

# Inclusion and Diversity Annual Monitoring Report 2017/18

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Everyone  
is Unique



# Executive Summary

## TITLE:

Inclusion and Diversity Annual Monitoring Report - April 2017 to March 2018

## PURPOSE OF REPORT:

This report provides an update on the progress we have made in relation to equality, diversity and inclusion for patients and staff during the last 12 months. 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 notable 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.**

### Staff Engagement

- \* BME Focus Group – Oct 2017
- \* Inclusive Leadership Management Focus Group – March 2018
- \* Staff Stories (*context & outcome*)

### Calendar of Events

Awareness of protected characteristics throughout the year:

**Audiology Awareness Month**  
**Wigan PRIDE Launch Event**  
**Wigan PRIDE 2017**  
**Anti-Bullying Week**  
**LGBT History Month**

### Governance

- 3 yearly reviews of existing Equality Impact Assessment s implemented.
- Annual WRES Assessment published.
- EDS 2018 Report produced.

### Training

- \* Provision of deaf awareness training reviewed.
- \* I&D Podcast developed in line with WWL Leadership Programme.

### Partnership Working

- Wigan Borough E&D Collaborative Group
- Key stakeholder in planning of Wigan Pride 2017
- E&D North West Forum
- GM E&D Leads Forum

### Patient Engagement

- Female Asylum Seekers & Refugees (SWAP)
- Wigan Access Committee
- Wigan PRIDE 2017

### Improved Access

- \* Hospital Accessibility Checker launched.
- \* Out-of-hours procedure for face to face interpreters reviewed and updated.
- \* Funding for long-range pagers in A&E sourced.
- \* Requirements of Accessible Information Standard reviewed. IT solution identified.

## SUMMARY OF HEADLINE DATA:

### SERVICE USERS

- Overall picture of patient access reflects broad similarity to local demographics – no statistical significance reported.
- Over last 12 months, 0.3% increase in in-patients/out-patients of Black and Minority Ethnic Backgrounds. No statistical significance reported. 5% decrease in overall out-patient activity recorded. 6% increase in in-patient activity. No trends in relation to ethnicity noted.
- Higher % of Black and Minority Ethnic Groups using maternity services in comparison with overall out-patient / in-patient activity. Data historical - No statistically significant difference noted. Over last 3 years, 2% increase in patients of black and minority ethnicity who attended A&E and 1.8% decrease in patients of British White Ethnicity.
- Although Wigan is the least ethnically diverse borough in the County, migration has significantly changed the wealth of diversity in Wigan since the last census and there has been significant demographic change within Wigan Borough. Ethnic minority populations living in Wigan include long-term resident ethnic minority population and asylum seekers and refugees, migrants, Gypsies and Travellers, European Roma and Overseas students. Although the numbers are small compared to the size of the total population and some only stay for a short period of time, some will have specific health needs that need to be addressed.
- Top languages interpreted during last 12 months: Kurdish / Sorani, Polish, Arabic, Farsi, Romanian, Mandarin, Russian, Punjabi, Latvian, Lithuanian, Cantonese, Hungarian, Albanian. Trends show an increase in the number of interpreter requests for Arabic, Kurdish, Polish, Romanian, Farsi and Punjabi interpreters during the last 12 months.
- As with most healthcare services in the UK, women are more likely to use hospital services than men – 57% 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

- Similar to last year, just over 90% of the workforce is of British White Ethnicity. This figure remains significantly lower than the Wigan borough figure of 95%. Similar to last year, 7.62% of the workforce profile is 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 further slight increase in the proportion of staff aged over 60 which is leading to an ageing workforce.
- There has been an improvement in the amount of undeclared data in respect of disability. However, with only 67% of staff having declared their disability status, meaningful data analysis remains difficult.
- The workforce profile remains predominantly female at 78.86% whereas the local population is 50.3% female. However, this is in keeping with the gender profile of the healthcare profession in general and the NHS in particular.
- Just over 56% 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 (28.26%).

- Similar to last year, nearly 71.31% of staff describe themselves as heterosexual. However, just over 27% of staff 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. Furthermore, improved levels of declared workforce data in respect particularly of sexual orientation and disability status would enable the Trust to more effectively assess whether or not its employment practices are fit for purpose moving forward.

**ACTION BY BOARD:** WWL Workforce Committee members are invited to receive and approve the Annual Inclusion and Diversity Monitoring Report.

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## 1. Introduction

At WWL NHSFT, we recognise and celebrate the value equality, diversity and inclusion adds to the positive experience of those who use our services and the people who work with us.

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.

Our Inclusion and Diversity Annual Report provides an update on the progress we have made in relation to equality, diversity and inclusion for patients and service users and also for our staff. Publishing this report forms part of our legal requirement under the Specific Duty in the Public Sector Equality Duty (PSED) (part of the Equality Act 2010).

