

## Report

### Introduction

Wrightington Wigan and Leigh (WWL) Teaching Hospitals NHS Foundation Trust is committed to pursuing equality, diversity, and inclusion (EDI) for both patients and staff. This report aims to provide an overview of the Trust's EDI journey in the financial year 2022-23, highlighting the data collected between 1st April 2022 and 31st March 2023, and the actions taken to enhance EDI within this timeframe. The report focuses on key initiatives and strategies aligned with the Trust's EDI Strategy aims of:

- Increasing diversity and accessibility
- Eliminating inequality
- Improving the experience for protected groups

In May 2022, the EDI Workforce Team was expanded to include an EDI Administrator. The principle aim of this role is to help with the development of the Diversity Staff Networks, and to relieve the operational pressure from the EDI Workforce Lead. This welcome addition to the team has enabled our Staff Diversity Networks to go from strength to strength in this year. Details of WWL's staff networks will appear in this report.

Alongside the annual Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Gender Pay Gap and Equality Delivery System (EDS), this year the Trust has collected and utilised various data sources to inform its EDI initiatives, including the Race Equality Code and the Rainbow Badges Phase 2 Scheme. There has also been a thematic analysis of the Trust's National Staff Survey Data with an EDI lens. A summary of the results of these is shared in this report, along with a discussion of next steps.

2022 was the pilot year for Trusts to begin to use EDS2022 (an accountable improvement tool for NHS organisations in England). It was not compulsory to do so, but WWL decided to apply the new framework requirements and use the pilot results as a baseline to give us a greater understanding of where we need to focus our attention for 2023. A summary of our scores and actions going forth are included within this report.

Over the past 12 months, The Trust has continued to make progress in relation to meeting the core requirements of the Accessible Information Standard and has continued to work in partnership with patients and staff. During 2022/23, WWL continued to undertake equality analysis 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 are now included as a pre-visit intelligence requirement within ASPIRE (Ward accreditation framework) at all levels.

In 2022/23 equality diversity and inclusion at WWL is more recognised and considered than ever before. Governors, Board and the Executive Team have had EDI training over the past year, and an EDI Communications Plan has meant that there is not a week goes by without an EDI-related communications article. Staff have been empowered to celebrate diversity and understand religious and cultural events that they would not normally have been aware of, with the launch of

the EDI Calendar and the Team Inclusion Challenge. As a long-term supporter of Wigan Pride, WWL were delighted to be awarded as the headline sponsor for Wigan PRIDE 2022.

WWL has continued to enhance patient experience, by engaging and involving patients, and their families. During 2022/23 WWL sourced and implemented transparent face masks, to help improve communication. A review of interpreter and translation services was undertaken, along with the implementation of video remote interpreting for British Sign Language. A further 5-year contract was secured with AccessAble for the provision of on-line Access Guides to all Trust sites wards and departments

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

## Our 2022-26 Equality Objectives

### Our Workforce and Patient Services Priorities for 2022/23

The following table provides an update on the actions progressed during 2022/23 against the Trust's Annual Equality Objectives:

#### Workforce

Objective	Progress
<p><b>Implement and / or extend the remit of Colleague Diversity Networks for the following protected groups:</b></p> <ul style="list-style-type: none"> <li>• <b>Disability &amp; long-term conditions</b></li> <li>• <b>Ethnic minorities</b></li> <li>• <b>LGBTQIA+</b></li> </ul>	<p><b>The True Colours Network is WWL's LGBTQIA+ Network.</b> Since its launch last year it has had a big presence in the Trust with its opening event being the Headline Sponsors of Wigan Pride 2022. This opportunity enabled WWL to celebrate diversity but also address health inequalities of the LGBTQIA+ community. Lots of wards and community sites joined in the festivities and WWL's Health Outreach and Inclusion Team were able to offer free HIV/STI testing on the day which was a real achievement. The True Colours Network has also been on WWL Radio and has a constant narrative through WWL Communications channels to educate and raise awareness of issues faced by the community. The network is also advised on policy and will release a new Gender Identity and Intersex Policy later in the year. The network was also invaluable in supporting the rollout of the Rainbow Badges Assessment Scheme in which WWL gained a bronze award. This scheme audited our trust on how well it serves the LGBTQIA patient and staff community. The network will now work with teams and departments to implement the resulting action plan.</p> <p><b>WWL's Disability and Long-Term Conditions Network</b> was launched last year and has had some great success too. An ongoing Hidden Disabilities Project looks promising and a subgroup - The Autism Peer Support Group, which is for autistic members of staff, all members of staff who have autistic family members, has been invaluable to those involved. The network is also working in consultation with WWL's Policy Development Group and the Staff Psychological Support Service in order to bespoke services for neurodiverse staff. The network has also been in consultation on developing a Dyslexia Support Guidance Document and in helping WWL to roll out the Oliver McGowan Mandatory Training on autism and learning disabilities.</p> <p><b>WWL's For All Minority Ethnicity Network</b> 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 and has been involved in international nurse welcome events, WWL's Policy Development Group and advising WWL's Executive Team.</p>

<p><b>Positive action to increase diversity and improve experience at all levels and within all staff groups, including leadership roles</b></p>	<p><b>WRES (Workforce Race Equality Standard)</b></p> <p>WWL's latest WRES report is located at:  <a href="#">WWL Teaching Hospitals NHS Foundation Trust   Workforce Race Equality Standard.</a></p> <p>The most apparent areas of disparity are:</p> <p><b>Indicator 1:</b> A lower proportion of BAME staff at AfC Band 6 and 7, compared to white staff.</p> <p><b>Indicator 3:</b> The relative likelihood of staff entering the formal disciplinary process (2.19)</p> <p><b>Indicator 8b:</b> Discrimination from managers (BAME 20.9% vs White 6.7%)</p> <p><b>See Appendix 1 to view the Action Plan implemented to improve the disparity ratios highlighted in the report.</b></p> <p><b>WDES (Workforce Disability Equality Standard)</b></p> <p>The latest WDES report and associated action plan can be found at:  <a href="#">WWL Teaching Hospitals NHS Foundation Trust   Workforce Disability Equality Standard.</a></p> <p>In summary, the main areas of disparity are:</p> <ul style="list-style-type: none"> <li>• The number of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.</li> <li>• Bullying, harassment and discrimination (particularly from managers)</li> <li>• Presenteeism (loss of productivity that occurs when staff are not fully functioning in the workplace due to an illness, injury, or other condition).</li> </ul> <p><b>The action plan aims to address these points and can be found at the same link above.</b></p> <p><b>Gender Pay Gap</b></p> <p>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 2022. The data highlights that as at 31<sup>st</sup> March 2022, the Trust has a <b>30.11% mean average gender pay gap</b> with females earning <b>£6.87 an hour less</b> than males. This position is comparable to the 2021 figure of 30.21%.</p>
<p><b>Improvements in the WRES, WDES and Gender Pay Gap Outcomes</b></p>	

