Wrightington, Wigan and Leigh NHS
NHS Foundation Trust

Inclusion and Diversity

Inclusion and Diversity
Annual Monitoring Report

April 2014 - March 2015

your hospitals,
your health,
our priority

Executive Summary

TITLE

Inclusion and Diversity Annual Monitoring Report April 2014 – March 2015.

PURPOSE OF REPORT

This report summarises the progress and achievements, the Trust has made in the key areas of inclusion and diversity activity over the last 12 months (2014/15), detailing key challenges and outputs. An analysis of equality information in relation to service users and key employment workforce data trends is included in line with Public Sector Equality Duty Requirements.

This report provides assurance to the Board of how the Trust is meeting the requirements of the Public Sector Equality Duty and reports on progress on the Equality Delivery System (EDS2), summarising the priorities for the year ahead.

EXECUTIVE SUMMARY

Over the last 12 months, Wrightington, Wigan and Leigh NHS Foundation Trust has seen substantial progress in embedding inclusion, diversity and human rights into core business activity. A number of key developments have been achieved over the last 12 months. Some of these include:

Summary of Achievements

Staff Engagement
BME Focus Group
Disability Focus Group
PRIDE
Hate Crime
Older Persons
BME Recruitment
Recruitment Training

Inclusion & Diversity Operational Group
More staff representatives coming on board - driving forward Inclusion and Diversity priorities within the Trust and supporting I&D

Training
Dementia
Disability Awareness Film
Advancing & Managing Diversity in the Workplace
I&D Champions Programme
E-Mandatory Module

Calendar of Events
Awareness of protected characteristics throughout the year

Patient Engagement
BME Groups
Asylum Seekers & Refugees
Gypsies & Travellers
Homeless
Learning Disability Tours
Visual & Hearing Impaired
Transgender
Breast Feeding

Collaborative Working
Local Health Economy Group
Greater Manchester Police
University of Manchester

Improved Access
New Accessibility Web Page

Multi-Faith Privacy Screens

Equality Monitoring
Data Collection Pilots (TLC / Leigh)

Equality Monitoring – Key Trends (Service Delivery)

Under current practice, there continues to be gaps within the Trust's information gathering and analysis of patient data. Only equality information in relation to a patient's ethnicity, age, gender and religion is collected routinely. For the purposes of this report, we have reviewed the data which is available to us along with local data and reports. Where we do not have sufficient data we have used regional or national data as an estimate.

In terms of **ethnicity, age, gender and religion and belief, access to hospital services** during 2014/15 was overall reflective of the local population (in line with previous year's data).

94% British White
3% BME
2% Unknown

57% Female
43% Male

9%	Under 18
12%	18-30 Years
40%	31-64 Years
39%	65+ Years

74%	Christianity
15%	Unknown
9%	No Religion
0.4%	Muslim
0.2%	Hindu

1 in 6 Wigan Residents now over age of 65 – By 2033 estimated 80,000 people aged 65+ years living in Wigan – Greater healthcare needs

Top languages interpreted: Polish, Spanish, Russian, Farsi, Arabic, Lithuanian, Mandarin and Cantonese.

Wigan Borough Demographics (estimates based on of local / national data):

21.5% living with long term illness (national average 17.9%)

8.5% Lesbian, Gay or Bisexual

64 Transgender

53,000 people living with some form of hearing loss
8,680 people living with sight loss

482 same sex / civil partnerships

This year's Annual Monitoring report identifies the following key trends:

Over the last 2 years, trends indicate a decrease in the % of maternity in-patients – A decrease of 3,081 patients since 2012/13. A decrease of 453 patients since 2013/14. In terms of ethnicity, the most significant decrease being that of patients of British White Ethnic origin (in line with local population). Over the last 4 years trends indicate a slight increase in the number of black and minority ethnic maternity in-patients (2.8%) - This data is in line with the significant growth in the Wigan Borough migrant worker population and the numbers of refugee / asylum seekers.

Of the 38,845 patients who did not attend their out-patient appointments during 2014/15, 89.6% were of British White Ethnicity. Although figures would suggest a higher percentage of Black or Minority Ethnic Group DNAs in relation to out-patient & in-patient attendances (94%), on analysis, data revealed a higher percentage of ethnic groups Not Stated / Null (5.9% recorded). The number of Out-patient DNAs increased by 1,105 during 2014/15. On analysis a decrease across the majority of ethnic groups was noted.

An overall increase in the number of written translations over the past 5 years was noted (75% increase since 2010/11). Although the number of language translations remains low, the number of translations in other formats has increased (increase of 88% recorded since 2010).

Equality Monitoring – Key Trends (Employment Practice)

In terms of ethnicity, gender and religion and belief workforce demographics during 2014/15 was overall reflective of the local population:

51% Christian
36% Unknown / Undeclared
13% Other Religion / Belief

83% Female

91% British White

2.2% Living with a Disability
46.7% Unknown

This year's Annual Monitoring report identifies the following key trends:

The Trust has 38% of staff aged over 50 years. We have seen a slight increase in the proportion of staff aged 60+ years since the removal of the default retirement age in 2011. Within 2013-14, staff aged 60+ years equated to 8.4% of staff and it was 8.87% in 2014-15. Succession planning is a key issue for the Trust and initiatives such as our apprenticeship programme are one part of ensuring that skills gaps can be filled in the future.

When we review the workforce by pay band, this highlights that males are over represented within the Medical staff groups and at Board level. However, representation of Trust female Board Directors has increased within the last two years and is now 43% female.

Within Recruitment, the statistics in relation to applied, shortlisted and appointed highlight that we are still over representative of the number of white candidates who are shortlisted and appointed in comparison with BME applicants. However, there has been an improvement in success rates for BME candidates over the last 12 months from a 1.1 appointment ratio for White candidates compared with 0.55 BME candidates in 13/14 to a 0.93 appointment ratio within 14/15 for white candidates and 0.63 for BME candidates. The gap has started to close which is encouraging but this is still a key area that requires monitoring.

The ethnic composition of the Employee Relations cases in April 14 - March 15 is over representative of black & minority staff (BME) for Disciplinary cases, Grievance (inc Dignity at Work) cases and Employment Tribunals. This is a continuing trend and the BME cases relate primarily to medical staff conduct & capability investigations (5 BME cases) and medical staff grievances (5 cases). Medical staff conduct & capability cases are overseen by the Medical Director and HR Director. The process

is transparent and involves NCAS and, where applicable, external assessments. Therefore, we do not believe discriminatory practices are in place. However, it is still unclear why there is a disparity of cases between the ethnic groups. The 5 BME medical grievance cases were all subject to transparent management and external investigation in 3 of the cases was undertaken. Of these 5 grievance cases, 4 BME medical staff were at the same time subject to conduct & capability assessment. Therefore, this is a contributing factor to the proportionately high number of medical a staff grievances within this period.

The 2014 staff survey results indicate some areas of difference for BME staff. These include lower levels of perceived support from immediate managers, higher levels of physical violence from staff and higher levels of harassment, bullying or abuse from staff. The staff survey also highlights less positive results for Disabled staff across a number of indicators.

Analysis of PDR rates & Training data highlights that employees aged 55+ years still have lower training rates than younger workers and employees aged 65+ have lower PDR rates. Work will be undertaken with the Training Department to review the non-compliance data for older workers and identify any follow up actions that may be required. We will also continue to survey staff via pre-retirement course attendees to explore issues and identify appropriate actions relating to PDR, Training & any wider employment concerns. In relation to Training, unlike last year, there is a lower rate of training for Disabled staff at 74% compared with 85% of non-disabled staff. This trend will be monitored to identify if any further analysis is required.

Key Challenges and Outputs for 2015/16

The Trust has developed a number of equality work areas during 2014/15 and is committed to building on these achievements. We recognise that this is a continuing journey. We have started to make progress on the areas identified within our 4 year EDS Action Plan 2012-2016, recognising that embedding these changes will take time.

Our summary data analysis has highlighted that there are some key priority areas for us to incorporate into our Equality Delivery System Action Plan. These include:

- Recruitment success rates for BME candidates
- Employee relation cases for BME staff
- Training rates for employees aged 50+ years
- PDR compliance for employees aged 65+ years
- Maternity In-patient activity
- Equality data collection across all 9 protected characteristics in line with Accessible Information Standard Requirements**.**
- Alternative format for Annual Monitoring Report 2015/16 – outcome focused / measurement of impacts.

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

POTENTIAL RISKS

Failure to actively promote equality across all protected characteristics could constitute failure to meet the requirements of Equality Legislation / Statutory Bodies. The key risks to the Trust therefore in terms of employment practice are: a higher % of white applicants are shortlisted and appointed than those from black and minority groups; The number of BME staff involved in disciplinary, grievance and ET Cases is disproportionate in comparison with the corresponding workforce profile; and employees aged 55+ years have lower training rates than younger employees. The key risks to the Trust therefore in terms of service delivery are non-completion of equality impact assessments, failure to comply with Accessible Information Standard and the poor quality of equality information. All potential risks have been listed within the body of this report and details of how the Trust intends to mitigate these risks.

ACTION BY BOARD

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

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1. Introduction

Wrightington, Wigan and Leigh NHS Foundation Trust is committed to the practices of inclusion, diversity and human rights, and aims to ensure that these are maintained and embedded within all aspects of service provision and employment practice.

Tackling inequality and removing barriers through employment and service provision remains a key strategic focus for the Trust. The Inclusion and Diversity Operational Group, under the guidance of the Steering Group, have undertaken a variety of projects which have helped to improve service provision for patients, carers and their families and employment practice for staff.

The aim of this Inclusion and Diversity Annual Monitoring Report is to provide an overview of progress in the key areas of inclusion and diversity activity in service delivery and employment practice over the last 12 months (2014/15). This report summarises the actions and achievements, the Trust has made, and the priorities for the year ahead. It summarises how we have continued to embrace the Equality Delivery System (EDS2), demonstrating our commitment to the Public Sector Equality Duty and the development of our equality objectives.

This report also provides an analysis of equality information in relation to our service users and staff, in line with the Public Sector Equality Duty requirements.

"The idea of collecting and analysing data for us is not about the law; it's about measuring our service delivery and employment practices to ensure we are the best that we can be".

Areas identified for further analysis or action are incorporated into the Equality Delivery System (EDS2) Action Plan - so we have one central place for monitoring our Inclusion and Diversity related priorities and actions.

2. Key Developments 2014/15

Over the last 12 months, we have seen substantial progress in embedding inclusion, diversity and human rights into core business activity. Progress in the key areas of inclusion and diversity is summarised under the headings below:

2.1 Legislation

2.1.1 Public Sector Equality Duty (PSED)

As a public authority, the Trust has a legal requirement to promote equality and set out how we plan to meet the 'general and specific duties' specified in the Public Sector Equality Duty.

The following table, summaries the Trust's progress in relation to legislative requirements during the last 12 months:

Public Sector Equality Duty Requirement	Our Progress
Publish information to show our compliance with the Equality Duty on an annual basis.	We publish patient and staff equality data on an annual basis. Last published January 2015. There are limitations on the amount of data that can be supplied regarding patient data because not all of the nine protected characteristics identified in equality legislation are captured or recorded for all patients. For staff, the Trust holds a more comprehensive data set. The Trust website is updated on an on-going basis in line with Trust developments and initiatives, progress reports and survey feedback.

Set and publish equality objectives, at least every four years.	We used our EDS Assessment to develop and agree four equality objectives in March 2012. These objectives were initially set for a period of 12 months, but it was recognised that a longer time frame was required for their delivery. They are currently reviewed annually – last reviewed March 2015.

2.1.2 Equality Delivery System (EDS2)

The Equality Delivery System (EDS2) is a toolkit which has been designed to help NHS Organisations to meet the requirements of the Public Sector Equality Duty. The EDS2 toolkit supports NHS organisations to identify areas for improvement. There are four goals and 18 outcomes, against which the Trust will be assessed and graded. The four goals are as follows:

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

From April 2015, EDS2 implementation by NHS provider organisations was made mandatory in the NHS standard contract. EDS2 implementation is explicitly cited within the CCG Assurance Framework and embedded within the CQC new inspection regime for hospitals.

In March 2015 the Trust undertook its fourth assessment of performance against the EDS2 (incorporating the Trust Equality objectives) and obtained feedback from key stakeholders. An action plan has been developed to address gaps and areas for improvement. The EDS has provided us with a means of identifying priorities to be addressed to ensure our services are accessible to all and to take into account the diverse needs of all our service users and staff.

See Appendix 1 to view our EDS2 Scores and evidence base. An EDS2 Action Plan was developed to address gaps and areas for improvement during 2015/16.

2.1.3 Workforce Race Equality Standard (WRES)

From 1 April 2015 all NHS organisations are required to demonstrate through the nine point Workforce Race Equality Standard (WRES) metric how they are addressing race equality issues in a range of staffing areas.

For the first time, NHS organisations are required to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation. This will be included in the Standard NHS Contract.

The regulators, the Care Quality Commission (CQC), National Trust Development Agency (NDTA) and Monitor, will use both standards to help assess whether NHS organisations are well-led.

See Appendix 2 to view our Workforce Race Equality Standard Report.

2.1.4 Equality Impact Assessments (EIAs):

During 2014/15, the Trust continued to undertake equality analysis (equality impact assessments) on all policies and practices (to ensure that any new or existing policies and practices do not disadvantage any group or individual).

During 2014 the Trust's Equality Impact Assessment Toolkit and Forms were reviewed. A section on equality data was included. Staff undertaking assessments are now prompted to review what equality data is available and whether any trends can be

identified. Staff are signposted to the Trust's on-line reporting tool (ORBIT) were equality data on age, sex, ethnicity and religion can be viewed at service level. 5 half day Equality Impact Assessment Training Workshops were delivered during 2014/15.

During 2014/15, we undertook an equality analysis on the following 2 services:

Service Equality Impact Assessed	Hospital Site	Date Assessed
Videofluroscopy Service – X-ray	Royal Albert Edward Infirmary	March 2015
Cancer Care Centre	Royal Albert Edward Infirmary	May 2014

During 2014/15**, 59 policies and procedures** were ratified by the Trust's Policy Approval and Ratification Committee (PARC) which were equality impact assessed.

2.2 Involvement and Consultation

Engagement is a key part of the EDS2. We continually encourage engagement with staff, patients, their families/carers and communities from all protected groups to ensure that our existing and future practices meet the needs of those we serve and employ. Feedback from staff and patient surveys, comment cards, focus groups are analysed and discussion forums encouraged to, determine whether employment practice and service changes and transitions are equitable across all protected groups.

Evidence of engagement relating to equality issues during 2014/15 summarised below:

2.2.1 EDS2

In order to arrive at our 2015 scores, the Trust has undertaken a process of evidence collection and engagement with local stakeholders. Evidence collation has included:

- A survey was sent to a random sample of 230 patients of Black or Minority Ethnic origin (who were in-patients during April to June 2014) to assess progress against Goals 1 and 2. **See Appendix 3** to view our 'Have Your Say on Equality in the NHS 2014' Survey Report.

- The Trust's Head of Engagement and Inclusion and Diversity Project Lead attended the Leigh Asylum Seekers and Refugees Group Drop-in Session (LASARS) to ascertain their views about Trust services.

- The Trust's Head of Engagement and the Inclusion and Diversity Project Lead visited the Gypsies and Travellers Community at Little Lane, Goose Green in Wigan to ascertain their views about Trust services.

- The Trust's Head of Engagement and Inclusion & Diversity Project Lead (Services) visited the BRICK Homeless Shelter in Wigan to engage with the homeless people of Wigan about hospital services.

- A staff survey was circulated to all wards and departments to ascertain staff's current awareness of how to access interpreter and translation services.

- Comment Boxes are now located in the Breast Feeding Rooms at Leigh Infirmary, Wrightington Hospital and the Royal Albert Edward Infirmary to encourage breast feeding mums to give us feedback on the provision of our Breast Feeding Room facilities.

- Healthwatch Trustee and current service user met with the Trust's Inclusion & Diversity Project Lead (Services), Head of Unscheduled Care and Patient

Information Officer to discuss how current practice within A&E could be improved for hearing impaired patients.

- The Trust's Head of Engagement and Inclusion & Diversity Project Lead (Services) engaged with a transgender service user about hospital services.

- The Trust's Facilities Manager, Inclusion & Diversity Project Lead (Services) met with a registered severely sight impaired service user, who had been approached by RNIB to take part in a PLACE (**P**atient **L**ed **A**ssessment of the **C**are **E**nvironment) Inspection at the Royal Albert Edward Infirmary. She was asked to report back to the RNIB on the accessibility and signage at the Infirmary for the visually impaired. The Patient Chairman of PLACE accompanied her on the PLACE Inspection. She was given a tour of the Wigan Site and shared with the group her feedback on how accessibility and signage could be further improved. Further inspection of other hospital sites was requested and will be arranged during 2015/16.

- The Chair of DPN (Disabled Parents Network) and active member of the Wigan Access Group regularly liaises with the Trust's Inclusion & Diversity Project Lead (Services) about access for the visually impaired and recent developments within the RNID.

- EDS scores against Goals 1 and 2 were sent to Health Watch for review

- A Staff Survey was sent out via global e-mail and Trust News to assess progress against Goals 3 and 4. This feedback was used in conjunction with the 2014 National Staff Survey results.

- Goal 3 and 4 evidence has been sent to the Staff Side Chair for review and discussion at the Staff Side Meeting.

- Evidence against one of the criteria of Goal 4 - Inclusive Leadership was sent for peer review by another NHS Foundation Trust.

In line with the requirements of the Public Sector Equality Duty the Trust continues to develop processes for continuing engagement with local people and staff from all protected groups (including seldom heard/key disadvantaged groups). The Trust recognises that learning from patient and staff experience is an important way of improving care, quality and experience. During 2014/15 an EDS Engagement Plan for 2015/16 was agreed. Relations with Wigan Borough Clinical Commissioning Group (CCG), Public Health, Bridgewater Community Healthcare, 5 Boroughs Mental Health Foundation Trust and Health Watch have been maintained. Progress will be reported in the Inclusion and Diversity Annual Service Monitoring Report 2015/16.

2.2.2 Feedback from Patients / User Groups

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

2.2.3 Feedback from Staff Focus Groups

In November 2013 we held the first of our planned Focus Group Events for staff. The first Focus Group was specifically for BME staff. A focus group for staff living with a disability followed in September 2014 and further sessions are planned in 2015 for other equality groups. These sessions are a way for us to engage with staff, seek feedback, listen to what matters to staff and identify follow up actions.

A number of actions were taken forward from the focus groups held to date. These include:Publication of management guidance to support staff living with a disability.

- Introduction of transcriptions of Team Briefs.
- Purchase of headphones for staff to use for online training and to watch podcasts
- A review of available dietary options within staff restaurants.
- BME representatives on recruitment interviews - pilot.
- BME coaches and BME mentors
- A review of imagery used within e-Mandatory training modules.
- A review of annual leave provisions for staff from overseas with long journeys home.
- Online recruitment survey pilot.

2.2.4 Partnership Working

The Trust continues to work in partnership with stakeholders and the wider health economy.

We have become active members of the Local Health Economy Group, working in collaboration to share equality data and promote and challenge inequalities.

Membership includes:

- Wigan Borough Clinical Commissioning Group (CCG)
- Bridgewater Community Healthcare NHS Trust
- 5 Boroughs Partnership NHS Foundation Trust
- Wigan Council
- Wigan Leisure Culture Trust
- Greater Manchester Police (GMP).

As a result of this, Hate Crime Awareness Week (April 2014) was promoted on all Trust sites in collaboration with GMP. Further initiatives will be progressed during 2015/16.

Working in partnership with the University of Manchester, a group of WWL from a number of departments and sites jointly promoted Lesbian, Gay, Bisexual and Transgender awareness by participating in Manchester Pride 2015.

2.3 Access to Information and Services

2.3.1 Estates and Facilities - Disabled Access:

All the Trust's estates schemes are designed and constructed in accordance with Disability Legislation and the Building Regulations Part M standards. In addition wherever practicable designers consult with Inclusion and Diversity leads within the trust which often encompasses patient groups and forums.

In addition the Estates and Facilities department have recently attended a number of workshops and awareness training in connection with creating a dementia friendly environment. The Associate Director of Estates and Facilities currently chairs the Dementia Friendly Steering Group.

During the period 2014/15 the following capital projects have been undertaken which provided improved or additional disabled access for staff and patients:

- New build Oncology Department at RAEI
- Two new MacMillan Information Centres, RAEI & TLC
- Creation of a new Cardiology Department at Leigh
- New build Pathology ESL department at RAEI
- Reconfiguration of Clinical Decision Ward at RAEI.
- New build Assisted Conception Unit at Wrightington Hospital.

The financial year 2014/15 has provided an opportunity to further develop projects at design stage and a number of new schemes are now being built and will come to fruition in 2015/16. These are detailed below:

- **New build Surgical Block at Wrightington Hospital**. This development will comprise of inpatient wards, an operating theatre complex including recovery area and a new admissions unit.
- **New Hydrotherapy Pool at Wrightington Hospital.** This scheme involves the **r**efurbishment of the existing department and includes the provision of a new hydrotherapy pool. Primarily the new pool will provide improved access for patients.
- **New Surgical Admissions Lounge** – This scheme will enable us to relocate the current SAL from its first floor location into reconfigured purposed designed accommodation, in a more suitable ground floor location in the Christopher Home building.
- **New Oxygen Service** – This is a new service which will be located in the Former Planned Investigation Unit alongside the Chronic Obstructive Pulmonary department on the ground floor near to the main Clock Tower entrance.

2.3.2 Patient Information:

A separate 'Easy Read' Menu has been added to the Trust's Patient Information web pages on the Trust Website.

During 2014/15, an in-patient and out-patient easy read patient information leaflet was reviewed and draft produced.

During 2014/15 two new Macmillan Information Centres were opened at the Royal Albert Edward Infirmary and Thomas Linacre Centre Out-Patient Centre.

2.3.3 Internet / Intranet:

During 2014/15, the Trust's Inclusion and Diversity Web Pages on the internet and intranet were updated in line with recent developments and equality legislation. Web pages are updated on an on-going basis.

New Accessibility Web Page on Trust Website

In April 2014 a new 'Accessibility' Web Page Menu was added to the Trust Website Home Page. Information is now available about browser settings, what facilities/provisions are available for people with mobility needs and people with hearing and visual impairments. Patients are encouraged to notify hospital staff about their special needs/requirements, so the necessary provisions can be put in place.

2.3.4 Chaplaincy and Spirituality:

The Chaplaincy and Spiritual Care Team have continued to provide pastoral, spiritual and religious care to patients, relatives and staff of all faiths and none across the Trust. Some of the work and activities undertaken by the Chaplaincy and Spiritual Care Team during the last 12 months includes:

A Multi-Faith Calendar for 2015 was produced by the Trust's Chaplaincy and Spiritual Care Manager. This was distributed to all wards and departments and can be accessed along with information about forthcoming religious festivals on the Trust Intranet Website.

The Team have also run meditations, reflections and relaxation sessions across all sites which are open to everyone, as well as hosted services and ceremonies for different religious groups.

Chaplaincy and Spiritual Care continues to contribute to national and local issues regarding chaplaincy. During the year a Trust Memorial Service has been establish – with three well attended Services to remember those who have died. The quiet spaces

and prayer facilities provided and the Chaplaincy & Spiritual Care service itself continue to be well accessed by patients, relatives and staff throughout the Trust.

In November 2014, funding was sourced for the provision of two portable multi-faith privacy screens for the Prayer Room on the Royal Albert Edward Infirmary Site. These were implemented from January 2015. The requirement was raised by several members of female staff for better privacy screens in the Prayer Rooms. As Muslim men and women need to pray separately, the need for adequate provisions was emphasised. In response to staff feedback, requirements were reviewed and implemented.

2.3.5 Learning Disabilities

The Trust continues to work collaboratively with its partner organisations and the Trust's Adult Safeguarding / Vulnerable Adult Lead represents the Trust on the following Boards/ Committees: Wigan Learning Disability Partnership Board; Wigan Borough Clinical Commissioning Group; Mental Health Implementation Board; and 5 BP Mental Health Law Forum.