## 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 include the Legal Framework, NHS Constitution, NHS Equality Delivery System, Workforce Race Equality Standard and Disability 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 2017/18

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

The following table summarises:

- What we did during 2017/18
- Why we did it
- What the outcome was
- Priorities for the year ahead

### 3. Key Developments 2017/18

Governance			
What have we done	Why we did it	What was the outcome	Looking ahead
Equality Delivery System (EDS) 2018 Assessment undertaken and report produced.	NHS Contract and Department of Health requirement.  Assessment enables us to assess and score our performance in collaboration with staff and local stakeholders through engagement, equality monitoring and improved patient access and experience.	Evidence used to inform EDS Action Plan 2018/19.  Ensures there is a clear plan to work to.	Data and evidence will be reviewed and updated annually and progress published on Trust Website.
Annual Workforce Race Equality Standard (WRES) assessment compiled and published.	In order to demonstrate through the 9 Point metric how we are addressing race equality issues in a range of staffing areas.	WWL is performing better than many other Trusts in relation to the specific indicator relating to BME representation at Board level which is a problem area nationally.	Work with the requirements of WRES as it develops and link in with the planned implementation of the forthcoming WDES (Workforce Disability Equality Standard).
Reviewed requirements of forthcoming Workforce Disability Equality Standard (WDES)	Compliance with WDES requirements. To be mandated via the NHS Standard Contract in England from April 2018.	Requirements of WDES reviewed.	
Implemented Schedule of Events for 2017/18 to promote / hold supporting events.	Increased staff and patient engagement.	WWL seen as fully inclusive employer and service provider.  Annual Schedule of Events Summary Report.	Continue to be monitored by I&D Operational Group/ I&D Champions. Schedule of Events for 2018/19 to be implemented,
Implemented 3 yearly reviews of existing Equality Impact Assessments.	To review all existing Equality Impact Assessments. Ensure Quality Assurance is implemented.	Excel Monitoring System developed.  Robust review system implemented to ensure EIAs are monitored and reviewed.	On-going monitoring and review of equality Impact Assessments by I&D Service Lead.

Goal 1: Better Health Outcomes for All			
What have we done	Why we did it	What was the outcome	Looking ahead
<p>Attended Wigan Council's official launch of Wigan Pride on 17<sup>th</sup> May 2017. Rainbow Flag raised across hospital sites on International Day Against Homophobia.</p>	<p>To show our support for International Day Against Homophobia and the forthcoming Wigan PRIDE 2017.</p>	<p>WWL seen as fully inclusive employer and service provider.</p>	<p>To continue to work together with the LGBT community to engage and improve our knowledge and understanding of LGBT service users.</p> <p>To continue as a key stakeholder in the planning and involvement of Wigan Pride 2018</p>
<p>On 25th July, the Trust showed its support for the borough's LGBTQ+ community by raising the rainbow flag and cutting a celebration cake outside the main entrance to the Royal Albert Edward Infirmary. Guests including member of the Trust's executive team, staff and representatives of Wigan Council's BYOU Project, which offers activities and advice for local LGBTQ+ people aged under19.</p>	<p>We want to work together with the local LGBT Community to improve and expand the quality of the information, knowledge and understanding we have about our LGBT service users.</p>		
<p>Wigan Pride returned for a second year in Wigan Town Centre on 12<sup>th</sup> August 2017, celebrating the 50th anniversary of the decriminalisation of homosexuality in the UK. WWL were delighted to be part of this event, working in partnership with BYOU, Wigan CCG, Wigan Council and other local providers.</p> <p>WWL were actively involved in Wigan PRIDE on 12th August 2017. Hosted information stand / Participated in PRIDE Parade / Undertook Engagement Survey. WWL I&amp;D Champions undertook role of Stewards.</p>	<p>To work collaboratively with local providers, promoting equality, diversity and human rights throughout the Trust and wider community to show how proud we are to be an inclusive employer and an organisation that's treats all our patients as individuals.</p>	<p>WWL seen as fully inclusive employer and service provider. Increased staff and patient engagement and participation.</p> <p>Patient Engagement Survey conducted. 43 completed surveys received. Engagement Report produced. Positive feedback obtained, Services were easily accessible; overall good care was received; they were treated with dignity and respect.</p>	
<p>In support of LGBT History Month in February 2018, WWL raised the Rainbow Flag on the RAEI and WNT Sites.</p> <p>Initial PRIDE 2018 Planning Meeting held in February 2018 in line with LGBT History Month</p>	<p>To show our support for LGBT History Month.</p> <p>To establish operational planning group for Wigan PRIDE 2018.</p>	<p>WWL seen as fully inclusive employer and service provider. Increased staff and patient engagement and participation.</p>	



## Goal 2: Improved Patient Access & Experience

What have we done	Why we did it	What was the outcome	Looking ahead
Attended Wigan SWAP (Support for Wigan Arrivals) local drop in session on 13 <sup>th</sup> September 2017 and engaged with the local female asylum seekers and refugees.	To ascertain views and experiences of using WWL women and children's services.	Engagement summary paper produced. Overall positive feedback received. Suggestions for further improvements noted and fed back to departments. These included: More vegetarian food options; education sessions on contraception in line with cultural beliefs; further access to interpreters at antenatal appointments / during delivery.	To continue to engage with service users. To ensure services are accessible to all.
<p><b>WWL</b> has its very own Accessibility Checker thanks to a partnership with DisabledGo.com. This free on-line resource provides patients with detailed information about the accessibility of the Trust's departments, wards and services for all of the hospital sites.</p> <p>Presentation delivered by Disabledgo to Wigan Access Committee on 10<sup>th</sup> May 2017.</p> <p>Posters circulated to 64 GP Practices. Pop up banners ordered for all hospital sites.</p> <p>WWL launched its Accessibility Checker with an event on Tuesday 19<sup>th</sup> September 17 in the Education Centre at RAEI.</p>	<p>To raise awareness of this resource to staff, public and other local organisations.</p> <p>To give staff and public the opportunity to ask questions.</p>	<p>Accurate &amp; consistent on-line information guides.</p> <p>Increased staff &amp; patient awareness.</p> <p>Improved patient experience. Increased</p> <p>Provision of accessible information.</p>	To continue to work in partnership with DisabledGo during 2018/19.
Provision of Deaf Awareness Training for staff reviewed.	To increase staff awareness of some of the barriers patients with hearing impairments face when accessing hospital services.	Programme agreed. Trainer sourced. Session planned for 10 <sup>th</sup> July 2018.	Requirement for future staff training sessions to be raised at Education Governance Committee. Resource requirements to be sourced.

