

# Equality, Diversity and Inclusion Annual Report 2024-25

## Introduction

Wrightington Wigan and Leigh (WWL) Teaching Hospitals NHS Trust is committed to promoting equality, diversity and inclusion - as an employer, in the services we provide, in partnerships, and in the decisions we make. We are continuing with our ambition to embed equality, diversity, and inclusion as a golden thread into everything that we do.

This report aims to provide an overview of the Trust's EDI journey in the financial year 2024-25, highlighting the data collected between 1st April 2024 and 31st March 2025, and the actions taken to enhance EDI within this timeframe.

At the beginning of the financial year 2024/25, we developed an EDI plan to make EDI core business of the organisation and to enable sustained culture change and positive impact on reducing inequalities in experience and health at WWL and the Wigan Borough. A new EDI Strategy Group chaired by our Chief Executive, Mary Fleming, was launched in April 2024 to oversee the implementation of the EDI Strategy and drive improvements and provide assurance to the Board. All EDI workstreams which report into the EDI Strategy Group have been embedded and have started to make significant progress towards improving our staff and patient's experience and ensuring we meet the NHS EDI Improvement plan priorities.

In 2024/25, our focus has been on strengthening staff voice to truly understand our diverse staff's experience and work in partnership with our staff in inequalities they may experience due to their protected characteristics. This included a series of listening events, focus groups and staff network sessions to inform our priorities for EDI and to co-shape programmes of work. As a direct result of staff feedback, we have created a new foundational leadership programme to enable our leaders to lead inclusively and compassionately, introduced new career and professional development programmes for our Global Majority nurses, and have created new resources and policies to support our staff with long-term health conditions at work.

During 2024/25 WWL has continued to enhance patient experience, by engaging and involving patients, and their families. By engaging with patients and communities, we can better understand what matters to them, their experience and their perspectives. The recruitment of Lived Experience Partners has enabled us to drive forward service user quality improvements based upon the needs of our local communities. Our Lived Experience Partners, work alongside clinical and non-clinical staff, patients, and carers, drawing upon personal experience and expertise to provide insight into the design, improvement and delivery of the services provided by the Trust.

Over the past 12 months, the Trust has continued to work in partnership with patients, staff and local authority, engaging with patients across all protected characteristics. WWL continues to undertake 3 yearly reviews of existing Equality Impact Assessments (EIAs) for all divisions. Recent patient experience surveys have included, Wigan Pride 2024, Orrell Ward, Neonatal Unit and Emergency

Department. A review of our Friends and Family Test Card, has now enabled us to collate more patient demographics in a more accessible format

WWL has continued to review the effectiveness of our interpretation and translation services. The fundamental and unprecedented combined effects of COVID 19 and the cost of living crisis has had an impact across the entire interpretation industry around the national availability of linguists, especially those who traditionally provided face to face services. We have implemented an improvement plan to increase fulfilment rates and efficiencies. The implementation of additional interpreting methods has been reviewed and video remote will be implemented during 2025/26.

WWL continues to work in partnership with AccessAble creating, developing and updating detailed access guides for patients to all the Trust's sites.

A new dedicated workstream for Patient Access and Experience was implemented to review WWL's approach to providing reasonable adjustments for service users, incorporating the requirements of the NHS England's Reasonable Adjustments Digital Flag Information Standard and Accessible Information Standard (AIS).

Further Details of these key achievements are included within this report.

## Key EDI Progress 2024-25

### EDI Strategy Group and Workstreams

The EDI Strategy Group, chaired by our Chief Executive, is now well established and have been meeting at a bi-monthly basis to oversee the implementation of the EDI plan. Progress is detailed in the people and patient sections later in the report.

Workstream	Link to NHS England Plan	Chair
Disability Confident Scheme	NHS England High Impact Action 6	Associate Director of OD and Inclusion
Anti-Racist Framework, including civility & respect	NHS England High Impact Action 6	Chief People Officer
Inclusive Recruitment	NHS England High Impact Action 2	Deputy Chief People Officer
Supporting global majority colleagues	NHS England High Impact Action 5	Chief Nursing Officer
Pay Equality	NHS England High Impact Action 3	Medical Director
Health equality	NHS England High Impact Action 4	Health Inequality Lead
Patient access and experience	NHS England High Impact Action 4	Associate Chief Nurse
Working in partnership with people and communities	NHS England High Impact Action 4	Associate Chief Nurse

Below we highlight the progress made in relation to the work to support the delivery of Equality, Diversity and Inclusion (EDI) People objectives within WWL. At the beginning of the financial year 2024/25, we developed an EDI plan to make EDI core business of the organisation and to enable sustained culture change and positive impact on reducing inequalities in experience and health at WWL and the Wigan Borough.

Significant work has been undertaken to show our commitment to improving our staff and patient's experience and to meet our strategic EDI objectives set at the start of 2024-25 including:

EDI priorities for 2024-25	Progress update
<p><b>EDI governance:</b> Set up an EDI Strategy Group (CEO Chaired) to oversee actions and drive forward improvements. This must be in place no later than April 2024 and will be led by the Chief People Officer.</p> <p>Establish workstreams to report into EDI Steering Group aligned to NHS England Six High Impact Objectives.</p>	<p>EDI Strategy Group in place, four meetings have been held since April 2024 and all workstreams are up and running.</p>
<p><b>EDI as core business-</b> Mainstream EDI as the responsibility of all:</p> <ol style="list-style-type: none"> <li>a. Ensure all sub-Committees of the Board have EDI as a standing agenda item.</li> <li>b. Ensure all report templates have a specific section confirming EDI Impact and consideration with the report.</li> <li>c. Roll-out Equality Impact Assessment Training to all staff with responsibility for authoring policies</li> </ol>	<p>Actions a and b have been completed with all templates updated. An EDI section has also been added to business case application process</p>
<p><b>Active Bystander Training</b> should be rolled out to Matrons, Ward Leaders and other Ward Staff.</p>	<p>Active Bystander Training roll out has started in June 2024, will continue until July 2025. Over 700 nurses and midwives have since attended the training.</p>
<p><b>Oliver McGowan Mandatory Training:</b> Roll out of training for our staff and improve compliance with mandatory training</p>	<p>Lead trainers and experts by experience upskilled, have established partnership with local supplier to support the roll out of training and demonstrating continued progress with compliance</p>
<p><b>Anti-Racist campaign:</b> We will launch our commitment to becoming an Anti-Racist Organisation in line with the North West BAME Assembly Anti-Racist Framework.</p>	<p>Anti-Racist organisation commitment statement was launched in June 2024; WWL currently is working towards submission of application to become Bronze accredited as part of the Northwest BAME Assembly Anti-Racist Framework. Request for assessment will be made in October 2025.</p>
<p><b>Freedom to Speak Up-</b> Following the appointment of the WWL Freedom to Speak Up Guardian we will launch a "Speak Up Safely" campaign ensuring that the visibility and welcoming of speaking is celebrated and championed from Board to Floor.</p>	<p>Freedom to Speak Up campaign has been undertaken and a cohort of Freedom of Speak Up champions has been recruited and trained to support our "Speak up safely" campaign.</p>

<p><b>Staff diversity networks:</b> We will continue on the journey of developing and growing our Staff Networks</p>	<p>Staff network development session has taken place in September 2024 to reset our visions for the network and build communities of inclusion which will be open to all colleagues to join, learn and share. All communities have established quarterly inclusion forums and are working towards increasing engagement with staff. New event calendar and comms campaign around staff networks was launched in January 2025.</p>
<p><b>WWL Trust values:</b> Launch of organisational Trust values laying the foundation for inclusive culture</p>	<p>New Trust values were launched in April 2024 and behavioural framework was launched in January 2025 to provide our people with behavioural examples of how to demonstrate our shared values; further work to follow to embed values into processes such as recruitment, appraisal and career development</p>
<p><b>EDI awareness:</b> Raise awareness and develop EDI related expertise among our senior leaders</p>	<p>WWL was taking part in the NHS Confederation Diversity in Health and Care Partners Programme which launched in September 2024;</p>

## Key EDI frameworks and progress in 2024/25

The following table provides an update on the key EDI reporting frameworks and actions progressed during 2024/25:

### People Services (April 2024 – March 2025)

NHS England equality, diversity and inclusion (EDI) improvement plan	
<p>The NHS England equality, diversity and inclusion (EDI) improvement plan was published in June 2023. The aim of the EDI improvement plan is to improve equality, diversity and inclusion and to enhance the sense of belonging for NHS staff. The EDI improvement plan sets out six targeted actions to address direct and indirect prejudice and discrimination, that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.</p> <p>Key actions to demonstrate progress against the NHS EDI improvement plan include:</p>	
<p><b>NHS high impact action 1:</b> Measurable EDI objectives at Board level</p>	<ul style="list-style-type: none"> <li>Established an EDI Strategy Group and associated workstreams</li> <li>Launch of EDI related Corporate People Objective “We will have an inclusive and representative workforce that is free from discrimination and allows all staff to flourish”</li> <li>Implementation of specific EDI section on all Board and Committee report templates along with ensuring that EDI is a standing item on sub committees of the Board.</li> <li>EDI related risks are monitored via Board Assurance Framework</li> <li></li> </ul>
<p><b>NHS high impact action 2:</b> Inclusive recruitment processes and talent management strategies</p>	<ul style="list-style-type: none"> <li>New talent strategy launched and new talent tool being developed which will be available to all staff and support more inclusive recruitment practices</li> <li>Band 5 – Band 6 Nursing development programme advertised to global majority staff with positive action to improve participation rate</li> <li>Talent for Care Lead recruited and work under way to refresh apprenticeship strategy, support pre-employment programmes, career events</li> </ul>
<p><b>NHS high impact action 3:</b> Pay gap improvement plan</p>	<ul style="list-style-type: none"> <li>Refreshed flexible working policy in place which has been advertised widely across the Trust Inclusive Recruitment workstream to be set up to increase diversity and reduce bias</li> </ul>