During 2014/15, A&E and Surgical Admission Tours for patients with learning disabilities continued to be undertaken in order to obtain feedback about service accessibility. Tours took place on a bi-monthly basis and patients encouraged to converse with nursing, portering and x-ray staff. The feedback received has enabled pathways to be reviewed and processes have now been put in place to ensure patients with learning disabilities are fast-tracked through A&E. Patients with learning disabilities are now seen quicker to reduce unnecessary anxiety / agitation. From April 2014, tours were rolled out to Out-Patients at Thomas Linacre Centre.

The Learning Disability Hospital Liaison Team continue to work closely with staff and other provider services to promote the needs of people with learning disabilities. They provide accessible resources to aid communication liaise and work with professionals so that people with learning disabilities are safeguarded using the directives within the Mental Capacity Act and Deprivation of Liberty Safeguards.

2.3.6 Dementia

Dementia is a major concern for health and social care services. It is the single most frequent cause of admission to care homes, and of the need for community care services for older people. The majority of people who develop dementia will be older, however there is now evidence of a younger population who are developing this illness. Of these, a large percentage will require acute hospital care at some time during their later life. As part of the Trust's ongoing commitment to our patients who have dementia, a number of improvements and initiatives have been introduced / are being reviewed; these include:

The Trust now has over 200 Dementia Champions. Their role is to improve dementia care in their immediate area of work, raising awareness amongst colleagues and peers, and making a pledge to change one area. The champions also maintain a resource file and act as a resource for both staff, patients and their carer's. Changes that the champions have made include:

- Having a dementia awareness board in their clinical areas
- Development of 'quiet areas'
- Memory boxes
- Discharge information pack
- Introduction of red plates and cups
- Introduction of a finger food options
- Hearing assistance

A carer's strategy has been developed with identified work streams. The use of the 'this is me' documentation has been implemented, which encourages carers to document

information about the person with dementia. Monthly questionnaires are sent out to all dementia carers and with support from the PPI team, a report is delivered to the Trust Strategy Group.

During 2014/15 the 'dementia pod' initiative was introduced on Standish Ward at the Royal Albert Edward Infirmary to help and stimulate patients on the ward who are living with dementia. Dementia pods are an innovative approach which uses pop-up rooms designed to be reminiscent of a bygone era and will help to reassure patients with dementia. They are set up like rooms from past decades and are used to help calm patients in hospitals and care homes by taking them back to more familiar times. Designed in retro themes they are filled with authentic furniture and memorabilia which is hoped to get patients living with dementia to talk about the memories they still retain. Plans are currently being reviewed to introduce more of the dementia pods on Shevington Ward and in other appropriate wards in WWL.

As part of the Trust's programme of work, we are also looking at the hospital environment from a patient with dementia's point of view. Signs, colours, flooring and lighting will all be inspected for areas of improvement. One of the major works currently being undertaken is the refurbishment of one of our medical wards. It will go through a major renovation, implementing all the latest changes to make it a dementia friendly environment.

A working group has been set up to make the Thomas Linacre Centre (TLC) outpatients more dementia friendly. Work has progressed with the Estates Department, and changes to the seating layout and the design of a 'talking point' reminiscence wall (which will be suitable for anyone attending the department).

2.3.7 Interpreter and Translation Services

As a Health care provider, the Trust has a responsibility to provide appropriate interpreter and translation services. We have a statutory and moral responsibility to patients, service users and staff to ensure that the services we provide are equally and easily accessible to all segments of the community. The Trust currently uses several providers. These are as follows:

- Language Line Solutions (Telephone Interpreters and Written translations)
- Language Empire (Face to Face Interpreters)
- Action on Hearing Loss (British Sign Language Interpreters)

Staff are encouraged to use telephone interpreters when possible. Face-to-Face interpreters will only be provided if requests meet the Trust Criteria for booking face-to-face interpreters, or the practitioner can provide evidence for specific clinical reasons / or sign language interpretation is required.

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

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

Refer to Section 3.3.7 for an analysis of interpreter and translation activity.

2.4 Staff Awareness and Training

2.4.1 Inclusion & Diversity Champions

The Trust currently has 41 Inclusion and Diversity Champions. Their role is to continue to drive forward Inclusion and Diversity within their Divisions and to provide support when required. Champions attend quarterly Inclusion and Diversity Champion Meetings, chaired by the Trust's Inclusion and Diversity Project Lead (services).

The role of the I&D Champion is currently being reviewed and a one day training programme being developed and delivered on 8th October 2015 to ensure the Inclusion and Diversity Champion role is given the same recognition and support as that of the Trust Quality Champions. The Inclusion and Diversity Champion Programme will follow the same ethos as that of the Quality Champion. All current champions and Trust Staff will be given the opportunity to sign up to the programme.

The programme will give all champions an insight into Inclusion and Diversity explaining the value of the champion role, and how best practice can be implemented throughout the Trust. Guidance will be given on how to undertake a project to improve service delivery and current working practice.

2.4.2 Staff Training

- During 2014/15 staff from the Trust's Estates and Facilities Department attended a number of workshops and awareness training sessions of which the main focus was on creating a dementia friendly environment. The Associate Director of Estates and Facilities currently chairs the Dementia Friendly Steering Group**.**

- Within the Trust we now have 4 Alzheimer's Dementia Friends Champions, who carry out Dementia Friends training for volunteers, carers, staff, students and care homes.

- In May 2014, Stonewall (lesbian, gay and bisexual equality Charity) delivered a training session on the reasons for equality data monitoring to out-patient staff involved in the equality data monitoring pilots.

- All Trust staff complete the Inclusion and Diversity E-compulsory Training Module every three years. At the end of March 2015, the current Trust wide compliance rate for this training was 94.6%. The module was reviewed and refreshed in 2015 and updated to reflect legislation changes. Imagery used within the training has been reviewed to ensure that it accurately reflects the workforce and this will be rolled out to all modules across all functions as they become due for review.

- During 2013 work commenced on the production of a short disability awareness training film. The training film features a number of short scenes which shows some of the barriers people with disabilities face when accessing healthcare. Feedback was obtained from a number of disabled patients with regard to the content and structure of this film. The training film was launched in December 2014 in conjunction with International Day of Persons with Disabilities and is now included in the Inclusion & Diversity Module Mandatory E-Learning Module which all staff must complete on a 3 yearly basis.

- All new starters attend the Trust Corporate Induction day which covers the Trust approach to Inclusion and Diversity. A 15 minute presentation is delivered. This is updated on a regular basis to reflect current changes in equality legislation / Trust practice.

- 4 additional 'Advancing and Managing Diversity in the workplace` training sessions were held during 2014/15. Managers and Trust Leaders were encouraged to attend.

- 5 additional half day Equality Impact Assessment Training Workshops were held during 2014/15.
- Bespoke Learning Disability Awareness Training is now provided for all new staff of Bands 5 to 7, in addition to monthly Trust Induction Awareness. Awareness Sessions however can be provided to any ward / department on request by the Trust's Safeguarding Adult Lead. The Trust's Learning Disability Liaison Nurse now attends Junior Doctor Trust Induction.
- For the first time, online Recruitment Training has been put in place for Trust Managers and Leaders. Feedback from the pilot within Corporate Services has been positive so this will be rolled out to other areas of the Trust during 2015/16.
- A Bereavement Video was produced in collaboration with The Royal's Alliance Bereavement Service. Their purpose is to provide excellent end of life care for all. They have dramatically improved practice and successfully promoted patient choice and dignity in bereavement. This video is used extensively in staff training.

2.4.3 Key Developments

In response to staff and patient feedback, the following additional awareness training is currently being reviewed during 2015/16:

Trans Healthcare & Wellbeing
The Trust is currently working in collaboration with Wigan Borough Clinical Commissioning Group and 5 Boroughs Partnership NHS Foundation Trust to hold a Trans and Healthcare Wellbeing Event during 2015.

Deaf Awareness Training
The Trust is currently reviewing the provision of Deaf Awareness Training. A Healthwatch Board Member who is culturally deaf has offered to provide some deaf awareness sessions to Front-line Staff. A programme has been drafted and approved by the Trust's Training Department. An initial pilot of the training session is currently being arranged with A&E Staff.

Dual Sensory Training Package for Staff (Hearing & Vision)
The feasibility of providing an in-house dual sensory training for staff is currently being reviewed. This will encompass both visual impairment awareness and hearing loss awareness training.

2.5 SCHEDULE OF EVENTS

In 2014, the newly established Inclusion and Diversity Operational Group launched a Diversity Schedule of Events for 2014/15 to raise awareness of protected characteristics throughout the year. The calendar lists key diversity events / dates which are promoted on an on-going basis both internally and externally. The Operational Group chooses a number of key events each to year to promote - all other events featured on the calendar are promoted via Trust media.

Some of the Key Events promoted during 2014/15 included:

16th / 17th June 2014	**WWL World Cup**	**WWL World Cup Staff Engagement Event** hosted at John Rigby College. 22 WWL Teams representing 22 world cup countries participated in 5 aside football tournament. Cultural awareness raised via information stand including world recipes / fact sheets / quiz / food / music / costumes.

23rd-26th June 2014		**Inclusion & Diversity Roadshow** launched. Events hosted across all Trust Sites to raise cultural awareness.
12th Aug 2014	**International Youth Day**	Variety of fun and interactive stalls hosted by WWL at Wigan Youth Zone.
10th Oct 2014	**World Mental Health Day**	Oakdale Wellbeing at Work Support Service promoted to staff.
20th Nov 2014	**Transgender Day of Remembrance**	Key Speaker attended Inclusion & Diversity Champion Meeting on 15th December to share with the group her experience of being transgender.
3rd Dec 2014	**International Day of Persons with Disabilities**	Disability Awareness Training Film launched.
10th Dec 2014	**Human Rights Day**	Staff encouraged to participate in an 'Everyone Matters' Competition (by taking a selfie and stating what human rights matter to them the most).
23rd & 24th April 2015	**Hate Crime Awareness Week**	Greater Manchester Police & Rainbow Car visited all sites to raise awareness, Information Stands hosted across all sites.
8th-14th June 2015	**Carers Week**	Macmillan Information Team hosted information stand throughout this week at the Royal Albert Edward Infirmary - providing information on the practical and emotional effects on partners and carers when someone close to them has cancer.
28th Aug 2015	**Manchester Pride**	In partnership with Manchester University several members of staff from WWL participated in Manchester Pride 2015 Parade. Rainbow Flag erected at Royal Albert Edward Infirmary & Wrightington Hospital.
21st Sept 2015	**International Day of Peace**	Information Displays hosted across several sites by Chaplaincy & Spiritual care Team.

2.6 Procurement:

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

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

During 2014/2015 the Trust continued to ensure that all information on the Trust's Intranet Web Pages / tender documentation was concise and up-to-date.

3. Equality Monitoring

Equality Monitoring enables us to:

- Understand who is accessing hospital services and whether this is representative of the community we serve.
- Understand the demographics of our workforce.
- Equality monitor performance to identify if there is any difference in experience between different groups.
- Identify trends and highlight possible inequalities.
- Investigate the underlying causes of any inequalities.
- Seek to put actions in place to redress any unfairness or disadvantage.

The idea of collecting and analysing data for us is not about the law; it's about measuring our employment practices and service delivery to ensure we are the best that we can be.

3.1 Service Users

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 on the Patient Administration System (PAS):

- Age
- Sex
- Ethnicity
- Religion and Belief

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

In line with the Trust's EDS Action Plan, a Project Team was established in 2013 to review equality monitoring of the protected characteristics not routinely collected within the Trust: disability; sexual orientation; transgender; marriage & civil partnership within hospital activity. The Trust recognises that once equality data is collated and recorded within hospital activity, data can be extracted and incorporated within activity analysis to identify any visible trends which require further investigation.

Two 6 week equality monitoring pilots were undertaken during 2014 in specific clinics at Thomas Linacre Out-Patient Centre and Dermatology Out-Patients at Leigh.

Pilot 1: All new out-patients were given an equality monitoring form to complete on arrival (encompassing all 9 protected characteristics). Once completed, the form was returned to the reception desk for data inputting on to PAS.

Pilot 2: All new Choose and Book Out-patients were sent an equality monitoring form prior to their appointment, and asked to complete and bring with them when they attend. The form was handed in at reception and all completed Monitoring Forms inputted on to PAS.

Pilot 1 was deemed to be the most effective data collection method. An action plan for the roll out of equality monitoring (in line with the new Accessible Information Standard SCCI1605) within Trust is currently being reviewed, along with resource requirements, including staff training and patient education.

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

3.2 Local Population / Health Profile

Wrightington, Wigan and Leigh NHS Foundation Trust provides district general hospital services for the local population of over 318,000 and specialist orthopaedic services to a much wider regional, national and international catchment area.

On reviewing census data, the population of Wigan has grown by 16,378 in the last 10 years (an increase of 5%). This is the largest the population of Wigan has ever been.

See tables below:

Census Estimation	Population
2001	301,422
2011	317,800

Census Estimation 2011	Population	%
Male	15,7947	49.7
Female	15,9853	50.3

Wigan Health Profile 2015 - Public Health England – Key Findings:

- The health of people in Wigan is generally worse than the England average, including statutory homelessness, binge drinking adults (an estimate), over 65s 'not in good health' and life expectancy. However, some indicators are similar to the national average, such as physically active adults, and others are better than average, including drug misuse.

- There are inequalities by deprivation, gender and ethnicity. For example, men in the least deprived areas live around eight years longer than those in the most deprived areas, and for women the difference is over five years.

- Over the last ten years there have been decreases in death rates from all causes and in early deaths from heart disease and stroke, and cancer. However, the rates remain above the England averages and the gaps between Wigan and England death rates from all causes have widened over the decade.

- The health of children and young people is generally worse than the England average, including breast feeding initiation and smoking in pregnancy. However, the percentage of children who are physically active is better than average.

See Appendix 3 to view Wigan's Health Profile

3.3 Patient Equality Monitoring – Ethnicity

3.3.1 Ethnicity - In-Patient and Out-Patient Activity

In terms of ethnicity, access to hospital services during 2014/15 was overall reflective of the local population. The latest Census carried out by the Office of National Statistics reported that 95.5% of the local population were of British White Ethnicity. 94.4% of patients during 2014/15 were of British White Ethnicity (94.3% recorded during 2013/14).

The following table provides a summary of In-Patient and Out-Patient Activity by Ethnicity in respect of highest and lowest admitted groups:

Ethnicity	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Highest Admitted Group	**91%** British White	**93%** British White	**95%** British White	**94.7%** British White	**94.3%** British White	**94.4%** British White
Lowest Admitted Group	**2.8%** BME	**2.9%** BME	**2.9%** BME	**2.7%** BME	**2.8%** BME	**3.3%** BME
Highest BME Groups Admitted	**0.6% % Other White Group** **0.3% Other Asian Group**	**0.7% % Other White Group** **0.3% Indian**	**0.7% % Other White Group** **0.4% Other Ethnic Group**	**0.6% % Other White Group** **0.3% Other Ethnic Group** **0.3% Irish White** **0.3% Other Asian Group**	**0.7% % Other White Group** **0.3% Other Ethnic Group** **0.3% Irish White** **0.3% Other Asian Group**	**0.9% % Other White Group** **0.5% Other Ethnic Group**
Not Stated	**6.4%**	**3.8%**	**2.4%**	**2.6%**	**2.9%**	**2.3%**

Over the last 6 years, patients of British White Ethnicity continue to be the highest admitted group. The lowest admitted group continuing to be Black or Minority Ethnic origin. Trends however show a slight increase in the number of patients of Black and Minority Ethnic Origin during the last three years, of which patients of 'other white background' remain the highest admitted group.

See Appendix 4 for a summary of all ethnic origins recorded for In-Patient and Out-Patient Activity during 2014/15.

3.3.2 Ethnicity - Maternity Admissions

3,468 patients (90.2%) during 2014/15 were of British White Ethnicity – similar to the % recorded in 2013/14 (89.7%). 9% were of black or other minority ethnic backgrounds. 0.7% of patient's ethnicity is not known.

The table below summarises the spread of ethnic diversity amongst the service users accessing Maternity Trust Services:

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Total No. of Admissions	6525	6416	6733	6549	3921	3468
Highest Admitted Ethnic Group	**93%** British White	**93%** British White	**93%** British White	92.5% British White	89.7% British White	90.2% British White
Total No. of Black & Minority (BME) Ethnic Patients	397 6.1%	410 6.4%	425 6.3%	469 7.2%	379 9.7%	316 9.1%
Highest Admitted BME Group	Other White Background					

Over the last 6 years, patients of British White Ethnicity continue to be the highest admitted group for maternity in-patient admissions. The lowest admitted group continuing to be Black or Minority Ethnic Origin (9.1%). Trends over the last 4 years,

however, indicate an overall slight decrease in the number of British White maternity in-patients (2.8%) and a slight increase in the number of black and minority ethnic maternity in-patients (2.8%) - This data is in line with the significant growth in the Wigan Borough migrant worker population and the numbers of refugee / asylum seekers.

See Appendix 4 for a summary of all ethnic origins recorded for Maternity Admissions during 2014/15.

On reviewing in-patient admission activity over the last 2 years, trends indicate a decrease in the percentage of maternity in-patients - A decrease of 3,081 patients since 2012/13. A decrease of 453 patients since 2013/14.

The following table summarises the number of maternity in-patients by ethnic groups to highlight any possible trends in terms of ethnicity:

Ethnicity	2012/13	2013/14	2014/15	Variance (last 12 months)
British White	6059	3519	3128	- 391
Any Other White Background	164	159	133	-26
Other Ethnic Group	58	38	41	+3
Other Asian Background	43	41	24	-17
African	42	31	41	+10
Other Mixed background	34	6	4	-2
Chinese	32	27	20	-7
Pakistani	31	32	21	-11
Indian	24	14	6	-8
Irish (White)	22	3	14	+11
Not Stated / NULL	21	23	24	+1
White & Black Caribbean	8	6	1	-5
White & Black African	4	3	0	-3
White & Asian	2	1	1	0
Bangladeshi	2	1	2	+1
Other Black Background	2	6	6	0
Caribbean	1	11	2	-9
Total	**6549**	**3921**	**3468**	

Overall there has been a reduction in the number of maternity in-patient admissions by most ethnic minority groups. The most significant decrease being that of patients of White British Ethnic origin. Data is reflective of the local population.

Although an overall decrease in the number of maternity in-patient admissions during 2014/15 has been recorded, no specific trends in relation to ethnicity have been identified. Data has been verified with Business Intelligence.

3.3.3 Ethnicity - Accident and Emergency Attendances

88,322 patients attended Accident and Emergency during 2014/15. A reduction of 1,889 patients since 2013/14.

94.8% of these patients were of British White Ethnicity - the same % as that recorded in 2013/14. 3.4% are of black or minority ethnic origin; 1.8% of patient's ethnicity is unknown.

The following table summarises the highest & lowest national ethnic groups recorded during 2014/15:

Ethnicity	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Highest Admitted Group	**88%** British White	**94%** British White	**95%** British White	**95%** British White	**95%** British White	**95%** British White
Lowest Admitted Group	**2.3%** BME	**2.5%** BME	**2.7%** BME	**3.1%** BME	**3.2%** BME	**3.5%** BME
Highest BME Groups Recorded	**0.7% % Other White Group** **0.2% Chinese** **0.2% Irish White**	**0.7% Other White Group** **0.2% Chinese**	**0.9% Other White Group** **0.3% Irish White**	**0.3% Other White Group** **0.3% Other Mixed Group**	**1.2% Other White Group** **0.4% Other Mixed Group**	**1.5% Other White Group** **0.4% Other Mixed Group**
Not Stated	**9.7%**	**3.5%**	**2.4%**	**1.9%**	**1.8%**	**1.5%**

Over the last 6 years, patients of British White Ethnicity continue to be the highest admitted group for A&E Attendances. The lowest admitted group continuing to be Black or Minority Ethnic Origin. Trends indicate a gradual increase in the number of patients of balck and minority ethnic origin – a slight increase in the number of patients from other white backgrounds.

See Appendix 4 for a summary of all ethnic origins recorded for A&E Attendances during 2014/15.

3.3.4 Ethnicity - Patients who Do Not Attend their Out-Patient Appointments (DNAs)

The following data shows the spread of ethnic diversity of patients who did not attend their hospital out-patient appointments and maternity out-patients appointments during 2014/15:

Total Out-Patient DNAs

38,845 patients did not attend their appointments during 2014/15 (8% of the total out-patient attendances). 89.6% of these patients were of British White Ethnicity – Similar to that recorded in 2013/14 (89.3%). 5.9% were not stated / known or recorded as null.

The number of Out-patient DNAs increased by 1,105 during 2014/15 (37,740 recorded in 2013/14). A reduction in DNAs was however noted during 2012/13 and 2013/14 (1,337)

The following table summarises the highest and lowest ethnic groups recorded during 2014/15:

Ethnicity	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Highest DNA Group	**81%** British White	**86%** British White	**89%** British White	**89%** British White	**90%** British White	**89.6%** British White
Lowest DNA Group	**2.9%** BME	**3.4%** BME	**3.5%** BME	**3.7%** BME	**3.6%** BME	**4.4%** BME
Highest BME Groups Recorded	**0.5% Other White Group** **0.4% Other Ethnic Group**	**0.7% Other White Group** **0.4% Other Ethnic Group**	**0.7% Other White Group** **0.6% Other Ethnic Group**	**0.7% Other White Group** **0.4% Other Asian Group**	**0.8% Other White Group** **0.5% Other Ethnic Group**	**1.1% Other White Group** **0.7% Other Ethnic Group**
Not Stated	**16%**	**10.7%**	**7.4%**	**6.9%**	**6.6%**	**5.9%**

Over the last 6 years, trends show that patients of British White Ethnicity continue to be the highest admitted group recorded for Out-Patient DNAs. The lowest admitted group continuing to be Black or Minority Ethnic origin. However an overall increase in the number of patient DNAs of patients of black or minority ethnic origin is to be noted.

See Appendix 4 for a summary of all ethnic origins recorded during 2014/15.

Of the 38,845 patients who did not attend their out-patient appointments during 2014/15, 90% of these were of British White Ethnicity. However, 94% of patients who did attend their out-patient appointments were of British White Ethnicity. Although figures would suggest a higher percentage of Black or Minority Ethnic Group DNAs in relation to out-patient attendances, on analysis, data revealed a higher percentage of ethnic groups not stated (5.9%) for DNAs. Only 2.5% not stated for Out-patient attendances.
Although the biggest increase in the number of DNAs over the last 12 months were of patients of White British ethnicity, there has been an increase in the number of patients from other white backgrounds and other ethnic groups.

See table below:

Ethnicity	2012/13	2013/14	2014/15	Variance Last 12 month
NULL / Not Stated	2731	2504	2305	-199
British (White)	34905	33893	34797	+904
Irish (White)	113	111	129	+18
Any other White Background	289	297	438	+141
White and Black Caribbean	25	24	31	+7
White and Black African	21	13	27	+14
White and Asian	29	26	23	-3
Any other mixed background	82	98	136	+38
Indian	98	75	101	+26
Pakistani	101	86	119	+33
Bangladeshi	9	7	8	+1
Any other Asian background	151	165	163	-2
Caribbean	15	6	15	+9
African	132	122	119	-3
Any other Black Background	89	96	90	-6
Chinese	41	40	54	+14
Any other ethnic group	246	177	290	+113
Total	**39,077**	**37,740**	**38,845**	

Data will need to be continued to be monitored to review any possible trends.

Total Maternity Out-Patient DNAs

1,301 patients did not attend their Maternity Out-patient Appointments during 2014/15. 86.9% of these patients were of British White Ethnicity – A 3% increase in British White DNAs since 2013/14. This data is in line with overall DNA Attendances.