## Goal 2: Improved Patient Access & Experience - Continued

What have we done	Why we did it	What was the outcome	Looking ahead
Reviewed and updated Out of Hours Procedure for Face to Face Interpreters (Language & BSL Interpreters).	To further improve patient experience.	Robust Out of Hours Procedure. Increased staff awareness of protocol for accessing interpreters out of hours.	To obtain staff feedback on their experience of accessing interpreters out of hours.  Any incidents regarding interpreter issues to be logged via DATIX and monitored accordingly.
Requirements of Accessible Information Standard reviewed. IT solution identified. Currently working with Synertec to implement 'capture and share' database. IM&T support required.	To further improve patient experience.  Compliance with Accessible Information Standard.	IM&T recently submitted details of 75 priority projects to Executive Board for prioritisation. AIS not deemed as a priority at this time in line with other competing priorities.  Wigan AIS Collaborative Group established (chaired by Wigan CCG). Meetings attended quarterly.  Increased staff and patient awareness. Provides evidence that WWL is working towards meeting the standard.	On-going implementation / continuing to work in collaboration with CCG.
Reviewed feasibility of implementing web based signers in A&E.	To ensure access to BSL Signers in emergencies / unplanned hospital attendances.	Provider sourced. Project Mandate produced. Privacy Impact Assessment completed.  Currently being reviewed by BA & IT. If additional work required, will need to be viewed as an individual project and added to the current waiting list. Will need to be submitted to ECC for priority consideration.	On-going implementation.

Goal 3: Empowered, Engaged and Included Staff			
What have we done	Why we did it	What was the outcome	Looking ahead
Developed the work of the BME Coaches within the WWL Leadership Programme. Made national initiatives' available to staff and supported applications.	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 programmes further.
Facilitated the establishment and management of a BME staff support network within the Trust. A survey was issued to all BME staff as a starting point for establishing the agenda.	To build on the BME Focus Groups held on a regular basis, to provide opportunities for people to share, learn and contribute to improving the Trust.	Level of BME satisfaction and engagement within the 2017 National Staff Survey was not as hoped.	Continue to support events for protected groups and seek other avenues to actively demonstrate support.
Worked in partnership with Wigan Borough Clinical Commissioning Group, Bridgewater Community Healthcare NHS FT Trust, 5 Boroughs Partnership NHS FT Trust, Wigan Council, Greater Manchester Police and LGBT Foundation on the second Wigan PRIDE.	To demonstrate the Trust's support of LGBT as an inclusive employer and in terms of service delivery to the patients within the community.	Awareness 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 Wigan Pride 2018. Identify and participate in other collaborative initiatives.
Programme of staff awareness / engagement activities was planned for 2017-18 as part of the WWL Way.	To schedule further engagement activities for staff to support Trust values and behaviours and the WWL way.	Feedback from staff was that they appreciated the increased awareness.	Build further events into the forthcoming year's schedule.
Continued to carry out Local Pulse Check Surveys.	To analyse feedback which can now be filtered by protected characteristics.	January 2017 data indicates that 69% of respondents would recommend WWL as a place to work which is slightly lower than last year. Data available for protected groups indicates that feedback is positive.	Take advantage of more detailed feedback as it becomes available.

Goal 4: Inclusive Leadership at all levels			
What have we done	Why we did it	What was the outcome	Looking ahead
Facilitated an Inclusion and Diversity update session for Executive and Non-Executive Board members	To ensure that awareness at senior levels remains up to date and that leadership is top down moving forward.	Board members' awareness was refreshed and relevant discussions took place to ensure the focus was on current challenges.	Build on Board level support and continue to encourage involvement moving forward.
Provided evidence as part of the Care Quality Commission Well Led Inspection interview process with particular regard to Inclusion and Diversity.	To celebrate successes and take on board feedback regarding WRES and other Inclusion and Diversity activities.	Report from CQC inspectors praised Inclusion and Diversity work within WWL and was assured that it is a key part of Trust business.	Ensure that the direction of travel remains in place to enable future inspection reports to be of the same standard.
Held a follow up Management Focus Group.	To establish gaps in knowledge needing to be addressed and share good practice.	Feedback obtained, reviewed and incorporated. Built on local guidance resources produced and put in place sessions to raise awareness of protected characteristics such as LGBT and Autism.	Raise awareness of local resources. Put in place further groups to ensure that resources remain relevant and up to date.
Planned regular focus groups and listening events. Visible and effective support of Chief Executive, Workforce Director and other Board members at Inclusion and Diversity events as part of the annual schedule.	To enable senior leaders to demonstrate commitment to equality, deal with feedback 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 continue to be 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.
Demonstrated senior support as follows: <ul style="list-style-type: none"> <li>Senior attendance at the targeted Focus Groups referred to above.</li> <li>Visible involvement in initiatives such as Wigan PRIDE 2017.</li> </ul>	To demonstrate senior level 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.
A number of further staff stories were obtained during 2017-18.	To demonstrate the level of support staff feel is in place and evidence this to the Trust as a whole as well as to key stake holders.	Stories indicate that staff appreciate the support received from the Trust in relation to I&D matters and are happy to share experiences.	Obtain and publish further Staff Stories and share these at Workforce Committee meetings whenever possible.