<p><b>Improvements in the WRES, WDES and Gender Pay Gap Outcomes</b></p>	<p>As at March 2022 the Trust has a <b>13.27% median hourly rate gender pay gap</b> with females earning <b>£2.17 an hour less</b> than males. This position has improved since 2021 (15.02%).</p> <p>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. If we exclude Medical and Dental staff from the Trust wide gender pay gap figures, the Trust's mean average gender pay gap is <b>3.56%</b> which equates to females earning <b>£0.58 less</b> than male staff per hour. Section 2.4 of the report provides granular analysis of the pay gap at staff group level.</p> <p>As at 31<sup>st</sup> March 2022 male staff proportionately continue to be heavily constituted within the highest earning quartile (quartile 4) accounting for <b>30.01%</b> of quartile 4, when male staff represent 19% of the overall Trust workforce. A key factor is due to the Medical and Dental workforce being predominantly male at 71% and this staff group are predominantly constituted within the highest earning quartile. Compared to the previous year in 2021, there were a similar percentage of males in the highest earning quartile at <b>29.98%</b>.</p> <p>As at 31<sup>st</sup> March 2022 female staff proportionately continue to have lower representation in the highest earning quartile at <b>69.99%</b> compared with female staff representing 81% of the overall workforce. Compared to the previous year in 2021, there were a similar percentage of females in the highest earning quartile at <b>70.02%</b>.</p> <p>The average bonus gender pay gap as at 31<sup>st</sup> March 2022 is 55.90%. This is comparable to the previous year when the figure was 55.92% in 2021. The bonus pay is primarily related to clinical excellence awards that are awarded to recognise and reward Consultants who perform `over and above` the standard expected in their role, but awards made in the reporting year were distributed equitably among all eligible consultants. New local clinical excellence awards are not paid in the same month each year, though are always backdated to April. This can also impact slightly on the reported pay gap position.</p> <p>Gender Pay Gap actions are focused primarily on the medical and dental profession, as a start. Executives have agreed an action plan for this division, based around the themes of inclusive recruitment, informal networking, clinical excellence awards and bullying and harassment.</p>
<p><b>Delivery of the in-year actions as defined by the following programmes:</b></p> <ul style="list-style-type: none"> <li>• <b>Disability Confident Scheme</b></li> <li>• <b>Race Equality Code</b></li> <li>• <b>Rainbow Badge Awards Scheme</b></li> </ul>	<p>Over the past financial year, the Trust has been through the assessments of the Race Equality Code, the Rainbow Badges Assessment and has looked more closely at what makes WWL Disability Confident to provide assurance that WWL are living the principles that are required of us as a Disability Confident employer.</p> <p>The results of the two assessments and our deep dive of the Disability Confident Framework, shone a light on actions that are recommended to improve the EDI experience of our staff. A thematic analysis was conducted</p>

**Delivery of the in-year actions as defined by the following programmes:**

- **Disability Confident Scheme**
- **Race Equality Code**
- **Rainbow Badge Awards Scheme**

on the recommended actions and ten themes were discovered which were shared with the Staff Diversity Network Chairs.

These themes were:

- Data
- Equality Impact Assessments
- Employee Relations
- Recruitment
- Induction
- Talent Development
- Leadership
- Objectives
- Policy
- Training

There were also some themes that were specific to certain networks ('Accessibility', for instance). The Network Chairs shared these themes with their network members and allies and asked what our staff would want divisions, the networks, and the EDI team to prioritise. Details of the types of actions suggested under each of these themes were also shared for staff to make an informed choice. The feedback has been considered by WWL's Workforce EDI Lead who has since planned the Workforce EDI Action Plan. This is outlined below:

By 31<sup>st</sup> March 2024, the Trust will have a **clearer understanding of the data it holds** in relation to the diversity of the workforce. This will be through increased declaration rates **and improved and increased data collection** through more inclusive questions and opportunities to collect this data such as when colleagues access wellbeing support and apply for e.g., flexible working.

The **induction process for our international staff** will be more tailored and our staff diversity networks will be a very present addition to induction of all staff groups.

Improvements will have been made in our standard **recruitment procedures** and groups who do not fare as well as others through our recruitment process will be targeted with **positive action strategies**. This will also be true **for talent progression** within the Trust.

**HR will be upskilled on bias and our zero-tolerance** approach to bullying, harassment, discrimination, and violence will be more robust and transparent. Tracking of incidents of which groups experience bullying, harassment, discrimination, or violence will be monitored, and divisional leads will tackle themes in their

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## Patient Services

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>WWL has continued to enhance patient experience, by engaging and involving patients, and their families.</p> <p>During 2022/23:</p> <p>WWL rolled out <b>transparent face masks</b>, to help improve communication for patients, not only for those who have hearing difficulties or are deaf, but for patients with cognitive problems such as dementia, learning disabilities, autism etc.</p> <p>A further 5 year contract was secured with <b>AccessAble</b> for the provision of our on-line hospital accessibility checker. AccessAble Have been working with WWL since 2009, creating, developing and updating detailed Access Guides for patients to all the Trust's sites.</p> <p>As <b>Headline Sponsor for Wigan PRIDE 2022</b>, WWL were actively involved on the day, promoting the strong message of equality, diversity and inclusion. WWL staff were led out in the Wigan Pride parade by the Trust's Chair and Director of Strategy and Planning. WWL's Director of Corporate Affairs and LGBTQIA+ Network Chair addressed the huge crowd on the Unity Stage. The Deputy Chief Executive was also in attendance</p>

