

# Equality and Diversity

**Annual Service  
Monitoring Report  
April 2011 - March 2012**

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your health,  
our priority*

# Executive Summary

<b>TITLE</b>	Equality and Diversity Service Annual Monitoring Report April 2011 – March 2012.
<b>PURPOSE OF REPORT</b>	<p>This is the third 'Annual Equality and Diversity Service Monitoring Report' published by Wrightington, Wigan and Leigh NHS Foundation Trust.</p> <p>The purpose of this report is to provide the Trust Board with an overview of progress in the key areas of equality and diversity activity in service delivery over the last 12 months (2011/12). This report summarises the actions and achievements, the Trust has made, and the priorities for the year ahead. In accordance with the Public Sector Equality Duty, this report outlines the analysis of equality information in relation to service users, illuminating key gaps in service delivery. It provides assurance to the Board that the Trust meets its legislative duties as well as meeting the requirements of other National Policy Drivers (including Care Quality Commission / Equality and Human Rights Commission / National Health Service Litigation Authority and the Equality Delivery System).</p>
<b>EXECUTIVE SUMMARY</b>	<p><b>A number of key developments have been achieved over the last 12 months. Some of these include:</b></p> <ul style="list-style-type: none"><li>• The implementation of the NHS Equality Delivery System (EDS) – a new tool designed by the Department of Health to deliver improved equality performance. A self assessment of current performance against the EDS was undertaken by the Trust and agreed collaboratively with stakeholders. Key gaps and inequalities were identified and an EDS Action Plan agreed and implemented.</li><li>• The establishment of a local health economy approach to the EDS. The Trust worked jointly with Public Health, NHS Ashton, Leigh and Wigan, Bridgewater Community Healthcare NHS Trust, 5 Boroughs Partnership NHS Foundation Trust and Wigan Borough LINKs.</li><li>• The review and provision of equality Information (published on the Trust's Web Site in line with legislation requirements).</li><li>• The implementation of 4 Equality Objectives (published on the Trust's Web Site in line with the Public Sector Equality Duty requirements).</li><li>• The production of a new, draft Equality Strategy (consulted on during October 2012).</li><li>• The review of interpreter services during 2011 to ensure cost effectiveness and improve overall patient care. A Telephone Interpreter Service was piloted in Out-Patients during July and August 2011. The Telephone Interpreter Service was then implemented Trust wide from September 2011. A new Interpreting and Translation Trust Policy was launched in August 2011. A financial saving of £23k was achieved at the end of March 2012 (£8k above the forecasted projected saving).</li><li>• The presentation of a Breast Feeding Friendly Award by Wigan Council. A Breast Feeding Room is now available on all hospital / out-patient sites.</li><li>• The delivery of Equality Impact Assessment Workshop Training to key staff during December 2011 and January 2012. The implementation of learning disability awareness training – A schedule of dates for 2012 / 2013 agreed.</li><li>• The role of Equality and Diversity Champion now assigned to 35 members of staff - All responsible for driving equality forward within the Trust.</li><li>• The presentation of an Energising for Excellence Award, awarded for the delivery of Accident and Emergency Tours for individuals with learning disabilities. Tours commenced In January 2011 and have now been expanded to Surgical Admissions.</li><li>• A Declaration of compliance with the national policy for the elimination of mixed sex accommodation published in March 2012.</li></ul>

- The implementation of a Text Messaging Service in November 2011 to remind patients about their forthcoming appointments and subsequently reduce the number of appointments not attended (DNAs).

## Equality Monitoring

Under current practice, there are gaps within the Trust's information gathering and analysis of patient data. Only equality information in relation to a patient's ethnicity, age, gender and religion is recorded. Equality information in relation to a patient's disability and sexual orientation is not recorded. The introduction of more robust equality monitoring and data analysis within service delivery has been addressed as a key priority within the Trust's Equality Delivery System Action Plan.

Based on available data, this report provides a summary of service user activity across the Trust by ethnicity, gender, religion and age during 2011/12 and the previous 2 financial years. The overall picture of access, using the best available data, reflects broad similarity to local demographics.

### **Ethnicity:**

In terms of ethnicity, access to hospital services during 2011/12 was overall reflective of the local population. *"Wigan remains a predominately ethnically homogenous borough, with only around 4% of residents of a black or minority ethnic background"*.

95% of In-Patients / Out-Patients / A&E Attendances were of British White Ethnic Origin. The majority of patients who did not attend their out-patient appointments during 2011/12 were also of British White Ethnic Origin (this was mirrored within Maternity Services).

The Top 10 most common languages interpreted during 2011/12 via telephone interpreter services were Mandarin, Polish, Cantonese, Arabic, Czech, Slovak, Russian, Vietnamese, Lithuanian and Tigrinya.

### **Gender:**

As with most healthcare services in the UK, women are more likely to use hospital services, then men, both as in-patients and as out-patients. Despite making up just 50.3% of Wigan's population, 59% of all patients accessing services within the Trust were female. This data is reflected within in-patient and out-patient activity and national trends.

During 2011/12 the majority of complaints (62.5%) received by the Trust were made by female patients.

### **Age Group:**

Data shows that the highest percentage of service users who accessed both in-patient and out-patient services during the last 3 years, were aged between 31 to 64 years and 65 years plus. Trends in data indicate no great variance in age groups within in-patient and out-patient activity.

In comparison with the UK as a whole, the population of Wigan is ageing. Statistics from the first release of the 2011 Census, reveal that the percentage of the population aged 65 and over was the highest seen in any census at 16.2 per cent. 1 in 6 Wigan residents are now over the age of 65. The number of 85+ year olds increased from 4,326 to 5,400 in 2011, an increase of over 24%.

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

### **Religion / Belief:**

In terms of religion / belief, access to hospital services during 2011/12 was overall reflective of the local population. The number of religious categories recorded by the Trust is much higher than the generic categories recorded in census results. The 2001 Census revealed that 87% of the Wigan Population were of Christian belief. Only 2% of the patients accessing hospital services had their religion recorded as Christian during 2011/12. When considering the number of patients from all denominations of Christianity, however, this figure rises to 74%. This data is affected by the high proportion of religion not known / undisclosed (18%)

The high number of religions currently recorded and the high proportion of religions not recorded makes it difficult to interpret existing data. A limited category choice, which reflects the census categories, would therefore be more effective in terms of monitoring data.

### **Priorities for 2012/13**

Although the mainstreaming of equality and diversity into the everyday functions of the Trust will continue to be a priority, the main priorities for 2012/13 will include compliance with Equality Legislation, ensuring the delivery of the Trust's equality objectives and the Equality Delivery System Action Plan. All of which have been detailed in this report. A review of the 2011 Census results (to be released at the end of 2012) will be undertaken and published in the 2012/13 Monitoring Report.

The Trust will continue to review the implementation of robust and reliable systems which embed equality and diversity and can demonstrate clearly what is being done to eliminate unlawful discrimination, harassment and victimisation and advance opportunity and foster good relations between different equality groups.

### **POTENTIAL RISKS**

Failure to actively promote equality across all protected characteristics could constitute failure to meet the requirements of Equality Legislation / Statutory Bodies. Challenge from the local community and loss of reputation and public confidence could arise as a subsequence. The key risks to the Trust therefore in terms of service delivery are non completion of equality impact assessments, failure to provide accessible information in a patient's preferred format and the poor quality of equality information. All potential risks have been listed within the body of this report and details of how the Trust intends to mitigate these risks.

### **ACTION BY BOARD**

To note the report.  
To raise any matters for discussion.

### **AUTHOR**

Debbie Jones, Equality and Diversity Project Manager (Service Delivery)

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**Appendix 2            EDS Action Plan**

**Appendix 3            Equality Monitoring Data**

## 1. Introduction

Wrightington, Wigan and Leigh NHS Foundation Trust is committed to ensuring equality and promoting diversity for all patients and this includes identifying any barriers that may create disadvantages to certain groups of patients. The Trust is committed to ensuring that it supports a fully inclusive culture, where the needs of individuals are recognised, assessed and respected.

The Equality Act 2010 places a requirement on public bodies to assess their current provision, identify the needs of their service users and then work with those people to develop the right services, anticipating needs and removing any potential barriers in order to achieve equity of access, experience and outcome. Simultaneously, the Department of Health has made tackling health inequalities a priority. It is under a legal obligation to promote equality across all the characteristics protected in the Act.

The Trust's commitment to equality is not just confined to meeting its legal requirements, but to ensuring that it provides the best possible healthcare service and employment opportunities to its local population. The Trust values the richness that diversity brings both among patients and staff. The Trust's approach is about providing a healthcare service that recognises, respects and responds to diversity within the local communities it serves. The Trust recognises that some patients may face barriers when accessing services and could need extra help in order to ensure they receive the same access, treatment and outcomes as others. To achieve this, the Trust needs to reflect on current ways of working and, where this needs to be improved, develop new approaches which achieve these goals.

The purpose of this Equality and Diversity Annual Monitoring Report is to build on previous monitoring reports, providing an overview of progress in the key areas of equality and diversity activity in service delivery over the last 12 months (2011/12). This report summarises the actions and achievements, the Trust has made, and the priorities for the year ahead.

This report demonstrates the Trust's commitment to equality based on national drivers, through providing a health service that respects and responds to the diversity of the local population. This report summarises how the Trust has embraced the Equality Delivery System, demonstrating its commitment to the Public Sector Equality Duty and the development of its Equality Objectives.

In addition, this report outlines an analysis of equality information in relation to service users. It identifies which service users are accessing Trust services and whether there are any trends within any specific equality groups. This report illuminates gaps in service delivery that need to be considered and rectified. The Trust recognises that monitoring access is crucial to establish any gaps in service provision for patients from all equality groups.

This report accompanies the Trust's Equality and Diversity Employment Annual Monitoring Report 2011-2012 and the Trust's Equality Strategy and Action Plan 2012 - 2016.

## 2. Summary of changes that impact on promoting equality, diversity and human rights

During this reporting period there have been a number of significant changes that have impacted on the Trust's approach to equality and diversity:

### 2.1 Equality Act 2010

In October 2010, the first phase of legislation from the equality Act 2010 came into effect describing the General Equality Duty placed on all public bodies. The General Duty states that all public bodies must in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, victimisation and harassment.
- Advance equality of opportunity between different groups
- Foster good relations between different people from different groups

The Equality Act 2010 expanded the definitions of protected characteristic groups that were protected within the law, pulling together existing legislation to form one, more comprehensive duty. The legally defined protected characteristics are: gender; age; disability; race; gender re-assignment; sexual orientation; religion or belief; pregnancy and maternity and marriage and civil partnership.

In 2011, the second phase of the legislation described the specific duties placed on public bodies. In order to be compliant with the Equality Act 2010, public bodies must deliver the following specific duties:

- Publish information annually to demonstrate their compliance with the General Equality Duty (by 31st January 2012 in the first year and subsequently at intervals of no more than one year).
- Publish information relating to their employees (for bodies with 150 or more staff) and others affected by their policies and practices (such as service users).
- Prepare and publish one or more equality objectives that will enable them to comply with any part of the General Duty, no later than 6<sup>th</sup> April 2012 and subsequently at intervals of no more than 4 years.

The Government believes that public bodies should be accountable to their service users. Publishing information about decision-making and the equality data which underpins those decisions will open public bodies up to informed public scrutiny. It will give the public the information they need to challenge public bodies and hold them to account for their performance on equality. Moreover, knowing that such information will be published will help to focus the minds of decision-makers on giving proper consideration to equality issues.

This report captures and reports on the activity during this transition from one set of legal requirements to the current Equality Act duties.

**For more information about the Equality Act 2010, National Drivers and the Trust's Published Equality Objectives, please refer to the Trust's Equality Strategy 2012-2016.**

## 2.2. Equality Delivery System (EDS) – Actions Implemented

From April 2012, all NHS Organisations in England are required to have fully endorsed the NHS Equality Delivery System (EDS) (new framework launched by the Department of Health in October 2011 to drive up equality performance and embed equality into mainstream NHS business). The EDS is a public commitment of how NHS Organisations plan to meet the needs and wishes of local people and staff, and meet the duties placed on them by the Equality Act 2010. It also sets out how, they recognise the differences between people, and how they aim to make sure that any gaps and inequalities are identified and addressed.

The EDS requires systematic and routine engagement with a range of representative groups, including patient groups, community groups and staff. These in effect are required to validate the assessments of performance made by all Trusts.

During 2011, the Trust began preparing for the new Public Sector Equality Duty, by fully adopting the NHS Equality Delivery System (EDS) as a driver to deliver improved equality performance.



The Trust's EDS Plan was developed through a process of:

- Profiling demographic information on the population of Wigan by known protected characteristic.
- Consultation and involvement with stakeholders.
- Collating qualitative and quantitative evidence in relation to equality issues for patients, service users and staff.
- Analysis of workforce data and the production of equality data.
- Considering what the Trust currently does to meet identified needs and what else it may need to do.

All NHS organisations are required to undertake a self assessment of current performance against the EDS. These self assessments must be agreed collaboratively with Stakeholders. Each year, organisations and local interests are required to assess progress and carry out fresh grading exercises.

The Trust's assessment and overall grades were determined by undertaking a process of evidence collection, engagement and consultation with local stakeholders. Evidence collation included:

- A Survey sent to all Public Foundation Trust Members to assess progress against Goals 1 and 2.
- A Focus Group Event was held in February 2012 to assess progress against Goals 1 and 2. This was a joint venture with NHS Ashton, Leigh and Wigan; Public Health, Bridgewater Community Healthcare NHS Trust, 5 Boroughs Partnership NHS Foundation Trust and Wigan Borough Local Involvement Network (LINKs).
- Public, patients and staff were encouraged to complete an on-line EDS Survey in order to assess progress against Goals 1 and 2.
- A Staff Survey was circulated to all staff to assess progress against Goals 3 and 4.
- A Joint Staff Network and Champion EDS Consultation meeting was held in February 2012 to assess progress against all 4 goals.

See **Appendix 1** for a summary of the specific outcomes and Trust grades relating to the EDS goals.

See **Appendix 2** for a copy of the Trust's EDS Action Plan.

### **3. Key Developments 2011/12**

A number of key developments have been achieved over the last 12 months. Progress in the key areas of equality and diversity are outlined under the headings below:

#### **3.1 Draft Equality Strategy 2012 - 2016**

In response to the requirements of the Equality Act 2010, the Human Rights Act and the new national Equality Delivery System (EDS), the Trust has produced a draft Equality Strategy. This new strategy will supersede the Trust's existing Single Equality Scheme 2009 - 2012 and sets out the Trust's commitment to ensuring equality and human rights will be taken into account in everything the Trust does, both as an employer and provider of healthcare. It builds on the previous actions and objectives that were contained in the Trust's former Single Equality Scheme 2009 - 2012.

A consultation on the Trust's Equality Strategy was held during October 2012. A final draft will be presented to the Trust's Equality and Diversity Steering Group Meeting in December 2012.

## 3.2 Involvement and Consultation

Consultation and engagement is an important source of evidence for decision making. The role of the equality function is to ensure that engagement is representative and inclusive and to facilitate links into existing groups and ensure that equality themes are identified and fed into priorities.

The Trust's Equality and Diversity Service Lead works closely with the Trust's Head of Patient and Public Engagement. The Trust's Patient and Public Engagement Team attend relevant Community / Voluntary Group Meetings (including Wigan Access Committee / Diabetic Support Groups / Healthy Hearts Group / Arthritis Care Group / Borough Wide Networks). Engagement is facilitated on an on-going basis.

The Patient and Public Engagement Committee monitors progress against the National Survey Programme. Its remit is to ensure that patient and public engagement is integral to the work of the Trust. The Committee is chaired by the Lead Governor and also has representation from the Local Involvement Network (LINKs), Overview and Scrutiny Committee and a carer.

### **Evidence of engagement relating to equality issues during 2011/12 includes:**

- During 2011, Wigan Borough Local Involvement Network engaged with the **local gypsy and traveller community** to ascertain their views on accessing local healthcare. A Formal Health and Care Together Report was subsequently produced in November 2011 and sent to the Trust, along with NHS Ashton, Leigh and Wigan Public Health Team, Bridgewater Community Health Care NHS Foundation Trust, Local Authority and Wigan Council for review and comments. The Trust reviewed the content of the report and formally responded in November 2011.
- Between June and September 2011, Wigan Borough Local Involvement Network carried out a survey on **patient's experience of people who suffer from long term conditions**. A snap shot report was produced and sent to the Trust in December 2011. The Trust reviewed the content of the report and formally responded in December 2011.
- A report was produced by Wigan Borough Local Involvement Network in March 2011 summarising a number of issues raised by **local hearing impaired communities** within healthcare. The main issues raised included: The need for staff to receive deaf awareness training; difficulties incurred when accessing interpreter services; and the difficulties hearing impaired patients experience when asked to book appointments by telephone. The Trust's Equality and Diversity Service Lead, investigated the issues raised and produced a feedback report. A formal response was provided in April and December 2011.
- During 2011, an EDS Implementation Group was set up with representatives from the Trust, NHS Ashton, Leigh and Wigan, Public Health, Bridgewater Community Healthcare, 5 Boroughs Mental Health Foundation Trust and Local Involvement Networks (LINKs). The aim of this group was to ensure an integrated approach to the **National Equality Delivery System (EDS)** across the local Health Economy and to have a joined up approach to engaging with local stakeholders to complete the EDS assessments.

