Outcome 1)*
4.1b People who use services benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety *(Regulation 10, Outcome 16)*

Appendix 4:

Here is a guide to some of the commonly used terms that are used in relation to equality and diversity, many of which have been used in the Strategy.

Term	What it means
Access	The extent to which people are able to receive the information, services or care they need and are not discouraged from seeking help (e.g. premises suitable for wheelchairs; information in Braille/large print and other formats and languages; and the provision of culturally appropriate services).
Ageism	Discrimination against people based on assumptions and stereotypes about age.
Black and Minority Ethnic (BME)	Term currently used to describe range of minority ethnic communities and groups in the UK – can be used to mean the main Black and Asian and Mixed racial minority communities or it can be used to include all minority communities, including white minority communities.
Champion	Someone who is appointed to stand up for the interests of a particular user group or issue (e.g. Equality and Diversity). A champion can be a senior staff member in health or social services; a councillor; or a representative of the group concerned, e.g. older people.
Commissioning	The process of specifying, purchasing and monitoring services to meet the needs of the local population.
Comply	To make sure the Trust meets the requirements of different Equality and Diversity legislation.
Consultation	Asking for views on services or policies from service-users, staff, decision-making groups or the general public. Consultation can include a range of different ways of consulting, e.g. focus groups, surveys and questionnaires or public meetings.

Term	What it means
Culture	Relates to a way of life. All societies have a culture, or common way of life, which includes: • Language — the spoken word and other communication methods • Customs — rites, rituals, religion and lifestyle • Shared system of values — beliefs and morals • Social norms — patterns of behaviour that are accepted as normal and right (these can include dress and diet).
Direct Discrimination	Treating one person less favourably than another on the grounds of one of the protected characteristics.
Disability	The Equality Act 2010 defines disability as: “a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.”
Discrimination	Unfair treatment based on prejudice. In health and social care, discrimination may relate to a conscious decision to treat a person or group differently and to deny them access to relevant treatment or care.
Discrimination by association	This is direct discrimination against someone because they associate with another person who possesses a protected characteristic.
Discrimination by perception	Direct discrimination against someone because the others think they possess a particular protected characteristic.
Diversity	Appreciating diversity goes beyond the mere recognition that everyone is different; it is about valuing and celebrating difference and recognising that everyone through their unique mixture of skills, experience and talent has their own valuable contribution to make.
Duty	Under equalities legislation public authorities have gender duties and specific duties. These are things that have to be done by the authority in order to meet with the requirements of the law.
EDS	Equality Delivery System – is a public commitment of how NHS intends to meet the duties placed on it by the Equality Act.

Term	What it means
Equal Opportunities	This is a term used for identifying ways of being disadvantaged either because of, for example, race, disability, gender, age, religion/belief or sexuality. 'Equal Opportunities' is an attempt to provide concrete ways to take action on the inequalities revealed by analysis of the differences and barriers that exist for people in the above groups.
Equalities	This is a short hand term for all work carried out by an organisation to promote equal opportunities and challenge discrimination, both in employment and in carry out functions and delivering services.
Equality	Equality is about making sure people are treated fairly and given fair chances. Equality is not about treating everyone in the same way, but it recognises that their needs are met in different ways.
Equality Impact Assessment	An Equality Impact Assessment (EIA) is a way of systematically and thoroughly assessing the effects that a proposed policy or project is likely to have on different groups
Ethnicity	A sense of cultural and historical identity based on belonging by birth to a distinctive cultural group.
Gender	Gender options are male, female, or other (in order to allow an option for transgender and self-identifying individuals).
Gender Dysphoria	Gender dysphoria is a condition in which a person feels that they are trapped within a body of the wrong sex.
Gender Reassignment	A person "proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex, by changing physiological or other attributes of sex"
Genuine Occupational Requirement (GOR)	In strictly limited situations, each piece of anti-discrimination legislation allows for a job to be restricted to a person of a particular race, disability, gender, age, religion / belief, sexual orientation if it is proportionate to apply a GOR to the job.
Harassment	Behaviour which is unwelcome or unacceptable and which results in the creation of a stressful or intimidating environment for the victim amounts to harassment. It can consist of verbal abuse, racist jokes, insensitive comments, leering, physical contact, unwanted sexual advances, ridicule or isolation.

