

Equality, Diversity and Inclusion Annual Report 2023-24 Introduction

Wrightington Wigan and Leigh (WWL) Teaching Hospitals NHS Foundation Trust is committed to pursuing equality, diversity, and inclusion (EDI) for both patients and staff. This report aims to provide an overview of the Trust's EDI journey in the financial year 2023-24, highlighting the data collected between 1st April 2023 and 31st March 2024, and the actions taken to enhance EDI within this timeframe.

Alongside the annual Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Gender Pay Gap and Equality Delivery System (EDS), this year the Trust has aligned their EDI priorities to the NHS EDI Improvement Plan and continued to raise the profile of EDI across the Trust. A new EDI governance structure has been put in place to provide greater assurance that equality and inclusion becomes business critical at WWL and that we all support the implementation of the EDI Strategy. New this year, we have committed to becoming an anti-racist organisation by working towards accreditation of the North West BAME Assembly Anti-Racist Framework and have also signed up to implementing the 10 principles of the NHS Sexual Safety charter.

In 2023/24, we continued to raise awareness of equality, diversity and inclusion at WWL. Governors, Board and the Executive Team have had EDI training over the past year, and an EDI Communications Plan has meant that staff are regularly informed of awareness days and any cultural events. Staff have also been empowered to learn about and celebrate diversity with the launch of the new EDI Toolkit on our intranet.

WWL has continued to enhance patient experience, by engaging and involving patients, and their families. During 2023/24, WWL was awarded the 'PRIDE in Veterans' Standard demonstrating our commitment to delivering the highest standards in LGBT+ veteran inclusion. A review of the effectiveness of interpreter and translation services was untaken, along with the roll out of ondemand video remote interpreting for British Sign Language. WWL continues to work in partnership with AccessAble creating, developing and updating detailed access guides for patients to all the Trust's sites.

Over the past 12 months, the Trust has continued to work in partnership with patients and staff. Engaging with patients enables us to understand and improve the experience of patients across all protected characteristics. From November 2023, equality monitoring across all 9 protected characteristics is now included in all WWL In-Patient surveys.

WWL has continued to make progress in relation to meeting the core requirements of the Accessible Information Standard. WWL will continue to review during 2024/25 and address current challenges in line with the implementation of the Reasonable Adjustments Digital Flag Information Standard.

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



Key EDI Progress 2023-24

During the financial year 2023-2024, WWL has continued to lay the foundation to becoming a truly inclusive healthcare provider, including launching new organisational values for our Trust, setting up a new EDI governance structure and aligning our EDI programme to the NHS EDI Improvement Plan.

WWL is committed to creating an inclusive working environment where our people can thrive, feel they have a voice that counts, a true sense of belonging and will recommend WWL as a great place to work. We know from analysing the most recent staff survey that it is still the case that black and minority ethnic staff and staff living with a disability and long-term health conditions continue to report having worse experiences than other staff groups.

Many of the issues that our staff from protected groups face can be linked back to the standards of behaviours we would expect to see which are underpinned by our organisational values. At WWL, we want everyone to feel that they belong and is treated with kindness and respect. Having shared core values is integral to creating a foundation of our culture at WWL, and how together, we will achieve our vision.

In the year 2023/24, we aimed to reset our organisational values. To this end, we undertook a series of focus groups and engagement sessions at staff group forums to gain insight into staff stories and how and when they experienced high level of care. Using content analysis, we drew out common themes and used them to build a set of new shared values which will provide the foundation for an inclusive culture. Before final sign off, we engaged further with our colleagues to sense check how the values resonated with them and to encourage them to bring them to life within their teams and in their patient care. The values were approved by Board and launched in April 2024.

Our Val	ues	People at the Heart	Listen and Involve	Kind and Respectful	One Team
People at the Heart			r staff, we seeds and expe	ee you as a periences	person
Kind and Respectful	We are kind and respectful and will act with compassion and treat you with dignity				
Listen and Involve	We lis	ten and invo	olve you and	create a sa	fe space
One Team	We wo		eam to supp	oort each oth	ner, learn

New EDI Governance Structure

In the financial year 2023/24, the Trust reviewed it's EDI governance structure to ensure that progress against our EDI Strategy is made by introducing an EDI strategy group chaired by the CEO and setting up People and Patient EDI workstreams chaired by members of the Executive Team and their deputies to address the evidenced disparities in staff and patient experience for those from black and minority ethnic groups and those with a disability or long-term health condition.

Also, a series of engagement sessions with the Board, senior leaders and staff groups were held to gain commitment to our EDI strategy and co-design our new consolidated EDI plan. Some of these activities included:

- 1. The Board Development Workshop, held in January 2024, facilitated by Ranjit Kirton from the Behaviour Garage in relation to Inclusion with Humanity.
- 2. The Listening Event held with Internationally Educated Nurses following the feedback received via the Professional Practice Team.
- 3. Listening events held by Chief People Officer with members of staff diversity networks to inform priorities for EDI plan
- 4. The broader Senior Leaders event held to discuss the results of the staff survey and reiterate the feedback received from staff with protected characteristics.
- 5. Cultural development plan presented at ETM on 22nd February 2024 in relation to the immediate actions that will be undertaken to support our internationally educated nursing workforce.
- 6. Away Day held for the staff diversity networks to commence support the reset and refresh of their visible presence across the Trust.

Delivering the EDI Plan

The EDI plan will be overseen and driven by an EDI Strategy Group chaired by our Chief Executive, Mary Fleming.

