Wrightington, Wigan and Leigh

NHS Foundation Trust

Inclusion and Diversity

Inclusion and Diversity Annual Monitoring Report April 2015 - March 2016

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your hospitals, your health, our priority

Executive Summary

TITLE:

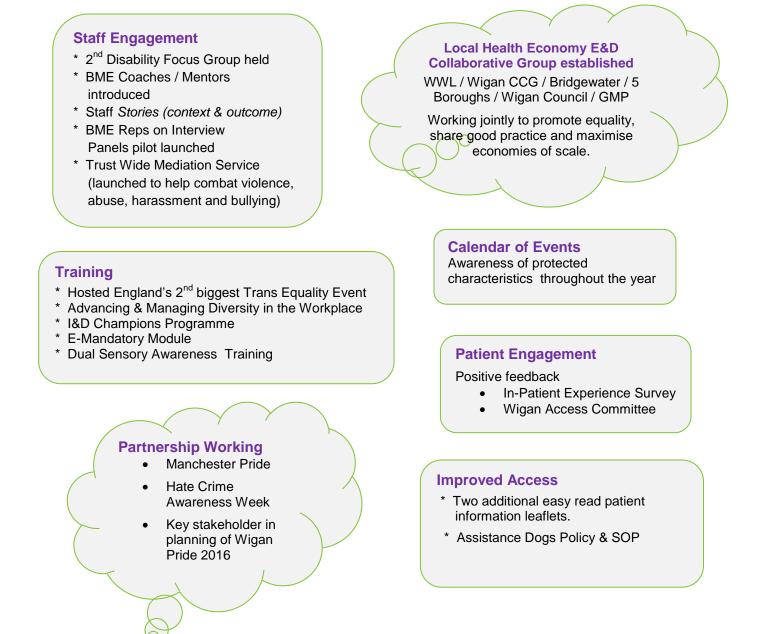
Inclusion and Diversity Annual Monitoring Report - April 2015 to March 2016

PURPOSE OF REPORT:

This report summarises the progress the Trust has made in the key areas of inclusion and diversity during the last 12 months (2015/16), highlighting both key achievements and outcomes. This report provides a summary of headline data in relation to staff and patient demographics. This report provides assurance to the Board of how the Trust is meeting the requirements of the Public Sector Equality Duty, summarising the priorities for the year ahead.

EXECUTIVE SUMMARY:

Over the last 12 months, the Trust has seen substantial progress in embedding inclusion, diversity and human rights into core business activity. A number of key outcomes have been achieved over the last 12 months.



SERVICE USERS

Overall picture of patient access, reflects broad similarity to local demographics

- 1% increase in number of in-patients and out-patients of black and minority ethnic background over last 4 years.
- 3% decrease in mothers of British white ethnicity and 3% increase of mothers of black and minority ethnic backgrounds during last 4 years using maternity services.
- Polish, Manadrin, Russian, Arabic, Lithuanian, Cantonese and Farsi top languages requested.
- As with most healthcare services in the UK, women are more likely to use hospital services than men 58% female out-patients during last 12 months.
- 1 in 6 residents in Wigan are now aged over 65 years. The age of patients accessing hospital services is bias towards the older population, reflecting greater healthcare needs.
- 21.5% of Wigan residents are living with a limiting long-term illness, health problems or disability

 higher than the national average 17.9%.
- Estimated 15,000 lesbian, gay and bisexual Wigan residents and 2,500 Trans residents.

STAFF

- 91% of the workforce are white. This figure is significantly lower than the Wigan borough figure of 95%. 7.31% of the workforce are from Black & Minority Ethnic Groups, with 6.7% of Trust Board being BME.
- Whilst the split between under 50 and over 50 has remained fairly static, there has been a slight year on year increase in the proportion of staff aged over 60 which is leading to an ageing workforce.
- There has been a slight improvement in the amount of undeclared data in respect of disability. However this remains at 40.91% which still makes meaningful data analysis difficult.
- The workforce remains predominantly female at 80.2% whereas the local population is 50.3% female. However, this is in keeping with the healthcare profession in general and the NHS in particular.
- 54% of staff who have disclosed their religion and belief describe themselves as Christian compared to a Wigan borough figure of 73%. Again there is a significant proportion of undisclosed data (33%).
- Just over 66% of staff describe themselves as heterosexual. However, 33% have not disclosed their sexual orientation.

POTENTIAL RISKS

Failure to actively promote equality across all protected characteristics could constitute failure to meet the requirements of Equality Legislation / Statutory Bodies. Challenge from the local community and loss of reputation and public confidence could arise as a subsequence. Non-compliance / failure to address national requirements could impact on our Care Quality Commission Scores. The key risks to the Trust therefore in terms of service delivery are non completion of equality impact assessments, failure to provide accessible information in a patient's preferred format and the limited availability of equality information against some of the protected characteristics.

