

# Equality and Diversity

**Annual Service  
Monitoring Report  
April 2012 - March 2013**

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your health,  
our priority*

# Executive Summary

**TITLE** Equality and Diversity Annual Service Monitoring Report April 2012 – March 2013.

**PURPOSE OF REPORT** This report outlines the progress and successes, the Trust has made in the key areas of equality and diversity activity in service delivery over the last 12 months (2012/13). An analysis of equality information in relation to service users is included.

This report provides assurance to the Board of how the Trust is meeting the requirements of the Public Sector Equality Duty and reports on progress on the Equality Delivery System (EDS), summarising the priorities for the year ahead.

**EXECUTIVE SUMMARY** **Over the last 12 months, Wrightington, Wigan and Leigh NHS Foundation Trust has seen substantial progress in embedding equality, diversity and human rights into core business activity.**

**A number of key developments have been achieved over the last 12 months. Some of these include:**

- The implementation of 4 Equality Objectives (published on the Trust's Web Site in line with the Public Sector Equality Duty requirements in April 2012).
- A new Equality Strategy 2012-2016, launched in December 2012 (following a 4 week consultation).
- Annual equality information published on the Trust Website in January 2013, in line with the Public Sector Equality Duty requirements.
- A second annual review of EDS progress and grades. Following the publication of the original grades in 2012, the EDS Framework for the Trust has been reviewed and updated.
- Following the implementation of telephone interpreter services in September 2011, existing systems have been improved, overall patient care improved and cost effectiveness achieved. The Trust achieved a saving of £33k at the end of September 2012 (based on 40% of face to face interpreters being replaced by telephone interpretation). This was above projected savings.
- A review of hearing loops undertaken - Funding secured for 20 additional hearing loops throughout Trust.
- The development of 'Easy Read' Patient Information, which is being rolled out across the Trust.
- Transgender Patient Guidance Document produced for staff to help them to understand the needs of transgender patients in a hospital environment.
- Continued engagement with service users. Patient Feedback used to improve service accessibility.
- Learning disability training delivered during 2012/13.
- New Equality and Diversity and Human Rights Management Training Module developed for Trust leaders and managers. Pilot undertaken March 2013. Training sessions to be rolled out during 2013/14.
- E-Compulsory Equality and Diversity Training Module updated and implemented from January 2013.
- Project Team established to review options for data capture across all 9 protected characteristics.

## Equality Monitoring

Under current practice, there continues to be 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 and reported on within this report.

Equality information in relation to a patient's disability, sexual orientation and gender re-assignment is not captured and recorded. The introduction of more robust equality monitoring and data analysis within service delivery has been addressed and is being actioned 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 2012/13 and the previous 3 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 2012/13 was overall reflective of the local population. The latest Census carried out by the Office of National Statistics reported that 95.5% of the local population were of British White Ethnicity. As reported in Wigan's Joint Strategic Needs Assessment 2011 "*Wigan remains a predominately ethnically homogenous borough, with only around 4% of residents of a black or minority ethnic background*". 95% of the Trust's In-Patients, Out-Patients and A&E Attendances were of British White Ethnicity (the same as recorded in 2011/12).

Of the 39,077 patients who did not attend their out-patient appointments during 2012/13, 89% were of British White Ethnicity. 95% of patients who did however attend their out-patient appointments were of British White Ethnicity. Although figures would suggest an increase in the percentage of Black or Minority Ethnic Group DNAs, on analysis, data revealed an increase in the percentage of ethnic groups Not Stated / Null. Data will be continued to be monitored to review any possible trends.

Of the 1,441 patients who did not attend their Maternity Out-Patient Appointments during 2012/13, 90% of these patients were of British White Ethnicity - this was mirrored within Maternity Out-Patient activity.

The most common languages interpreted during 2012/13 via interpreter services were Polish, Mandarin, Lithuanian, Russian, Cantonese, and Urdu. A steady increase in the number of translation requests over the last 3 years was noted. 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. The most common non-UK countries of birth include Poland, 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. Wigan Borough's ethnic minority population has also become increasingly diverse as a result of the government's dispersal policy for asylum seekers. In 2010, 595 Asylum Seekers were supported by Wigan Council. The main nations from which these asylum seekers came from were Zimbabwe, Iran, Iraq, China, Pakistan, Sri Lanka, Afghanistan and Nigeria. The number and nationalities of asylum seekers in the borough are constantly changing, as people flee persecution based on world events.

Of the 54,895 Gypsies and Travellers reported within the 2011 Census, figures showed that 4,147 Gypsies and Travellers are based within the North West of England – 1,523 within the Greater Manchester area. A Total of 151 Gypsies and Travellers reported within the Wigan Borough. The Irish Traveller Movement in Britain (ITMB) and other Gypsy and Traveller organisations believe that the 2011 Census figure is a significant undercount. This is most likely due to many Gypsies and Travellers not self-ascribing. Recent research shows that the number of Gypsies and Travellers is therefore expected to be higher than that of 151 recorded within the 2011 Census.

### **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, 54% of all patients accessing services within the Trust during 2012/13 were female. This data is reflected within in-patient and out-patient activity and national trends. Although females however, are the overall highest percentage of service users, it is to be noted that during the last 12 months, the number of females has reduced by 4% and the number of males has increased by 4% within in-patient and out-patient activity.

During 2012/13 the majority of complaints (59%) 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 4 years, were aged between 31 to 64 years and 65 years and over. 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 2011 Census, revealed that the percentage of the population aged 65 and over was the highest seen in any census at 16.2%. 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%. In 2001 there were 43,000 people aged over 65, currently there are 49,000. By 2033 there will be an extra 31,000, making a total of 80,000 people in the Wigan Borough.

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

The 2011 Census identified that the number of children living in Wigan, under the age of 5 has increased by 2,138 (12%) over the last 10 years. On reviewing the number of maternity admissions and in-patient/out-patient activity however during the last 4 years, there has been no significant increase in activity.

**Religion / Belief:**

In terms of religion/belief, access to hospital services during 2012/13 was overall reflective of the local population. The 2011 Census revealed that 78% of the Wigan population were of Christian belief; 15% had no religion; 0.2% were Buddhist, 0.2% Hindu. 17,617 people did not state a religion.

The number of religious categories recorded by the Trust is much higher than the generic categories recorded in the census results. For the purposes of this report, the religious categories have been grouped to ensure more meaningful data analysis. When grouping the number of patients from all denominations of Christianity, 74% of all in-patients and out-patients were of Christian belief. Data showed, 7% had no religion; 0.3% were of Muslim faith; 0.1% of Hindu faith. This data is affected by the high proportion of religion not known / undisclosed (18% - 86,823 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.

**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 2013/14 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.

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**

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## 1. Introduction

Promoting equality, embracing diversity and ensuring full inclusion for people who use our services is central to the vision and values of the Trust. The Trust is committed to providing an environment where all service users and staff enjoy equality of opportunity. Through continuous engagement with patients, their families, carers and staff, we work to ensure that our existing and future practices meet the needs of those we serve and employ.

As a public authority, the Trust has a legal requirement to promote equality and set out how we plan to meet the 'general and specific duties' specified in the Public Sector Equality Duty. Following the launch of the national Equality Delivery System (EDS) in 2011, the Trust has fully embraced this new framework for Equality and Human Rights in the NHS.

The EDS is a tool to drive up equality performance and embed equality into mainstream NHS business. It 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 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.

Much of the work during 2012/13 has focused on the implementation of the original criteria identified within the EDS and subsequent action plans. The EDS has provided us with a means of identifying priorities to be addressed to ensure our services are accessible to all and to take into account the diverse needs of all our service users and staff.

The purpose of this Equality and Diversity Annual Service 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 (2012/13). 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.

This report also provides 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 Annual Employment Monitoring Report 2012-2013 and the Trust's Equality Strategy and Action Plan 2012-2016.

## 2. Key Developments 2012/13

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:

### 2.1 Equality Strategy 2012–2016

In response to the requirements of the Equality Act 2010, the Human Rights Act and the national Equality Delivery System (EDS), the Trust launched a new Equality Strategy in December 2012, following a four week consultation period in September / October 2012.

This new strategy supersedes the Trust's previous 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.

### 2.2 Equality Delivery System (EDS)

March 2013 marked the first anniversary of the Equality Delivery System Assessment, which was designed to help organisations make improvements for patients and staff.

The Trust has continued to review and assess performance in relation to equality and diversity using this framework as well as identifying priorities going forward.

Following the publication of the original gradings in 2012, the EDS Framework for the Trust has subsequently been reviewed and updated (see Appendix 1).

The EDS Action Plan has been updated to reflect the actions outstanding from 2012/13 and to incorporate the new actions which have arisen from the 2013 EDS assessment.

### 2.3 Public Sector Equality Duty (PSED)

In accordance with the Specific Duties, as outlined within the PSED, the Trust published 4 Equality Objectives in April 2012 and published information to demonstrate compliance with the General Duty in January 2013.

Although equality objectives only need to be revised at four yearly intervals, the Trust's Equality objectives are reviewed on an annual basis.

### 2.4 Access to Information and Services

#### 2.4.1 Estates and Facilities - Disabled Access:

All the Trust's estates schemes are designed and constructed in accordance with Disability Legislation and the Building Regulations Part M standards. In addition wherever practicable designers consult with Equality and Diversity Leads within the trust.

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 2012/13 the following capital projects were undertaken which provided improved or additional disabled access for staff and patients:

#### **Hanover Diagnostic and Treatment Centre, Leigh Infirmary:**

The outdated and empty Hanover building has been converted to provide a variety of out-patient facilities. The new facility includes a modern, well-equipped endoscope reprocessing department on one 'half' of the ground floor, a women's services department on the other 'half' offering procedures such as colposcopy, hysteroscopy and female sterilisation, the new Richmond Urology Unit at first floor level and a gastroenterology diagnostic and treatment department, now known as the Leigh Endoscopy Unit, on the second floor.

The new facility is fully compliant with Disability Legislation and provides wheelchair access to all departments and amenity areas.