The actions will be implemented by the establishment of dedicated workstreams aligned to the NHS EDI Improvement Plan which are chaired by senior responsible officers who will report into the EDI Strategy Group. Work will continue to review the EDI action plan and align actions with the standards the Trust must meet. Delivery will be led by subject matter experts and delivered in partnership with staff side, staff networks and patient representatives as appropriate. It is anticipated that as the Trust EDI Programme develops and grows in strength and competency, the EDI plan will evolve and improve.

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

Key EDI frameworks and progress in 2023/24

The following table provides an update on the key EDI reporting frameworks and actions progressed during 2023/24:

People Services

NHS England equality, diversity and inclusion (EDI) improvement plan

The NHS England equality, diversity and inclusion (EDI) improvement plan was published in June 2023. The aim of the EDI improvement plan is to improve equality, diversity and inclusion and to enhance the sense of belonging for NHS staff. The EDI improvement plan sets out six targeted actions to address direct and indirect prejudice and discrimination, that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

Key actions to demonstrate progress against the NHS EDI improvement plan include:

NHS high impact action 1: Measurable EDI objectives at Board level	 Establishing an EDI Strategy Group and associated workstreams Launch of EDI related Corporate People Objective "We will have an inclusive and representative workforce that is free from discrimination and allows all staff to flourish" Implementation of specific EDI section on all Board and Committee report templates along with ensuring that EDI is a standing item on sub committees of the Board.
NHS high impact action 2: Inclusive recruitment processes and talent management strategies	 New talent strategy launched and new talent tool being developed which will be available to all staff and support more inclusive recruitment practices Band 5 – Band 6 Nursing development programme advertised to global majority staff with positive action to improve participation rate
NHS high impact action 3: Pay gap improvement plan	 Refreshed flexible working policy in place which has been advertised widely across the Trust Inclusive Recruitment workstream to be set up to increase diversity and reduce bias
NHS high impact action 4: Health inequalities	 Wellbeing conversations training roll out across the Trust Self-assessment against NHS health and wellbeing framework Partnership working with council and colleges/universities to support pathways into healthcare



NHS high impact action 5: Onboarding and development programme for internationally educated staff	 Dedicated pastoral support for our global majority staff Support with induction and onboarding, new welcome day for all staff Nursing development programme proactively advertised to global majority staff and application process simplified to make process more inclusive
NHS high impact action 6: Elimination of conditions for bullying, discrimination, harassment and violence	 New values launched to set out expected behaviour for all staff and foster civility culture Regular review of ER cases to ensure consistency and fair treatment New Freedom to Speak Up Guardian and policy to support speak up culture Psychological support for staff affected by bullying, harassment, discrimination or violence Introduction of Trauma Risk Management assessments for staff who may benefit from risk assessment following traumatic incidents at work

Workforce Race Equality Standard and Workforce Disability Equality Standards

WRES (Workforce Race Equality Standard) 2024

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

WWL Teaching Hospitals NHS Foundation Trust | Workforce Race Equality Standard.

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

Areas of improvement

- Black and Minority Ethnic staff are more likely to access non mandatory and CPD training
- Black and Minority Ethnic staff are less likely to be the subject of a formal disciplinary process

Areas of focus

- Black and Minority Ethnic staff are over 3 times more likely to experience being subjected to discrimination by their manager or colleague
- Black and Minority Ethnic staff are more likely to experience bullying and harassment at work than from a colleague compared to white staff
- Black and Minority Ethnic staff are 2.4 times less likely to be appointed after shortlisting than white staff
- Within agenda for change clinical roles, there is a disparity between representations from band 5 6 roles, and a very low representation at more senior roles band 8a and above, indicating a barrier to career progression.
- Black and Minority Ethnic staff are less likely than white staff to say that the Trust provides equal opportunities for career progression and promotion

WDES (Workforce Disability Equality Standard) 2024

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

WWL Teaching Hospitals NHS Foundation Trust | Workforce Disability Equality Standard.

This year's WDES metrics suggest that our position against some indicators has improved whilst others have deteriorated since 2023. People who are disabled or have long-term health conditions still have a less positive work experience across all People Promises compared to other staff and remain a key focus for our effort to eliminate inequalities and create an inclusive workplace culture. Key findings include:

Areas of improvement

• Slight decrease in likelihood of disabled staff entering formal capability process for performance management but still 2.9 time more likely

Areas of focus -WDES

- Disabled staff are more likely to experience bullying, harassment and abuse in the workplace from all sources
- Disabled staff more likely to experience bullying, harassment and abuse from their manager
- Third disabled staff have reported not receiving adequate adjustments to enable them to do their work
- Disabled staff feel less valued than non-disabled staff
- Disabled staff report greater pressure to come to work compared to their non-disabled colleagues
- Disabled staff are less likely than non-disabled staff to say that the Trust provides equal opportunity for career progression and promotion

Gender Pay Gap

The most recent Gender Pay Gap Report, available on publication of this EDI annual report, relates to data collected as of 31st March 2023 (see full report on our Trust website using this LINK

Key Points to note are:

- The Trust workforce is 80% female and 20% male.
- The Trust Medical & Dental workforce is 65% male and 35% female with 24% of the Trust's overall male workforce being constituted within the Medical & Dental staff group.
- If we exclude Medical and Dental staff from the Trust wide gender pay gap figures, the Trust's mean average gender pay gap is 3.07% which equates to females earning £0.52 less than male staff per hour.
- As at March 2023 the Trust has a 27.46% mean average gender pay gap with females earning £6.46 an hour less than males. The mean average gender pay gap in 2023 is comparable to 2022 data when, as at 31st March 2022, females earned £6.87 an hour less than males with a 30.11% mean average gender pay gap.
- As at March 2023 the Trust has a 12.69% median hourly rate gender pay gap with females earning £2.19 an hour less than males. The median hourly rate gender pay gap in 2023 has deteriorated in comparison with 2022 data when as at 31st March 2022 females earned £2.17 an hour less than males with a 13.27% median gender pay gap.