The following table shows the highest & lowest ethnic groups recorded during 2014/15:

Ethnicity	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Highest DNA Group	**89%** British White	**93%** British White	**90%** British White	**90%** British White	**91%** British White	**87%** British White
Lowest DNA Group	**9%** BME	**7%** BME	**8%** BME	**10%** BME	**8%** BME	**12%** BME

Over the last 6 years, patients of British White Ethnicity continue to be the highest admitted group recorded for Maternity Out-Patient DNAs. The lowest admitted group continuing to be Black or Minority Ethnic Origin. This percentage is in line with maternity admissions out-patient activity.

3.3.5 Refugees and Asylum Seekers

Asylum seekers arrive in the UK as a result of fleeing another country and in order to find protection. The Home Office is responsible for determining asylum claims and for providing people with accommodation and support if needed, which their claim is considered. Once a person has been granted 'leave to remain' (refugee status) they are free to move around the country in the same way as UK citizens. Many refugees seek work at the earliest opportunity. It is therefore extremely difficult to record the total number of refugees living in the North West.

Statistics released by the Home Office under the Freedom of Information Act showed that 476 people have been the main claimant for asylum for themselves or their families whilst living in Wigan between October 2006 and the end of March 2014, with the numbers rising from 326 at the end of March 2013 and 265 12 months earlier.

A total of 399 asylum seekers and their dependents have been found houses in Wigan at the end of March 2014. Asylum seekers do not have a choice about where they live while waiting for a decision to be made, but are scattered around the country using a quota system.

The figures also show how difficult successfully claiming asylum is, with 122 applicants being granted leave to remain in the UK between October 2006 and the end of September 2014, compared to 358 which were refused.

The average length of time for an application to reach a first outcome is 172 days, meaning most people claiming asylum in the UK can expect to spend around six months waiting to discover their fate.

The rising numbers of people seeking sanctuary in the UK was put down to the deteriorating situations and increased violence and instability in regions including the Middle East and north and sub-Saharan Africa.

3.3.6 Gypsies and Travellers

Gypsies and Travellers are a small but significant group who continue to suffer from poor health and lower life expectancy. Social exclusion experienced by Gypsies and Travellers is one of the drivers for higher infant mortality rates, poor educational and health outcomes in comparison with the wider settled community and other BME groups.

Gypsy or Irish Travellers are recognised under the Equality Act 2010 and are widely considered by government (national and local) and charities to be a vulnerable marginalised group who suffer from poor outcomes.

54,895 people identified themselves as Gypsy or Irish Travellers in the 2011 Census (0.1% of the usual population of England and Wales). Gypsies and Travellers were the

smallest group counted when compared to the other smallest categories, such as 'white and black African' at 0.3% and 'Arab' at 0.4%. The Irish Traveller Movement in Britain (ITMB) and other Gypsy and Traveller organisations believe that the 2011 census figure is a significant undercount. This is most likely due to many Gypsies and Travellers not self-ascribing. Many Gypsies and Travellers excluded in the 2011 Census appear to be living in 'bricks' and 'mortar' housing and unauthorised sites. Gypsies and Travellers who were not counted are more likely to experience marginalisation, discrimination and low education and literacy.

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

- The total 2011 population for England based on the GTAA figures was 119,193, equating to over twice the 2011 Census figure of 54,895.

- The total 2012 population for England based on the GTAA figures was 122,785 compared to the 2012 DCLG caravan count figure of 50,614.

The following table shows the regions with the largest Gypsy and Traveller population in comparison with the 2011 Census figures:

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

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

3.3.7 Interpreter Services

Telephone Interpreters
During 2014/2015, 661 telephone calls were made in order to access telephone interpreter services within the Trust.

Face-to-Face Interpreters
During 2014/2015, 292 face to face language interpreters attended hospital appointments / procedures.

On reviewing both telephone and face to face interpreter activity, data shows that Polish, Spanish, Russian, Farsi, Arabic, Lithuanian, Mandarin and Cantonese are recorded as the top languages requested during 2014/15.

Trends show a significant increase in the number of Polish and Spanish interpreters during the last four years. A steady increase in the number of Lithuanian, Arabic, Slovakian and Farsi interpreters is noted.

Although an increase in the number of face-to-face interpreters for these languages is shown, it is to be noted that face-to-face interpreters will always be provided when the patient is a child; vulnerable adult, has a learning disability; has a hearing impairment; is given a cancer diagnosis; in circumstances were telephone interpreters cannot be used (i.e. MRI). Requests for face-to-face interpreters continue to be monitored to ensure adherence to Trust Criteria.

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

See Appendix 5 for a summary of all languages requested during the last four years.

3.3.8 Translation of Patient Information:

During 2014/15, 37 translation requests were processed. *The following table summarises the number of requests for leaflets / correspondence in other languages and formats over the last 5 years:*

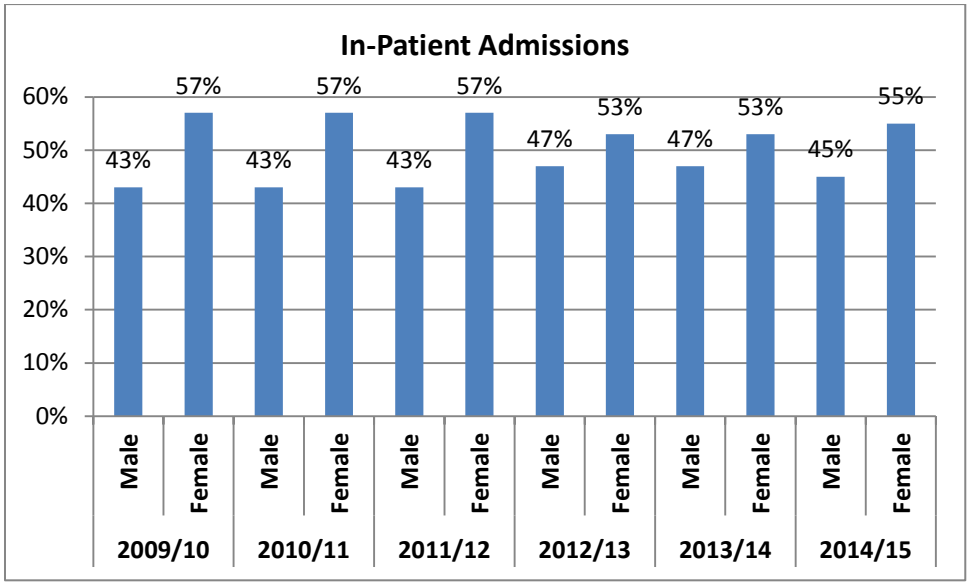
Formats	2010/11		2011/12		2012/13		2013/14		2014/15	
Other Languages	6	Latvian Slovak Polish Lithuanian Portuguese	7	Hungarian Gujerati Polish Mandarin Slovak	8	Russian Spanish Thai German Czech Latvian	7	Polish Arabic Turkish Urdu	11	Russian Alabanian Farsi Arabic Lithuanian Spanish
Other Formats Large Print / Braille / Audio	3		5		14		25		26	
TOTAL	**9**		**12**		**22**		**32**		**37**	

Data shows an overall increase in the number of translations over the past 5 years (a 75% increase since 2010/11). Although the number of language translations remains low, the number of translations in other formats has increased (an increase of 88% recorded since 2010). 26 translation requests in other formats were recorded during 2014/15 - 16 braille translations; 9 large print translations; and 1 audio request.

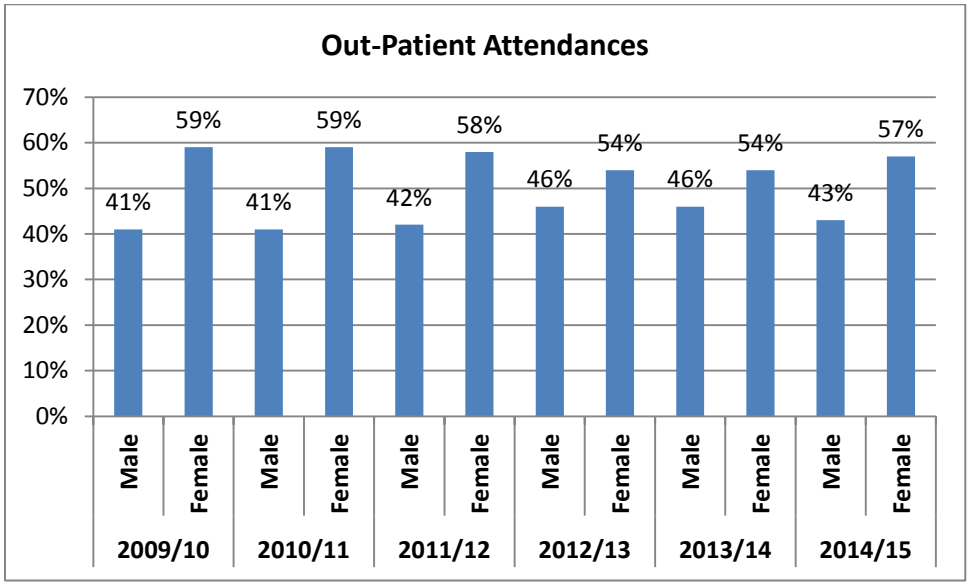
3.4 Gender

As with most healthcare services in the UK, women are more likely to use hospital services than men, both as in-patients and as out-patients. Despite making up just 50.3% of Wigan's population, 57% of all patients accessing out-patient services within the Trust during 2014/15 were female. *The graphs below show the ratio of females to males over the past 6 years within in-patient and out-patient activity:*

In-Patient Activity



Out-Patient Activity



During 2014/15, 51% of hospital DNAs were made by female patients (49% male).

Hospital Deaths

1,384 deaths were recorded during 1st April 2014 and 31st March 2015.This includes all hospital deaths including Accident and Emergency. No significant trends in gender noted. **See Appendix 6 for summary of hospital deaths by gender.**

3.5 Age

In terms of the age categories of patients during 2014/15, Trust data was overall reflective of the local population. The 2011 Census reported that the percentage of the population aged 65 and over in the Wigan Borough was the highest seen in any census at 16.2%. 1 in 6 Wigan residents are now over the age of 65. The number of 85+ year olds has increased by 24% since the 2001 Census. In 2001 there were 43,000 people aged over 65, currently there are 49,000. By 2033 there will be an extra 31,000, making a total of 80,000 people in the Wigan Borough.

Trust data shows that the highest percentage of service users who accessed both in-patient and out-patient services during the last 6 years, were aged between 31 to 64 years and 65 years and over. A 1% increase in the number of patients aged 65 and over during the last 12 months was noted. This is in-line with the increase of the local population aged 65 years and over.

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

Age Group	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Under 18	10%	9%	9%	9%	9%	9%
18 – 30	14%	14%	13%	9%	8%	12%
31 – 64	42%	42%	41%	41%	41%	40%
65+	35%	35%	37%	41%	42%	39%
TOTAL	**492,353**	**516,153**	**521,243**	**491,820**	**520,612**	**577,632**

In comparison with the UK as a whole, the population of Wigan is ageing. The age of patients accessing hospital services therefore is bias towards the older population, reflecting greater healthcare needs of this age group.

The 2011 Census identified that the number of children living in Wigan, under the age of 5 has increased by 2,138 (12%) over the last 10 years. On reviewing the number of Maternity Admissions however, during the last 6 years, there has been no significant increase in maternity activity. During the last 2 years the number of maternity admissions has significantly decreased. *See table below:*

No. of Maternity Admissions:

2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
6525	6416	6733	6549	3921	3468

Maternity Admissions have decreased by 47% during the last 2 years. An 11% decrease during the last 12 months.

On reviewing activity data, there has been no increase in the overall percentage of in-patient and out-patient activity for patients aged 18 years and under.

Hospital Deaths

The majority of deaths recorded during 2014/15 are of patients aged 65 years and over. Data is overall reflective of the local population that the Trust serves in terms of age and gender. **See Appendix 6 for summary of hospital deaths by age and gender.**

3.6 Religion / Belief

In terms of religion / belief, access to hospital services during 2014/15 was overall reflective of the local population.

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

The number of religious categories recorded by the Trust is much higher than the generic categories recorded in census results. For the purposes of this report, the religious categories have been grouped to ensure more meaningful data analysis. When grouping the number of patients from all denominations of Christianity, 74% of all out-patients were of Christian belief. The same percentage as recorded in 2013/14. Data showed, 9% had no religion; 0.4% were of Muslim faith; 0.2% of Hindu faith. This data is affected by the high proportion of religion not known / undisclosed (15% - 75,861 patients).

The table below shows the highest and lowest admitted groups during the last 6 years within out-patient activity:

Religion / Belief	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Highest Admitted Group	**49%** Church of England	**48%** Church of England	**47%** Church of England	**47%** Church of England	**47%** Church of England	**46%** Church of England
Lowest Admitted Group	**1** Armenian Catholic **1** Assemblies of God	**2** Assemblies of God **3** Russian Orthodox	**1** Armenian Catholic **2** Russian Orthodox	**1** Armenian Catholic **5** Seventh Day Advent	**1** Assemblies of God **1** Church of Wales	**1** Church of Wales **2** Armenian Catholic

Over the last 6 years, the Christian Faith Category continues to be the highest admitted group recorded for Out-patients.

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

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

See Appendix 7 for summary of out-patients by religion or belief for the last 2 years.

3.7 Disability

The Trust recognises the importance of data collection in this area. Although a patient's disability is not routinely recorded, plans have been put in place to address.
Functionality has been set up on PAS / EPR which now allows staff to record and view patient's needs / disabilities. This facility however is reliant on patients informing hospital staff about their disability/needs. Therefore data at the end of March 2015 is limited and cannot be used as monitoring data at this time.

For the purpose of this report data has been extracted from Wigan Council Census 2011 and local registered disability organisations.

Data from the 2011 Census indicated that 21.5% of Wigan residents are living with a limiting long-term illness, health problem or disability which limits daily activities or work. This is higher than the national average at 17.9%. See table below:

All Categories	No.	%
Day-to-day activities limited a lot	34,847	11.0
Day-to-day activities limited a little	33,474	10.5
Day-to-day activities not limited	249,528	78.5
TOTAL	317,849	

3.7.1 Blind / Partially Sighted

There are 1,570 people in Wigan registered as blind or partially sighted. 585 registered blind and 985 registered as partially sighted. Of the people officially registered with Wigan Council as blind or partially sighted, 18% state that they have an additional disability.

Data from the Royal National Institute for Blind People estimates that:

- 8,680 people living in Wigan have sight loss and of this total, 990 are living with severe sight loss. By 2020, these figures are projected to rise to 10,500 with 1,250 with severe sight loss. The likelihood of developing sight loss increases with age.

Estimates suggest:

Age Group	Estimate
65-74 Years	1,942
75-84 years	2,273
85+ Years	2,202

RNIB estimate that there are approximately 128 blind or partially sighted children under 16 years in Wigan and a 71 aged between 17 and 25 years.

Sight threatening conditions include: age related macular degeneration; cataract; glaucoma; diabetes and diabetic retinopathy.

Sight loss can be a contributory factor to falls in the elderlyand sight loss should be considered along with the effects of dementia, stroke and hearing impairments when considering services for the elderly or for the blind/partially sighted.

3.7.2 Hearing Loss

Action on Hearing Loss estimates that 1 in 6 (16%) of the population are living with hearing loss, which has an impact on their day to day lives.

It is estimated therefore that 53,000 people living in the Wigan Borough are living with hearing loss.

3.7.2 Learning Disabilities

Data from Improving Health and Lives (IHAL) Data 2012 estimates that:

1.9% (6,170 people within the Wigan Borough) have learning disabilities.

Not all of these people will be known to health or social care services.

The IHAL LD profile 2012 highlights the following areas where people with learning disabilities in Wigan fare significantly worse than England:

- Proportion of adults with LDs having a GP health check.
- Emergency hospital admissions
- Admission rate for non-psychiatric ambulatory care sensitive conditions
- Identifying people with LD in psychiatric in-patient statistics.

3.8 Sexual Orientation

This data is not routinely recorded within in the Trust. The Trust recognises the importance of data collection in this area. Although a patient's sexual orientation is not routinely recorded, plans are being reviewed within the Trust to address.

On reviewing national data, it is predicted that sexual orientation numbers (those identifying as lesbian, gay or bisexual) is between 7% and 10% of the population.

Based on national statistics and Wigan Borough Census 2011 data, it is estimated that 8.5% of the local population are lesbian, gay or bisexual.

3.9 Transgender

This data is not routinely recorded within in the Trust.

On reviewing national data, it is predicted that gender dysphoria is approximately 0.02% of the population.

Based on national statistics and Wigan Borough Census 2011 data, it is estimated that there are 64 transgender people living in the Wigan Borough. Despite the relatively small numbers, the impact that gender re-assignment can have on people's outcomes is extreme.

3.10 Marriage and Civil Partnership

This data is not routinely recorded within in the Trust.

For the purpose of this report data has been extracted the from Wigan Council Census 2011

The 2011 Census reported that 47.4% of the population of Wigan are married, 32.9% are single and have never married or been in a registered same sex partnership. The following table summarises the marital status of the population of Wigan:

Marital Status	Total	%
All usual residents aged 16+	257,825	
Single (never married or never registered as a same sex civil partnership)	84,705	32.9
Married	122,180	47.4
In a registered same-sex civil partnership	482	0.2
Separated (but still legally married or still legally in a same sex civil partnership)	6,536	2.5
Divorced or formerly in same-sex civil partnership which is now dissolved.	25,412	9.9
Widowed or surviving partner from a same-sex civil partnership	18,510	7.2

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

3.11 Complaints

Patient complaints are currently collected against 3 of the protected characteristics, age, gender and ethnicity.

Data shows that the highest percentage of complaints was made by female patients during 2014/15 (60%). A slight increase in the number of complaints made by female patients during 2013/14 (57%). No observable trends in age group for female complainants, was recorded. Overall a similar number of complaints were received from ages 19 to 89 years. The predominate age group for male complainants continues to be within the 40 to 89 age categories. The total number of complaints constitutes 0.5% of all in-patient and day case activity.

Data shows that the highest percentage of complainants (96.8%) during 2014/15 were of White British Ethnicity – this is reflective of the local community that the Trust serves and the In-patient / Out-Patient activity recorded during 2014/15.

The majority of complaints (57%) received in 2013/14 were in relation to the clinical treatment received. Staff attitudes; out-patient appointment delays/cancellations; admission, discharge and transfer arrangements and communication/information were the main complaint subjects recorded. Data showed that more complaints in relation to staff attitudes; communication/ information; clinical treatment were made by females than males.

The following table summarises the highest recorded age, ethnicity and gender groups for the main complaint subjects recorded during 2014/15:

Complaint Subject	No. of Complaints	Highest Recorded Age Groups	Ethnicity Recorded	Gender Recorded
All aspects of clinical treatment	**249**	**Aged 60-69** (44 Patients) **Aged 50-59** (40 Patients) **Aged 70-79** (35 Patients)	**British White** (243 Patients) **Not Stated** (2 Patients) **White Other** (3 Patients) **Black African** (1 Patient)	**Female** (157) **Male** (92)
Admissions, discharge and transfer arrangements	**30**	**Aged 80-89** (12 Patients) **Aged 70-79** (6 Patients)	**British White** (30 Patients)	**Female** (17) **Male** (13)
Communication/information to patients	**29**	**Aged 50 – 59** (6 Patients) **Aged 60 – 69** (6 Patients) **Aged 70 – 79** (6 Patients)	**British White** (29 Patients) **Not Stated** (1 Patient) **White Irish** (1 Patient)	**Female** (16) **Male** (15)
Attitude of staff	**22**	**Aged 40-49** (5 Patients) **Aged 60-69** (4 Patients) **Aged 70-79** (4 Patients)	**British White** (22 Patients) **Pakistani** (1 Patient) **Other Ethnic Group** (1 Patient)	**Female** (16) **Male** (8)
Appointments, delay/cancellation (out-patient)	**18**	**Aged 60 – 69** (7 Patients)	**British White** (18 Patients)	**Female** (7) **Male** (11)

Data shows that the majority of complaints in relation to the 5 main complaint subjects listed above, were made by complainants aged 50 and over. The highest recorded age groups (49%) being those aged between 50-79 (183 patients).

As reflected within the overall complaints by ethnicity, the majority of complainants were of British White Ethnicity.

There were no observable trends in relation to inclusion and diversity to be noted. Complaints are recorded in accordance with the main subject matter raised. The need to highlight any inclusion and diversity issue raised has been addressed with the Patient Relations Department. The Trust's Inclusion and Diversity Lead is notified of any issues.

See Appendix 7 for summary of complaints by age, gender and ethnicity

3.12 Key Inclusion and Diversity Workforce Data Trends 2014/15

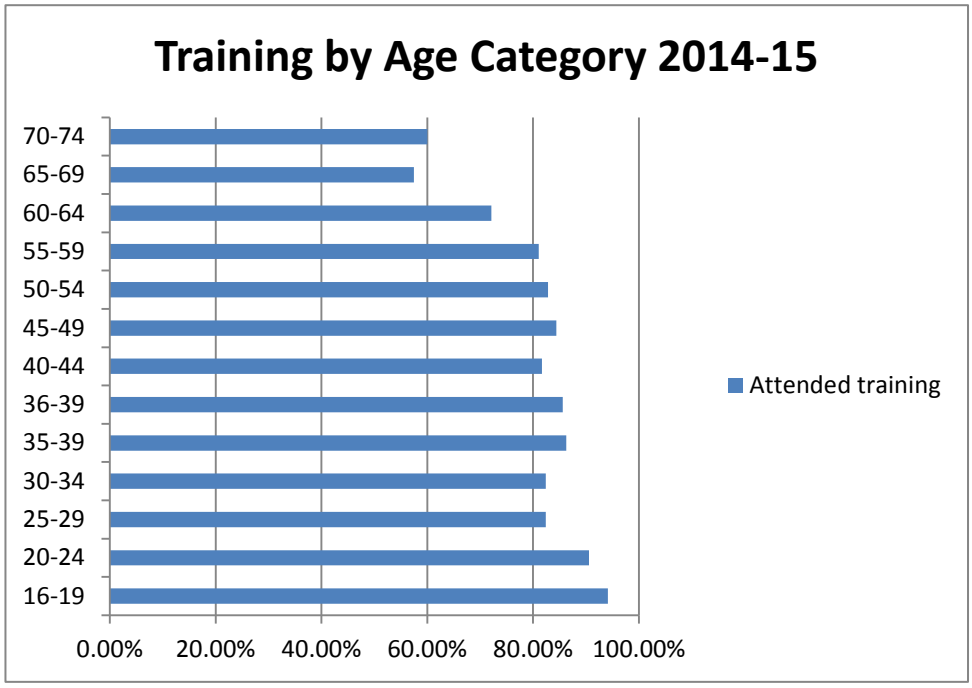
Employment Practice by Age

38% of the Trust workforce is aged over 50 years with 62% of staff aged below 50 years. Overall, this has remained relatively static. We have seen a slight year on year increase in the proportion of staff aged 60+ years since the removal of the default retirement age in 2011. Within 2013-14, it was 8.4% of staff and it was 8.87% within 2014-15.

The recruitment statistics do not indicate any particular areas of concern as success rates across the age bands do not show any significant variances.