**Refurbishment of Level 1 Corridor at Royal Albert Edward Infirmary:**

The existing main hospital street at level 1 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 – Leigh Infirmary:**

Key roads and car parking areas in and around the hospital site have been remodelled to provide improved vehicle routes and signage. It is envisaged this will reduce traffic congestion and the potential for accidents around the site.

**Boston House – Wigan Health Centre:**

The Trust has recently converted parts of Wigan Health Centre to provide a new home for the Trust's outpatient Ophthalmology Services, due to open in November 2013.

The new facility is not only fully compliant with Disability Legislation but is designed specifically for visitors with visual impairments. The accommodation also has a dedicated reception and wait/play areas for the children attending, designed in line with safeguarding guidance.

**Paediatric Out Patient Department at Thomas Linacre Centre:**

The Trust has recently relocated the Paediatric Out-Patients Department from Royal Albert Edward Infirmary to the Thomas Linacre Centre. The new facilities are dedicated for paediatric outpatient activity and have been designed with young people in mind providing colour coded consulting rooms and vibrant waiting rooms

**Education Centre at Royal Albert Edward Infirmary:**

The former Medical Institute was refurbished to provide a new Education Centre and Trust Library. The building has been designed to provide access for all trust staff to PC's and learning resources. A challenge of the design was to provide compliant access to the varying split levels within the existing building. Great consideration was given to provide dedicated wheelchair space in the lecture theatre and a lift to all areas.

**X-Ray at Royal Albert Edward Infirmary:**

The existing MRI suite was enhanced to include an additional scanner. The new scan equipment an environment is designed to allow access for all patients, specifically those with limited mobility

**Other Minor Schemes:**

- Enhanced Breast Feeding Room at Royal Albert Edward Infirmary
- Refurbished Age Concern Offices at Royal Albert Edward Infirmary
- Refurbished Pre Op Department at Royal Albert Edward Infirmary
- Enhanced Maternity Facilities at Royal Albert Edward Infirmary
- Single Sex Compliance improvements at D Ward, Wrightington Hospital
- Refurbished Ward 4 In-patient facilities at Wrightington Hospital

## 2.4.2 Interpreter and Translation Services Review

A review of interpreter and translation services was undertaken during 2011. A number of key changes to current practice were introduced in order to streamline services, ensure cost effectiveness and improve overall patient care. From 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 will only be provided if requests meet the Trust Criteria for booking face-to-face interpreters, the practitioner can provide evidence for specific clinical reasons / or sign language interpretation is required.

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.

In 2009/10 a total annual expenditure of £75,021 was reported for interpreting and translation services. This decreased to £57,373 in 2011/12 and £31,061 in 2012/13 - a reduction of £43,960 (59%) from 2009/10. Although trends show that the division with the highest expenditure was Surgery, a significant reduction in expenditure was reported during the last 2 financial years - In 2010/11 the total expenditure for surgery was £53,470. In 2012/13 this had reduced by 74% to £13,648.

Following the implementation of telephone interpreter services in September 2011, the Trust achieved a saving of £33k at the end of September 2012 (based on 40% of face-to-face interpreters being replaced by telephone interpretation). This was above the projected savings of £28k. The actual savings achieved at the end of September 2013 will be reported on in the next Annual Monitoring Report for 2013/14.

In January 2013, the Trust reviewed its Service Level Agreement with Language Line Solutions. A new pricing of 63p per minute plus second billing was applied in line with NHS Shared Business Services (SBS) Framework (a pricing of 71p per minute was applied during 2012).

Over the next 12 months, the Trust will continue to review Interpreter and Translation Services. The provision of sign language interpreters will be reviewed to further enhance patient experience in an emergency environment, to ensure cost effectiveness and more robust booking processes are in place. The provision of web based signers in A&E to support communication in an emergency environment will be reviewed.

Compliance with Trust Policy will continue to be monitored and more robust monitoring introduced.

#### **2.4.3 Hearing Loops Review:**

During 2012, an audit of hearing loops was undertaken throughout the Trust. Results identified that not all main reception desks within the Trust had access to a hearing loop facility. During February 2013, funding was secured for 20 additional portable hearing loops. All main reception desks within the Trust now have access to a hearing loop facility. Reception Staff have been trained on how to use this equipment.

#### **2.4.4 Easy Read Patient Information:**

During 2012/13, work commenced on the development of Easy Read Patient Information - An easy read patient information leaflet on 'Going to Accident and Emergency' and 'How to Make a Complaint' were published on the Trust Website in May 2013. During 2013/14 further easy read patient information on out-patients, in-patients and dental services will be developed.

#### **2.4.5 Staff Communication Book for People with Hearing Loss:**

A Communication Book for People with Hearing Loss was produced by the Audiology Department in 2012 as a support document for staff.

A copy has been supplied to each ward / department and deaf awareness training delivered to raise awareness about the book during 2012/2013.

#### **2.4.6 Transgender Patient Guidance:**

A Transgender Patient Guidance Document was produced during 2012/13 to support staff to understand the needs of transgender and gender variant patients in a hospital setting. This was published in January 2013.

#### **2.4.7 Equality Impact Assessments (EIAs):**

During 2012/13, 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 however is required to ensure all new / re-designed services are assessed. The Trust needs to continue to ensure that EIAs become a core activity when reviewing / implementing new services / projects etc.

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

During 2012/13, 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.

#### **2.4.9 Chaplaincy and Spirituality:**

The Chaplaincy and Spiritual Care Team have continued to support patients, relatives and staff across the Trust. Some of the work and activities undertaken by the Chaplaincy and Spiritual Care Team during the last 12 months includes:

- A Multi-Faith Calendar for 2013 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 updates continue to be posted on 'Trust News' for all Trust Staff, informing them about forthcoming religious festivals.
- The Team have also run meditations, reflections and relaxation sessions across all sites which are open to people of all faiths and none, as well as hosted services and ceremonies for different religious groups including Christian, Muslim and Pagan.
- Chaplaincy and Spiritual Care continues to contribute to national and local issues regarding chaplaincy and 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.

### **2.5 Involvement and Consultation**

The Trust continues to engage with patients, their families/carers and communities from all equality groups to ensure that our existing and future practices meet the needs of those we serve and employ. Recent engagement events during 2012/13 have included: An Evening with Heart Services; Long-term Conditions Event and the 21st Century Care Services Event.

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

##### **2.5.1 EDS**

In March 2013, the Trust undertook a second annual review of progress and grades. A process of evidence collection and engagement with local stakeholders was undertaken. Evidence collation included:

- A Survey was sent to the Council of Governors to assess progress against Goals 1 and 2.
- Public, patients and staff were encouraged to complete an on-line EDS Survey in order to assess progress against Goals 1 and 2.
- EDS scores against Goals 1 and 2 were sent to LINKs (now Healthwatch) for feedback.
- A Staff Survey was circulated to all staff to assess progress against Goals 3 and 4.
- Goal 3 and 4 evidence was tabled at the Equality and Diversity Staff Network meeting in May 2013 to assess progress.  
The specific outcomes and Trust scoring relating to these EDS goals is summarised in Appendix 1.

In line with the requirements of the Public Sector Equality Duty the Trust continues to develop processes for continuing engagement with local people from all equality groups (including seldom heard/key disadvantaged groups). The Trust recognises that learning from patient experience is an important way of improving care, quality and experience. During 2012/13 an EDS Engagement Plan for 2013/14 was agreed. Relations with Wigan Borough Clinical Commissioning Group (CCG), Public Health, Bridgewater Community Healthcare, 5 Boroughs Mental Health Foundation Trust and Health Watch have been maintained. Progress will be reported in the Equality and Diversity Annual Service Monitoring Report 2013/14.

### 2.5.2 Equality Strategy Consultation

In September / October 2012, a 4 week consultation on the Trust's Equality Strategy 2012-2016 was undertaken. Local Stakeholders, including public / patients / staff / Hospital Governors / local community groups and other NHS Organisations were encouraged to express their views on our vision and values, and our approach to implementing equality and diversity within the Trust.

Overall, all respondents agreed with the Trust's approach to implementing equality, diversity and human rights within the Trust. Although some comments were centred around the 'length' of the strategy document and the level of detail included, all respondents agreed with our focus and planned activities. All respondents agreed that our strategy was a fully comprehensive document which focused on the essential requirements of Equality Legislation. Overall, it was felt, that we need to continue to maintain our vision, ensuring our strategy is embraced fully by all of our staff.

All feedback received was reviewed and incorporated within the Equality Strategy. The Strategy was formally approved and launched in December 2012.

### 2.5.3 Breast Feeding Provisions

During 2012/13, the Trust's Equality and Diversity Project Lead, Patient and Public Engagement Lead continued to work collaboratively with Wigan Council's Breastfeeding Coordinator/Commissioning Lead to review the provision of facilities for breast feeding mothers within the Trust. In July 2012, the Trust was formally presented with the **Wigan Council Breast Feeding Friendly Award**.

A new Breast Feeding Room at Wrightington Hospital was identified / refurbished and opened for service users from January 2013. Facilities are now available on all hospital sites (including Thomas Linacre Centre).

#### **2.5.4 Feedback from Patients / User Groups**

There are a large number and variety of patient and user groups who support and inform feedback and development of service areas across the Trust. These include Leigh and District Deaf Society; Wigan Access Committee; Diabetic Support Groups; Healthy Hearts Group; Arthritis Care Group; Borough Wide Networks. Engagement is facilitated on an on-going basis.

In September 2012, the Trust's Equality and Diversity Project Lead (Services) was invited to attend a Wigan and Leigh Deaf Society Meeting. The feedback obtained has instigated the implementation of a number of initiatives. This includes an 'on-line appointment booking facility' for hearing / speech impaired patients who would have difficulty using the telephone to arrange their hospital appointment.

#### **2.5.5 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; and 5 BP Mental Health Law Forum.

A&E and Surgical Admission Tours for patients with learning disabilities continued to take place in 2012/13 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 2013/14 tours will be rolled out to Out-Patients.

#### **2.5.6 Same Sex Surveys**

The Trust remains committed to meeting the standards laid out in 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. As new facilities for patients are designed, there is close attention, at every stage, to the standards required to provide privacy and dignity for all patients.