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

National Staff Survey 2023

Data from the National Staff Survey 2023 was analysed for experiences of staff from minority groups. The results highlight continued disparity between the experiences of staff who are white compared to those from a black or minority ethnic background and staff who have a disability or long-term health conditions, compared to those who do not. You can find our organisation's results on the National Staff Survey website:

Local results for every organisation | NHS Staff Survey

Key findings include:

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

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

- Actively working towards becoming an anti-racist organisation
- Becoming a leader within the Disability Confident Scheme and being confident that we are an LGBTQIA+ friendly employer
- Building a core leadership development programme to equip our managers in promoting inclusion, role-modelling compassionate leadership and addressing incivility, bullying and abuse
- Developing new wellbeing policy and guidance for managers and staff, including refreshed health adjustments guidance and training
- Continuing the Culture and Engagement Programme for teams which fosters positive, inclusive team cultures
- Continue to develop career pathways, personal and professional development which are inclusive and ensure equality of opportunity for all staff; such as the Talent Management Strategy to be actively inclusive and to consider positive action programmes of work/opportunities for staff from protected groups.

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

North West BAME Assembly Anti-Racist Framework

NHS Sexual Safety Charter

Northwest BAME Assembly Anti-Racist Framework

Over the past financial year, the Trust has committed to working towards Bronze accreditation of the NW BAME Assembly Anti-Racist Framework. Key actions taken in 2023/24 include:

- Launching our commitment to becoming an Anti-Racist Organisation in line with the North West BAME Assembly Anti-Racist Framework
- Anti-racism as mission critical: An anti-racism statement has been produced and published detailing organisational commitment to racial equity. See **Appendix 1** for the statement.
- Anti-racism, civility and respect workstream has been set up by Chief People Officer to design and implement culture change initiatives to create an inclusive, anti-racist workplace for all staff
- Listening events taking place between our CEO and our global majority colleagues who have been recruited overseas
- Professional Education Team extending pastoral support for global majority nurses and exploring funding for dedicated global majority nursing fellows

NHS Sexual Safety Charter

In alignment with the statutory duty of care for its employees and patients and to prevent harassment and abuse at work, WWL aims to proactively foster a positive workplace culture where everyone feels safe and supported when experiencing unwanted sexual behaviour. To this end, WWL has signed up to the NHS England Sexual Safety Charter which was first launched in September 2023 in collaboration with key partners across the healthcare system.

Organisations signing up the charter commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace to create a safe environment for staff working in the healthcare system.

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

- 1. Develop an anti-sexism and civility campaign
- 2. Review policies/training and inclusion of specific reference to unwanted sexual behaviour
- 3. Promotion of resources and support networks
- 4. Enhance training offer on sexual harassment and abuse, disclosure, active bystander model, supporting colleagues who disclose having experienced sexual misconduct
- 5. Develop reporting SOPs for sexual misconduct which includes patient on staff and staff on staff incidents
- 6. Review intersectionality of staff groups which are more likely to be experiencing sexual harassment/abuse
- 7. Improve data insights on sexual safety culture and experiences of sexual misconduct by reviewing incidents, ER cases, surveys and focus groups

Patient Services

Objective	Progress		
Understand and improve the experience of patients across all	WWL has continued to enhance patient experience, by engaging and involving patients, and their families.		
protected	During 2023/24:		
characteristics.	In May 2023, WWL was Awarded the 'PRIDE in Veterans Standard'. This programme was developed by Fighting with pride, a military charity that supports LGBT+ veterans, serving personnel and their families,		
Identify variations in patient access, safety and experience of our services and develop plans to address these.	particularly those who were affected by the 'gay ban', which was lifted in 2000. WWL is committed to delivering the highest standards in LGBT+ veteran inclusion.		
	Continued to work in partnership with AccessAble creating, developing and updating detailed Access Guides for patients to all the Trust's sites. 55 Access Guides were reviewed during 2023. All venues om the Royal Albert Edward infirmary Site were visited and assessed by a trained AccessAble Surveyor.		
	Engaging with patients enables us to understand and improve the experience of patients across all protected characteristics. From November 2023 equality monitoring across all 9 protected characteristics are now included in all WWL In-Patient surveys.		
	WWL continues to undertake 3 yearly reviews of existing Equality Impact Assessments (EIAs) for all divisions. Equality Impact Assessments are now a pre-visit intelligence requirement within Ward		
	Accreditation (ASPIRE) Programme. The Trust's EDI Service Lead now participates in the ASPIRE Ward Accreditation Assessment visits, working towards improving standards and the quality of care for all patients.		
Meet the information and communication requirements of	WWL has continued to make progress in relation to meeting the core requirements of the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients with a disability, impairment or sensory loss.		