	<ul style="list-style-type: none"> <li>• Pay gap improvement plan in place, including standardised approach to starting salary negotiations for Medical staff, fair competition for additional remuneration, flexible working promotion for female medical staff with caring commitments, set up of a female medical peer group</li> </ul>
<b>NHS high impact action 4:</b> Health inequalities	<ul style="list-style-type: none"> <li>• Wellbeing conversations training roll out across the Trust</li> <li>• Self-assessment against NHS health and wellbeing framework</li> <li>• Partnership working with council and colleges/universities to support pathways into healthcare</li> <li>• Establishment of Health Inequality working group</li> </ul>
<b>NHS high impact action 5:</b> Onboarding and development programme for internationally educated staff	<ul style="list-style-type: none"> <li>• Dedicated pastoral support for our global majority staff</li> <li>• Support with induction and onboarding, new welcome day for all staff</li> <li>• Nursing development programme proactively advertised to global majority staff and application process simplified to make process more inclusive</li> <li>• Global Majority Fellowship programme with acting up opportunities for 5 Global Majority Nurse fellows</li> <li>• Shiny Minds development programme for new staff and Global Majority Nurses to increase confidence, self-compassion and wellbeing</li> <li>• Participation in the National NHSE Chief Nursing Officer 90 Global Challenge programme to provide focussed support for multi-ethnic colleagues</li> </ul>
<b>NHS high impact action 6:</b> Elimination of conditions for bullying, discrimination, harassment and violence	<ul style="list-style-type: none"> <li>• New values launched to set out expected behaviour for all staff and foster civility culture</li> <li>• Regular review of ER cases to ensure consistency and fair treatment</li> <li>• Renewed Freedom to Speak Up Guardian policy and strengthened engagement strategy</li> <li>• Psychological support for staff affected by bullying, harassment, discrimination or violence</li> <li>• Roll out of Trauma Risk Management model and assessments for staff who may benefit from risk assessment following traumatic incidents at work</li> </ul>

## Workforce Race Equality Standard and Workforce Disability Equality Standards

### WRES (Workforce Race Equality Standard) 2025

WWL's latest WRES report and associated action plan is located at:

[WWL Teaching Hospitals NHS Foundation Trust | Workforce Race Equality Standard.](#)

This year's WRES metrics show some areas of improvement and some areas of continued concern, highlighting key priorities for us to improve the experience for our colleagues from Black, Asian and Minority Ethnic groups. Key findings include:

#### Areas of improvement

- **Improved recruitment equity:** The disparity in appointment from shortlisting between White and BME applicants has reduced from 2.41 to 1.85, showing small improvement but disparity remains.
- **Sustained equity in training access:** The relative likelihood of White staff accessing non-mandatory training compared to BME staff remains at 0.9, indicating continued equity in development opportunities.

#### Areas of focus

- **Disciplinary disparity:** BME staff are 1.53x more likely to enter disciplinary processes — a worsening trend with fluctuating past data.
- **Bullying & harassment (Staff):** 31.6% of BME staff report bullying from colleagues vs. 18.9% of White staff — worse than last year and above NHS benchmark.
- **Discrimination at work:** 23.7% of BME staff report discrimination from managers/colleagues vs. 6.6% of White staff — significantly worse than benchmark and deteriorating.
- **Career progression perception:** Only 46.9% of BME staff feel there are equal opportunities vs. 55.2% of White staff — below benchmark and declining.

### WDES (Workforce Disability Equality Standard) 2025

The latest WDES report and associated action plan can be found at:

[WWL Teaching Hospitals NHS Foundation Trust | Workforce Disability Equality Standard.](#)

This year's WDES metrics suggest that our position against some indicators has improved whilst others since 2024. People who are disabled or have long-term health conditions still have a less positive work experience across all People Promises compared to other staff and remain a key focus for our effort to eliminate inequalities and create an inclusive workplace culture. Key findings include:

#### **Areas of improvement**

- **Recruitment equity:** The likelihood of non-disabled staff being appointed from shortlisting has reduced from 1.47 to 1.23, showing small improvement but disparity remains.
- **Harassment from colleagues:** Slight improvement for disabled staff (22.59%, down from 24.36%), now better than NHS benchmark.
- **Career progression perception:** Disabled staff perception improved to 51.99% (up from 48.71%), now aligned with NHS benchmark.
- **Managerial pressure to attend work:** Disabled staff reporting pressure dropped to 25.86% (from 29.38%), now better than NHS benchmark.

#### **Areas of focus**

- **Harassment from patients/public:** Increased for disabled staff (25.33%, up from 23.27%), significantly higher than non-disabled staff (16.75%).
- **Harassment from line managers:** Persistent disparity (15.45% vs. 7.79%), stable since last year.
- **Workplace adjustments:** 66.95% of disabled staff say adjustments are adequate—unchanged and below NHS benchmark (73.98%).
- **Capability process disparity:** Disabled staff are 3.09x more likely to enter formal capability process, similar to last year.

## Gender Pay Gap

The most recent Gender Pay Gap Report, available on publication of this EDI annual report, relates to data collected as of 31<sup>st</sup> March 2024 ( see full report on our Trust website using this [LINK](#))

Key Points to note are:

- The Trust workforce is 81% female and 21% male.
- The Trust Medical & Dental workforce is 65% male and 35% female with 25% of the Trust's overall male workforce being constituted within the Medical & Dental staff group.
- If we exclude Medical and Dental staff from the Trust wide gender pay gap figures, the Trust's mean average gender pay gap is 2.4% which equates to females earning £0.43 less than male staff per hour.
- As at March 2024 the Trust has a 26.82% mean average gender pay gap with females earning £6.54 an hour less than males. The mean average gender pay gap in 2024 is comparable to 2023 data when, as at 31st March 2023, females earned £6.46 an hour less than males with a 27.46% mean average gender pay gap.
- As at March 2024 the Trust has a 11.14% median hourly rate gender pay gap with females earning £2.02 an hour less than males. The median hourly rate gender pay gap in 2024 has slightly improved in comparison with 2023 data when as at 31st March 2023 females earned £2.19 an hour less than males with a 12.69% median gender pay gap.

During this reporting period, there is acknowledgement that a key factor underpinning the Trust's gender pay gap is due to a significant proportion of male staff being constituted within the Medical and Dental Staff Group which is within the higher earning quartiles. The Gender Pay Gap may decrease once there is a shift to higher recruiting rates of female consultants and senior managers at WWL. This will take time, but the Trust is committed to engaging with female staff to ensure that there is equitable career development opportunities and policies are family friendly.

## National Staff Survey 2024

Data from the National Staff Survey 2024 was analysed for experiences of staff from minority groups. The results highlight continued disparity between the experiences of staff who are white compared to those from a black or minority ethnic background and staff who have a disability or long-term health conditions, compared to those who do not. You can find our organisation's results on the National Staff Survey website: [Local results for every organisation | NHS Staff Survey](#)

Key findings include:

- Disabled staff score lower on every People Promise and Theme compared to the Trust average. They also score lower than staff from ethnic minority groups.
- Staff from minority ethnic groups score lower than Trust average for the People Promise 'We are compassionate', 'We are recognised and rewarded', 'We each have a voice that counts', 'We work flexibly' and higher for 'Staff Engagement' and 'We are Always Learning'.
- Highlighting the disparity between white, non-disabled staff and disabled and ethnic minority groups (in particular black staff) regarding the organisation acting fairly about career progression/promotion.
- We have a disproportionate amount of bullying occurring to those with protected characteristics.