## 4. Summary of Key Diversity Events celebrated 2017/18

### Audiology Awareness Month – June 2017



During June 2017, the Audiology department organised an Awareness month as part of their journey on the Staff Engagement Pioneer Teams Programme. Their initial staff engagement survey identified that although they had high scores of engagement within the department; staff outside their area are unaware of the services they provide. During the month information stalls were situated across the Trust informing staff and patients how people would benefit from utilising their services. This will help staff have an understanding of what Audiology Services they can access and how to either get referred or refer a patient, improving the overall patient experience. Information on basic training, hearing screening and tinnitus was available on the day. The dates of the stalls are:-

### Wigan Pride Launch Event – July 2017



On 25th July, the Trust showed its support for the borough's LGBTQ+ community by raising the rainbow flag and cutting a celebration cake outside the main entrance to the Royal Albert Edward Infirmary. Guests including member of the Trust's executive team, Chair Robert Armstrong, staff and representatives of Wigan Council's BYOU Project, which offers activities and advice for local LGBTQ+ people aged under 19.

### Wigan Pride – August 2017

Wigan Pride returned for a second year in Wigan Town Centre on 12<sup>th</sup> August 2017, celebrating the 50th anniversary of the decriminalisation of homosexuality in the UK. WWL were delighted to be part of this event, working in partnership with BYOU, Wigan CCG, Wigan Council and other local providers.



Wigan Pride 2017 started with a parade through Wigan town centre, being led by Hollywood film star and LGBT campaigner Sir Ian McKellen, who marched right the way through the town centre. WWL staff participated within the parade, carrying banners and flags and got into the spirit of the afternoon by wearing brightly coloured clothing and singing along to the music that was ringing through the town.

WWL hosted an information stall, including raising breast screening awareness and actively engaging with the local community about hospital services.





## Hospital Accessibility Checker launched – September 2017

WWL has its very own Accessibility Checker thanks to a partnership with DisabledGo.com. It's totally free to use and has loads of detailed information about the accessibility of the Trust's departments, wards and services for all of the hospital sites.



Visitors, patients and staff can use this information to find out about the access to the service they are visiting so they can be confident about what they will find. You can find out where a department is located in relation to the main entrance, where car parking spaces are located, whether there are lifts to access other floors, whether a hearing loop is fitted at reception, whether information is available in alternative formats and in-depth information about accessible toilets.

WWL launched its Accessibility Checker with an event on **Tuesday 19<sup>th</sup> September in the Education Centre at RAEL**. As well as raising awareness of the resource to staff, public and other local organisations, the event was an opportunity for those in attendance to

ask questions.



## Wigan SWAP (Support for Wigan Arrivals) Drop in Session – September 17

The Head of Patient and Public Engagement (PPE) and the Inclusion and Diversity Service Lead attended SWAP to ask the women what their experience was of using women and children's service. The women spoken to were from countries such as Sudan and Albania. The majority of the women had used maternity services. The women reported that excellent care was received and that they were very grateful to the Midwives and Doctors. They said "It was like my mother would care for me". There are some areas which can be further improved on in women's services, such as ensuring interpreters are available at antenatal appointments and when they deliver their babies on the ward. Another area that needs to be looked at is the catering. Most of the women are vegetarian and said food choice was limited for vegetarians. Although they enjoyed the soup!



## Black & Minority Ethnic Focus Group – Oct 2017

The fourth session aimed at BME staff which was chaired by Andrew Foster (Chief Executive). Alison Balson (Workforce Director) and Sanjay Arya (Medical Director) were in attendance to hear and respond to the views and concerns of staff.



## Anti Bullying Week – 13<sup>th</sup> – 17<sup>th</sup>



During Anti-Bullying week, WWL encouraged staff to give the 'Social Partnership Forum' their views on how we can ensure the NHS is a great place to work for all.

The Social Partnership Forum promoted its 'Tackling bullying in the NHS: a collective call to action', which encourages employers and trade unions to work in partnership to tackle bullying.

During the course of the week links to related case studies, podcasts, tools and resources were tweeted, which were created to support positive workplace cultures, where bullying is addressed effectively.

## WWL flies Rainbow Flag to commemorate LGBT History Month – February 2018

Lesbian, Gay, Bisexual and Transgender History Month is celebrated in February each year. It celebrates the lives and achievements of the LGBT community in the UK. LGBT History Month also aims to promote tolerance and raise awareness of the prejudices faced by lesbian, gay, bisexual and transgender people.

Each year has a different theme. This year's theme, Geography, looks at the status of LGBT people around the world.

WWL were delighted to announce for a 3rd year running, that we will be supporting Wigan PRIDE 2018. **And what better way to kick off our initial planning meeting by holding it in February - LGBT History Month**



## Management Focus Group – March 2018



A Management Focus Group was held with a view to further supporting managers to proactively manage inclusion and diversity within their teams. Managers who attended took part in sessions delivered by representatives from Autism Friends and Wigan Pride 2018.



