

Equality, Diversity and Inclusion Annual Report 2018-19

Presented for:	Approval
Presented by:	Simon Howard, Equality, Diversity and Inclusion Lead
Scrutinised by:	Trust Partnership Group Hospital Management Committee
Strategic goal:	All Strategic Objectives
Date:	26 th July 2019
Regulatory relevance:	Equality and Diversity Human Rights Commission Care Quality Commission
NHS Constitution delivery	The NHS provides a comprehensive service, available to all The NHS is accountable to the public, communities and patients that it serves
Equality and Diversity	This report reflects the Trust's equality and diversity position.
Freedom of Information Release	This report can be released under the Freedom of information Act 2000
Private Debate	This report is being considered in the private section of the Board due to Commercial Confidentiality.

Summary

The Trust is required under the Public Sector Equality Duty to produce an Annual Equality Diversity and Inclusion report. The report summarises the Trust's work in the previous financial year in progressing the equality agenda.

Integrated Performance Report

Not required

Board Assurance Framework Context

This report supports all of the Trust's strategic goals.

Key Points for Decision and Discussion

- Understanding of the Trust's position in relation to the equality agenda as at 31 March 2019
- Information on the Trust's Equality and Diversity projects and their outcomes

Action required from the Board of Directors

- To read and approve the content of the report for publication on the Trust website

The following papers make up this report

Equality, Diversity and Inclusion Annual Report 2018-19

Simon Howard

Equality, Diversity and Inclusion Lead

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1. Overview

North West Anglia NHS Foundation Trust (NWAngliaFT) is committed to the development of an organisational culture that promotes equality, celebrates diversity and includes all members of society.

As a public sector organisation we have an obligation under the Equality Act 2010 to promote equality for people who fall under the defined nine protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race including nationality and ethnicity
- Religion or belief
- Sex
- Sexual orientation

NWAngliaFT is committed to exceed its duties under the legislation and to provide quality services that use person centred approaches to take into consideration the individual needs of patients and carers.

We are driven to reflect the people we serve, in all respects, to have a workforce that reflects our diverse community and to enable us to deliver high quality support to patients, visitors and carers through a broad understanding of their needs.

We aim to achieve equality within our Trust through strategies which make realistic commitments and use transparent methods.

Our commitment to equality, diversity and inclusion states:

"Any patient, visitor or staff member can expect our facilities to meet their needs regardless of disability, additional needs or protected characteristic."

2. Legislation and Oversight

2.1 Equality Act 2010

The Equality Act 2010 received Royal Assent on 8 April 2010 and the first phase was implemented on 1 October 2010. It replaces and combines previous equality legislation including:

- Equal Pay Act 1970
- Sex Discrimination Act 1975
- Race Relations Act 1976
- Disability Discrimination Act 1995
- Employment Equality (Religion or Belief) Regulations 2003
- Employment Equality (Sexual Orientation) Regulations 2003
- Employment Equality (Age) Regulations 2006

The Act strengthens the law, removing inconsistencies thus making it easier for people and organisations to understand, comply and challenge.

The Equality Act 2010 contains provisions, including the concept of dual

discrimination, an extended Public Sector Equality Duty and a prohibition of age discrimination in services and public functions.

The Equality Act 2010 covers the same groups that were covered by existing equality legislation - age, disability, gender reassignment, race, religion or belief, marriage & civil partnership, pregnancy & maternity, sex and sexual orientation, but extends some protections to groups not previously covered while strengthening aspects of equality law.

2.2 Public Sector Equality Duty

The Public Sector Equality Duty was created by the Equality Act 2010. It includes the General Duty and the Specific Duty. Public Sector organisations are required to meet both.

2.2.1 General Duty

Organisations must have regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups

2.2.2 Specific Duty

Specific duties are legal requirements designed to help public bodies meet the general duty. These require the publication of

- Equality objectives, at least every four years
- Information to demonstrate compliance with the equality duty, at least annually

2.3 Governance

The Trust uses the NHS Standard Employment Contract, which is of an approved equality and diversity framework. It contains levers that enable the Equality Delivery System 2 within the hospital. Service Conditions Clause 13 within the contract covers Equity of Access, Equality and Non-Discrimination. The Trust must have due regard to the obligations contemplated by section 149 (General Duty) of the Equality Act 2010, this obligation also applies to non-public authority organisations e.g. third sector, care homes, Nursing homes (if NHS funded) but does not apply to Social funded organisations.

The obligation further applies to other services contracted by the Trust such as Catering, Facilities, Interpreting Translators, and Volunteer Drivers as they are NHS funded. If the commissioner asks for Equality data the Trust and any third sector organisations it uses are obliged to comply, there are no exceptions. It is a legal requirement within the Standard Contract 13.4 and 13.5, service condition 28 (Information Requirements) and Schedule 6 (Contract Management, Reporting and Information Requirements). The contract creates wide obligations for both providers and commissioners in relation to equality and diversity. It ensures that the Trust is

embedding equality and diversity across its workforce and everyday working practice.

2.4 Internal Scrutiny

The Trust has maintained its Equality, Diversity and Inclusion Co-Production group model of working and expanded the role of the groups to validate second stage Equality Impact Assessments.

The co-production model invokes a user led approach to equality issues within the Trust ensuring people affected by situations have direct input on the solutions. The groups are chaired by the Equality, Diversity and Inclusion Lead with all interested parties welcome to join.

The groups are mostly formed of members of the public with specific interests in improving the services.

Following feedback from staff and in an effort to affect change at a more strategic level, work has begun to develop a new Equality, Diversity and Inclusion Steering Group consisting of Divisional Equality, Diversity and Inclusion Leads and key senior staff. The group will be chaired by the Director of Workforce and Organisational Development as executive champion.

The new structure will place organisational decision making within the Steering Group and practical development within the co-production group and networks. The Chief Executive and a Non-Executive Director have been appointed as EDI Sponsors.

Further work will be conducted over the coming period to assess the viability of staff networks covering staff from the BAME, LGBTQIA+, Disability communities and Staff as Unpaid Carers.

2.5 Equality Delivery System 2 (EDS2)

The Equality Delivery System (EDS) was designed by the NHS for the NHS, to deliver better, more personal, fair and diverse outcomes for patients and staff.

The EDS was refreshed on 4th November 2013 and renamed EDS2. The EDS2 has been streamlined, simplified and uses clearer language. As of April 2015 the EDS2 has become part of the NHS contract.

EDS was developed against a backdrop of some significant inconsistencies in practice within the NHS, recognising poor equality practice in parts and building on good equality practice in others. The EDS2 covers patient care, public health, compliance and workforce issues.

EDS2 outcomes align with the NHS Constitution, NHS Outcomes Framework, Human Resources Transition Framework, FREDA principles (Fairness, Respect, Equality, Dignity and Autonomy) and the Care Quality Commission's Essential Standards of Quality and Safety.

Every three to 5 years each Trust should compile an annual EDS2 report, the purpose of which is to report on progress in respect of delivering EDS2 within the Trust. The report should provide detail on the models of delivery and processes used. The report also sets the legislative context, describes governance

arrangements and future plans.

The EDS2 report should be guided by input from the public, stakeholders, staff and service managers through a RAG (Red, Amber, Green) rating process.

Due to the merger of Peterborough and Stamford NHS Foundation Trust and the Hinchingsbrooke Health Care NHS Trust in April 2017 the new North West Anglia NHS Foundation Trust decided to postpone the next RAG rating event to allow for the alignment of reporting systems.

RAG rating events were held by both Peterborough and Stamford NHS Foundation Trust and the Hinchingsbrooke Health Care NHS Trust in 2016 therefore the North West Anglia NHS Foundation Trust is obliged to hold its next RAG rating event between August 2019 and August 2021.

In April 2018, the Trust introduced a new model of data collection called Inclusion As Standard Accredited. This system operates as a competitive model of data collection to enable departments to gain accreditation for good practice and identify service improvements. The model has provided some positive results which will be presented following the next RAG rating event.

In March 2019 NHS England announced the final draft of the next incarnation of EDS, EDS3. No final model has been announced but the intention is to reduce the audit burden currently associated with EDS2 and enable more effective reporting.

EDS3 is expected to come into effect from April 2020.

3. Equality within the Trust

3.1 The Equality Support Service

The Trust is committed to supporting staff and managers navigate the often complex world of Equality and Diversity.

The Trust understands mistakes do occur and where this is the case, the vast majority of errors are caused by a lack of understanding of the legal structures and frameworks surrounding Equality and Diversity.

The Equality Support Service aims to improve the position of the organisation through education and support for both staff and managers, providing consistent solutions to issues facing staff and patients and guided by the affected people themselves.

The Equality Support Service will provide information to staff in a variety of means including utilising the Trust's new intranet system and offering direct support where necessary. Work programmes and initiatives will help to underpin and drive improvements in EDI across the Trust.

3.2 Processes

3.2.1 Equality Impact Assessment

In February 2019 the Trust piloted a new model of Equality Impact Assessment to improve the existing method.

The new system provided a simplified first stage of assessment but introduced a

requirement for the author to request support if they were unsure of the impact of the policy for any protected group

The system also introduced a more robust second stage assessment which graded the identified issue against a detriment matrix to support the Trust in prioritising the issues raised.

Where an issue is identified as necessitating a second stage Equality Impact Assessment it must be sent for co-production assessment via the Inclusion as Standard Co-Production Groups to design solutions which can be implemented by the Trust.

From introduction in February 2019 to 31st March 2019, two policies were escalated to the Equality, Diversity and Inclusion Lead for additional support; no Equality Impact Assessments required escalation to stage two.

3.2.2 Policies

The Trust has a number of equality related policies including:

- Equality and Diversity Policy (2018)
- Transgender Policy (2017)
- Learning Disabilities/ and or autism in the Acute Hospital Setting Care Guidelines (2016)
- Interpreting and Translation Policy (2017)
- Policy for Assistance Dogs (2019)

All policies are regularly reviewed and updated and reflect changes in legislation and the results of any Equality Impact Analyses. All policies have an associated Equality Impact Assessment.