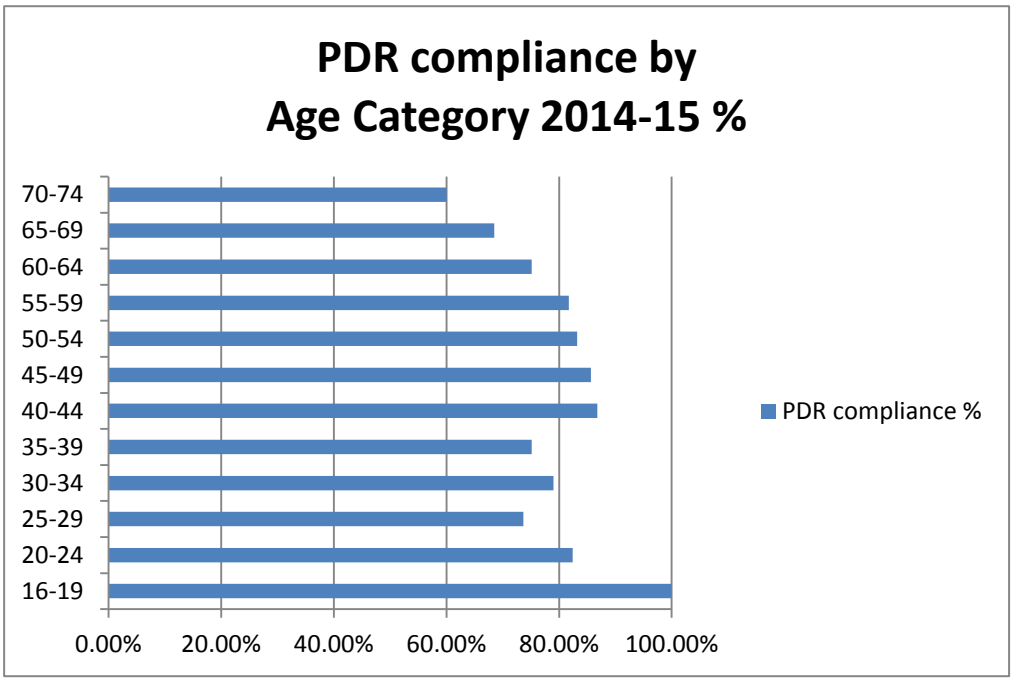
Training rates by age category highlight that the training rates have a significant variance between the youngest and oldest age categories with 91% compliance for 16-19 year olds and this drops to 57% for staff aged 65-69 and 60% compliance for those aged 70-74 years. See table 1.

Table 1



PDR compliance by age highlights some variances by age category (see table 2) and employees aged 65-74 have the lowest rates of PDR compliance. This is a continuing trend from 2013-14.

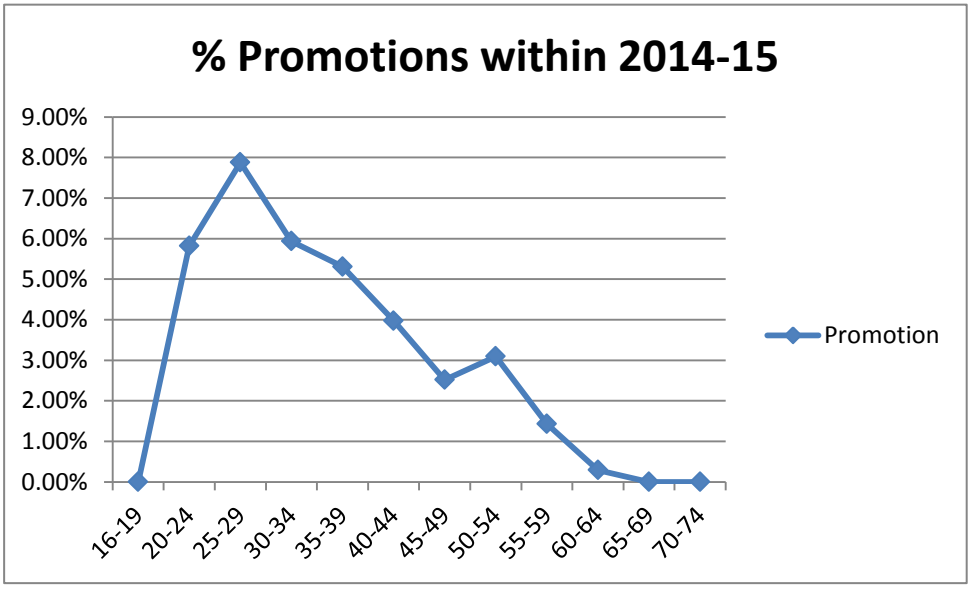
Table 2



Leaving rates are higher in the younger age categories with an average of 11% for employees under 40 years and it reduces between 41- 55 years to 8%. This rate increases for the older age categories at 12% for employees aged 56- 70 years. This analysis does not highlight any particular areas of concern and follows the trends expected of particular age groups.

Promotion rates are highest within employees under the age of 40 years and then steadily decline in the age brackets of 41- 70 years. See table 3.

Table 3



The Employee Relations statistics by age highlight that there are no areas of concern identified within the disciplinary of grievance and dignity at work statistical analysis. The cases by age category are proportionate to the overall workforce composition.

An analysis of flexible working applications by age highlights that flexible working applications are highest within the age categories of 30-34 years and 50+ years. Of the 21 flexible working applications made within 2014-15 19 were agreed in full, 1 was agreed partially and 1 was declined.

The 2014 staff survey results highlight that staff within the age categories 51+ years have lower rates of satisfaction across a range of the staff survey indicators. The highest rate of overall staff engagement is for staff within the age category 31-40 years.

3.13 Employment Practice by Gender

The workforce is 19.7% male and 80.3% female and this figure has remained relatively static over several years.

An analysis of Trust payband by gender highlights that although males overall only constitute 19% of the workforce from Band 8a and above this rises to 35% male. The medical workforce is 72% male and this rises to 81% when we analyse the composition of the consultant workforce. Representation of Trust female Board Directors has increased over the last 2 years and is now 43% female and 57% male.

The recruitment statistics highlight that marginally a higher % of females than males are shortlisted; however, this trend is reversed on appointment where male candidates fair well and have a slightly higher appointment rate than females.

Male & female staff have fairly comparable rates of training activity at 83% for female staff and 78% of male staff. The rates of PDR`s are also comparable at 81% for female employees and 79% for male employees.

Male staff constitute 30% of leavers within 2014-15 and this continues the trend of a higher leaving rate for male staff. However, this figure is skewed somewhat by the leavers including Trust employed junior doctors on rotation and the prevalence of male staff within this group. If we exclude medical staff from the leaver's analysis, the number of male leavers constitutes 19% of all leavers which is comparable with the male workforce profile.

Employee relations cases by gender highlights that male staff constitute 19% of the workforce but they represent 38% of disciplinary cases (including medical staff conduct & capability cases) within April 14- March 15. This is a continuing trend and a significant contributing factor is the number of male medical staff conduct & capability cases within 2014-15. Male employees are also over represented in Grievance cases (inc. Dignity at Work) and they represent 38% of cases within 2014-15. This is also a continuing trend compared with 2013-14 data and a contributing factor is the high number of medical staff grievances submitted (5) within 2014-15. Of the 5 grievances submitted by medical staff 3 of these Medical staff were subject to conduct & capability investigations during the same period. This highlights some of the complex factors which are impacting upon the statistics and is an area that requires continued monitoring to ensure that the cases do not indicate an Inclusion & Diversity issue.

Statistically, promotion rates between male and female staff are slightly disproportionate with 3.6% of female staff obtaining a promotion and 4.3% of male staff.

Analysis of the 2014 staff survey results by gender highlights that there are no significant differences in the satisfaction rates of male and female staff across a range of the staff survey indicators. However, the results do highlight that female staff experience higher % rates of experiencing physical violence from patients, relatives and /or the public in the last 12 months (16% compared with 9% male staff). Female staff also experience higher rates of % experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (24% female compared with 14% male). A contributing factor to these results is likely to be the different occupational roles that male and females are undertaking.

Analysis of the flexible working applications highlights that 95% of applications were made by female employees with only 1 application from a male employee. The % of male applications is disproportionate compared with the male workforce profile of 19%. However, it is reflective of the lower rates of flexible working and part time working in place for males across all employment sectors.

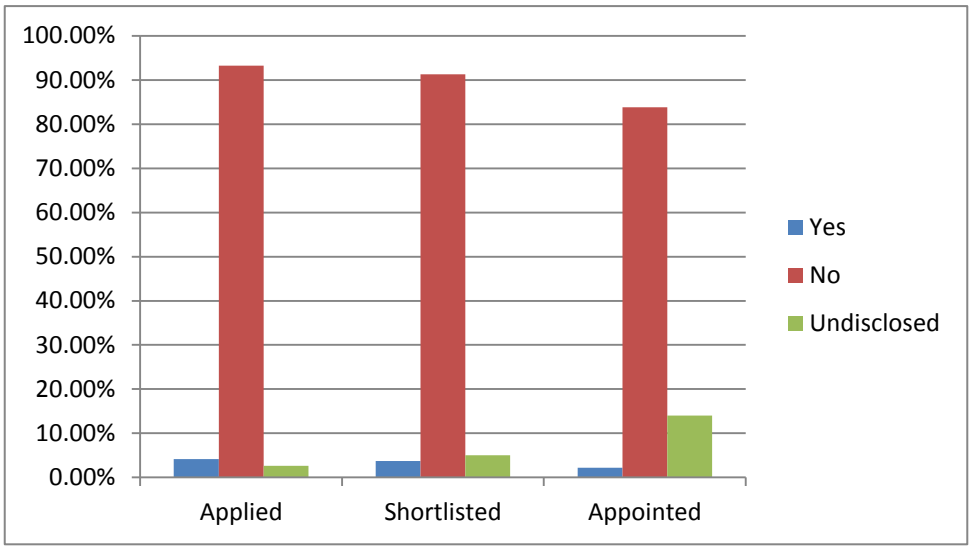
3.14 Employment Practice by Disability

The Trust is a "Positive About Disability" employer which means that we demonstrate our commitment regarding recruitment, training, retention and disability awareness. This is assessed on an annual basis by the Job Centre.

2.2% of the workforce has declared that they are living with a disability. We still have a large amount of data which is either unknown or not declared (46.7%), however, the % of undeclared data has reduced within the last 12 months from 52% in 2014.

The recruitment statistics highlight that disabled applicants have comparable rates of being shortlisted to non-disabled applicants. This is in line with the Trust's "Positive About Disability" status to offer a guaranteed interview to disabled candidates who meet the essential criteria for the post. Disabled candidate and non-disabled success rates fall from the shortlisted to appointed stage in comparison with candidates with an undisclosed disability status (see table 5).

Table 4



Analysis of training by Disability status highlights there is a lower rate of training for disabled staff at 74% compared with 85% of non-disabled staff. This is in contrast to the comparable rates of training that were seen within 2013-14 and this trend will be monitored to identify if any further analysis is required.

PDR rates are consistent between disabled and non-disabled staff at 80% compliance for both groups of staff.

The Employee Relations statistics highlight that disabled staff are slightly over represented within disciplinary cases at 5.7% of cases compared with 2.1% of the workforce declaring themselves disabled. The grievance (inc dignity at work) cases are fairly representative of the workforce profile and do not highlight any areas of concern.

The Leavers data for 2014-15 does not highlight any particular areas of concern for disabled staff and is generally proportionate with the workforce composition.

3.96% of disabled staff received a promotion within 2014-15 compared with 3.53% of non-disabled staff and 2.78% of staff that had not declared their disability status. This highlights that disabled staff fair well in obtaining promotions within the Trust.
There were no recorded applications for flexible working made by Disabled staff within 2014-15.

The 2014 staff survey results highlight that Disabled staff have less positive results across a number of indicators which include (but are not limited to) % disabled staff having well-

structured appraisals in the last 12 months, support from immediate managers, % suffering work related stress in the last 12 months, % suffering harassment, bullying or abuse from staff in the last 12 months, % feeling pressure to attend work in the last 3 months when feeling unwell. A Disability Focus Group session was held in September 2014 to explore the issues that are affecting staff living with a disability and key follow up actions have been agreed and implemented. A follow up Focus Group session forms part of the coming year's EDS.

3.15 Employment Practice by Sexual Orientation

The Trust workforce is 63% heterosexual and 36.2% of staff has either not declared their sexual orientation or it is unknown. In total 0.69% of the workforce are gay, lesbian or bisexual which represents 33 staff members. It's noted that, due to the significant proportion of staff have not declared their sexual orientation, this makes any trend analysis difficult. However, a summary of the available information is included in this section of the report.

Analysis of the recruitment statistics by sexual orientation highlights that applicants with an undisclosed sexual orientation have the highest % success rates at the shortlisted to appointed stage of the recruitment process. Heterosexual applicants have a higher % success rates at the shortlisted to appointed stage of the recruitment process (90% success rate) compared with applicants of a non-heterosexual orientation (average of 35% success across Gay, Bisexual & Lesbian applicants).

Gay staff have the highest rate of training activity at 93%. However, it is noted that there are extremely low numbers of staff in this categories (17 staff in total). Bisexual staff have the lowest rates of training activity at 71% but its noted that there are only 8 staff declared as Bisexual within the Trust workforce.

Lesbian staff have the highest rates of PDR compliance at 100% with gay staff having the lowest rates at 69%, however it is noted that these are extremely small staff groups. This is a continuing trend compared with 2013-14 data. Heterosexual, bisexual and do not wish to disclose staff have comparable PDR rates between 77-81%.

4.16% of heterosexual staff and 3.05% of staff that chose not to disclose their sexual orientation. received a promotion in 2014-15. There were no promotions recorded for Lesbian, Gay or Bisexual employees, however, there are very small numbers of staff within these sexual orientation categories (33 in total).

Employee relations cases by sexual orientation highlight that there were no disciplinary cases for staff of a non heterosexual orientation. There was 1 grievance case raised by an employee of a non-heterosexual orientation. However, the nature of the grievance does not indicate that there was an equality issue relating to sexual orientation.

There are no recorded applications for flexible working made by employees of a non-heterosexual orientation within 2014-15.

A review of leavers by sexual orientation does not identify any particular areas of concern and leaving rates are generally comparable across the sexual orientation categories.

It is hoped that the work carried out this year in relation to PRIDE and Hate Crime Awareness will serve to increase the rate of staff declaring their sexual orientation in the future.

3.16 Employment Practice by Religion

It is noted that, since a significant proportion of staff have not declared their religion and belief, any trend analysis is difficult. However, a summary of the available information is included in this section.

The Trust workforce is predominantly Christian (51%) with 36% either undeclared or unknown. The remaining staff (571) are split across a range of religion & beliefs with the highest number in the `other` category (220 staff).

Within the recruitment process, 66% of candidates who apply for positions within the Trust are from a Christian religion and belief, 9.38% of candidates did not disclose their religion and belief and 24.6% are a non-Christian religion and belief.

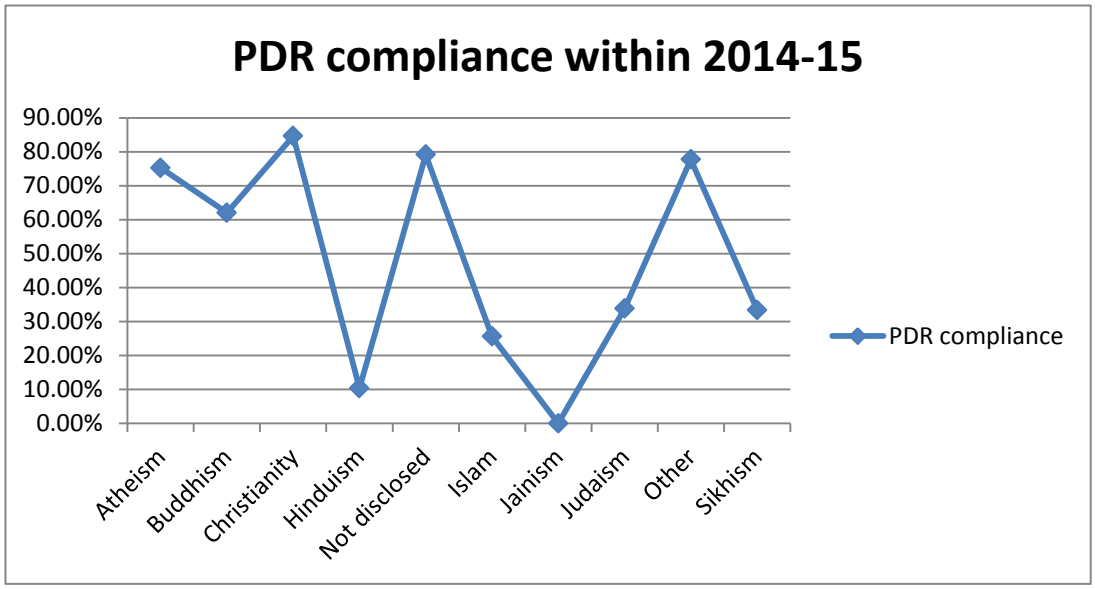
Candidates with an undisclosed religion and belief have the highest % success rates through the recruitment process with candidates recorded as Sikhism having the lowest success rates. However, there are extremely small numbers within these categories. In % terms, the highest success rates are amongst candidates with a Hinduism religion and belief at 1.59% applied, 1.09% shortlisted and 1.11% appointed.

Analysis of flexible working by religion/belief highlights that the majority of applications are made by Christian staff (71%) with 19% from staff of a non-declared religion/belief and 9.5% from staff recorded as `other` religion/belief. There are no particular areas of concern highlighted from the analysis.

Training activity by religion and belief is fairly comparable across the majority of categories with training rates between 75- 83%. However, Buddhist employees are an outlier at 56% training rate and Jannism the highest at 100% of staff undertaking training activity. However, its highlighted there are extremely small numbers of staff within these religion & belief categories.

PDR compliance by religion and belief highlights some significant differences between the religion and belief categories (see table 5) although it is again noted that, within some of the categories, there are extremely low numbers of staff.

Table 5



Promotions by religion and belief highlight that staff recorded as Atheist have the highest promotion rate at 5.45% of their total workforce composition. There are no promotions recorded within Buddhism, Jainism, Judaism and Sikhism. However, these are extremely small groups with 61 staff in total.

An analysis of Leavers and Employee Relations cases by religion and belief does not highlight any particular areas of concern.

3.17 Employment Practice by Ethnicity

91.3% of the Trust workforce is white with 1.7% not stated. 7.0% is Black & Minority Ethnic (BME). This profile reflects the predominantly white population of the Wigan Borough (98%). Analysis of the Trust Pay bands by ethnicity highlights that 58% (220 staff) of the medical workforce are from BME ethnic groups. The non-medical pay scales have extremely small numbers of BME staff (118).

The 2014-15 recruitment statistics by ethnicity highlight some areas of concern (see table 5).

Table 5

Ethnicity	Applied	Shortlisted	Appointed	Appointment Ratio from applied to appointed	Appointment ratio from shortlisted to appointed
White	85.37%	87.60%	81.72%	0.95	0.93
Asian	7.56%	4.95%	4.45%	0.58	0.89
Mixed	0.64%	0.58%	0.48%	0.75	0.82
Black	3.0%	1.53%	0.32%	0.11	0.21
Any other ethnic group	1.24%	1.09%	0.64%	0.52	0.59
Not stated	2.19%	4.26%	12.40%	5.6	2.9

Black & Minority Ethnic Group (BME) applicants have lower success rates than white candidates.
However, there has been an improvement in success rates for BME candidates over the last 12 months from a 1.1 appointment ratio for White candidates compared with 0.55 BME candidates in 13/14 to 0.93 appointment ratio within 14/15 for white candidates and 0.63 for BME candidates. The gap has started to close which is encouraging but this is still a key area of concern.

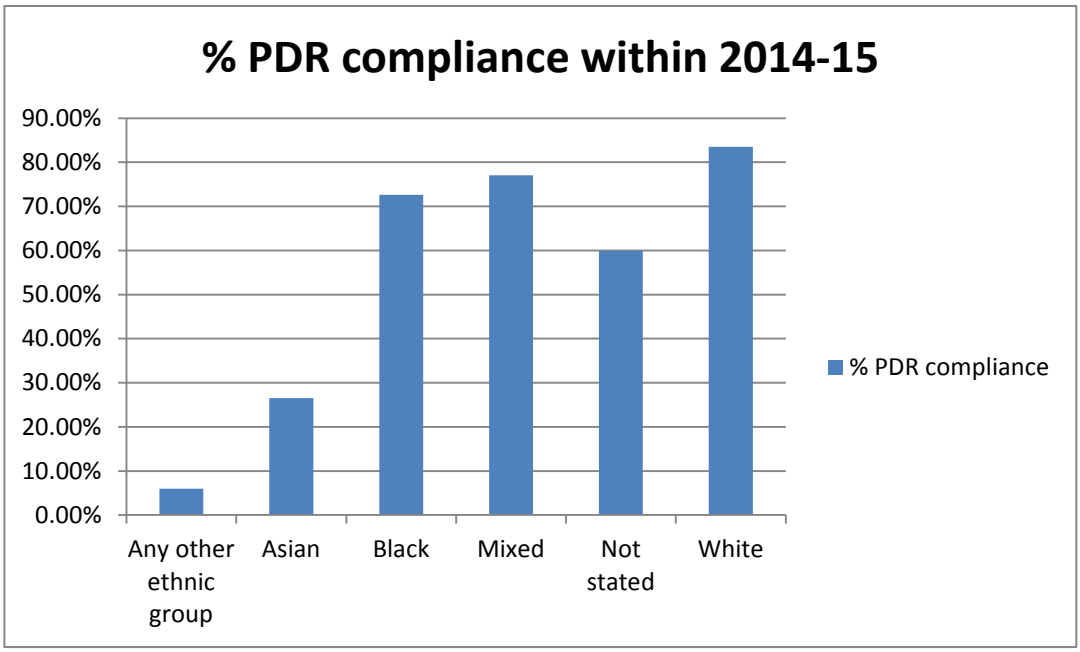
As previously highlighted, it needs to be taken into consideration that candidates outside the EU do not have free movement to work within the UK. This means that, unless the role is within a shortage occupation, the Trust would be unable to secure a certificate of sponsorship for the candidate to work in the UK. This will have an impact upon the recruitment statistics between the applied and shortlisted stages. However, it does not explain the full picture. A pilot whereby BME employee representatives will be present at the interview stage is being commissioned. The aim of the pilot is to gain feedback and establish recommendations for any future actions to improve the success rates within the recruitment process for BME candidates.

Analysis of staff training levels by ethnic group highlighted that Mixed Race staff have the highest % internal training recorded at 92% of this group having undertaken training within 2014-15. Staff recorded with `Any other ethnic origin` have the lowest rate at 73% although it is noted that there are a very small number of staff within this category (45 in total). Training rates are consistent across the remaining ethnic categories and range from 78-82%.

PDR compliance by ethnic group highlights that there are significant variances across the ethnic groups with White staff having the highest PDR rate at 83% and the lowest compliance is for staff within any other ethnic group at 6% compliance. However, it's noted that there are only 16 employees within this ethnic category. See Table 6.

Mixed Race staff have the highest promotion rate in comparison with their workforce composition at 7.69%. Staff declaring themselves as Black have the lowest % promotion rate at 0%. However, it's highlighted that there are a small number of staff within this category at 44 in total.

Table 6



BME employees have higher leaving rates than white staff at 18% BME leavers compared to the 6.9% BME workforce. However, this figure is skewed somewhat by the inclusion of Trust employed junior doctors on rotation in the leaver`s category of which are approximately 50% BME.

Analysis of flexible working by ethnic origin highlights that 90% of applications for flexible working in 2014-15 were made by white staff (19 employees), 4.76% Asian (1 employee) and 4.76% non-declared (1 employee). Analysis of approval rates by ethnicity detail that of 1 of the applications which was approved in part was an employee recorded with an Asian ethnic origin and the application declined was the employee of a non-declared ethnic origin.

An analysis of the employee relations statistics by ethnicity highlights some areas of concern (see table 7).

Table 7

Ethnic Origin	Trust Workforce Profile	Grievance (inc Dignity at work)	Disciplinary Cases (inc medical staff conduct & capability)	Employment Tribunals
White	91.46%	86.00%	84.60%	66.70%
Mixed	0.45%	0.00%	0.00%	0.00%
Asian Background	0.77%	14.20%	9.60%	33.30%
Black Background	0.68%	0.00%	0.00%	0.00%
Any other ethnic group	0.45%	0.00%	0.00%	0.00%
Not stated	1.88%	0.00%	5.80%	0.00%

The ethnic composition of the employee relations cases in April 14 - March 15 is over representative of black & minority staff (BME). The disciplinary cases relate to 5 BME medical staff conduct & capability investigations within 2014-15. These statistics are over representative of the medical staff group ethnic composition which is 58% BME and 42% white. Within the same period there was only 1 white medical staff member subject to conduct & capability investigations. Medical staff conduct & capability issues are overseen by the Medical Director

and HR Director. The process is transparent and involves NCAS and, where applicable, an external assessment. Therefore, we do not believe discriminatory practices are in place. However, it is still unclear as to why there is a disparity between the ethnic groups.