## **5. Headline Data**

### **5.1 Our People (Workforce)**

The following workforce data is collected routinely by the Trust:

- Age
- Disability
- Ethnicity
- Sex
- 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 for its workforce profile although it does for statistics in relation to Recruitment and Selection. (See below).**



## 5.1 Our People (Workforce)

### Age



As at 31 March 2018, staff breakdown was:

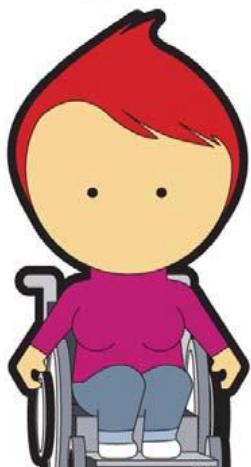
**57.98%** Under 50

**42.02%** over 50

(Fairly Static Year on Year)

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, 9.27% in 2015-16. And 10.16% in 2015-16. This year, 12.09% of staff were over 60.

### Disability



As at 31 March 2018

**2.27%** of the Workforce who have declared their status have stated that they are living with a disability.

Although this is consistent with the 2017 figure, there is still a large amount of undeclared data although this figure is improving. (2018 figure was 32.45% and this was 36.57% in 2017, 40.91% in 2016 and 47% in 2015.)

Within **Recruitment**, 5.66% of applicants declared that they were living with a disability. This figure remained fairly static at 5.60% of those who were shortlisted but reduced to 2.56% at the appointed stage. The shortlisted figure is significantly higher than last year when it was only 3.93% whereas the appointed figure remained fairly static. The percentage of undeclared data was less than 1% for each of these.

## Ethnicity



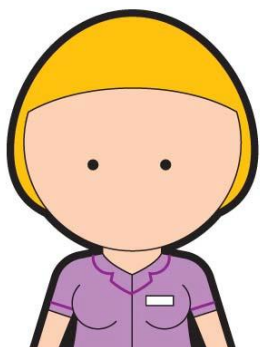
As at 31 March 2018:  
**90.12%** of Staff of  
British White Ethnicity  
(Wigan Borough White  
representation is 95%)

**7.62%** of Staff from  
Black & Minority Ethnic  
Groups  
**1.29%** Not Stated

**6.7%** of the Trust Board  
membership is BME.

Within **Recruitment**, White candidates shortlisted and appointed are still over representative in comparison with BME applicants. Whilst the slight improvement in success rates for BME candidates year on year is encouraging, this is still a key area requiring monitoring.

## Sex



Workforce as at  
31 March 2018  
**78.86%** Female  
**21.14%** Male  
(50.3% female / 49.7% male  
within Wigan population)

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

32% of **Disciplinary** cases were  
in respect of male staff members  
which is not  
representative of the 21.14%  
male workforce profile. This is  
however lower than last year  
when it was 43.24%.

## Marriage and Civil Partnership



As at 31 March 2018

**55.14%** of staff were **Married**

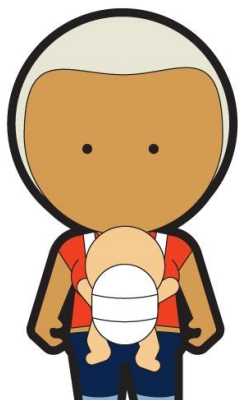
**0.57%** were in a **Civil Partnership**

**31.82% single, 7.02% divorced / legally separated, 0.78% widowed, 3.68% unknown.**

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

44.52% of applicants declared that they were Single. This figure reduced to 42.67% for shortlisted applicants and to 41.88% for appointed. All of these are higher than the 31.82% Single workforce profile.

## Pregnancy and Maternity



As at 31 March 2018, a snap shot from the Electronic Staff Record indicated that:

**2.79%** of female staff were on **Maternity Leave**

No statistically significant difference from last year.

## Religion and Belief



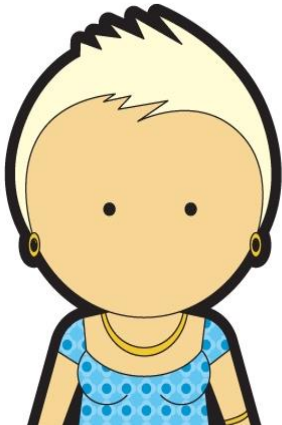
**56.32%** Christian

**28.26%** Unknown

Remaining staff split across a range of religions and beliefs with the highest number being in the `other` category (5.27%).

A significant proportion of staff have not declared their religion and belief. (28.26%)  
(The Wigan borough figure for Christianity is 73%.)

## Sexual Orientation and Gender Reassignment



**Workforce as at 31 March 2018:**

**71.31%** Heterosexual

**0.69%** Gay or Lesbian

27.35% did not wish to disclose.

Wigan population 15% Lesbian,  
Gay 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.

0.38% of applicants stated that they were Transgender. This figure increased to 0.46% at the shortlisting stage and to 0.68% at the appointed stage.

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

## 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 orientation, marriage and civil partnership, trans gender, we have used regional or national data as an estimate.**

## 5.2 Our Service Users (Patients)

### Ethnicity (565,435 - Out-Patients & In-Patients)



During 2017/18  
**92.1%** of Patients of  
British White Ethnicity

**3.7%** of Patients from  
Black & Minority Ethnic  
Groups

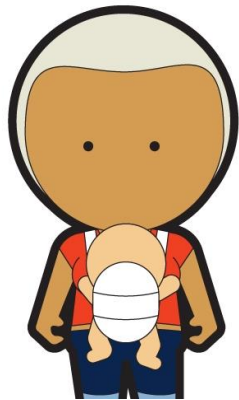
**4.2%** Not Known

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

Over last 12 months, Overall in-patients and out-patients of British White Ethnicity remains the same. Patients of Black and Minority Ethnic Backgrounds increased by 0.3%.  
No statistical significance reported.