3.2.3 Co-Production

Co-production is an approach where people, family members, carers, organisations and commissioners work together in an equal way, sharing influence, skills and experience to design, deliver and monitor services and projects.

Co-production acknowledges that people who use health services (and their families) have knowledge and experience that can be used to help make services better.

As a Trust we acknowledge our knowledge and skills are improved by the influence of people affected by the work we do, therefore to ensure we provide effective and comprehensive input from people affected by our work we use a co-production model of working to develop and oversee our service.

Co-production is used as part of the Inclusion as Standard process but also as a model to resolve issues identified through the Equality Impact Assessment framework and through complaints pathways.

3.3 Training

The Trust provides mandatory training for staff at induction and updates on a three yearly basis or as required. As part of this programme the Trust has developed a

range of bespoke training sessions designed to deliver improved equality performance among specific groups.

3.3.1 Mandatory Equality and Diversity Training

Level 1, Equality, Diversity and Human Rights training is mandatory for all members of staff employed in the Trust. It is required to be completed within three months of appointment and refreshed every three years.

Training is delivered via face-to-face classroom based training, through an update booklet with test and via an ESR based e-Learning package called “Equality and Diversity - General Awareness”. The Trust also recognises external equality training delivered by doctors.net.uk and other Trusts where the syllabus has been reviewed.

In 2018-19 the Welcome to Our Trust induction program included Equality and Diversity training and was delivered by the Trust’s Equality, Diversity and Inclusion Lead.

20 clinical update sessions have been held at various locations around the Trust combined with a campaign to improve mandatory training rates. The combination of these factors, aligned to the greater number of ways in which compliance can be achieved has improved the Trust’s overall compliance rate from 78% at the end of year 2017/18 to 92% at the end of this reporting period.

Including both induction and update training 3018 members of staff have completed Equality and Diversity training in 2018/19.

3.3.2 Learning Disability and Autism Training

A key recommendation of the Bristol University Learning Disabilities Mortality Review (LeDeR) Programme was to add mandatory learning disability and autism training for clinical staff. Since April 2018 this training has been delivered to all staff by the Trust’s Disability Nursing Team as part of induction and during clinical update.

The training focuses on good practice in the delivery of care for people with learning disabilities and autism, and provides the trainee with a set of tools to improve the quality of care they deliver.

This training has now become a permanent feature of the Trust’s induction programme.

3.3.3 Managing Diversity

From September 2018 the Trust has delivered managing diversity training sessions as part of the Effective Managers Programme and independently. This training raised the level of training for managerial level staff to promote positive and inclusive management styles.

The first half of the training focuses on stereotyping, the support needs of staff with disabilities, the concept of discrimination by association and national character traits based on the Hofstede Insights.

Once constructing a narrative around the profiles of different groups, the training then looks at the mitigation of the biases identified by managers in the group in the

first half and demonstrates means to identify and mitigate one's own biases.

The training concludes by introducing human factors based approaches to equality and diversity, asking managers to seek support before making errors and to be honest where errors are identified.

The training has been delivered twice during 2018/19, with positive reviews and an increased profile for the Equality and Diversity agenda around the Trust.

3.3.4 Recruitment and Selection Training

The Trust delivers recruitment and selection training to all staff conduction recruitment, selection and interviews.

The training includes sections on Equality law and mitigation of bias to ensure recruiters are equipped to identify and manage their own biases before appointing staff.

3.3.5 Additional Training

The Trust procured training from the Kite Trust, a local LGBTQIA+ charity, which delivered level 3 safeguarding training to doctors focused around the needs of patients who are part of the LGBTQIA+ community.

The Trust has developed hate crime training alongside the Peterborough hate crime officer which will be delivered to staff at future update training sessions.

The Trust has begun discussions with the local Gypsy and Traveller advocacy groups to introduce training on the specific needs of Roma people.

3.4 Workforce Equality

In 2018/19 the Trust moved the responsibility for Equality and Diversity from the Care Quality directorate to Workforce and Organisational Development directorate. The Trust's Equality, Diversity and Inclusion Lead now has an expanded portfolio with responsibility for both service and workforce equality issues.

This demonstrates the Trust's commitment to improve the standard of Equality and Diversity delivery for all aspects of the Trust's business.

3.4.1 Workforce Equality Governance

3.4.1.1 Workforce Race Equality

The Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract.

In 2014 NHS Equality and Diversity Council announced it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

This is important because studies shows that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and

better patient safety.

In April 2015, after engaging and consulting with key stakeholders including NHS organisations across England, the WRES was mandated through the NHS standard contract, starting in 2015/16.

The WRES measures key metrics over a period of time to show changes in representation across an organisation.

The WRES forms part of the CQC's well led inspection framework,

The Trust's annual WRES report is available from www.nwangliaft.nhs.uk

Significant progress has been made in the development of WRES focused work streams and initiatives with several due to start in Summer 2019.

3.4.1.2 Workforce Disability Equality

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. The Trust will use this information to develop an action plan to demonstrate progress against the indicators of disability equality.

The WDES has been commissioned by the Equality and Diversity Council (EDC) and developed through a pilot and extensive engagement with Trusts and key stakeholders. It is mandated through the NHS Standard Contract.

Preparation work has been done to ensure the Trust is able to comply with the upcoming WDES, which is due to launch in Summer 2019.

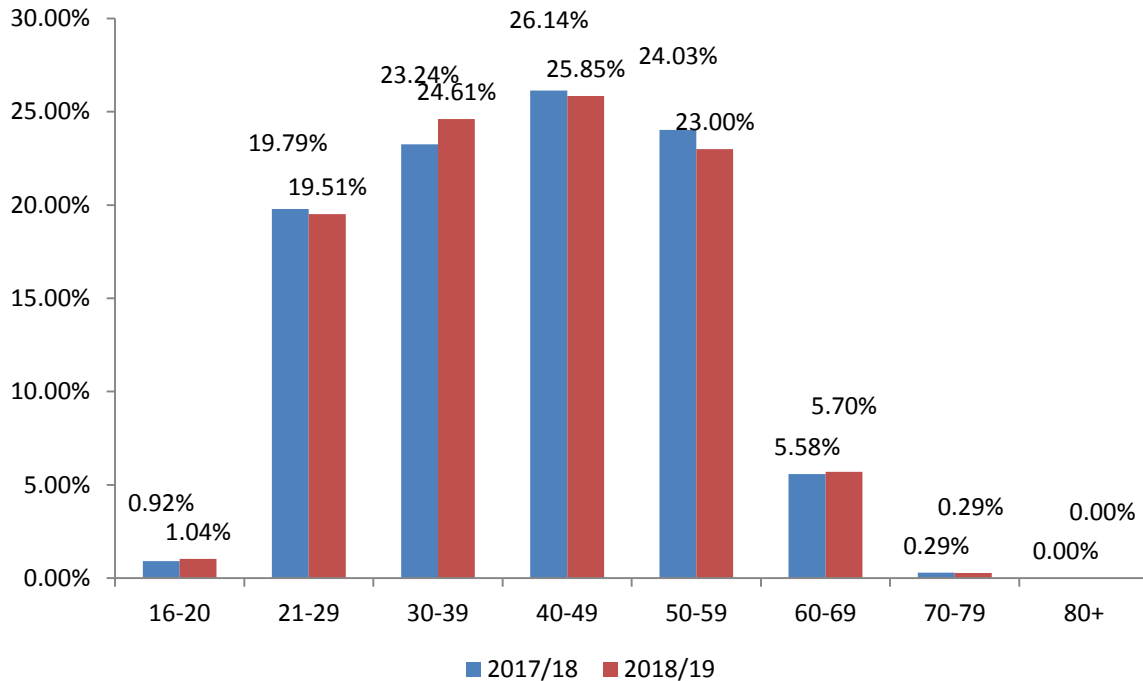
3.4.2 Workforce Demographics

These graphs show proportion of workforce based on protected characteristics as available. It is not possible to present data on Sexual Orientation or Gender Reassignment protected characteristics.

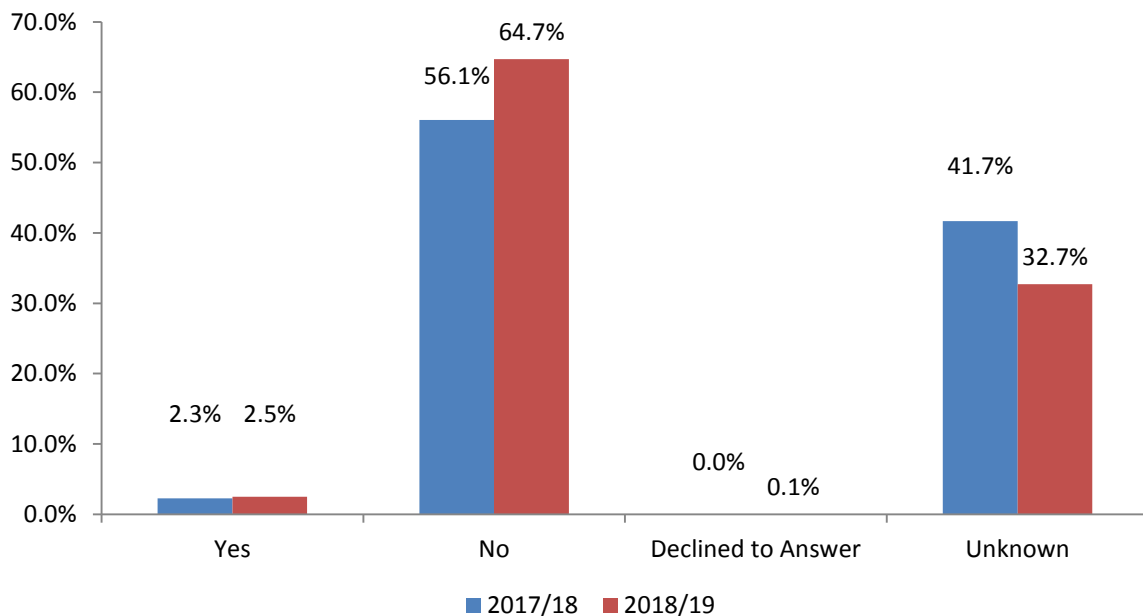
A 2011 census summary document has been added as appendix 1 to provide additional context.