The key risks to the Trust therefore in terms of employment practice are: a higher % of white applicants continuing to be appointed following shortlisting than those from black and minority groups and the number of BME staff involved in conduct cases is disproportionate in comparison with the workforce profile. Addressing both of these areas is critical to ensuring that potential discrimination claims are avoided. Furthermore, improved levels of declared worforce data in respect particularly of sexual orientation and disability status would enable the Trust to more effectively assess that its employment practices are fit for purpose moving forward.

ACTION BY BOARD: Trust Board are invited to receive and approve the Annual Inclusion and Diversity Monitoring Report.

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1. Introduction

At WWL NHSFT, we recognise that good equalities practice is central to the provision of high quality health services that meet people's individual needs. We are committed to the practices of inclusion, diversity and human rights, and aim to ensure that these are maintained and embedded within all aspects of service provision and employment practice.

Over the past few years we have made substantial progress in embedding inclusion and diversity into our core business activities. We will continue to make progress by ensuring these values are mainstreamed through all aspects of our service provision, and in how we work in partnership with our employees and our local communities.

This is the Trust's 7th annual report on Inclusion and Diversity. As well as meeting our obligation as an NHS Trust to publish equality monitoring data in relation to our staff and service users, the report sets out what we have achieved in 2015/16, our key outcomes and the commitments made against our equality objectives 2012-2016. The report summarises key trends in relation to staff and patients demographics.

2. NHS Drivers & Compliance

There are a number of equality based national laws and guidelines which mandate and guide how NHS organisations should demonstrate equality These incluse the Legal Framework, NHS Constitution, NHS Equality Delivery System, Workforce Race Equality Standard This report evidences how the Trust has delivered on these requirements during the last 12 months. **See Appendix 1 for a summary of our compliance against national standards.**

3. Key Developments 2015/16

Over the last 12 months, we have seen substantial progress in embedding inclusion, diversity and human rights into core business activity.

The following table summarises:

- What we did during 2015/16
- Why we did it
- What the outcome was
- Priorities for the year ahead

3. Key Developments 2015/16

-

| Governance | | | | |
|---|--|---|---|--|
| What have we done | Why we did it | What was the outcome | Looking ahead | |
| Equality Delivery System (EDS) 2016 Assessment undertaken and report produced. Report received and approved by Inclusion and Diversity Steering Group on 14/06/16. | Assessment enables us to assess and score our performance in collaboration with local stakeholders through engagement, equality monitoring and improved patient access and experience. NHS Contract and Department of Health requirement. | Evidence used to inform EDS Action Plan 2016/17. Ensures there is a clear plan to work to. | Data and evidence will be reviewed and updated annually and progress published on Trust Website. | |
| Equality and Diversity Collaborative Group established. Membership includes representation from: Wrightington, Wigan & Leigh NHS FT Trust Wigan Borough Clinical Commissioning Group Bridgewater Community Healthcare NHS FT Trust 5 Boroughs Partnership NHS FT Trust Wigan Council Greater Manchester Police LGBT Foundation | To jointly promote inclusion and diversity, share good practice, maximise economies of scale across the local health economy. To share equality data, identify health inequalities to potentially influence care pathway design. | Terms of Reference drafted. Bi-monthly meetings inititiated. | To continue to work collaboratively to share best practice and ensure consistency. To work collaboratively on the implementation of the Accessible Information Standard. Collaborative Accessible Information Standard Group to be established to review and agree joined approach to implementing standard across the Wigan Borough. | |
| Establishment of Greater Manchester Equality and Diversity Provider Network Forum. | To jointly promote inclusion and diversity and share good practice, across Greater Manchester. | Terms of Reference agreed. Quarterly meetings inititiated. | To continue to work collaboratively to share best practice and ensure consistency. | |
| Implementation of one day training workshop for Inclusion and Diversity Champions on 8 th October 2015. | To ensure all Inclusion and Diversity Champions are educated at the same entry level. To implement a programme of projects to further embed inclusion and diversity within service delivery and employment practice. | Role of Inclusion and Diversity Champion clearly defined. Programme of projects to further embed inclusion and diversity within service delivery and employment practice initiated. Progress and best practice now shared and monitored at quarterly I&D Champion Meetings. | To continue to promote and increase membership within the Trust. | |

| What have we done | Why we did it | What was the outcome | Looking ahead |
|--|--|---|---|
| Patient Experience Survey - | To ascertain their views about being | Of the 76 patients who participated | To continue to engage on an annual |
| A survey was circulated to a random sample of 300 patients who had been admitted as in- patients during August, September and October 2015. | This patient survey was part of our EDS Action Plan to engage with all protected groups and to obtain | 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 experience was reported. | basis with all protected groups. To continue to review and respond to patient feedback. |
| Attended Wigan Access Committee Meeting on 2 nd March 2016. | To engage with people living with disabilities and ascertain their views about Trust services. | Overall positive feedback was obtained. | To attend future Wigan Access Committee Meeting. To report on progress and obtain further patient experience feedback. |
| Hosted England's 2 nd biggest Trans Equality Event for NHS Staff in February 2016. The masterclass was a partnership event between WWL, Wigan CCG and the 5 Boroughs Partnership NHS FT Trust. It included trans speakers and audience members. | To raise staff awareness about the health challenges faced by trans people. To provide staff with an understanding of the needs of trans people in a hospital setting. | Positive evaluation feedback. Increased staff awareness. National press coverage. | To continue to work with the local LGBT community to increase the quality of the information, knowledge and understanding we have about our LGBT service users. |