Overall decrease in overall in-patient and out-patient activity (3%).

### Ethnicity (Maternity Admissions)



During 2017/18  
**90%** of Patients of  
British White Ethnicity

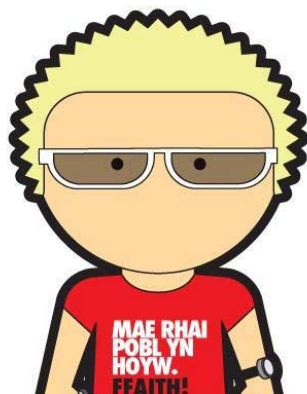
**9.8%** of Patients from  
Black & Minority Ethnic  
Groups

**0.7%** Not Known

No statistically significant difference from last year.

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

## Interpreter & Translation Services



### During 2017/18 Top Languages Requested

Kurdish / Sorani, Polish, Arabic, Farsi, Romanian, Mandarin, Russian, Punjabi, Latvian, Lithuanian, Cantonese, Hungarian, Albanian

Trends show an increase in the number of interpreter requests for Arabic, Kurdish, Polish, Romanian, Farsi and Punjabi interpreters during the last 12 months.

### During 2017/18:

**17 Translations into other languages**

**18 Other formats - 11 Braille / 6 Large Print / 1 Audio Translations requested**

This will continue to increase with the implementation of the Accessible Information Standard from 31/07/16

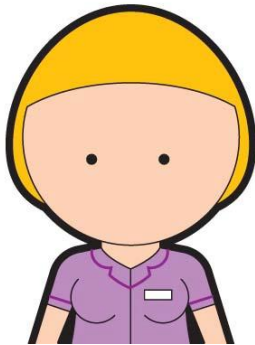
## Ethnic Population in Greater Manchester

Although **Wigan is the least ethnically diverse borough** in the County, migration has significantly changed the wealth of diversity in Wigan since the last census and there has been significant demographic change within Wigan Borough.

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

Local Authority	White British	Mixed	Asian or Asian British	Black or Black British	Chinese
<b>Wigan</b>	<b>95%</b>	<b>0.8%</b>	<b>1.3%</b>	<b>0.7%</b>	<b>0.3%</b>
<b>Bolton</b>	<b>84%</b>	<b>1.4%</b>	<b>9.6%</b>	<b>1.2%</b>	<b>0.5%</b>
<b>Salford</b>	<b>86%</b>	<b>1.6%</b>	<b>3.3%</b>	<b>1.7%</b>	<b>0.6%</b>

## Sex (Out-Patients)



During 2017/18  
**57%** Female  
**43%** 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.

## Age



During 2017/18  
% of patients accessing hospitals services

<b>9%</b> Under 18	<b>15%</b> 18-30 Years
<b>41%</b> 31-64 Years	<b>35%</b> 65+ Years

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

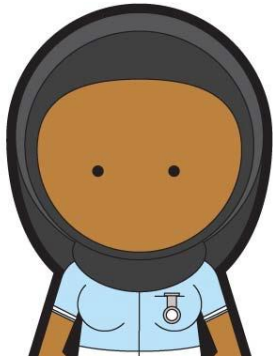
**Set to increase by 30,000 over the next 20 years**

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.**

**Trends show a 5% decrease in patients aged 65+ years over the last 12 months and 4% increase in those aged 18-30 years. Needs to be monitored over longer period to establish if any statistical significant difference.**



## Religion and Belief



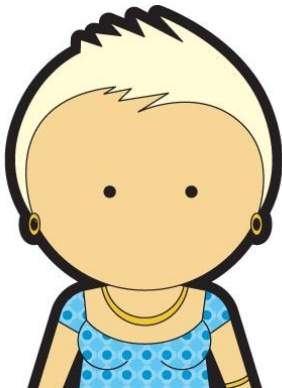
**During 2017/18**  
**% of patients accessing out-patient services**

<b>70%</b> Christian	<b>18%</b> Unknown
<b>10%</b> None	<b>0.2%</b> Hindu
<b>0.5%</b> Muslim	<b>0.2%</b> Atheist
	<b>0.1%</b> Islam

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 (87,558 patients)

## 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 re-assignment 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.

## 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.

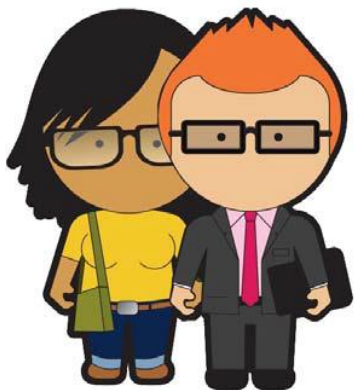
### The Accessible Information Standard

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.

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

## 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



**463** Complaints Received during 2017/18

**288** Female **175** Male

**434** British White Ethnicity

**16** Black & Minority Ethnic Background

**13** Not Stated

**63%** Aged 50 years or above

### 5 Main Subject Complaints

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

**No trends in relation to protected characteristics noted**

## Health Inequalities – Wigan Local Authority Health Profile - 2018

### Population (2015)

323,060

### Projected Population (2039)

346,374

### Deprivation

Wigan is ranked 85<sup>th</sup> out of 326 Local Authorities for deprivation (1 is most deprived).