In order for the Trust to undertake a self assessment of current performance and score themselves in accordance, the Trust undertook a process of evidence collection, engagement and consultation with local stakeholders. See **Section 2.2** for evidence of stakeholder engagement.

- During 2011/12, the Trust's Equality and Diversity Project Lead, Patient and Public Engagement Lead worked collaboratively with Wigan Council's Breastfeeding Coordinator/Commissioning Lead to review the **provision of**

**facilities for breast feeding mothers.** During 2012, breast feeding rooms / facilities were made available on all hospital sites. This resulted in the Trust being awarded the Breast Feeding Friendly Award (formally presented in July 2012).

During 2012, plans will be put in place to engage with breast feeding mums to ascertain their views on breast feeding preferences.

From a staff perspective, the Trust reviewed the facilities that could be provided for staff returning from maternity leave, who wanted to express breast milk on their return to work. A survey was circulated to all staff currently on maternity leave and those that had had maternity leave in the last 2 years. Feedback indicated that there would be a take up of facilities that support staff in expressing breast milk at work. Plans are currently being put in place to purchase a supply of small portable fridges that staff could be issued with to store breast milk. Maternity Policy has been amended accordingly.

- During 2011/12 regular **Same Sex Accommodation Surveys** were undertaken by the Trust's Patient and Public Engagement Team. In March 2012, 97.5% of the Trust's patients informed them that when they were first admitted to a bed on a ward that they did not share a sleeping area with patients of the opposite sex.
- During 2011/12, the Trust's Patient and Public Engagement Team worked with patients on projects such as the **Service and Site Investment Strategy, Text Messaging Service** (to improve did not attend rates (DNAs) and the **Extended Working Hours Project**. Patients also attended a Focus Group Meeting on the **re-design of Phlebotomy Services** at Leigh Infirmary.

Hospital Governors met with the Trust Board to discuss key issues and challenges facing the Trust. Governors have been involved in the design and content of the Membership Newsletter and the organisation of the Membership Events. Governors are involved in many Trust Committees, for example, Service and Site Investment, Discharge Improvement and Equality and Diversity.

The Trust has good communication and engagement with Local Involvement Networks (LINKs). During 2011/12, the Trust worked with LINKs on discharge improvements, text messaging service and the Equality Delivery System.

The Trust has continued to engage with the Membership Panel by inviting the members to 'An Evening with the Medical Director on Safety', and a '21<sup>st</sup> Century Cancer Event' showcasing the Trust's cancer services. The Trust also held a young person's event engaging with local schools and colleges about careers in the NHS and Health Promotion.

The new Public Sector Equality Duty stipulates that the Trust will have to engage with patients and organisations from all protected groups. The utilisation of Patient and Public Engagement activities will therefore be key in meeting this requirement. The Trust will need to review the potential for consultation on equality issues with existing or new stakeholder groups, involving staff, patients and the public. Mechanisms need to be put in place to involve people with diverse needs in the implementation of the Trust's equality objectives and assessment processes.

### **3.3 Equality Impact Assessments**

As a public sector organisation, the Trust has a duty to analyse the effects of its policies and practices on equality across all of the protected characteristics. This helps them to consider if their policies and practice have any unintended consequences for some groups. It can help them to identify any practical steps to tackle any negative effects or discrimination, and to promote equality and foster good relations between different groups.

The Trust aims to design and implement all policies, procedures and functions to meet the diverse needs of service users and staff, ensuring that they receive good access, outcome and experience. During 2011/12, the Trust continued to undertake equality analysis (equality impact assessments) on all policies and practices (to ensure that any new or existing policies and practices do not disadvantage any group or individual).

Equality impact assessments have now successfully been embedded as part of Trust Policy Protocol. No policy will be approved unless a completed equality impact assessment is undertaken. Further work will continue to ensure that equality impact assessments become a core activity when reviewing / implementing new services / projects etc.

Progress of outstanding assessments is monitored by the Trust's Equality and Diversity Service Lead. Progress is reported back to the Equality and Diversity Steering Group. At the end of March 2011, approximately 200 service equality impact assessments were outstanding. At the end of March 2012, 15 equality impact assessments were outstanding. The backlog of outstanding equality impacts will be fully addressed during 2012.

The Trust's Equality and Diversity Leads are continuing to work with Divisional Managers to ensure that Equality Impact Assessment Improvement Plans are channelled through the appropriate committees, i.e. Divisional Quality Executive Committees and the necessary action taken to ensure lessons are learned and incorporated into service delivery.

The Trust's Equality and Diversity Service and Employment Leads liaise with all Divisional Managers and their Teams to ensure managers are aware of their duty to ensure equality impact assessments are undertaken and embedded in all that they do. Awareness is continually raised throughout the Trust, via attendance at Divisional Core Group Meetings, Champion Meetings, presentation delivery at Trust Induction, articles in Focus, updates on the Equality and Diversity Web Pages on the Trust's Intranet, etc.

### **3.4 Equality and Diversity Champions**

In line with the new divisional restructure in 2012, the role of the Equality and Diversity Champion was reviewed by Divisional Managers. The role in some cases was reallocated to other members of staff who were deemed to be better suited to undertake the role.

The Trust currently has 35 Equality and Diversity Champions (an increase of 9 champions since the end of March 2011). The role of the Equality and Diversity Champion is to essentially drive forward Equality and Diversity within their Divisions and to provide support when required. Champions attend quarterly Equality and Diversity Champion Meetings, chaired by the Trust's Equality and Diversity Project Lead (services).

### **3.5 Training and Awareness Raising**

Equality Impact Assessment workshop training was delivered to key staff by an external trainer during August / September 2010. A further 5 half day workshops were delivered in December 2011 and January 2012.

All Trust staff complete the Equality and Diversity e-compulsory Training Module every three years. At the end of March 2012, the current Trust wide compliance rate for this training was 96% (an increase of 1.3% since the end of March 2011). The e-compulsory training module is currently under review. A revised training module will be available from January 2013. The introduction of podcast training within the training module is currently being reviewed to raise disability awareness.

All new starters attend the Trust Corporate Induction day which covers the Trust approach to Equality and Diversity. A 15 minute presentation is delivered. This was updated in May 2012 to reflect current changes in equality legislation. Compliance for Trust Induction at the end of March 2012 was 91.1%.

During 2011, The Trust reviewed the Personal Development Review (PDR) process and this framework will provide the appropriate emphasis to standards of behaviour and development opportunities to staff in order that they adopt the right behaviours.

During 2011/12 a schedule of training dates for 2012 / 2013 for the delivery of learning disability training was agreed. Training will be made available for all staff / support staff and registered staff during this period.

The Trust is currently reviewing the provision of additional disability awareness training for staff.

### **3.6 Access to Information and Services**

#### **3.6.1 Disabled Access:**

All the Trust's new works schemes are designed and constructed in accordance with Disability Legislation and the Building Regulations Part M Standards.

The Trust is currently implementing a Service and Site Strategy programme encompassing all Trust sites. All new developments within this review will fully consider disabled access, equality and diversity for patients, staff and visitors.

During 2011/12 the following capital projects were undertaken which provided improved or additional disabled access for staff and patients:

#### **Refurbishment of Level 2 Corridor at Royal Albert Edward Infirmary**

The existing main hospital street at level 2 was refurbished to provide new flooring, lighting, wall protection and decorations. This has aided the definition of doorways and department entrances to the entire area.

#### **External Areas**

Car parking to all trust sites has been rationalised to increase the number of public parking spaces and improve the Disabled Bays.

Footpaths have been introduced where necessary with drop kerbs and tactile paving.

#### **Area 5 at Leigh Infirmary**

The refurbishment of the former Walk in Centre to provide new therapy, audiology and podiatry departments to complement the existing antenatal and midwifery units within the building. These works have provided improved circulation routes and disabled toilets.

The new facility is fully compliant with disability legislation and provides wheelchair access to all ward and amenity areas.

#### **Taylor Rehabilitation Ward**

This ward was relocated from Hanover to the 5 Borough's Mental Health Holdenbrook Unit on a lease basis. The move has improved facilities allowing for compliance with Disability Legislation and provides wheelchair access to all ward and amenity areas.



### **IT Suite at Leigh Infirmary**

The construction of a new IT Headquarters, which now provides ramped wheelchair access and accessible facilities.

### **Out Patients Department at Leigh Infirmary**

Refurbishment of the existing facilities to provide improvements for all users.

### **3.6.2 Learning Disabilities:**

The Trust continues to work collaboratively with its partner organisations and the Trust's Adult Safeguarding / Vulnerable Adult Lead represents the Trust on the following Boards/ Committees:

- Wigan Learning Disability Partnership Board
- Wigan Borough Clinical Commissioning Group
- Mental Health Implementation Board
- 5 BP Mental Health Law Forum

In January 2011, tours commenced within Accident and Emergency for individuals with learning disabilities in order to obtain feedback about service accessibility. Tours take place on a bi-monthly basis and patients converse with nursing, portering and x-ray staff. During 2011, this initiative won the Trust the 'Energising for Excellence' Award. Due to the increased demand from patients with learning disabilities who want to get involved, a waiting list for A&E Tours has been set up. Tours have now been expanded to Surgical Admissions.

The provision of easy read information was reviewed during 2011/2012 to ensure patient information is available in an easy accessible format within the main services accessed by patients with learning disabilities. Easy Read Information leaflets about Accident and Emergency; Dental; Planned Surgery and Patient Relations will be available towards the end of 2012.

The Adult Safeguarding Lead is working in collaboration with Catering and I.T. in the development of 'electronic' pictorial menus. This initiative will not only address the communication difficulties of individuals with a learning disability, but for all vulnerable adult groups with communication difficulties.

During 2011 the provision of disability awareness training for staff was reviewed. A schedule of training dates for 2012/13 was produced by the Trust's Safeguarding Adult Lead. Specific training will be made available for all staff / support staff and registered staff during this period.

### **3.6.4 Patient Information:**

#### **Translation of Patient information:**

All patient information / correspondence can be translated into audio, braille, large print and other languages on request.

The following table summarises the number of requests for leaflets / correspondence in other formats over the last 3 years:

<b>Formats</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Other Languages	3	9	6
Other Formats	3	3	6
Large Print / Braille			

#### **On-line Disabled Access Information Guide:**

In collaboration with Disabledgo (UK's leading provider of disabled access information), the Trust officially launched an on-line disabled access information guide in August 2010. The aim of this guide is to provide detailed, accurate

information so disabled people can find out more about the access they will find when visiting the Trust's Hospital Sites. An Annual review to reflect any changes in services etc will be carried out in October 2012.

#### **Patient Needs – Recording Functionality:**

The Trust has a legal requirement to provide accessible information in a service users preferred format (i.e. large print / audio / braille). In order to ensure all correspondence is sent in the patient's preferred format, the recording of patients needs on hospital clinical systems was reviewed during 2010. Functionality on PAS / EPR has been set up which will allow staff to record and view patient's needs. During 2011/12, patients were encouraged to inform hospital staff about their needs. E-Bulletin Display Boards were utilised to raise awareness about this. During 2012/13 systems will continue to be reviewed and monitoring mechanisms developed.

#### **Internet / Intranet:**

During 2011/12, the Trust's Equality and Diversity Web Pages on the internet and intranet were updated in line with recent developments and equality legislation. Web pages are updated on an on-going basis.

### **3.6.5 Interpreter Services:**

A review of interpreter services was undertaken during 2011. A pilot for the implementation of telephone interpreting services was undertaken in Out-Patients during July and August 2011. In September 2011, a Telephone Interpreter Service was implemented throughout the Trust. A Telephone Interpreter is now provided for patients who require communication support. Face-to-Face interpreters are only provided where a clinician can provide evidence for specific clinical reasons or sign language interpretation is required.

A number of key changes to current practice were introduced in order to streamline services, ensure cost effectiveness and improve overall patient care.

A new Interpreting and Translation Trust Policy was produced and formally launched in August 2011. This Policy addresses the formal process for staff accessing interpreting and translation services in out-patients, in-patients and emergency care.

Following the implementation of telephone interpreter services in September 2011, The Trust achieved a saving of £23k at the end of March 2012. This was above the projected savings and is forecast to be above the projected savings in September 2012.

Over the next 6 months, the Trust will continue to review Interpreter and Translation Services. Compliance with Trust Policy will be monitored and more robust monitoring introduced.

### **3.6.6 Same Sex Accommodation:**

In March 2012, the Trust re-published its declaration of compliance with the national policy for the elimination of mixed sex accommodation. The Trust confirmed its compliance with the government's requirement to eliminate mixed sex accommodation, except when it is in the patient's overall best interests, or reflects their personal choice.

The Trust has the necessary facilities, resources and culture to ensure that patients who are admitted will only share the room where they sleep with members of the same sex, and same sex toilets and bathrooms will be adjacent to their bed area.

During 2011/12 the Trust reported a total of four breaches of the standards which were not clinically justifiable. In all cases the breaches related to a delay in transferring a patient from a critical care area due to clinical pressures on the general wards.

The requirement to deliver high standards of same sex accommodation is further helping to inform the design of new wards as the Trust develops its site strategy. The development will include the increased provision of single rooms with en suite facilities. The Estates and Facilities Department have made restructured ward arrangements to create improved same sex accommodation. This has improved the patient's experience.

### **3.6.7 Chaplaincy and Spirituality:**

A multi-faith calendar for 2012 was produced by the Trust's Chaplaincy and Spiritual Care Manager. This was distributed to all wards and departments and can be accessed along with information about forthcoming religious festivals on the Trust Intranet Website.

Monthly global e-mails continue to be sent to all Trust Staff, informing them about forthcoming religious festivals.

Chaplaincy and Spiritual Care continues to be well accessed by patients, relatives and staff throughout the Trust, with quiet space/prayer facilities available on all main hospital sites and at the Thomas Linacre Out-Patient Centre.

### **3.7 Procurement:**

The Trust is fully committed to ensuring that it promotes and influences equality and diversity issues through its procurement process.

The Trust continues to ensure that staff involved in procuring services on behalf of the Trust, are aware of their responsibilities in accordance with Equality Legislation. Regular monitoring of existing contractors is undertaken by Contract Managers. Equality is listed as a key performance indicator, and all contractors will therefore be expected to adhere to Trust policies and procedures.

During 2011/2012, the Trust continued to ensure that all information on the Trust's Intranet Web Pages / tender documentation was concise and up-to-date.

### **3.8 Promotion / Raising Awareness:**

The Trust recognises the importance of promoting equality and diversity in all its functions and services. A number of actions have been implemented to raise staff awareness and understanding. These include regular updates in the Trust's Monthly Newsletter 'Focus'; regular global e-mails sent to all staff; and regular updates on the Trust's internet and intranet websites.

Updates / features during 2011/12 have included:

- Equality Legislation / Equality Delivery System (EDS)
- Interpreter Services
- Breast Feeding
- Staff Networks
- Equality and Diversity Events (Ramadan / Disability Awareness Day / etc.)

Updates are regularly given at Divisional Core Group Meetings, to raise awareness about recent equality and diversity issues (such as interpreter services / equality impact assessments / embedding equality and diversity in to the Trust's core business and day-to-day activities).



### **3.9 External Reports and Reviews**

#### **3.9.1 Equality Performance Improvement Toolkit (EPIT2) – June 2011:**

In March 2011 a second Equality Performance Improvement Self Assessment (EPIT2) was requested by NHS North West. An assessment was completed and submitted to NHS Ashton, Leigh and Wigan during May 2011. The purpose of this assessment was to provide a progress update against the five strategic goals (as set out in NHS North West's 5 Year Equality and Diversity Strategy – Narrowing the Gaps). The Trust had to self-assess whether progress was in the 'under developing', 'developing', 'achieving' or 'excellent' stage. Evidence had to be submitted. The Trust's submission in May 2011 stipulated it was 'developing' in most areas, but 'achieving' within three deliverables.

#### **3.9.2 Equality Delivery System (EDS)**

In October 2011, the Department of Health launched a new framework to promote equality and fairness in the NHS - the Equality Delivery System (EDS). This toolkit was designed to help NHS Organisations to drive up equality performance and embed equality into mainstream NHS business, meeting the requirements of the Public Sector Equality Duty. All NHS organisations were required to undertake a self assessment of current performance against the EDS. **See Section 2.2.**

#### **3.9.3 LINK Reports**

The Trust formally responded in 2011/12 to 3 'Health and Care Together' Reports produced by Wigan Local Involvement Network on gypsies and travellers / long term conditions and some of the issues faced by hearing impaired communities within healthcare. **See Section 3.2**

### **3.10 Partnership Working**

The Trust continues to work in partnership with stakeholders and the wider health economy. This includes NHS Ashton, Leigh and Wigan; Public Health, Bridgewater Community Healthcare NHS Trust, 5 Boroughs Partnership NHS Foundation Trust and Wigan Borough Local Involvement Network (LINKs).