| Goal 2: Improved Patient Access & Experience | | | |
|--|---|---|---|
| What have we done | Why we did it | What was the outcome | Looking ahead |
| Reviewed and published an additional two Easy Read Patient Information leaflets: | To expand the provision of easy read patient information. | Availability of additional easy read information. | To further expand the provision of easy read patient information. |
| Coming to our hospitals during the day.Staying overnight in the hospital. | To make information easier to understand for people living with communication and information needs. | Evaluation of downloads can be accessed via 'Download/Hits' Report. | |

| What have we done | Why we did it | What was the outcome | Looking ahead |
|---|--|--|---|
| Reviewed and produced an Assistance Dogs Policy and Standard Operating Procedure (SOP). The Policy clearly sets out the roles and responsibilities of staff to support access for patients and visitors with assistance dogs. The SOP details the process for allowing access to assistance dogs within the Trust and sets out the management practice for implementing reasonable adjustments, where access cannot be permitted due to infection control or health and safety issues. | The need for a Trust Policy was highlighted within a patient complaint, whereby a relative with an assistance dog was refused access to the Maternity Ward. The need to raise staff awareness about protocol and reasonable adjustments was identified. | Implementation of robust Policy and SOP. Awareness of Policy and SOP raised on Dual Sensory Awareness Training Session. Increased staff awareness of protocol. | To continue to raise staff awareness of current practice and protocol. To audit staff awareness. |
| Disability Awareness Film embedded within Inclusion and Diversity E-Mandatory Training Module. | To further raise staff awareness about some of the barriers patients living with disabilities can experience when accessing health care. | Increased staff awareness. Positive feedback received from staff who attended Disability Staff Focus Group. | To share with Wigan Borough CCG for circulation within GP Practices. |
| Dual Sensory Awareness Training Session developed for staff. | Patient feedback highlighted the need to raise staff awareness about hearing and visual impairments. To increase staff understanding about some of the barriers patients experience when accessing healthcare. | Three training sessions planned each year. First Training session launched on 27 th April 2016. | Three training sessions to be held each year. Feedback from evaluation forms to be used to further improve training. Implementation of a supplementary E-Learning Module to be reviewed. |
| Service Level Agreements for Interpreter and Translation Services reviewed and agreed. | To formalise exisiting agreements and ensure robust monitoring is in place. | Provision of monthly activity reports ensures more robust monitoring of activity. | Staff survey to be undertaken to review staff's level of awareness of interpreter and translation services. |
| PLACE inspections of Eye Unit at Boston House and Wards/Departments at Leigh Informary undertaken to review accessibility and signage. | To review and improve accessibility and signage for the visually impaired. | PLACE Inspection Reports reviewed / Action Plan produced. Signage improved at Boston House / RAEI. Sensor bins installed in disabled toilets throughout Trust. | To continue to engage with patients / local groups to continue to improve accessibility. |

| What have we done | Why we did it | What was the outcome | Looking ahead |
|---|--|---|---|
| Equal pay audit carried out by extracting data from the National IVIEW system. | To provide feedback on any issues surrounding equal pay and enable appropriate interventions to be developed and implemented. Data was analysed on basic pay and total earnings for the protected characteristics of gender, age, sexual orientation, ethnicity, religion and belief and disability. | Assessment enables us to be assured that our salary levels are consistent across the protected group data held on ESR. | To continue to audit pay on an ongoing basis. |
| Launched a pilot for BME representation on interview panels. | To drive forward the ID agenda and identify any potential issues and follow up actions and due to the fact that a higher % of white applicants are shortlisted and appointed than those from black and minority (BME) groups. | Recruiment campaigns which have become part of the pilot to date have increased staff engagement and collaborative working with BME staff. | Look into options to amend this initiative by incorporating into mentorship programmes being supported at executive level. |
| Developed bespoke group of BME Coaches. | To enable BME staff to have an ongoing forum to have comments and concerns listened to and acted upon. | Positive feedback from BME staff via the Operations Group, EDS Survey and pulse check routes. | Roll out the programme further. |
| Monitored flexible working applications as part of ongoing employment monitoring. | To provide assurances that flexible working applications are managed and supported consistently and appropriately across all areas of the Trust. | Monitoring data indications are that the process is fair and equitable. | Continue to undertake audits in accordance with EDS requirements. |
| As above, Equality and Diversity Collaborative Group was established. | To share equality data and identify trends and employment initiatives. | Terms of Reference drafted. | To continue to work collaboratively so as to share best practice and |
| Membership includes representation from: | To jointly promote I&D Events and | Bi-monthly meetings inititiated. | ensure consistency and economies |
| Wrightington, Wigan & Leigh NHS FT Trust Wigan Borough Clinical Commissioning Group Bridgewater Community Healthcare NHS FT Trust 5 Boroughs Partnership NHS FT Trust Wigan Council Greater Manchester Police LGBT Foundation | embed local health economy approach. | Shared initiatives progressed eg work towards first ever Wigan Pride scheduled for August 2016. | of scale. |