<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>alongside more than 70 colleagues representing WWL. WWL had the opportunity to put the people of Wigan Borough at the forefront of the day, providing health advice and support, as well as listening to opinions, suggestions and concerns from those accessing WWL services. WWL's Patient Experience and Engagement Team undertook a WWL Patient Experience Survey; Advice and free sexual health testing was provided by WWL's Health Outreach and Inclusion Team, and the Trust's Breast Screening Team. Attendees also had the chance to register their interest in employment and volunteering opportunities at WWL.</p> <p>Engaging with patients enables us to understand and improve the experience of patients across all protected characteristics. During 2022, a patient living with a visual and hearing Impairment shared with the Trust her experience of having a day case procedure undertaken at Wrightington Hospital. The need for more <b>staff awareness about disability awareness</b> was raised. In June 2022, the patient met with the ward staff and shared her story. Staff were eager to learn from her experience and understand some of the barriers patients living with disabilities face when accessing health care. The patient's story has since been recorded and now used as a training resource. This patient's story was featured in the EDI Workshop delivered to Trust Leaders in October 2022.</p> <p>WWL continues to undertake 3 yearly reviews of existing <b>Equality Impact Assessments</b> (EIAs) for all divisions. Equality Impact Assessments are now a pre-visit intelligence requirement within Ward Accreditation (ASPIRE) Programme.</p>
<p><b>Meet the information and communication requirements of patients, their families &amp; carers with a disability impairment, or sensory loss.</b></p>	<p>Over the past 12 months, the Trust has continued to make progress in relation to meeting the core requirements of the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients with a disability, impairment or sensory loss.</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. WWL will continue to review during 2023/24 and address some of these challenges.</p> <p>In response to a patient complaint, where a patient was unable to receive their ophthalmology correspondence in their preferred format, e-mail, a 'Task and Finish' Group was set up in November 2022. A 'patients needs' scoping exercise was undertaken and a pilot at the Eye Unit at Boston House planned for May/June 2023. An audit of patients who have their communication needs recorded was undertaken to monitor if these needs were met and what further actions are still required.</p>



<p><b>To review the effectiveness of our interpreter and translation services.</b></p>	<p>During February/March 2022, WWL along with other Greater Manchester NHS Trusts and Local Authorities, agreed to participate in the collaborative procurement of interpreter and translation services. WWL were actively involved in a joint tender exercise looking for a contractor who could provide an interpreter and translation service which is cost effective, quality controlled and regulatory compliant. The provision of such is a fundamental requirement in the delivery of high-quality care. DA Languages were awarded the contract. From 01/08/22 WWL launched a 'one stop' GM SBS Service level agreement with DA Languages.</p> <p>From February 2023 an on-demand video remote interpreter service was implemented for patients requiring instant access to a British Sign Language Interpreter in A&amp;E 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.</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. 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)2022

The EDS is an accountable improvement tool for NHS organisations in England. The EDS2022 is a third version of the EDS and comprises eleven outcomes spread across three domains, which are:

<b>Domain 1</b>	Commissioned or Provided Services
<b>Domain 2</b>	Workforce Health and Well-Being
<b>Domain 3</b>	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.

2022 was the pilot year for Trusts to begin to use EDS2022, rather than EDS2. It was not compulsory to do so, but WWL decided to use the pilot year as a transitional year to highlight any barriers / changes needed going forth. EDS2022 is mandated from 2023-2024.

Below is a summary of how WWL performed on EDS2022 in 2022-23. To read our full EDS2022 Report, please visit our WWL website at:

<https://www.wwl.nhs.uk/media/corporate/Our%20organisation/EDS2022%20report%202022-23%20FINAL.pdf>

The Trust has scored as follows for EDS2022:

- **Overall rating:** Developing (18 points)
- **Domain 1:** Commissioned or provided services: Developing (7.5 points)
- **Domain 2:** Workforce health and wellbeing: Developing (7 points)
- **Domain 3:** Inclusive Leadership: Developing (3.5 points)

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 2023-24.

## **Action plans and next steps**

### **Domain 1: Commissioned or Provided Services**

The Trust scored well in this domain, but it is important to note, that scores were proposed by Service Leads during this transitional/pilot year. No stakeholder engagement was feasible this year. Although WWL applied the revised EDS framework requirements for 2022/23 for Domain 1, due to current challenges including time constraints; updated guidance only being issued December 2022; the need for clearly defined service expectations / collaborative working; it was not possible to host stakeholder events and focus groups this year. In December 2022, it was agreed that evidence and proposed scores be submitted for review to Healthwatch Wigan and Leigh. Healthwatch agreed for this to be presented at their Healthwatch Board Meeting in January 2023 and feedback be given. Healthwatch Wigan and Leigh Committee and Board however declined to comment due to time constraints and not feeling involved in the process from the start. As WWL were unable to host stakeholder events and focus groups this year, scores were proposed by the service leads based on their evidence submission.

It was agreed that the two services identified for review for the pilot would be rolled over to 2023/24 along with one other additional service. Service Leads will collate evidence and insight on the services selected for EDS evaluation and scoring for 2023/24. The EDI Service Lead will work collaboratively with different stakeholders to obtain feedback and agree scoring. Responsibilities for the implementation of actions identified for Domain 1 on the improvement plans will sit with the Service Leads. Divisions will be supported to incorporate the EDI Outcomes of Domain 1 within their own divisional action plans.

### **Domain 2: Workforce Health and Wellbeing**

The Trust scored well in this domain, despite a lot of the content being new. Stakeholders will be supported to develop their own action plans to evidence further progression for the 2023 submission. Themes of actions include evidencing impact (e.g., of wellbeing initiatives on diverse groups of staff).

### **Domain 3: Inclusive Leadership**

**Outcome 3A (inclusive leadership)** was scored by a Peer Reviewer and WWL's EDI Workforce Lead.

The peer-reviewed feedback received is as follows:

*“Provided evidence of discussion of statutory compliance, but limited evidence of discussion as EDI as part of business as usual.*

*Provided evidence of providing reasonable adjustments and consideration of individual needs for colleagues. Would like to see evidence of leaders championing their support through Trust wide comms/staff network champion.*

*Provided evidence of attending workshops/NW EDI Group, would like to see leaders setting EDI objectives as part of their annual appraisal.”*

Feedback from WWL's EDI Workforce Lead is for leaders to ensure that they describe how any EDI learning that they have done has impacted their actions going forward. This is important as some leaders simply listed events that they attended that had an EDI topic.