**See Section 3.2** for a summary of engagement activity during 2011/12.

- The Trust has an appointed Hospital Governor for LINKs. During 2011/12 the local Involvement Network Governor attended Joint Trust Board and Council of Governor meetings. This provides an opportunity to show how well the Trust is performing on a wide range of quality measures and provides an opportunity for the LINK Governor to act as a conduit bringing information to the Trust and from the Trust to the LINK community.
- **Equality and Diversity North West Forum:**  
The Trust's Equality and Diversity Leads are members of the Equality and Diversity North West Forum and attend regular forum meetings.
- **NHS North West – Strategic Communications & Development Quarterly Network Meetings**  
The Trust's Equality and Diversity Leads attend the Strategic Communications and Development Network Meetings which are held on a quarterly basis.
- **Learning Disabilities: See Section 3.6.2**
- **Carers Support Team:**  
The Trust's Patient and Public Engagement Leads have close links with Wigan Council's Adult Services and Carers Support Team. A Carers Project Worker continues to hold clinics at the Trust, providing support for carers and helping with

any difficulties carers may have while the person they care for is in hospital or attending out-patient appointments.

- **Age Concern:**

Age Concern is based on the Trust's Hospital Main Site, Royal Albert Edward Infirmary and provides short-term support to people aged 50 and over who are admitted into Royal Albert Edward Infirmary, Wigan.

## 4. Equality Monitoring

Under current practice, there are gaps within the Trust's information gathering and analysis of patient data. Only equality information in relation to a patient's ethnicity, age, gender and religion is recorded on PAS and in the patient's case notes. No internal divisional reports are produced, unless requested on an ad-hoc basis. The recording of equality information in relation to a patient's disability and sexual orientation is not currently collected.

The following information provides a summary of service users across the Trust by ethnicity, gender, religion and age:

### 4.1 Ethnicity

In terms of ethnicity, access to hospital services during 2011/12 was overall reflective of the local population. Wigan's Joint Strategic Needs Assessment 2011 reports that *"Wigan remains a predominately ethnically homogenous borough, with only around 4% of residents of a black or minority ethnic background"*.

#### 4.1.1 In-Patients and Out-Patients

The table below show the spread of ethnic diversity Trust Wide amongst the service users accessing Trust services. 95% of patients during 2011/12 were of British (White) ethnic origin - an increase of 2% since 2010/11.

The following table provides an In-Patient and Out-Patient Breakdown:

National Ethnic Group	Inpatient		Outpatients		Total	
	Total	% of Total	Total	% of Total	Total	% of Total
British White	82864	95.8%	410539	94.4%	493403	94.7%
Irish White	300	0.3%	1485	0.3%	1785	0.3%
Other White Background	599	0.7%	3058	0.7%	3657	0.7%
White & Black Caribbean	32	0.0%	129	0.0%	161	0.0%
White & Black African	35	0.0%	163	0.0%	198	0.0%
White & Asian	34	0.0%	170	0.0%	204	0.0%
Other Mixed Background	162	0.2%	587	0.1%	749	0.1%
Indian	198	0.2%	1179	0.3%	1377	0.3%
Pakistani	136	0.2%	685	0.2%	821	0.2%
Bangladeshi	28	0.0%	67	0.0%	95	0.0%
Other Asian Background	217	0.3%	1356	0.3%	1573	0.3%
Black Caribbean	22	0.0%	134	0.0%	156	0.0%
Black African	174	0.2%	888	0.2%	1062	0.2%
Not Known	139	0.2%	208	0.0%	347	0.1%
NULL	15	0.0%	6974	1.6%	6989	1.3%
Other Black Background	93	0.1%	559	0.1%	652	0.1%
Chinese	138	0.2%	837	0.2%	975	0.2%
Other Ethnic Group	373	0.4%	1635	0.4%	2008	0.4%
Not Stated	914	1.1%	4117	0.9%	5031	1.0%
<b>Total</b>	<b>86,473</b>		<b>434,770</b>		<b>521,243</b>	

Ethnicity	2009/10	2010/11	2011/12
<b>Highest Admitted Group</b>	British White = 91%	British White = 93%	British White = 95%
<b>Lowest Admitted Group</b>	Bangladeshi 0.02%	White & Black African = 0.03%	Bangladeshi = 0.02%

See **Appendix 3** for a summary of all ethnic groups recorded during 2009/10 and 2010/11 for in-patients and out-patients.

#### 4.1.2 Maternity Admissions

Ethnicity	2009/10	2010/11	2011/12
<b>Highest Admitted Group</b>	British White = 89%	British White = 93%	British White = 93%
<b>Lowest Admitted Group</b>	White & Asian = 2 Patients	White & Black African = 2 Patients White & Black Caribbean = 2 Patients	Black Caribbean = 2 Patients

See **Appendix 3** for a summary of all ethnic groups recorded during 2009/10 and 2010/11 for in-patients and out-patients.

#### 4.1.3 Accident and Emergency Attendances

90,903 patients attended Accident and Emergency during 2011/12. 95% of these patients were of British (White) ethnic origin - an increase of 1% since 2010/11.

The following table shows the national ethnic groups recorded during 2011/12:

National Ethnic Group	Total	% of Total
NOT Given	17	0.0%
British White	86233	94.9%
Irish White	273	0.3%
Other White Background	779	0.9%
Irish Traveller	1	0.0%
White & Asian	48	0.1%
Other Mixed Background	210	0.2%
Black & White	5	0.0%
Indian	154	0.2%
Pakistani	82	0.1%
Bangladeshi	19	0.0%
Other Asian Background	181	0.2%
Black Caribbean	31	0.0%
Black African	184	0.2%
NULL	1424	1.6%
Other Black Background	222	0.2%
Black British	6	0.0%
Chinese	197	0.2%
Other Ethnic Group	72	0.1%
Arab	4	0.0%
Not Stated	761	0.8%
<b>Total</b>	<b>90903</b>	

## Accident and Emergency Attendances

Ethnicity	2009/10	2010/11	2011/12
<b>Highest Admitted Group</b>	British White = 88%	British White = 94%	British White = 95%
<b>Lowest Admitted Group</b>	Irish Travellers = 9 Patients	Irish Travellers = 11 Patients	Arab = 4 Patients

A lack of reliable, comprehensive data on Gypsy and Traveller Communities makes it difficult to understand the total number of gypsies and travellers living in the Wigan Borough and what issues they currently face. 64 caravans were recorded in the Borough in the last Annual National Caravan Count in 2009. This data however, only provides the number of caravans and not the total number of gypsies and travellers.

See **Appendix 3** for a summary of all ethnic groups recorded during 2009/10 and 2010/11 for in-patients and out-patients.

### 4.1.4 Out-Patients and Maternity Out-Patients DNAs

The following tables show the spread of ethnic diversity of patients who did not attend their Hospital Out-Patient Appointments and Maternity Out-Patients Appointments during 2011/12.

#### Total Out-Patient DNAs

39,371 patients did not attend their appointments during 2011/12 (9% of the total patients who did attend their appointments). 89% of these patients were of British (White) ethnic origin - an increase of 3% since 2010/11. 7.3% were not stated / not known or null.

The following table shows the national ethnic groups recorded during 2011/12:

National Ethnic Group	Total	% of Total
British White	35404	89.1%
Irish White	85	0.2%
Other White Background	282	0.7%
White & Black Caribbean	12	0.0%
White & Black African	21	0.1%
White & Asian	25	0.1%
Other Mixed Background	87	0.2%
Indian	96	0.2%
Pakistani	102	0.3%
Bangladeshi	7	0.0%
Other Asian Background	161	0.4%
Black Caribbean	13	0.0%
NULL	1750	4.4%
Black African	122	0.3%
Not Known	47	0.1%
Other Black Background	115	0.3%
Chinese	42	0.1%
Other Ethnic Group	229	0.6%
Not Stated	1131	2.8%
<b>Total</b>	<b>39731</b>	

Ethnicity	2009/10	2010/11	2011/12
<b>Highest Admitted Group</b>	British White = 81%	British White = 86%	British White = 89%
<b>Lowest Admitted Group</b>	Bangladeshi – 0.03%	Bangladeshi – 0.03%	Bangladeshi – 0.03%

See **Appendix 3** for a summary of all ethnic groups recorded during 2009/10 and 2010/11 for in-patients and out-patients.

### Total Maternity DNAs

1,374 patients did not attend their maternity out-patient appointments during 2011/12. 90% of these patients were of British (White) ethnic origin – a decrease of 3% since 2010/11.

The following table shows the national ethnic groups recorded during 2011/12:

National Ethnic Group	Total	% of Total
British White	1242	90.4%
Irish White	4	0.3%
Other White Background	19	1.4%
White & Black African	5	0.4%
Other Mixed Background	6	0.4%
Indian	13	0.9%
Pakistani	23	1.7%
Bangladeshi	1	0.1%
Other Asian Background	6	0.4%
Black African	10	0.7%
NULL	4	0.3%
Other Black Background	2	0.1%
Chinese	7	0.5%
Other Ethnic Group	31	2.3%
Not Stated	1	0.1%
<b>Total</b>	<b>1374</b>	

Ethnicity	2009/10	2010/11	2011/12
<b>Highest Admitted Group</b>	British White = 89%	British White = 93%	British White = 90%
<b>Lowest Admitted Group</b>	Irish White = 1 Patient	Bangladeshi = 1 Patient Black Caribbean = 1 Patient	Bangladeshi = 1 Patient

See **Appendix 3** for a summary of all ethnic groups recorded during 2009/10 and 2010/11 for in-patients and out-patients.

The high number of Ethnic Categories currently recorded makes it difficult to interpret existing data. A limited category choice, which reflects the census categories, would therefore be more effective in terms of monitoring data.

#### 4.1.5 Refugees and Asylum Seekers

Wigan Borough's ethnic minority population has become increasingly diverse since the 2011 Census as a result of forced migration and the government's dispersal policy for asylum seekers. Wigan Council reported in 2010, that there were 595 asylum seekers being supported in the Wigan Borough. The number and nationalities of asylum seekers in the borough is constantly changing as people flee persecution based on world events. The UK hosts 3% of the world's refugees. The number of refugees living in Wigan is not known as once given leave to remain refugees are no longer part of the UK Border Agency asylum system and are free to move wherever they want in the UK. Asylum seekers and refugees may experience

health inequalities related to persecution in their homeland, the journey to and experiences in the UK.

#### 4.1.6 Migrant Workers

The expansion of the European Union in recent years has had a marked impact on the significant growth in the Wigan Borough migrant worker population. In 2008 there were a total of 1855 successful applications for the Work Registration Scheme, with Poland supplying the vast majority of these workers. Other migrant workers have arrived from Czech Republic, Lithuania, Slovakia, Latvia and Romania. Although some migrant communities may be smaller in number, such as East European Roma, they may experience higher health inequalities related to persecution in their homeland.

#### 4.1.7 Interpreter Services

A review of interpreter services was undertaken during 2011 in order to streamline services, ensure cost effectiveness and improve overall patient care. Prior to September 2011, the booking of face-to-face interpreters was not centrally managed - several Interpreting service organisations were used – thus the need to streamline this service.

In September 2011, a telephone interpreter service was implemented throughout the Trust. A telephone interpreter is now provided for patients who require communication support. Face-to-face interpreters are only provided where a clinician can provide evidence for specific clinical reasons or sign language interpretation is required. Only specific interpreting organisations are now used.

During 2011/2012 approximately 527 face-to-face interpreters attended hospital appointments. An estimated 60 sign language interpreters were booked. Due to the review / streamline of interpreter services during 2011, monitoring data reports for the reporting period 2012/13 will be more robust and accurate.

During 2011/2012, 329 telephone calls were made in order to access telephone interpreter services. The top 10 languages requested were:

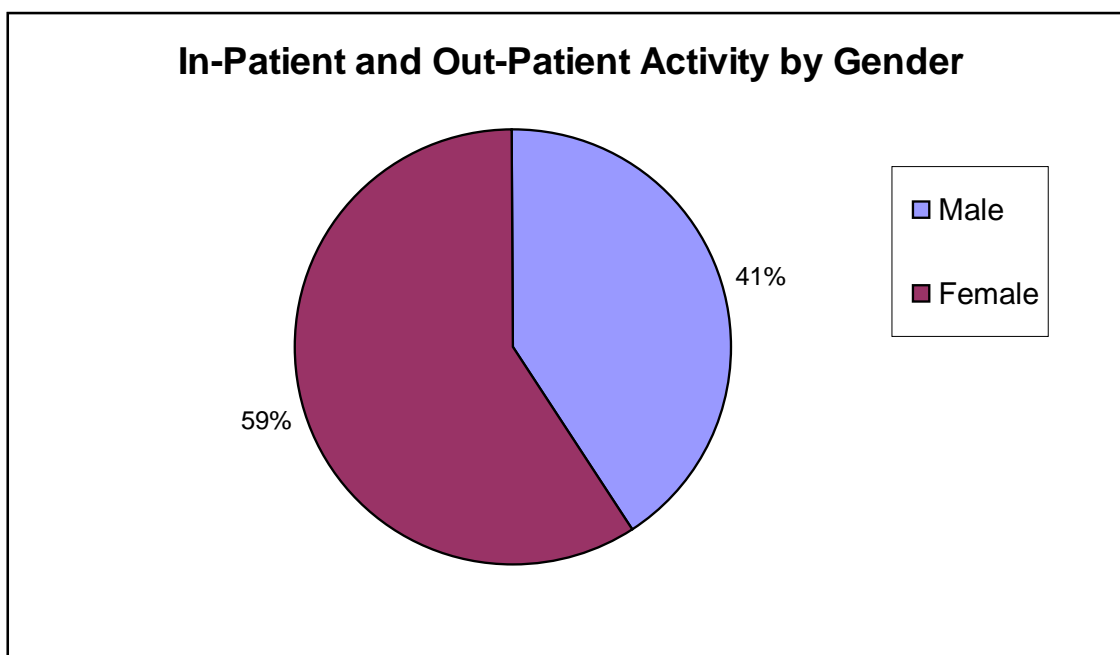
Language Requested	No. of Calls
Mandarin	61
Polish	53
Cantonese	28
Arabic	26
Slovak	25
Czech	20
Russian	11
Lithuanian	12
Vietnamese	9
Tigrinya	9

## 4.2 Gender

As with most healthcare services in the UK, women are more likely to use hospital services than men, both as in-patients and as out-patients.

Despite making up just 50.3% of Wigan's population, 59% of all patients accessing services within the Trust were female.

The pie chart below shows the ratio of 59% female to 41% male for service users accessing services within the Trust. This ratio is reflected within in-patient and out-patient activity – see chart and table below.



Activity	2009/10		2010/11		2011/12	
	Male	Female	Male	Female	Male	Female
In-Patient	43%	57%	43%	57%	43%	57%
Out-Patient	41%	59%	41%	59%	42%	58%

This data reflects national trends, suggesting more women than men are likely to access hospital services.

### 4.3 Age

Data shows that the highest percentage of service users who accessed both in-patient and out-patient services during the last 3 years, were aged between 31 to 64 years and 65 years plus.

The table below shows the % of age bands of service users for both in-patients and out-patients:

Age Group	2009/10	2010/11	2011/12
Under 18	9%	9%	9%
18 – 30	14%	14%	13%
31 – 64	42%	42%	41%
65+	35%	35%	37%
<b>TOTAL</b>	<b>492,353</b>	<b>516,153</b>	<b>521,243</b>



The table below shows the % of age bands of service users by both in-patient and out-patient activity:

Age Group	2009/10		2010/11		2011/12	
	In-Patient	Out-Patient	In-Patient	Out-Patient	In-Patient	Out-Patient
Under 18	13%	15%	13%	14%	13%	14%
18 – 30	39%	42%	40%	42%	39%	42%
31 – 64	37%	34%	38%	34%	39%	36%
65+	11%	9%	9%	10%	9%	8%

Trends in data indicate no great variance in age groups within in-patient and out-patient activity.

In comparison with the UK as a whole, the population of Wigan is ageing. Statistics from the first release of the 2011 Census, reveal that the percentage of the population aged 65 and over was the highest seen in any census at 16.2 per cent. 1 in 6 Wigan residents are now over the age of 65. The number of 85+ year olds increased from 4,326 to 5,400 in 2011, an increase of over 24%.

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

#### 4.4 Religion / Belief

In terms of religion / belief, access to hospital services during 2011/12 was overall reflective of the local population.

The number of religious categories recorded by the Trust is much higher than the generic categories recorded in census results.

The 2001 Census revealed that 87% of the Wigan population were of Christian belief. Only 2% of the patients accessing hospital services had their religion recorded as Christian during 2011/12. When considering the number of patients from all denominations of Christianity, however, this figure rises to 74%. This data is affected by the high proportion of religion not known / undisclosed (18%).

The religion or belief profile for service users are shown in the tables below. The data is affected by the high proportion of religion not known / undisclosed. This will need to be addressed to ensure that future reports will be more meaningful.