patients, their families & carers with a disability impairment, or sensory loss.	Although a number of controls have now been implemented to demonstrate compliance with the AIS, currently there is no consistent approach Trust wide (across all standalone systems). Patients could have their information and communication needs met for some services, but not for others. WWL will continue to review during 2024/25 and address some of these challenges in line with the implementation of the Reasonable Adjustments Digital Flag Information Standard. A dedicated workstream has been established to progress the phased requirements of NHS England's Reasonable Adjustments Digital Flag Information standard incorporating outstanding actions of the Accessible Information Standard		
To review the effectiveness of our interpreter and translation services.	From April 2023 an on-demand video remote interpreter service for patients requiring instant access to a British Sign Language Interpreter was implemented. Staff can access this service via an 'App' on a dedicated IPAD in A&E, Urgent Treatment Centre at Leigh and Maternity Services. This is an additional interpreter service which is not intended to replace face to face BSL Interpreters, but to provide instant access in an emergency environment, when a face to face cannot be accessed. This video remote BSL App has since been uploaded on to all compatible ward / department IPADs.		
	Since Covid, there have been a lot of national challenges regarding the provision of face to face interpreters. Linguists preferring to use video remote, as opposed to meeting face to face; Wigan is located on the border of Greater Manchester, some linguists are now reluctant to travel to the borough. There is also a national shortage of certain languages, so recruitment campaigns are on-going. WWL has developed an improvement plan to increase face to Face interpreter fulfilment rates and is currently reviewing the implementation of additional interpreting methods, including other video remote services.		
To improve the patient experience for patient's changing gender identity, who require their medical records updating.	Although the Trust acknowledges there are current gaps with the updating of patient records (both electronic and paper) and awaits the release of national guidance for Acute Trusts, WWL have continued to ensure patient requests for gender identity requests are managed. NHS England have advised that until guidance is implemented, Trusts are to continue with current inhouse protocols (updating demographics of current record). The process of receiving and actioning patient requests is currently overseen by the EDI Service Lead within the Patient Experience Team. A process mapping exercise was undertaken to identify what actions were required to update a patient's records		

Equality Delivery System (EDS) 2023

The EDS is an accountable improvement tool for NHS organisations in England. The EDS 2023 is a third version of the EDS and comprises eleven outcomes spread across three domains, which are:

Domain 1	Commissioned or Provided Services
Domain 2	Workforce Health and Well-Being
Domain 3	Inclusive Leadership

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

Below is a summary of how WWL performed on EDS2022 in 2023-24. To read our full EDS2023 Report, please visit our WWL website at:

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

The Trust has scored as follows for EDS2023:

- **Overall rating:** Developing (18 four points off 'Achieving')
- **Domain 1:** Commissioned or provided services: Score 12 out of 12 (excelling) middle score of the three services reviewed.
- Domain 2: Workforce health and wellbeing: Score of 4 out of a possible 12 (Developing)
- **Domain 3:** Inclusive Leadership: Score of 2 out of a possible 9 (Undeveloped)

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

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



It is important to understand that the results WWL has achieved this year are a baseline and will give us greater understanding of where we need to focus our attention for 2024-25.

Action plans and next steps

Domain 1: Commissioned or Provided Services

From the assessment, it was clear that further engagement and higher quality data is needed. We are planning on engaging more closely with public / service users from all protected characteristics at future EDS Engagement Events to enrich our data insights. Also, any patient experience surveys will include data on 9 protected characteristics to enhance our data monitoring capabilities. Further, closer collaboration with divisional and service leads will be take place to educate about the requirements of EDS and importance of gathering diversity data for improvement of our services.

Domain 2: Workforce Health and Wellbeing

At WWL, there are established wellbeing and psychological support services available to all staff. WWL's EDS score was adversely affected by the Trust being unable to provide evidence of providing direct support for staff living with obesity, asthma, diabetes, and COPD. Relevant support information will be made available on the intranet and peer to peer support offered through the Disability and LHC staff network. There are a lot of services that provide support to staff experiencing bullying, harassment, and abuse, including a Freedom to Speak Up Guardian function. There is an opportunity for improved equality and diversity monitoring to better understand disparities for each of the nine protected characteristics under the Equality Act and to ensure that health and wellbeing services are accessed by those who may be affected by health inequalities.

Domain 3: Inclusive Leadership

The EDS process has highlighted that the Trust would benefit from a more robust EDI governance structure to implement the EDI strategy. Robust EDI and Health Inequalities governance will assist WWL meet its legal and contractual equality and health inequalities obligations. Equality and Health Inequalities is a Key Line of Enquiry for CQC – Well Led Domain. The new EDI Strategy Group chaired by the CEO and EDI workstreams will provide oversight and monitor implementation of key EDI actions.

The implementation of the above actions will be key to improving EDS in 2024/2025 and improving the experience of WWL's staff and patients.

Celebrating EDI across WWL

This year, we continued to celebrate **key annual EDI events**, such as LGBTQIA History Month, Black History Month, International Women's Day, Disability History Month etc.



Part of being actively inclusive and putting allyship into action is increasing your knowledge and understanding of others and the inequities they might face. We created an EDI Learning Toolkit for our staff to help give them a jumping off point in learning about a wide variety of EDI topics. The toolkit contains a variety of recommendations such as videos, tv shows, documentaries, tv shows, podcasts







and books on various Equality, Diversity & Inclusion topics such as LGBTQIA+, Race Equality, Disability and Allyship.



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

Oliver McGowan Mandatory Training on Learning Disability and Autism



As in the previous year, we signed up to the Cultural Calendar Club and invited our colleagues to take part in the webinars educating on and celebrating diversity.

At our annual WWL's recognition STAR awards show, our EDI lead, Toria King, won the **Excellence in Equality, Diversity and Inclusion Award** for all the brilliant work she has done in her role to shape and implement the EDI strategy and promote inclusion across the organisation.

We launched our new WWL Welcome Day for all staff this year and have a dedicated section on EDI to explain why diversity and inclusion is important to us as an organisation and how staff can get involved in promoting this.



WWL is proud to have 3 diversity and inclusion staff networks who provide a supportive and welcoming space for colleagues to share their lived experience. Our Staff Networks offer their valuable expertise on matters relating to EDI, ensuring they have a voice in influencing strategies to improve staff experience.