During 2012/13 the Trust reported a total of two breaches of the standards which were not clinically justifiable. The breaches related to delays in transferring patients from a critical care area due to emergency bed pressures.

### **2.6 Training and Awareness Raising**

- All Trust staff complete the Equality and Diversity E-compulsory Training Module every three years. At the end of March 2013, the current Trust wide compliance rate for this training was 94% (an decrease of 2% since the end of March 2012). During 2012, the e-compulsory training module was reviewed. A revised training module was implemented 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.
- In June 2012, an Equality and Diversity Training Update was delivered by an External trainer to Trust Board Members.

- During 2012/13, Learning Disability Training was delivered to staff / support staff and registered staff.
- During 2012/13 an Equality, Diversity and Human Rights Management Training Module was developed for Trust Leaders and Managers 'Advancing and Managing Diversity in the workplace'. A pilot training session was held on 5<sup>th</sup> March 2013. Four Training Sessions will be rolled out during 2013/14.
- During 2013/14, a training podcast will be produced as a training aid for staff to highlight some of the main issues / barriers which disabled people face when accessing health care.

## **2.7 Promotion / Raising Awareness**

The Trust has continued to promote and develop Equality and Diversity practices and events within the organisation both in line with legislative requirements.

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 updates on Trust News and What's New on the Trust's internet and intranet websites. Equality and Diversity are asked to feedback within their departments / divisions.

Updates / features during 2012/13 have included:

- Equality Legislation / Equality Delivery System (EDS)
- Interpreter Services
- Breast Feeding Provisions
- Staff Networks
- Equality and Diversity Events (Equality, Diversity and Human Rights Week / Ramadan / Disability Awareness Day / International Day of Older Persons / Black History Month / World Mental Health Day / Gypsy, Roma and Traveller History Month / International Day Against Homophobia)

## **2.8 Equality and Diversity Champions**

The Trust currently has 35 Equality and Diversity Champions. Their role is to continue to 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).

## **2.9 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 2012/2013, the Trust continued to ensure that all information on the Trust's Intranet Web Pages / tender documentation was concise and up-to-date.

## **2.10 External Reports and Reviews**

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

In March 2013, the Trust undertook a second annual review of progress and grades. A process of evidence collection and engagement with local stakeholders was undertaken. Report produced and submitted to Healthwatch (Wigan LINK).

### **2.10.2 Healthwatch Update Report**

In October 2012, a progress report following on from Wigan Borough's LINK Hard of Hearing Report March 2011 (which we formally responded to in April and December 2011) was requested. An update report was provided.

## **2.11 Partnership Working**

The Trust continues to work in partnership with stakeholders and the wider health economy. This includes Wigan Borough's Clinical Commissioning Group (CCG), Public Health, Bridgewater Community Healthcare NHS Trust, 5 Boroughs Partnership NHS Foundation Trust and Health Watch (Wigan Borough Local Involvement Network (LINKs)).

The Trust can evidence well established relationships with a broad range of organisations, groups, forums and networks. See Section 2.5 for a summary of engagement / partnership activity.

## **3. Equality Monitoring – Patient Data**

In the 2011 Census, the population of Wigan was reported as 317,849. This is the largest the population has ever been. The population grew by 16,378 in the last 10 years since the last census, rising from 301,422 in 2001, an increase of 5.4%.

Patient demographics are collected routinely by the Trust on the Patient Administration System (PAS). This data captures age, sex, ethnicity, and religion and belief.

At present, the Trust is unable to capture data on the sexual orientation and gender re-assignment of service users. Although functionality has recently been implemented on PAS to record a patient's disability, this information is at present reliant on the patient informing staff about their needs / disabilities. Staff have not yet been trained on data collection in this area. In line with the Trust's EDS Action Plan, a Project Team has been established to review data collection requirements within the Trust.

The following information provides a summary of service users across the Trust by ethnicity, gender, religion and age. A review of interpreter and translation data is included. Wigan Borough local data / 2011 Census statistics have been used to summarise local population demographics.

### **3.1 Ethnicity**

In terms of ethnicity, access to hospital services during 2012/13 was overall reflective of the local population. The latest Census carried out by the Office of National Statistics reported that 95.5% of the local population were of British White Ethnicity. As reported in Wigan's Joint Strategic Needs Assessment 2011 "*Wigan remains a predominately ethnically homogenous borough, with only around 4% of residents of a black or minority ethnic background*".

### 3.1.1 In-Patient and Out-Patient Activity (excluding Maternity)

95% of patients during 2012/13 were of British White Ethnicity, the same % as recorded in 2011/12.

The following tables provide a summary of In-Patient and Out-Patient Activity by Ethnicity:

National Ethnic Group	Inpatient		Outpatients		Total	
	Total	% of Total	Total	% of Total	Total	% of Total
NULL	13	0.0	8046	2.0	8059	1.6
Not Given	187	0.2	243	0.1	430	0.1
British (White)	77551	96.1	388128	94.4	465679	94.7
Irish (White)	308	0.4	1372	0.3	1680	0.3
Any other White Background	638	0.8	2425	0.6	3063	0.6
White and Black Caribbean	22	0.0	156	0.0	178	0.0
White and Black African	25	0.0	107	0.0	132	0.0
White and Asian	44	0.1	173	0.0	217	0.0
Any other mixed background	118	0.1	557	0.1	675	0.1
Indian	177	0.2	945	0.2	1122	0.2
Pakistani	160	0.2	562	0.1	722	0.1
Bangladeshi	21	0.0	68	0.0	89	0.0
Any other Asian background	215	0.3	1118	0.3	1333	0.3
Black Caribbean	22	0.0	142	0.0	164	0.0
Black African	126	0.2	679	0.2	805	0.2
Any other Black Background	94	0.1	560	0.1	654	0.1
Chinese	128	0.2	623	0.2	751	0.2
Any other ethnic group	324	0.4	1272	0.3	1596	0.3
Not Stated	545	0.7	3926	1.0	4471	0.9
<b>Total</b>	<b>80,718</b>		<b>411,102</b>		<b>491,820</b>	

Ethnicity	2009/10	2010/11	2011/12	2012/13
<b>Highest Admitted Group</b>	<b>91%</b> British White	<b>93%</b> British White	<b>95%</b> British White	<b>95%</b> British White
<b>Lowest Admitted Group</b>	<b>0.02%</b> Bangladeshi	<b>0.03%</b> White & Black African	<b>0.02%</b> Bangladeshi	<b>0.02%</b> White & Black African

Over the last 4 years, patients of British White Ethnicity continue to be the highest admitted group. The lowest admitted group continuing to be Black or Minority Ethnic origin.

### 3.1.2 Maternity Admissions and Maternity Out-Patient Activity

40,771 patients (91%) during 2012/13 were of British White Ethnicity - the same % as recorded in 2011/12. Of the ethnic minority recorded, the following ethnic groups ranked the highest:

Any Other White Background:	1,310 Patients
No Ethnicity Recorded / Null:	514 Patients
Other Ethnic Group	468 Patients
Black African	348 Patients
Other Asian Background	324 Patients
Chinese	256 Patients
Pakistani	247 Patients
Indian	212 Patients

The tables below show the spread of ethnic diversity amongst the service users accessing Maternity Trust Services.

National Ethnic Group	Inpatient		Outpatients		Total	
	Total	% of Total	Total	% of Total	Total	% of Total
NULL	12	0.2	386	1.0	398	0.9
British (White)	6059	92.5	34712	90.6	40771	90.9
Irish (White)	22	0.3	76	0.2	98	0.2
Any other White Background	164	2.5	1146	3.0	1310	2.9
White and Black Caribbean	8	0.1	42	0.1	50	0.1
White and Black African	4	0.1	16	0.0	20	0.0
White and Asian	2	0.0	21	0.1	23	0.1
Any other mixed background	34	0.5	97	0.3	131	0.3
Indian	24	0.4	188	0.5	212	0.5
Pakistani	31	0.5	216	0.6	247	0.6
Bangladeshi	2	0.0	7	0.0	9	0.0
Any other Asian background	43	0.7	281	0.7	324	0.7
Black Caribbean	1	0.0	19	0.0	20	0.0
Black African	42	0.6	306	0.8	348	0.8
Any other Black Background	2	0.0	46	0.1	48	0.1
Chinese	32	0.5	224	0.6	256	0.6
Any other ethnic group	58	0.9	410	1.1	468	1.0
Not Stated	9	0.1	107	0.3	116	0.3
<b>Total</b>	<b>6,549</b>		<b>38,300</b>		<b>44,849</b>	

#### Maternity In-Patient Admissions:

Ethnicity	2009/10	2010/11	2011/12	2012/13
<b>Highest Admitted Group</b>	<b>93%</b> British White	<b>93%</b> British White	<b>93%</b> British White	<b>93%</b> British White
<b>Lowest Admitted Group</b>	<b>2 Patients</b> White & Asian	<b>2 Patients</b> White & Black African <b>2 Patients</b> White & Black Caribbean	<b>2 Patients</b> Black Caribbean	<b>1 Patient</b> Black Caribbean

Over the last 4 years, patients of British White Ethnicity continue to be the highest admitted group for Maternity In-Patient Admissions. The lowest admitted group continuing to be Black or Minority Ethnic Origin.

### 3.1.3 Accident and Emergency Attendances

92,880 patients attended Accident and Emergency during 2012/13. An increase of 1,977 patients since 2011/12. 95% of these patients were of British White Ethnicity - the same % recorded in 2011/12.