Religion	2009/10	2010/11	2011/12
<b>Highest Admitted Group</b>	Church of England = 49%	Church of England = 48%	Church of England = 47%
<b>Lowest Admitted Group</b>	Armenian Catholic = 1 Assemblies of God = 1	Assemblies of God = 2 Russian Orthodox = 3	Armenian Catholic = 1 Russian Orthodox = 2



## In-Patient / Out-Patient Activity by Religion recorded 2011/2012

Religion	Inpatient Total	Outpatient Total	Total	% of Total
ARMENIAN CATHOLIC		1	1	0.0%
AGNOSTIC	65	194	259	0.0%
ANGLICAN	37	167	204	0.0%
ASSEMBLIES OF GOD		5	5	0.0%
ATHEIST	87	403	490	0.1%
BAPTIST	177	870	1047	0.2%
BHUDDIST	44	219	263	0.1%
CHRISTADELPHIAN	10	77	87	0.0%
CHURCH OF ENGLAND	41497	200838	242335	46.5%
CHRISTIAN	2046	8580	10626	2.0%
CHURCH OF GOD	11	17	28	0.0%
CHURCH OF IRELAND	3	29	32	0.0%
CONGREGATIONAL	25	59	84	0.0%
CHURCH OF SCOTLAND	121	555	676	0.1%
CHURCH OF WALES	16	10	26	0.0%
FREE CHURCH	2	8	10	0.0%
GREEK ORTHODOX	13	64	77	0.0%
HINDU	106	625	731	0.1%
ISLAMIC	88	381	469	0.1%
INDEP METHODIST	50	341	391	0.1%
ISLAM INC MOSLIM	3	50	53	0.0%
JEWISH	45	167	212	0.0%
JEHOVAH'S WITNESS	244	1218	1462	0.3%
METHODIST	2739	13817	16556	3.2%
MORMON	43	227	270	0.1%
MOSLEM	1		1	0.0%
MUSLIM	356	1320	1676	0.3%
NON-CONFORMIST	187	803	990	0.2%
NONE	7508	28774	36282	7.0%
NULL	6	40	46	0.0%
OTHER CHRISTIAN	48	278	326	0.1%
OTHER THAN CHRISTIAN	44	129	173	0.0%
PRESTBYTERIAN	34	189	223	0.0%
PENTECOSTAL	68	342	410	0.1%
SOCIETY OF FRIENDS	1	12	13	0.0%
RASTAFARIAN	2	7	9	0.0%
ROMAN CATHOLIC	18276	88834	107110	20.5%
RUSSIAN ORTHODOX		2	2	0.0%
SALVATION ARMY	60	348	408	0.1%
SEVENTH DAY ADVENT	1	8	9	0.0%
SIKH	13	44	57	0.0%
SPIRITUALIST	54	222	276	0.1%
UNKNOWN	11913	82081	93994	18.0%
UNITARIAN	36	329	365	0.1%
UNDISCLOSED	289	1582	1871	0.4%
UNITED REFORM	96	468	564	0.1%
WESLEYAN	8	36	44	0.0%
	<b>86473</b>	<b>434770</b>	<b>521243</b>	<b>100.000%</b>

See **Appendix 3** for a summary of all religious groups recorded during 2009/10 and 2010/11 for in-patients and out-patients.

The high number of religions currently recorded and the high proportion of religions not recorded makes it difficult to interpret existing data. A limited category choice, which reflects the census categories, would therefore be more effective in terms of monitoring data.

#### 4.5 Disability

Functionality on PAS / EPR has been set up which allows staff to record and view patient's needs / disabilities. This facility however is currently reliant on patients informing hospital staff about their disability/needs. Therefore data at the end of March 2012 is limited and cannot be used as monitoring data at this time. A further review of data collection is required. However, the Trust can report that during 2011/2012 British Sign Language interpretation was used for approximately 60 healthcare appointments.

#### 4.6 Sexual Orientation

A service user's sexual orientation is not currently recorded. No monitoring data can be produced at this time.

#### 4.7 Complaints

Patient complaints are currently collected against 3 of the protected characteristics, age, gender and ethnicity. The following tables show the spread of ethnic diversity / age and gender of complaints made by patients during 2011/12:

Complaints by Age	Female	% of Complaints	Male	% of Complaints	% of Inpatient & Day case Activity
18 and under	11	2.5	17	3.9	0.0
19-29	31	7.1	12	2.8	0.0
30-39	31	7.1	6	1.4	0.0
40-49	32	7.4	17	3.9	0.0
50-59	37	8.5	16	3.7	0.1
60-69	38	8.7	30	6.9	0.1
70-79	35	8.0	39	9.0	0.1
80-89	33	7.6	18	4.1	0.1
90-99	14	3.2	3	0.7	0.0
No Age Recorded	10	2.3	5	1.1	0.0
<b>Totals</b>	272	62.5	163	37.5	0.5
<b>% of Inpatient &amp; Day case Activity</b>	0.3		0.2		

Data shows that the highest percentage of complaints was made by female patients during 2011/12 (62.5%). No observable trends in age group for female complainants were recorded. Overall, a similar number of complaints were received from ages 19 to 89 years. The predominate age group for male complainants however, was 60 to 80 years. The total number of complaints constitutes 0.5% of all inpatient and day case activity.

	18 & under	19-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	Age/Ethnicity Not Recorded	Total	% of Complaint by Ethnicity	% of IP / DC Activity
White British	27	37	31	42	47	60	68	45	17	12	386	82.8	0.1
White - Irish	0	0	0	0	0	2	0	0	0	0	2	0.4	0.0
White - Other White	1	0	0	0	1	0	0	0	0	0	2	0.4	0.0
Indian	0	0	1	1	0	0	0	0	0	0	2	0.4	0.0
Other Ethnic Category	0	0	1	0	0	0	0	0	0	0	1	0.2	0.0
Ethnicity Not Recorded / Stated	2	7	6	8	7	9	8	6	1	19	73	15.7	0.0
<b>Total</b>	<b>30</b>	<b>44</b>	<b>39</b>	<b>51</b>	<b>55</b>	<b>71</b>	<b>76</b>	<b>51</b>	<b>18</b>	<b>31</b>	<b>466</b>		
<b>% of Total Complaints by Age</b>	<b>6.4</b>	<b>9.4</b>	<b>8.4</b>	<b>10.9</b>	<b>11.8</b>	<b>15.2</b>	<b>16.3</b>	<b>10.9</b>	<b>3.9</b>	<b>6.7</b>	<b>100.0</b>		
<b>% of IP &amp; DC Activity</b>	<b>0.0</b>	<b>0.1</b>	<b>0.0</b>	<b>0.1</b>	<b>0.1</b>	<b>0.1</b>	<b>0.1</b>	<b>0.1</b>	<b>0.0</b>	<b>0.0</b>	<b>0.5</b>		

Data shows that the highest percentage of complainants (83%) during 2012/13 were of white British ethnic origin - this is reflective of the local community that the Trust serves. Nearly 16% did not have ethnicity recorded.

The following table summarises the main reasons for the complaints recorded during 2011/12:

Complaint Subject	Total
Admissions, discharge and transfer arrangements	49
Aids and appliances, equipment, premises (including access)	15
Appointments, delay/cancellation (out-patient)	46
Appointments, delay/cancellation (in-patient)	14
Attitude of staff	46
All aspects of clinical treatment	227
Communication/information to patients (written and oral)	44
Consent to treatment	3
Patients' privacy and dignity	4
Patients' property and expenses	1
Personal records (including medication and or complaints)	5
Failure to follow agreed procedure	3
Policy and commercial decisions of the Trust	3
Hotel services (including food)	2
Others (25)	4
<b>Total</b>	<b>466</b>

49% of the complaints received were in relation to the clinical treatment received. No observable trends in relation to equality and diversity appear to be identified. Complaints are recorded in accordance with the main subject matter raised. The need to highlight any equality and diversity issue raised has been addressed with the Patient Relations Department. The Trust's Equality and Diversity Lead is notified of any issues.

Equality monitoring data in relation to disability, religion/belief and sexual orientation is not currently recorded.

## 5. Monitoring and Review

Equality, diversity and human rights requirements continue to be managed by the Trust's Equality and Diversity Project Leads for Service Delivery and Employment.

Progress continues to be monitored by the Trust's established Equality and Diversity Steering Group who meet on a quarterly basis.

There are a number of drivers that inform, regulate and monitor the Trust's equality work. These drivers dictate and drive how the Trust provides services to members of diverse communities. These include Equality Legislation; Equality and Human Rights Commission, Care Quality Commission; NHSLA and the EDS.

## 6. Priorities for 2012/2013

The Trust's priorities for 2012/2013 have been set in response to the requirements of the Equality Act 2010, the Human Rights Act and the new national Equality Delivery System (EDS).

The Trust has identified a series of high level actions which will assist in furthering the equality and diversity achievements across the Trust (See Appendix 2). These actions relate to workforce, service provision and the four equality delivery system goals. These actions will be managed by the Trust's Equality and Diversity Project Leads and monitored by the Trust's Equality and Diversity Steering Group.

The following table summarises the Trust's key priorities for 2012/13, in line with equality legislation requirements and developments over the last 12 months:

Key Priorities (Service Delivery)	Overall Objective (2012/13)
Mainstream equality and diversity throughout the Trust	<ul style="list-style-type: none"> <li>To continue to embed Equality Impact Assessments as a key tool for decision-making, policy development and service development.</li> <li>To continue to build on the equality impact assessment work that has been undertaken and show development from prior impact assessments.</li> <li>To continue to ensure Divisional Managers and teams are committed to embedding equality and diversity within their divisions.</li> <li>To further develop the role of the Equality and Diversity Champion.</li> </ul>
Equality Strategy 2012 – 2016	<ul style="list-style-type: none"> <li>To produce an Equality Strategy which sets out the Trust's commitment to ensuring equality and human rights will be taken into account in everything the Trust does and meets the requirements of the Equality Act 2010, the Human Rights Act and the NHS Equality Delivery System.</li> <li>To undertake a 4 week consultation prior to implementation. To engage with local stakeholders, including staff, patients, hospital governors and all equality groups. To review all feedback and publish a final draft.</li> </ul>
Equality Act 2010 / Public Duty	<ul style="list-style-type: none"> <li>To review/use all Equality Guidance to guide, develop and improve equality within all aspects of the Trust's work and remain compliant with legislation.</li> <li>To use the Equality Impact Assessments to publish evidence to demonstrate compliance, as required by the Equality Act's Public Duty.</li> </ul>
Equality Delivery System (EDS)	<ul style="list-style-type: none"> <li>To progress the EDS Implementation Action Plan 2012/13.</li> <li>To continue to develop a local joint health economy approach with Public Health, NHS Ashton, Leigh and Wigan, Bridgewater Community Healthcare NHS Trust, 5 Boroughs Partnership NHS Foundation Trust and Wigan Borough LINKs.</li> <li>To devise an engagement plan to obtain the views of local interests and assess the Trust's equality performance.</li> </ul>

	<ul style="list-style-type: none"> <li>To re-grade the Trust's performance in March 2013, in terms of goals and outcomes in discussion with patients, communities and staff groups and the voluntary sector, private and local authority partners .</li> </ul>
Equality Monitoring (Patients)	<ul style="list-style-type: none"> <li>To continue to review national and local reports (JSNA/ Local Health Profile) to inform future data collection.</li> <li>To review the Census 2011 statistics – November 2012.</li> <li>To ensure activity reports, routinely published by Business Intelligence are broken down by equality groups and routinely used in policy development, service design and delivery.</li> <li>To restrict the recording of religion and belief to the census categories.</li> <li>To review ethnic categories.</li> <li>To use patient experience data to measure satisfaction by equality groups.</li> <li>To review how equality monitoring data (currently not recorded) can be introduced.</li> <li>To continue to develop better systems for recording and acting upon information about patients' diverse needs. To encourage patients to inform staff about their needs.</li> </ul>
Evaluating and Monitoring Progress	<ul style="list-style-type: none"> <li>To ensure that equality monitoring activity is undertaken within all divisions.</li> <li>To ensure all divisional activity reports, broken down by equality groups (published by Business Intelligence) can be accessed on-line and reviewed by Divisional Teams</li> <li>To identify trends / enable a better understanding of patient's needs and assess the effectiveness of service delivery.</li> <li>To develop, analyse and use local population data to support service developments to meet the local population.</li> <li>To continue to ensure that lessons learned are incorporated into service delivery.</li> <li>To continue to review Interpreter and Translation Services, ensure compliance with Trust Policy and to monitor and audit usage ensuring Trust Protocol is being implemented.</li> </ul>
Consultation & Involvement	<ul style="list-style-type: none"> <li>To consult on the Trust's Equality Strategy 2012-2016.</li> <li>To engage with local stakeholders, including staff, patients, hospital governors and all equality groups.</li> <li>To continue to develop a local joint health economy approach with Public Health, NHS Ashton, Leigh and Wigan, Bridgewater Community Healthcare NHS Trust, 5 Boroughs Partnership NHS Foundation Trust and Wigan Borough LINKs.</li> <li>In line with NHS Equality Delivery System, to devise an engagement plan to obtain the views of local interests and assess the Trust's equality performance.</li> <li>To develop a means of securing feedback from equality groups, where routine data is not collected (i.e. refugee / asylum seekers / gypsies and travellers / homeless).</li> <li>To develop sustainable relationships with local communities and obtain their views on service delivery. To attend local community meetings, present updates and review all feedback.</li> </ul>
Accessible Services	<ul style="list-style-type: none"> <li>To continue to assess and improve the accessibility of the Trust's physical environment.</li> </ul>
Access to Information	<ul style="list-style-type: none"> <li>To ensure patient information is available in easy read / easy accessible format within the main services accessed by patients with disabilities.</li> <li>To continue to ensure that the Trust's approach to translation and interpreting are robust and effective in meeting the needs of communities/service users.</li> </ul>
Training	<ul style="list-style-type: none"> <li>To review the Trust's Equality and Diversity Mandatory E-Learning Training Module.</li> </ul>

	<ul style="list-style-type: none"> <li>To ensure the delivery of disability awareness training is available to all staff.</li> </ul>
Procurement	<ul style="list-style-type: none"> <li>To continue to ensure that equality issues are effectively embedded within all Trust procurement activity.</li> </ul>
Networking	<ul style="list-style-type: none"> <li>To continue to network and share good working practice with other Trusts and organisations.</li> <li>To develop sustainable relationships with local communities</li> </ul>

**Appendix 3** summarises the key activities the Trust is planning to undertake to ensure that it continues to meet its obligations under existing equality legislation.

## 7. Analysis of Risks:

Like any service provider, Wrightington, Wigan and Leigh NHS Foundation Trust is prohibited from discriminating on the basis of an individual or group's race, disability, sex, gender re-assignment, age, sexual orientation, religion/belief, marriage/civil partnership or pregnancy/maternity. As a public body, the Trust is required to actively promote equality on the basis of these protected characteristics. Failure to ensure that these objectives are met could lead to the following potential risks for the Trust:

- Failure to meet the requirements of Equality Legislation:**  
The Trust would continue to be at risk of legal challenge from the Equality and Human Rights Commission (EHRC) for partial or non-compliance with the general duty and specific duties (whether it knowingly or unknowingly allowed discrimination to occur). Compliance with the Equality Act and the Equality Delivery System (EDS) are mandatory and will be assessed by the Department of Health and the Care Quality Commission. The risks of not carrying out the Trust's statutory duties are potential legal action.

The Trust has a legal duty to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In order to demonstrate that the Trust has given due regard to all equality groups and equality considerations are reflected in the design of policies, and the delivery of services. The Trust's main risks in terms of failure to meet the requirements of Equality Legislation, from a service perspective, are listed below:

Key Risks to Trust	Legislative Requirement	How Manage Risk	Time-Scale
Non completion of Equality Impact Assessments – All new and revised policies, procedures and services must be equality impact assessed.	Public Sector Equality Duty (PSED)  (Must provide evidence that the Trust has given due regard to all equality groups)	E&D Project Manager overseas completion of assessments.	On-going
		Trust Policy documentation amended - No policy will be approved unless a completed assessment is undertaken.	On-going
		All new services / changes to services must be equality impact assessed.	On-going
		Progress is monitored by the Trust's Equality and Diversity Service Lead and reported back to the Equality and Diversity Steering Group.	On-going
Failure to provide accessible information in a service user's preferred format (large print / audio /	Equality Act 2010  (Must provide accessible information in a service	Divisional Managers / Leads aware of requirement.	1 <sup>st</sup> October 2010

<p>braille / other languages).</p> <p>For example, knowingly sending routine written correspondence to a visually impaired patient.</p>	<p>users preferred format (i.e. large print / audio / braille).</p>	<p>The recording of patients needs on hospital clinical systems is being reviewed. Functionality on PAS / EPR has been set up which will allow staff to record and view patient's needs. Patients encouraged to inform staff about their needs.</p> <p>Progress monitored by E&amp;D Steering Group.</p>	<p>On-going</p> <p>On-going</p>
<p>Poor quality of equality information.</p>	<p>Public Sector Equality Duty Requirement.</p> <p>Must publish information annually to demonstrate compliance with General Equality Duty.</p> <p>Need to improve the quality of equality information / ensure the information the Trust routinely publishes is broken down by all equality groups.</p>	<p>Gap analysis produced. Managed by E&amp;D Project Leads.</p> <p>Information requirements monitored by Data Quality.</p> <p>E&amp;D Annual Service Monitoring Report.</p> <p>Progress monitored by E&amp;D Steering Group.</p> <p>Working in collaboration with PCT / Other Providers / SHA.</p> <p>Attendance at E&amp;D SHA Meetings.</p>	<p>31/01/13 (2<sup>nd</sup> Annual Update)</p> <p>On-going</p> <p>Nov 2012</p> <p>Quarterly</p> <p>On-going</p>

- **Challenge by the Local Community:**

The Trust would also be at risk of challenge by the local community for partial or non-compliance with the general duty and specific duties. Actions or failure to act can be challenged through an application to the High Court for judicial review. An application could be made by a person or a group of people with an interest in the matter or by the Commission.