Some of the more in depth evidence from Outcome 3A was:

- *“Led a North West Wide Programme of work to agree a new approach to attendancemanagement – built on creating a well-being culture, person centered approaches and including disability and adjustment passports. Agreed at People Committee December 2022 that WWL would be an early adopter site.*

- *Identified potential issue about cultural onboarding for first generation in country doctors – asked FAME network to consider how we might improve this.*
- *Deep dive ER review into cases involving BAME colleagues – completed with input from FAME network, looking for positive action possibilities.*
- *Divisional ER reviews aligned to just & learning culture principles.*
- *Executive Scrutiny Panel involvement for potential disciplinary cases – considers alternatives to formal disciplinary action and actively considers potential contributory factors associated with protected characteristics”*

### **Feedback for Outcome 3B:**

To gain the higher level, both equality and health inequalities must be standing agenda items in some board and committee meetings. Equality and health inequalities impact assessments are completed for all projects and policies and are signed off at the appropriate level where required. BME staff risk assessments are completed. Required actions and interventions are measured and monitored. It will need to be decided which meetings should have EDI as standing items. Building routine scrutiny of Equality Impact Assessments into processes is another action that will ensure a higher score for 3B next year.

### **Feedback from 3C:**

Currently, Trust Board do not ensure the implementation of or monitor Health Inequality Impact Assessments or the full requirements of the Accessible Information Standard. WWL is continuing to make progress in relation to meeting the core requirements of the Accessible Information Standard. In March 2021 changes were made to incorporate the capture of accessible information requirements in PAS for elective in-patients and out-patients. Although many 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. Looking forward, we aim to continue integration of the AIS in the Trust’s IT systems to support patients and service users in accessing care services appropriate to their communication requirements.

## **National Staff Survey**

Data from the National Staff Survey 2022 was analysed for experiences of staff from minority groups. 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 ethnic minority groups score lower, or the same as the Trust average on all People Promises and Themes with the exception of ‘We are Always Learning’ where they score higher.
- Highlighting the disparity between white, non-disabled staff and disabled and ethnic minority groups (in particular black staff) regarding the organisation acting fairly with regard to career progression/promotion.
- We have a disproportionate amount of bullying occurring to those with protected characteristics.

## Key actions to address these themes are below:

- Using a compassionate, person-centred lens, engage with staff on expectations to support new models of care and transformation plans, including redeployment to support areas where there is increased demand or staff absence.
- Consider how we enable staff being bullied by a manager to feel psychologically safe to raise this at the appropriate level, without fear of retribution, especially staff with protected characteristics.
- Human Resource Policy training and guidance to empower managers to address issues of incivility, bullying and negative culture and create confidence to take action and to reduce formal grievances.
- Plans for Talent Management Strategy to be actively inclusive and to consider positive action programmes of work/opportunities for staff from protected groups.
- Monitor incidents of bullying, harassment and abuse at HR level and HR to be given the confidence to work with EDI-related employee relation cases.
- Need for a Zero-Tolerance Campaign at patient level and promotion of Violence and Aggression Policy.
- Continue to work with the Disability Network on a new Attendance Management Policy and more streamlined reasonable adjustments process.

## Key EDI Progress during 2022/23

In 2022-23, Equality Diversity and Inclusion at WWL became more recognised and considered than ever before. Governors, Board and the Executive Team have had EDI training over the past year, and an **EDI Communications Plan** has meant that there is not a week that goes by without an EDI related communications article.

**National  
Inclusion Week**  
2022 26 September  
2 October

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### International Holocaust Memorial Day

Published on: 26th January 2023

This Friday 27th January is Holocaust Memorial Day. This day remembers the millions of people who were killed including, Roma communities, LGBTQIA+ people, disabled people, and Jewish people. The day calls for everyone to honour the memory of the victims of the Holocaust and encourage the development of educational programs about Holocaust history to help prevent future acts of genocide.

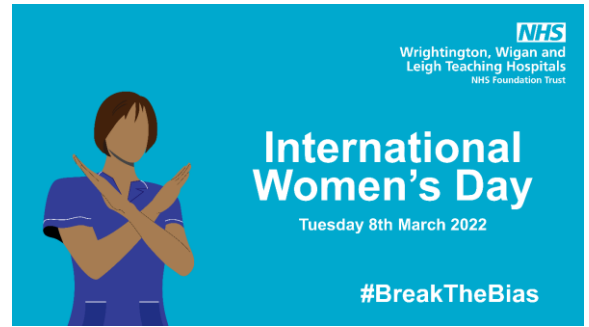
Holocaust education tends to generalise concentration camp experiences rather than highlighting the varying experiences of different groups. Our staff networks, For All Minority Ethnicities (FAME), True Colours (LGBTQIA+) and Disabilities & Long-Term Health Conditions, have created a joint message for all to read [here](#).

The Chaplaincy & Spiritual Care team's Prayer Tree will be available for anyone to add a prayer to in the main entrance of RAEI.

At 4:00pm on Friday, people across the UK will take part in a national moment of remembrance by lighting candles and putting them in their windows to remember those who were murdered for who they were and be brave to stand against prejudice and hatred today. Everyone can play a part in preventing such tragedy from happening again and making this world a better place to live in.

There are also a range of **MS Teams Backgrounds to celebrate key annual EDI events**, such as South Asian Heritage Month, Black History Month, International Women's Day, Disability History Month etc.

Staff have been empowered to celebrate diversity and understand religious and cultural events that they would not normally have been aware of, with the launch of the **EDI Calendar** and the **Team Inclusion Challenge**.



For this, staff were challenged to choose one date from the EDI Calendar each month to celebrate and to share this via the staff Facebook or Twitter pages using the hashtag #WWLEDI.

Some staff chose dates that were important to someone in their teams, some chose dates they had never heard of, so that they could learn something new!

**Monthly Webinars on EDI Topics** are available for all staff and staff are invited to Network Forums every quarter, to share their concerns, ideas and experiences.