The following tables shows the national ethnic groups recorded during 2012/13:

National Ethnic Group	Total	% of Total
NULL	942	1.0
Not Given	64	0.1
British (White)	88251	95.0
Irish (White)	290	0.3
Any other White Background	1032	1.1
White and Asian	57	0.1
Any other mixed background	320	0.3
Indian	158	0.2
Pakistani	130	0.1
Bangladeshi	10	0.0
Any other Asian background	160	0.2
Black Caribbean	22	0.0
Black African	194	0.2
Any other Black Background	228	0.2
Chinese	193	0.2
Any other ethnic group	40	0.0
Not Stated	789	0.8
<b>Total</b>	<b>92880</b>	

Ethnicity	2009/10	2010/11	2011/12	2012/13
<b>Highest Admitted Group</b>	<b>88%</b> British White	<b>94%</b> British White	<b>95%</b> British White	<b>95%</b> British White
<b>Lowest Admitted Group</b>	<b>9 Patients</b> Irish Travellers	<b>11 Patients</b> Irish Travellers	<b>4 Patients</b> Arab	<b>10 Patients</b> Bangladeshi

Over the last 4 years, patients of British White Ethnicity continue to be the highest admitted group for A&E Attendances. The lowest admitted group continuing to be Black or Minority Ethnic Origin.

Although a small percentage of Irish Travellers was recorded in 2009/10 and 2010/11, no Irish Travellers were recorded during the last 2 years. Of the 54,895 Gypsies and Travellers reported within the 2011 Census, figures showed that 4,147 Gypsies and Travellers are based within the North West of England – 1,523 within the Greater Manchester area. A Total of 151 Gypsies and Travellers reported within the Wigan Borough (see 3.1.7).

### 3.1.4 Patients who Do Not Attend their Out-Patient Appointments (DNAs)

The following data shows the spread of ethnic diversity of patients who did not attend their hospital out-patient appointments and maternity out-patients appointments during 2012/13:

#### Total Out-Patient DNAs

39,077 patients did not attend their appointments during 2012/13 (9.5% of the total out-patient attendances). 89% of these patients were of British White Ethnicity – the same % as recorded in 2011/12. 6.9% were not stated / known or recorded as null.

The following table shows the national ethnic groups recorded during 2012/13:

National Ethnic Group - (Out-Patient DNAs)	Total	% of Total
NULL	1881	4.8
Not Given	40	0.1
British (White)	34905	89.3
Irish (White)	113	0.3
Any other White Background	289	0.7
White and Black Caribbean	25	0.1
White and Black African	21	0.1
White and Asian	29	0.1
Any other mixed background	82	0.2
Indian	98	0.3
Pakistani	101	0.3
Bangladeshi	9	0.0
Any other Asian background	151	0.4
Black Caribbean	15	0.0
Black African	132	0.3
Any other Black Background	89	0.2
Chinese	41	0.1
Any other ethnic group	246	0.6
Not Stated	810	2.1
<b>Total</b>	<b>39077</b>	

Ethnicity	2009/10	2010/11	2011/12	2012/13
<b>Highest Admitted Group</b>	<b>81%</b> British White	<b>86%</b> British White	<b>89%</b> British White	<b>89%</b> British White
<b>Lowest Admitted Group</b>	<b>0.03%</b> Bangladeshi	<b>0.03%</b> Bangladeshi	<b>0.03%</b> Bangladeshi	<b>0.00%</b> Bangladeshi

Over the last 4 years, patients of British White Ethnicity continue to be the highest admitted group recorded for Out-Patient DNAs. The lowest admitted group continuing to be Black or Minority Ethnic origin. Of the 39,077 patients who did not attend their out-patient appointments during 2012/13, 89% of these were of British White Ethnicity. 95% of patients who did however attend their out-patient appointments were of British White Ethnicity. Although figures would suggest an increase in the percentage of Black or Minority Ethnic Group DNAs, on analysis, data revealed an increase in the percentage of ethnic groups Not Stated / Null. Data will need to be continued to be monitored to review any possible trends.

### Total Maternity Out-Patient DNAs

1,441 patients did not attend their Maternity Out-patient Appointments during 2012/13. 90% of these patients were of British White Ethnicity – The same % as recorded in 2011/12. *The following table shows the national ethnic groups recorded during 2012/13:*

National Ethnic Group - (Maternity DNAs)	Total	% of Total
NULL	5	0.3
British (White)	1291	89.6
Irish (White)	9	0.6
Any other White Background	35	2.4
White and Black Caribbean	3	0.2
Any other mixed background	6	0.4
Indian	11	0.8
Pakistani	15	1.0
Bangladeshi	1	0.1
Any other Asian background	14	1.0
Black African	24	1.7
Any other Black Background	3	0.2
Chinese	6	0.4
Any other ethnic group	13	0.9
Not Stated	5	0.3
<b>Total</b>	<b>1441</b>	

Ethnicity	2009/10	2010/11	2011/12	2012/13
<b>Highest Admitted Group</b>	<b>89%</b> British White	<b>93%</b> British White	<b>90%</b> British White	<b>90%</b> British White
<b>Lowest Admitted Group</b>	<b>1 Patient</b> Irish White	<b>1 Patient</b> Bangladeshi  <b>1 Patient</b> Black Caribbean	<b>1 Patient</b> Bangladeshi	<b>1 Patient</b> Bangladeshi

Over the last 4 years, patients of British White Ethnicity continue to be the highest admitted group recorded for Maternity Out-Patient DNAs. The lowest admitted group continuing to be Black or Minority Ethnic Origin. This percentage is in line with maternity admissions out-patient activity.

### 3.1.5 Migrant Workers

The number of foreign-born people of working age in the UK increased from 4.6 million in 2001 to 7.5 million in 2011. The share of foreign-born people in the population increased from 9% in 2001 to 13.4% in 2011.

The most common non-UK countries of birth for residents of England and Wales in 2011 were India, Poland and Pakistan – although the biggest change arises from those born in Poland, who have increased from 58,000 in 2001 to 579,000 in 2011.

Compared to the early 2000s, the presence of foreign-born workers has grown fastest in relatively low-skilled sectors and occupations.

London has 15% of the total population of England but 41% of the foreign-born. In the North West, 8.2% of the population were foreign-born in 2011. 56% are in Greater Manchester, 18% in Lancashire, 14% in Merseyside, 9% in Cheshire and 3% in Cumbria.

The 2011 Census revealed that there are around 577,000 foreign-born people in the North West. 3.5% are recorded to be within the Wigan area – 20,195 people.

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. The most common non-UK countries of birth include Poland, 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.

### 3.1.6 Refugees and Asylum Seekers

At the beginning of 2012, the population of refugees, pending asylum cases and stateless persons in the UK made up just 0.27% of the population - 149,765 refugees, 18,196 pending asylum cases and 205 stateless persons.

The vast majority of refugees stay in their region of displacement - 80% of the world's refugees are hosted by developing countries. Pakistan hosts the highest number of refugees at 1.7million.

Asylum intake to the UK is largely driven by world events, the number of people claiming asylum and the countries they originate can vary over time. In the North West, asylum seekers and refugees are currently mostly from Eritrea, Afghanistan, Iran, China, Somalia. The majority are young men but there is an increasing proportion of women. Children may arrive with family members or be unaccompanied.

Wigan Borough's ethnic minority population has become increasingly diverse since the 2001 Census, as a result of forced migration and government's dispersal policy for

asylum seekers. In 2010, 595 Asylum Seekers were supported by Wigan Council. The main nations from which these asylum seekers came from were Zimbabwe, Iran, Iraq, China, Pakistan, Sri Lanka, Afghanistan and Nigeria. The number and nationalities of asylum seekers in the borough are constantly changing, as people flee persecution based on world events.

The total number of refugees living in Wigan is not known. Once a person has been granted 'leave to remain, refugee status or some form of protection, they are free to move around the country in the same way as UK citizens. Many refugees seek work at the earliest opportunity.

### 3.1.7 Gypsies and Travellers

The 2011 Census figures showed that there are 54,895 Gypsies and Travellers living in England, equating to 0.1% of the total population. Gypsies and Travellers were the smallest group counted when compared to the other smallest categories, such as 'white and black African' at 0.3% and 'Arab' at 0.4%.

Of the 54,895 Gypsies and Travellers reported within the 2011 Census, figures showed that 4,147 Gypsies and Travellers are based within the North West of England – 1,523 within the Greater Manchester area. A Total of 151 Gypsies and Travellers reported within the Wigan Borough.

The Irish Traveller Movement in Britain (ITMB) and other Gypsy and Traveller organisations believe that the 2011 census figure is a significant undercount. This is most likely due to many Gypsies and Travellers not self-ascribing. Many Gypsies and Travellers excluded in the 2011 Census appear to be living in 'bricks' and 'mortar' housing and unauthorised sites. Gypsies and Travellers who were not counted are more likely to experience marginalisation, discrimination and low education and literacy.

In the absence of a robust figure as a comparator to the census, the ITMB undertook research to estimate a minimum population for Gypsies and Travellers in England, based on Local Authority Gypsy and Traveller Accommodation Assessments (GTAA) and the Department for Communities and Local Government bi-annual Caravan Count. Data showed:

- The total 2011 population for England based on the GTAA figures was 119,193, equating to over twice the 2011 Census figure of 54,895.
- The total 2012 population for England based on the GTAA figures was 122,785 compared to the 2012 DCLG caravan count figure of 50,614.
- *The following table shows the regions with the largest Gypsy and Traveller population in comparison with the 2011 Census figures:*

Region	2011 Census Figures	GTAA Figures
South East	14,542	30,107
East of England	8,165	18,189
London	8,196	14,881
North West	4,147	12,782
Yorkshire & Humberside	4,378	11,960
South West	5,631	11,855
West Midlands	4,734	9,527
East Midlands	3,418	6,416
North East	1,684	3,476

GTAA figures showed that the North West of England has the fourth largest Gypsy and Traveller population in England. Greater Manchester with 7,313, compared to 1,523 reported in the 2011 Census. The data for Wigan therefore is expected to be higher than that of 151 recorded within the 2011 Census.