The equality data published by all public bodies will enable public and external stakeholders to hold them to account on their performance on equality (including people from protected groups). Equality data can be scrutinised and decisions challenged.

- **Loss of Reputation / Public Confidence:**

Compliance failure / challenge from the local community etc. presents a risk to the Trust in terms of its reputation and public confidence over service delivery, as well as the progress already made to date in equality and diversity.

## 8. Summary

This report provides an overview of the progress achieved in the key areas of equality and diversity activity in service delivery over the last 12 months (2011/12). It demonstrates how the Trust complies with Equality Legislation, how the Trust has implemented the Equality Delivery System and what achievements have been made. It identifies areas which require further development and demonstrates the commitment within the Trust to progress work around equality.

This report outlines the analysis of equality information in relation to service users, illuminating key gaps in service delivery. This report shows that by using equality monitoring data for service users, the Trust is able to demonstrate where there is equality of access and where there may be some barriers for protected groups.

In terms of ethnicity, access to hospital services during 2011/12 was overall reflective of the local population. This was reflected within in-patient, out-patient and Accident and Emergency Activity. *“Wigan remains a predominately ethnically homogenous borough, with only around 4% of residents of a black or minority ethnic background”.*

The Top 10 most common languages interpreted during 2011/12 via telephone interpreter services were Mandarin, Polish, Cantonese, Arabic, Czech, Slovak, Russian, Vietnamese, Lithuanian and Tigrinya.

As with most healthcare services in the UK, women are more likely to use hospital services, then men, both as in-patients and as out-patients. Despite making up just 50.3% of Wigan’s population, 59% of all patients accessing services within the Trust were female. This data is reflected within in-patient and out-patient activity and national trends.

In terms of age groups, existing data showed that the highest percentage of service users who accessed both in-patient and out-patient services during the last 3 years, were aged between 31 to 64 years and 65 years plus. In comparison with the UK as a whole, the population of Wigan is ageing. Statistics from the first release of the 2011 Census, reveal that the percentage of the population aged 65 and over was the highest seen in any census at 16.2 per cent. 1 in 6 Wigan residents are now over the age of 65. The number of 85+ year olds increased from 4,326 to 5,400 in 2011, an increase of over 24%. The age of patients accessing hospital services therefore is bias towards the older population, reflecting greater healthcare needs of this age group.

In terms of religion / belief, access to hospital services during 2011/12 was overall reflective of the local population. The number of religious categories recorded by the Trust is much higher than the generic categories recorded in census results. The 2001 Census revealed that 87% of the Wigan Population where of Christian belief. Only 2% of the patients accessing hospital services had their religion recorded as Christian during 2011/12. When considering the number of patients from all denominations of Christianity, however, this figure rises to 74%. This data is affected by the high proportion of religion not known / undisclosed (18%). The high number of religions currently recorded and the high proportion of religions not recorded makes it difficult to interpret existing data. A limited category choice, which reflects the census categories, would therefore be more effective in terms of monitoring data.

Under current practice, there are gaps within the Trust’s information gathering and analysis of patient data. Only equality information in relation to a patient’s ethnicity, age, gender and religion is recorded on PAS and in the patient’s case notes. No internal divisional reports are produced, unless requested on an ad-hoc basis. The recording of equality information in relation to a patient’s disability and sexual orientation is not currently collected. The introduction of more robust equality monitoring and data analysis within service delivery has been addressed as a priority action within the Trust’s Equality Delivery System Action Plan.

Although the mainstreaming of equality and diversity into the everyday functions of the Trust will continue to be a priority, the main priorities for 2012/13 will include compliance with Equality Legislation, delivering the Trust’s equality objectives and progressing the Equality Delivery System Implementation Action Plan. All of which have been detailed in this report.

The Trust has identified a series of high level actions which will assist in furthering equality and diversity achievements across the Trust. These actions relate to workforce, service provision and the four equality delivery system goals. These actions will be managed by the Trust’s Equality and Diversity Project Leads and monitored by the Trust’s Equality and Diversity Steering Group. The Trust must have robust and reliable systems and processes in place that



embed equality and diversity and be able to quickly demonstrate what is being done to eliminate unlawful discrimination, harassment and victimisation and advance opportunity and foster good relations between different equality groups.

## EQUALITY DELIVERY SYSTEM OUTCOMES AND SCORES

Goal 1	Outcome	Grade
<b>Better Health Outcomes for All</b>	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities. <i>PCT &amp; Public Health</i>	<b>Developing</b>
	1.2 Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways. <i>PCT &amp; Public Health</i>	<b>Developing</b>
	1.3 Changes across services are discussed with patients, and transitions are made smoothly.	<b>Developing</b>
	1.4 The safety of patients is prioritised and assured.	<b>Developing</b>
	1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups. <i>PCT &amp; Public Health</i>	<b>Developing</b>
<b>Assessment Criteria</b>	<p>The assessment criteria of Goal 1 was based on the following key factors:</p> <ul style="list-style-type: none"> <li>• Evidence of adequate procedures in place to prevent the breakdown of care pathways for patients from all equality groups when transferring across services.</li> <li>• Evidence showing that patients from all equality groups have their safety prioritised and assured.</li> <li>• Analysis of equality data. Evidence of how the safety of patients from equality groups compares with the safety of patients as a whole. Evidence of how service changes and transitions for patients from equality groups compares with the changes and transitions for patients as a whole.</li> <li>• Engagement with patients, members and governors from all equality groups on how service changes are planned and transitions made smooth and how patient safety procedures can be improved.</li> <li>• Demonstration that key disadvantaged groups are taken into account in the above factors.</li> <li>• Evidence of plans to improve patient safety and improve on service transitions for equality groups through mainstream processes.</li> </ul>	
<b>Assessment Key Gaps / Development Areas</b>	<p>The key gaps / development areas of Goal 1 were:</p> <ul style="list-style-type: none"> <li>• Collation and analysis of equality data across all equality groups.</li> <li>• Comparison analysis (across all equality groups) in terms of service changes, transitions and patient safety.</li> <li>• Engagement with local people who are often seldom heard and key disadvantaged groups.</li> </ul>	

Goal 2	Outcome		Grade
<b>Improved Patient Access and Experience</b>	2.1	Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds.	<b>Developing</b>
	2.2	Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment.	<b>Developing</b>
	2.3	Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised.	<b>Achieving</b>
	2.4	Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently.	<b>Developing</b>
<b>Assessment Criteria</b>	<p>The assessment criteria of Goal 2 was based on the following key factors:</p> <ul style="list-style-type: none"> <li>• Evidence that service users from all equality groups can readily access services, are informed and supported to be involved in decisions about their care and choice of treatment.</li> <li>• Evidence that service users report positive experiences of the Trust and that complaints are appropriately managed.</li> <li>• Analysis of equality data. Evidence of how access, information and support, experience and handling of complaints of patients from equality groups compares with patients as a whole.</li> <li>• Engagement with patients, carers and communities, members and governors from all equality groups about service improvements in relation to patient access, patient information and choice, patient experience and complaints.</li> <li>• Demonstration that key disadvantaged groups are taken into account in the above factors.</li> <li>• Evidence of plans to improve patient access, information, experience and the handling of complaints through mainstream processes.</li> </ul>		
<b>Assessment Key Gaps / Development Areas</b>	<p>The key gaps / development areas of Goal 2 were:</p> <ul style="list-style-type: none"> <li>• Collation and analysis of equality data across all equality groups.</li> <li>• Comparison analysis (across all equality groups) in terms of patient access, information and choice, experience and complaints.</li> <li>• Engagement with local people who are often seldom heard and key disadvantaged groups.</li> </ul>		

Goal 3	Outcome		Grade
<b>Empowered, Engaged and Well-Supported Staff</b>	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.	Achieving
	3.2	Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing the same work in the same job being remunerated equally.	Achieving
	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.	Developing
	3.4	Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all.	Developing
	3.5	Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people lead their lives.	Developing
	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.	Developing
<b>Assessment Criteria</b>	<p>The assessment criteria of Goal 3 is based on the following key factors:</p> <ul style="list-style-type: none"> <li>• Evidence that staff from all equality groups experience equitable recruitment and selection processes within all occupations and grades, equitable levels of pay and terms and conditions of employment, equitable levels of personal development and performance appraisals, that staff are free from abuse, harassment, bullying and violence from patients, their relatives and colleagues and that staff have access to a full range of flexible working options and are supported to remain healthy and have access to initiatives to promote healthy lifestyles.</li> <li>• Evidence that staff, from all equality groups are represented on the Board, in senior management teams and in clinical leadership roles to the same extent of the total workforce of the Trust and the population being served.</li> <li>• Evidence that the Trust can demonstrate how the range and extent of flexible working options that are made available to staff from equality groups compares with the range and extent of flexible working options made available to staff as a whole.</li> <li>• Evidence that the Trust engages with staff side and staff about the above areas and how to make progress.</li> <li>• Evidence that the Trust takes account of key disadvantaged groups in the above processes.</li> <li>• Evidence that the Trust deals with instances of possible unfairness and discrimination in regards to the above areas for equality groups, and quality assure practice and outcomes through mainstream processes.</li> <li>• Evidence that the Trust has plans in place to progress to the next level, with milestones.</li> </ul>		
<b>Assessment key Gaps / Development Areas</b>	<p>The key gaps/development areas of Goal 3 are:</p> <ul style="list-style-type: none"> <li>• There are gaps in the equality data that is available on the Electronic Staff Record around declared disability, sexual orientation and religion/belief. We also do not currently hold any data on gender re-assignment. This limits the available evidence we have to assess whether staff from these equality groups experience equitable treatment. This is being addressed through a Trust wide data cleanse exercise.</li> <li>• A data capture mechanism for equality information in regards to special leave applications &amp; outcomes is not yet in place but will be developed within 2012/13</li> <li>• The Trust needs to develop the level of engagement and feedback undertaken with staff and staff side organisations around the areas identified in Goal 3. This will be progressed through the development of the Trust's Staff Network, further EDS staff surveys and targeted engagement with staff side organisations.</li> <li>• Health &amp; Wellbeing staff surveys are planned for 2012/13 with targeted initiatives and events on Trust sites.</li> </ul>		

Goal 4	Outcome		Grade
<b>Inclusive Leadership at All Levels</b>	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.	<b>Developing</b>
	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.	<b>Developing</b>
	4.3	The organisation uses the NHS Equality & Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes.	<b>Developing</b>
<b>Assessment Criteria</b>	<p>The assessment criteria of Goal 4 is based on whether both Board members and other Leaders:</p> <ul style="list-style-type: none"> <li>• Actively take steps to create high performing diverse teams and develop diverse talent.</li> <li>• Include advancing of equality of opportunity and fostering good relations in their personal objectives and ask the same of their staff.</li> <li>• Demonstrate the importance of engaging with patients and communities across all equality groups in their decision making and service review.</li> <li>• Demonstrate the importance of engaging with staff –side organisations and staff across all equality groups in its decision-making and service review.</li> <li>• Demonstrate the importance of using best available evidence across all equality groups in its decision making and service review.</li> <li>• Deal with issues of personalisation, fairness and diversity, across all equality groups as part of mainstream business and internal assurance processes.</li> </ul> <p>This goal also includes a factor on whether the Trust uses the Competency Framework for Equality &amp; Diversity Leadership to recruit, develop and support strategic leaders to advance equality outcomes.</p>		
<b>Assessment Key Gaps / Development Areas</b>	<p>The key gaps/development areas of Goal 4 are:</p> <ul style="list-style-type: none"> <li>• The development of high performing diverse teams and the development of diverse talent.</li> <li>• Including advancing of equality of opportunity and fostering good relations in personal objectives.</li> <li>• Engagement with staff across all equality groups in decision making and service review.</li> <li>• The Trust has not yet implemented the Competency Framework for Equality &amp; Diversity Leadership.</li> </ul> <p>The following actions are planned within 2012/13 to address these issues:</p> <ul style="list-style-type: none"> <li>• Review of Competency Framework for Equality &amp; Diversity Leadership and map to KSF Lite, LQF &amp; Local behaviour standards.</li> <li>• Produce `Equality and Diversity Leadership: what does it mean in practice` guidance for managers to support PDR process.</li> <li>• Complete work to link the Equality and Diversity Leadership Framework to the Trust Behaviours Framework.</li> <li>• Develop Module `Leading in an Equal, Diverse and Inclusive Way` into programmes on leadership pathway.</li> <li>• Develop Equality and Diversity learning space on the Intranet &amp; populate with resources to support managers.</li> <li>• Develop engagement/feedback mechanisms with Staff Network and Equality &amp; Diversity Champions around decision making and service review.</li> </ul>		

## Wrightington, Wigan and Leigh NHS Foundation Trust's EDS Implementation Action Plan 2012/13

### Goal 1: Better Health Outcomes for All

No.	Key Actions		Actions	Target Date
1	To introduce more robust equality monitoring data collection within service delivery.	1.1	To review the requirements of the Public Sector Equality Duty (PSED). To review all available guidance. To stipulate what equality information must be published to ensure compliance.	Jan 2012
		1.2	To produce a Gap Analysis outlining key gaps in equality information collation and future actions to address.	April 2012
		1.3	To publish equality information on Trust Website in line with PSED requirements.	Jan 2012
2.	To ensure routine reports are broken down by the characteristics currently recorded - age / gender / ethnicity / religion.	2.1	Data Quality Team to review Gap Analysis / Equality Information requirements. To ensure all equality information published in the public domain is validated by the Data Quality Team.	May 2012
		2.2	To review current reports produced by <b>Business Intelligence</b> (in line with PSED Requirements).	Jun 2012
		2.3	To ensure routine reports are broken down by the characteristics currently recorded - age / gender / ethnicity / religion.	Jan 2014
			<b>PHASE 1</b> - IP & Maternity Admissions / OP Attendances and DNAs /Maternity OP Attendances and DNAs	Jun 2013
			<b>PHASE 2</b> – OP Cancellations/Cancelled Ops/Total Time in A&E/A&E Attendances/IP LOS	Oct 2013
			<b>PHASE 3</b> – IP Readmissions / RTT	Jan 2014
		2.4	To ensure routine reports, broken down by age / gender / ethnicity & religion can be accessed on a monthly basis via a self-service tool (e.g. ORBIT/Qlikview) by Divisional Teams.	Jan 2014
		2.5	To review current reports produced by Infection Control (in line with PSED Requirements / EHRC & NHS Employers Guidance) - C.Diff / MRSA.	May 2012
2.6	To review current reports produced by <b>Cancer Services</b> (in line with PSED Requirements / EHRC & NHS Employers Guidance) - Cancer Waits.	May 2012		
2.7	To review current reports produced by <b>Patient Relations</b> (in line with PSED Requirements / EHRC & NHS Employers Guidance).  To ensure routine reports are broken down by the characteristics currently recorded - age / gender / ethnicity / religion.	May 2012		

No.	Key Actions		Actions	Target Date
		2.8	To review current reports produced by <b>PPE</b> (in line with PSED Requirements / EHRC & NHS Employers Guidance). To ensure routine reports are broken down by the characteristics currently recorded - age / gender / ethnicity / religion.	May 2012
		2.9	To review current reports produced by <b>Patient Safety</b> (in line with PSED Requirements). To ensure routine reports are broken down by the characteristics currently recorded - age / gender / ethnicity / religion.	Mar 2013
3.	To review how equality monitoring data (currently not recorded) can be introduced.	3.1	To review how information on sexual orientation / trans gender / disability can be recorded.	Mar 2013
		3.2	To review all Trust clinical recording systems to ensure systems can facilitate future data collection.	Mar 2013
		3.3	To ensure that staff are trained to support the new service delivery approach to data collection.	Mar 2013
		3.4	To ensure patients are aware of the importance of service delivery data collection.	Mar 2013
4.	<b>To ensure patient's needs are recorded (Legislative requirement to ensure all correspondence is sent out in the appropriate format – i.e. audio / braille / large print).</b>	4.1	To identify how 'Patient's Needs' can be recorded on PAS.	Jan 2011
		4.2	Alert to be set up on EPR to notify Medical Secretary's of patient's needs.	Mar 2011
		4.3	To ensure all relevant staff are trained to record and view patient needs.	Mar 2013
		4.4	Data Capture Reports to be produced and monitored accordingly.	May 2012
5.	<b>To analyse this information in order to enable a better understanding of patient and staff needs and effectiveness of service delivery.</b>	5.1	To ensure all equality data reports can be accessed on a monthly basis by Divisional Teams.	Jan 2014 (Phased approach Phase 1 Jun 2013)
		5.2	Information to be reviewed on monthly basis. Any trends to be identified and monitored.	From Jun 2013 (Phase 1)
		5.3	Equality Information to be used in all Equality impact assessments. All Assessments to be tabled as an Agenda Item at all Divisional Quality Executive Committee Meetings. Outcomes / service improvements to be fed back to E&D Lead.	
		5.4	To ensure this information is routinely used in policy development & service design and delivery.	