3.4.2.1 Workforce Demographic Data

Composition of Workforce by Age

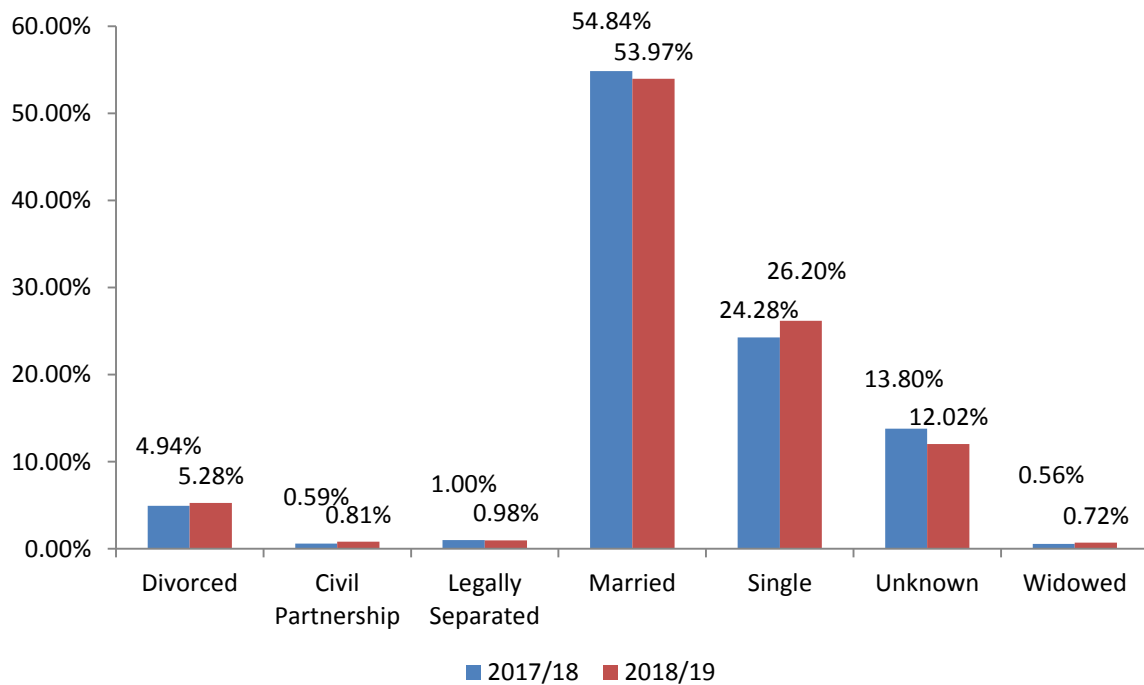


Composition of Workforce by Disability

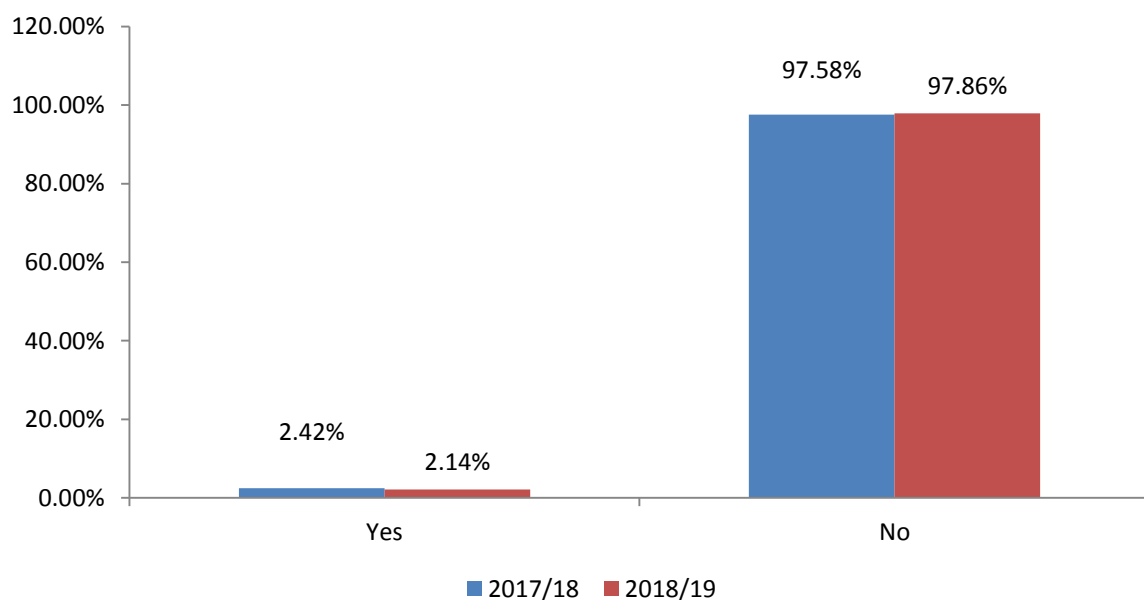


Note: According to the Department for Work and Pensions [Disability Prevalence Estimate 2011/12](#), 5.7million disabled people are of working age in Great Britain. This represents 9.28% of the population.

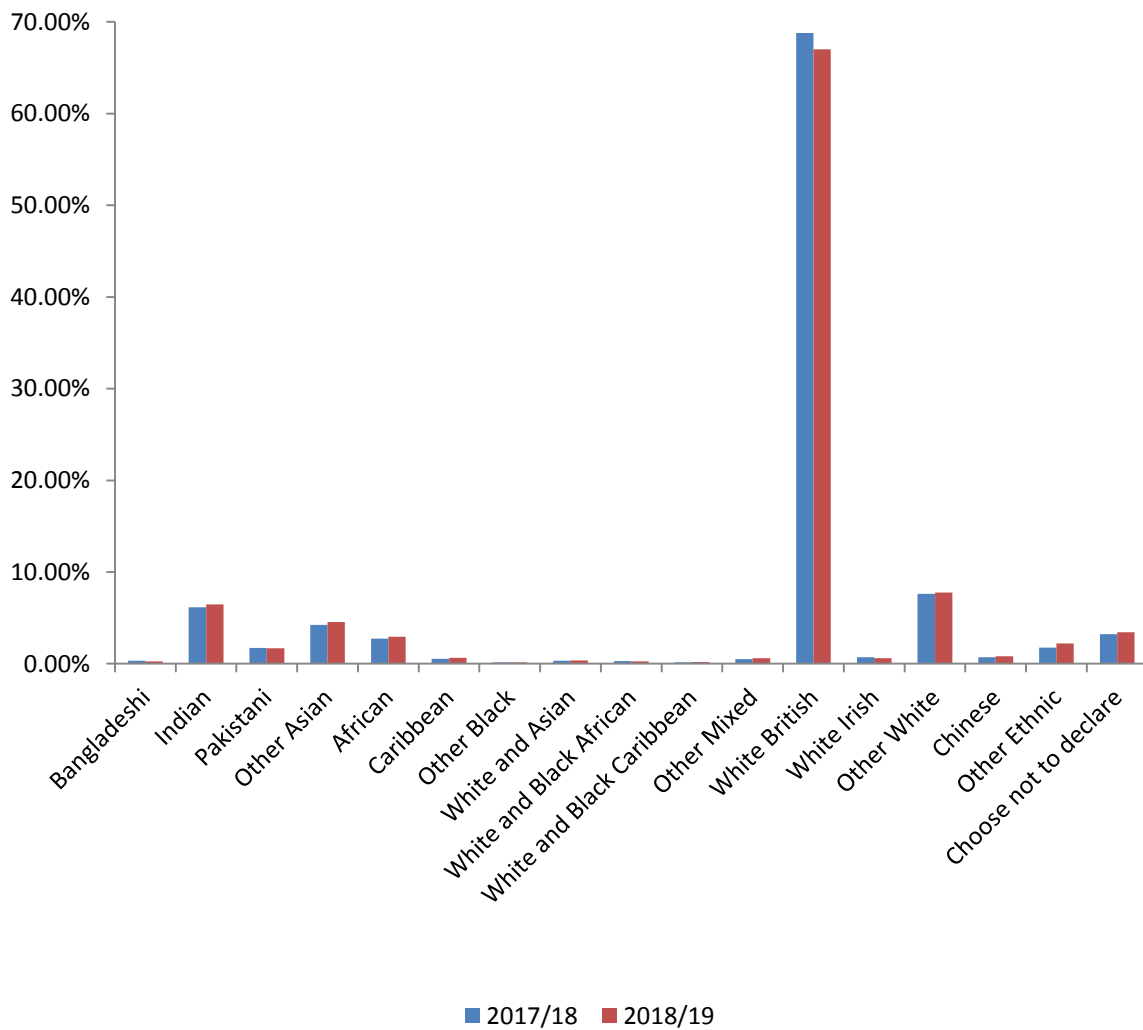
Composition of Workforce by Marriage or Civil Partnership Status