| Renewed our application for "Positive about Disability" Two Ticks employer recognition, having been successfully re-assessed against this standard in Summer 2015. | To demonstrate continued high standards of recruitment and employment practice and utilise as an aid to recruitment and retention. | Successfully achieved renewal of the award for futher 12 month period. | The award is changing to become "Disability Confident" scheme. The Trust will therefore work in partnership with Job Centre Plus to successfully migrate to the new standard. |
|--|---|---|--|
| The Trust held its second focus group for staff living with a disability. Feedback also obtained from Local Pulse Check surveys, Staff Stories. | To demonstrate ongoing support of protected groups and enhance recruitment and employment practices in this regard. | A number of actions were put in place. Members also agreed to act as a central resource for managers dealing with disability related issues within the Trust. | Continue to hold focus group events aimed at protected groups, the next being an event targeted at BME staff members. |
| We implemented a Trust wide Mediation Service. | To facilitate early resolution for employee relations cases. | A number of employee relations cases were resolved at an early stage. | Further embed this into employment practice and raise awareness of the facility. |
| We continued to develop on a number of actions from the BME Focus Group held last year eg ensuring that imagery within e- mandatory training modules was reflective of protected characteristics and review of policies, procedures and operational practices. | To respond to comments made by BME Focus Group members and ensure good practice. | E-mandatory modules being adapted and updated on an ongoing basis. | Continue to ensure that training and development materials are fit for purpose. |
| In April 2015, the Trust worked in partnership with Greater Manchester Police and Staff Side on a series of events to support Wigan and Leigh 'Hate Crime Awareness Week'. GMP representatives visited the Trust with their 'Rainbow Car". | To support GMP Hate Crime Awareness week and raise awareness at RAEI, Leigh, Buckingham Row, Thomas Linacre Centre. | Staff, volunteers, patients and relatives visited the information stand and took advantage of awareness raising resources. | Develop ongoing iniitiatives with partner organisations within the North West Footprint as part of the Trust's Locality Plan. |
| In August 2015, we worked in partnership with the University of Manchester to promote Lesbian, Gay, Bisexual and Transgender (LGBT) awareness in support of Manchester PRIDE. At the launch, executives and staff members helped to erect the Rainbow flag | To demonstrate the Trust's support of LGBT as an inclusive employer and in terms of delivery to the patients within the community. | Awarenss was raised via all internal communication methodologies as well as social media such as Facebook and Twitter. | Work in collaboration with partners within the local area on plans for the first Wigan Pride scheduled for August 2016. |
| Programme of staff awareness / engagement activities planned for 2015-16 as part of the WWL Way. | To schedule engagement activities for staff to support Trust values and behaviours and the WWL way. | A number of ID Champions supported events as pat of their projects. Feedback from staff was that they appreciated the increased awareness. | Build further events into the forthcoming year's schedule. |

| Goal 4: Inclusive Leadership at all levels | | | |
|---|---|--|--|
| What have we done | Why we did it | What was the outcome | Looking ahead |
| Held a number of Inclusion and Diversity Leadership Master classes and Board Members / Senior Leaders particuipated in a bespoke update session. | To ensure that senior staff members remain up to date with developments in the field and put this into practice within their areas of responsibility. | Effective demonstration of Inclusion and Diversity values in Board and senior level business. | Further programme of senior level updates to be put in place as part of the managers and leaders programme. |
| Regular focus groups and listening events. Visible and effective support of Chief Executive and other Board members at Inclusion and Diversity events as part of the annual schedule. | To enable senior leaders to demonstrate commitment to equality and embed values into core business activities. | Targeted participation in Inclusion and Diversity values at leadership level. | Annual programme of events to continue to take place. |
| I&D Steering Group continued to be chaired at Executive level. Members of the group were also senior leaders from within the Trust's management team. | To allow agenda items to be given a high priority and items escalated from the underpinning Operations Group to receive appropriate support. | Items were progressed in a timely and appropriate manner furthering the I&D agenda effectively. | Ensure that this practice remains in place moving forward. |
| Demonstrate senior support as follows:Medical Director is a BME Pioneer | Senior leaders demonstrate commitment to equality and embed values into core business activities. | Evidence was fed into the EDS assessment and fed back to Trust staff. | Continue to evidence senior level support within all I&D initiatives on an ongoing basis. |
| Senior attendance at the targeted Focus Groups referred to above. | | | |
| Visible involvement in initiatives such as Manchester Pride 2015. | | | |
| All Board papers ask whether inclusion and diversity implications have been taken into account. | To ensure that senior level ownership is demonstrated from all work streams. | High profile support of I&D matters in all aspects of business activity. | Continue to embed this into working practices. |
| Focus Group feedback highlighted some improvement areas such as support and guidance for managers. | To move forward on areas for development to the benefit of staff and managers. | Key areas identified and built on. | Build into 2016-17 EDS Action Plan. |
| A number of further staff stories were obtained during 2015-6. | To gauge the level of support staff feel is in place and evidence this to the Trust as a whole. | Stories indicate that staff appreciate the support received from the Trust in relation to I&D matters and are happy to share experiences. | Continue to build up and publicise further staff stories. |