The WWL **For All Minority Ethnicity (FAME) Network** has gone from strength to strength this year and increased its membership by over 100 members and allies during a road show in the spring. The network continues to celebrate cultural diversity and has been involved in international nurse welcome events, policy development group and advising WWL's Executive Team.







True Colours Network is WWL's LGBTQIA+ Network. The True Colours Network is WWL's LGBTQIA+ Network. Members and allies of the network last year successfully headlined Wigan Pride and will continue to have an important presence at this event to celebrate diversity but also to address health inequalities of the LGBTQIA+

community. The network have also helped to shape the trusts policies to support Transgender Staff and our Gender Identity policies.

WWL's Disability and Long-Term Conditions Network have been a major influence on programmes



of work to raise awareness of hidden disabilities amongst staff and have held listening events for their members to inform the Trust's wellbeing strategy.

The Year Ahead – EDI Strategy

For our People

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

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

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

We continue to take actions to make EDI core business of the organisation in 2024/25, including:

- Becoming intentionally anti-racist: Creating a Cultural Development Plan to support our multiethnic staff, ensuring their employment experience provides a sense of belonging and inclusion and eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur
- 2. Participation in the National NHSE Chief Nursing Officer 90 Global Challenge programme to provide focussed support for multi-ethnic colleagues
- 3. Refreshing our wellbeing policy and supporting our disabled colleagues to stay well at work through activities that improve the implementation of health adjustments
- 4. Roll-out of Active Bystander Training to empower our staff to challenge poor behaviours and role-modelling our values
- 5. Implementing the 10 Sexual Safety commitments by introducing new policy and processes for sexual misconduct
- 6. Self-assessment against the NHS England Civility and Respect Framework and development of culture change action plan, including developing a new core leadership development programme for all leaders to build capability around inclusive, compassionate leadership

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

We will also continue to work with our staff inclusion networks to help them grow and thrive. We want our colleagues to feel valued and their voiced being heard through the networks. This will be achieved by creating engaging, inclusive network events throughout the year with growing

membership and wide attendance from staff across our organisation. We will also introduce new processes ensuring that any strategic initiative impacting our staff will include an engagement with the networks to understand any impact on protected groups.

To further develop our awareness on EDI and to advance the EDI agenda, we have signed up to the Diversity in Health and Care Partners Programme 2024, run by NHS Employers. Underpinned by the three principles of leadership, accountability and equity, the programme is designed as a year-long series of events to support the implementation of the People Plan to look after our people and creating a sense of belonging for all. It will support our ambition to deliver the NHS EDI Improvement plan and create sustainable inclusion practices across the organisation.

The EDI action plans will be implemented through the EDI people and patient workstreams overseen by the EDI Strategy Group.

For our Patients

In 2024/25 the Trust will continue to embed and integrate the EDS2022 in terms of both service provision for patients and employment practice for staff. In line with the requirements of EDS2022, the Trust will aim to continuously improve services for all service users and especially those that are categorised as having protected characteristics and underrepresented groups. This will be done in partnership with staff, service users and local interest groups.

We will continue to work in partnership with staff 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 with respect and dignity. We will actively recruit Lived Experience Partners who are reflective of our local communities' needs, to work with our staff to drive forward service user quality improvements.

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

We will review the Trust's approach to providing reasonable adjustments for service users. We will develop and implement an action plan to ensure reasonable adjustments for service users are embedded within service delivery, as business as usual. We recognise the importance of making reasonable adjustments to ensure everyone, including those with disabilities or special needs can access and benefit from services. We will implement the requirements of NHS England's Reasonable Adjustments Digital Flag Information Standard incorporating any outstanding action requirements of the Accessible Information Standard (AIS). Although many controls have now been implemented to demonstrate compliance with the Accessible Information Standard (AIS), currently there is no consistent approach Trust wide (across all standalone systems). Patients could have their information and communication needs met for some services, but not for others. During 2024-2025, we will continue to integrate national standard requirements into the Trust's IT systems to support patients and service users in accessing care services appropriate to their needs.

We are committed to tackling health inequalities and understand that some groups of people, including protected characteristic groups, experience different access, experience, and outcomes when they use NHS services. We will continue to undertake Equality Impact Assessments (EIAs) to help us to understand how our policies and services may affect different groups of people. We will continue to pursue the culture of EIAs, educating staff and raising awareness.

We will review the effectiveness of our interpretation and translation services to ensure that service users can be communicated with appropriately and effectively as timely as possible. The fundamental and unprecedented combined effects of COVID 19 and the cost of living crisis has had an impact across the entire interpretation industry around the national availability of linguists, especially those who traditionally provided face to face services. We will implement an improvement plan to increase fulfilment rates and efficiencies. We will review the implementation of additional interpreting methods, including the pilot of video remote interpreting within targeted services.

Diversity Demographic Data

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

Workforce:

Workforce data is collected routinely by the Trust:

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

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

Summary of Headline Data:

- 83.6% of the workforce is of White Ethnicity. This figure remains slightly lower than the Wigan borough figure of 95%. 14.7% of the workforce profile is from Black and Minority Ethnic Groups, with 6.3% of Trust Board being BAME, this is over representative of the Wigan population.
- The split between staff aged under 50 and over 50 has remained static.
- **4.2% of the workforce declared they are living with a disability**. This is under representative of the Wigan population (20%). Trust representation has increased slightly compared to the 2023 figure (3.7%). Undeclared rates are gradually decreasing from 19.1% to 17.4%.
- The workforce profile remains predominantly female at 81% whereas the local population is 51% female. However, this is in keeping with the gender profile of the healthcare profession in general and the NHS in particular.
- Almost 59% of staff who have disclosed their religion and belief and describe themselves as Christian compared to 2021 Census Wigan borough figure of 63%. 19% of Trust staff have not disclosed their religion and belief, a slight decrease compared to the previous year at 21%.
- **82% of staff describe themselves as heterosexual.** However, 15.7% of staff have not disclosed their sexual orientation, this is slightly less than last year's rate of 18%

See Appendix 2 for Full Details.