Term	What it means
Homophobia	An irrational fear of, aversion to, or discrimination against people who are gay and homosexuality. A form of Hate Crime
Homosexual	This term refers to a person, male or female, who is sexually and emotionally attracted to people of the same sex. It is both a legalistic and medical term and so its use is often seen to be oppressive.
Indirect Discrimination	Setting rules or conditions that apply to all, but which make it difficult for a protected characteristic group to comply with.
Institutional Racism	Occurs when the systems and procedures in an organisation discriminate against a person – or a group of people – on the basis of race.
Interpreting	The conversion of one spoken language into another, enabling communication between people who do not share a common language.
Lesbian	This term refers to a woman who is sexually and emotionally attracted to other women.
LGB	Lesbian, Gay and Bisexual
Monitoring	The process of collecting and analysing information about people's gender/racial or ethnic origins/disability status/sexual orientation/religion or belief/age to see whether all groups are fairly represented.
Multicultural	Of, or relating to many cultures; including people who have many different customs and beliefs. For example, Britain is increasingly a multicultural society.
National Origin	Relates to the country where someone was born, regardless of where they are now living and their current citizenship.
PCT	Primary Care Trust
Perception discrimination	This is direct discrimination against an individual because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic

Term	What it means
Positive Action	Activity intended to improve the representation in a workforce where monitoring has shown a particular group to be under-represented, either in proportion to the profile of the total workforce or of the local population. Positive action permitted by the anti-discrimination legislation allows a person to: - provide facilities to meet the special needs of people from particular groups in relation to their training, education or welfare, and - target job training at people from groups that are under-represented in a particular area of work, or encourage them to apply for such work. Positive action is not the same as positive discrimination.
Positive Discrimination	Selecting someone for a job / promotion / training / transfer etc purely on the basis of their race, disability, gender, age, religion or belief, or sexual orientation, and not on their ability to do the job.
Prejudice	Means to pre-judge someone, knowing next to nothing about them but jumping to conclusions because of some characteristics, like their appearance.
Procurement	Procurement can be defined as the responsibility for obtaining (whether by purchasing, lease, hire or other legal means) the services, equipment, materials or supplies required by an organisation so it can effectively meet its business objectives.
Race	A human population considered distinct based on physical characteristics such as skin colour. This term is often interchanged with ethnicity. Ethnicity is a term which represents social groups with a shared history, sense of identity, geography and cultural roots which may occur despite racial difference.
Racial Group	A group of people defined by race, colour, nationality and ethnic or national origins. All racial groups are protected from unlawful racial discrimination.
Racism	Belief (conscious or unconscious) in the superiority of a particular race, leading to acts of discrimination and unequal treatment based on an individual's skin colour or ethnic origin or identity.

Term	What it means
Religion	The term religion – sometimes used interchangeably with faith or belief system – is commonly defined as belief concerning the supernatural, sacred, or divine, and the moral codes, practices and institutions associated with such belief.
Sexism	A prejudice based on a person's gender in which one gender is seen as inferior. Also may be used to describe discrimination on grounds of gender.
Sexual Orientation	Within the sexual orientation regulations, sexual orientation is defined as: - An orientation towards persons of the same sex (lesbians and gay men) - An orientation towards persons of the opposite sex (heterosexual) - An orientation towards persons of the same sex and opposite sex (bisexual)
Sexuality	This term refers to the general sexual preferences of people i.e. both lesbian and gay and heterosexual. It is often a preferable term to use to that of sexual orientation.
SLAs	Service Level Agreement is a form of contract between two parties.
Social inclusion	The position from where someone can access and benefit from the full range of opportunities available to members of society. It aims to remove barriers (social exclusion) for people or for areas that experience a combination of linked problems, such as unemployment, poor skills, low incomes, poor housing, high crime environments, poor health and family breakdown.
Social Model	A model created and endorsed by disabled people internationally, this emphasises the barriers and structures which exclude disabled people, rather than their disabilities.
Stereotypes	Generalisations concerning perceived characteristics of all members of a group – rather than treating people as individuals.

Term	What it means
Third Party Harassment	Third party harassment means harassment caused by a person or group of people who work outside the control of the employer, such as contractors, clients, customers, vendors and suppliers, or some other party which makes frequent visits in the place of business.
Transgender People	Transgender, transsexual or trans person describes a person who may identify as the opposite gender that they were assigned at birth.
Transphobia	An irrational fear or aversion to or discrimination against people who are transgender. A form of Hate Crime
Victimisation	Treating people less favourably because they have made a complaint or intend to make a complaint about discrimination or harassment.
Workforce 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. It also allows us to see what kind of jobs people do, how much they are paid and at what grades to see if there are any patterns.

Appendix 5

Organisations

Big Picture Group- Healthwatch Wirral

Characteristic	Group / network
Age	Age UK (Wirral)
Age	Wirral Older People's Parliament
Age	Wirral Elders Luncheon Club
Age	WBC (Youth Service)
Age	Forum Housing Association (Youth engagement team)
Age	Our House (Youth housing project)
BME	Wirral BRM Voice
BME	Wirral Change
BME	Wirral Multicultural Centre
Disability	Advocacy in Wirral
Disability	Wirral Mind
Disability	Wirral Society for the Blind and Partially Sighted
Disability	WIRED
LGBT	NAVAJO Partnership