Summary of Key Diversity Events Celebrated

Black & Minority Ethnic Focus Group – February 2015



The second session aimed at BME staff which was chaired by Andrew Foster. A number of key actions were identified and formed part of our EDS action plan. These centred around policy amendments to enable staff to travel overseas for extended breaks to visit family, the establishment of a team of BME mentors / coaches, BME representation on interview panels and BME imagery within e-Mandatory.

Hate Crime Awareness Week – April 2015

GMP representatives visited the Trust with their 'Rainbow Car' to raise awareness at RAEI, Leigh, Buckingham Row, Thomas Linacre Centre. Staff, volunteers, patients and relatives visited the information stand and were handed free goodies.

The events addressed our responsibility to assist staff, patients and visitors who may be/have been targeted because of their ethnic origin, disability, religion/belief, sexual orientation, gender re-assignment or any other protected characteristic. It was a chance to discuss with GMP representatives what constitutes a 'Hate crime' and the correct reporting procedure.





Deaf Awareness Week – May 2015

WWL celebrated Deaf Awareness Week by sharing staff stories and promoting recent initiatives implemented to improve access for the hearing impaired.

Carers Week – June 2015

Information stand hosted by Macmillan Information Team 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.



Manchester Pride – August 2015



This year saw Manchester Pride celebrate its 25th birthday. WWL were proud to be part of this event, working in partnership with the University of Manchester.

Thousands of people lined the streets of on Saturday 29th August as the annual Pride parade took over the city centre. Hundreds of performers took part in the huge carnival which was led by Grand Marshal Sir Ian McKellen.



The event's theme this year was devotion, and involved more than 100 groups all championing gay charities, causes and community groups with colourful cars, eye-catching floats and vibrant costumes. Prior to the event, Executives and staff members raised the Rainbow Flag at Trust sites and this was featured on the Trust's website as well as our Twitter and Facebook pages.

International Day of Peace – September 2015



Our Chaplaincy & Spiritual Care Team celebrated this event by posting displays about peace and what it means to us across several hospital sites. Each week more and more stars and doves have been added to the Peace Tree. Some are for the world, some written at times of tragedy such as the Paris bombings and others to ask for or wish their loved ones Peace whilst they are in hospital or at this particular time in their lives. The Peace tree highlights the generous warmth and love we have for each other.

Inclusion & Diversity Champions Training Programme – October 2015

This new programme refreshed the role of the I&D Champions who are now undertaking specific projects to further improve service and employment practice.





Anti-Bullying Week – November 2015

16 to 20 November 2015 was National Anti-Bullying Week and the Trust raised awareness of this.

Trans Master Class – Febuary 2016

The aim of the NHS Trans Master Class was to educate and promote awareness of trans issues. The hugely successful event was the second largest of its kind to be hosted by an NHS organisation.









5. Headline Data

5.1 Our People (Workforce)

The following workforce data is collected routinely by the Trust:

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

For the purposes of this report, we have reviewed the data which is available to us in terms of the above protected characteristics. The Trust does not hold data on gender reassignment (see below).

5.1 Our People (Workforce)

Age



As at 31 March 2016, staff breakdown was:

61% Under 50

(Fairly Static Year on Year)

39% over 50

Slight year on year increase in the proportion of staff aged 60+ years has led to an ageing workforce. Within 2013-14, 8.4% of staff were over 60, with the figure being 8.87% in 2014-15 and 9.27% in 2015-16.

During 2015-16, 41.5% of **Capability** cases were in respect of employees between 55 and 59 when the percentage of the total workforce in this age bracket was 13.64%.

Disability



As at 31 March 2016

2.1% of the Workforce who have declaired their status have stated that they are living with a disability.

Although this is consistent with the 2015 figure, there is still a large amount of undeclared data (40.91%). (Figure was 47% in 2015.)

12.38% of **Grievances** raised during 2015-16 were from staff living with a disability which is significantly over represented when compared with the workforce profile. (And the above context regarding the amount of undeclared data is also a consideration.)

Ethnicity



As at 31 March 2015/16: 91.21% of Staff of British White Ethnicity (Wigan Borough White representation is 95%)

candidates year on year which is encouraging

but this is still a key area requiring monitoring.