Composition of Workforce by Pregnancy or Maternity Status



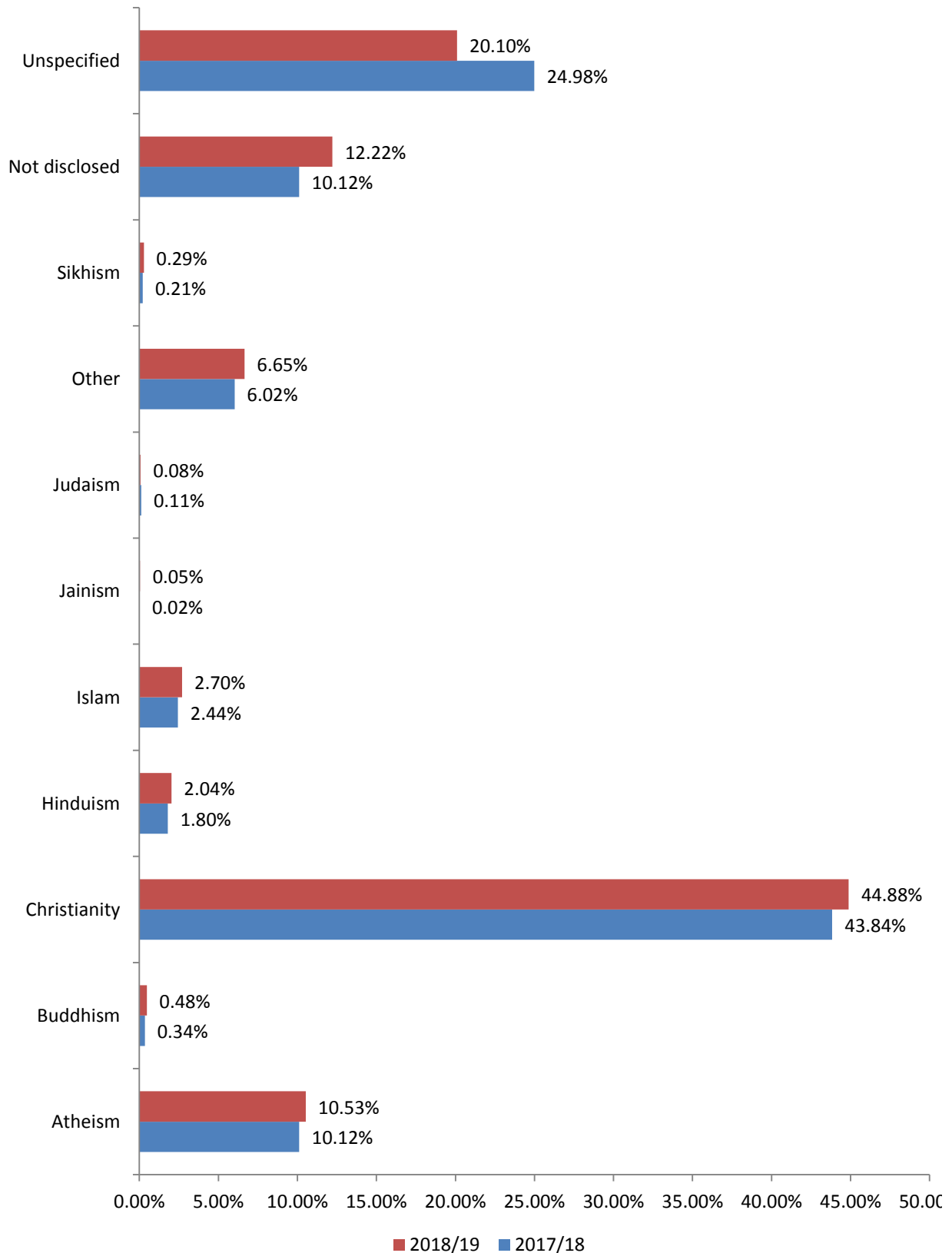
Composition of Workforce by Race



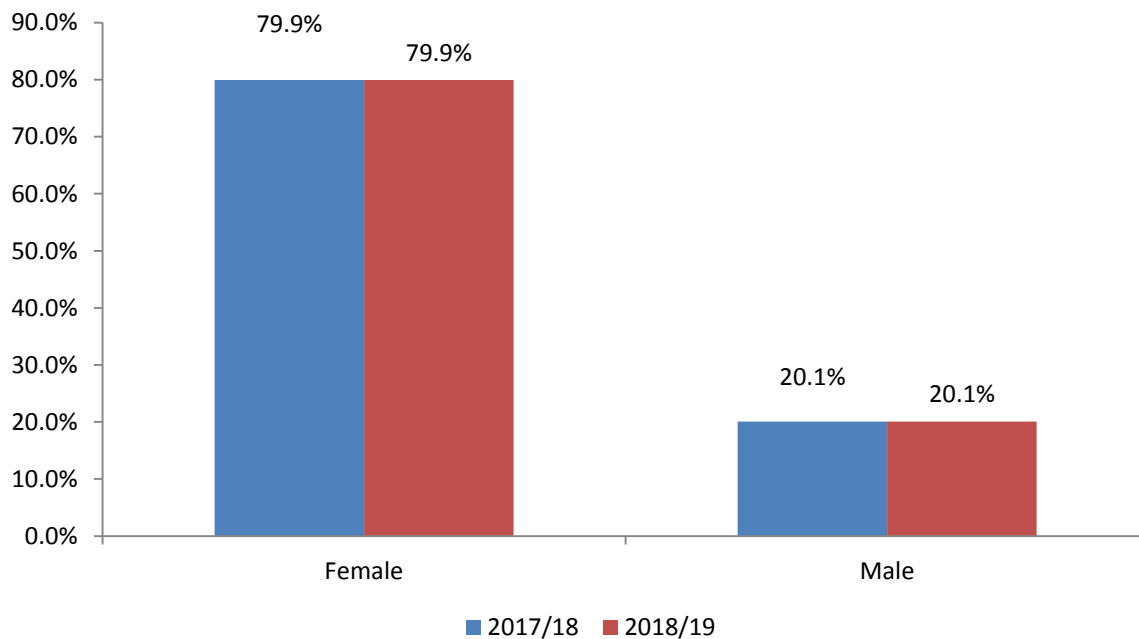
	Bangladeshi	Indian	Pakistani	Other Asian	African	Caribbean	Other Black	White and Asian	White and Black African	White and Black Caribbean	Other Mixed	White British	White Irish	Other White	Chinese	Other Ethnic	Choose not to declare
2017/18 (%)	0.3	6.2	1.7	4.2	2.8	0.5	0.2	0.3	0.3	0.2	0.5	68.8	0.7	7.6	0.7	1.8	3.2
2018/19 (%)	0.3	6.5	1.7	4.6	3.0	0.6	0.2	0.4	0.3	0.2	0.6	67.0	0.6	7.8	0.8	2.2	3.4

Note: The term “Other” where used in this graph represents all staff not defined elsewhere, for example “Other White” will include Eastern European, American and Australian staff.

Composition of Workforce by Religion or Belief 2017/18



Composition of Workforce by Sex



3.4.2.2 Workforce Demographic Summary

2018/19 shows a significant improvement in the number of staff opting to declare their position under the recorded protected characteristics. The Trust has worked hard to create a safe environment where staff feel able to provide this data and data is improving as a result. In particular the rate of reporting for the disability protected characteristic has increased significantly, although this has more clearly highlighted the under representation in this group. The 2019/20 introduction of the Workforce Disability Equality Standard will assist the Trust to focus more on supporting staff with disabilities and to enable staff to self-declare.

3.5 Patient and Public Equality

The patient demographic graphs provide information on our patients as inpatient admissions and outpatient appointments. The data covers the period 1st April 2018 to 31st March 2019.

Data has also been included to cover the period 2017/18 as the methods of data collection have evolved alongside the merger of the two former Trusts. Data for the former Peterborough and Stamford NHS foundation Trust and Hinchingsbrooke Health Care Trust are collected in similar but not identical ways and therefore this “whole trust” data has been compiled to best reflect the data collected.

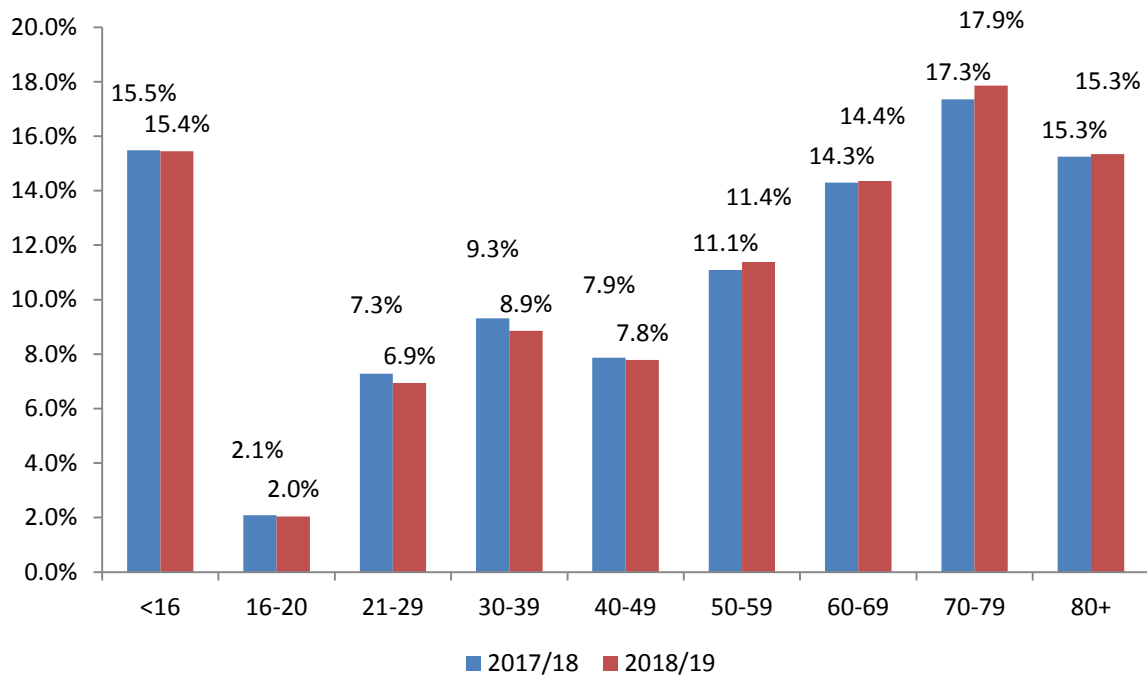
These graphs show number of inpatient admissions based on various Protected Characteristics as available. It is not possible to present data on Disability, Sexual Orientation or Gender Reassignment Protected Characteristics.

A 2011 census summary document has been added as appendix 1 to provide additional context.