Service Users (Patients)

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

- Age
- Sex
- Ethnicity
- Religion and Belief

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

Summary of Headline Data:

- The population of England and Wales has increased by more than 3.5 million in the 10 years leading up to Census 2021. In Wigan, the population size has increased by 3.6%, from around 317,800 in 2011 to 329,300 in 2021. This is lower than the overall increase for England (6.6%), where the population grew by nearly 3.5 million to 56,489,800.
- Overall picture of WWL patient service access continues to reflect broad similarity to local demographics (Census 2021 Wigan Borough statistics).
- Over last 12 months, 1% decrease in total in-patients/out-patients of British White ethnicity. 0.5% increase in patients of Black and Minority Ethnic (BAME) backgrounds. 88% British White / 6% BAME. No statistical significance reported. 0.8% increase in those not stated (6.6%). Over last 13 years steady increase in BAME activity 2011/12: 2.9% / 2023/24: 5.7%.
- Ethnicity overall reflective of local population Census 2021 Wigan Borough data reported that 95% of the local population were of British White ethnicity, 5% from other Black and Minority ethnic backgrounds. Asian people were the largest minority group in Wigan accounting for 1.8% of the population. 3,907 or 1% (3907) of the Wigan population are black. In England, in comparison the proportion of the population that is white is 81%, 10% Asian and 4% Black,
- Over last 13 years, steady increase in % of patients of Black and Minority ethnicity attending A&E. 2011/12: BAME 2.7%. 2023/24: BAME 10.1%.
- Higher % of Black and Minority Ethnic Groups using maternity services in comparison with overall outpatient / in-patient activity. Data historical British White 80% / BAME 18% / 2% not stated. Data in line with growth in Wigan Borough migrant worker population and numbers of refugees / asylum seekers.
- In Wigan, the % of people who did not identify with at least one UK national identity increased from 2.2% in 2011 to 4.1% in 2021. During the same period, the % increased from 5.4% to 9.5% in Bolton. Although figures are lower in Wigan, the borough has received a sizeable number of refugees and migrants over the last decade and it is likely that the population will become more diverse over the coming years.

- The top languages interpreted during 2023/24 were: British Sign Language; Kurdish Sorani; Arabic, Romanian, Farsi, Polish, Urdu, Russian, Pashto, Portuguese, Cantonese
- As with most healthcare services in the UK, women are more likely to use hospital services than men
 58% of out-patients during the last 12 months were female.
- The population has continued to age. Census 2021 results reported 19.3% of residents were aged 65 years and over (16.3% a decade earlier). The proportion of Wigan residents aged 65+ was higher than the national average (18.6%) with Wigan also experiencing a higher rate of growth over the last decade (23%) compared to the national average (20%) Maintaining the health and resilience of older people is important both for the individuals themselves and in ensuring the sustainability of local health and adult social care services. The age of patients accessing hospital services is bias towards the older population, reflecting greater healthcare needs. During 2023/24 38% of patients accessing WWL services were aged 65 years and over. 42% aged 31-64 years.
- Wigan Census 2021 showed that 20.2% of Wigan residents are living with a limiting long-term illness, health problems or disability higher than the national average 18%. 1 in 6 (16%) of the local population are living with hearing loss (60,500 residents). 10,500 Wigan Residents are estimated to be living with sight loss. Figures are expected to rise over the next 10 years.
- Census 2021 data reported over 74,000 people in Wigan who have been diagnosed with a long-term condition. Long-term conditions or chronic diseases are conditions that currently have no cure, and are managed with drugs and other treatment, for example diabetes, COPD, asthma, pulmonary disease, arthritis, and hypertension.
- ONS data shows 6,773 people in Wigan identified as a sexual orientation other than heterosexual when the Census was undertaken in March 2021 (2.5% of respondents). The most common LGB+ sexualities were gay or lesbian (57%) and bi sexual (35%). Data on sexual orientation is limited to those who responded, so data is expected to be higher. 84,983 people living in Greater Manchester do not identify as heterosexual (3.8% of the population aged 16 and over).
- Census 2021 reported that 95% of resident's gender identity was the same as registered at birth. 11,946 residents did not respond; 470 resident's gender identity was different from sex registered at birth; 372 residents identified as trans man/trans woman; 66 residents identified as non binary; and 57 residents identified as other gender identities. Data on gender identity is still currently limited, although data collection methodology and question design are developing. Despite laws and attitudes towards people who identify as LGBTQI+ changing significantly in even just the last decade, discrimination remains. Research evidence demonstrates that LGBTQI+ people experience significant health inequalities in terms of health outcomes, health care service provision and health risk factors in comparison to cis-heterosexual populations.
- Levels of deprivation in Wigan are significantly worse than the England average.

 Within most deprived 20% in UK. People living in the most-deprived areas of Wigan have a life expectancy nearly a decade shorter than the least-deprived areas.

See Appendix 3 for Full Details.

Appendix 1 – Organisational Anti-Racist Statement

Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust (WWL) has recently published its Anti-Racist Organisation Statement, which you can find below, as part of its commitment to anti-racism and opposing all forms of discrimination.