7.31% of Staff from Black & Minority Ethnic Groups 1.48% Not Stated

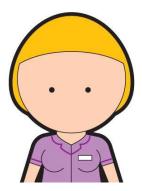
6.7% of the Trust Board membership is BME.

Within **Recruitment**, White candidates shortlisted and appointed are over representative in comparison with BME applicants. However, there has been a slight improvement in success rates for BME

All **Grievances** raised during 2015-16 were from staff members of British White ethnicity.

13.37% of staff subject to **Conduct** concerns were in respect of staff from a BME ethnic group compared with the 7.19% BME workforce profile.

Gender



Workforce as at 31 March 2016 80.2% Female 19.8% Male (50.3% female / 49.7% male

within Wigan population)

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

64.82% of **Capability** cases were in respect of male staff members which is not representative of the 19.8% male workforce profile.

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Marriage and Civil Partnership



As at 31 March 2016 55.84% of staff were Married 0.34% were in a Civil Partnership 31.76% single, 6.86% divorced / legally separated, 0.86% widowed, 3.65% unknown.

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

47.6% of **Promotions** were in respect of Single employees which is higher than the 31.76% Single workforce profile.

Pregnancy and Maternity



As at 31 March 2016, a snap shot from the Electronic Staff Record indicated that:

2.15% of female staff were on Maternity Leave

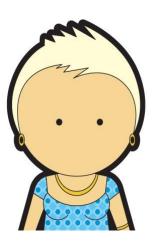
Religion and Belief



54% Christian 33% Unknown

Remaining staff split across a range of religions and beliefs with the highest number being in the `other` category (4.82%). However, a significant proportion have not declared their religion and belief. (33%) (The Wigan borough figure for Chistianity is 73%.)

Sexual Orientation and Gender Reassignment



Workforce as at 31 March 2016:

66.11% Heterosexual **0.34%** Gay 0.20% Lesbian

33.19% did not wish to disclose.

Wigan population 15% Lesbian, Gav or Bisexual.

Less than 1% of Job Applicants were from individuals identifying as Transgender which is slightly less than the 2.5% Wigan population profile.

Transgender information for current staff is not recorded on ESR so we cannot therefore undertake monitoring at present. However, we have reviewed and updated our Transgender Staff Support Materials so as to raise awareness, increase understanding and improve the experience of staff identifying as transgender.

5. Headline Data

5.2 Our Service Users (Patients)

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

The following patient demographics are collected routinely by the Trust:

- Age
- Sex
- Ethnicity
- Religion and Belief

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

5.2 Our Service Users (Patients)

Ethnicity (Out-Patients & In-Patients)



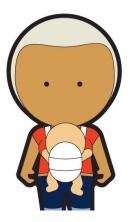
During 2015/16 93% of Patients of British White Ethnicity **4%** of Patients from Black & Minority Ethnic Groups

3% Not Known

Ethnicity overall reflective of local population – Latest census reported that 95% of the local population were of British White Ethnicity.

Trends show slight increase (1%) in number of patients of black and minority ethnic background over last 4 years.

Ethnicity (Maternity Admissions)



During 2015/16 90% of Patients of British White Ethnicity

10% of Patients from Black & Minority Ethnic Groups

Trends over last 4 years show 3% decrease in mothers of Birtish White Ethnicity and 3% increase mothers of Black & Minority Ethnic Backgrounds. Data in line with significant growth in Wigan Borough migrant worker population and numbers of refugees / asylum seekers.

Interpreter & Translation Services



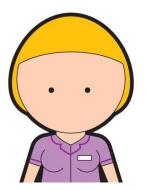
During 2015/16 Top Languages Requested

Polish, Manadrin, Russian, Arabic, Urdu, Lithuanian, Cantonese and Farsi Trends show a significant increase in the number of polish and spanish interpreters during the last four years.

Although the number of written language translations remains low, the number of translations into other formats (large print, audio, braille) has increased.

During 2015/16: 9 Braille / 9 Large Print / 1 Audio Translation Requested This will continue to increase with the implementation of the Accessible Information Standard from 31/07/16

Gender (Out-Patients)



During 2015/16 58% Female 42% Male Latest census reported that 50.3% of the local population is female

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



During 2015/16% of patients accessing hospitals services8% Under 1812% 18-30 Years41% 31-64 Years39% 65+ Years

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

Age overall reflective of local population – Latest census reported that the % of the population aged 65 and over in the Wigan Borough was the highest seen in any census. In comparison with the UK as a whole, the population of Wigan is ageing. The age of patients accessing hospital services is bias towards the older population, reflecting greater healthcare needs.

Religion and Belief



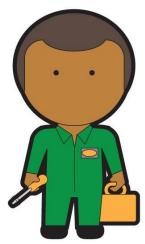
During 2015/16% of patients accessing out-patient services73% Christian16% Unknown9% None0.6% Unitarian0.4% Muslim0.2% Hindu

Ethnicity overall reflective of local population – Latest census reported that 78% of the population were of Christian Belief

Trust Data affected by the high proportion of religion not known (81,984 patients)

Disability





Latest Census reported

21.5% of Wigan Residents living with a limiting long-term illness, health problems or disability which limits daily activities at work.