### 3.1.8 Interpreter Services

#### Telephone Interpreters

During 2012/2013, 217 telephone calls were made in order to access telephone interpreter services. The top 10 languages requested are recorded below:

Language Requested	No. of Calls 2011-12	No. of Calls 2012-13
Polish	53	32
Mandarin	61	30
Lithuanian	12	25
Russian	11	14
Arabic	26	12
Kurdish	8	11
Urdu	4	10
Farsi	7	9
Slovak	25	9
Vietnamese	9	9
Cantonese	28	8

#### Face-to-Face Interpreters

During 2012/2013, 266 face to face language interpreters attended hospital appointments / procedures. The top languages requested were:

Language Requested	No. of Requests 2011-12	No. of Requests 2012-13
Polish	0	37
Cantonese	14	32
Russian	15	25
Mandarin	11	20
Urdu	11	18
Slovakian	7	16
Czech	9	10
Lithuanian	6	10
Latvian	4	10
Punjabi	7	10
Gujarati	6	10
Farsi	8	9
Albanian	9	0
Thai	5	3

Data shows that overall Polish, Mandarin, Russian, Lithuanian, Cantonese and Urdu are recorded as the top languages requested during 2012/13. Although an increase in the number of face-to-face interpreters for these languages is shown, it is to be noted that

face-to-face interpreters will always be provided when the patient is a child; vulnerable adult, has a learning disability; has a hearing impairment; is given a cancer diagnosis; in circumstances where telephone interpreters cannot be used (i.e. MRI). Requests for face-to-face interpreters continue to be monitored to ensure adherence to Trust Criteria.

The requests recorded for Polish, Latvian, Czech, Lithuanian, Chinese interpreters are in line with the significant growth in the Wigan Borough migrant worker population and the numbers of refugee / asylum seekers.

### British Sign Language Interpreters

During 2012/13 approximately 60 sign language interpreters were booked for patient's hospital appointments / procedures.

### 3.1.9 Translation of Patient Information:

During 2012/13, 22 translation requests were processed. *The following table summarises the number of requests for leaflets / correspondence in other languages and formats over the last 3 years:*

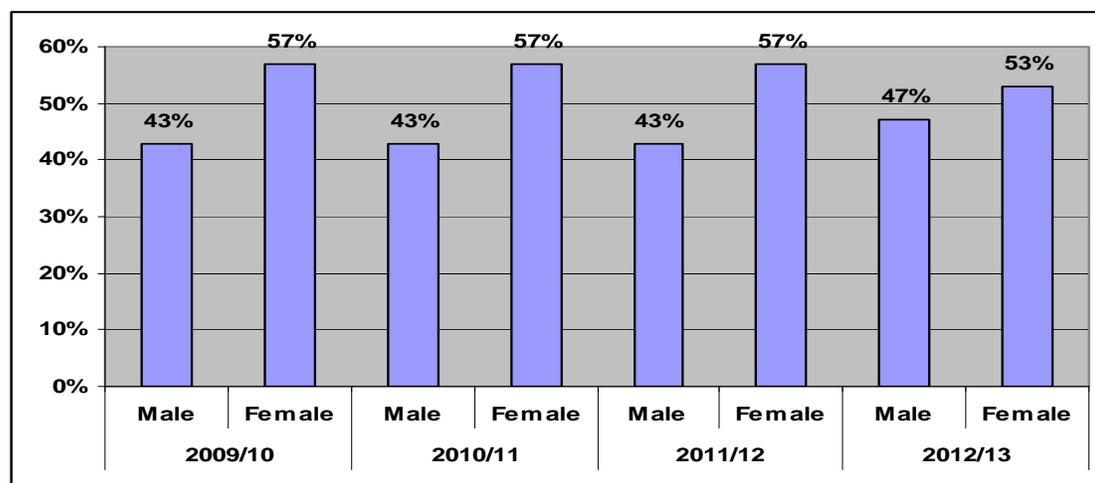
Formats	2010/11		2011/12		2012/13	
<b>Other Languages</b>	6	Latvian Slovak Polish Lithuanian Portugese	7	Hungarian Gujerati Polish Mandarin Slovak	9	Russian Spanish Thai German Czech Latvian
<b>Other Formats Large Print / Braille</b>	3		5		13	
<b>TOTAL</b>	<b>9</b>		<b>12</b>		<b>22</b>	

Although figures recorded are low, data shows that there has been a steady increase in the number of translation requests. Reasons for this may include the increased numbers of migration workers within the Wigan Borough and patient's increased awareness of the provision of information in alternative formats.

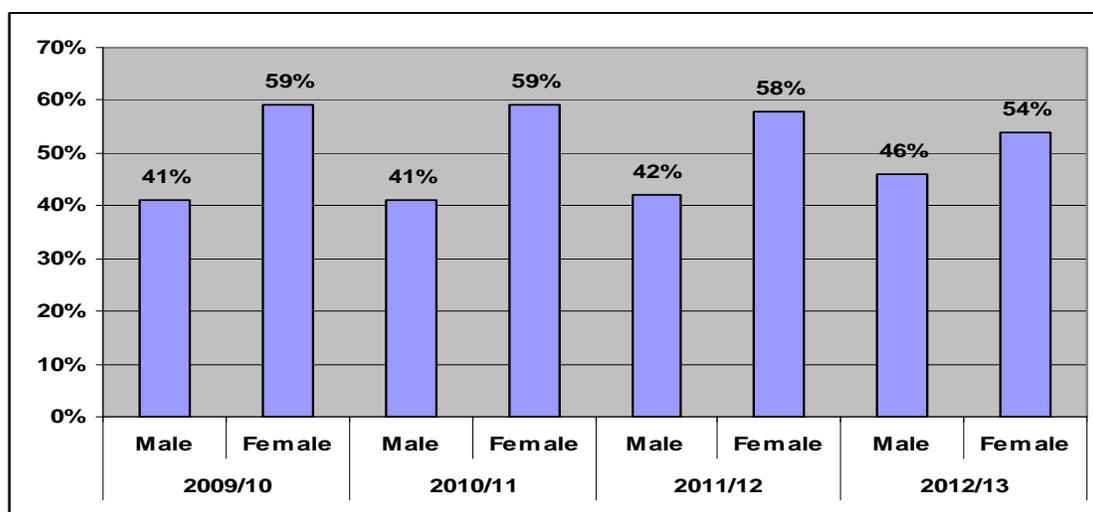
### 3.2 Gender

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, 54% of all patients accessing hospital services within the Trust during 2012/13 were female. *The graphs below show the ratio of females to males over the past 4 years within in-patient and out-patient activity:*

#### In-Patient Activity



## Out-Patient Activity



Analysis shows that although females are the overall highest percentage of service users, it is to be noted that during the last 12 months, the number of females has reduced by 4% and the number of males increased by 4% within in-patients and out-patients.

### 3.3 Age

In terms of the age categories of patients during 2012/13, Trust data was overall reflective of the local population. The 2011 Census reported that the percentage of the population aged 65 and over in the Wigan Borough was the highest seen in any census at 16.2%. 1 in 6 Wigan residents are now over the age of 65. The number of 85+ year olds has increased by 24% since the 2001 Census. In 2001 there were 43,000 people aged over 65, currently there are 49,000. By 2033 there will be an extra 31,000, making a total of 80,000 people in the Wigan Borough.

Trust data shows that the highest percentage of service users who accessed both in-patient and out-patient services during the last 4 years, were aged between 31 to 64 years and 65 years and over. A 4% increase in the number of patients aged 65 and over during the last 12 months was noted. This is in-line with the increase of the local population aged 65 years and over.

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

Age Group	2009/10	2010/11	2011/12	2012/13
Under 18	10%	9%	9%	9%
18 – 30	14%	14%	13%	9%
31 – 64	42%	42%	41%	41%
65+	35%	35%	37%	41%
<b>TOTAL</b>	<b>492,353</b>	<b>516,153</b>	<b>521,243</b>	<b>491,820</b>

Trends showed an overall reduction in the % of patients aged 18-30 years. In comparison with the UK as a whole, the population of Wigan is ageing. The age of patients accessing hospital services therefore is bias towards the older population, reflecting greater healthcare needs of this age group.

The 2011 Census identified that the number of children living in Wigan, under the age of 5 has increased by 2,138 (12%) over the last 10 years. On reviewing the number of Maternity Admissions however, during the last 4 years, there has been no significant increase in maternity activity. Although a peak in the number of maternity admissions is shown during 2011/12 (an increase of 317 admissions), a decrease of 184 patients in 2012/13 is reported. *See table below:*

**No. of Maternity Admissions:**

2009/10	2010/11	2011/12	2012/13
6525	6416	6733	6549

There has been no increase in the overall percentage of in-patient and out-patient activity for patients aged 18 years and under.

### 3.4 Religion / Belief

In terms of religion / belief, access to hospital services during 2012/13 was overall reflective of the local population.

The 2011 Census revealed that 78% of the Wigan population were of Christian belief; 15% had no religion; 0.2% were Buddhist, 0.2% Hindu. 17,617 people did not state a religion.

The number of religious categories recorded by the Trust is much higher than the generic categories recorded in census results. For the purposes of this report, the religious categories have been grouped to ensure more meaningful data analysis. When grouping the number of patients from all denominations of Christianity, 74% of all in-patients and out-patients were of Christian belief. Data showed, 7% had no religion; 0.3% were of Muslim faith; 0.1% of Hindu faith. This data is affected by the high proportion of religion not known / undisclosed (18% - 86,823 patients).

The religion or belief profile for service users are shown in the tables below:

Religion	Inpatient Total	Outpatient Total	Total	% of Total
Agnostic	9	147	156	0.03
Atheist	95	364	459	0.09
Buddhist	33	180	213	0.04
Christian	61498	302710	364208	74.05
Christadelphian	15	101	116	0.02
Hindu	109	521	630	0.13
Islamic	94	319	413	0.08
Jewish	34	145	179	0.04
Mormon	24	162	186	0.04
Muslim	335	1197	1532	0.31
None	7397	28718	36115	7.34
Other	25	95	120	0.02
Society of friends	2	17	19	0.00
Rastafarian	2	7	9	0.00
Sikh	7	41	48	0.01
Spiritualist	54	205	259	0.05
Unitarian	45	290	335	0.07
Undisclosed / Unknown / Null	10940	75883	86823	17.65
<b>TOTAL</b>	<b>80718</b>	<b>411102</b>	<b>491820</b>	<b>100.00</b>

Religion	2009/10	2010/11	2011/12	2012/13
<b>Highest Admitted Group</b>	49% Church of England	48% Church of England	47% Church of England	* 47% Church of England
<b>Lowest Admitted Group</b>	1 Armenian Catholic 1 Assemblies of God	2 Assemblies of God 3 Russian Orthodox	1 Armenian Catholic 2 Russian Orthodox	1 Armenian Catholic 5 Seventh Day Advent

Over the last 4 years, the Christian Faith Category continues to be the highest admitted group recorded for In-patients and Out-patients.