WWL opposes all forms of racism and is committed to becoming an anti-racist organisation. We acknowledge that institutional racism exists in the NHS, our Trust and society at large. We are committed to providing a workplace where everyone is safe and protected from the harm caused by racism and feel a real sense of belonging. We will do this by adopting an explicitly anti-racist approach. Our work tackling racial inequalities is intertwined with tackling health inequalities and associated issues which disproportionately impact on people from black and minority ethnic communities.

In becoming an anti-racist organisation, we will take a number of steps, including, but not limited to:

Following engagement, launching our shared WWL values which will become the foundation of our culture and enable us to create a place to work and receive care that is diverse and inclusive, where everyone feels valued and supported, and a sense of belonging regardless of their race, ethnicity, or background

Strengthening the voice of our Staff Networks (FAME, True Colours and Disability and Long-Term Health Conditions) who work tirelessly to support our colleagues with protected characteristics

Providing specific and targeted support to our Internationally Educated Staff

Establishing an Equality, Diversity and Inclusion (EDI) Steering Group chaired by our Chief Executive, ensuring that senior leaders in our organisation have direct feedback in relation to our progress, providing strong and visible leadership to move forward with the improvements required

As we embark on this journey we will use the North West BAME Assembly Anti-Racist Framework to guide us and adopt strong partnerships with our FAME Staff Network, specifically to provide feedback on our progress. We will continue to monitor progress via the outcomes of our Workforce Race Equality Standard and other national tools which support us to help us in tackling race inequalities.

This pledge is a call to action for all of our WWL colleagues to join us and consider how you can become anti-racist and what actions you will take today to ensure everyone in our workforce feels valued, respected and welcome.

Speaking on WWL's Anti-Racist Organisation Statement, Jules Tait, WWL's Chief People Officer said: "The NHS is built on a founding principle of equality and social justice. It is clear from the evidence we have that our black and minority ethnic colleagues have experienced inequalities in the form of discrimination. We also know that people from black and minority ethnic communities have had negative experiences in terms of access and outcomes. It is essential that as an organisation we show our commitment to opposing all forms of racism and discrimination. "

"Through publishing our Anti-Racist Organisation Statement we are demonstrating this commitment and also showing how we will continue to tackle racism moving forward. We can no longer simply be not racist; we will be actively and visibly anti-racist.

"I would like to thank all my colleagues across the Trust who have contributed to putting together our Anti-Racist Organisation Statement and I'm really excited to see how this will be implemented across the Trust."

WWL's Workforce EDI Lead, Tim Brown added his thoughts on the importance of publishing this statement commenting: "At WWL we recognise that institutional racism exists in our Trust and the wider NHS. The latest NHS Staff Survey results show that there has been an improvement in the percentage of staff from Black and Minority Ethnic backgrounds reporting experiences of discrimination, however the percentage of staff from Black and Minority Ethnic backgrounds experiencing discrimination is still higher compared to white staff and compared to similar NHS Trusts.

"The statement can be a catalyst for creating safe spaces at WWL where racism is spoken about routinely with the aim to improve understanding of its impact on individuals, teams, and the Trust. The insights from engaging with staff with lived experience of discrimination can help co-produce a behavioural framework, which will introduce expectations of behaviour regarding race and the consequences of breaching them.

"WWL will explore opportunities to create an early reporting system that flags up issues of discrimination and provides opportunities for intervention. This will improve staff and patient experience at WWL."

Tulika Sugandha, Chair of WWL's For All Minority Ethnic (FAME) Network also added: "As the Chair of WWL's FAME Network I am delighted to see the publication of the Trust's Anti-Racist Organisation Statement.

"Through publishing this statement, we are able to show, in tangible ways, how we will continue to fight racism throughout the organisation.

"The statement also helps us to show all patients and all staff, both future and present, that we welcome everyone and are committed to making WWL a place where everyone is welcome."

If you would like to learn more on what it means to be anti-racist there is a very useful video which explains this on the BBC Bitesize website. You can find the video here.

Appendix 2 – Headline Data

Our People (Workforce)

Age

As at 31 March 2024 WWL Trust staff breakdown was:

62% Age 50 or under **38%** Age 51 +



The proportion of staff in each age bracket has remained the same compared to last year.

Performance management and Disciplinary cases were representative of the Trust's age breakdown

Marriage and Civil Partnership



As at 31 March 2024

53% of staff were Married
2% were in a Civil Partnership
34% single, 7% divorced / legally separated, 1% widowed, 3% unknown.

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



Disability



As at 31 March 2024

4.2% of the Workforce have declared that they are living with a disability.

This has increased slightly compared to the 2023 figure (3.7%) although there is still a large amount of undeclared data 17.4% this has decreased over the previous years: 2023: 19.1%, 2022: 21.7%, 2021: 26.6%.



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

For Clinical Staff there is an under representation of disabled staff particularly in Band 8c and in Medical & Dental.

Pregnancy and Maternity



As at 31 March 2024, a snap shot from the Electronic Staff Record indicated that:

2.71% of female staff were on Maternity Leave

This is comparable to the previous two years.

Religion and Belief



As at 31 March 2024

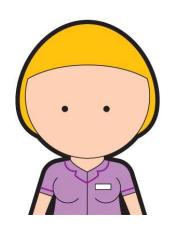
59% Christian **8%** Other **19%** Unknown

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

A significant proportion of staff have not declared their religion and belief although this is down slightly from last year.