An analysis of grievance cases (including Dignity at Work) highlights that the number of grievances raised by BME staff is disproportionate to the workforce profile. A contributing factor is the number of BME Medical staff grievances submitted (3); of which all 3 medical staff were subject to conduct & capability investigations within the same timeframe. There were 3 ET`s submitted within the period April 2014 - March 2015 and, of these cases, 2 were withdrawn. There was 1 BME ex-employee that raised an ET against the Trust. However, this was subsequently withdrawn.

The 2014 staff survey results highlight that overall BME staff in comparison report comparable levels of satisfaction across a range of indicators with white staff. However, some areas of difference for BME staff include lower levels of perceived support from immediate managers, higher levels of experiencing physical violence from staff in the last 12 months and higher levels of experiencing harassment, bullying or abuse from staff in the last 12 months. This is a slight deterioration from the 2013 results where BME staff reported very positive responses across a range of indicators.

3.18 Employment Practice by Marital Status

55.96% of the Trust workforce are married, 30.87% are single, 7.06% are divorced or legally separated, 0.87% widowed, 0.21% in a civil partnership and 4.07% of marital status is unknown.

Candidates with a “not stated” marital status have the highest success rates within the recruitment process followed by widowed candidates. There are no particular areas of concern relating to marital status identified within the recruitment data.

PDR compliance by marital status highlights that the majority of compliance rates are within 81-91% across the marital status categories with the exception of staff within the unknown category at 61% compliance.

Training rates across the marital status categories are fairly comparable. The exception is widowed staff with a lower rate at 74% and unknown staff at 75%.

Promotion rates across the majority of marital status categories range between 1- 5% Outside of this range is Civil Partnership at 10% and widowed staff have the lowest at 0.0%.

Leavers & Employee Relations cases by marital status do not highlight any areas of concern and are comparable across the categories in comparison with the Trust profile.

Analysis of flexible working applications highlights that 71% of applications were from married employees, 14.3% single, 1% widowed, 9.5% divorced. There were no areas of concern highlighted from the analysis.

3.19 Employment Practice by Maternity

One of the 9 characteristics protected by the Equality Act is Maternity and there were 160 employees that were on maternity leave within 2014-15. The Trust has in place a Maternity Leave Policy and this outlines that staff are able to return to work under the original terms and conditions of employment and on no less favourable terms and conditions. It also highlights that staff will suffer no less favourable treatment, victimisation, discrimination or harassment as a result of requesting and undertaking maternity leave. Within 2014-15 there were no grievances, dignity at work cases or Employment Tribunals submitted by employees concerning unfavourable treatment due to maternity leave.

4. Monitoring and Review

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

Progress continues to be monitored by the Trust's established Inclusion and Diversity Steering Group who meet on a quarterly basis and the Trust's Inclusion and Diversity Operational Group who meet on a bi-monthly basis.

There are a number of drivers that inform, regulate and monitor the Trust's equality work. These drivers dictate and drive how the Trust provides services to members of diverse communities. These include:

- Equality Legislation
- Equality and Human Rights Commission (EHRC) Codes of Practice and Guidance
- NHS Constitution
- Care Quality Commission (CQC) Essential standards of quality and safety
- NHSLA
- Equality Delivery System (EDS).
- Personal development – KSF Core Dimension 6
- Equality Impact Assessments

5. Priorities for 2015/2016

The Trust has developed a number of equality work areas during 2014/15 and is committed to building on these achievements. We recognise that this is a continuing journey. We have started making progress on the areas identified within our 4 year EDS Action Plan 2012-2016, recognising that embedding these changes will take time. Our key priorities for the forthcoming year, in line with equality legislation requirements and developments over the last 12 months are as follows:

- To establish a local health economy group to jointly promote inclusion and diversity events and embed local health economy approach.
- To review plans to implement equality monitoring within the Trust in line with Accessible Information Standard Requirements.
- To raise awareness about the Equality Delivery System (EDS2) within the Trust and embed through governance within divisional structures.
- To develop the role of the Inclusion & Diversity Champion and implement training programme.
- To obtain patient feedback from the following protected groups: hearing impaired; people living with disabilities; asylum seekers and refugees; Lesbian, Gay, Bisexual and Transgender Community. EDS Survey to be circulated to random selection of in-patients during July to September 2015.
- To continue to actively promote the Trust's Schedule of Events.
- To further develop staff training packages (dual sensory training / deaf awareness / trans healthcare & wellbeing).
- To increase staff awareness about the provision of patient information and interpreter & translation services.
- To undertake further staff engagement via Disability & BME Focus Group; EDS Staff Survey; Pre-retirement Questionnaire; and Manchester Pride.

List of all other Key Employment Actions listed below (within Analysis of Risks)

6. Analysis of Risks:

The Inclusion and Diversity risks arising from the 2014/15 Annual Monitoring Report summarised below:

Risk Identified from 2013/14 Workforce Equality data	Legislation requirement	Action proposed & Timescales	Level of Risk	Lead
A higher % of white applicants are shortlisted & appointed than those from black and minority (BME) groups	**Public Sector Equality Duty** (Must provide evidence that the Trust has given due regard to all equality groups)	Develop pilot for BME employee representatives on Recruitment Panels to identify any potential issues and follow up actions Continue with on- line survey for BME applicants within 2015-16. Roll out the electronic R & S training module. Embed the learning from Inclusion and Diversity Leadership Modules into the Core WWL Leadership programmes to capture a wider range of managers & clinical leaders.	Medium	Inclusion & Diversity Employment lead Recruitment Manager
The number of BME staff involved in disciplinary, grievance and ET cases is disproportionate in comparison with the corresponding workforce profile.	**Public Sector Equality Duty** (Must provide evidence that the Trust has given due regard to all equality groups)	Embed the learning from Inclusion and Diversity Leadership Modules run to date into the Core WWL Leadership programmes to capture a wider range of managers & clinical leaders,	Medium	Inclusion & Diversity Employment lead Head of Learning & Organisational Development
Employees aged 55+ years have lower Training rates than younger employees. Employees aged 65+ have lower PDR rates than younger employees.	**Public Sector Equality Duty** (Must provide evidence that the Trust has given due regard to all equality groups)	Joint working with the Training Department to review the non-compliance data, identify any trends and associated follow up actions, Continue to survey staff via pre- retirement course attendees to explore issues and identify appropriate actions relating to PDR, Training & any wider employment concerns.	Low	Inclusion & Diversity Employment lead Head of Learning & Organisational Development

Risk Identified from 2014/15 Service Equality Report	Legislation requirement	Action proposed & Timescales	Level of Risk	Lead
Equality data in relation to a patient's disability, sexual orientation, marital status , transgender status not routinely collected within the Trust.	**Public Sector Equality Duty** (Must provide evidence that the Trust has given due regard to all protected groups) Must publish information annually to demonstrate compliance with General Equality Duty.	Project Group established to review data collection requirements. Actions incorporated within EDS Action Plan 2015/16. Progress monitored by I&D Operational Group & I&D Steering Group.	Medium	Inclusion & Diversity Service Lead
Non completion of Equality Impact Assessments – All new and revised policies, procedures and services must be equality impact assessed.	**Public Sector Equality Duty** (Must provide evidence that the Trust has given due regard to all protected groups)	Is Trust Protocol that all new services/changes to services/policies are equality impact assessed. Progress to continue to be monitored and reported back to the Inclusion and Diversity Operational & Steering Group.	Low	Inclusion & Diversity Service Lead

7. Summary

This report demonstrates that there have been some key developments in taking the Inclusion and Diversity agenda forward within 2014-15.

The 2014-15 Inclusion and Diversity data analysis has enabled us to meet our obligations to publish data under the Public Sector Equality Duty and Workforce Race Equality Standard and has also supported us in identifying potential areas of concern.

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

In terms of employment practice, an integral part has been targeted staff engagement activities which have allowed us to get to the heart of the key issues that matter to staff from different protected groups. The involvement of a wider cross section of staff within the Inclusion & Diversity Operational Group has also given staff a strong voice to influence the direction of Inclusion & Diversity within the Trust.

As stated in previous years, data analysis is the relatively straightforward part but the real challenge is to identify the issues that may underpin the data hot spots which have been identified. For some of the hot spot areas, there will be no quick fixes due to the complexities of unpicking the issues. However, in responding to these challenges we will ensure that staff members have the best possible experience of working for the Trust, regardless of their protected group. The initial follow up actions are included in Section 5 Risks & Actions. However, it is noted that these actions may be developed and enhanced further through subsequent discussion at the Inclusion & Diversity Operational Group.

In terms of service delivery, we recognise that learning from patient experience is an important way of improving care, quality and experience. The Trust will continue to monitor trends in activity / local demographics and respond to patient's needs.

For the purposes of this report, we have reviewed the data which is available to us in terms of age, gender, ethnicity and religion and belief, along with local data and reports. Where we do not have sufficient data we have used regional or national data as an estimate. The overall picture of access, using the best available data, reflects broad similarity to local demographics.

This year's report is the most comprehensive yet and will be the benchmark for all future reports. The findings of this report will be used to:

- Support the Inclusion & Diversity Team in their work on equality.
- Support continued action planning for 2012-16 Equality Objectives.
- Help teams and divisions understand the demography of the people using our services.
- Continue to help drive change throughout the Trust.

8. Recommendations

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

- **To continue to progress the Trust's key priorities and EDS Action Plan for 2015/16.**

- **To review an alternative format for the Annual Monitoring Report 2015/16. Report to be more outcome focused, summarising how impacts are measured.**

SERVICE DELIVERY TRENDS:

- **To continue to monitor activity trends in relation to age / gender / ethnicity & religion and belief.**

- **To pilot equality data collection (across all 9 protected characteristics) in line with Accessible Information Standard Requirements.**

- **To review maternity admission activity / trends within other local Trusts. To investigate possible reasons for decrease in Trust activity** (no trends in equality data noted). **To report findings to the Trust's Winning Back the Work Team / Surgical Division. Action Plan / details of how impact will be measured to be fed back to Inclusion & Diversity Project Leads.**

- **To continue to monitor trends in relation to migrants, asylum seekers and refugees and gypsies and travellers**. To continue to engage with these communities to develop an understanding of their healthcare needs / barrier to healthcare. To evidence engagement activities within 2015/16 Annual Monitoring Report.

- **To continue to work in partnership with the local health economy group and review health in-equalities in the Wigan Borough in relation to people with protected characteristics.** To review hospital activity in relation to key health inequalities by protected characteristics.

EMPLOYMENT PRACTICE TRENDS:

- **To continue to monitor trends in ethnicity in relation to shortlisted and appointed job applicants** (higher % white applicants are shortlisted and appointed than those from black and minority ethnic groups.) To pursue actions detailed in Section 6 above and evidence findings, issues and actions within the 2015/16 Annual Monitoring Report.

- **To continue to monitor trends in ethnicity in relation to disciplinary, grievance & employment tribunal cases** (The number of BME staff involved in disciplinary, grievance and ET cases is disproportionate in comparison with the corresponding workforce profile). To pursue actions detailed in Section 6 above and report developments within the 2015/16 Annual Monitoring Report.

- **To continue to monitor trends in age in relation to staff training and PDR compliance** (employees aged 55+ years have lower training rates than younger employees ; employees aged 65+ have lower PDR rates than younger employees). To pursue actions detailed in Section 6 above and report findings, actions and progress within the 2015 / 2016 Annual Monitoring Report.

9. References

- **Disability in the United Kingdom 2013 – Facts & Figures** – Papworth Trust
- **Disadvantage in Wigan in 2011 Report** – Wigan Council
- **Equality and Diversity Strategy 2012-2016** – Wigan Borough Clinical Commissioning Group
- **Gypsy and Traveller Population in England and the 2011 Census** - An Irish Traveller Movement in Britain Report (August 2013)
- **Gypsylife – From then until now Annual Report – April 2013**
- **Health and Migration in the North west of England** – An Overview: November 2008 – Public Health
- **House of Commons Migration Statistics – Seventh Report of Session 2013-14**
- **Immigration – The Rational Debate North West Focus Group Report – January 2013** – Migrant Workers North West
- **Office for National Statistics (ONS)** – Census 2011
- **Regional Economy and Job Market Immigration Report – The Rational Debate -** North West Migrant Workers Focus Group - January 2013
- **Safeguarding Vulnerable Adults & Children Annual Report 2012-2013 –** Wrightington, Wigan & Leigh NHS Foundation Trust.
- **Scope About Disability - https://www.scope.org.uk/**
- **Wigan Joint Strategic Needs Assessment 2011**
- **Wigan Council** – Census 2011 Statistics
- **Wigan Health Profile 2014** – Public Health England
- **Wigan's information System on Dynamic Online Maps** (wisdom.wiganlife.com)

9. Accessibility

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

APPENDICES

Wrightington, Wigan and Leigh NHS
NHS Foundation Trust

Equality Objectives Review &
Equality Delivery System (EDS2) Assessment
2015 Scores

1. Executive Summary

This paper is being presented to Trust Board to provide a summary of the 2015 Equality Delivery System Assessment which incorporates a review of the Trust`s Equality Objectives.

2. Background

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

The Equality Delivery System (EDS2) is a toolkit which has been designed to help NHS Organisations to meet the requirements of the Public Sector Equality Duty. The EDS2 toolkit supports NHS organisations to identify areas for improvement.

From April 2015, EDS2 implementation by NHS provider organisations was made mandatory in the NHS standard contract. EDS2 implementation is explicitly cited within the CCG Assurance Framework and embedded within the CQC new inspection regime for hospitals.

NHS England has issued a Workforce Race Equality Standard and template and Instructions for completion and publication by all Trusts from 2015 onwards.

3. Trust Equality Objectives

The EDS2 toolkit is structured around 4 Goals:

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

The Trust used its Equality Delivery System (EDS2) Assessment to develop and agree four Equality Objectives in March 2012. These objectives were initially set for a period of 12 months but it was recognised that a longer time frame was required for their delivery. They are currently reviewed annually but they need only be revised at four yearly intervals in line with equality legislation.

The Trust`s Equality Objectives are:

EDS Goal	Trust Equality Objective
Goal 1: Better Health Outcomes for All	Ensure that our patients experience good quality service that is sensitive to their personal and cultural needs as well as receiving effective treatment and care appropriate to their clinical condition
Goal 2: Improved patient access and experience	Improve the experience of people with learning disabilities who use health services.

Goal 3: Empowered, engaged and included staff.	Eliminate discrimination, bullying, harassment, abuse and victimisation within the Trust workforce
Goal 4: Inclusive leadership at all levels.	Ensure that Trust leaders have the right skills to support their staff to work in a fair, diverse and inclusive environment.

4. Scoring Process

In March 2015 the Trust undertook its fourth assessment of performance against the EDS (incorporating the Trust Equality objectives) and obtained feedback from key stakeholders. An action plan has been developed to address gaps & areas for improvement.

In order to arrive at our 2015 scores, the Trust has undertaken a process of evidence collection and engagement with local stakeholders. Evidence collation has included:

- A survey was sent to a random sample of 230 patients of Black or Minority Ethnic origin who were in-patients during April to June 2014 to assess progress against Goals 1 and 2.

- The Trust's Head of Engagement and Inclusion and Diversity Project Lead attended the Leigh Asylum Seekers and Refugees Group Drop-in Session (LASARS) to ascertain their views about Trust services.

- The Trust's Head of Engagement and the Inclusion and Diversity Project Lead visited the Gypsies and Travellers Community at Little Lane, Goose Green in Wigan to ascertain their views about Trust services.

- The Trust's Head of Engagement and Inclusion & Diversity Project Lead (Services) visited the BRICK Homeless Shelter in Wigan to engage with the homeless people of Wigan about hospital services.

- A staff survey was circulated to all wards and departments to ascertain staff's current awareness of how to access interpreter and translation services.

- Comment Boxes are now located in the Breast Feeding Rooms at Leigh Infirmary, Wrightington Hospital and the Royal Albert Edward Infirmary to encourage breast feeding mums to give us feedback on the provision of our Breast Feeding Room facilities.

- Healthwatch Trustee and current service user met with the Trust's Inclusion & Diversity Project Lead (Services), Head of Unscheduled Care and Patient Information Officer to discuss how current practice within A&E could be improved for hearing impaired patients.

- The Trust's Head of Engagement and Inclusion & Diversity Project Lead (Services) engaged with a transgender service user about hospital services.

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- The Trust's Facilities Manager, Inclusion & Diversity Project Lead (Services) met with a registered severely sight impaired service user, who had been approached by RNIB to take part in a PLACE (**P**atient **L**ed **A**ssessment of the **C**are **E**nvironment) Inspection at the Royal Albert Edward Infirmary. She was asked to report back to the RNIB on the accessibility and signage at the Infirmary for the visually impaired. The Patient Chairman

of PLACE accompanied her on the PLACE Inspection. She was given a tour of the Wigan Site and shared with the group her feedback on how accessibility and signage could be further improved. Further inspection of other hospital sites was requested and will be arranged during 2015/16.

- The Chair of DPN (Disabled Parents Network) and active member of the Wigan Access Group regularly liaises with the Trust's Inclusion & Diversity Project Lead (Services) about access for the visually impaired and recent developments within the RNID.

- EDS scores against Goals 1 & 2 were sent to Health Watch for review

- A Staff Survey was sent out via global e-mail and Trust News to assess progress against Goals 3 and 4. This feedback was used in conjunction with the 2014 National Staff Survey results.

- Goal 3 & 4 evidence has been sent to the Staff Side Chair for review and discussion at the Staff Side Meeting.

- Evidence against one of the criteria of Goal 4 - Inclusive Leadership was sent for peer review by another NHS Foundation Trust.

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

5. EDS Action Plan

The EDS 2015/16 Action Plan has been updated to reflect the actions outstanding from 2014/15 and to incorporate any new actions arising from the recent 2015 EDS2 assessment.

6. Monitoring

In April 2014 a new Inclusion and Diversity Operational group was launched and this group co-ordinates and participates in the delivery of the 2015 EDS action plan. The group reports into the Inclusion and Diversity Steering Group which is overseen by the HR Committee.

Progress will also be reviewed annually within the Trust's Inclusion and Diversity Annual Monitoring Report which will now combine both Employment and Service delivery.

7. Conclusion

Trust Board are requested to note the scores against each of the EDS Outcomes.

Debbie Jones / Philip Makin
April 2015

Equality Delivery System (EDS) Objectives and Outcomes – 2014 / 15 Assessment Overall Grades

Goal 1	Outcome		2014 Grade	2015 Grade
Better Health Outcomes for All	**1.1**	Services are commissioned, procured, designed and delivered to meet the health needs of local communities.	***CCG / Public Health***	***PCT / Public Health***
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways.	***CCG / Public Health***	***PCT / Public Health***
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly and everyone well informed.	**Developing**	**Developing**
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	**Developing**	**Developing**
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities.	***CCG / Public Health***	***PCT / Public Health***

Assessment Criteria	**The assessment criteria of Goal 1 for Outcome 1.3 and 1.4 was based on the following key factors:**
	• Evidence of one or more care pathway which suggests there is significant local equality progress as people transit from one service to another.
	• Evidence of one or more service / care setting which suggests there is significant equality progress for people's safety.
	• For all protected groups, we have to assess and grade how well:
	  • Service transitions are made, including how well patients, carers and professionals are kept informed of what is happening.
	  • Key aspects of safety are prioritised and managed.
	• Evidence of how well other disadvantaged groups, including inclusion health groups fare compared with people overall.			

Assessment Key Gaps / Development Areas	**The key gaps / development areas of Goal 1 were:** **Collation and analysis of equality data across all protected groups.** Patient equality monitoring data not yet analysed in respect of all 9 protected characteristics. Sexual orientation; transgender; disability; and marriage and civil partnership not recorded. Project Team established in June 2013 to review equality monitoring within hospital activity. Method of collecting data via patient equality monitoring form reviewed. Two 6 week equality monitoring pilots were undertaken during 2014 in specific clinics at Thomas Linacre Centre Out-Patient Centre and Dermatology Out-Patients at Leigh. Proposal for equality data collection, including resource requirements currently being reviewed, actions incorporated within EDS Action Plan 2015/16. Once equality data is collated and recorded within hospital activity, data can be extracted and incorporated within activity analysis to identify any visible trends which require further investigation. The Trust will work in collaboration with Wigan Borough Clinical Commissioning Group, Wigan Council and other local providers to share equality data and jointly promote and challenge inequalities.			

Goal 2	Outcome		2014 Grade	2015 Grade
Improved Patient Access and Experience	**2.1**	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.	**Developing**	**Developing**
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care.	**Developing**	**Developing**
	2.3	People report positive experiences of the NHS.	**Achieving**	**Achieving**
	2.4	People's complaints about services are handled respectfully and efficiently.	**Developing**	**Developing**

Assessment Criteria	The assessment criteria of Goal 2 was based on the following key factors:
	• Evidence of one or more service / care setting which suggests that there is significant local equality progress for people in relation to:
	  • Access to services.
	  • The information and support people receive, so that they can be involved in decisions about them.
	  • People's experiences.
	  • Handling of complaints.
	• For all protected groups, we have to assess and grade how well:
	  • Services are accessed, taking into account the fairness of reasons when access is denied.
	  • People are informed and supported.
	  • Service is experienced.
	  • Complaints are handled.
	• Evidence of how well other disadvantaged groups, including inclusion health groups fare compared with people overall.			

Assessment Key Gaps / Development Areas	**The key gaps / development areas of Goal 2 were:** **Collation and analysis of equality data across all protected groups.** Patient equality monitoring data not yet analysed in respect of all 9 protected characteristics. Sexual orientation; transgender; disability; and marriage and civil partnership not recorded. Project Team established in June 2013 to review equality monitoring within hospital activity. Method of collecting data via patient equality monitoring form reviewed. Two 6 week equality monitoring pilots were undertaken during 2014 in specific clinics at Thomas Linacre Centre Out-Patient Centre and Dermatology Out-Patients at Leigh. Proposal for equality data collection, including resource requirements currently being reviewed, actions incorporated within EDS Action Plan 2015/16. Once equality data is collated and recorded within hospital activity, data can be extracted and incorporated within activity analysis to identify any visible trends which require further investigation. The Trust will work in collaboration with Wigan Borough Clinical Commissioning Group, Wigan Council and other local providers to share equality data and jointly promote and challenge inequalities.			

Goal 3	Outcome		2014 Grade	2015 Grade
Empowered, Engaged and Well-Supported Staff	**3.1**	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	**Achieving**	**Achieving**
	3.2	The NHS is committed to equal pay for work of equal value and expected employers to use equal pay audits to help fulfil their legal obligation	**Undeveloped**	**Undeveloped**
	3.3	Training & Developing opportunities are taken up and positively evaluated by all staff	**Developing**	**Developing**
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	**Developing**	**Developing**
	3.5	Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people lead their lives.	**Achieving**	**Achieving**
	3.6	Staff report positive experiences of their membership of the workforce	**Developing**	**Developing**
Assessment Criteria	The assessment criteria of Goal 3 is based on the following key factors: • Evidence that the workplace is representative of staff from all protected groups, taking into account the fairness of recruitment & selection processes • Evidence that we have assessed and graded participation in and evaluation of training & development opportunities for staff from protected groups • Evidence that we have used equal pay audits to help fulfil our legal obligations. For all protected groups we have to assess & grade the extent to which they receive equal pay for work of equal value. • For all protected groups we have to assess & grade the extent of abuse, harassment, bullying & violence • For all protected groups we have to assess & grade the availability of flexible working options • For all protected groups we have to asses & grade how well membership of the workforce is experienced.			
Assessment key gaps/development areas	The key gaps/development areas of Goal 3 are: • Recruitment and Selection: BME Shortlisted & Appointment ratios - further analysis/on line survey required. • Online recruitment pilot to be finalised and rolled out within an identified Division of the Trust. • Look into the feasibility of ensuring BME representation on interview panels. • T and D: Ensure that imagery within e-mandatory training modules is representative. • Equal Pay Audits by protected groups to be implemented in 2015-16. • Staff violence from staff- identified as an issue in the 2014 staff survey results. Actions to be progressed as part of ID operational group and HR workstreams. • Continuing to monitor flexible working applications as part of I & D employment monitoring report. • Use of flexible working support pack to be encouraged via Trust News • Increase targeted engagement with protected groups: Further focus group sessions to be held in 2015/16. • Events planned for 2015 to raise awareness of Hate Crime Reporting, in conjunction with Greater Manchester Police. • Programme of general engagement activities and calendar of events planned for 2015-16. • Consider a further Focus Group for staff living with a disability.			