**Key actions we are taking to address these themes are below:**

- Commitment towards becoming an anti-racist organisation
- Launching a core leadership development programme to equip our managers in promoting inclusion, role-modelling compassionate leadership and addressing incivility, bullying and abuse
- Developing new wellbeing policy and guidance for managers and staff, including refreshed health adjustments guidance and training
- Continue to develop career pathways, personal and professional development which are inclusive and ensure equality of opportunity for all staff;

## **Northwest BAME Anti-Racist Framework**

Over the past financial year, the Trust has committed to working towards Bronze accreditation of the NW BAME Assembly Anti-Racist Framework. Key actions taken in 2024/25 include:

- Anti-racism as mission critical: Development of Anti-Racist Strategy and anti-racism statement has been produced and published detailing organisational commitment to racial equity.
- Anti-racism, civility and respect workstream has been set up by Chief People Officer to design and implement culture change initiatives to create an inclusive, anti-racist workplace for all staff
- Listening events taking place between our CEO and our global majority colleagues who have been recruited overseas

- Global Majority Integration Programme led by Chief Nursing Officer has been launched, includes recruitment of Global Majority Practice Development Nurse and tailored development opportunities for Global Majority Nursing Fellows and Shiny Minds programme to support development of confidence and wellbeing
- Reducing health inequalities in our community:
  - Health Outreach and Inclusion Service (HOIS) has taken significant steps to reduce health inequalities affective vulnerable migrants in the borough by supporting with GP registration and health assessments and screening for blood-borne viruses. HOIS has worked in partnership with housing providers, voluntary organisations, and community services to mitigate the wider social and structural determinants of health — including poverty, isolation, and stigma.
  - WWL’s Community Midwifery / Enhanced Care Midwifery Teams have continued to provide enhanced support and education to vulnerable women and socially excluded groups. WWL recognises the increased risk of maternal mortality in our Black and Asian Ethnic community and continues to provide individualised care plans for these patients
  - WWL’s Breast Screening Services have taken steps to reduce some of the health inequalities that ethnic minority groups face. An action plan was developed, including promotional video and resources being made available in other top languages.

## NHS Sexual Safety charter

### NHS Sexual Safety Charter

In alignment with the statutory duty of care for its employees and patients and to prevent harassment and abuse at work, WWL aims to proactively foster a positive workplace culture where everyone feels safe and supported when experiencing unwanted sexual behaviour. To this end, WWL has signed up to the [NHS England Sexual Safety Charter](#) which was first launched in September 2023 in collaboration with key partners across the healthcare system. Organisations signing up the charter commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace to create a safe environment for staff working in the healthcare system.

An action plan has been developed to address these gaps and to support our ambition to fully adhere to the ten principles of the Sexual Safety Charter. Progress highlights include:

1. New Sexual Misconduct policy and anonymous reporting route
2. New e-learning training offer on sexual harassment and abuse, disclosure
3. Continued roll-out of active bystander training
4. Design of new Sexual Safety Charter intranet resource

**Patient Services** (April 2024 – March 2025)

Objective	Progress
<p><b>Understand and improve the experience of patients across all protected characteristics.</b></p> <p><b>Identify variations in patient access, safety and experience of our services and develop plans to address these.</b></p>	<p>During 2024/25 WWL has continued to enhance patient experience, by engaging and involving patients, and their families. By engaging with patients and communities, we can better understand what matters to them, their experience and their perspectives.</p> <p><b>Lived Experience Partners</b></p> <p>In 2024 the Trust commissioned a Lived Experience Partnership to work with Staff across the organisation to listen to patient/service user voice with a purpose of ensuring that healthcare professionals, can provide the best quality care and support, ensuring that the people receiving the service are at the heart of everything that is done. Lived Experience Partners help bridge the gap, contributing to the design, improvement, and delivery of our healthcare services. Over the past year we have recruited 10 LEP’s from various healthcare backgrounds who live in the Wigan borough. Their wealth of lived experience of using our services has enabled the organisation to ground our work and fulfil our commitment to ensuring that our patients and communities are at the heart of everything we do.</p> <p>Over the past year our 10 LEP’s have supported the following:</p> <ul style="list-style-type: none"> <li>• Stakeholder engagement panels for the appointment of Executive posts such as, The Chief Nurse, The Associate Chief Nurse, The Deputy Chief Executive Officer.</li> <li>• Attendance on the Deteriorating Patient group</li> <li>• Attendance on the Complaints Review Panel</li> <li>• Attendance at the Corporate Patient Experience and Engagement Group</li> <li>• Undertaken OWLL visits</li> <li>• Attendance at the Equality, Diversity and Inclusion Strategy Group</li> <li>• Undertaken improvement work with clinical teams to improve the environment in Paediatric A&amp;E for children and young people who have Learning Disabilities, who are Autistic or who are Neurodiverse</li> <li>• Fundraising events</li> <li>• Speaking at Trust wide events and training</li> </ul> <p>EDI is a key stakeholder in this group.</p>

**Collaborative Partnerships**

Over the past year, The Wigan Equality, Diversity and Inclusion Steering group (A voluntary, community, faith, public and social enterprise network to champion equality within the borough), supported by Wigan Council, and the projects facilitators (Happy Smiles CIC and Everything Human Rights) worked with residents, partners, and community voices to co-produce a new set of 'All Different, All Equal' promises. These reflect what matters most to Wigan communities and which build a fairer, more inclusive borough. WWL's EDI Service Lead was delighted to be involved with the engagement project and discussions regarding proposals for the way forward.

**Access**

We have continued to work in partnership with **AccessAble** developing and updating detailed Access Guides for patients to all the Trust's sites. Seven Access Guides were reviewed during October 2024. These included all areas within the Accident and Emergency Department, Urgent Treatment Centre, Diabetes and Endocrinology Care Centre, Cancer Care Centre and Clock Tower Restaurant. All venues were visited and assessed by a trained AccessAble Surveyor.

In addition, funding was sourced for a new speaker system with built in hearing loop for the Reception of the Help Desk at Wrightington Hospital. This was installed in January 2025.

During 2024, when a BSL Interpreter did not attend an out-patient appointment at Thomas Linacre centre, it became apparent that not all staff were aware that a video remote BSL on demand service is available on dedicated IPADs throughout the Trust. Access to this provision was not available at Thomas Linacre Centre. During March 2025, three IPADs were sourced for this site and the on demand BSL video remote App uploaded. Two IPADs are now located in General Office on this site, for use if required and one based in the Paediatrics Out-Patient Suite. Communication and children's gaming apps have also been uploaded to this IPAD for patients with autism and other disabilities to assist with blood taking and other tests.

**Learning Disability & Autism & Neuro Diversity Effectiveness Group**

During 2024, the All Age Learning Disability (LD)/ Autism & Neurodiversity Effectiveness Group was established to develop a strategy and vision that can be effectively delivered across the organisation to meet the requirements and needs of people who have a diagnosis of learning disability, autism and/or neurodiversity. A dedicated Operational Group was then launched to oversee any LD, Autism and Neurodiversity operational issues. This is a new group who will receive and contribute to data and activity

reports to gain additional understanding of themes and trends, disseminate learning and consider areas for development. EDI Leads, Lived Experience Partners and Head of PEE are core members of this group.

**Friends and Family Test Cards**

During August 2024, the FFT Card template was reviewed. It was written in a more accessible format and five protected characteristics are now collated.

**Wigan Pride 2024**

On 11 August 2024, Wigan Pride returned for a ninth year to Wigan Town Centre, celebrating equality and diversity. Despite the unrest caused by the anti-immigration demonstrations and riots across the UK, on the week leading up to Wigan Pride, the event still went ahead and was a success.

As in previous years, WWL had a stand in the Town Centre and proudly marched in the parade. Our Chief Nurse, True Colours Staff Network, Patient Experience Team were there, along with representatives from other services. Our patient experience and engagement team actively engaged with the local community to ascertain their feedback about hospital services, reinforcing the message that WWL is an anchor institution which plays an active part in Wigan’s local community and works continually to ensure that services are accessible. 45 people participated in the survey. A report was produced and feedback shared with the divisions. Overall, WWL provided a good experience to our service users. 80% (36 patients) had a ‘very good’ and ‘good’ experience.

**Equality Impact Assessments**

WWL continues to undertake 3 yearly reviews of existing Equality Impact Assessments (EIAs) for all divisions. During 2024, Equality and Diversity became a key consideration requirement in all Business Case Applications. Applicants are now required to consider how their proposal advances the EDI agenda and whether any health inequalities/equalities are addressed.

**Staff Training**

All new starters must attend Trust Induction training. This is held on a monthly basis. In November 2024, the EDI presentation delivered at Trust Induction was reviewed and updated, to enable key EDI messages to be delivered in a more impactful way

<p><b>Meet the information and communication requirements of patients, their families &amp; carers with a disability impairment, or sensory loss.</b></p>	<p><b>Patient Access and Experience Workstream (Reasonable Adjustments)</b>  A new dedicated workstream for Patient Access and Experience was implemented to review WWL’s approach to providing reasonable adjustments for service users, incorporating the requirements of the NHS England’s Reasonable Adjustments Digital Flag Information Standard (and outstanding requirements of the Accessible Information Standard (AIS)). We recognise the importance of making reasonable adjustments to ensure everyone, including those with disabilities or special needs can access and benefit from services.</p> <p>Although a number of controls have now been implemented to demonstrate compliance with the AIS, currently there is no consistent approach Trust wide (across all standalone systems). Patients could have their information and communication needs met for some services, but not for others.</p> <p>From April 2024, it is a requirement of the NHS England’s Reasonable Adjustments Digital Flag Information Standard that organisations must have a process in place to identify, record and flag reasonable adjustments for patients with a disability using currently available local systems. Although patient’s needs are reviewed as part of their individual care plans, this information is not centrally recorded, alerted and shared. Having IT Systems in place to record and alert reasonable adjustments across all services within the Trust has been a key focus for WWL during 2024/25 and has remained a key challenge. At a HIS Advisory Board Meeting in January 2025, it was agreed that the recording of reasonable adjustments should be captured, via WWL’s main Patient Admin System (PAS) in the first instance. Progress however, has been stalled, due to the need for an upgrade to PAS before the alignment of national RA codes can be enabled.</p> <p>Although focus is still on having IT having systems in place to record and alert, it was agreed that this should not be main barrier to progress. During 2025/26 a further working group will be established to raise awareness and review how reasonable adjustments can be delivered. RNIB have offered their support to help progress, along with support from Lived Experience partners. Pilots In Ophthalmology and Breast Screening will be implemented to review best practice.</p>
<p><b>To review the effectiveness of our interpreter and translation services.</b></p>	<p><b>Interpreter &amp; Translation Services</b></p> <p>During 2024/25 WWL continued to review the effectiveness of our interpretation and translation services to ensure that service users can be communicated with appropriately and effectively as timely as possible. The fundamental and unprecedented combined effects of COVID 19 and the cost of living crisis has had an impact</p>