(2021 Census, The Wigan borough figure for Christianity is 63%)

Sexual Orientation



Workforce as at 31 March 2024:

82% Heterosexual

1.4% Gay or Lesbian

0.8% Bisexual

0.1% Other

15.7% did not wish to disclose (a slight decrease from last year's 18%)

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

Ethnicity



As at 31 March 2024:

83.6% of Staff of White Ethnicity (2021 Census, Wigan Borough White representation is 95%) 14.7% of Staff from Black & Minority Ethnic Groups 1.8% Not Stated

6.3% of the Trust Board membership is BME.

28.6% of **Performance** cases were in respect of BAME staff members which is over representative of the workforce profile.

10.3% of **Disciplinary** cases were in respect of BAME staff members which is slightly below the workforce

Sex

Workforce as at 31 March 2024:

81% Female

19% Male

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

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

Gender Reassignment

28% of disciplinary cases were against male staff. Historically disciplinary cases have been over representative of male staff members, however this has decreased significantly over the last few years.

Appendix 3 – Headline Data on Service Users/Patients

Our Service Users (Patients)

Ethnicity (Out-Patients & In-Patients)



During 2023/24

87.7% of Patients of British White Ethnicity

5.7% of Patients from Black & Minority Ethnic Groups (BAME)

6.6% Not Stated

During last 12 months, 1% decrease in patients of British White Ethnicity. 0.5% increase in patients of Black & Minority Ethnic Origin. 0.8% increase in those not stated.

Over last 13 years steady increase in BAME activity 2011/12: 2.9% / 2023/24: 5.7%.

Ethnicity (Accident & Emergency)

During 2023/24

88.3% of Patients of British White Ethnicity

10.1% of Patients from Black & Minority Ethnic Groups (BAME)

1.6% Not Known

During last 12 months, 0.9 decrease in patients of British White Ethnicity. 1.2% increase in patients of BAME Origin.

Over last 13 years steady increase in BAME activity in A&E. 2011/12: 2.7% / 2023/24: 10.1%

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

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

Ethnicity (Maternity Admissions)



During 2023/24 80% of Patients of British White Ethnicity

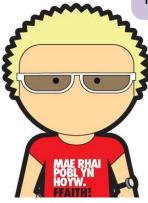
18% of Patients from Black & Minority Ethnic Groups

2% Not Known

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

Interpreter & Translation Services

During last 12 months: 3% decrease in patients of British White Ethnicity. 2.5% increase in patients of Black and Minority Ethnic Backgrounds. During last 13 years: 13% decrease in patients of British White Ethnicity. 12% increase in patients of Black and Minority Ethnic Backgrounds. 2011/12: 6.3% BAME/ 2023/24: 18% BAME



During 2023/24 Top Languages Requested

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

During 2023/24:

36 Translations into other languages

3 Other formats - Braille Translations requested

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

Ethnic Population in Greater Manchester



In Wigan, the percentage of people who did not identify with at least one UK national identity increased from 2.2% in 2011 to 4.1% in 2021. During the same period, the % increased from 5.4% to 9.5% in Bolton. In 2021, over 95% of the population was White British. This compares to just under 80% in England as a whole. Although figures are lower in Wigan, the borough has received a

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

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

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.

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

Sex (Out-Patients)

During 2023/24 58% Female 42% Male

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

During 2023/24 % of patients accessing hospitals services

9% Under 18 **11%** 18-30 Years

42% 31-64 Years **38%** 65+ Years

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

Set to increase over the next 20 years

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

Religion and Belief

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

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



During 2023/24

% of patients accessing out-patient services

64% Christian 21% Unknown

14% None **0.2%** Hindu

0.6% Muslim **0.2%** Atheist

0.1% Buddhist **0.2%** Islam

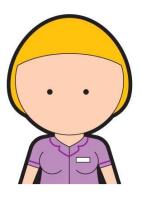
0.1% Jewish **0.0%** Unitarian

0.1% Spiritualist

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

Trust Data affected by the high proportion of religion not known (140,258 patients).

Sexual Orientation and Gender Identity



Census 2021 Data 6,773 Wigan Residents (2.5%) identified as a sexual orientation other than heterosexual.

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

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

Census 2021 Data

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

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

216 Residents Trans man

156 Residents Trans woman

66 Residents Non-binary

57 Residents All other gender identities

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

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

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

Disability



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

The Royal National Institute for Deaf People (RNID) estimates that

1 in 6 (16%) of the population are living with hearing loss.

60,500 Wigan Residents (RNID, 2020a).

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



Royal National Institute for Blind People estimates that 10,500 of Wigan Residents are living with sight loss (1,730).

registered blind or partially sighted)

By 2032, figures are expected to rise to

12,600 of Wigan Residents living with sight loss

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

The Accessible Information Standard

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

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

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

Census 2021 Wigan Borough reported

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

Higher than national average 18%

The 5 most common conditions which account for 54% of DLA Claims

Arthritis; Learning Disabilities; Heart Disease; Disease of muscles, bones & joints; Hyperkinetic syndromes

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

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

Marriage and Civil Partnership (aged 16 and over)



Census 2021 Wigan Borough reported

43.8% Wigan Residents are Married or in a registered Civil Partnership 37.2% Wigan Residents have never been Married or in a registered Civil

Partnership

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

Complaints

501 Complaints Received during 2023/24

278 Female 223 Male 0 Unknown



473 British White Ethnicity

12 Black & Minority Ethnic Background

16 Not Stated

61% Aged 50 years or above

5 Main Subject Complaints

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

No trends in relation to protected characteristics noted

Wigan Borough Population

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

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

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

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

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

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

Levels of deprivation in Wigan significantly worse than England average.

Within most deprived 20% in UK.