Higher than national average 17.9%

Action on Hearing Loss estimate that **1 in 6 (16%)** of the population are living with hearing loss.

53,000 of Wigan Residents.

Royal National Institute for Blind People estimates that

8,680 of Wigan Residents are living with sight loss (**990** are living with severe sight loss)

By 2020, figures are expected to rise to **10,500** of Wigan Residents living with sight loss (1,250 living with severe sight loss) **1 in 4** people experience a mental health problem during their life. Having a long-term condition increases the risk that an individual will have a mental health.

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

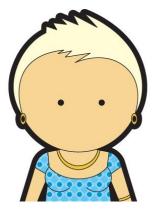
Improving Health & Lives (IHAL) estimate that **1.9% (6,170 residents)** have learning disabilities.

The Accessible Information Standard

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

WWL is committed to working towards meeting the core requirements of the Standard for everyone we serve.

Sexual Orientation and Transgender



Based on recent research and LGBT inequalities data it is estimated that there are

15,000 Lesbian, Gay or Bisexual Wigan Residents

2,500 People who identify as trans in Wigan

Despite the relatively small numbers, the impact that gender reassignment can have on people's outcomes is extreme.

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

Marriage and Civil Partnership



Latest Census reported 47.4% Wigan Residents are Married 0.2% (482) Wigan Residents in a Registered Same-Sex Civil Partnership

Complaints



362 Complaints Received during 2015/16

203 Female 159 Male

347 British White Ethnicity

- 8 Black & Minority Ethnic Background
- 7 Not Stated

65% Aged 50 years or above

5 Main Subject Complaints

- All aspects of clinical treatment
- Communication / Information to Patients
- Staff Attitudes
- Appointment Delay/Cancellations (Out-Patients)
- Admissions, Discharge and Transfers

No trends in relation to protected characteristics noted

6. Conclusion

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, including the establishment of a Local Health Economy Equality and Diversity Collaborative Group; implementation of I&D Champion training; hosting England's 2nd biggest Trans Equality Event for NHS Staff; implementation of Assistance Dogs Policy and Dual Sensory Awareness Training Session for staff. We held Focus Groups for staff from protected groups and worked on developing and implementing associated action plans. We also raised awareness of initiatives via actitivies such as Hate Crime Awareness Week and Manchester PRIDE.

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 demonstrates the commitment within the Trust to progress work around equality.

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. At present, the Trust does not have the technology in place to capture data on disability, sexual orientation, gender re-assignment and marriage and civil partnership. The implementation of more robust equality monitoring and data analysis within service delivery has been addressed and is being actioned as a key priority within the Trust's Equality Delivery System Action Plan.

For the purposes of this report, we have reviewed the patient 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.

In terms of workforce data, we have reviewed the data which is available to us with regards to age, disability, ethnicity, gender, marital status, maternity, religion & belief and sexual orientation. The Trust does not hold worforce data on gender reassignment.

7. The Year Ahead

The Trust recognises the importance of equality and human rights and the value that it adds. We will continue to build on the progress we have made to date.

The main priorities for 2016/17 will therefore be to ensure compliance with Equality Legislation, progress the delivery of the Trust's equality objectives and the Equality Delivery System Action Plan. All of which will continue to be managed by the Trust's Inclusion and Diversity Leads and monitored by the Trust's Inclusion and Diversity Operational and Steering Groups.

As a Trust, we already have a culture that recognises the equality challenges we face. We capture this within our EDS Action Plan 2016/17.

The Equality Delivery System (EDS2) and Workforce Race Equality Standard (WRES) are published on our Trust Website and help us to focus, highlight concerns and keep on track with making improvements in what we do and how we do it – for the benefit of all our service users, carers and staff.

We recognise the need to continue to work in partnership with staff and patients. For staff, this means continuing to raise awareness of initiatives and engaging with protected groups to ensure that all staff feel valued, respected and able to progress through the organisation. It also means the opportunity to share and build on areas of good practice whilst addressing areas for development. For patients and carers, this means being able to access our services, receive care and support and be treated as individuals with dignity.

WWL recognises that we do not have sufficient information about the health needs and experiences of lesbian, gay, bisexual and trans people and need to work to make our services more welcoming and inclusive.

Feedback from our patients tells us that we should consider a more flexible approach in the way we communicate with our patients. We need to ensure that patients continually receive information in formats that they can understand. Patient feedback re-iterates the need for us to ensure that communication support needs are recorded and acted upon accordingly.

WWL is currently working towards meeting the core reqirements of the Accessible Information Standard. We are committed to ensuring people who have a disability, impairment or sensory loss are given information they can easily read or understand. 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.

In terms of employment practice, we aim to review and develop the support available to managers with regard to inclusion and diversity issues and look to develop local resources, awareness sessions and master classes.

We also aim to reduce inequalities experienced by staff and applicants from a BME background by means of a Staff Support Network and developing the pilot covering BME Representatives on interview panels.