	<p>across the entire interpretation industry around the national availability of linguists, especially those who traditionally provided face to face services. Kurish Sorani, Vietnamese and eastern European languages continue to be a challenge and recruitment drives on-going.</p> <p>We have implemented an improvement plan to increase fulfilment rates and efficiencies and continue to meet monthly with our current Provider DA Languages to monitor progress. We have reviewed the implementation of additional interpreting methods during 2024/25 and will be piloting video remote interpreting within Cardiology and Maternity Services during 2025. These include the 'Interpreter on Wheels' (IOW), a tablet mounted to a rolling platform that connects to an on-demand / pre-booked video remote interpreter, along with a dedicated video remote app on mobile phones, which can be used on site and within the community.</p> <p>During 2024/25, WWL continued to have access to on-demand video remote interpreters for patients requiring instant access to a British Sign Language Interpreter. Staff can access this service via an 'App' on a dedicated IPAD in A&amp;E, Urgent Treatment Centre at Leigh and Maternity Services. This is an additional interpreter service which is not intended to replace face to face BSL Interpreters, but to provide instant access in an emergency environment, when a face to face cannot be accessed. This video remote BSL App has since been uploaded on to all compatible ward / department IPADs .</p> <p>During 2025, WWL agreed to participate with participating NHS Contracting Authorities of the Greater Manchester Health and Social Care Partnership with a tender for the delivery of collaborative Interpretation and Translation services. WWL was involved with the review of service specification and standards for the tender and will be involved with the tendering process during 2025/26.</p>
<p>To improve the patient experience for <b>patient's changing gender identity</b>, who require their medical records updating.</p>	<p>Although the Trust acknowledges there are current gaps with the updating of patient records (both electronic and paper) and awaits the release of national guidance for Acute Trusts, WWL have continued to ensure patient requests for gender identity requests are managed.</p> <p>NHS England have advised that until guidance is implemented, Trusts are to continue with current in-house protocols (updating demographics of current record). The process of receiving and actioning patient requests is currently overseen by the EDI Service Lead within the Patient Experience Team. A process mapping exercise was undertaken to identify what actions were required to update a patient's records with their new gender identity (retaining previous medical history) and a draft operational procedure produced. Risks / implications and proposed mitigations have been formally recorded.</p>

## Equality Delivery System (EDS) 2024

The EDS is an accountable improvement tool for NHS organisations in England – in active conversations with patients, public, staff, staff networks and trade unions – to review and develop their services, workforces and leadership. It is driven by evidence and insight.

The EDS 2024 is commissioned by NHS England and NHS Improvement with support from the NHS Equality and Diversity Council (EDC).

The EDS comprises eleven outcomes spread across three domains, which are:

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

The outcomes are evaluated, scored and rated using available evidence and insight. It is the ratings that provide assurance or point to the need for improvement. The EDS is designed to encourage the collection of better evidence and insight across the range of people with protected characteristics described in the Equality Act 2010, and so to help NHS organisations meet the public sector equality duty (PSED) and to set their equality objectives.

Below is a summary of how WWL performed on EDS2022 in 2024-25. To read our full EDS2024 Report, please visit our WWL website at:  
[EDS 2023 Report Final 8.4.2024.pdf](#)

### Assessment results

The outcome of each domain and an overall rating is as follows.

- **Overall rating:** Developing (19 – three points off ‘Achieving’)
- **Domain 1:** Commissioned or provided services: Score 12 out of 12 (excelling) – middle score of the three services reviewed.
- **Domain 2:** Workforce health and wellbeing: Score of 5 out of a possible 12 (Developing)
- **Domain 3:** Inclusive Leadership: Score of 2 out of a possible 9 (Undeveloped)

Please see score card below to see where our scores fit on a scale.

The 'Scores' Table below shows where WWL Scores sit within the national scoring criteria:

Score card	
Each Outcome	Overall – adding all outcome scores in all domains
<b>Undeveloped activity – organisations score out of 0</b> for each outcome	Those who score <b>under 8</b> , adding all outcome scores in all domains, are rated <b>Undeveloped</b>
<b>Developing activity – organisations score out of 1</b> for each outcome	Those who score <b>between 8 and 21</b> , adding all outcome scores in all domains, are rated <b>Developing</b>
<b>Achieving activity – organisations score out of 2</b> for each outcome	Those who score <b>between 22 and 30</b> , adding all outcome scores in all domains, are rated <b>Achieving</b>
<b>Excelling activity – organisations score out of 3</b> for each outcome	Those who score <b>31 or more</b> , adding all outcome scores in all domains, are rated <b>Excelling</b>

It is important to understand that the results WWL has achieved this year are a baseline and will give us greater understanding of where we need to focus our attention for 2025-26.

### Action plans and next steps

#### **Domain 1**

As three different patient services are identified every year for inclusion in our EDS Assessment submission, it is difficult to measure year on year score comparisons, like we can for Domain 2 and 3. Each service will have their own specific improvement recommendation proposals. It is also to be noted, only one of the services can be included in the final EDS Assessment.

Stakeholder demographics highlight the need for more engagement from stakeholders from all protected characteristics, to enable us to gain further insights from people with lived experience. There is an opportunity here to expand our lived experience partnership by recruiting more members across all 9 protected characteristics. It is through community and patient engagement that WWL will obtain insights to seek to remove or minimize disadvantages suffered by people due to their protected characteristics. Where there are any inequality of access, experience and outcomes, WWL will continue to take steps to meet the needs of people from protected groups where these are different from the needs of other people.

There is a need to continue to closely monitor patient feedback methodologies to measure improvement work going forward. To continue to work with Divisional Service Leads to educate them about the requirements of the EDS and the importance of equality and diversity monitoring. To give regular EDI updates at Divisional Patient Experience and Engagement Meetings and share EDI initiatives and feedback. There is still a need to strengthen divisional accountability for conducting Equality Impact Assessments for service provisions. Ensure reasonable adjustments are considered and adhered to.

The need for dedicated funding to be allocated to support the delivery of future engagement events continues to be apparent. Acknowledged that although EDS is an NHS Contractual requirement, no funding allocated to deliver on the engagement requirements for Domain 1.

## Domain 2

The outcome scores for Domains 2 have only marginally improved since last year. The Outcome 2C, referring to staff's access to independent support and advice was scored "achieving activity" this year by the stakeholders, an improvement from "developing activity" last year. This is due to the strengthened Freedom to Speak Up Guardian provision and changes to the staff networks which provide a more inclusive space for all staff.

The Domain 2 assessment has identified key remaining gaps in the provision of staff health and wellbeing support, such as:

- Accessibility of health and wellbeing services
- Targeted support for staff with following health conditions which align with areas of focus of the national health inequality agenda (obesity, diabetes, asthma and COPD)
- Proactive support for staff before and during sickness absence
- Embedding interventions that foster civility culture

The stakeholders proposed improvement actions which could increase the scoring for Domain 2 next year, including:

- Embedding proactive, accessible health and wellbeing support for all staff
- Providing more targeted support for staff living with specific health conditions such as obesity, diabetes, asthma, and COPD
- Providing workplace adjustment guidance and support to enable staff to stay healthy at work
- Improving usage of data insights on staff experience for those from the LGBTQIA+ community
- Strengthen organisational processes to protect staff from racism, discrimination and violence from all sources

## Domain 3

The outcome scores for Domains 3 have improved in some areas and decreased in others since last year. Outcome 3A on the Board's commitment and understanding of equality and health inequalities has downgraded by the independent reviewer from "developing activity" to "underdeveloped activity", mainly due to the absence of financial investment in a permanent EDI Lead resource which would demonstrate that EDI is central to business activities and the lack of evidence on the Board members have embedded the leadership framework for health inequalities improvement. Outcome 3C referring to the Board members and system leaders' activities to manage performance and monitor progress has slightly improved from "underdeveloped activity" to "developed activity". This is due to the implementation of a robust governance structure for EDI and set up of a dedicated steering group and workstreams.

The assessment of inclusive leadership Domain 3 has identified continued areas of improvement to make EDI core business, including:

- Investment in EDI resource to support the implementation of EDI strategy

- Board and senior leadership taking proactive approach to EDI by developing own EDI objectives and implementing the Leadership Framework for Health Inequalities Improvement
- Need for measurable improvements against EDI objectives as part of our EDI national reporting requirements.