### Health in summary

The health of people in Wigan is varied compared with the England average. Deprivation is higher than average and about 16% (9,300) of children live in poverty. Life expectancy for both men and women is lower than the England average.

### Child health

In Year 6, 21.5% (737) of children are classified as obese, worse than the average for England.

The rate of alcohol specific hospital stays among those under 18 is 54\*, worse than the average for England. This represents 37 stays per year.

Levels of teenage pregnancy, breastfeeding initiation and smoking at time of delivery are worse than the average for England.

### Life Expectancy

Life expectancy is 12.0 years lower for men and 9.8 years lower for women in the most deprived areas of Wigan than in the least deprived areas.

### Adult health

The rate of alcohol-related harm hospital stays is 693\*, worse than the average for England. This represents 2,187 stays per year. The rate of self-harm hospital stays is 277\*, worse than the average for England. This represents 879 stays per year.

Estimated levels of adult excess weight are worse than the England average. The rate of hip fractures is worse than average. Rates of sexually transmitted infections, people killed and seriously injured on roads and TB are better than average. Rates of early deaths from cardiovascular diseases and early deaths from cancer are worse than average. The rate of statutory homelessness is better.

\* Rate per 100,000 population

## 6. Conclusion

Over the past few years, Wrightington, Wigan and Leigh NHS Foundation Trust have made substantial progress in understanding diversity within the local population and ensuring knowledge, skills and competencies in our staff to meet the needs of service users with protected characteristics. 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.

As this annual report identifies, there have been some notable successes:

- Holding BME Focus Group and Inclusive Leadership Management Focus Group for staff.
- Officially launched DisabledGo Hospital Accessibility Checker at launch event.
- Wigan PRIDE returned for a second year. WWL were actively involved in the planning and on the day.
- Engaged with specific protected characteristic groups about hospital services (including Asylum Seekers and Refugees; LGBT Community).
- Implemented 3 yearly reviews of existing Equality Impact Assessments.
- Provision of deaf awareness training reviewed.
- I&D Podcast developed in line with WWL Leadership Programme.
- Out of hours procedure for interpreters reviewed and updated.

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.

WWL has met its statutory obligations to monitor and report on workforce and patient equality and diversity issues and provides assurance that action is being taken to address issues of note.

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, sex 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 continues to be 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, sex, 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, sex, marital status, maternity, religion & belief and sexual orientation. Other than in respect of Recruitment and Selection statistics, the Trust does not hold workforce data on gender reassignment.

## 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 2018/19 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 2018/19.

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 continuing to work towards meeting the core requirements 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 further develop the support available to managers with regard to inclusion and diversity issues and look to develop more local resources, awareness sessions and master classes.

We also aim to further reduce inequalities experienced by staff and applicants from a BME background by means of our BME Listening Events and Forum and further developing the BME Leaders module within the WWL Leadership Programme.

During 2017/18, 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**

WWL Workforce Committee members are invited to receive and approve the Annual Inclusion and Diversity Monitoring Report. To support further progress on the Trust's Equality, Diversity and Inclusion Action Plan.

## 9. References – to be updated

- **Annual Equality and Diversity Report – 2017/18** – Wigan Borough Clinical Commissioning Group
- **Census 2011**
- **Disability in the United Kingdom 2013 – Facts & Figures** – Papworth Trust
- **Disadvantage in Wigan in 2011 Report** – Wigan Council
- **Equality and Diversity Strategy 2016-2019** – 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 Council – State of the Borough Report 2017**
- **Wigan Joint Strategic Needs Assessment 2011**
- **Wigan Health Profile 2018** – Public Health England
- **Wigan’s information System on Dynamic Online Maps** (wisdom.wiganlife.com)
- **Wigan Locality Plan for Health and Care Reform**
- **Wigan Population Profile and Key Health Inequalities 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](mailto:InterpreterServices@wwl.nhs.uk)