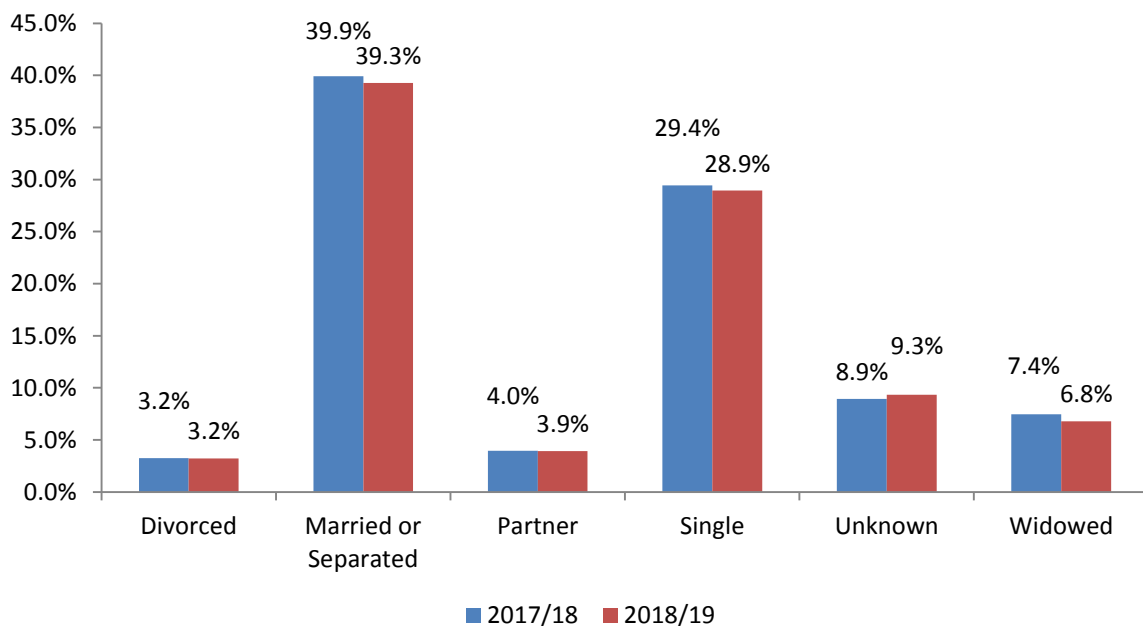
3.5.1.1 Inpatient Demographic Data

Total number of inpatients accounted for 2017-18:135,667, 2018-19: 140,377.