The implementation of the above actions will be key to improving EDS in 2025/2026 and improving the experience of WWL's staff and patients.

## Celebrating EDI across WWL

This year, we continued to celebrate key annual EDI events, some of these included



## Wigan Pride 2024

On 11 August 2024, Wigan Pride returned for a ninth year to Wigan Town Centre, celebrating equality and diversity. Despite the unrest caused by the anti-immigration demonstrations and riots across the UK, on the week leading up to Wigan Pride, the event still went ahead and was a success.



As in previous years, WWL had a stand in the Town Centre and proudly marched in the parade. Our Chief Nurse, True Colours Staff Network, Patient Experience Team were there, along with representatives from other services. Our patient experience and engagement team actively engaged with the local community to ascertain their feedback about hospital services, reinforcing the message that WWL is an anchor institution which plays an active part in Wigan's local community and works continually to ensure that services are accessible.

WWL has been one of the early adopters of the new Oliver McGowan Mandatory Training on Learning Disability and Autism which is an important learning for our staff to contribute to our duty of care for all our patients. We are the leading Trust in GM to be successfully implementing this training and are working closely with NHS GM and the NHS England Regional Lead to effectively deliver the learning across our WWL workforce.

## Oliver McGowan Mandatory Training on Learning Disability and Autism



WWL is proud to have 3 diversity and inclusion staff networks. Our networks exist to empower staff through their collective voice, to provide peer support, a community of shared learning and development and to provide valuable insights into lived experience of their members that we can learn from and make improvements to the experiences of our staff and help us develop as an organisation. Staff networks are mini communities that help us form connections with each other and support each other. The phrase 'strength in unity' means that we are more powerful when we work together which is the essence of what makes a good staff network and has led to the new branding of Communities of Inclusion networks



Celebrating our diversity – together



We've been working closely with our communities of inclusion network Chairs to develop a really exciting plan for the network meetings for 2025 where we'll focus on having some brilliant guest speakers, an opportunity to hear from staff sharing their staff stories and meetings that are themed around celebration events in the EDI calendar such as Pride, Black History Month or Disability Awareness Day so that we can learn and celebrate events with others. Each community of inclusion network will hold 4 meetings per year that are inclusive and open to all staff to attend whether you have lived experience or have a protected characteristic or not, everyone is welcome. Along with the network meetings, our network chairs will be holding peer support sessions that are intended as an informal space with no structured agenda for staff to connect with others with shared experience.



The WWL **For All Minority Ethnicity (FAME) Network** has gone from strength to strength this year and increased its membership by over 100 members and allies during a road show in the spring. The network continues to celebrate cultural diversity



**True Colours Network is WWL's LGBTQIA+ Network.** The True Colours Network is WWL's LGBTQIA+ Network. Members and allies of the network have been involved with Wigan Pride and will continue to have an important presence at this event to celebrate diversity but also to address health inequalities of the LGBTQIA+ community. The network has set out plans to engage their members in theory of change workshops and run LGBTQIA+ awareness sessions across the Trust in the new financial year to increase membership and create more positive experiences for their members.



WWL's Disability and Long-Term Conditions Network has rebranded itself as Disability and Wellbeing Network and have been a major influence on Trust wide programmes of work to inform the new suite of resources on workplace adjustments and support with specific health conditions. They continue to raise awareness of disabilities amongst staff and have held listening events for their members to inform the Trust's wellbeing strategy.

## The Year Ahead – EDI Strategy

### For our People

This year, our priority remains on creating conditions for an inclusive, compassionate culture for all, by developing our leaders in becoming consciously inclusive, making our policies and processes more person-centred and creating more inclusive career development opportunities.

The focus will very much be on embedding EDI into everyday practice, getting governance structures right, and empowering divisional leads to lead on EDI improvement in their areas. The Trust is in a stronger place by having an EDI Strategy Group and workstreams to help deliver key actions that aim to improve staff experience and key EDI indicators associated with:

- Bullying and Harassment
- Inclusive Recruitment
- Health Inequalities
- Pay gap disparities
- Reasonable Adjustments
- Supporting global majority colleagues
- Working in partnership with our patients and communities

We continue to take actions to make EDI core business of the organisation in 2025/26, including:

1. Becoming intentionally anti-racist: Creating new policies and processes that support our staff in addressing inappropriate or racist behaviour by colleagues or patients
2. Launch of civility response framework- encouraging our people to seek support and informal resolutions when incidents of incivility occur
3. Launch of core leadership development programme- equipping all our leaders to role-model values and challenge problematic behaviour respectfully
4. Launch of Sexual Safety Policy and training to encourage speak up culture, address incidents of sexual misconduct and improve support options for those affected
5. Promote inclusive recruitment practices and introducing value-based recruitment
6. Launching our new wellbeing policy and supporting our disabled colleagues to stay well at work through activities that improve the implementation of health adjustments
7. Roll-out of Active Bystander Training to all staff to empower them to challenge poor behaviors and role-modelling our values

This year's EDI action plans aim to improve our continued areas of focus, particularly around creating an inclusive culture free from bullying and harassment and working towards more inclusive policies and processes which allow for all staff to feel they belong and have equally positive experience at work and opportunities to develop or progress in our organisation. In line with what staff have told us would make the biggest difference to them, we plan on focusing on empowering staff to speak up and challenge unprofessional behavior in a respectful way and providing education and shared learning for our leaders to role model compassionate and inclusive leadership. We will also continue to prioritise improving inclusive recruitment processes and career development opportunities.

We will also continue to work with our staff inclusion networks to help them grow and thrive. We want our colleagues to feel valued and their voices being heard through the networks. This will be achieved by creating engaging, inclusive network events throughout the year with growing membership and wide attendance from staff across our organisation. We will also introduce new

processes ensuring that any strategic initiative impacting our staff will include an engagement with the networks to understand any impact on protected groups.

The implementation of the EDI strategy and progress updates continue to be overseen by the EDI Strategy Group.

## **For our Patients**

In 2025/26 the Trust will continue to embed and integrate the EDS2022 in terms of both service provision for patients and employment practice for staff. In line with the requirements of EDS2022, the Trust will aim to continuously improve services for all service users and especially those that are categorised as having protected characteristics and underrepresented groups. This will be done in partnership with staff, service users and local interest groups.

We will continue to work in partnership with staff, patients and our lived experience partners. For staff, this means continuing to raise awareness of initiatives and engaging with protected groups to ensure that all staff feel valued, respected and able to progress through the organisation. It also means the opportunity to share and build on areas of good practice whilst addressing areas for development. For patients and carers, this means being able to access our services, receive care and support and be treated with respect and dignity. We will continue to actively recruit Lived Experience Partners who are reflective of our local communities' needs, to work with our staff to drive forward service user quality improvements. We will develop and build the LEP into all aspects of Trust business. Over the next 12 months, they will be working with the Head of Patient Experience to co-produce a Lived Experience Strategy for WWL NHS FT.

We recognise that people in our community have different needs and qualities. Understanding the diversity and needs of our local population can help us to plan and deliver services better. We will continue to engage with our communities to better understand their needs based on their protected characteristics. We recognise the importance of equality monitoring. Data enables us to identify if any patients with a protected characteristic are facing any barriers to healthcare.

We will continue to review the Trust's approach to providing reasonable adjustments for service users and meeting the requirements of the Reasonable Adjustment Digital Flag and Accessible Information Standards. Reasonable adjustments are crucial for ensuring that patients with disabilities or health conditions can access and benefit from healthcare services on an equal basis with others. Although focus is still on having IT having systems in place to record and alert, it was agreed that this should not be main barrier to progress. During 2025/26 a further working group will be established to raise awareness and review how reasonable adjustments can be delivered. RNIB have offered their support to help progress, along with support from Lived Experience partners. Pilots In Ophthalmology and Breast Screening will be implemented to review best practice.

We will continue to review the effectiveness of our interpretation and translation services to ensure that service users can be communicated with appropriately and effectively as timely as possible. Improvement plans to increase fulfilment rates and efficiencies will be monitored monthly. During 2025/26 we will be implementing additional interpreting methods, including video remote interpreters. 'Interpreter on Wheels' (IOW) will be trialled in Cardiology and Maternity Services, along with a dedicated video remote app on mobile phones, which can be used on site and within the community. A tender for the delivery of collaborative Interpretation and Translation services will be

undertaken during 2025/26. WWL will be involved with this as part of Greater Manchester Health and Social Care Partnership

We are committed to tackling health inequalities and understand that some groups of people, including protected characteristic groups, experience different access, experience, and outcomes when they use NHS services.

WWL recognises that the UK faces significant maternal health inequalities, particularly for black women. Our Patient Engagement strategy will include a specific action within the next 12 months to explore the experiences of black people who have accessed our Maternity services. This will be part of a wider engagement project which will involve our Global majority colleagues to understand experiences of care for patients / families who are BAME.