# APPENDICES



## Compliance against National Standards - Dashboard

### Appendix 1

Equality National Standards	Requirements	Update	RAG Rating
<b>Equality Act 2010:</b>  <b>Public Sector Equality Duty - General Duty</b>	<p>Must provide evidence that we have given 'due regard' to the three aims of the General Duty across all 9 protected characteristics:</p> <ul style="list-style-type: none"> <li>• Eliminate unlawful discrimination, harassment &amp; victimisation</li> <li>• Advance equality of opportunity</li> <li>• Foster good relations</li> </ul>	<p>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.</p> <p>I&amp;D Strategy 2016-2020 reviewed. Consultation undertaken May/June 2016. Approved by I&amp;D Steering Group Meeting on 27/09/16. Approved by Trust Board Dec 2016. Evidenced within Annual EDS Action Plan. Published on Trust Website.</p>	
<b>Equality Act 2010:</b>  <b>Public Sector Equality Duty - Specific Duties</b>	<p>Must publish relevant, proportionate information demonstrating compliance with the Equality Duty by 31st January of each year.</p> <p>Must set four-year equality objectives, based on key local equality priorities.</p> <p>Must analyse the effect of policies and practices on equality.</p>	<p>I&amp;D Annual Monitoring Report 2015/16 published on Trust Website. Trust website updated regularly.</p> <p>Equality Objectives for 2016-2020 reviewed. Proposed Objectives approved by E&amp;D Executive Leads. Consultation undertaken May/June 2016. Proposed Strategy &amp; Objectives approved by I&amp;D Steering Group on 27/09/16. Approved by Trust Board Dec 2016.</p> <p>Equality Impact Assessments provide evidence based assurance of how policies and practice impact on protected groups.</p>	
<b>Equality Delivery System (EDS2)</b>  NHS Standard Contract Requirement Embedded within CCG Assurance Framework & CQC Inspection regime.	<p>Must comply with the Mandatory Equalities Reporting Framework for the NHS.</p> <p>Must undertake in partnership with local stakeholders, to review and improve performance for people from protected groups.</p>	<p>Annual EDS 2016/17 Assessment completed. Equality Objectives Review &amp; EDS Assessment 2017 Scores Report to be tabled for approval at I&amp;D Steering Group Meeting on 17/07/17.</p> <p>EDS2 Reporting Format for 2017/18 reviewed. Following NHS England guidance, WWL chose to narrow focus to reviewing a small number of outcomes each year, as opposed to all 18 outcomes – 4 outcomes selected. One for each of the four goals.</p>	
<b>Work Force Race Equality Standard (WRES)</b>	<p>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.</p> <p>Must demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation.</p>	<p>At present, WWL is performing better than a number of other Trusts in respect of the BME Board representation.</p> <p>The updated WRES return was submitted to the Department of Health at the end of August 2017, submitted to CCG and uploaded onto the Trust's internet web page. Indications are fewer BME staff reporting harassment, bullying and abuse when compared to their white colleagues. There also appear to be improvements in the percentage of BME staff who believe that WWL provides equal opportunities. 2018 WRES data appears to indicate a deterioration so this will need to form a key part of the 2018-19 Action Plan.</p>	

Equality National Standards	Requirements	Update	RAG Rating
<b>Accessible Information Standard</b> <b>(for people with a disability, impairment or sensory loss)</b>	<p>From 31<sup>st</sup> 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.</p> <p>Known Requirements:</p> <ul style="list-style-type: none"> <li>• A&amp;E registration to be amended to provide ability to collect patient's needs.</li> <li>• Installation of Capture &amp; Share Software on Synertec's Prism server.</li> <li>• Data extracted from PAS to PRISM.</li> <li>• Data extracted from PAS to HIS – to ensure visible in HIS Patient Header (majority of staff have / will have access to the new Health Information System (HIS). Alert on HIS would ensure that patient needs are acted upon).</li> <li>• An investigation is also required to scope the capability of other standalone systems.</li> </ul>	<p>Trust non- compliant from 31/07/16. Risk Assessment undertaken. Registered on Corporate Risk Register April 2016. Risk Rating of 15 allocated. Raised at relevant committees. IT Systems currently unable to facilitate requirements of standard (record / alert &amp; share patient needs).</p> <p><b>IT Solution identified.</b> Currently working with Synertec to implement 'capture and share' database. This will facilitate the capture and acting upon information needs for all patient letters that are routed through Synertec (first and follow up appointments).</p> <p>IM&amp;T support required. IM&amp;T prioritisation exercise undertaken with ECC. Details of 75 projects submitted to Executive Board for prioritisation. AIS not deemed as a priority project at this time in light of other competing priority projects. Business Analysis currently in the process of discussing with Senior Management as it will need to be delivered because of its legislative nature.</p>	
<b>Sexual Orientation Monitoring Standard</b>  Published 5 <sup>th</sup> October 2017.	<p>The Sexual Orientation Monitoring Information Standard provides the mechanism for recording the sexual orientation of all patients/ service users aged 16 years and over across all health services and Local Authorities with responsibilities for Adult social care in England in all service areas where it may be relevant to collect this data.</p> <p>The standard acts as an enabler for the Equality Act 2010, supporting good practice and reducing the mitigation risk for organisations required to comply with the Act. All public sector bodies have a legal obligation to pay due regard to the needs of (LGB) people in the design and delivery of services, and to ensure that people are not discriminated against based upon their sexual orientation.</p> <p>Health and Care Organisations must review the impact of this information standard and make appropriate changes to local health IT Systems from 5/10/17 and before 31/03/19.</p>	<p><b>This standard provides the categories for recording sexual orientation but does not mandate a collection.</b></p> <p>All new data sets with a business requirement to collect sexual orientation data will be expected to adopt this sexual orientation monitoring (SOM) fundamental standard, and existing data sets already reporting SEXUAL ORIENTATION CODE will be required to change to the new values at their next iteration. This Change Request adds the supporting definitions and values for Person Stated Sexual Orientation to the NHS Data Model and Dictionary to support the Sexual Orientation Monitoring Information Standard.</p> <p>PAS Update (Patient Centre) includes a field in which sexual orientation can be recorded. WWL's aim is for all staff to be live on 'Patient Centre' by 31/03/18. As data not already recorded routinely within the Trust, guidance stipulates not a mandatory requirement. Standard requirements currently being reviewed. Operational protocol to be reviewed and way forward to be agreed.</p>	

**A detailed account of all Trust Equality Monitoring Data for 2017/18  
can be accessed via our Trust Website**

**[http://www.wwl.nhs.uk/Equality/equality\\_information.aspx](http://www.wwl.nhs.uk/Equality/equality_information.aspx)**

**A copy of the Trust's Workforce Race Equality Standard (WRES) Submission 2017-2018  
can be accessed via our Trust Website  
<http://www.wwl.nhs.uk/Equality/wres.aspx>**