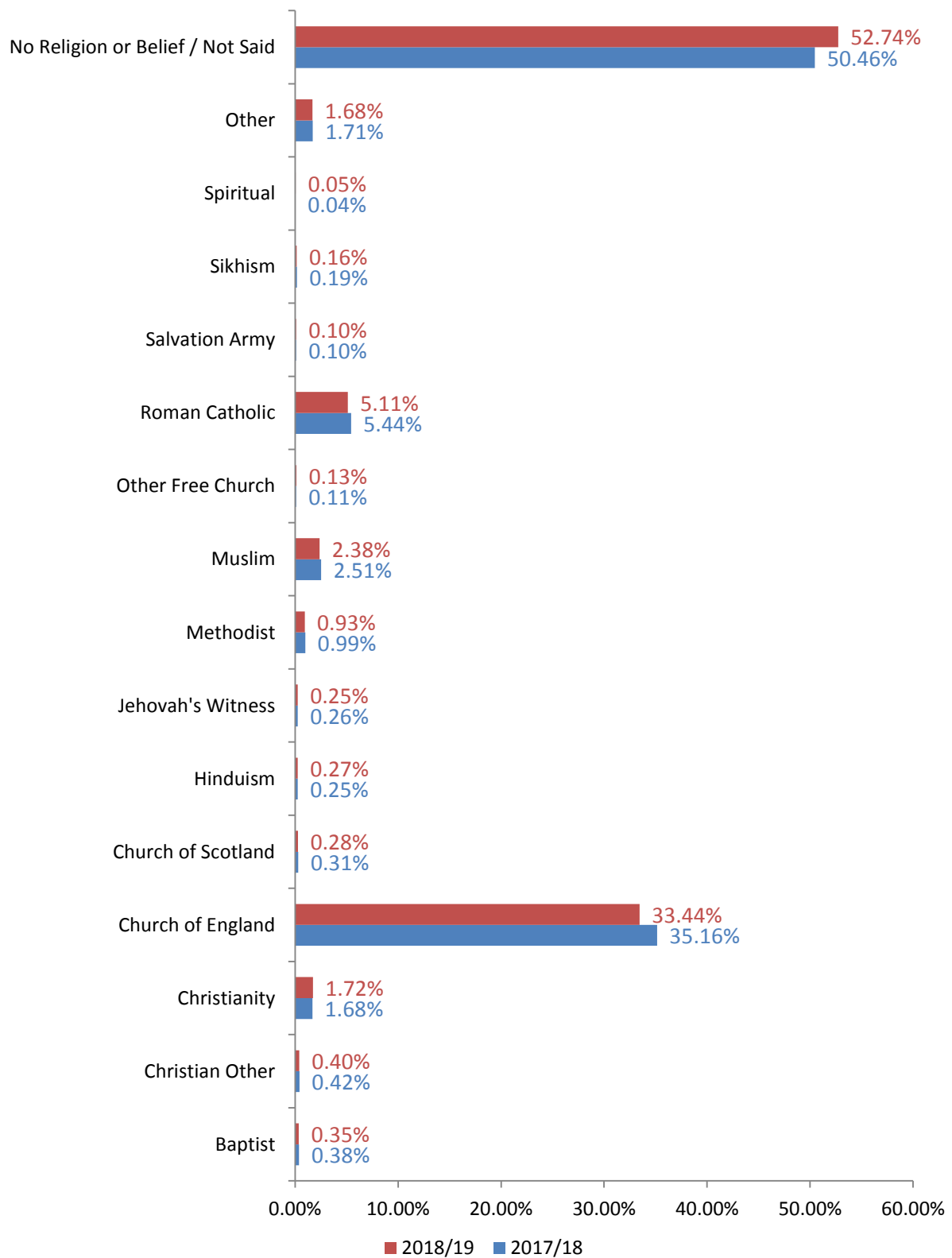
Composition of Inpatients by Age



Composition of Inpatients by Marriage or Civil Partnership Status

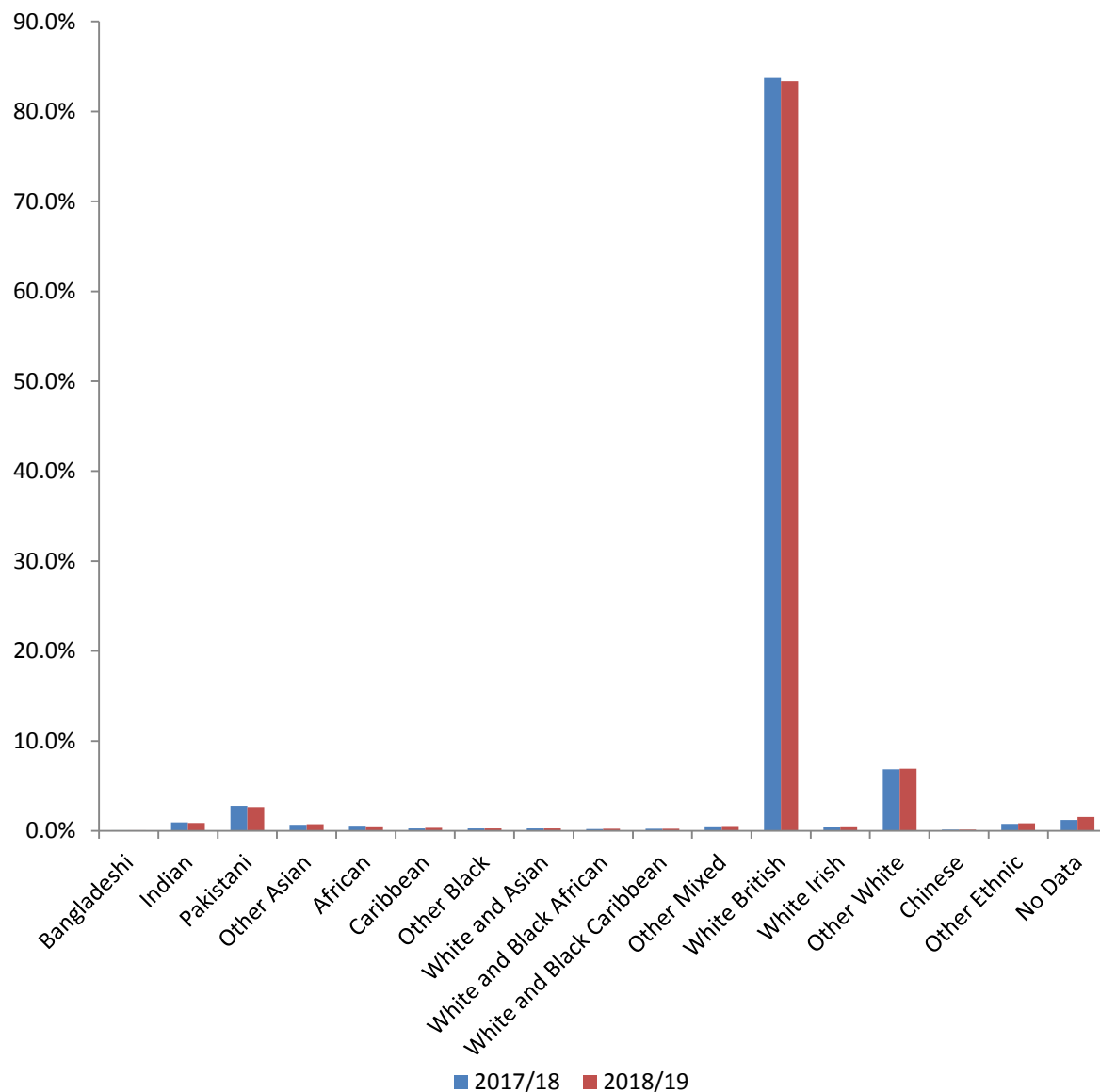


Composition of Inpatients by Religion or Belief



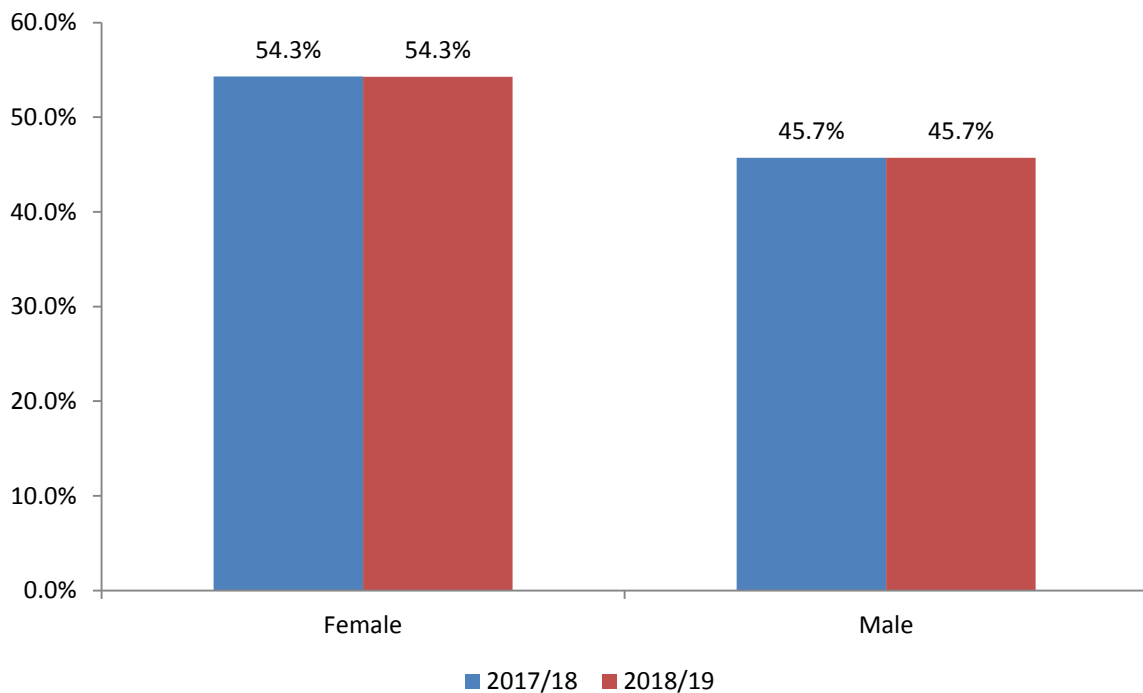
Note: Where religious groups represented by less than 0.1% inpatient admissions in 2018-19 are included in "Other".

Composition of Inpatients by Race



	Bangladeshi	Indian	Pakistani	Other Asian	African	Caribbean	Other Black	White and Asian	White and Black African	White and Black Caribbean	Other Mixed	White British	White Irish	Other White	Chinese	Other Ethnic	No Data
2017-18 (%)	0.1	0.9	2.8	0.7	0.6	0.3	0.3	0.3	0.2	0.2	0.5	83.8	0.4	6.8	0.2	0.8	1.2
2018-19 (%)	0.1	0.9	2.6	0.8	0.5	0.3	0.3	0.3	0.2	0.2	0.5	83.4	0.5	6.9	0.1	0.8	1.6