The recruitment of a Consultant in Public Health working across Public Health, Wigan Council and WWL from June 2025 will be fundamental in driving forward action plans to address and preventing health inequalities

We will continue to undertake Equality Impact Assessments (EIAs) to help us to understand how our policies and services may affect different groups of people. We will continue to pursue the culture of EIAs, reviewing how they can become more meaningful, rather than being seen as a 'tick-box' exercise. Educating staff to embed them in decision-making as a genuine tool for improving outcomes.

## Appendix 1 Diversity Demographic Data

Having a clear profile of our staff and patients helps to advance equality of opportunity and meet the needs of our patients and staff in designing our services and employment practice.

### Workforce:

Workforce data is collected routinely by the Trust:

- Age
- Disability
- Ethnicity
- Sex
- Marital Status
- Maternity
- Religion & Belief
- Sexual Orientation

In terms of workforce data, we have reviewed the data which is available to us with regards to age, disability, ethnicity, sex, marital status, maternity, religion and belief and sexual orientation. Other than in respect of Recruitment and Selection statistics, the Trust does not hold workforce data on gender reassignment

### Summary of Headline Data:

- **81.5% of the workforce is of White Ethnicity.** This figure remains slightly lower than the Wigan borough figure of 95%. 15.7% of the workforce profile is from Black and Minority Ethnic Groups, with 6.7% of Trust Board being BAME, this is over representative of the Wigan population.
  - **The split between staff aged 50 and under and over 50 has remained comparable.**
  - **5.1% of the workforce declared they are living with a disability.** This is under representative of the Wigan population (20%). Trust representation has increased slightly compared to the 2024 figure (4.2%). Undeclared rates are gradually decreasing year on year and are now at 15.5%
  - **The workforce profile remains predominantly female at 80%** whereas the local population is 51% female. However, this is in keeping with the gender profile of the healthcare profession in general and the NHS in particular.
- 
- **60% of staff who have disclosed their religion and belief and describe themselves as Christian compared to 2021 Census Wigan borough figure of 63%.** 16% of Trust staff have not disclosed their religion and belief, a decrease compared to the previous year at 19%.
  - **84% of staff describe themselves as heterosexual.** However, 13% of staff have not disclosed their sexual orientation, this is slightly less than last year's rate of 16%

See Appendix 2 for Full Details.

## Service Users (Patients)

The Trust has historically only had very limited information on the protected characteristics of the people who use our services. As a consequence, it can be difficult for us to determine the extent to which we are providing services which are responsive to individual needs. The following patient demographics are collected routinely by the Trust:

- Age
- Sex
- Ethnicity
- Religion and Belief

For the purposes of this report, we have reviewed the data which is available to us in terms of age, sex, ethnicity and religion and belief, along with local data and reports. Where we do not have sufficient data in terms of disability, sexual orientation, marriage and civil partnership and transgender, we have used regional or national data as an estimate.

## Summary of Headline Data:

- **Overall picture of WWL patient service access continues to reflect broad similarity to local demographics** (Census 2021 Wigan Borough statistics).
- The population of England and Wales has increased by more than 3.5 million in the 10 years leading up to Census 2021. **In Wigan, the population size has increased by 3.6%, from around 317,800 in 2011 to 329,300 in 2021.** This is lower than the overall increase for England (6.6%), where the population grew by nearly 3.5 million to 56,489,800.
- **Levels of deprivation in Wigan are significantly worse than the England average** - Within the most deprived 20% in UK. People living in the most-deprived areas of Wigan have a life expectancy nearly a decade shorter than the least-deprived areas.

### Ethnicity

- Census 2021 Wigan Borough data reported that 95% of the local population were of British White ethnicity, 2% identified as Asian, 1% identified as mixed or multiple ethnicity; 1% identified as black; 1% identified as other. **Over the years, Wigan has become more ethnically diverse, and this is increasing as the years go by and** in line with the growth in Wigan Borough's migrant worker population and numbers of refugees / asylum seekers.
- 
- **2024/25 Data shows that a higher % of Black and Minority Ethnic Groups are using Emergency Department (11%) and Maternity Services (23%) in comparison with overall out-patient / in-patient activity (7%). A higher A&E and maternity usage is not necessarily a reflection of a larger local population size, but rather a result of systemic inequalities in healthcare access socioeconomic conditions. In A&E, socioeconomic deprivation and poorer access to primary care can lead to increased usage. In maternity age structure of ethnic minority and migration can lead to increased usage.**
- **In Wigan, the % of people who did not identify with at least one UK national identity increased from 2.2% in 2011 to 4.1% in 2021.** During the same period, the % increased from 5.4% to 9.5% in Bolton. Although figures are lower in Wigan, the borough has received a sizeable number of

refugees and migrants over the last decade and it is likely that the population will become more diverse over the coming years.

- **The top languages interpreted during 2024/25 were:** Kurdish Sorani; Arabic, Romanian, Farsi, Polish, Cantonese, British Sign Language, Urdu, Portuguese, Vietnamese.

#### Sex

- **As with most healthcare services in the UK, women are more likely to use hospital services than men** – 58% of out-patients during the last 12 months were female.

#### Age

- **The population has continued to age.** Census 2021 results reported 19.3% of residents were aged 65 years and over (16.3% a decade earlier). The proportion of Wigan residents aged 65+ was higher than the national average (18.6%) with Wigan also experiencing a higher rate of growth over the last decade (23%) compared to the national average (20%) Maintaining the health and resilience of older people is important both for the individuals themselves and in ensuring the sustainability of local health and adult social care services. The age of patients accessing hospital services is bias towards the older population, reflecting greater healthcare needs. During 2024/25 36% of patients accessing WWL services were aged 65 years and over. 44% aged 31-64 years.

#### Disability

- **Wigan Census 2021 showed that 20.2% of Wigan residents are living with a limiting long-term illness, health problems or disability** – higher than the national average 18%. 1 in 6 (16%) of the local population are living with hearing loss (60,500 residents). 10,500 Wigan Residents are estimated to be living with sight loss. Figures are expected to rise over the next 10 years.
- **Census 2021 data reported over 74,000 people in Wigan who have been diagnosed with a long-term condition. Long-term conditions or chronic diseases are conditions that currently have no cure, and are managed with drugs and other treatment**, for example diabetes, COPD, asthma, pulmonary disease, arthritis, and hypertension.

#### Sexual Orientation

- **ONS data shows 6,773 people in Wigan identified as a sexual orientation other than heterosexual when the Census was undertaken in March 2021 (2.5% of respondents).** The most common LGBT+ sexualities were gay or lesbian (57%) and bi sexual (35%). Data on sexual orientation is limited to those who responded, so data is expected to be higher. 84,983 people living in Greater Manchester do not identify as heterosexual (3.8% of the population aged 16 and over).
- **Census 2021 reported that 95% of resident's gender identity was the same as registered at birth.** 11,946 residents did not respond; 470 resident's gender identity was different from sex registered at birth; 372 residents identified as trans man/trans woman; 66 residents identified as non binary; and 57 residents identified as other gender identities. Data on gender identity is still currently limited, although data collection methodology and question design are developing. **Despite laws and attitudes towards people who identify as LGBTQI+ changing significantly in even just the last decade, discrimination remains. Research evidence demonstrates that LGBTQI+ people experience significant health inequalities in terms of health outcomes, health care service provision and health risk factors in comparison to cis-heterosexual populations.**

See Appendix 3for Full Details.

## Appendix 2 – Headline Data

### Our People (Workforce)

#### Age



As at 31 March 2025 WWL Trust staff breakdown was:

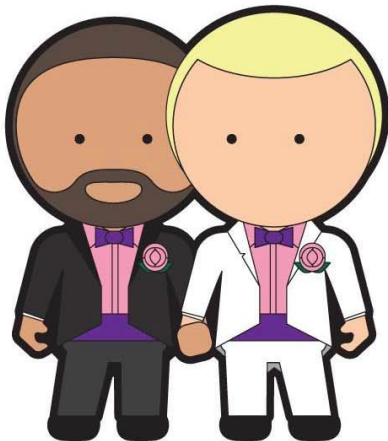
**63%** Age 50 or under **37%** Age 51 +

The proportion of staff in each age bracket has remained comparable to last year.

Performance management were representative of the Trust's age demographic.

Disciplinary cases for the age 50 and under age group were over representative compared to the Trust's age demographic.

#### Marriage and Civil Partnership



As at 31 March 2025

**53%** of staff were **Married**

**2%** were in a **Civil Partnership**

**33%** single, **7%** divorced / legally separated, **1%** widowed, **3%** unknown.

Figures have remained relatively static over a period of several years.

## Disability



As at 31 March 2025

**5.1%** of the Workforce have declared that they are living with a disability.

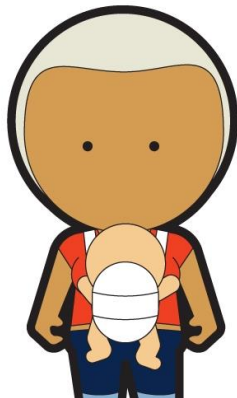
This has increased slightly compared to the 2025 figure (4.2%) although there is still a large amount of undeclared data at 15.5%, this is decreasing year on year.



For Non-Clinical Staff there is an under representation of disabled staff in bands 8d and above. There is over representation of disabled staff in band 1.

For Clinical Staff there is an under representation of disabled staff particularly in Medical & Dental and VSM.