For the first time, there was an **EDI Award at WWL's Recognition Awards (the STAR) Awards**, and EDI was a corporate objective to focus staff attention on the topic from 2021-2022.



The **EDI Intranet Page** now has a dedicated support page which has 'signposts' to many external support services on the topics of e.g. LGBTQIA+, disability, carers support, mental health, menopause, international support groups e.g. British Asian Nurses Association etc



WWL's Recruitment Team are now proactively showcasing our inclusive culture on Social Media and Microsoft Teams regularly to celebrate equality, diversity and inclusion by posting on Twitter to showcase their work:



WWL has **4 Staff Diversity Networks**, each with protected time and defined roles in the committees.

The **EDI Champions Network** was established to be a group of people who were keen to expand their knowledge and understanding of EDI topics and to be active bystanders in our Trust. The Trust established **10 EDI Gold champions** who have been through an intensive training course on the topics of anti-racism, LGBTQIA+ inclusion and neurodiversity. They have also been trained to cascade this training to their home teams and the wider EDI champion network. So far, the anti-racism training has been re-delivered with ambitions to re-deliver another two topics in the coming months.



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 and has been involved in international nurse welcome events, policy development group and advising WWL's Executive Team.



**True Colours Network is WWL's LGBTQIA+ Network.** Since its launch last year, it has had a big presence in the Trust with its opening event being the headline sponsors of Wigan Pride 2022. This opportunity enabled WWL to celebrate diversity but also address health inequalities of the LGBTQIA plus community

Wigan Borough's hospital trust has been unveiled as the main sponsor of Wigan Pride 2022 as anticipation for the feel-good summer party heats up.





**WWL's Disability and Long-Term Conditions Network** which launched last year has had some great success too.



## 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 & 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:**

- **83% 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 10.1% of Trust Board being BAME, this is over representative of the Wigan population.
- **The split between staff aged under 50 and over 50 has remained fairly static.**
- **3.7% 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 2022 figure (3.1%), although undeclared rates have decreased slightly from 21.7% to 19.1%.
- **The workforce profile remains predominantly female at 81%** 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.

- **Almost 59% of staff who have disclosed their religion and belief and describe themselves as Christian compared to 2021 Census Wigan borough figure of 63%. 21% of Trust staff have not disclosed their religion and belief, a slight decrease compared to the previous year at 23.4%.**
- **80% of staff describe themselves as heterosexual 2022: 75%).** However, 18% of staff have not disclosed their sexual orientation, this is slightly less than last year's rate of 20%

**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:**

- 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.
- **Overall picture of WWL patient service access continues to reflect broad similarity to local demographics** (Census 2021 Wigan Borough statistics).
- **Over last 12 months, 2% decrease in total in-patients/out-patients of British White ethnicity. 0.5% increase in patients of Black and Minority Ethnic (BAME) backgrounds. 89% British White / 5.2% BAME. No statistical significance reported.** 1.5% increase in those not stated (5.8%). Over last 10 years steady increase in BAME activity 2012/13: 2.7% / 2022/23: 5.2%.
- Ethnicity overall reflective of local population – Census 2021 Wigan Borough data reported that 95% of the local population were of British White ethnicity, 5% from other Black and Minority ethnic backgrounds. Asian people were the largest minority group in Wigan accounting for 1.8% of the population. 3,907 or 1% (3907) of the Wigan population are black. In England, in comparison the proportion of the population that is white is 81%, 10% Asian and 4% Black,
- **Over last 10 years, steady increase in % of patients of Black and Minority ethnicity attending A&E.** 2012/13: BAME 3.1%. 2022/23: BAME 8.9%.
- Higher % of Black and Minority Ethnic Groups using maternity services in comparison with overall out-patient / in-patient activity. Data historical – British White 83% / BAME 16% / 1% not stated. No statistically significant difference noted. Data in line with growth in Wigan Borough migrant worker population and numbers of refugees / asylum seekers.

- **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 2022/23 were: British Sign Language; Farsi; Kurdish Sorani; Romanian; Polish; Arabic; Urdu; Cantonese; Russian; Portuguese; Spanish.**
- **As with most healthcare services in the UK, women are more likely to use hospital services than men** – 57% of out-patients during the last 12 months were female.
- **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 2022/23 39% of patients accessing WWL services were aged 65 years and over. 42% aged 31-64 years. Trends show a 2% increase in patients aged 65+ years over the last 12 months and 1% decrease in those aged 18-30 years.
- **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.
- **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 LGB+ 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.**
- **Levels of deprivation in Wigan are significantly worse than the England average.** Within 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.

See Appendix 3 for Full Details.

## The Year Ahead – EDI Strategy

The year ahead focusses on bringing to life the actions from the data we have collected in 2022-23. This includes data from WRES, WDES, National Staff Survey, Rainbow Badges, Race Equality Code and the Disability Confident scheme.

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.

There will be a continuation of work to celebrate and recognise diversity and one of the tools being launched in 2023 to enable this is the EDI Learning Toolkit. This will complement the EDI Calendar in that it empowers staff to discover more about EDI topics that they do not already know about. This self-serve, interactive toolkit enabled staff to browse recommended reading, TV shows, podcasts, websites etc on a variety of topics.



Our Staff Networks will continue to grow and thrive and will continue to be valued for their voice and direction in many aspects of how the Trust works. Staff will continue to have their voices heard through these forums.

In 2023/24 the Trust will continue to embed and integrate the EDS2022 in terms of both service provision for patients and employment practice. 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.

Although many controls have now been implemented to demonstrate compliance with the Accessible Information Standard (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. As we enter 2023-2024, we look forward to continued integration of the AIS in the Trust's IT systems to support patients and service users in accessing care services appropriate to their communication requirements.

We will continue to work in partnership with staff and patients. 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 as individuals with dignity.

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. To achieve this we need to engage with our communities to better understand their needs based on their protected characteristics. We will look at how we capture patient feedback from our services for people with unique needs, to understand and improve the patient experience. We will work with colleagues, patients, families and communities to improve the way we collect and use data across all the nine 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. At present, patient demographics are only routinely collected across four protected characteristics (age; sex; ethnicity and religion and belief) within the Trust. Over the next 12 months we will review how our demographic data collection can be expanded to include disability, sexual orientation, gender identity and then marriage and civil partnership and maternity and pregnancy.