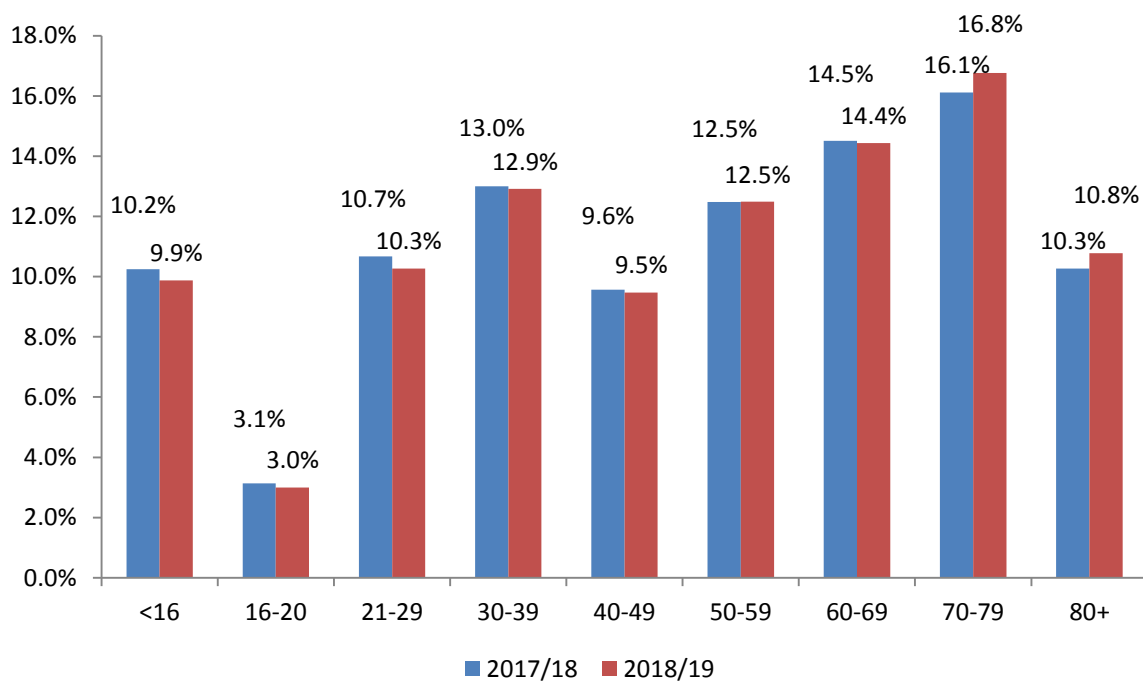
Composition of Inpatients by Gender



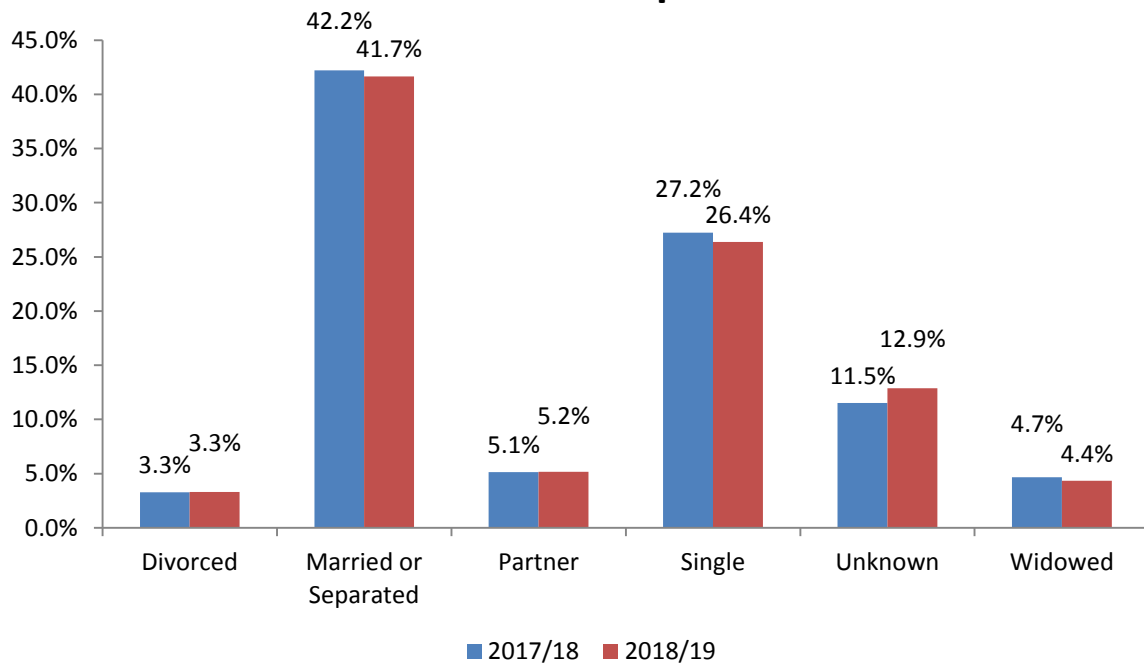
3.5.1.2 Outpatients Demographic Data

Total number of outpatients accounted for 2017-18: 689,549, 2018-19: 708,922

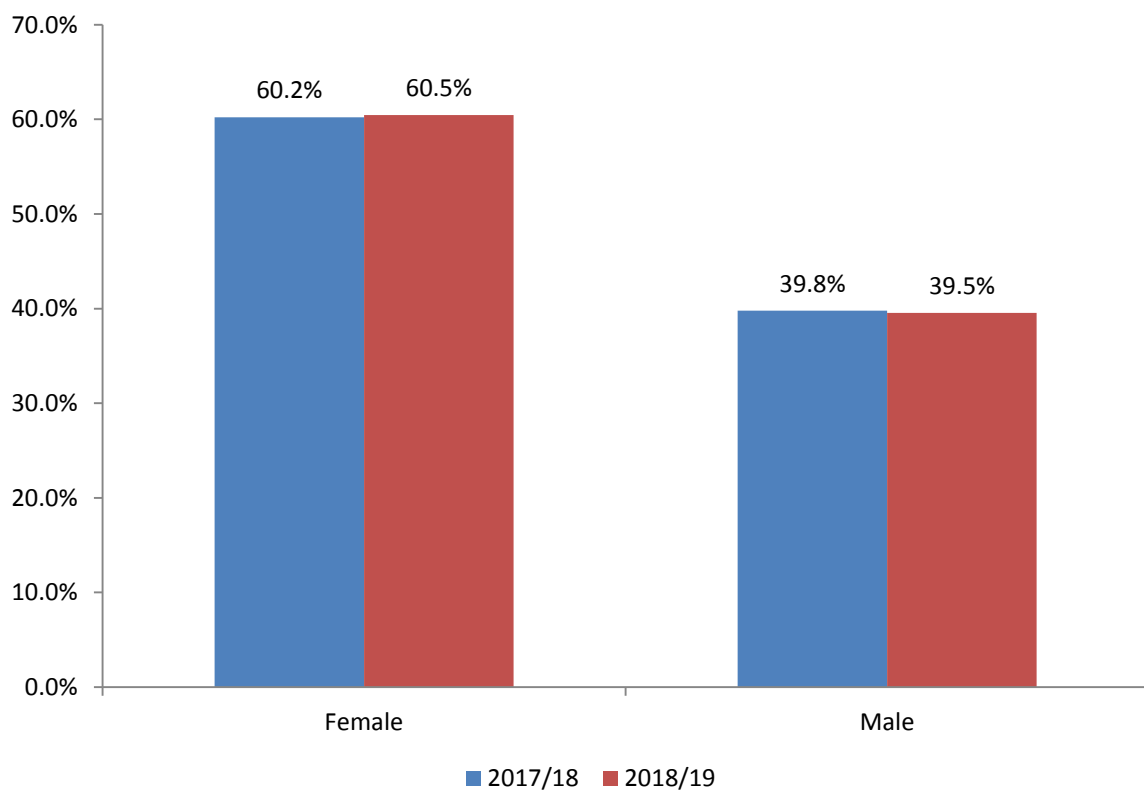
Composition of Outpatients by Age



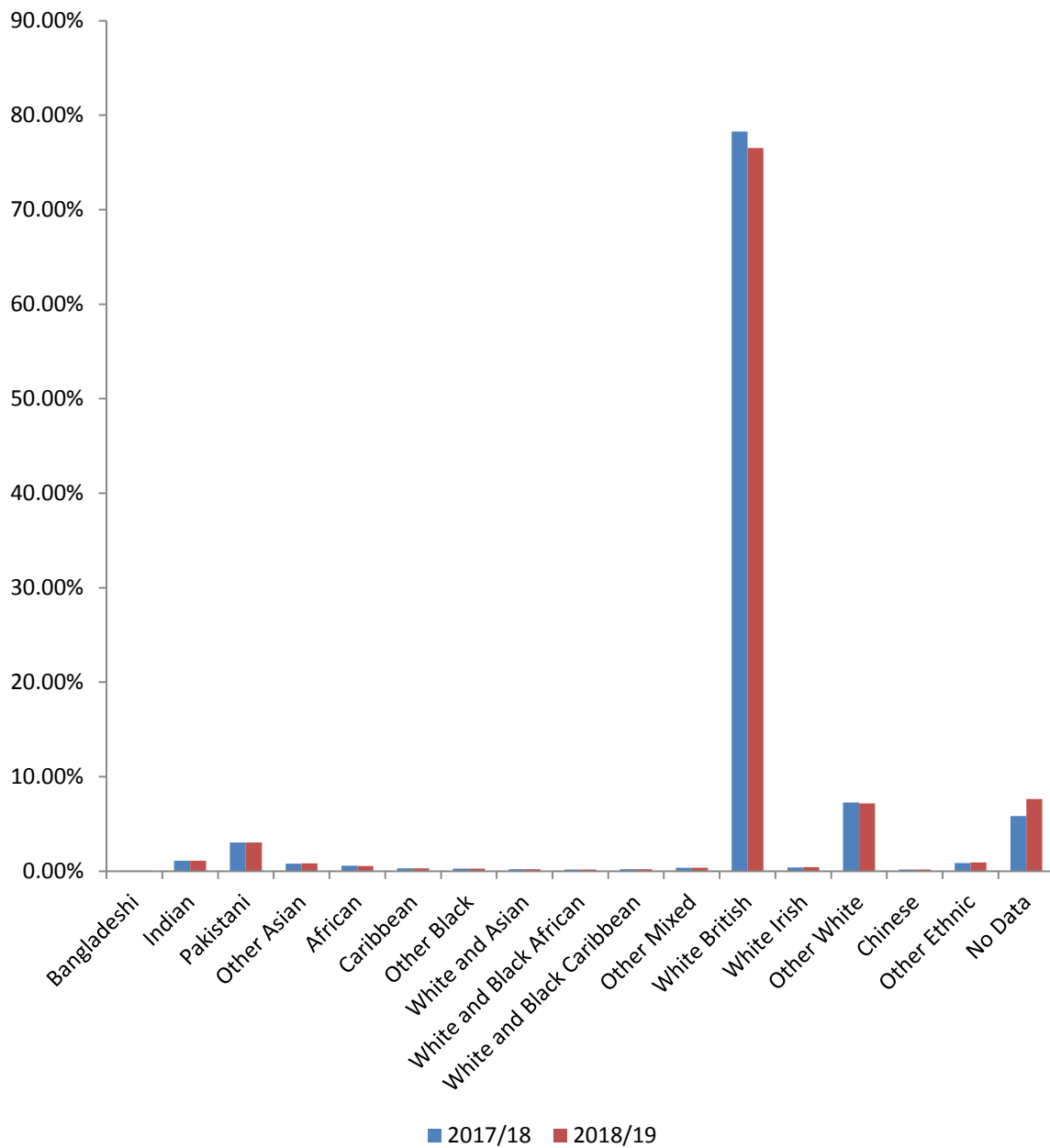
Composition of Outpatients by Marriage or Civil Partnership Status



Composition of Outpatients by Sex

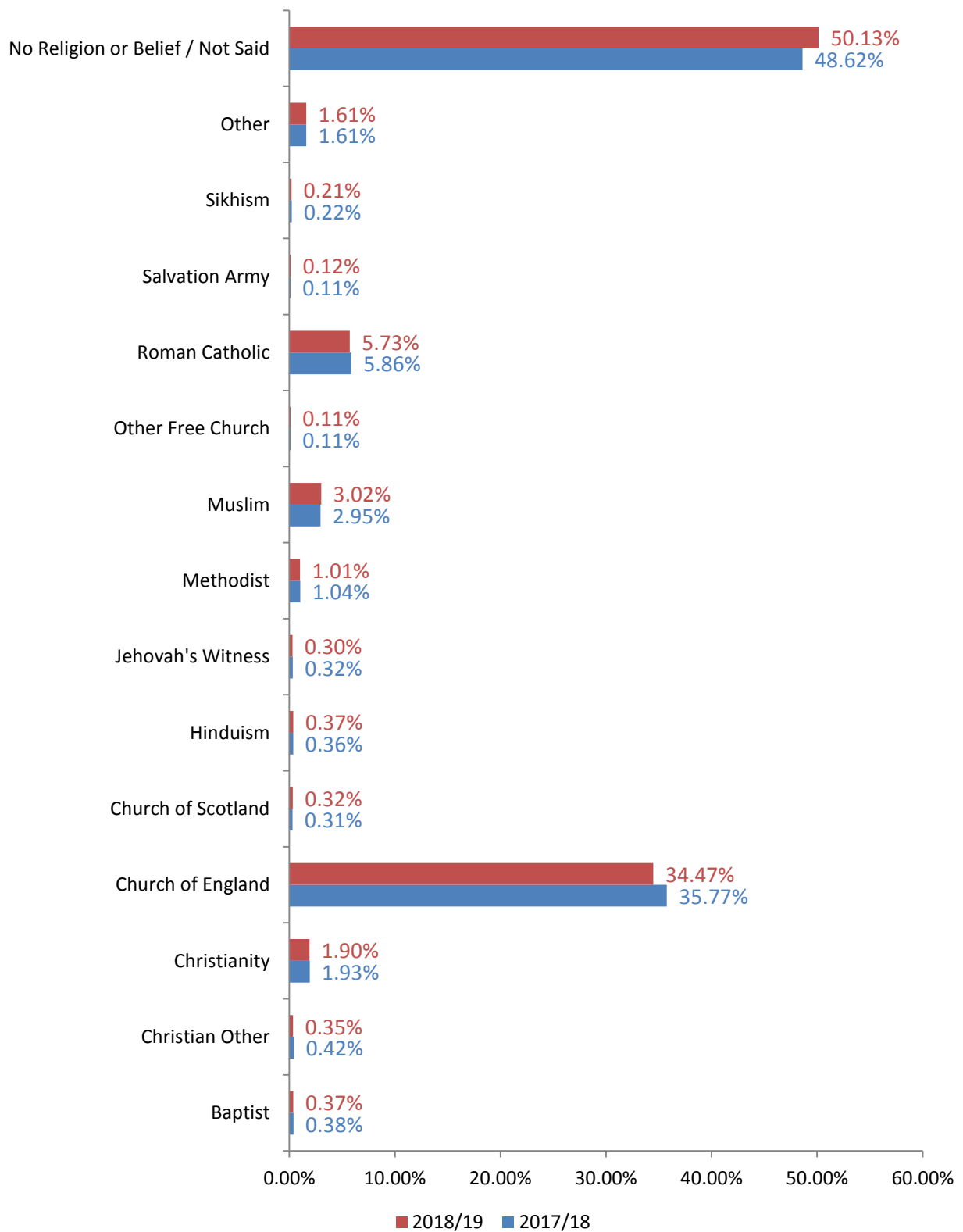


Composition of Outpatients by Race



	Bangladeshi	Indian	Pakistani	Other Asian	African	Caribbean	Other Black	White and Asian	White and Black African	White and Black Caribbean	Other Mixed	White British	White Irish	Other White	Chinese	Other Ethnic	No Data
2017-18 (%)	0.1	1.1	3.1	0.8	0.6	0.3	0.3	0.2	0.2	0.2	0.4	78.3	0.4	7.3	0.2	0.9	5.8
2018-19 (%)	0.1	1.1	3.1	0.8	0.6	0.3	0.3	0.2	0.2	0.2	0.4	76.5	0.4	7.2	0.2	0.9	7.6

Composition of Outpatients by Religion or Belief



Note: Where religious groups represented by less than 0.1% inpatient admissions in 2018-19 are included in "Other".