## Pregnancy and Maternity



As at 31 March 2025, a snap shot from the Electronic Staff Record indicated that:

**2.15%** of female staff were on **Maternity Leave**

This is comparable to the previous year.

## Religion and Belief



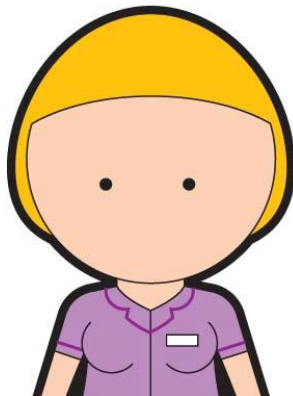
As at 31 March 2025

**60%** Christian    **9%** Other    **18%** Unknown

Remaining staff split across a range of religions and beliefs with the highest number being in Atheism category (8%).

A significant proportion of staff have not declared their religion and belief although this has decreased slightly from last year.  
(2021 Census, The Wigan borough figure for Christianity is 63%)

## Sexual Orientation



Workforce as at 31 March 2025:

**84.2%** Heterosexual

**1.5%** Gay or Lesbian

**1%** Bisexual

**0.1%** Other

13.1% did not wish to disclose  
(a decrease from last year's figure of 15.7%)

Wigan population 8.5% Lesbian, Gay or Bisexual.

## Ethnicity



As at 31 March 2024:

**83.6%** of Staff of White Ethnicity  
(2021 Census, Wigan Borough White representation is 95%)

**14.7%** of Staff from Black & Minority Ethnic Groups  
**1.8%** Not Stated

**6.3%** of the Trust Board membership is BME.

37.5% of **Performance** cases were in respect of BAME staff members which is over representative of the workforce profile.

21.9% of **Disciplinary** cases were in respect of BAME staff members which is above the workforce profile.

## Sex

Workforce as at 31 March 2025:

**80%** Female

**20%** Male

(2021 Census, 51% female / 49% male within Wigan population)

24.7% of disciplinary cases were against male staff. Historically disciplinary cases have been over representative of male staff members, however this is continuing to decrease over the years.

## Gender Reassignment

Transgender information for current staff is not recorded on ESR so we cannot therefore undertake workforce profile monitoring at present.

## Appendix 3 – Headline Data on Service Users/Patients

### Our Service Users (Patients)

#### Ethnicity (Out-Patients & In-Patients)



During 2024/25  
**87.9%** of Patients of British White Ethnicity

**6.8%** of Patients from Black & Minority Ethnic Groups (BAME)

**5.3%** Not Stated

During last 12 months, British White Ethnicity % remains the same. 1.1% increase in patients of Black & Minority Ethnic Origin. 1.3% decrease in those not stated.

**Over last 13 years steady increase in BAME activity**  
2012/13: 2.6% / 2024/25: 6.8%.

#### Ethnicity (Accident & Emergency)

During 2024/25  
**87.9%** of Patients of British White Ethnicity

**10.5%** of Patients from Black & Minority Ethnic Groups (BAME)

**1.6%** Not Known

During last 12 months, 0.4 decrease in patients of British White Ethnicity. 0.4% increase in patients of BAME Origin.

**Over last 13 years steady increase in BAME activity in A&E. 2012/13: 3.1% / 2024/25: 10.5%**

#### Ethnicity (Maternity Admissions)



During 2024/25  
**76%** of Patients of British White Ethnicity

**23%** of Patients from Black & Minority Ethnic Groups

**1%** Not Known

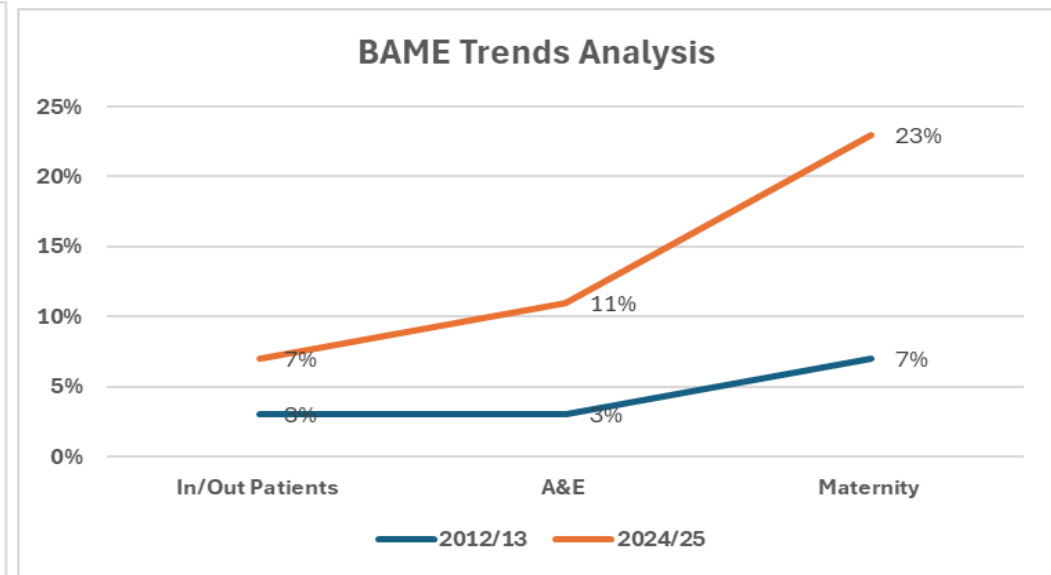
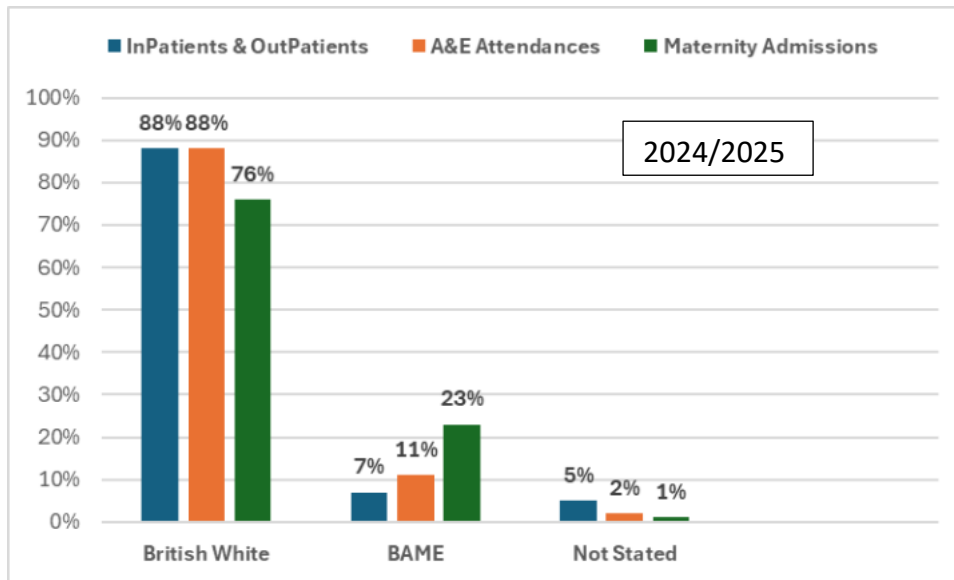
During last 3 years notable increase of patients from African Backgrounds  
2022/23: 2%  
2023/24: 5%  
2024/25: 7%

Higher % of Black and Minority Ethnic Groups using maternity services than overall out-patient / in-patient activity. Data in line with significant growth in Wigan Borough migrant worker population and numbers of refugees / asylum seekers.

Ethnicity overall reflective of local population – Census 2021 Wigan Borough data reported that 95% of the local population were of British White Ethnicity, followed by the Asian ethnic group 2%, mixed multiple ethnic groups 1%, Black 1% and Other 1%.

In England more broadly the portion of the population that is white is 81%. 10% are Asian and 4% are Black.

Over the years, Wigan has become more ethnically diverse, and this is increasing as the years go by. Higher % of Black and Minority Ethnic Groups using Emergency Department and Maternity Services in comparison with overall out-patient / in-patient activity. Over last 13 years, steady increase in % of patients of Black and Minority ethnicity attending A&E. Data in line with growth in Wigan Borough migrant worker population and numbers of refugees / asylum seekers. Significantly Higher % of Black and Minority Ethnic Groups using maternity services(data historical). During last 12 months at WWL, 76% of patients were of British White ethnicity; 23% from black and minority ethnic backgrounds; 1% not stated. Since 2012/13: 17% decrease in patients of British White Ethnicity. 16% increase in patients of Black and Minority Ethnic Backgrounds.



## Interpreter & Translation Services

### During 2024/25 Top Languages Requested

Kurdish Sorani; Arabic, Romanian, Farsi, Polish, Cantonese, BSL, Urdu, Portuguese, Vietnamese

### During 2024/25:

#### 38 Translations into other languages / 2 Other formats - Audio requested

This will continue to increase with the implementation of the Accessible Information Standard and review of reasonable adjustments.