No.	Key Actions		Actions	Target Date
6.	To improve the ways in which the Trust engages with and involves local people and staff (from all equality groups) including seldom heard/key disadvantaged groups to support improvements in its service delivery.	6.1	To develop a means of securing feedback from protected characteristic groups where routine data is not collected i.e. refugee and asylum seekers, gypsies and travellers and the homeless. To obtain feedback on Patient Safety / Access to Services / Consent to Treatment / Patient Choice / Complaints.	Mar 2013
		6.2	To ensure all ethnic groups (including gypsies & travellers / refugees, asylum seekers) and homeless groups are aware of the Trust's PALS & Complaints processes.	Apr 2012
		6.3	Review local demographics annually to ensure that the needs of new arrival communities are taken into consideration.	Mar 2013
		6.4	To ensure engagement is used to support improvements in service delivery.	Mar 2013



## Goal 2: Improved Patient Access and Experience

No.	Key Actions		Actions	Target Date
<b>To improve the experience of people with learning disabilities who use health services.</b>				
1.	To ensure patient information is available in easy read / easy accessible format within the main services accessed by patients with learning disabilities.	1.1	To identify the main services accessed by patients with learning disabilities within the Trust and to produce easy read information where applicable.	Jul 2012
		1.2	To produce an easy read information leaflet on 'Going to Accident & Emergency'.	Jan 2013
		1.3	To produce an easy read information leaflet on 'How to make a complaint'.	Jan 2013
		1.4	To produce an easy read information leaflet for Dental and Planned Surgery Patients'.	Jan 2013
		1.5	To develop electronic pictorial menus for patients.	Mar 2013
2.	A basic awareness session is included in Trust Induction on a monthly basis. Further training to be delivered to targeted staff (to commence April 2012).	2.1	To deliver learning disability awareness training. Frequency of training sessions - alternate months, first session April 2012.	April 2012
3.	To continue to have Trust Representation on Wigan Learning Disability Partnership Board (LDPB) and Health Sub Group (led by NHS Ashton, Leigh and Wigan Commissioners).	3.1	Adult Safeguarding lead to attend Wigan LDPB and LD Health Sub Group	On-going
4.	To continue to participate in NHS North West's Annual Health Self Assessment.	4.1	Provide required information & participate in annual Learning disability health self assessment for NHS North West with PCT.	Oct 2012
5.	To continue to provide orientation tours for patients with a learning disability, in order to obtain feedback on service accessibility.	5.1	To evidence how feedback and engagement has influenced changes in service delivery.	Mar 2013
<b>To improve patient access and experience</b>				
6.	To promote and raise awareness about the Trust's DisabledGo Guide.	6.1	To undertake an annual review of the DisabledGo Guide. DisabledGo to be advised of any service / structural changes.	Oct / Nov 12
		6.2	To devise and implement a promotional plan to ensure service users / public are aware of this provision.	Mar 2013
7.	To promote and raise awareness of plans to improve patient access, information, experience, patient safety and the handling of complaints through mainstream processes.	7.1	To publish evidence of plans to improve patient access, information and experience.	Mar 2013
		7.2	To publish evidence of plans to improve the handling of complaints through mainstream processes.	Mar 2013
		7.3	To publish evidence of plans to improve patient safety and improve on service transitions for equality groups through mainstream processes.	Mar 2013

### Goal 3: Empowered, engaged and included staff

No.	Key Actions		Actions	Target Date
1.	To improve the quality of data held on ESR around disability, sexual orientation & religion/belief so that monitoring information can be analysed and any areas of concern targeted for action.	1.1	Trust wide ESR data cleanse to take place in 2012.	Jul 2012
2.	To develop the level of engagement and feedback undertaken with staff and staff side organisations around the areas identified in Goal 3 & 4.	2.1	Development EDS engagement plan with staff side.	Mar 2013
		2.2	Continue to develop and grow the membership of the Staff Network and utilise this forum to obtain feedback on the areas identified in Goals 3 & 4.	
		2.3	Undertake yearly EDS staff survey to obtain feedback on the areas identified in Goal 3 & 4.	
3.	To develop a data capture mechanism for equality information in regards to flexible working applications & outcomes	3.1	Flexible working policy requires amendment to include a data capture form for equality	Mar 2013
		3.2	Application data to be collated and reviewed within 2012/13.	
		3.3	Application data to be reported as part of 2012/13 EDS assessment and included in 2012/13 E & D employment monitoring report.	
4.	Support the workforce to remain healthy across the range of protected groups.	4.1	Health & Wellbeing staff surveys are planned for 2012/13 with targeted initiatives and events on Trust sites.	Mar 2013
5	Work to eliminate discrimination, bullying, harassment, abuse and victimisation within the Trust workforce	5.1	Commitment by Trust Board and staff side to implement zero tolerance to discrimination, bullying, harassment, abuse and victimisation within the Trust workforce.	Mar 2013
		5.2	Develop communication plan to incorporate Team Brief, wage slips, Focus, 5 point communication files and global e-mail.	
		5.3	Update HR induction information to include leaflet on bullying, harassment, abuse and victimisation with the Trust workforce	
		5.4	Implement e-mail etiquette guidance to provide outline of acceptable e-mail communications	
		5.5	Revise Equality and Diversity e-compulsory training to expand the information on bullying and harassment and standards of Behaviour	
		5.6	Continued promotion of the HR contact line which is available for staff to speak directly to HR about any concerns about bullying & harassment.	
		5.7	Introduce quarterly monitoring of workforce discrimination incidents and implement targeted action for any hot spots.	
		5.8	Develop Equality and Diversity learning space on the Intranet and populate with resources to support managers and staff.	

## Goal 4: Inclusive Leadership at all levels

No.	Key Actions		Actions	Target Date
1.	<b>To ensure that Trust leaders have the right skills to support their staff to work in a fair, diverse and inclusive environment.</b>	1.1	Review Equality & Diversity Competency Framework for Equality & Diversity Leadership and map to KSF Lite, LQF & Local behaviour standards.	Dec 2012
		1.2	Produce `Equality and Diversity Leadership: what does it mean in practice` guidance for managers to support PDR process.	
		1.3	Complete work to link the Equality and Diversity Leadership Framework to the Trust Behaviours Framework.	
		1.4	Develop Module `Leading in an Equal, Diverse and Inclusive Way` into programmes on leadership pathway.	
		1.5	Develop Equality and Diversity learning space on the Intranet & populate with resources to support managers.	
2.	<b>To Integrate Equality Objectives and actions into Mainstream business planning:</b>  <ul style="list-style-type: none"> <li>• <b>NHS Integrated Plans (inc. QIPP response)</b></li> <li>• <b>Quality Accounts</b></li> <li>• <b>NHS Constitution</b></li> </ul>	2.1	To deliver training on Equality Agenda to Trust Board	Jun 2012
		2.2	Draft a Single Equality Strategy for consultation based on EDS (to replace Single Equality Scheme 2009 – 2012).	Sep 2012
		2.3	Consult on draft Single Equality Strategy with stakeholders.	Oct 2012
		2.4	Publish Single Equality Strategy.	Dec 2012
		2.5	Develop an Action Plan for Trust Board.  (Ensure that leadership from Board level is active and evident throughout the Trust).	Dec 2012

## Wrightington, Wigan and Leigh NHS Foundation Trust's

## EQUALITY OBJECTIVES 2012/13

<b>Goal:</b>	<b>Goal 1: Better Health Outcomes for All</b>
<b>Objective:</b>	<b>To ensure that our patients experience good quality service that is sensitive to their personal and cultural needs as well as receiving effective treatment and care appropriate to their clinical condition.</b>
<b>Context:</b>	<p>The responsibility for commissioning of health services for people in the Wigan Borough rests with NHS Ashton, Leigh and Wigan. As a Trust we work with colleagues in NHS Ashton, Leigh and Wigan to identify where the scope or model of services may impact on the ability of people with some, but not all of the protected characteristics. It is difficult to demonstrate the extent to which our services are accessed by people across all protected characteristics as the data gathered is only available by ethnicity, age and gender.</p> <p>Equalities profiling allows the NHS to put services, support or adjustments in place to meet patients' needs. Responding to patients needs will not only improve patients' experience of care, but improve overall health outcomes. The Trust recognises that gathering equality information is key to ensuring a safe and positive experience. This data will help the Trust to measure how well it is doing to meet the needs of different groups.</p>
<b>Key Actions:</b>	<ul style="list-style-type: none"> <li>• To introduce more robust equality monitoring data collection within both service delivery and employment practice.</li> <li>• To ensure all routine service delivery information published is broken down by ethnicity, age, and gender (equality data which the Trust currently collates). With a view to incorporating the other protected characteristics over a longer period of time.</li> <li>• To analyse this information in order to enable a better understanding of patient and staff needs and effectiveness of service delivery end employment practice.</li> <li>• To ensure this information is routinely used in policy development and service design and delivery.</li> <li>• To improve the ways in which the Trust engages with and involves local people and staff (from all equality groups) including seldom heard/key disadvantaged groups to support improvements in its service delivery and employment practices.</li> </ul>
<b>Measures:</b>	<ul style="list-style-type: none"> <li>• Annual Patient Surveys.</li> <li>• Analysis of data on complaints and compliments.</li> <li>• Monthly Nursing Care Indicators Surveys.</li> <li>• Review of Re-admission rates / Key Performance Indicators broken down by all equality groups.</li> </ul>
<b>Time-scale:</b>	By April 2013, with further reviews in September 2013 and April 2014.
<b>Mainstreamed:</b>	This equality objective will be taken forward and reported to the Equality and Diversity Steering Group and progress will be overseen by Trust Board.
<b>Transparent Reporting:</b>	Progress will be monitored at the quarterly meetings of the Equality and Diversity Steering Group and the Equality and Diversity Champions Group. Details on progress will also be included in annual information published within the Equality and Diversity Service Monitoring Report.
<b>Link to WWL Wheel:</b>	Information / Patients / Safe, Effective and Caring / Partnership

<b>Goal:</b>	<b>Goal 2: Improved Patient Access and Experience</b>
<b>Objective:</b>	<b>To improve the experience of people with learning disabilities who use health services.</b>
<b>Context:</b>	<p>The number of people with learning disabilities is rising due to increased survival of infants born with conditions likely to give rise to disabilities. Adult survival has increased substantially over the last 30 years within the Wigan Borough.</p> <p>Of the 37,000 Wigan residents admitted to hospital for any condition at least once last year (2011), 7.5% had a diagnosed mental or behavioural condition. This was much higher for people admitted with injuries (20%) and respiratory problems (11%).</p>
<b>Key Actions:</b>	<ul style="list-style-type: none"> <li>• To ensure patient information is available in easy read / easy accessible format within the main services accessed by patients with learning disabilities.</li> <li>• A basic awareness session is included in Trust Induction on a monthly basis. Further training to be delivered to targeted staff (to commence April 2012).</li> <li>• To continue to have Trust Representation on Wigan Learning Disability Partnership Board (LDPB) and Health Sub Group (led by NHS Ashton, Leigh and Wigan Commissioners).</li> <li>• To continue to participate in NHS North West's Annual Health Self Assessment.</li> <li>• To continue to provide orientation tours for patients with a learning disability, in order to obtain feedback on service accessibility.</li> </ul>
<b>Measures:</b>	<ul style="list-style-type: none"> <li>• Feedback from the following groups: <ul style="list-style-type: none"> <li>○ Wigan and Leigh People First</li> <li>○ Wigan Family Forum</li> </ul> </li> <li>• To evidence how feedback and engagement has influenced changes in service delivery.</li> </ul>
<b>Time-scale:</b>	To be achieved by December 2012.
<b>Mainstreamed:</b>	This equality objective will be taken forward and reported to the Equality and Diversity Steering Group and progress will be overseen by Trust Board.
<b>Transparent Reporting:</b>	<p>Progress will be monitored at the quarterly meetings of the Equality and Diversity Steering Group and the Equality and Diversity Champions Group.</p> <p>Details on progress will also be included in annual information published within the Equality and Diversity Service Monitoring Report.</p>
<b>Link to WWL Wheel:</b>	Information Patients Safe, Effective and Caring Partnership

<b>Goal:</b>	<b>Goal 3: Empowered, engaged and well-supported staff</b>
<b>Objective:</b>	<b>To eliminate discrimination, bullying, harassment, abuse and victimisation within the Trust workforce.</b>
<b>Context:</b>	<p>Data from the 2011 national staff survey highlights:</p> <ul style="list-style-type: none"> <li>• The Trust has an above average rate of staff reporting they had experienced discrimination at work in comparison with other Acute Trust.</li> <li>• The % staff reporting they believe the Trust provides equal opportunities for career progression or promotion is below average in comparison with other Acute Trusts.</li> <li>• The % of staff reporting physical violence or experiencing harassment, bullying or abuse was lower than average in comparison with other Acute Trusts. However, our internal statistics highlight that within 2010/11 we had 7 dignity at work cases, 4 discrimination related grievances and 2 discrimination related Employment Tribunal claims.</li> </ul> <p>Providing a safe working environment where staff are free from discrimination, abuse, harassment, bullying and violence is a key priority for the Trust.</p>
<b>Key Actions:</b>	<ul style="list-style-type: none"> <li>• Commitment by Trust Board and staff side to implement zero tolerance to discrimination, bullying, harassment, abuse and victimisation within the Trust workforce.</li> <li>• Implement anti bullying and harassment month within 2012/13.</li> <li>• Develop communication plan to incorporate Team Brief, wage slips, Focus, 5 point communication files and global e-mail.</li> <li>• Update HR induction information to include leaflet on bullying, harassment, abuse and victimisation with the Trust workforce.</li> <li>• Implement e-mail etiquette guidance to provide outline of acceptable e-mail communications.</li> <li>• Revise Equality and Diversity e-compulsory training to expand the information on bullying and harassment and standards of behaviour</li> <li>• Implement quarterly `temperature check` of staff opinions on discrimination, bullying, harassment, abuse and victimisation with the Trust workforce.</li> <li>• Continued promotion of the HR contact line which is available for staff to speak directly to HR about any concerns around bullying and harassment</li> <li>• Introduce quarterly monitoring of workforce discrimination incidents and implement targeted action for any hot spots.</li> <li>• Develop Equality and Diversity learning space on the Intranet and populate with resources to support managers and staff.</li> </ul>
<b>Measures:</b>	<p><b><u>Internal reported incidents</u></b> Local monitoring of incidents on:</p> <ul style="list-style-type: none"> <li>• Bullying, harassment and abuse at work.</li> <li>• Discrimination related grievances.</li> <li>• Number of Discrimination related ET cases.</li> </ul> <p>Target of 30% reduction in internal reported incidents by March 2013.</p> <p><b><u>2012 National staff survey results</u></b> Comparison with national averages reported in the NHS Staff Survey and target of upper quartile performance in the 2012 national staff survey against the bullying, harassment &amp; discrimination indicators.</p>
<b>Time-scale:</b>	Actions will be completed by March 2013
<b>Mainstreamed:</b>	This Equality objective will be taken forward and reported to the Equality and Diversity Steering Group and progress will be overseen by the HR Committee.
<b>Transparent Reporting:</b>	The organisation will report on progress to deliver on this equality objective quarterly through the Workforce Activity reports, Equality and Diversity Steering Group and Staff Network. Details on progress will also be included in annual information published within the Equality and Diversity Employment Monitoring Report.
<b>Link to WWL Wheel:</b>	Partnership / Staff Engagement / Leadership

<b>Goal:</b>	<b>Goal 4: Inclusive leadership at all levels</b>
<b>Objective:</b>	<b>To ensure that Trust leaders have the right skills to support their staff to work in a fair, diverse and inclusive environment.</b>
<b>Context:</b>	<p>The local Equality Delivery System staff survey feedback around Equality and Diversity leadership identified several areas for improvement/development.</p> <p>The Trust recognises that effective leadership is key in ensuring that staff are supported to work in culturally competent ways within a fair, diverse and inclusive environment.</p>
<b>Key Actions:</b>	<ul style="list-style-type: none"> <li>• Review Equality &amp; Diversity Competency Framework for Equality &amp; Diversity Leadership and map to KSF Lite, LQF &amp; Local behaviour standards.</li> <li>• Produce `Equality and Diversity Leadership: what does it mean in practice` guidance for managers to support PDR process.</li> <li>• Complete work to link the Equality and Diversity Leadership Framework to the Trust Behaviours Framework.</li> <li>• Develop Module `Leading in an Equal, Diverse and Inclusive Way` into programmes on leadership pathway.</li> <li>• Develop Equality and Diversity learning space on the Intranet &amp; populate with resources to support managers.</li> </ul>
<b>Measures:</b>	<ul style="list-style-type: none"> <li>• Local monitoring of performance through engagement with Staff Network and local EDS staff survey. Target of 20% improvement in scores relating to Equality and Diversity leadership within the next local EDS staff survey (to be undertaken in early 2013).</li> </ul>
<b>Time-scale:</b>	Actions will be completed by December 2012.
<b>Mainstreamed:</b>	This Equality objective will be taken forward and reported to the Equality and Diversity Steering Group and progress will be overseen by the HR Committee.
<b>Transparent Reporting:</b>	The organisation will report on progress to deliver on this equality objective quarterly through the Equality and Diversity Steering Group and Staff Network. Details on progress will also be included in annual information published within the Equality and Diversity Employment Monitoring Report.
<b>Link to WWL Wheel:</b>	<ul style="list-style-type: none"> <li>• Leadership</li> <li>• Staff Engagement</li> </ul>