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. Undertaking Equality Impact Assessments (EIAs) helps us to understand how our policies and services may affect different groups of people. EIAs help us to think about how what we do may impact on all members of the community and provide us with an

opportunity to consider how we can further promote inclusion and diversity in everything we do. The culture of EIAs will be pursued to provide assurance that the Trust has carefully considered any potential negative outcomes. This will include the impact on our armed forces community and their families, who have been shown to suffer significant disadvantage in accessing healthcare due to service-related obligations, ensuring that any inequalities are identified and tackled in an open and transparent way.

We will work with maternity services to improve equity for mothers from ethnic minority backgrounds who have long been known to face additional maternity risks, with maternity mortality rates significantly higher for white women. We will further integrate our Learning Disability Services by working closely with partners to improve experience and outcome.

## Appendix 1 – WRES Action Plan

	<i>Please specify which actions are different to current practice, and which are continuation</i>	<i>Please specify KPIs and timelines for monitoring the actions</i>	<i>How will actions be made sustainable</i>
<b>Actions around WRES Indicator 1: Recruitment and Promotion</b>	Improve the race disparity ratio particularly for nurses/midwives moving from band 5 to 6/7 (New Action)	KPI = Clinical BME Staff more equally represented in bands 6 and 7.	This will be underpinned by the recruitment project and the Trust-wide scheme for nurturing high potential leaders which is currently being developed.
<b>Actions around WRES Indicator 2: Appointments</b>	To explore how international recruitment can be accurately captured within the TRAC data which informs this indicator. (New Action)	KPI = Improvement in shortlisting and appointment ratio for BME staff. Timeline = Data should be accurately recorded before the end of March 2023.	Once in place, international recruitment will be accurately being captured on an ongoing basis.
	EDI Leads and FAME network working with recruitment team to identify potential areas of bias in the recruitment process.	KPI = Improvement in shortlisting and appointment ratio for BME staff. Timeline = Recruitment Project to start this financial year and continue into next	Managers will need to be supported with understanding how to apply any changes in recruitment processes. Training and guides will support managers.
<b>Actions around WRES Indicator 3: Disciplinary</b>	Disciplinary themes were reviewed and BME staff were more likely to have Information Governance related allegations. FAME network have provided feedback on IG training and their recommendations are to be discussed and taken forward with IG. (New Action)	KPI = Reduction in disciplinary cases for staff in relation to IG	Reviewed training offer will be available for all at induction.
	Manager training for Disciplinary and Grievance to be reviewed to include diversity and culture. (New Action)	Timeline = Next financial year	Ensure that all relevant managers receive the training and offer refresher training
<b>Actions around WRES Indicator 4: Education</b>	To explore how recording CPD and non-mandatory training can be built into the new Learning Management System.	KPI = To be able to record data for this metric. Timeline = from Q1 2023/24	Once built into Learning Hub, this will need a team/person to keep track of the data

<b>Actions around WRES Indicator 5:</b>  <b>Bullying Harassment from Public</b>	Staff have been recruited to EDI Gold Champion roles and will commence training in November. EDI Champions and FAME allies will play an important role in challenging behaviours and processes. (New Action)	KPI = Reduction in percentage of staff experiencing bullying, harassment or abuse from the public. Timeline = EDI Gold Champion training for anti-racism will finish in January. Full course of training will not finish until August 2023.	Once trained the EDI Gold Champions will train others within the Trust, sharing the knowledge and skills they have gained from the course.
	Recommendation for figures to be shared at a FAME network event to gather more specific feedback.	Timeline = Gather feedback by January 2023 so that actions can be built into 2023-24 action plan	FAME Staff Network relaunched and will have regular events with members and allies from October 2022.
	Zero tolerance policy and process being reviewed (New Action)	Timeline = Actions to come out of EDS assessment by March 2023	Actions will be taken forward by relevant stakeholders and improvement will be assessed at the following EDS assessment. Actions will be monitored at EDI Strategy Group Meetings.
<b>Actions around WRES Indicator 6:</b>  <b>Bullying Harassment from Staff</b>	Staff have been recruited to EDI Gold Champion roles and will commence training in November. EDI Champions and FAME allies will play an important role in challenging behaviours and processes. (New Action)	KPI = Reduction in percentage of staff experiencing bullying, harassment or abuse from the public. Timeline = EDI Gold Champion training for anti-racism will finish in January. Full course of training will not finish until August 2023.	Once trained the EDI Gold Champions will train others within the Trust, sharing the knowledge and skills they have gained from the course.
	Recommendation for figures to be shared at a FAME network event to gather more specific feedback.	Timeline = Gather feedback by January 2023	FAME Staff Network relaunched and will have regular events with members and allies from October 2022.
	HR team to be trained or supported in ER cases to confidently tackle accusations of discrimination or bias. (New Action)	Timeline = Q3 of 2023/24	Training will be embedded into onboarding for relevant HR roles

	Zero tolerance policy and process being reviewed (New Action)	Timeline = Actions to come out of EDS assessment by March 2023	Actions will be taken forward by relevant stakeholders and improvement will be assessed at the following EDS assessment. Actions will be monitored at EDI Strategy Group Meetings.
<b>Actions around WRES Indicator 7: Equal opportunities</b>	A Trust-wide scheme for nurturing high potential leaders is currently in the design process. EDI Lead for Workforce is closely linked in as a key stakeholder to ensure equitable selection procedures are designed in. Positive action for ethnic minority staff is being considered as part of the design. (New Action)	Timeline = Q1 of 2023/24 onwards	Positive action will be built into the model of talent spotting
	At an EDI Workshop in Oct 2022, approximately 40 leaders in the Trust will be encouraged to look at their recruitment and promotion data to identify areas for improvement to diversity in their divisions. (New Action)	KPI = Engagement from leaders at EDI Strategy Group Meetings during 2023	EDS 2022 supports the shift in responsibility for EDI from the select few to leaders across the Trust.
<b>Actions around WRES Indicator 8: Discrimination from a Leader</b>	Staff have been recruited to EDI Gold Champion roles and will commence training in November. EDI Champions and FAME allies will play an important role in challenging behaviours and processes. (New Action)	KPI = Reduction in percentage of staff experiencing discrimination at work from Manager/team leader or other colleagues	Once trained the EDI Gold Champions will train others within the Trust, sharing the knowledge and skills they have gained from the course.
	Recommendation for figures to be shared at a FAME network event to gather more specific feedback.	Timeline = Gather feedback by February 2023 so that actions can be built into 2023-24 action plan	FAME Staff Network relaunched and will have regular events with members and allies from October 2022.