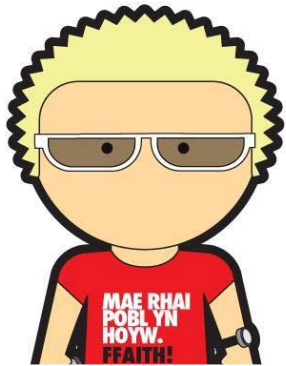
## Ethnic Population in Greater Manchester

In Wigan, the percentage of people who did not identify with at least one UK national identity increased from 2.2% in 2011 to 4.1% in 2021. During the same period, the % increased from 5.4% to 9.5% in Bolton. In 2021, over 95% of the population was White British. This compares to just under 80% in England as a whole. Although figures are lower in Wigan, the borough has received a sizeable number of refugees and migrants over the last decade and it is likely that the population will become more diverse over the coming years.

Ethnic minority populations living in Wigan include Long-term resident ethnic minority population and asylum seekers and refugees, migrants, Gypsies and Travellers, European Roma and Overseas students. Although the numbers are small compared to the size of the total population and some only stay for a short period of time, some will have specific health needs that need to be addressed.

Local Authority (Census 2021)	White British	Mixed	Asian or Asian British	Black or Black British	Other
Wigan	95%	1%	2%	1%	1%
Bolton	71.9%	2.2%	20.1%	3.8%	1.9%
Salford	82.3%	3.1%	5.5%	6.1%	2.9%
Manchester	56.8%	5.3%	20.9%	11.9%	5.1%
Oldham	68.1%	2.5%	24.6%	3.4%	1.4%

## Sex (Out-Patients)



During 2024/25  
**58%** Female  
**42%** Male

2021 Census Wigan Borough figures: 51% of the local population female

As with most healthcare services in the UK, women are more likely to use hospital services than men.

## Age



During 2024/25  
% of patients accessing hospitals services

<b>9%</b> Under 18	<b>11%</b> 18-30 Years
<b>44%</b> 31-64 Years	<b>36%</b> 65+ Years

1 in 6 residents in Wigan are now aged over 65 years.

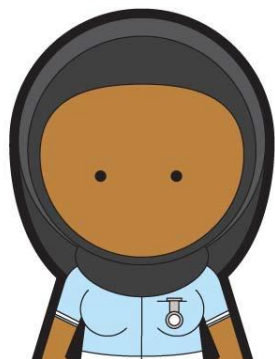
Set to increase over the next 20 years

Age overall reflective of local population – Wigan Census 2021 reported 19.3% of residents were aged 65 years and over (16.3% a decade earlier). **The proportion of Wigan residents aged 65+ was higher than the national average (20%)**

**Maintaining the health and resilience of older people is important both for the individuals themselves and in ensuring the sustainability of local health and adult social care services.**

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

## Religion and Belief



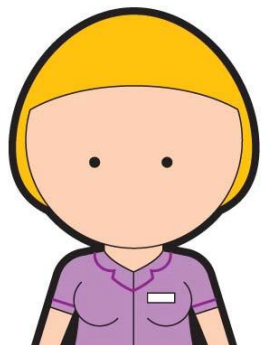
**During 2024/25**  
**% of patients accessing out-patient services**

<b>62%</b> Christian	<b>20%</b> Unknown
<b>15%</b> None	<b>0.3%</b> Hindu
<b>0.8%</b> Muslim	<b>0.2%</b> Atheist
<b>0.1%</b> Buddhist	<b>0.3%</b> Islam
<b>0.1%</b> Jewish	<b>0.0%</b> Unitarian
<b>0.1%</b> Spiritualist	

Trust Data affected by the high proportion of religion not known (141,002 patients).

Religion overall reflective of local population – 2021 Census Wigan Borough figure reported that 63% of the population were of Christian Belief

## Sexual Orientation and Gender Identity



### Census 2021 Data

**6,773 Wigan Residents (2.5%)** identified as a sexual orientation other than heterosexual.

Most common LGB+ sexualities were gay or lesbian (57.4%) and bisexual (35.2%)

**Data on sexual orientation is limited to those who responded, so data is expected to be higher.**

### Census 2021 Data

**255,782 Residents (95%)** Gender identity is the same sex as registered at birth

**11,946 Residents (4.5%)** Chose not to answer  
**470 Residents** Gender identity different from sex registered at birth (no specific identity given)

**216 Residents** Trans man

**156 Residents** Trans woman

**66 Residents** Non-binary

**57 Residents** All other gender identities

**Data on gender identity is still currently limited, although data collection methodology and question design are developing. Despite laws and attitudes towards people who identify as LGBTQI+ changing significantly in even just the last decade, discrimination remains.** Research evidence demonstrates that lesbian, gay, bisexual, and trans (LGBTQI+) people experience significant health inequalities in terms of health outcomes, health care service provision and health risk factors in comparison to cis-heterosexual populations.

84,983 people living in Greater Manchester do not identify as heterosexual (3.8% of the population aged 16 and over)

In response to national research, NHS England is spearheading a collective drive to improve the experience of trans and non-binary people when accessing health and care services.

## Disability



Wigan Census 2021 showed that 20.2% of Wigan residents are living with a limiting long-term illness, health problems or disability – higher than the national average 18%.

**The Royal National Institute for Deaf People (RNID) estimates that**  
**1 in 6 (16%)** of the population are living with hearing loss.  
**60,500** Wigan Residents (RNID, 2020a).

**Improving Health & Lives (IHAL) estimate that**  
**1.9% (6,170 residents)** have learning disabilities.



**Royal National Institute for Blind People estimates that**  
**10,500** of Wigan Residents are living with sight loss (**1,730** registered blind or partially sighted)

By 2032, figures are expected to rise to  
**12,600** of Wigan Residents living with sight loss

**1 in 5 people** will start to live with sight loss in their life time / Every day **250 people** start to lose their sight (UK Stats)

### **The Accessible Information Standard**

A law to ensure that people who have a disability, impairment or sensory loss are given information they can easily read or understand. Making information easier to understand for people living with communication and information needs.

**Under the Equality Act 2010 health and care staff have a legal duty to provide reasonable adjustments – take steps to remove the barriers individuals face because of their disability**

WWL is committed to working towards meeting these requirements for everyone we serve.

Patients with disabilities often report barriers to using health services, in terms of transport difficulties, distance and needing someone to accompany them. Poor communication leads to non-attendance for appointments. These are issues currently being reviewed within Wigan Borough Local Plan.

**Census 2021 Wigan Borough reported**  
**20%** of Wigan Residents living with a limiting long-term illness, health problems or disability which limits daily activities at work.

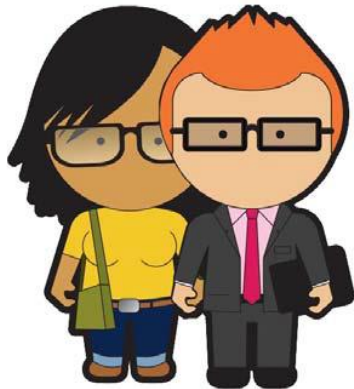
**Higher than national average 18%**

**The 5 most common conditions which account for 54% of DLA Claims**  
Arthritis; Learning Disabilities; Heart Disease; Disease of muscles, bones & joints; Hyperkinetic syndromes

**1 in 4** people experience a mental health problem during their life. Having a long-term condition increases the risk that an individual will have a mental health.

The number of people who are at risk of having poor mental wellbeing in Wigan is high because of the high levels of deprivation.

## Marriage and Civil Partnership (aged 16 and over)



**Census 2021 Wigan Borough reported**

**43.8%** Wigan Residents are **Married or in a registered Civil Partnership**

**37.2%** Wigan Residents have **never been Married or in a registered Civil Partnership**

**386** Wigan Residents are or have been in a **Registered Civil Partnership (opposite sex and same sex), this includes 219 people currently in a same sex civil partnership. 625 were in a same sex marriage.**

## Complaints



**494** Complaints Received during 2024/25

**282** Female    **212** Male    **0** Unknown

**458** British White Ethnicity

**21** Black & Minority Ethnic Background

**15** Not Stated

**54%** Aged 50 years or above

### 5 Main Subject Complaints

- Clinical treatment
- Communications
- Patient Care
- Admissions and Discharges
- Value and Behaviour

No trends in relation to protected characteristics noted – Data reflective of Wigan Borough Demographics

## Wigan Borough Population

The population of England and Wales has increased by more than 3.5 million in the 10 years leading up to Census 2021.

In 2021, Wigan ranked 31st for total population out of 309 local authority areas in England, which is a fall of six places in a decade.

As part of the 2021 census, households in England and Wales were classified in terms of four different "dimensions of deprivation"; based on unemployment, health, education, and type of dwelling. Analysis from the Office for National Statistics recorded that 53.4% of households in Wigan and Leigh were classed as being deprived.

In Wigan, the population size has increased by 3.6%, from around 317,800 in 2011 to 329,300 in 2021. This is lower than the overall increase for England (6.6%), where the population grew by nearly 3.5 million to 56,489,800.

At 3.6% increase, Wigan's population is lower than the increase for the North West (5.2%)

Levels of deprivation in Wigan significantly worse than England average.

Within most deprived 20% in UK.

People living in the most-deprived areas have a life expectancy nearly a decade shorter than the least-deprived areas.