Goal 4	Outcome		2014 Grade	2015 Grade
Inclusive Leadership at All Levels	**4.1**	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	**Achieving**	**Achieving**
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	**Developing**	**Achieving**
	4.3	Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination.	**Developing**	**Developing**
Assessment Criteria	The assessment criteria of Goal 4 is based on whether both Board members and other Leaders: • Evidence of 10- 20 instances when Board members and senior leaders had the opportunity to demonstrate their commitment to equality in the past year. • Evidence of 10-20 papers that came to the Board and other major committees in the past year or, if needs be, a longer period and assess & grade the extent to which the selected papers took account of the equality related impacts including risks and how risks will be managed. • Assess & grade for all protected groups the extent to which staff are supported within the workplace.			
Assessment key gaps/development areas	The key gaps/development areas of Goal 4 are: • Continue to carry out monitoring to ensure that all Trust Board meeting minutes remain in the new format and have been uploaded onto the Trust internet website. • Obtain further Staff Stories to inform the Dignity & Respect values promotion. • Further Equality Impact Assessment training will take place in 2015-16 for managers & clinical leaders. • A further 4 sessions of the E & D leadership session will run in 2015-16. Level 2 evaluation of E & D leadership session to be undertaken in 2014-15 to identify longer term impact and potential case studies of best practice that can be utilised.			

APPENDIX 2

Workforce Race Equality Standard

REPORTING TEMPLATE

Visit Trust Website

http://www.wwl.nhs.uk/Equality/wres.aspx

APPENDIX 3

Wrightington, Wigan and Leigh NHS
NHS Foundation Trust

Inclusion and Diversity Questionnaire report January 2015

Introduction

Patients of black and minority ethnic origin were asked to participate in a patient experience survey to ascertain their views about being an in-patient at the Royal Albert Edward Infirmary, Wrightington Hospital, Leigh Infirmary.

In line with the Public Sector Equality Duty, all Public Authorities have a duty to show that they have given due regard to all equality groups. Through engagement and the collection of equality data, organisations are able to equality monitor services and practices to ensure that no discrimination is taking place and that all groups are receiving the same level of service irrespective of their background.

This patient survey is part of an action plan to engage with all equality groups.

Method

Surveys were posted out to a random selection of patients from black or minority ethnicity origins who were in-patients during April to June 2014. Completed surveys were returned to the Patient and Public Engagement office via a replied paid free post envelope.

230 surveys were posted out and 51 completed surveys were returned giving us a response rate of 22%.

Acknowledgments

Wrightington, Wigan and Leigh NHS Foundation Trust would like to thank all the patients who chose to take part in the survey, the I&D Project Lead (Services) for distributing the surveys and to the Engagement Department for producing this report and analysing the data received.

Results

The results on the following pages show the responses given to the survey.

54% of our patients said that they thought it was **easy** to access the hospital services.

42% of our patients said that they thought it was **very easy** to access the hospital services.

2% of our patients said that they thought it was **difficult** to access the hospital services.

2% of our patients said that they thought it was **very difficult** to access the hospital services.

COMMENTS

"Phones don't get answered. Very difficult to get an appointment".

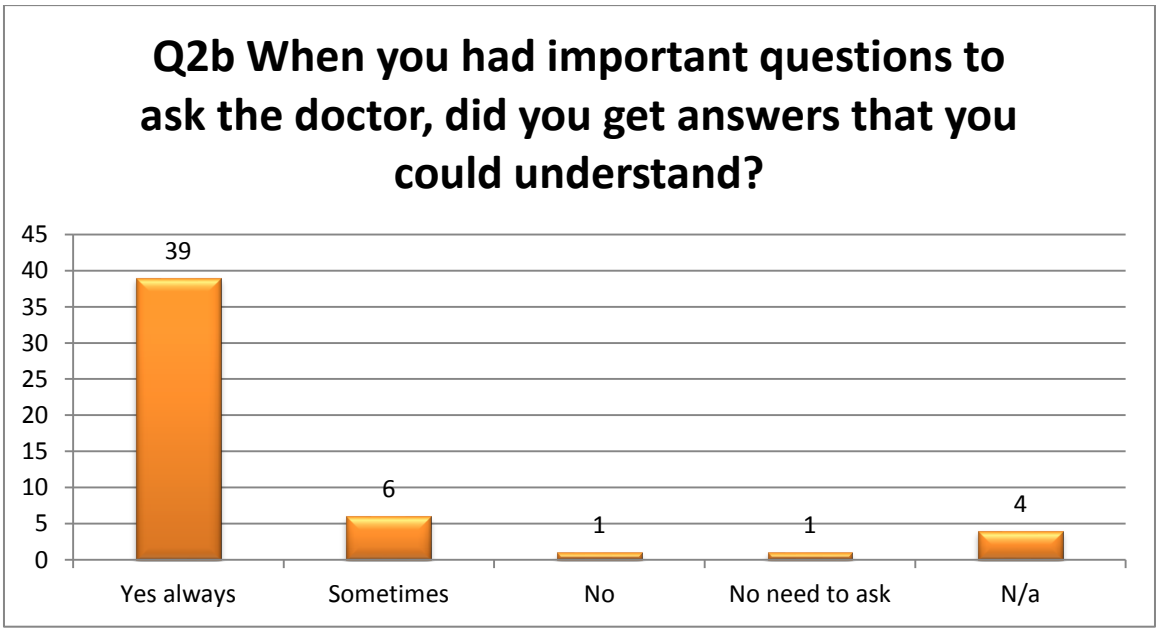
"Found parking car difficult".

83% of our patients said that when they had important questions to ask staff they **always** got answers that they could understand.

17% of our patients said that when they had important questions to ask staff they **sometimes** got answers that they could understand.

COMMENTS

No comments given.



83% of patients said when they had important questions to ask the doctor they **always** got answers that they could understand.

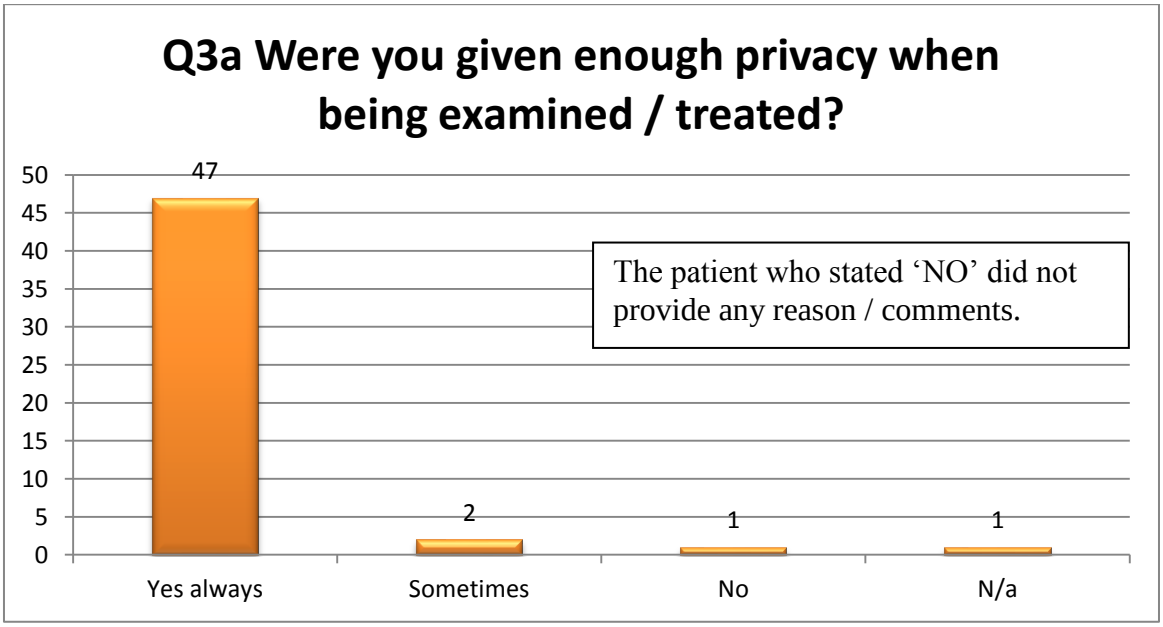
13% of patients said when they had important questions to ask the doctor they **sometimes** got answers that they could understand.

2% of patients said when they had important questions to ask the doctor they **did not** get answers they could understand.

2% of patients said they **never had important questions** to ask the doctor.

COMMENTS

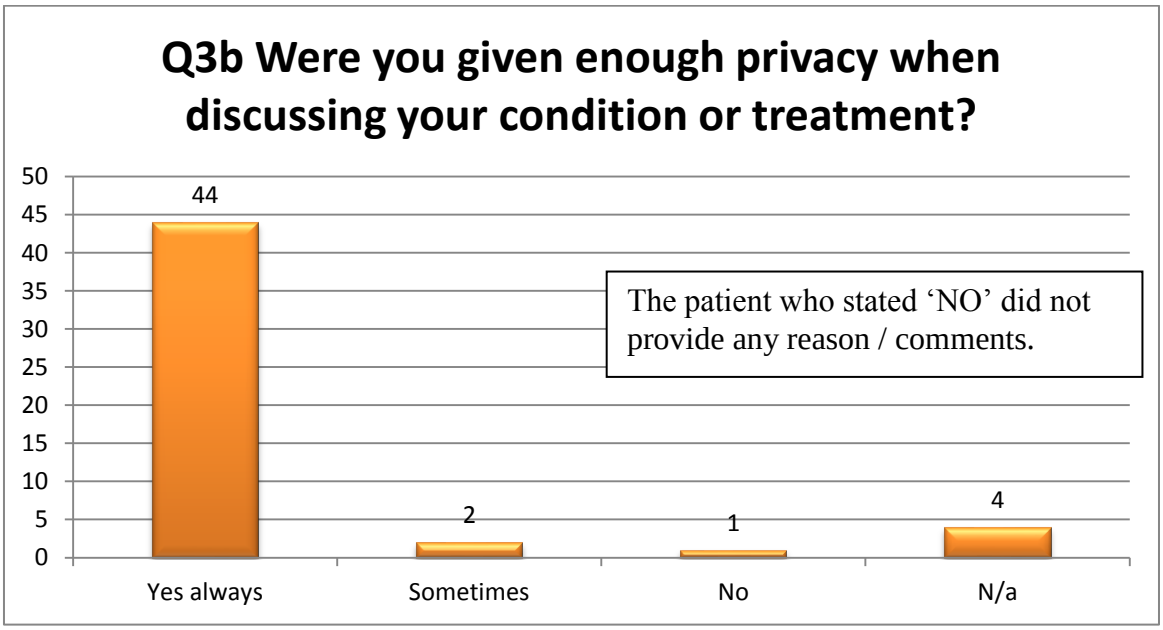
No comments given.



94% of patients said that they were **always** given enough privacy when being examined.

4% of patients said that they were **sometimes** given enough privacy when being examined.

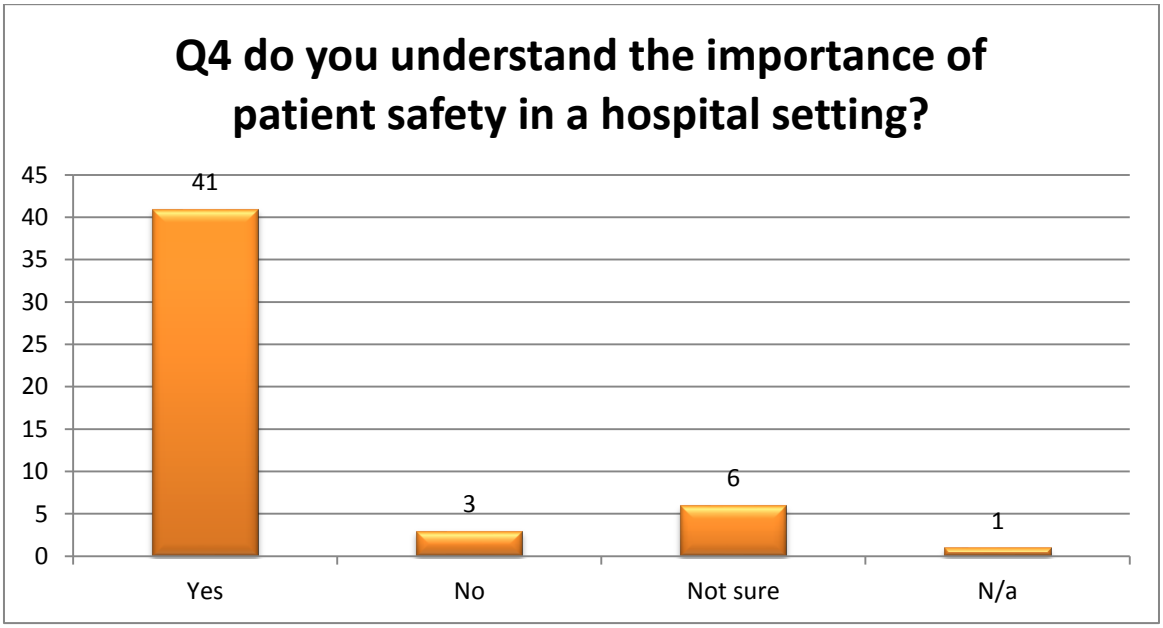
2% of patients said that they were **not given** enough privacy when being examined. **No reasons for this answer were specified.**



94% of patients said that they were **always** given enough privacy when discussing their treatment.

4% of patients said that they were **sometimes** given enough privacy when discussing their treatment.

2% of patients said that they were **not** given enough privacy when discussing their treatment. – **No reasons for this answer were specified.**



82% of patients said that they **did** understand the importance of patient safety in a hospital setting.

12% of patients said that they were **not sure** that they understood importance of patient safety in a hospital setting.

6% said that they **did not** understand the importance of patient safety in a hospital setting.

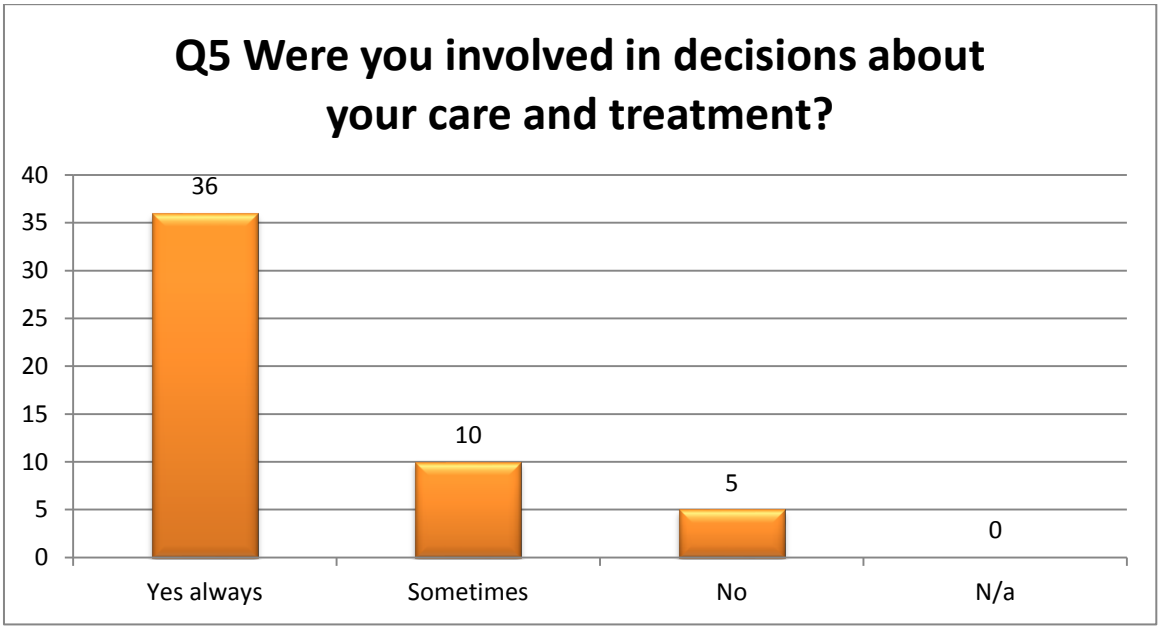
COMMENTS

"Not informed of any safety procedures".

"Not seen enough literature or briefings.
Some of the doors are very narrow for wheel chairs access to doctor's room.
Double doors are locked and not easy to get the wheel chairs in".

"I'm polish and can't speak in English always got Polish translator".

All the Trust's estates schemes are designed and constructed in accordance with Disability Legislation and the Building Regulations Part M standards. In addition, wherever possible, designers consult with the Trust's Inclusion and Diversity Leads within the trust which often encompasses patient groups and forums.



70% of patients said that they were **always** involved in decisions about their care and treatment.

20% of patients said that they were **sometimes** involved in decisions about their care and treatment.

10% of patients said that they were **not** involved in decisions about their care and treatment.

COMMENTS

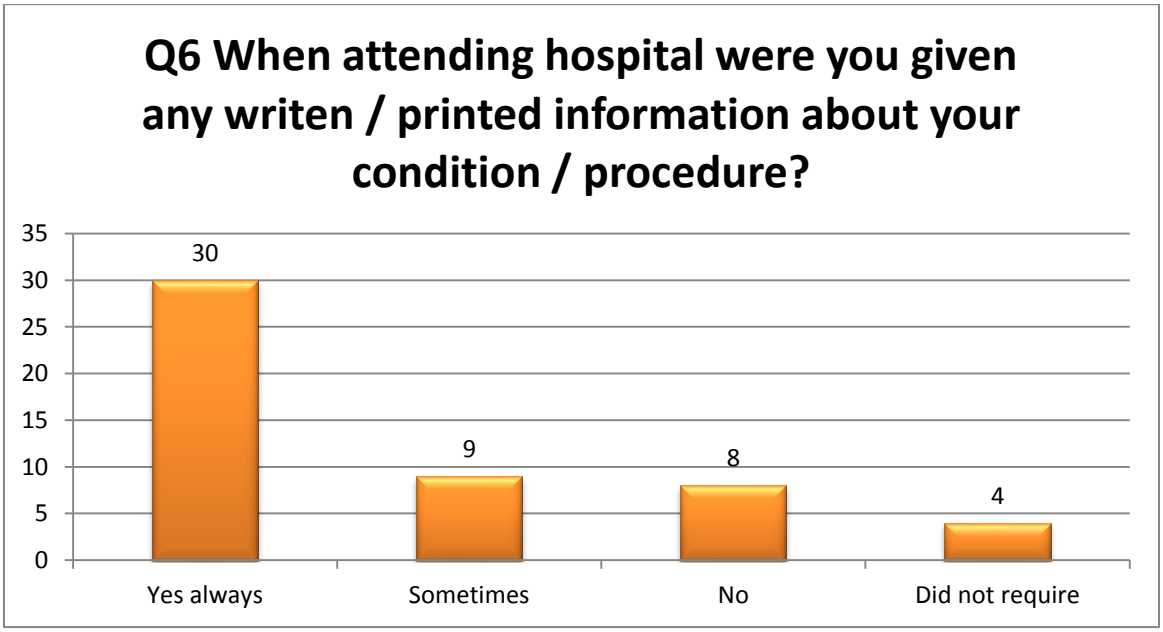
"Would not listen when I was in pain".

"I felt my pain was a minor consideration and the fact that my quality of life is diminished not considered important".

"Had stents fitted after heart attack. Not really any choice".

"I had a discussion with my consultant we both agreed that I was not ill enough to take medication long term".

"Decisions made beginning on my symptoms and investigations arranged to find the cause for my symptoms".



64% of patients said that when attending hospital they were **always given** written / printed information about their condition / procedure.

19% of patients said that when attending hospital they were **sometimes given** written / printed information about their condition / procedure.

17% of patients said that when attending hospital they were **not given** written / printed information about their condition / procedure.

COMMENTS

"Only on discussion and advice and treatment".

"Apart from the appointment not seen any feedback".

"Because they didn't give me anything".

"No guidance re: driving after having received an infection in the hip".

"I got nothing from hospital my doctor at home printed for me all".

"I was offered information but I had already researched my issues".

49% of patients said that they **did not have a complaint** / concern.

35% of patients said that when they had a complaint / concern it was **always dealt with** to their satisfaction.

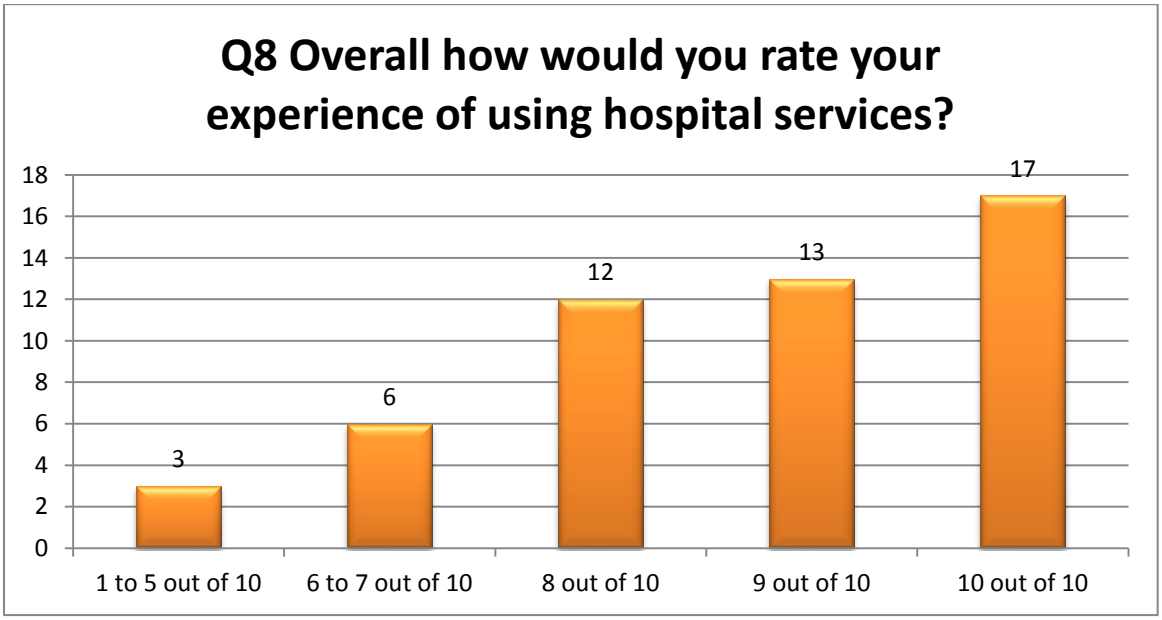
10% of patients said that when they had a complaint / concern it was **sometimes dealt with** to their satisfaction.

6% of patients said that when they had a complaint / concern **it was not dealt with** to their satisfaction.

COMMENTS

“For 3 days told by nurses "just a minute".

Of the **6% (3 patients)** who stated that their complaint was not dealt with to their satisfaction, All stated that they were treated fairly at all times and did not feel that they were treated unfairly because of their gender, age, ethnicity, religion, disability, sexual orientation.