	Zero tolerance policy and process being reviewed (New Action)	Timeline = Actions to come out of EDS assessment by March 2023	Actions will be taken forward by relevant stakeholders and improvement will be assessed at the following EDS assessment. Actions will be monitored at EDI Strategy Group Meetings.
	HR team to be trained or supported in ER cases to confidently tackle accusations of discrimination or bias. (New Action)	Timeline = Q3 of 2023/24	Training will be embedded into onboarding for relevant HR roles
	Inclusive leadership session being included for new manager induction programme. (New Action)	Timeline = from Q1 of 2023/24 onwards	Built into the programme
<b>Actions around WRES Indicator 9: Board Representation</b>	Continue to monitor data as current board is representative of overall workforce in terms of ethnicity.	KPI = Board representation to remain representative of overall workforce in relation to ethnicity	Actions taken forward from the Race equality code will help to sustain this.

## Appendix 2 – Headline Data

### Our People (Workforce)

#### Age



As at 31 March 2023 WWL Trust staff breakdown was:

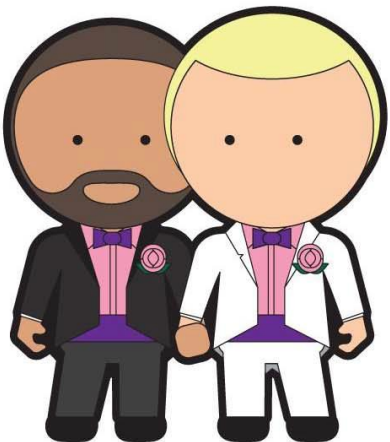
**62%** Aged Under 50

**38%** Aged over 50

The proportion of staff in each age bracket has stayed relatively static compared to 2021.

Performance management cases split by age were at 57% for under 50 and 43% for over 50 which is not in proportion to the workforce representation.

#### Marriage and Civil Partnership



As at 31 March 2023

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

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

**33%** single, **8%** divorced / legally separated, **1%** widowed, **3%** unknown.

Figure has remained relatively static over a period of several years.

## Disability



As at 31 March 2023

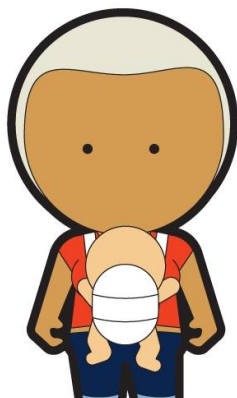
**3.7%** of the Workforce have declared that they are living with a disability.

This has increased slightly compared to the 2022 figure (3.1%) although there is still a large amount of undeclared data 19.1% this has decreased over the previous years: 2022: 21.7%, 2021: 26.6%, 2020 & 2019 was 29% & 2018 was 32%)

For Non-Clinical Staff there is an under representation of disabled staff in Band 7 and 8b and above.

For Clinical Staff there is an under representation of disabled staff particularly in Bands 8b, 8c, Very Senior Management and in Medical & Dental.

## Pregnancy and Maternity



As at 31 March 2023, a snap shot from the Electronic Staff Record indicated that:

**2.48%** of female staff were on **Maternity Leave**

This is comparable to the previous two years.

## Religion and Belief



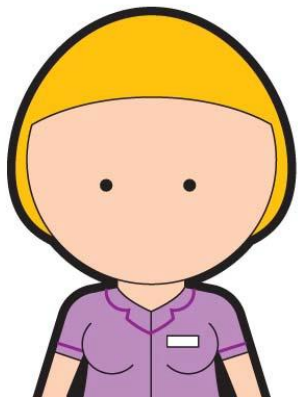
As at 31 March 2023

**59%** Christian    **20%** Other    **21%** Unknown

Remaining staff split across a range of religions and beliefs with the highest number being in Atheism category (7.8%) and Other Religion (7.1%).

A significant proportion of staff have not declared their religion and belief. (21%) although this is down slightly from last year.  
(2021 Census, The Wigan borough figure for Christianity is 63%)

## Sexual Orientation



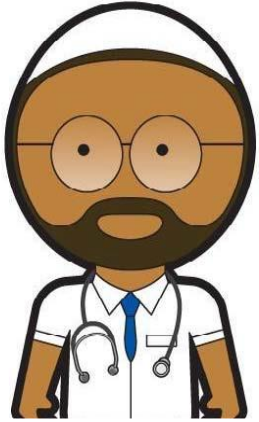
Workforce as at 31 March 2023:

**80%** Heterosexual  
**1.4%** Gay or Lesbian  
**0.7%** Bisexual  
**0.1%** Other

18% did not wish to disclose  
(a decrease from last year's 20%)

There is comparable representation of gay, lesbian or bisexual staff across AFC bands except 8c, 8d and 9.

## Ethnicity



As at 31 March 2023:

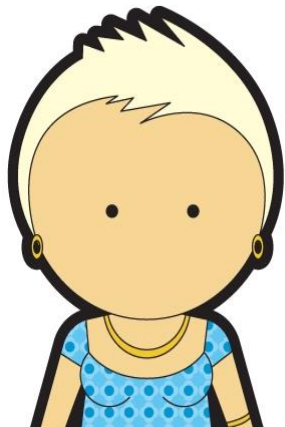
**83%** of Staff of White Ethnicity  
(2021 Census, Wigan Borough  
White representation is 95%)

**15.7%** of Staff from  
Black & Minority Ethnic  
Groups  
**1.3%** Not Stated

**10.1%** of the Trust  
Board membership is BME.

23.43% of **Disciplinary** cases were in respect of BAME staff members which slightly above the workforce profile.