When grouping the number of patients from all denominations of Christianity, 74% of all in-patients and out-patients were of Christian belief. This includes: Anglican; Armenian Catholic; Assemblies of God; Baptist; Church of England; Church of God; Christian; Church of Ireland; Congregational; Church of Scotland; Church of Wales; Free Church; Greek Orthodox; Independent Methodist; Jehovah's Witness; Methodist; Non-conformist; Other Christian; Presbyterian; Pentecostal; Roman Catholic; Russian Orthodox; Salvation Army; Seventh Day Adventist; United Reform; Wesleyan.

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.

### **3.5 Disability**

There is a lack of eligible data both nationally and in Wigan, which allows us to get a clear reliable picture of the number of people with various disabilities. Data from the 2011 Census indicated that 21.5% of Wigan residents were living with a limiting long-term illness, health problem or disability which limits daily activities or work. This is higher than the national average at 17.9%. Of the 317,849 population of Wigan, 34,847 people (11%) reported that their day-to-day activities were limited a lot by a disability. 33,474 people (10.5%) stated that their day-to-day activities were limited a little by their disability.

The Trust recognises the importance of data collection in this area. Although a patient's disability is not routinely collected, plans have been put in place to address. Functionality has been set up on PAS / EPR which now allows staff to record and view patient's needs / disabilities. This facility however is reliant on patients informing hospital staff about their disability/needs. Therefore data at the end of March 2013 is limited and cannot be used as monitoring data at this time. In line with the Trust's EDS Action Plan, a Project Team has been established to review data collection requirements within the Trust. Staff training on data collection is under review.

### **3.6 Sexual Orientation**

A service user's sexual orientation is not currently recorded. No monitoring data can be produced at this time. A Project Team however, has been established to review data collection requirements within the Trust.

### **3.7 Gender Re-assignment**

Gender re-assignment is not currently recorded. No monitoring data can be produced at this time. A Project Team however, has been established to review data collection requirements within the Trust.

### **3.8 Marriage and Civil Partnership**

The 2011 Census reported that 46.6% of the population of Wigan are married, 12.9% cohabit with a member of the opposite sex, 0.7% live with a partner of the same sex, 23.5% are single and have never married or been in a registered same sex partnership, 9.0% are separated or divorced. There are 17,863 widowed people living in Wigan.

The collection of marital and civil partnership status is being reviewed within the Trust.

### **3.9 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 a total of 487 patients during 2012/13:

### Complaints by Age:

Complaints by Age	Female	% of Complaints	Male	% of Complaints	% of Inpatient & Day case Activity
18 and under	11	3.8	13	6.5	0.0
19-29	34	11.9	9	4.5	0.1
30-39	33	11.5	9	4.5	0.1
40-49	31	10.8	26	12.9	0.1
50-59	46	16.1	24	11.9	0.1
60-69	49	17.1	38	18.9	0.1
70-79	43	15.0	42	20.9	0.1
80-89	30	10.5	35	17.4	0.1
90-99	8	2.8	5	2.5	0.0
No Age Recorded	1	0.3	0	0.0	0.0
<b>Totals</b>	<b>286</b>	<b>100.0</b>	<b>201</b>	<b>100.0</b>	
<b>% of Inpatient &amp; Day case Activity</b>	<b>0.4</b>		<b>0.2</b>		

D

Data shows that the highest percentage of complaints was made by female patients during 2012/13 (59%). A slight reduction in the number of complaints made by female patients during 2011/12 (62.5%). No observable trends in age group for female complainants, was recorded. Overall a similar number of complaints were received from ages 19 to 89 years. The predominate age group for male complainants continues to be within the 60 to 89 age categories. The total number of complaints constitutes 0.6% of all in-patient and day case activity.

### Complaints by Ethnicity and Age:

	18 & under	19-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	Age/Ethnicity Not Recorded	Total	% of Complaints by Ethnicity	% of IP/DC Activity
White British	22	40	37	56	67	86	83	64	13	0	468	96.1	0.6
White - Irish	0	0	1	0	0	0	1	0	0	0	2	0.4	0.0
White - other white	0	0	0	0	0	0	0	1	0	0	1	0.2	0.0
Mixed white and black Caribbean	0	0	0	0	0	0	1	0	0	0	1	0.2	0.0
Mixed white and black African	0	0	1	0	0	0	0	0	0	0	1	0.2	0.0
Pakistani	0	2	0	0	0	0	0	0	0	0	2	0.4	0.0
Black African	1	0	0	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
Not Recorded / Stated	1	1	2	0	3	1	0	0	0	1	9	1.8	0.0
<b>Total</b>	<b>24</b>	<b>43</b>	<b>42</b>	<b>57</b>	<b>70</b>	<b>87</b>	<b>85</b>	<b>65</b>	<b>13</b>	<b>1</b>	<b>487</b>		
<b>% of Total Complaints by Age</b>	4.9	8.8	8.6	11.7	14.4	17.9	17.5	13.3	2.7	0.2			
<b>% of IP &amp; DC Activity</b>	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0			

Data shows that the highest percentage of complainants (96%) during 2012/13 were of White British Ethnicity – this is reflective of the local community that the Trust serves and the In-patient / Out-Patient activity recorded during 2012/13.

On analysing the data from 2011/12, a discrepancy in the % of complaints by ethnicity not recorded (15.7%), in relation to the % of IP/OP Activity by ethnicity not recorded (2.4%) was noted. On review, the majority of complainants who did not have their ethnicity recorded were of White British Ethnicity. Ethnicity had not been recorded on the Datix System. Once populated the % of ethnicity not recorded / stated decreased from 15.7% to 3.4%. Following this data cleanse exercise in 2012/13, systems have now been put in place to ensure ethnicity is recorded. It is to be noted however, there will always be a small % of complainants where ethnicity cannot be recorded, as some complaints are put forward by organisations on behalf of groups of people and/or this information is not disclosed on PAS (not provided by the patient).

*The following table summarise the main reasons for the complaints recorded during 2012/13 by age: (Top 5 complaint subjects highlighted in blue)*

Complaint Subject	Male	Female	Total	%
Admissions, discharge and transfer arrangements	21	19	40	8.2
Appointments, delay/cancellation (out-patient)	21	20	41	8.4
Appointments, delay/cancellation (in-patient)	3	10	13	2.7
Attitude of staff	12	34	46	9.4
All aspects of clinical treatment	125	159	284	58.3
Communication/information to patients	11	27	38	7.8
Consent to treatment	1	2	3	0.6
Patients' privacy and dignity	1	2	3	0.6
Patients' property and expenses	3	2	5	1.0
Personal records (including medical and/or complaints)	1	3	4	0.8
Failure to follow agreed procedure	1	3	4	0.8
Transport (ambulances and other)	0	1	1	0.2
Policy and commercial decisions of trusts	1	2	3	0.6
Others	0	2	2	0.4
<b>Total</b>	<b>201</b>	<b>286</b>	<b>487</b>	

The majority of complaints (58%) received in 2012/13 were in relation to the clinical treatment received. Staff attitudes; out-patient appointment delays/cancellations; admission, discharge and transfer arrangements and communication/information were the main complaint subjects recorded. Data showed that more complaints in relation to staff attitudes; communication/information; clinical treatment were made by females than males.

The following table summarises the highest recorded age groups and ethnicity for the main complaint subjects recorded during 2012/13:

Complaint Subject	No. of Complaints	Highest Recorded Age Groups	Ethnicity Recorded
Admissions, discharge and transfer arrangements	40	Aged 50+ (90%)	British White (39) Pakistani (1)
Appointments, delay/cancellation (out-patient)	41	Aged 50 – 79 (68%)	British White (41)
Attitude of staff	46	Aged 40 – 79 63%	British White (43) Pakistani (1) Not Stated (2)
All aspects of clinical treatment	283	Aged 50+ 64%	British White (270) White Irish (2) Black African (2) Mixed White & Black Carribbean / African (2) Not Stated (6) Other (1)
Communication/information to patients	39	Aged 60 – 79 (49%) Aged 30-39 (21%)	British White (38) Not Stated (1)

Data shows that the majority of complaints in relation to the 5 main complaint subjects listed above, were made by complainants aged 50 and over. The highest recorded age group (35%) being those aged between 60-79. As reflected within the overall complaints by ethnicity, the majority of complainants were of British White Ethnicity.

There were no observable trends in relation to equality and diversity to be noted. 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.

See Appendix 2 for a full breakdown of complaint subject by ethnicity and age groups.

#### 4. 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.

## 5. Priorities for 2013/2014

The Trust's priorities for 2013/2014 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. 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 service delivery during 2012/13, in line with equality legislation requirements and developments over the last 12 months:*

	<b>Key Priorities (Service Delivery)</b>	<b>Why a Priority?</b>
1.	To ensure activity reports, routinely published by Business Intelligence are broken down by protected characteristics and routinely used in policy development, service design and delivery.	Need to use equality data and intelligence effectively in order to inform decision making in this area. Equality analysis is a way of considering the effect of a service on different groups protected from discrimination by the Equality Act.
2.	To review / implement options for data collection across all 9 protected characteristics (using current database systems).	
3.	To review how data categories currently recorded can be streamlined to tally with census categories (religion and belief).	To ensure the data collected is more meaningful and results can be analysed more effectively.
4.	To engage with local people and staff from all equality groups (in line with Trust's EDS Engagement Plan).	Learning from patient experience is an important way of improving care, quality and experience at WWL.  Enables the Trust to use patient experience data to measure satisfaction by equality groups (including those groups which are seldom heard).
5.	To promote and raise awareness of plans to improve patient access, information, experience, patient safety and the handling of complaints.	To ensure compliance with Equality Legislation and to inform service users about improvements in access to services.
6.	To continue to assess and improve the accessibility of the Trust's physical environment. <ul style="list-style-type: none"> <li>To implement an on-line bookings facility for appointments for the hearing / speech impaired.</li> </ul>	Some groups of people in the community experience greater barriers to access and inclusion within health services.
7.	To ensure patient information is available in easy read / easy accessible format within the main services accessed by patients with disabilities.	Need to ensure patient information is available to all patients in all formats.
8.	To continue to review training programmes which reflect the needs for employees to respect equality, diversity and human rights: <ul style="list-style-type: none"> <li>To review the provision of additional equality impact assessment training</li> </ul>	To ensure staff are aware of equality and human rights and able to incorporate it within working practice to improve overall patient care / experience.