## Equality Monitoring Data

In-Patients and Out-PatientsPatient Profiles for Trust Annual Equality & Diversity Service Monitoring

Period: 1st April 2009 - 31st March 2010

ETHNIC ORIGIN

National Ethnic Group	Inpatient		Outpatients		Total	
	Total	% of Total	Total	% of Total	Total	% of Total
British White	76440	92.26%	370784	90.55%	447224	90.83%
Irish White	285	0.34%	1294	0.32%	1579	0.32%
Other White	520	0.63%	2511	0.61%	3031	0.62%
White & Black Caribbean	35	0.04%	157	0.04%	192	0.04%
White & Black African	26	0.03%	127	0.03%	153	0.03%
White & Asian	46	0.06%	281	0.07%	327	0.07%
Mixed Race	147	0.18%	566	0.14%	713	0.14%
Indian	219	0.26%	1163	0.28%	1382	0.28%
Pakistani	123	0.15%	692	0.17%	815	0.17%
Bangladeshi	25	0.03%	82	0.02%	107	0.02%
Other Asian Background	214	0.26%	1202	0.29%	1416	0.29%
Black Caribbean	44	0.05%	205	0.05%	249	0.05%
Black African	152	0.18%	954	0.23%	1106	0.22%
Not Known	789	0.95%	539	0.13%	1328	0.27%
NULL	9	0.01%	14704	3.59%	14713	2.99%
Other Black Background	93	0.11%	506	0.12%	599	0.12%
Chinese	115	0.14%	683	0.17%	798	0.16%
Other Ethnic Group	237	0.29%	1132	0.28%	1369	0.28%
Not Stated	3337	4.03%	11915	2.91%	15252	3.10%
<b>Total</b>	<b>82856</b>		<b>409497</b>		<b>492353</b>	

GENDERInpatient

	Number	% of Total
Male	35717	43.11%
Female	47139	56.89%
<b>Total</b>	<b>82856</b>	

GENDEROutpatient

	Number	% of Total
Male	165974	40.53%
Female	243523	59.47%
<b>Total</b>	<b>409497</b>	

AGE GROUPInpatient

	Number	% of Total
Under 18	11169	13.48%
18 - 30	32401	39.11%
31 - 64	30605	36.94%
65+	8681	10.48%
<b>Total</b>	<b>82856</b>	

AGE GROUPOutpatient

	Number	% of Total
Under 18	59083	14.43%
18 - 30	172836	42.21%
31 - 64	139498	34.07%
65+	38080	9.30%
<b>Total</b>	<b>409497</b>	

## In-Patients and Out-Patients

### Patient Profiles for Trust Annual Equality & Diversity Service Monitoring

**Period: 1st April 2009 - 31st March 2010**

#### RELIGION

Religion Description	Inpatient Total	Outpatient Total	Total	% of Total
ARMENIAN CATHOLIC	1		1	0.00%
AGNOSTIC	34	230	264	0.05%
ANGLICAN	38	188	226	0.05%
ASSEMBLIES OF GOD		1	1	0.00%
ATHEIST	75	358	433	0.09%
BAPTIST	176	839	1015	0.21%
BHUDDIST	55	234	289	0.06%
CHRISTADELPHIAN CHURCH OF ENGLAND	7	71	78	0.02%
CHRISTIAN	40696	199563	240259	48.80%
	1720	6782	8502	1.73%
CHURCH OF GOD	6	10	16	0.00%
CHURCH OF IRELAND	3	13	16	0.00%
CONGREGATIONAL CHURCH OF SCOTLAND	25	117	142	0.03%
CHURCH OF WALES	136	661	797	0.16%
FREE CHURCH	1	13	14	0.00%
GREEK ORTHODOX	3	12	15	0.00%
	30	102	132	0.03%
HINDU	137	640	777	0.16%
ISLAMIC	92	385	477	0.10%
INDEP METHODIST	33	217	250	0.05%
ISLAM INC MOSLIM	1	20	21	0.00%
JEWISH	44	188	232	0.05%
JEHOVAH'S WITNESS	216	1144	1360	0.28%
METHODIST	2828	13305	16133	3.28%
MORMON	60	253	313	0.06%
MUSLIM	280	1233	1513	0.31%
NON-CONFORMIST	327	1974	2301	0.47%
NONE	5475	21243	26718	5.43%
NULL	13	359	372	0.08%
OTHER CHRISTIAN OTHER THAN CHRISTIAN	37	253	290	0.06%
	29	125	154	0.03%
PRESTBYTERIAN	31	169	200	0.04%
PENTECOSTAL	83	399	482	0.10%
SOCIETY OF FRIENDS		3	3	0.00%
RASTAFARIAN	1	2	3	0.00%
ROMAN CATHOLIC	18186	85799	103985	21.12%
RUSSIAN ORTHODOX	1	5	6	0.00%
SALVATION ARMY SEVENTH DAY ADVENT	59	285	344	0.07%
	1	2	3	0.00%
SIKH	9	19	28	0.01%
SPIRITUALIST	57	218	275	0.06%
UNKNOWN	10915	67925	78840	16.01%
UNITARIAN	57	246	303	0.06%
UNDISCLOSED	772	3418	4190	0.85%
UNITED REFORM	103	446	549	0.11%
WESLEYAN	3	28	31	0.01%
	<b>82856</b>	<b>409497</b>	<b>492353</b>	

## In-Patients and Out-Patients

### Patient Profiles for Trust Annual Equality & Diversity Service Monitoring

**Period: 1st April 2010 - 31st March 2011**

#### ETHNIC ORIGIN

National Ethnic Group	Inpatient		Outpatients		Total	
	Total	% of Total	Total	% of Total	Total	% of Total
British White	80790	94.54%	400621	93.02%	481411	93.27%
Irish White	259	0.30%	1277	0.30%	1536	0.30%
Other White	580	0.68%	3116	0.72%	3696	0.72%
White & Black Caribbean	30	0.04%	222	0.05%	252	0.05%
White & Black African	20	0.02%	121	0.03%	141	0.03%
White & Asian	65	0.08%	279	0.06%	344	0.07%
Other Mixed Background	167	0.20%	562	0.13%	729	0.14%
Indian	206	0.24%	1292	0.30%	1498	0.29%
Pakistani	140	0.16%	741	0.17%	881	0.17%
Bangladeshi	29	0.03%	130	0.03%	159	0.03%
Other Asian Background	195	0.23%	1269	0.29%	1464	0.28%
Black Caribbean	44	0.05%	227	0.05%	271	0.05%
Black African	185	0.22%	985	0.23%	1170	0.23%
Not Known	564	0.66%	516	0.12%	1080	0.21%
NULL	83	0.10%	9918	2.30%	10001	1.94%
Other Black	97	0.11%	615	0.14%	712	0.14%
Chinese	152	0.18%	762	0.18%	914	0.18%
Other Ethnic Group	245	0.29%	1076	0.25%	1321	0.26%
Unknown	1606	1.88%	6967	1.62%	8573	1.66%
<b>Total</b>	<b>85457</b>		<b>430696</b>		<b>516153</b>	

#### GENDER

##### Inpatient

	Number	% of Total
Male	36666	42.91%
Female	48791	57.09%
<b>Total</b>	<b>85457</b>	

#### GENDER

##### Outpatient

	Number	% of Total
Male	174873	40.60%
Female	255823	59.40%
<b>Total</b>	<b>430696</b>	

#### AGE GROUP

##### Inpatient

	Number	% of Total
Under 18	10954	12.82%
18 - 30	34071	39.87%
31 - 64	32403	37.92%
65+	8028	9.39%
<b>Total</b>	<b>85456</b>	

#### AGE GROUP

##### Outpatient

	Number	% of Total
Under 18	60429	14.03%
18 - 30	182631	42.40%
31 - 64	147002	34.13%
65+	40634	9.43%
<b>Total</b>	<b>430696</b>	

## In-Patients and Out-Patients

### Patient Profiles for Trust Annual Equality & Diversity Service Monitoring

**Period: 1st April 2010 - 31st March 2011**

#### RELIGION

Religion Description	Inpatient Total	Outpatient Total	Total	% of Total
ARMENIAN CATHOLIC	1	3	4	0.00%
AGNOSTIC	49	268	317	0.06%
ANGLICAN	53	179	232	0.04%
ASSEMBLIES OF GOD		2	2	0.00%
ATHEIST	139	419	558	0.11%
BAPTIST	142	916	1058	0.20%
BHUDDIST	57	242	299	0.06%
CHRISTADELPHIAN CHURCH OF ENGLAND	15	47	62	0.01%
CHRISTIAN	41938	204014	245952	47.65%
CHURCH OF GOD	1871	7333	9204	1.78%
CHURCH OF IRELAND	6	19	25	0.00%
CHURCH OF WALES	1	12	13	0.00%
CONGREGATIONAL CHURCH OF SCOTLAND	25	79	104	0.02%
FREE CHURCH	145	639	784	0.15%
GREEK ORTHODOX	3	10	13	0.00%
HINDU	1	8	9	0.00%
ISLAMIC	18	91	109	0.02%
ISLAM INC MOSLIM	117	703	820	0.16%
JEWISH	93	408	501	0.10%
JEHOVAH'S WITNESS	36	255	291	0.06%
METHODIST	1	23	24	0.00%
MORMON	44	195	239	0.05%
MUSLIM	230	1187	1417	0.27%
NON-CONFORMIST	2858	13557	16415	3.18%
NONE	45	238	283	0.05%
NULL	2	1	3	0.00%
OTHER CHRISTIAN OTHER THAN CHRISTIAN	329	1460	1789	0.35%
PRESTBYTERIAN	309	1938	2247	0.44%
PENTECOSTAL	6043	23501	29544	5.72%
SOCIETY OF FRIENDS	13	156	169	0.03%
ROMAN CATHOLIC	45	276	321	0.06%
RUSSIAN ORTHODOX	39	135	174	0.03%
SALVATION ARMY SEVENTH DAY ADVENT	33	187	220	0.04%
SIKH	77	407	484	0.09%
SPIRITUALIST	1	5	6	0.00%
UNKNOWN	18601	89122	107723	20.87%
UNITARIAN	1	2	3	0.00%
UNDISCLOSED	60	343	403	0.08%
UNITED REFORM		4	4	0.00%
WESLEYAN	8	46	54	0.01%
	64	235	299	0.06%
	11428	79083	90511	17.54%
	63	336	399	0.08%
	365	2162	2527	0.49%
	84	416	500	0.10%
	3	34	37	0.01%
	<b>85456</b>	<b>430696</b>	<b>516152</b>	

## In-Patients and Out-Patients

### Patient Profiles for Trust Annual Equality & Diversity Service Monitoring

**Period: 1st April 2011 - 31st March 2012**

#### ETHNIC ORIGIN

National Ethnic Group	Inpatient		Outpatients		Total	
	Total	% of Total	Total	% of Total	Total	% of Total
British White	82864	95.83%	410539	94.43%	493403	94.66%
Irish White	300	0.35%	1485	0.34%	1785	0.34%
Other White Background	599	0.69%	3058	0.70%	3657	0.70%
White & Black Caribbean	32	0.04%	129	0.03%	161	0.03%
White & Black African	35	0.04%	163	0.04%	198	0.04%
White & Asian	34	0.04%	170	0.04%	204	0.04%
Other Mixed Background	162	0.19%	587	0.14%	749	0.14%
Indian	198	0.23%	1179	0.27%	1377	0.26%
Pakistani	136	0.16%	685	0.16%	821	0.16%
Bangladeshi	28	0.03%	67	0.02%	95	0.02%
Other Asian Background	217	0.25%	1356	0.31%	1573	0.30%
Black Caribbean	22	0.03%	134	0.03%	156	0.03%
Black African	174	0.20%	888	0.20%	1062	0.20%
Not Known	139	0.16%	208	0.05%	347	0.07%
NULL	15	0.02%	6974	1.60%	6989	1.34%
Other Black Background	93	0.11%	559	0.13%	652	0.13%
Chinese	138	0.16%	837	0.19%	975	0.19%
Other Ethnic Group	373	0.43%	1635	0.38%	2008	0.39%
Not Stated	914	1.06%	4117	0.95%	5031	0.97%
<b>Total</b>	<b>86473</b>		<b>434770</b>		<b>521243</b>	<b>100.00%</b>

#### GENDER

##### Inpatient

	Number	% of Total
	1	0.00%
Male	37405	43.26%
Female	49067	56.74%
<b>Total</b>	<b>86473</b>	

#### GENDER

##### Outpatient

	Number	% of Total
	9	0.00%
Male	180582	41.54%
Female	254179	58.46%
<b>Total</b>	<b>434770</b>	

#### AGE GROUP

##### Inpatient

	Number	% of Total
Under 18	10853	12.55%
18 - 30	33968	39.28%
31 - 64	33593	38.85%
65+	8059	9.32%
<b>Total</b>	<b>86473</b>	

#### AGE GROUP

##### Outpatient

	Number	% of Total
Under 18	59192	13.61%
18 - 30	180728	41.57%
31 - 64	156605	36.02%
65+	38245	8.80%
<b>Total</b>	<b>434770</b>	

## In-Patients and Out-Patients

### Patient Profiles for Trust Annual Equality & Diversity Service Monitoring

**Period: 1st April 2011 - 31st March 2012**

#### RELIGION

Religion Description	Inpatient Total	Outpatient Total	Total	% of Total
ARMENIAN CATHOLIC		1	1	0.00%
AGNOSTIC	65	194	259	0.05%
ANGLICAN	37	167	204	0.04%
ASSEMBLIES OF GOD		5	5	0.00%
ATHEIST	87	403	490	0.09%
BAPTIST	177	870	1047	0.20%
BHUDDIST	44	219	263	0.05%
CHRISTADELPHIAN CHURCH OF ENGLAND	10	77	87	0.02%
CHRISTIAN	41497	200838	242335	46.49%
	2046	8580	10626	2.04%
CHURCH OF GOD	11	17	28	0.01%
CHURCH OF IRELAND	3	29	32	0.01%
CONGREGATIONAL CHURCH OF SCOTLAND	25	59	84	0.02%
CHURCH OF WALES	121	555	676	0.13%
FREE CHURCH	16	10	26	0.00%
GREEK ORTHODOX	2	8	10	0.00%
	13	64	77	0.01%
HINDU	106	625	731	0.14%
ISLAMIC	88	381	469	0.09%
INDEP METHODIST	50	341	391	0.08%
ISLAM INC MOSLIM	3	50	53	0.01%
JEWISH	45	167	212	0.04%
JEHOVAH'S WITNESS	244	1218	1462	0.28%
METHODIST	2739	13817	16556	3.18%
MORMON	43	227	270	0.05%
MOSLEM	1		1	0.00%
MUSLIM	356	1320	1676	0.32%
NON-CONFORMIST	187	803	990	0.19%
NONE	7508	28774	36282	6.96%
NULL	6	40	46	0.01%
OTHER CHRISTIAN OTHER THAN CHRISTIAN	48	278	326	0.06%
	44	129	173	0.03%
PRESTBYTERIAN	34	189	223	0.04%
PENTECOSTAL	68	342	410	0.08%
SOCIETY OF FRIENDS	1	12	13	0.00%
RASTAFARIAN	2	7	9	0.00%
ROMAN CATHOLIC	18276	88834	107110	20.55%
RUSSIAN ORTHODOX		2	2	0.00%
SALVATION ARMY SEVENTH DAY ADVENT	60	348	408	0.08%
	1	8	9	0.00%
SIKH	13	44	57	0.01%
SPIRITUALIST	54	222	276	0.05%
UNKNOWN	11913	82081	93994	18.03%
UNITARIAN	36	329	365	0.07%
UNDISCLOSED	289	1582	1871	0.36%
UNITED REFORM	96	468	564	0.11%
WESLEYAN	8	36	44	0.01%
	<b>86473</b>	<b>434770</b>	<b>521243</b>	<b>100.000%</b>

## Accident & Emergency Attendance

### Patient Profiles for Trust Annual Equality & Diversity Service Monitoring

**Period: 1st April 2009- 31st March 2010**

#### ETHNIC ORIGIN

National Ethnic Group	Total	% of Total
Not Given	17	0.02%
British White	78508	88.26%
Irish White	187	0.21%
Other White	624	0.70%
Irish Traveller	9	0.01%
White/Asian	46	0.05%
Other Mixed Background	174	0.20%
Black & White	48	0.05%
Indian	128	0.14%
Pakistani	49	0.06%
Bangladeshi	149	0.17%
Other Asian Background	142	0.16%
Black Caribbean	39	0.04%
Black African	131	0.15%
NULL	7557	8.50%
Other Black	82	0.09%
Black British	37	0.04%
Chinese	192	0.22%
Other Ethnic Group	18	0.02%
Arab	22	0.02%
Not Stated	795	0.89%
<b>Total</b>	<b>88954</b>	<b>100.00%</b>