During 2015/16, the Trust continued to undertake equality analysis on all policies and practices (to ensure that any new or existing policies and practices do not disadvantage any group or individual). Equality impact assessments are embedded as part of Trust Policy Protocol. Further work however is required to ensure all new / re-designed services are assessed. The Trust needs to continue to ensure that EIAs become a core activity when reviewing / implementing new services / projects etc.

8. Recommendations

Trust Board are invited to receive and approve the Annual Inclusion and Diversity Monitoring Report.

9. References

- Census 2011
- 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/
- Stonewall http://www.stonewall.org.uk/
- Wigan Joint Strategic Needs Assessment 2011
- Wigan Health Profile 2016 Public Health England
- Wigan's information System on Dynamic Online Maps (wisdom.wiganlife.com)
- Wigan Population Profile and Key Health Inequaltiles for Protected Characteristic Groups 2015 - Bridgewater Community Healthcare NHS Foundation Trust
- Images used with permission of Christian Tate

10. Accessibility

This document can be made available in a range of alternative formats e.g. large print, braille and audio. 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

Appendix 1

Compliance against National Standards - Dashboard

| Equality National Standards | Requirements | Update | RAG Rating |
|--|--|---|---------------|
| Equality Act 2010: Public Sector | Must provide evidence that we have given 'due regard' to the three aims of the General Duty across all 9 protected characteristics: | Equality Impact Assessments provide evidence-based assurance of how the Trust is identifying and addressing any existing or potential inequalities across all 9 protected characteristics. | |
| Equality Duty - General Duty | Eliminate unlawful discrimination, harassment & victimisation Advance equality of opportunity Foster good relations | I&D Strategy 2016-2020 reviewed. Draft produced. Consultation undertaken (16/05/16 – 13/06/16). To be approved at I&D Steering Group Meeting on 27/09/16. Evidenced within Annual EDS Action Plan. | |
| Equality Act 2010: | Must publish relevant, proportionate information demonstrating compliance with the Equality Duty by 31st | I&D Annual Monitoring Report 2014/15 produced and published on Trust Website. Trust website updated regularly. | |
| Public Sector Equality Duty - Specific Duties | January of each year. Must set four-year equality objectives, based on key local equality priorities. | Equality Objectives for 2016-2020 reviewed. Proposed Objectives approved by E&D Executive Leads. Consultation undertaken (16/05/16 – 13/06/16). Proposed Strategy & Objectives to be approved at I&D Steering Group Meeting on 27/09/16. | |
| | Must analyse the effect of policies and practices on equality. | Equality Impact Assessments provide evidence based assurance of how policies and practice impact on protected groups. | |
| Equality Delivery System (EDS2) | Must comply with the Mandatory Equalities Reporting Framework for the NHS. | Annual EDS 2015/16 Assessment completed. Equality Objectives Review & EDS Assessment 2016 Scores Report agreed by I&D Steering Group Meeting on 14/06/16. | |
| NHS Standard Contract Requirement | Must undertake in partnership with local stakeholders, to | EDS2 Reporting Format for 2016/17 to be reviewed and agreed. 4 key outcomes to be reviewed annually. | |
| Embedded within CCG Assurance Framework & CQC Inspection regime. | groups. | Equality Monitoring Pilot being undertaken within Leigh OPD on-going. | |
| Work Force Race Equality Standard (WRES) | Must demonstrate through the 9 Point Work Force Race Equality Standard (WRES) metric how we are addressing race equality issues in a range of staffing areas. Must demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation. | WRES template completed, submitted to CCG and uploaded onto the Trust's internet website. It was updated during the CQC inspection to reflect more up to date data. At present, WWL is performing better than a number of other Trusts in respect of the BME Board representation. Due to developments in relation to reports of harassment and feedback regarding recruitment it is not possible to rate this at Green at this stage. | |
| Accessible Information Standard (for people with a disability, impairment or sensory loss) | From 31 st July 2016 - Must ask all patients if they have any information or communication needs. Must record those needs clearly and in a set way. Must highlight or flag patient's needs and ensure their needs are met. Must share information with other services / providers. | Trust non- compliant from 31/07/16. Risk Assessment undertaken. Registered on Corporate Risk Register April 2016. Risk Rating of 15 assigned. Raised at relevant committees. IT Systems currently unable to facilitate requirements of standard (record / alert & share patient needs). Implementation of Standard within HIS currently being investigated. Business Analyst currently reviewing business analysis work required to facilitate this. Wigan AIS Collaborative Group established (chaired by Wigan CCG). Review of how best practice can be implemented in interim to work towards delivering standard reviewed. | |

A detailed account of all Trust Equality Monitoring Data for 2015/16

can be accessed via our Trust Website

http://www.wwl.nhs.uk/Equality/equality_information.aspx_

Appendix 3

A copy of the Trust's Workforce Race Equality Standard (WRES) Submission 2015-2016

can be accessed via our Trust Website

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