	<p>workshops for staff.</p> <ul style="list-style-type: none"> <li>To review the provision of basic sign language training for staff (for social interaction / basic requests).</li> <li>To produce a Disability Awareness Podcast for staff (to be included In E-Learning Module)</li> </ul>	
9.	To continue to network and share good working practice with other Trusts and organisations.	Enables the Trust to share best practice, learn from others and improve overall patient care / experience.

## 6. 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 oversees 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

<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>Project Group established to review data collection requirements.</p> <p>EDS Action Plan 2013/14.</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 CCG / Other Provider Organisations</p>	<p>March 2014</p> <p>March 2014</p> <p>Annual</p> <p>Quarterly</p> <p>On-going</p>
<p>Failure to provide accessible information in a service user's preferred format (large print / audio / braille / other languages).</p> <p>For example, knowingly sending routine written correspondence to a visually impaired patient.</p>	<p>Equality Act 2010</p> <p>(Must provide accessible information in a service users preferred format (i.e. large print / audio / braille).</p>	<p>Functionality set up on PAS / EPR to record Patient Needs – Monitoring Reports.</p> <p>EDS Action Plan 2013/14</p> <p>E-Bulletin Boards / Patient Information utilised to encourage patients to inform staff about their needs.</p> <p>Staff to be trained on data collection / reviewing data.</p> <p>Progress monitored by E&amp;D Steering Group.</p>	<p>March 2014</p> <p>On-going</p> <p>March 2014</p> <p>Quarterly</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.

## 7. 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 (2012/13). Work around the requirements of the Equality Delivery System is enabling the Trust to further develop strong foundations that support the progression and implementation of equality and diversity principles into mainstream processes. This report identifies areas which require further development and demonstrates the commitment within the Trust to progress work around equality.

As with all the protected characteristics, monitoring is key in service delivery to enable an understanding of patient/service users needs and help us to provide a better service. Equality analysis enables us to demonstrate where there is equality of access and where there may be some barriers for protected groups. This report outlines the analysis of equality information in relation to service users, illuminating key gaps in service delivery. 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. At present, the Trust is unable to capture data on the sexual orientation and gender re-assignment of service users. Although functionality has recently been implemented on PAS to record a patient's disability, this information is at present reliant on the patient informing staff about their needs / disabilities. Staff have not yet been trained on data collection in this area. In line with the Trust's EDS Action Plan, a Project Team has been established to review data collection requirements as a priority action within the Trust.

In terms of ethnicity, gender, age and religion/belief, the Trust's service users reflect the demographics of the local population of Wigan:

During 2012/13

- 95% of all in-patients and out-patients were of British White Ethnicity
- 91% of maternity admissions and out-patients were of British White Ethnicity
- 74% of all in-patients and out-patients were of Christian belief
- 54% of all in-patients and out-patients were of female gender (58% recorded in 2011/12)
- 41% of patients were aged 65 years and over
- 59% of complaints were made by female complainants (62.5% recorded in 2011/12).
- Predominate age groups for complainants, continues to be within 60 to 80 age range.

Statistics from the 2011 Census, revealed 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.

The 2011 Census identified that the number of children living in Wigan, under the age of 5 has increased by 2,138 (12%) over the last 10 years. Although no significant increase in maternity and paediatric in-patient / out-patient activity has been reported over the last 4 years, demands for paediatric services could increase in line with the local population.

Wigan Borough's ethnic minority population has become increasingly diverse since the 2001 Census, as a result of forced migration and government's dispersal policy for asylum seekers. 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. During 2012/13 the top languages requested via interpreter services within the Trust were Polish, Mandarin, Russian, Lithuanian, Cantonese and Urdu. A steady increase in the number of translation requests was noted.

In 2013, the North West of England was ranked as the fourth region with the largest Gypsy and Traveller population (as reported within the Irish Traveller Movement in Britain Report 2013). The Irish Traveller Movement in Britain (ITMB) and other Gypsy and Traveller Organisations believe that the 2011 Census figures are a significant undercount. The figure of 151 Gypsies and Travellers recorded within the Wigan Borough is expected to much higher.

The Trust recognises that learning from patient experience is an important way of improving care, quality and experience. The Trust will continue to monitor trends in activity / local demographics and respond to patients needs. In line with the requirements of the Public Sector Equality Duty the Trust continues to develop processes for continuing engagement with local people from all equality groups (including asylum seekers and refugees, gypsies and travellers, homeless and those seldom heard/key disadvantaged groups).

During 2012/13, 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. Further work however is required to ensure all new / re-designed services are assessed. The Trust needs to continue to ensure that EIAs become a core activity when reviewing / implementing new services / projects etc.

Although the mainstreaming of equality and diversity into the everyday functions of the Trust will continue to be a priority, the EDS Framework, equality objectives and subsequent action plans will continue to form a large part of the equality agenda during the next 12 months. This will be in conjunction with legislative changes and with a view to improving services for patients and staff. 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.

## 8. Recommendations

The following recommendations are derived from this report / data analysis:

- **To continue to progress the Trust's key priorities for 2013/14 / EDS Action Plan as outlined in Section 5 of this report. To improve data quality to cover all 9 protected characteristics.**
- **To review a limited category choice for religion/belief, one which reflects the census categories.**
- **To continue to monitor trends in in-patient/out-patient activity in relation to gender.** *(4% decrease in female patients / 4% increase in male patients during 2012/13).*
- **To continue to monitor activity trends in relation to services being accessed by the older population.** *(4% increase in patients aged 65+ during 2012/13 / 16.2% increase in the number of Wigan residents aged over 65 years since 2001 / 24% increase in 85+ year olds since 2001).*
- **To continue to monitor trends in relation to maternity and paediatric activity.** *(12% increase in the number of children living in Wigan, under the age of 5 over the last 10 years).*
- **To continue to monitor DNA trends in out-patient activity in relation to ethnicity.** *(89% of out-patient DNAs during 2012/13 were of British White Ethnicity / 95% of out-patient activity were of British White Ethnicity – Although figures would suggest an increase in the % of Black or Minority Ethnic Group DNAs, on analysis data revealed an increase in the % of ethnic groups Not Stated / Null).*
- **To continue to monitor trends in relation to migrants, asylum seekers and refugees and gypsies and travellers.** To engage with these communities to develop an understanding of their healthcare needs / barrier to healthcare.
- **To continue to provide training in Equality Impact Assessments (EIAs) for identified key staff. To revise existing EIA guidance.**
- **To continue to promote and raise awareness about actions which have been implemented as a result of EIA analysis.** Need to ensure staff aware of the importance / benefits of undertaking EIA as a process.

- **To review health in-equalities in the Wigan Borough in relation to people with protected characteristics.** To review hospital activity in relation to key health inequalities by protected characteristics. To report on within the next Annual Equality and Diversity Service Monitoring Report.

## 9. References

- **Equality and Diversity Strategy 2012-2016** – Wigan Borough Clinical Commissioning Group
- **Gypsy and Traveller Population in England and the 2011 Census** - An Irish Traveller Movement in Britain Report (August 2013)
- **Health and Migration in the North west of England** – An Overview: November 2008 – Public Health
- **Regional Economy and Job Market Immigration Report – The Rational Debate** - North West Migrant Workers Focus Group - January 2013
- **Office for National Statistics (ONS)** – Census 2011
- **Wigan Joint Strategic Needs Assessment 2011**
- **Wigan Council** – Census 2011 Statistics
- **Wigan Health Profile 2013** – Public Health England
- **Wigan’s information System on Dynamic Online Maps** ([wisdom.wiganlife.com](http://wisdom.wiganlife.com))

## 9. Accessibility

This document can be made available in a range of alternative formats e.g. large print, braille and audiocassette. For more details, please contact the Trust’s Patient Information Administrator, Membership and Engagement Department on 01942 773106 or email [InterpreterServices@wvl.nhs.uk](mailto:InterpreterServices@wvl.nhs.uk)

## Public Sector Equality Duty: Equality Delivery System (EDS) 2013 Scores

### 1. Introduction

The Public Sector Equality Duty (Section 149 of the 2010 Equality Act) came into force on 5 April 2011. It supports good decision-making by ensuring public bodies consider how different people will be affected by their activities, helping them to deliver policies and services which are efficient and effective; accessible to all; and which meet different people's needs.

The Equality Duty is supported by specific duties, set out in regulations which came into force on 10 September 2011. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives.

The Equality Delivery System (EDS) is a toolkit which has been designed to help NHS Organisations to meet the requirements of the Public Sector Equality Duty.

The EDS toolkit is structured around 4 Goals:

- Goal 1** Better health outcomes for all.
- Goal 2** Improved patient access and experience.
- Goal 3** Empowered, engaged and included staff.
- Goal 4** Inclusive leadership at all levels.

### 2. Scoring Process

In March 2012 the Trust undertook its first self assessment of performance against the EDS and obtained feedback from key stakeholders. An action plan was developed to address gaps and areas for improvement.

Each year, organisations and local interests need to assess progress and carry out fresh grading exercise. In order to arrive at our 2013 scores, the Trust has undertaken a process of evidence collection and engagement with local stakeholders. Evidence collation has included:

- A Survey was sent to the Council of Governors to assess progress against Goals 1 and 2.
- Public, patients and staff were encouraged to complete an on-line EDS Survey in order to assess progress against Goals 1 and 2.
- EDS scores against Goals 1 and 2 were sent to LINKs (now Healthwatch) for feedback.
- A Staff Survey was circulated to all staff to assess progress against Goals 3 and 4.
- Goal 3 and 4 evidence was tabled at the Equality and Diversity Staff Network meeting in May 2013 to assess progress.