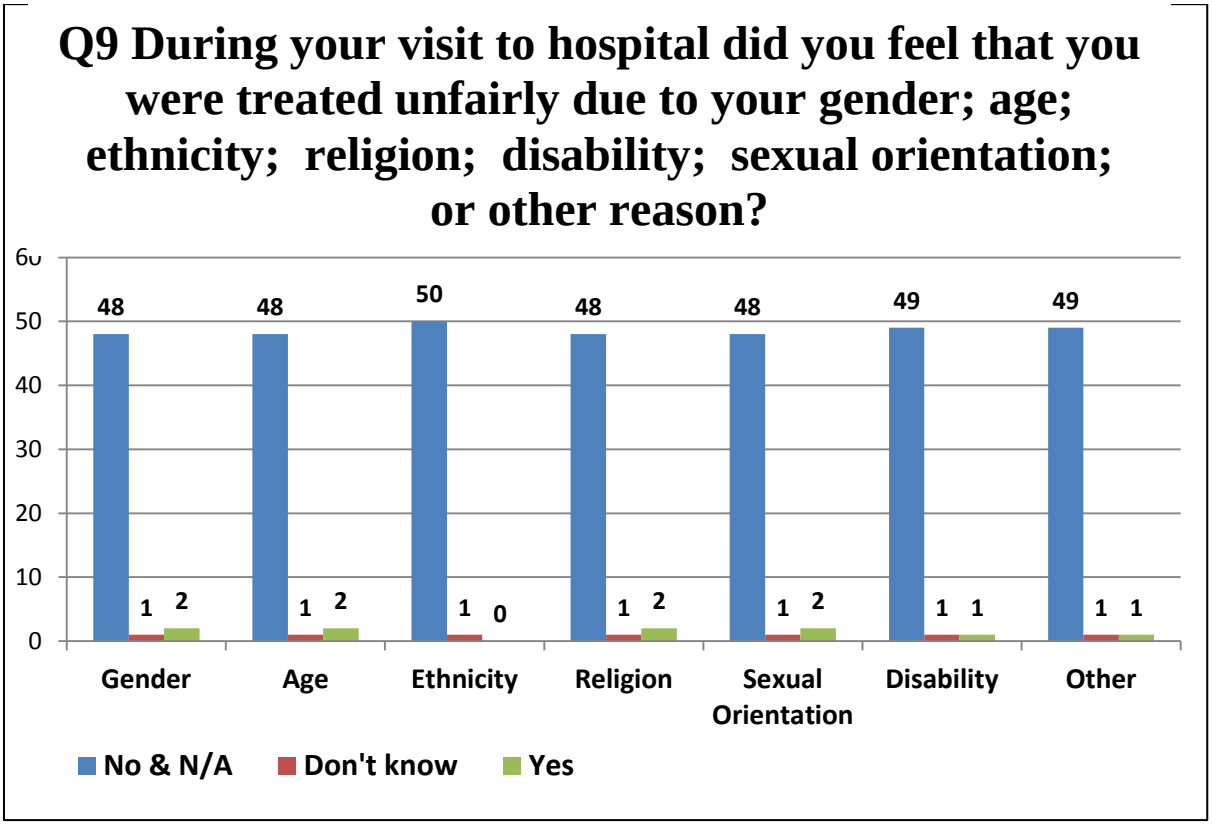
33% of our patients gave us a score of **10/10**
25% of our patients gave us a score of **9/10**
24% of our patients gave us a score of **8/10**
12% of our patients gave us a score between **6 and 7**
6% of our patients gave us a score between **1 and 5**

COMMENTS

"Doctors and nurses need to listen to their patients. Discharged with fluid on lungs, called GP next day refused to go back in to hospital".

"Upon visiting A&E my blood tests were mixed up with the lady in the next cubicle & had to be taken again".

"Nurse team really good, doctor team not the best".



Of the 2 patients who stated 'yes' to gender; age; religion; and sexual orientation and the 1 patient who stated 'yes' to disability and other reason, on reviewing their answers / feedback, it is apparent that this question was answered incorrectly.

COMMENT

"I was treated fairly at all times".

"All was ok, only one problem I am Hungarian and have lot of allergy. I am problematic patient, they can do every day routine. The hospital sent me to Liverpool and I got better treat without problem".

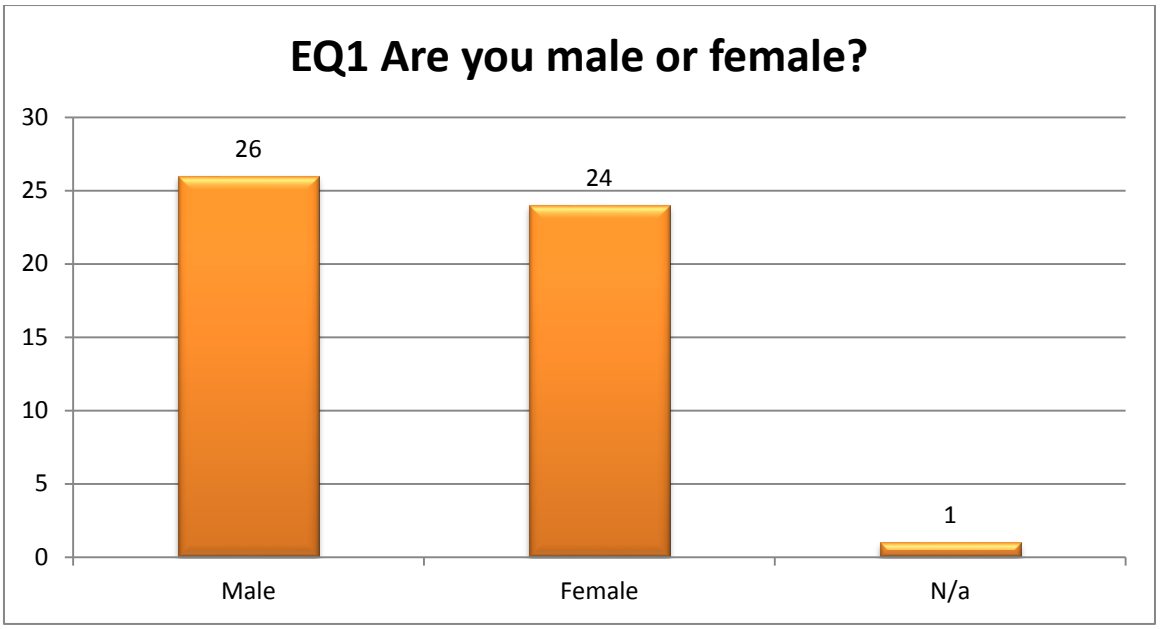
OTHER COMMENTS

"My only comment is the waiting time I had mouth ulcers. It's nearly two years back and forth and I am still waiting now".

"Thank you very much for the magic experience I had at Wrightington Hospital".

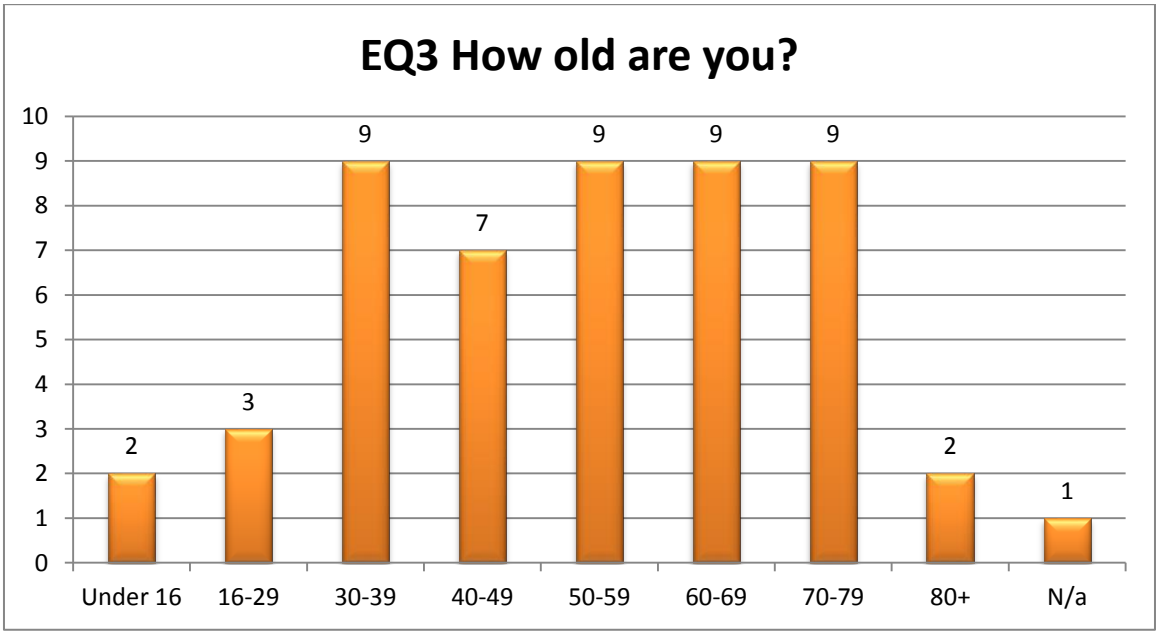
"My notes got mixed up with another patient. Then I was 'overlooked' for a follow up appointment. I felt less than a number - awful experience. How can you trust a hospital/consultant which does blame the 'recording system' instead of admitting having made a mistake! How arrogant. It is initially impossible to get an appointment when promised. It's always 2 - 3 months after the due date and long queues to get calls answered".

Equality Monitoring Data Analysis

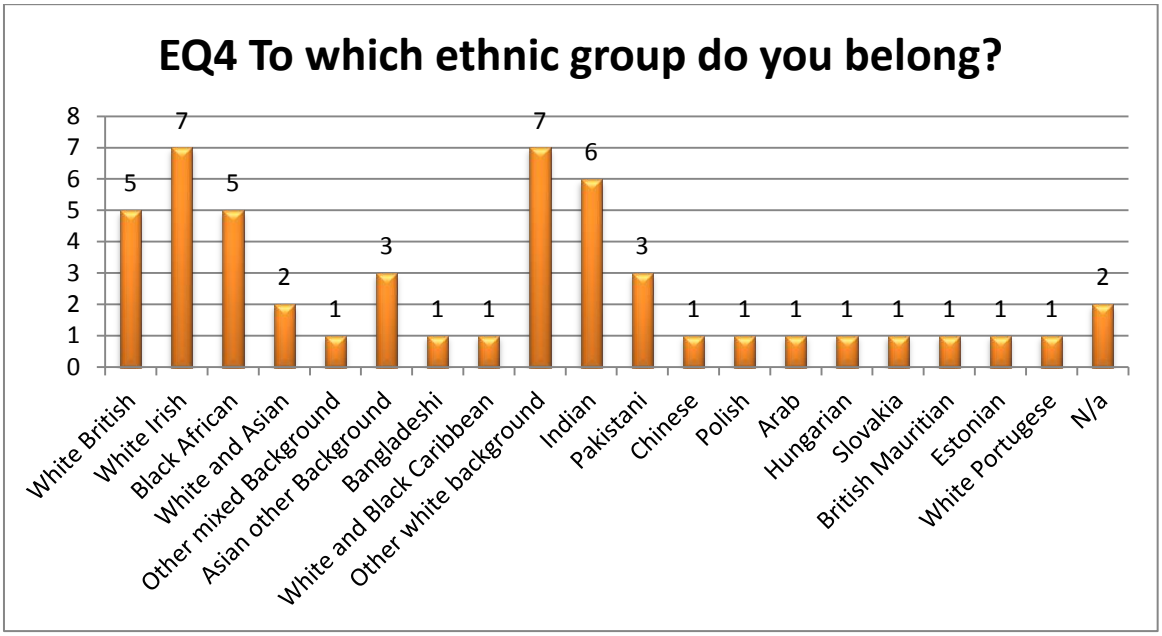


52% of patients were **female**
48% of patients were **male**

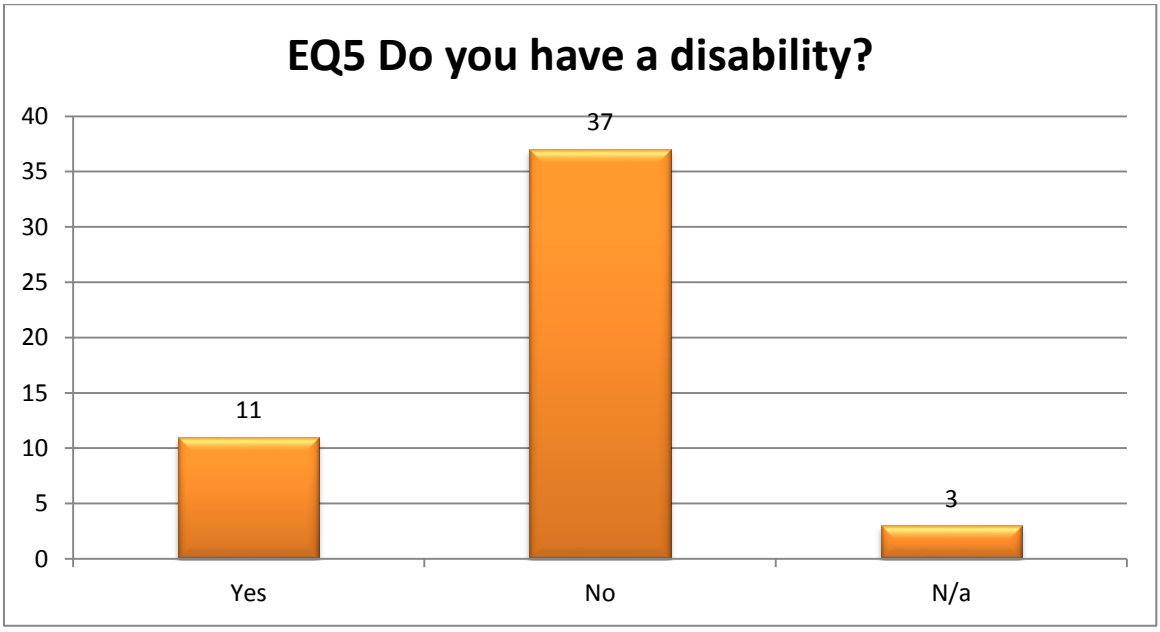
55% of patients said that they **did not consider** themselves to be transgender / transsexual.
45% did not answer the question.



4% of patients were under 16 **years**
6% of patients were aged between **16-29 years**
18% of patients were between **30-39 years**
14% of patients were aged between **40-49 years**
18% of patients were aged between **50-59 years**
18% of patients were aged between **60-69 years**
18% of patients were aged between **70-79 years**
4% of patients were aged **80+**

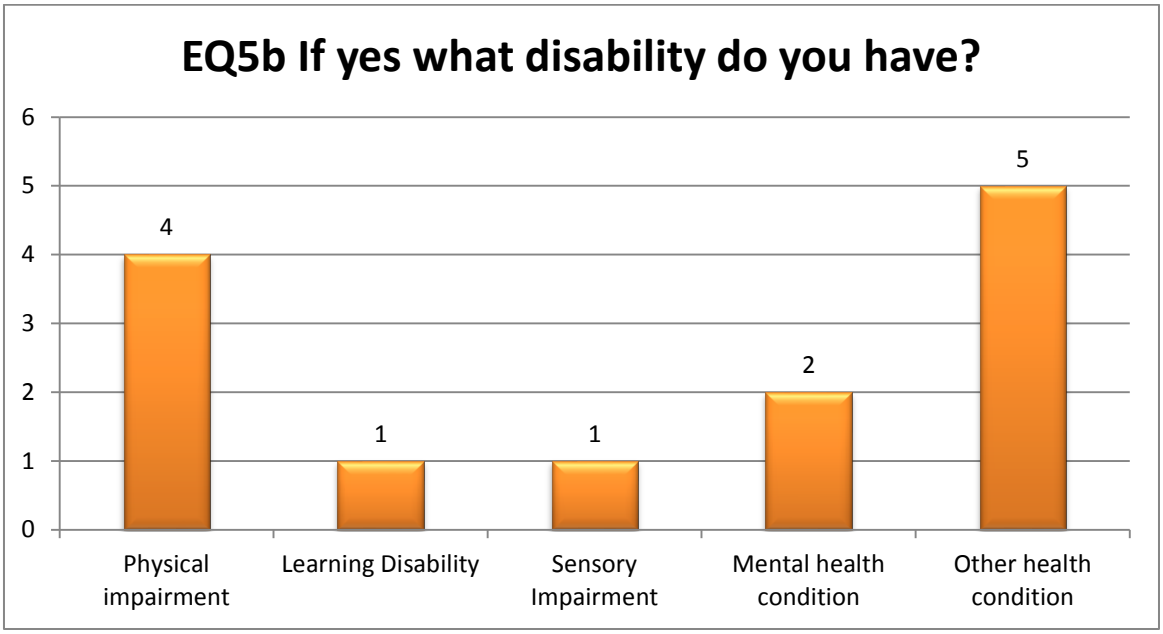


10% of patients were **white British**
14% of patients were **White Irish**
10% of patients were **black African**
4% of patients were **White and Asian**
2% of patients were **other mixed background**
6% of patients were **other Asian background**
2% of patients were **Bangladeshi**
2% of patients were **White and Black Caribbean**
14% of patients were other **white background**
12% of patients were **Indian**
6% of patients were **Pakistani**
2% of patients were **Chinese**
2% of patients were **Polish**
2% of patients were **Arab**
2% of patients were **Hungarian**
2% of patients were **Slovakian**
2% of patients were **British Mauritian**
2% of patients were **Estonian**
2% of patients were **white Portuguese**



77% of patients said that they **did not** have a disability.

23% of patients said that they **did consider** themselves to have a disability.



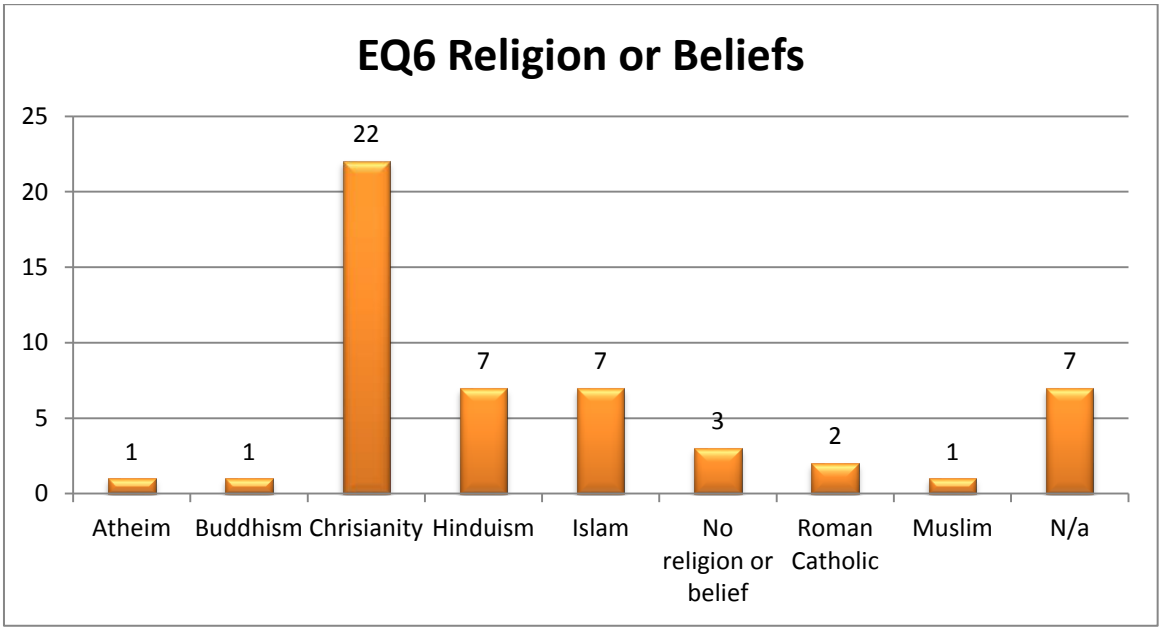
38% of patients who had a disability said that they had **another health condition.**

31% of patients who had a disability said that they had a **physical impairment.**

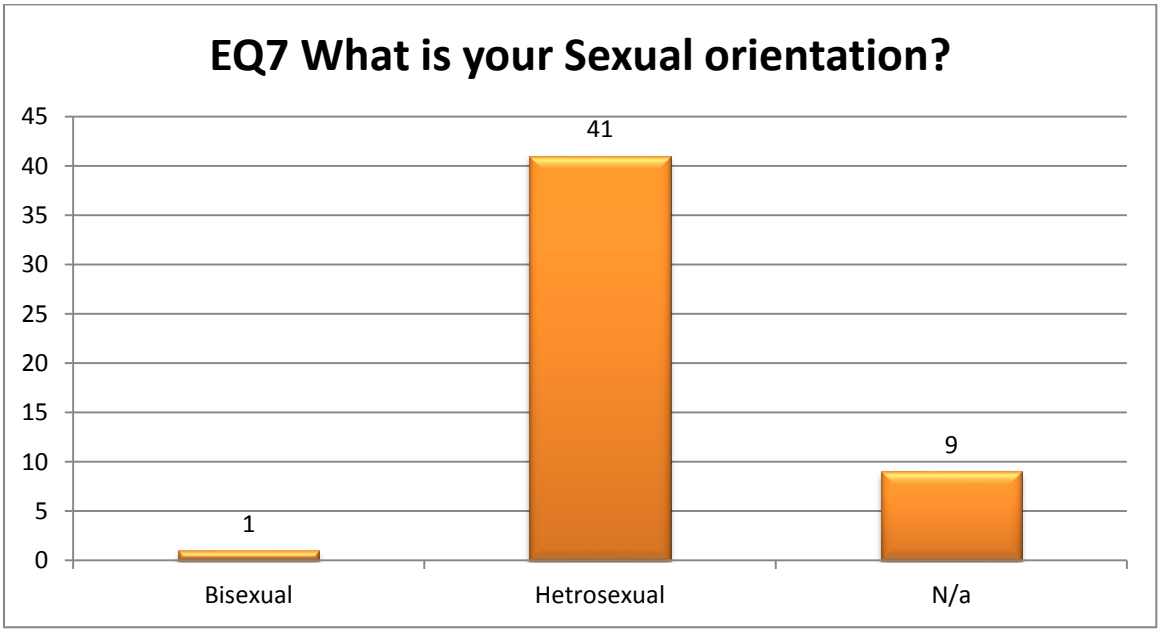
15% of patients who had a disability said that they had a **mental health condition.**

8% of patients who had a disability said that they had **learning disability.**

8% of patients who had a disability said that they had a **sensory impairment.**

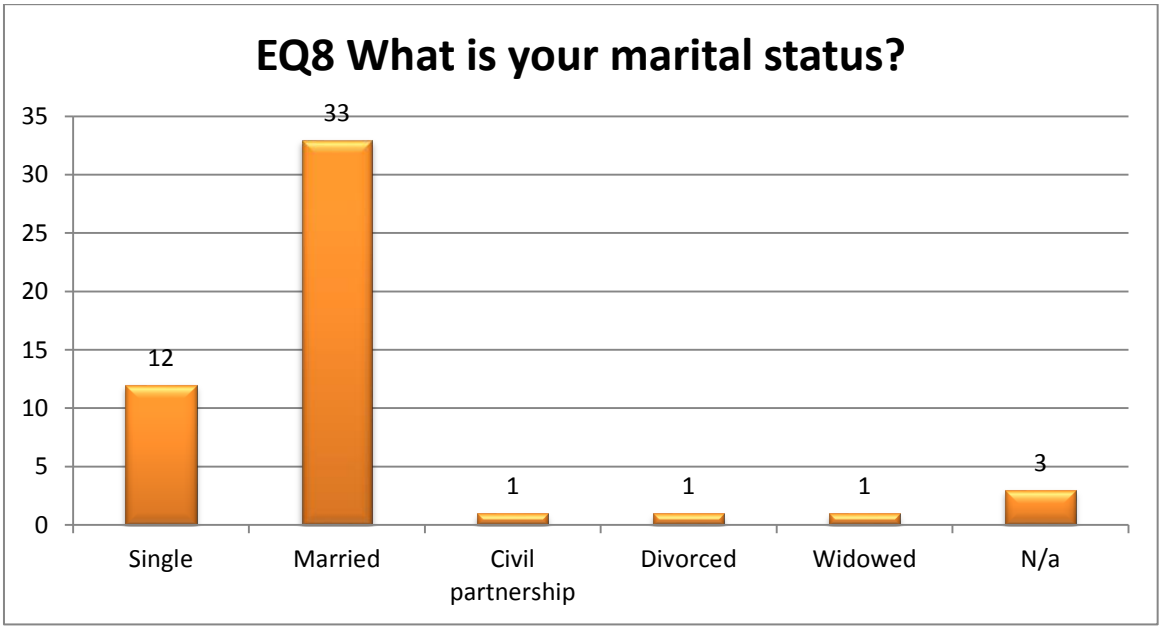


50% of patients said that their religion / belief is **Christianity**
16% of patients said that their religion / belief is **Hinduism**
16% of patients said that their religion / belief is **Islam**
7% of patients said that they had **no religion or beliefs**
5% of patients said that their religion / belief is **Roman Catholic**
2% of patients said that their religion / belief is **Atheism**
2% of patients said that their religion / belief is **Buddhism**
2% of patients said that their religion / belief is **Muslim**