## Sex



Workforce as at  
31 March 2023:

**81%** Female

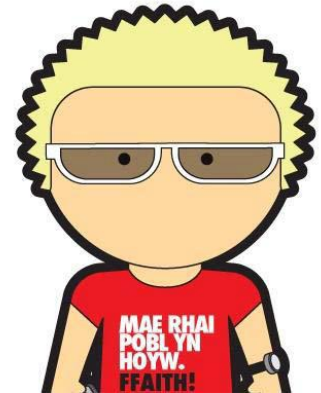
**19%** Male

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

39% of **Disciplinary** cases were in respect of male staff members which is over representative of the male workforce profile. This is a decrease from the previous year's data at 47% of disciplinary cases in respect of male staff members.

## Gender Reassignment

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



## Our Service Users (Patients)

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



During 2022/23

**89%** of Patients of British White Ethnicity

**5.2%** of Patients from Black & Minority Ethnic Groups (BAME)

**5.8%** Not Stated

During last 12 months, 2% decrease in patients of British White Ethnicity. 0.5% increase in patients of Black & Minority Ethnic Origin. 1.5% increase in those not stated.

**Over last 13 years steady increase in BAME activity**  
2010/11: 2.9% / 2022/23: 5.2%.

### Ethnicity (Accident & Emergency)

During 2022/23

**89.2%** of Patients of British White Ethnicity

**8.9%** of Patients from Black & Minority Ethnic Groups (BAME)

**1.9%** Not Known

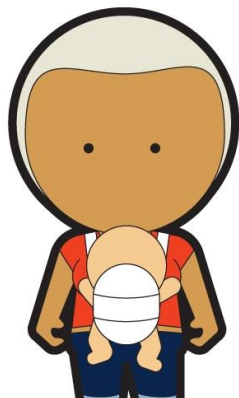
During last 12 months, 1.1% decrease in patients of British White Ethnicity. 1.4% increase in patients of BAME Origin.

**Over last 10 years steady increase in BAME activity in A&E. 2012/13: 3.1% / 2022/23: 8.9%**

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.

### Ethnicity (Maternity Admissions)



During 2022/23  
**83%** of Patients of British White Ethnicity

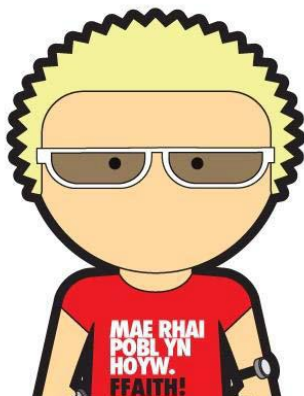
**15.5%** of Patients from Black & Minority Ethnic Groups

**1.5%**  
Not Known

Higher % of Black and Minority Ethnic Groups using maternity services than overall out-patient / in-patient activity. No statistically significant difference noted – data historical. Data in line with significant growth in Wigan Borough migrant worker population and numbers of refugees / asylum seekers.

During last 12 months: 3.8% decrease in patients of British White Ethnicity. 3.5% increase in patients of Black and Minority Ethnic Backgrounds. During last 8 years: 7% decrease in patients of British White Ethnicity. 6% increase in patients of Black and Minority Ethnic Backgrounds

## Interpreter & Translation Services



**During 2022/23**

### Top Languages Requested

British Sign Language; Farsi; Kurdish Sorani; Romanian; Polish; Arabic; Urdu; Cantonese; Russian; Portuguese; Spanish

Language Trends remain static, with an increase in Kurdish Sorani, Romanian, Urdu and Farsi

**During 2022/23:**

**39 Translations into other languages**

**14 Other formats - 8 Large Print / 6 Braille Translations requested**

This will continue to increase with the implementation of the Accessible Information Standard

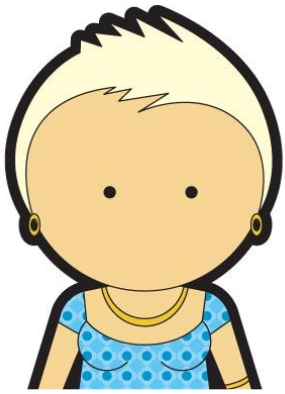
## Ethnic Population in Greater Manchester

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%

## Sex (Out-Patients)



During 2022/23  
**57%** Female  
**43%** 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 2022/23  
% of patients accessing hospitals services

<b>9%</b> Under 18	<b>10%</b> 18-30 Years
<b>42%</b> 31-64 Years	<b>39%</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. Trends show a 2% increase in patients aged 65+ years over the last 12 months and 1% decrease in those aged 18-30 years.



## Religion and Belief



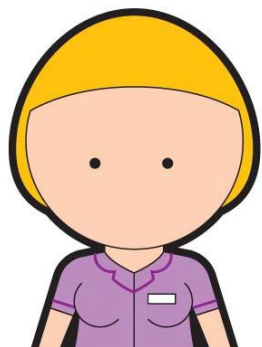
During 2022/23  
% of patients accessing out-patient services

<b>65%</b> Christian	<b>19%</b> Unknown
<b>14%</b> None	<b>0.2%</b> Hindu
<b>0.6%</b> Muslim	<b>0.2%</b> Atheist
<b>0.1%</b> Buddhist	<b>0.2%</b> Islam
<b>0.1%</b> Jewish	<b>0.0%</b> Unitarian
<b>0.1%</b> Spiritualist	

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

Trust Data affected by the high proportion of religion not known (123,379 patients).

## 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



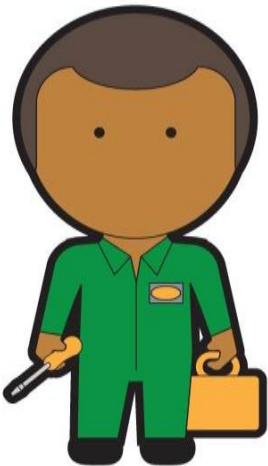
Wigan Census 2021 showed that 20.2% of Wigan residents are living with a limiting long-term illness, health problems or disability – higher than the national average 18%.

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.

WWL is committed to working towards meeting the core requirements of the Standard 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 Locality 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

**527** Complaints Received during 2022/23

**297** Female    **227** Male    **3** Unknown

**484** British White Ethnicity

**19** Black & Minority Ethnic Background

**24** Not Stated

**60%** 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



## 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 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.

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.

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



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.

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.