#### GENDER

	Number	% of Total
Male	46539	52.32%
Female	42415	47.68%
<b>Total</b>	<b>88954</b>	

#### AGE GROUP

	Number	% of Total
Under 18	21274	23.92%
18 - 30	17032	19.15%
31 - 64	31140	35.01%
65+	19508	21.93%
<b>Total</b>	<b>88954</b>	

#### RELIGION

Religion Description	Total	% of Total
AGNOSTIC	23	0.03%
ANGLICAN	15	0.02%
ATHEIST	57	0.06%
BAPTIST	147	0.17%
BHUDDIST	53	0.06%
CHRISTADELPHIAN CHURCH OF ENGLAND	38680	43.48%
CHRISTIAN	1883	2.12%
CHURCH OF GOD	13	0.01%
CHURCH OF IRELAND	3	0.00%
CONGREGATIONAL CHURCH OF SCOTLAND	86	0.10%
FREE CHURCH	4	0.00%
GREEK ORTHODOX	18	0.02%
HINDU	95	0.11%
ISLAMIC	49	0.06%
INDEP METHODIST	35	0.04%
JEWISH	4	0.00%
JEHOVAH'S WITNESS	187	0.21%
METHODIST	2202	2.48%
MORMON	77	0.09%
MUSLIM	345	0.39%
NON-CONFORMIST	203	0.23%
NONE	7997	8.99%
NULL	1915	2.15%
OTHER CHRISTIAN OTHER THAN CHRISTIAN	23	0.03%
PRESTBYTERIAN	21	0.02%
PENTECOSTAL	80	0.09%
RASTAFARIAN	5	0.01%
ROMAN CATHOLIC	18097	20.34%
RUSSIAN ORTHODOX	2	0.00%
SALVATION ARMY SEVENTH DAY ADVENT	2	0.00%
SIKH	3	0.00%
SPIRITUALIST	50	0.06%
UNKNOWN	16213	18.23%
UNITARIAN	52	0.06%
UNDISCLOSED	148	0.17%
UNITED REFORM	67	0.08%
WESLEYAN	1	0.00%
<b>88954</b>		



## Maternity Admissions

### Patient Profiles for Trust Annual Equality & Diversity Service Monitoring

Period: 1st April 2009- 31st March 2010

Period: 1st April 2010- 31st March 2011

Period: 1st April 2011- 31st March 2012

#### ETHNIC ORIGIN

National Ethnic Group	Total	% of Total
British White	5831	89.36%
Irish White	8	0.12%
Other White	99	1.52%
White / Black African	6	0.09%
White/Asian	2	0.03%
Mixed Race	15	0.23%
Indian	30	0.46%
Pakistani	40	0.61%
Bangladeshi	8	0.12%
Other Asian Background	53	0.81%
Black Caribbean	4	0.06%
Black African	55	0.84%
Not Known	31	0.48%
Other Black Background	5	0.08%
Chinese	28	0.43%
Other Ethnic Group	44	0.67%
Not Stated	266	4.08%
		0.00%
<b>Total</b>	<b>6525</b>	<b>100.00%</b>

#### ETHNIC ORIGIN

National Ethnic Group	Total	% of Total
British White	5970	93.05%
Irish White	11	0.17%
Other White	125	1.95%
White/Black Caribbean	3	0.05%
White / Black African	3	0.05%
White/Asian	6	0.09%
Mixed Race	14	0.22%
Indian	18	0.28%
Pakistani	32	0.50%
Bangladeshi	8	0.12%
Other Asian Background	32	0.50%
Black Caribbean	5	0.08%
Black African	58	0.90%
Not Known	7	0.11%
NULL	7	0.11%
Other Black Background	19	0.30%
Chinese	34	0.53%
Other Ethnic Group	42	0.65%
Not Stated	22	0.34%
<b>Total</b>	<b>6416</b>	<b>100.00%</b>

#### ETHNIC ORIGIN

National Ethnic Group	Total	% of Total
British White	6281	93.29%
Irish White	22	0.33%
Other White	110	1.63%
White/Black Caribbean	4	0.06%
White / Black African	10	0.15%
Mixed Race	11	0.16%
Indian	34	0.50%
Pakistani	38	0.56%
Bangladeshi	9	0.13%
Other Asian Background	26	0.39%
Black Caribbean	2	0.03%
Black African	52	0.77%
Not Known	8	0.12%
NULL	2	0.03%
Other Black Background	7	0.10%
Chinese	29	0.43%
Other Ethnic Group	71	1.05%
Not Stated	17	0.25%
		0.00%
<b>Total</b>	<b>6733</b>	<b>100.00%</b>

#### AGE GROUP

	Number	% of Total
Under 18	168	2.57%
18 - 30	4508	69.09%
31 - 64	1849	28.34%
65+	0	0.00%
<b>Total</b>	<b>6525</b>	

#### AGE GROUP

	Number	% of Total
Under 18	220	3.43%
18 - 30	4359	67.94%
31 - 64	1837	28.63%
65+	0	0.00%
<b>Total</b>	<b>6416</b>	

#### AGE GROUP

	Number	% of Total
Under 18	178	2.64%
18 - 30	4645	68.99%
31 - 64	1910	28.37%
65+	0	0.00%
<b>Total</b>	<b>6733</b>	

**Maternity Out-Patient DNA's**  
**Patient Profiles for Trust Annual Equality & Diversity Service**  
**Monitoring**

Period: 1st April 2009- 31st March 2010

**ETHNIC**  
**ORIGIN**

National Ethnic Group	Total	% of Total
British White	1101	88.50%
Irish White	1	0.08%
Other White	16	1.29%
White/Black Caribbean	2	0.16%
Other Mixed Background	3	0.24%
Indian	4	0.32%
Pakistani	7	0.56%
Other Asian Background	9	0.72%
Black Caribbean	1	0.08%
Black African	21	1.69%
Not Known	4	0.32%
NULL	11	0.88%
Other Black Background	4	0.32%
Chinese	10	0.80%
Other Ethnic Group	30	2.41%
Not Stated	20	1.61%
<b>Total</b>	<b>1244</b>	

Period: 1st April 2010- 31st March 2011

**ETHNIC**  
**ORIGIN**

National Ethnic Group	Total	% of Total
British White	1200	93.24%
Irish White	2	0.16%
Other White	32	2.49%
White/Black Caribbean	3	0.23%
Other Mixed Background	2	0.16%
Indian	5	0.39%
Pakistani	5	0.39%
Bangladeshi	1	0.08%
Other Asian Background	7	0.54%
Black Caribbean	1	0.08%
Black African	12	0.93%
NULL	2	0.16%
Other Black Background	4	0.31%
Chinese	5	0.39%
Other Ethnic Group	6	0.47%
<b>Total</b>	<b>1287</b>	

Period: 1st April 2011- 31st March 2012

**ETHNIC**  
**ORIGIN**

National Ethnic Group	Total	% of Total
British White	1242	90.39%
Irish White	4	0.29%
Other White	19	1.38%
White/Black African	5	0.36%
Other Mixed Background	6	0.44%
Indian	13	0.95%
Pakistani	23	1.67%
Bangladeshi	1	0.07%
Other Asian Background	6	0.44%
Black African	10	0.73%
NULL	4	0.29%
Other Black Background	2	0.15%
Chinese	7	0.51%
Other Ethnic Group	31	2.26%
Not Stated	1	0.07%
<b>Total</b>	<b>1374</b>	

**AGE GROUP**

	Number	% of Total
Under 18	52	4.18%
18 - 30	848	68.17%
31 - 64	344	27.65%
65+	0	0.00%
<b>Total</b>	<b>1244</b>	

**AGE GROUP**

	Number	% of Total
Under 18	70	5.44%
18 - 30	887	68.92%
31 - 64	330	25.64%
65+	0	0.00%
<b>Total</b>	<b>1287</b>	

**AGE GROUP**

	Number	% of Total
Under 18	40	2.91%
18 - 30	973	70.82%
31 - 64	361	26.27%
65+	0	0.00%
<b>Total</b>	<b>1374</b>	

## Out-Patient Did Not Attends (DNAs)

### Patient Profiles for Trust Annual Equality & Diversity Service Monitoring

**Period: 1st April 2009 - 31st March 2010**

#### ETHNIC ORIGIN

National Ethnic Group	Outpatient DNAs	
	Total	% of Total
British White	37300	80.86%
Irish White	122	0.26%
Other White	246	0.53%
White/Black Caribbean	26	0.06%
White/Black African	17	0.04%
White & Asian	46	0.10%
Other Mixed Background	91	0.20%
Indian	100	0.22%
Pakistani	88	0.19%
Bangladeshi	13	0.03%
Other Asian Background	160	0.35%
Black Caribbean	21	0.05%
Black African	128	0.28%
NULL	4135	8.96%
Not Known	78	0.17%
Other Black Background	81	0.18%
Chinese	59	0.13%
Other Ethnic Group	181	0.39%
Not Stated	3235	7.01%
<b>Total</b>	<b>46127</b>	

#### GENDER

	Number	% of Total
Male	21989	47.67%
Female	24138	52.33%
<b>Total</b>	<b>46127</b>	

#### AGE GROUP

	Number	% of Total
Under 18	8736	18.94%
18 - 30	7475	16.21%
31 - 64	19728	42.77%
65+	10188	22.09%
<b>Total</b>	<b>46127</b>	

#### RELIGION

Religion Description	Outpatient DNA Total	
	DNA Total	% of Total
AGNOSTIC	13	0.03%
ANGLICAN	8	0.02%
ATHEIST	33	0.07%
BAPTIST	67	0.15%
BHUDDIST	29	0.06%
CHRISTADELPHIAN CHURCH OF ENGLAND	20218	43.83%
CHRISTIAN	792	1.72%
CHURCH OF GOD	1	0.00%
CONGREGATIONAL CHURCH OF SCOTLAND	62	0.13%
FREE CHURCH	2	0.00%
GREEK ORTHODOX	9	0.02%
HINDU	64	0.14%
ISLAMIC	51	0.11%
INDEP METHODIST	14	0.03%
ISLAM INC MOSLIM	1	0.00%
JEWISH	11	0.02%
JEHOVAH'S WITNESS	116	0.25%
METHODIST	1019	2.21%
MORMON	28	0.06%
MUSLIM	217	0.47%
NON-CONFORMIST	145	0.31%
NONE	3282	7.12%
NULL	22	0.05%
OTHER CHRISTIAN OTHER THAN CHRISTIAN	9	0.02%
PRESTBYTERIAN	17	0.04%
PENTECOSTAL	72	0.16%
SOCIETY OF FRIENDS	1	0.00%
ROMAN CATHOLIC	9427	20.44%
SALVATION ARMY SEVENTH DAY ADVENT	2	0.00%
SIKH	3	0.01%
SPIRITUALIST	34	0.07%
UNKNOWN	9910	21.48%
UNITARIAN	18	0.04%
UNDISCLOSED	313	0.68%
UNITED REFORM	24	0.05%
WESLEYAN	6	0.01%
<b>Total</b>	<b>46127</b>	

## Out-Patient Did Not Attends (DNAs)

### Patient Profiles for Trust Annual Equality & Diversity Service Monitoring

**Period: 1st April 2010 - 31st March 2011**

#### ETHNIC ORIGIN

National Ethnic Group	Outpatient DNAs	
	Total	% of Total
British White	34337	85.82%
Irish White	94	0.23%
Other White	268	0.67%
White/Black Caribbean	28	0.07%
White/Black African	21	0.05%
White & Asian	43	0.11%
Other Mixed Background	75	0.19%
Indian	119	0.30%
Pakistani	119	0.30%
Bangladeshi	12	0.03%
Other Asian Background	157	0.39%
Black Caribbean	28	0.07%
Black African	125	0.31%
NULL	2400	6.00%
Not Known	93	0.23%
Other Black Background	88	0.22%
Chinese	41	0.10%
Other Ethnic Group	141	0.35%
Not Stated	1822	4.55%
<b>Total</b>	<b>40011</b>	

#### GENDER

	Number	% of Total
Male	19299	48.23%
Female	20712	51.77%
<b>Total</b>	<b>40011</b>	

#### AGE GROUP

	Number	% of Total
Under 18	7189	17.97%
18 - 30	7111	17.77%
31 - 64	17505	43.75%
65+	8206	20.51%
<b>Total</b>	<b>40011</b>	

#### RELIGION

Religion Description	Outpatient DNA Total	% of Total
ARMENIAN CATHOLIC	1	0.00%
AGNOSTIC	26	0.06%
ANGLICAN	3	0.01%
ASSEMBLIES OF GOD	1	0.00%
ATHEIST	27	0.07%
BAPTIST	47	0.12%
BHUDDIST	11	0.03%
CHRISTADELPHIAN	4	0.01%
CHURCH OF ENGLAND	16940	42.34%
CHRISTIAN	659	1.65%
CHURCH OF GOD	7	0.02%
CONGREGATIONAL	4	0.01%
CHURCH OF SCOTLAND	55	0.14%
GREEK ORTHODOX	22	0.05%
HINDU	65	0.16%
ISLAMIC	35	0.09%
INDEP METHODIST	16	0.04%
ISLAM INC MOSLIM	3	0.01%
JEWISH	11	0.03%
JEHOVAH'S WITNESS	88	0.22%
METHODIST	894	2.23%
MORMON	31	0.08%
MUSLIM	180	0.45%
NON-CONFORMIST	158	0.39%
NONE	3226	8.06%
NULL	12	0.03%
OTHER CHRISTIAN	17	0.04%
OTHER THAN CHRISTIAN	8	0.02%
PRESTBYTERIAN	9	0.02%
PENTECOSTAL	52	0.13%
ROMAN CATHOLIC	8059	20.14%
SALVATION ARMY	17	0.04%
SIKH	4	0.01%
SPIRITUALIST	29	0.07%
UNKNOWN	9046	22.61%
UNITARIAN	13	0.03%
UNDISCLOSED	215	0.54%
UNITED REFORM	15	0.04%
WESLEYAN	1	0.00%
<b>Total</b>	<b>40011</b>	

## Out-Patient Did Not Attends (DNAs)

### Patient Profiles for Trust Annual Equality & Diversity Service Monitoring

**Period: 1st April 2011 - 31st March 2012**

#### ETHNIC ORIGIN

National Ethnic Group	Outpatient DNAs	
	Total	% of Total
British White	35404	89.11%
Irish White	85	0.21%
Other White	282	0.71%
White/Black Caribbean	12	0.03%
White/Black African	21	0.05%
White & Asian	25	0.06%
Other Mixed Background	87	0.22%
Indian	96	0.24%
Pakistani	102	0.26%
Bangladeshi	7	0.02%
Other Asian Background	161	0.41%
Black Caribbean	13	0.03%
NULL	1750	4.40%
Black African	122	0.31%
Not Known	47	0.12%
Other Black Background	115	0.29%
Chinese	42	0.11%
Other Ethnic Group	229	0.58%
Not Stated	1131	2.85%
<b>Total</b>	<b>39731</b>	

#### GENDER

	Number	% of Total
Male	19148	48.19%
Female	20583	51.81%
<b>Total</b>	<b>39731</b>	

#### AGE GROUP

	Number	% of Total
Under 18	7025	17.68%
18 - 30	7215	18.16%
31 - 64	17449	43.92%
65+	8042	20.24%
<b>Total</b>	<b>39731</b>	

#### RELIGION

Religion Description	Outpatient DNA Total	% of Total
AGNOSTIC	6	0.02%
ANGLICAN	7	0.02%
ATHEIST	32	0.08%
BAPTIST	55	0.14%
BHUDDIST	23	0.06%
CHRISTADELPHIAN	3	0.01%
CHURCH OF ENGLAND	16537	41.62%
CHRISTIAN	866	2.18%
CHURCH OF IRELAND	2	0.01%
CONGREGATIONAL	4	0.01%
CHURCH OF SCOTLAND	63	0.16%
FREE CHURCH	1	0.00%
GREEK ORTHODOX	3	0.01%
HINDU	56	0.14%
ISLAMIC	53	0.13%
INDEP METHODIST	12	0.03%
ISLAM INC MOSLIM	3	0.01%
JEWISH	19	0.05%
JEHOVAH'S WITNESS	105	0.26%
METHODIST	860	2.16%
MORMON	30	0.08%
MUSLIM	182	0.46%
NON-CONFORMIST	84	0.21%
NONE	3699	9.31%
NULL	1	0.00%
OTHER CHRISTIAN	26	0.07%
OTHER THAN CHRISTIAN	14	0.04%
PRESTBYTERIAN	10	0.03%
PENTECOSTAL	52	0.13%
ROMAN CATHOLIC	7782	19.59%
RUSSIAN ORTHODOX	1	0.00%
SALVATION ARMY	34	0.09%
SEVENTH DAY ADVENT	1	0.00%
SIKH	6	0.02%
SPIRITUALIST	21	0.05%
UNKNOWN	8890	22.38%
UNITARIAN	19	0.05%
UNDISCLOSED	161	0.41%
UNITED REFORM	7	0.02%
WESLEYAN	1	0.00%
<b>Total</b>	<b>39731</b>	