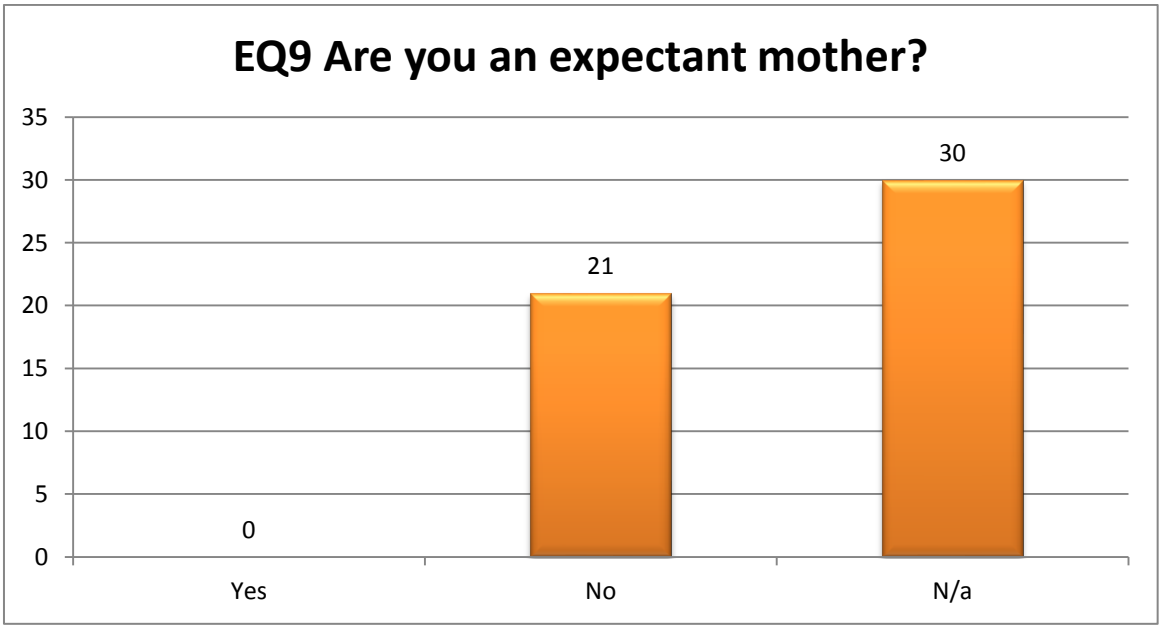


98% of patients said that they are **Heterosexual**

2% of patients said they were **bisexual**

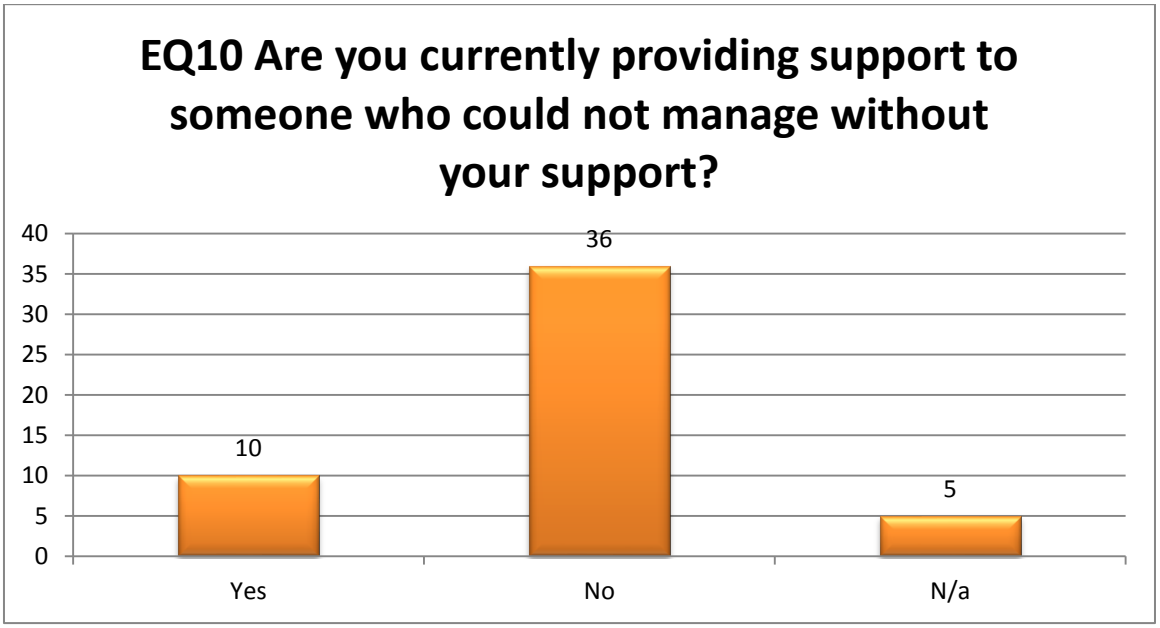


69% of patients said that they were **married**
25% of patients said that they were **single**
2% of patients said that they were in a **civil partnership**
2% of patients said that they were **divorced**
2% of patients said that they were **widowed**



59% of patients said that the question was **not applicable**

41% of patients were **not** an expectant mother



78% of patients said that they were **not** currently providing support to a partner, child, relative, friend or neighbour who could not manage without them.

22% of patients said that they **were** currently providing support to a partner, child, relative, friend or neighbour who could not manage without them.

CONCLUSION

Of the 51 patients who participated within this survey and completed the equality monitoring data form, analysis showed that there were no specific trends / concerns in relation to equality related issues.

An overall positive response was received in relation to the survey questions asked:

Of the 51 patients who participated within this survey:

- **54% of patients stated that it was 'very easy' to access the hospitals services and 42% stated that it was 'easy' to access the hospital services.**

  Of the 4% (2 patients) who stated that they thought it was 'very difficult' / 'difficult' to access hospital services, reasons for access issues were themed as follows:

  - Car parking Issues
  - Difficulty obtaining an appointment / Contacting Appointment Team

  On equality data analysis, no significant trends in equality data were noted in relation to the reasons given above.

- **83% of patients said that when they had important questions to ask the nurse they 'always' got answers that they could understand. 17% stated 'sometimes'.**

- **83% of patients said that when they had important questions to ask the doctor they 'always' got answers that they could understand. 13% stated 'sometimes'.**

  Of the 2 patients who said they did not get the answers that they could understand, no comments were stated.

On equality data analysis, no significant trends in equality data were noted in relation to the reasons given above.

- **94% of patients stated that they were 'always' given enough privacy when being examined.** Only 1 patient stated no to this question. No comments were given.

- **94% of patients said that they were 'always' given enough privacy when discussing their treatment.** Only 1 patient stated no to this question. No comments were given.

- **82% of patients said that they did understand the importance of patient safety in a hospital setting.** 6 patients were unsure (12%) and only 3 patients replied no.

- **70% of patients said that they were 'always' involved in decisions about their care and treatment.** 5 patients stated no, they were not**.** The comments stated were not in relation to an equality issue. Comments included poor pain management / treatment was required to treat their condition.

- **64% of patients said that they were 'always' given written information about their condition / procedure**. **19% stated 'sometimes'.** 8 patients stated that they were not given written / printed information. The comments stated were not in relation in an equality issue.

- **49% of patients stated that they had not made a complaint. Of the 6% (3 patients) who stated that when they had a complaint / concern it was not dealt with to their satisfaction, reasons for this were related to an administration issue, staff attitudes and not responding to pain control.** Of these 3 patients no trends in equality data were noted in relation to the reasons stated.

- **82% of patients scored our hospital services between 8-10 marks out of 10. Only 3 patients scored our hospital services between 1-5 marks out of 10.** (these were the same 3 patients who felt that their complaint/concern was not dealt with to their satisfaction).

- **94-98% said that they were not unfairly treated due to a protected characteristic that they had.**

  Of the 2 patients who stated 'yes' to gender; age; religion; and sexual orientation and the 1 patient who stated 'yes' to disability and other reason, on reviewing their answers / feedback, it is apparent that this question was answered incorrectly.

  98% of patients said that they were treated fairly at all times. 1 Patient said no they were not treated fairly at all times – no reason was given for this.

Equality Monitoring Data Analysis

Of the 51 patients who participated within this survey and completed the equality monitoring data form, analysis showed:

- 52% of patients were female / 48% of patients were male
- 49% were aged 30 – 59 years. 41% were aged 60 years and over. 10% were aged under 30 years.

Data shows that the highest percentage of service users who accessed both in-patient and out-patient services during the last 5 years, were aged between 31 to 64 years and 65 years and over. In comparison with the UK as a whole, the population of Wigan is ageing. Statistics from the 2011 Census, revealed that the percentage of the population aged 65 and over was the highest seen in any census at 16.2%. 1 in 6 Wigan residents are now over the age of 65. The age of patients accessing hospital services therefore is bias towards the older population, reflecting greater healthcare needs of this age group.

- A wide range of black and minority ethnic backgrounds were recorded. The highest percentage being:
    - 14% Other White Background
    - 14% White Irish
    - 12% Indian
    - 10% Black African
    - 10% White British *(Although this survey was circulated to patients of black and minority ethnicity - 5 patients identified themselves as White British)*

  In terms of ethnicity access to hospital services during 2013/14 was overall reflective of the local population. 94.3% of the Trust's in-patients and out-patients were of British White ethnicity / 2.8% of Black or Minority Ethnic Origin / 2.9% of patient's ethnicity not known.
- 50% of patients stated that their religion was Christianity / 16% stated Hinduism and 16% stated Islam.
- 23% (11 patients) said that they considered themselves to have a disability. 38% of these patients stated that they had another health condition. 31% stated that they had a physical impairment, 15% stated that they had a mental health condition.
- 98% of patients were Heterosexual. 1 Patient stated that they were bisexual.
- 69% of patients were married / 25% of patients were single / 1 patient was in a civil partnership.
- 22% of patients stated that they were currently providing support to a partner, child, relative, friend or neighbour who could not manage without them.

RECOMMENDATIONS

Of the 51 patients who participated within this survey and completed the equality monitoring data form, analysis showed that there were no specific trends / concerns in relation to equality related issues.

This Inclusion and Diversity Questionnaire Report will be discussed as an agenda item at the next Inclusion & Diversity Operational Group Meeting (28th January 2015) and a summary report presented at the next Engagement Committee Meeting (March 2015). Survey results will be shared with the Trust's Inclusion and Diversity Champions.

All individual comments received in relation to access, information, treatment, privacy and dignity, safety, experience have been reviewed and the following recommendations proposed:

Equality in the NHS Survey 2015
ACTION LOG TEMPLATE

No specific trends / concerns in relation to equality related issues recorded

RED AREAS Of Concern	Action Required	Assigned to	Target Date
Poor pain control *(comments received from 2 patients)*	Being addressed as part of National In-patient Survey 2014 Action Plan. • Shared decision making in the pain control assessment to be introduced. • Looking at alternative pain control methods, such as relaxation, exercise and self-management.	**Divisional Matrons & Pain Specialist Nurses**	**01/06/15**
Disability Awareness *(comment received from 1 patient)*	To further promote the Trust's disability awareness training film. To ensure this is included within the Mandatory Inclusion and Diversity E-Learning Training Module (which all staff have to complete on a 3 yearly basis).	**Debbie Jones**	**31/03/15**
Patient not given enough information *(comments received from 4 patients)*	Being addressed as part of National In-patient Survey 2014 Action Plan. • Campaign "please ask me" to be introduced. • Families to be involved in patients care from start of admission.	**Divisional Matrons**	**1/06/15**
Raising awareness about patient information	Awareness campaign implemented to ensure all patients and staff are aware of the availability of patient information and provision of alternative formats: • Intranet & Internet updated • Promoted via electronic notice boards. • Information Stand hosted across all sites (half day session). • Staff Global E-mail	**Kerry Entwistle**	**31/03/15**
	To continue to raise awareness about access to interpreter services and the translation of patient information into other formats. Awareness campaign implemented to ensure all staff are aware of the process for using a telephone & face-to-face interpreters and how to access translation services: • Intranet & Internet updated • Article in Focus • Review of Departmental Handbook • Podcast • Trust Induction.	**Debbie Jones**	**31/03/15**

APPENDIX 4

Wigan Health Profile

http://www.google.co.uk/url?url=http://www.apho.org.uk/resource/view.aspx%3FRID%3D171637&rct=j&frm=1&q=&esrc=s&sa=U&ved=0CBQQFjAAahUKEwiwiK2g45nIAhUJXCwKHfnACRk&usg=AFQjCNEZS1vEYVFByLP0qpKqJtHvs1vtVA

APPENDIX 5

Summary of In-Patient and Out-Patient Activity by Ethnicity from 1st April 2014 to 31st March 2015:

	Inpatient		Outpatients		Total	
National Ethnic Group	**Total**	**% of Total**	**Total**	**% of Total**	**Total**	**% of Total**
NULL / Not Stated	980	1.2	12,177	2.5	13,157	2.3
British (White)	**77,135**	95.6	**467,919**	94.2	**545,054**	94.4
Irish (White)	266	0.3	1633	0.3	1,899	0.3
Any other White Background	722	0.9	4764	1.0	5,486	0.9
White and Black Caribbean	35	0.0	172	0.0	207	0.0
White and Black African	33	0.0	116	0.0	149	0.0
White and Asian	40	0.0	205	0.0	245	0.0
Any other mixed background	143	0.2	794	0.2	937	0.2
Indian	164	0.2	1195	0.2	1,359	0.2
Pakistani	158	0.2	951	0.2	1,109	0.2
Bangladeshi	20	0.0	127	0.0	147	0.0
Any other Asian background	228	0.3	1692	0.3	1,920	0.3
Caribbean	14	0.0	186	0.0	200	0.0
African	167	0.2	1161	0.2	1,328	0.2
Any other Black Background	103	0.1	692	0.1	795	0.1
Chinese	109	0.1	875	0.2	984	0.2
Any other ethnic group	376	0.5	2280	0.5	2,656	0.5
Total	**80693**		**496,939**		**577,632**	

Summary of Maternity Admissions by Ethnicity from 1st April 2014 to 31st March 2015:

	Maternity Inpatients	
National Ethnic Group	**Total**	**% of Total**
NULL / Not Stated	24	0.7
British (White)	**3,128**	90.2
Irish (White)	14	0.4
Any other White Background	133	3.8
White and Black Caribbean	1	0.0
African	41	1.2
White and Asian	1	0.0
Any other mixed background	4	0.1
Indian	6	0.2
Pakistani	21	0.6
Bangladeshi	2	0.1
Any other Asian background	24	0.7
Caribbean	2	0.1
Any other Black Background	6	0.2
Chinese	20	0.6
Any other ethnic group	41	1.2
Total	**3,468**	

Summary of Accident & Emergency Attendances by Ethnicity from 1st April 2014 to 31st March 2015:

National Ethnic Group	Total	% of Total
NULL / Not Stated	1,559	1.8
British (White)	83,707	94.8
Irish (White)	263	0.3
Any other White Background	1,298	1.5
White and Asian	53	0.1
Any other mixed background	356	0.4
Indian	133	0.2
Pakistani	133	0.2
Bangladeshi	16	0.0
Any other Asian background	124	0.1
Caribbean	15	0.0
African	205	0.2
Any other Black Background	241	0.3
Chinese	145	0.2
Any other ethnic group	74	0.1
Total	**88,322**	

Summary of Patients who did not attend their Out-Patient Appointments by Ethnicity from 1st April 2014 to 31st March 2015:

National Ethnic Group – (Out-Patient DNAs)	Total	% of Total
NULL / Not Stated	2305	5.9
British (White)	34,797	89.6
Irish (White)	129	0.3
Any other White Background	438	1.1
White and Black Caribbean	31	0.1
White and Black African	27	0.1
White and Asian	23	0.1
Any other mixed background	136	0.4
Indian	101	0.3
Pakistani	119	0.3
Bangladeshi	8	0.0
Any other Asian background	163	0.4
Caribbean	15	0.0
African	119	0.3
Any other Black Background	90	0.2
Chinese	54	0.1
Any other ethnic group	290	0.7
Total	**38,845**	

Summary of Patients who did not attend their Maternity Out-Patient Appointments by Ethnicity from 1st April 2014 to 31st March 2015:

National Ethnic Group – (Maternity DNAs)	Total	% of Total
NULL / Not Stated	4	0.3
British (White)	1130	86.9
Any other White Background	60	4.6
Indian	4	0.3
Pakistani	11	0.8
Any other Asian background	14	1.1
African	20	1.5
Any other Black Background	4	0.3
Caribbean	1	0.1
Other Mixed Background	8	0.6
Chinese	8	0.6
Bangladeshi	1	0.1
Irish	8	0.6
Any other ethnic group	28	2.2
Total	**1301**	

APPENDIX 6

Summary of Telephone Interpreter and Face to Face Interpreter Activity by Languages from 1st April 2014 to 31st March 2015:

Telephone Interpreters

During 2014/2015, 661 telephone calls were made in order to access telephone interpreter services within the Trust. The top languages requested are recorded below:

Top Languages Requested	No. of Calls 2011-12	No. of Calls 2012-13	No. of Calls 2013-14	No. of Calls 2014-15
Polish	53	32	63	167
Mandarin	61	30	41	28
Lithuanian	12	25	27	35
Russian	11	14	19	49
Arabic	26	12	25	39
Kurdish	8	11	22	14
Urdu	4	10	5	17
Farsi	7	9	11	46
Slovak	25	9	17	30
Vietnamese	9	9	17	6
Cantonese	28	8	12	15
Czech			17	20
Hungarian			16	6
Spanish			14	82
French				28
Albanian				16

Face-to-Face Interpreters

During 2014/2015, 292 face to face language interpreters attended hospital appointments / procedures. The top languages requested were:

Top Languages Requested	No. of Requests 2011-12	No. of Requests 2012-13	No. of Requests 2013-14	No. of Requests 2014-15
Polish	0	37	36	64
Cantonese	14	32	22	17
Russian	15	25	9	8
Mandarin	11	20	24	33
Urdu	11	18	5	11
Slovakian	7	16	10	23
Czech	9	10	8	10
Lithuanian	6	10	11	26
Latvian	4	10	8	7
Punjabi	7	10	4	5
Gujarati	6	10	5	0
Farsi	8	9	16	21
Albanian	9	0	0	4
Thai	5	3	0	0
Arabic	3	9	16	24
French	3	2	7	4
Kurdish Sorani	3	5	5	2

APPENDIX 7

Summary of Hospital Deaths by gender and age during 1st April 2014 to 31st March 2015:

Year	Male Deaths	Female Deaths	Total Deaths
2013/14	687	649	1,336
2014/15	688	696	1,384

Age Groups	2013/14	2013/14
0	17	11
1-4	2	2
5-17	2	3
18-30	9	8
31-49	54	57
50-64	146	152
65-79	501	483
80-94	567	628
95+	38	40
TOTAL	**1336**	**1384**

APPENDIX 8

Summary of Out-Patients by Religion or Belief during 1st April 2014 to 31st March 2015:

Religion	2013/14	%	2014/15	%
Agnostic	**194**	0.0	**205**	0.0
Atheist	**511**	0.1	**710**	0.1
Buddhist	**267**	0.1	**440**	0.1
Christian	**325062**	73.6	**368169**	74.1
Christadelphian	**65**	0.0	**92**	0.0
Hindu	**566**	0.1	**878**	0.2
Islamic	**367**	0.1	**633**	0.1
Jewish	**174**	0.0	**178**	0.0
Morman	**201**	0.0	**196**	0.0
Muslim	**1459**	0.3	**2151**	0.4
None	**34173**	7.7	**46497**	9.4
Other	**113**	0.0	**110**	0.0
Society of friends	**15**	0.0	**12**	0.0
Rastafarian	**13**	0.0	**25**	0.0
Sikh	**15**	0.0	**38**	0.0
Spiritualist	**283**	0.1	**408**	0.1
Unitarian	**332**	0.1	**336**	0.1
Undisclosed / Unknown / Null	**78033**	17.7	**75861**	15.3
TOTAL	**441843**		**496939**	

APPENDIX 9

Summary of Complaints by gender, age and ethnicity during 1st April 2014 to 31st March 2015:

The following tables show the spread of ethnic diversity / age and gender of complaints made by a total of 377 patients during 2014/15 (388 recorded in 2013/14):

Complaints by Age	Female	% of Complaints	Male	% of Complaints	% of Inpatient & Day case Activity
18 and under	9	2.4	12	3.2	0.03
19-29	25	6.6	7	1.9	0.04
30-39	27	7.2	9	2.4	0.04
40-49	28	7.4	19	5.0	0.06
50-59	40	10.6	22	5.8	0.08
60-69	34	9.0	33	8.8	0.08
70-79	26	6.9	28	7.4	0.07
80-89	27	7.2	16	4.2	0.05
90-99	9	2.4	3	0.8	0.01
No Age Recorded	2	0.5	1	0.3	0.00
Totals	**227**	60.2	**150**	39.8	
% of Inpatient & Day case Activity	0.3		0.2		

Complaints by Ethnicity and Age:

	18 & under	19-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	Not Recorded	Total	% of Complaints by Ethnicity	% of IP/DC Activity
White British	20	31	35	45	60	66	53	43	12	1	**365**	96.8	0.45
White - Irish							1				**1**	0.3	0.00
Other Mixed		1			1	1					**3**	0.8	0.00
Indian												0.0	0.00
Pakistani					1						**1**	0.3	0.00
Other Asian												0.0	0.00
Black African			1								**1**	0.3	0.00
Other Ethnic Category	1										**1**	0.3	0.00
Not stated				2						3	**5**	1.3	0.01
Total	**21**	**32**	**36**	**47**	**62**	**67**	**54**	**43**	**12**	**3**	**377**		
% IP/DC Activity	0.03	0.04	0.04	0.06	0.08	0.08	0.07	0.05	0.01	0.00			

The following table summarise the main reasons for the complaints recorded during 2014/15 by age: (Top 5 complaint subjects highlighted in green)

Complaint Subject	Male	Female	Total	%
Admissions, discharge and transfer arrangements	13	16	29	7.5
Aids and appliances equipment, premises (including access)	1	0	1	0.3
Appointments, delay/cancellation (out-patient)	12	18	30	7.7
Appointments, delay/cancellation (in-patient)	4	3	7	1.8
Attitude of staff	14	24	38	9.8
All aspects of clinical treatment	102	119	221	57.0
Communication/information to patients	23	33	56	14.4
Consent to treatment	0	0	0	0.0
Patients' privacy and dignity	0	3	3	0.8
Patients' property and expenses	0	0	0	0.0
Personal records (including medical and/or complaints)	3	0	3	0.8
Failure to follow agreed procedure	0	0	0	0.0
Transport (ambulances and other)	0	0	0	0.0
Policy and commercial decisions of trusts	0	0	0	0.0
Others	0	0	0	0.0
Total	**172**	**216**	**388**	