The specific outcomes and Trust scoring relating to these EDS goals is summarised in **Appendix 1**.

**3. EDS Action Plan**

The EDS 2013/14 Action Plan has been updated to reflect the actions outstanding from 2012/13 and to incorporate any new actions that have arisen from the recent 2013 EDS assessment.

**4. Monitoring**

Progress against the Trust's equality objectives and EDS Action Plan will continue to be monitored by the Equality and Diversity Steering Group and will be overseen by the HR Committee. Progress will also be reviewed annually within the Trust's Equality and Diversity Annual Employment and Service Monitoring Reports.

**5. Actions for the Equality and Diversity Steering Group**

The Steering Group are recommended to:

- Note our scores against each of the EDS Outcomes

**Debbie Jones / Lyndsay Wallwork  
May 2013**

## Equality Delivery System (EDS) Objectives and Outcomes – 2013 Assessment Overall Grades

Goal 1	Outcome		2012 Grade	2013 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>	
	1.2	Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways.	<i>PCT &amp; Public Health</i>	
	1.3	Changes across services are discussed with patients, and transitions are made smoothly.	<b>Achieving</b>	<b>Achieving</b>
	1.4	The safety of patients is prioritised and assured.	<b>Developing</b>	<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>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>• <u>Collation and analysis of equality data across all 9 equality groups.</u> <ul style="list-style-type: none"> <li>➢ To ensure routine reports (on patient safety / service changes &amp; transitions) are broken down by the characteristics currently recorded (age / gender / ethnicity / religion).</li> <li>➢ To analyse this information in order to enable a better understanding of patient and staff needs and effectiveness of service delivery.</li> <li>➢ To review how equality data currently not recorded can be introduced.</li> </ul> </li> <li>• <u>Engagement with local people who are often seldom heard and key disadvantaged groups.</u> <ul style="list-style-type: none"> <li>➢ To improve the ways in which the Trust engages with and involves local people and staff (from all equality groups), including refugee and asylum seekers, gypsies and travellers and the homeless.</li> <li>➢ To obtain feedback about patient safety, service changes and transitions from all equality groups.</li> <li>➢ To work jointly with CCG / Public Health / Bridgewater / 5 Boroughs / Healthwatch to engage with local people from all equality groups.</li> </ul> </li> <li>• <u>Promotion and awareness of plans to improve patient safety and deliver service changes and transitions.</u></li> </ul>			

Goal 2	Outcome		2012 Grade	2013 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.	Developing	Developing
	2.2	Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment.	Developing	Developing
	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.	Achieving	Achieving
	2.4	Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently.	Developing	Developing
<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>• <u>Collation and analysis of equality data across all 9 equality groups.</u> <ul style="list-style-type: none"> <li>➢ To ensure routine reports (on service access, information and choice, experience and complaints) are broken down by the characteristics currently recorded (age / gender / ethnicity / religion).</li> <li>➢ To analyse this information in order to enable a better understanding of patient and staff needs and effectiveness of service delivery.</li> <li>➢ To review how equality data currently not recorded can be introduced.</li> </ul> </li> <li>• <u>Engagement with local people who are often seldom heard and key disadvantaged groups.</u> <ul style="list-style-type: none"> <li>➢ To improve the ways in which the Trust engages with and involves local people and staff (from all equality groups), including refugee and asylum seekers, gypsies and travellers and the homeless.</li> <li>➢ To obtain feedback about service access, information and choice, experience and the handling of complaints from all equality groups.</li> <li>➢ To work jointly with CCG / Public Health / Bridgewater / 5 Boroughs / Healthwatch to engage with local people from all equality groups.</li> </ul> </li> <li>• <u>Promotion and awareness of plans to improve patient access, information and choice, experience and the handling of complaints.</u></li> </ul>			

Goal 3	Outcome		2012 Grade	2013 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	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	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	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	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	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	Achieving
<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.</li> <li>• A data capture mechanism for equality information in regards to flexible working applications &amp; outcomes is now in place (introduced in mid 2012) and there is data available on gender, age, marital status and ethnicity. However, the data on disability, sexual orientation and religion/belief is more limited due to gaps in the data held on ESR and we do not currently collect data on transgender employees. Feedback in the EDS staff survey highlighted that 23% of respondents did not feel that all staff had access to a range of flexible working options and there was also feedback that some staff perceptions indicate that flexible working is not as readily accessible as it used to be.</li> <li>• Availability of training across the range of Trust sites, access to training and time to undertake training were all raised as development areas within the EDS staff survey feedback.</li> <li>• The Trust needs to continue to develop the level of engagement and feedback undertaken with staff and staff side organisations around the areas identified in Goal 3.</li> </ul>			

Goal 4	Outcome		2012 Grade	2013 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.	Developing	Developing
	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.	Developing	Developing
	4.3	The organisation uses the NHS Equality & Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes.	Developing	Developing
<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>• Evidence of Board Members and Managers actively take steps to create high performing diverse teams and develop diverse talent</li> <li>• Evidence of Board members and Managers including advancing of equality of opportunity and fostering good relations in their personal objectives and ask the same of their staff</li> <li>• Evidence of Board members and Managers demonstrating the importance of engaging with patients and communities across all equality groups in their decision making and service review</li> <li>• Evidence of Board members and Managers demonstrating 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>• Evidence of Board Members and Managers dealing 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>• Evidence of engagement with staff across all equality groups in decision making and service review.</li> <li>• The Trust has not yet fully implemented the Competency Framework for Equality &amp; Diversity Leadership although it has been incorporated in a new E &amp; D Leadership Module which will be rolled out within 2013/14.</li> <li>• Evidence of managers actively taking steps to capture and disseminate examples of good practice demonstrating how to work in culturally competent ways across protected groups.</li> <li>• Feedback within the EDS staff survey was that for some staff not working at RAEI that Board members and senior leaders can seem remote and are not `visible` to staff.</li> <li>• Feedback within the EDS staff survey was that some managers can be slow to recognise or address issues and communication can be poor.</li> </ul>			

**APPENDIX 2**

**Complaints Subject by Ethnicity and Age Groups**

**Complaints 1 April 2012 to 31 March 2013 (487) by Age and Subject**

*(The following data does not relate to the complainant unless the complainant is the patient).*

<b>Complaint Subject</b>	<b>18 and under</b>	<b>19-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-69</b>	<b>70-79</b>	<b>80-89</b>	<b>90-99</b>	<b>Not Recorded</b>	<b>Total</b>	<b>%</b>
Admissions, discharge and transfer arrangements	2	0	0	2	7	5	7	12	5	0	40	8.2
Appointments, delay/cancellation (out-patient)	2	2	2	4	7	12	9	2	1	0	41	8.4
Appointments, delay/cancellation (in-patient)	0	2	0	3	3	2	1	2	0	0	13	2.7
Attitude of staff	1	8	4	11	5	6	7	3	0	1	46	9.4
All aspects of clinical treatment	19	26	24	32	43	49	48	37	5	0	283	58.1
Communication/information to patients	2	1	8	2	3	8	11	4	0	0	39	8.0
Consent to treatment	0	0	1	1	0	1	0	0	0	0	3	0.6
Patients' privacy and dignity	0	1	1	0	0	0	0	0	1	0	3	0.6
Patients' property and expenses	0	0	0	0	0	1	1	3	0	0	5	1.0
Personal records (including medical and/or complaints)	0	0	1	0	1	1	0	1	0	0	4	0.8
Failure to follow agreed procedure	0	0	1	1	0	1	0	0	1	0	4	0.8
Transport (ambulances and other)	0	0	0	0	0	0	0	1	0	0	1	0.2
Policy and commercial decisions of trusts	0	1	0	1	0	0	1	0	0	0	3	0.6
Others	0	0	0	0	1	1	0	0	0	0	2	0.4
<b>Total</b>	<b>26</b>	<b>41</b>	<b>42</b>	<b>57</b>	<b>70</b>	<b>87</b>	<b>85</b>	<b>65</b>	<b>13</b>	<b>1</b>	<b>487</b>	<b>100.0</b>

### Complaints 1 April 2012 to 31 March 2013 (487) by Ethnicity and Subject

(The following data does not relate to the complainant unless the complainant is the patient).

Complaint Subject	White - British	White - Irish	White - other white	Mixed white and Black Caribbean	Mixed white and Black African	Pakistani	Black African	Other Ethnic Category	Not Stated	Not Recorded	Total	%
Admissions, discharge and transfer arrangements	39	0	0	0	0	1	0	0	0	0	40	8.2
Appointments, delay/cancellation (out-patient)	41	0	0	0	0	0	0	0	0	0	41	8.4
Appointments, delay/cancellation (in-patient)	13	0	0	0	0	0	0	0	0	0	13	2.7
Attitude of staff	43	0	0	0	0	1	0	0	2	0	46	9.4
All aspects of clinical treatment	270	2	0	1	1	0	2	1	6	0	283	58.1
Communication/information to patients	38	0	0	0	0	0	0	0	1	0	39	8.0
Consent to treatment	3	0	0	0	0	0	0	0	0	0	3	0.6
Patients' privacy and dignity	3	0	0	0	0	0	0	0	0	0	3	0.6
Patients' property and expenses	4	0	1	0	0	0	0	0	0	0	5	1.0
Personal records (including medical and/or complaints)	4	0	0	0	0	0	0	0	0	0	4	0.8
Failure to follow agreed procedure	4	0	0	0	0	0	0	0	0	0	4	0.8
Transport (ambulances and other)	1	0	0	0	0	0	0	0	0	0	1	0.2
Policy and commercial decisions of trusts	3	0	0	0	0	0	0	0	0	0	3	0.6
Others	2	0	0	0	0	0	0	0	0	0	2	0.4
<b>Total</b>	<b>468</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>9</b>	<b>0</b>	<b>487</b>	<b>100.0</b>