3.5.1.3 Patient Demographics Summary

The Trust saw a 3.47% increase in the number of inpatients using the service and a 2.81% increase in outpatients using the service.

While there were minor shifts in the demographics of patients in terms of race, religion and belief and marital/civil partnership status, these are mostly offset by a slight increase in the proportion of patients choosing not to supply the information.

The largest change in demographics was a 1% increase in the proportion of people over the age of 50 using the service inpatients and a 1.1% people as outpatients, which includes a slight drop in those aged 60-69.

3.5.2 Patient and Public Equality Projects

The Trust has undertaken numerous projects to improve the experience of patients from protected groups throughout 2018/19 including the adjustment of facilities to meet the needs of a wider group of patients to changes in process to ensure a more comprehensive service. Below is a list of key initiatives undertaken by the Trust to improve patient experience.

3.5.2.1 Accessible Information Standard

The Accessible Information Standard has been a priority for the Equality, Diversity and Inclusion Lead in year 2018-19. Following consultation with affected groups and departments within the Trust, the system has been developed to capture information in a paper format.

The effective purpose of the accessible information standard is to provide reasonable adjustments around communication for people with additional needs, therefore, parallel to the development of the AIS, the Trust will introduce a system enabling the recording of physical reasonable adjustments.

The Accessible Information Standard is currently in the final stages of development and significant progress has been made in implementing this important piece of work.

The new system which will automate the distribution of the correct format documentation for each patient and the correct means of communication support in accordance with the patient's requirements.

Introduction of the full AIS system will begin from July 2019 alongside the introduction of supporting IT systems.

3.5.2.2 SignLive

The Trust has conducted a three month trial of a British Sign Language Interpreter system called SignLive.

SignLive is a video based interpreter service which connects BSL user with an interpreter very quickly. The Trust's trial reduced average waiting times for interpreters from 4 hours to 40 seconds when SignLive was used.

The trial of SignLive received highly positive feedback. On every occasion the

system was used an ED breach was prevented. Even in situations where the system was not practical for the patient to use, it enabled the clinical staff to make a judgement on the patients' needs in a faster time and make an intervention at an earlier point.

SignLive is now in the process of roll out across all departments in the Trust with an expectation that this will conclude in December 2019.

3.5.2.3 Easy Read Developer

Staff in the Trust have identified a lack of easily available "Easy Read" patient leaflets. The Accessible Information Standard mandates the availability of patient information in a format which is accessible to the user.

Too often staff were finding they would be forced to supply easy read information which required some interpretation, immediately defeating the point of the tool, or not available at all.

To mitigate this, the Trust has recruited a developer to review all patient leaflets and convert them into easy read using our own format and images.

This project has been under development throughout 2018/19 and will commence in July 2019. The project will run for two years.

3.5.2.4 Gender Neutral Toilets

Following a request from our LGBTQIA+ co-production group the Trust has begun the process of switching single cubical toilets to neutral gender. This has improved capacity and provided a toilet area for people who do not identify in a binary way.

Initial work has been focused on ED and Women and Children's at Peterborough City Hospital but will be expanded as part of a gradual programme.

3.5.2.5 Dwarfism Equipment

In November 2018 the Trust was contacted by Little People UK, the leading national dwarfism charity, to highlight a patient who'd contacted them about the availability of equipment in our hospitals for people with Dwarfism. Items such as a low level seat, steps to the toilet and alcohol gel were not available or were inaccessible to the person and their families.

The Trust set about obtaining the equipment and quickly realised it did not exist.

Little People UK kindly offered to support the Trust in the development of the equipment alongside a local mobility equipment supplier and purchase it as a donation to support all patients with dwarfism.

3.5.2.6 Preferred Pronoun System

Following advice from a patient and direction from the Trust's LGBTQIA+ co-production group, the Trust has begun developing a system to enable an individual's preferred pronoun to be identified and recorded on the upcoming Patient Administration System. The PAS system launches on 19th July 2019. The system provides the basis upon which the system may be developed.

3.5.2.7 Smart Signage

The Inclusion as Standard Accessibility Signs are designed to give Patients and Visitors easy access to information on how to be supported in our Trust.

The signs contain a smart link which, when scanned, will direct the person's mobile phone to the Trust's website and the specific page about the department they are in. The page contains information on visiting times, management and contact details, but also has a link to the department's "Accessible" (formerly DisabledGo) page which contains accessibility information and directions to the department.

The smart links are dynamic which means they can be changed if the department moves, so once placed, they never need to be removed.

4 Engagement

The Trust has built a very positive and productive relationship with numerous external partner organisations in the past twelve months.

- The Trust has worked closely with Healthwatch Cambridgeshire and Peterborough in the development and delivery of the Accessible Information Standard and the continuation of the Equality Co-Production Groups
- The Trust has delivered Level 3 Safeguarding Training to Doctors and Consultants alongside the Kite Trust which focused on LGBTQIA+ issues.
- The Trust has held events celebrating Black History Month in which members of the community visited the hospitals and provided information of local groups, arts and culture.
- The Trust raised the flag for Pride for the first time in June 2018 and is rolling out NHS Rainbow Badge initiative.
- The Trust worked closely with Cambridgeshire Deaf Association to deliver the new SignLive system in both Hinchingsbrooke Hospital and Peterborough City Hospital Emergency Departments. The system was piloted from August 2018 to November 2018 with Trust-wide roll out planned for 16th June 2019.

In 2017-18 the Trust overhauled the Equality and Diversity section of its website, further work has been carried out to improve the accessibility of the website and to include more comprehensive information.

5. Future Plans

Much of the work carried out this year has been focused on improving care quality and patient experience. With the launch of the Accessible Information Standard planned for July 2019, and the introduction of the Inclusion as Standard learning system to enable the Trust to develop new processes guided by affected groups, the Trust intends to focus much of its equality work over the coming year on improving the experience of staff. This includes:

- The recruitment of Divisional Equality and Diversity Leads from senior and strategic positions within each division.
- The reconfiguration of the Equality, Diversity and Inclusion Steering Group to

- include Divisional EDI Leads.
- Develop training and support to improve the knowledge of leaders and managers within the organisation
 - Introduce a Human Factors based approach to resolving and improving Equality issues
 - The introduction of a Reverse Mentoring Programme aimed at improving the mentee's understanding of the effects of bias and privilege. The Trust's Executive Directors have volunteered to be the first Mentees.
 - Creating new forums for staff equality through the development of staff networks including BAME, Disability, LGBTQIA+ and Carers.
 - Champion significant events more widely such as Pride and Black History Month.
 - Develop a comprehensive set of tools to improve the way the Trust supports staff with disabilities.
 - Chief Executive and Non-Executive Director will become EDI Sponsors with practical roles to support the EDI Work Programme.
 - Develop a more diverse Broad of Directors by attracting a representative group of Non-Executive Directors and supporting prospective Non-Executive Directors through an Associate Programme.

6. Conclusion

The Trust has made major efforts to promote the work being done both internally and externally, with several strategies being utilised by other Trusts around the country.

The Trust has introduced consistent and user friendly systems which provide comprehensive tools to manage and resolve Equality and Diversity issues

The Trust has made significant steps in the structural development of an Equality and Diversity Support Service throughout the year. The continued development of this service will, in time, develop a more integrated understanding of Equality and Diversity and improve the Trust's position in terms of staff and patient welfare.

While there is more work to be done, the Trust is on track to become the first acute trust to deliver a fully compliant Accessible Information System, provide comprehensive support to people with disabilities and improve treatment pathways for people from all protected groups.

2018-19 has been a year of enormous progress in the development of major projects and strategies which will pay dividends in the years to come; however, the Trust recognises there is more to do and will seek to learn and identify best practice from other sectors and NHS Organisations.

Appendix 1 - Population Equality and Diversity Data 2011 Census

This study takes, where possible, census and local demographic data to create a statistical picture of the North West Anglia NHS Foundation Trust's catchment area.

Statistics within this document can only be as accurate as the most recent study, primarily the 2011 census, and so should be considered in the context of a rapidly changing environment. It should also be noted that census data collection does not perfectly mirror the catchment area of the North West Anglia NHS Foundation Trust.

Since 2011, the political and regional economic landscape has changed significantly. The statistics within this document are for reference only and should not be quoted as fact.

Gender Data	Male %	Female %	Total Number
England and Wales	49.2	50.8	52,041,916
Peterborough	49.5	50.5	183,631
Huntingdonshire	49.9	50.1	169,508
South Kesteven	48.3	51.7	133,788
NWAngliaFT	49.3	50.7	486,927

Age Data	0-15 years %	16-74 years %	75+ years %
England and Wales	18.9	73.3	7.8
Peterborough	21.4	72	6.6
Huntingdonshire	19.1	73.9	7.0
South Kesteven	18.5	72.7	8.8
NWAngliaFT	19.8	72.9	7.3

Ethnicity Data	Asian %	Black %	Chinese %	Mixed %	Other %	White %
England and Wales	6.8	3.3	0.7	2.2	1.0	86
Peterborough	11.2	2.3	0.5	2.8	0.8	81.5
Huntingdonshire	2.1	1.0	0.3	1.5	0.3	94.8

South Kesteven	0.9	0.4	0.3	0.9	0.1	97.5
NWAngliaFT	5.2	1.3	0.4	1.8	0.4	90.5

Disability Data	Identifies as having disability or long term condition %
England and Wales	17.6
Peterborough	16.7
Huntingdonshire	14.9
South Kesteven	17.3
NWAngliaFT	16.2

Religion Data	Buddhist %	Christian %	Hindu %	Jewish %	Muslim %	No religion %	Other religion %	Not Stated %	Sikh %
England and Wales	0.4	59.3	1.5	0.5	4.8	25.1	0.4	7.2	0.8
Peterborough	0.3	56.7	1.3	0.1	9.4	24.6	0.3	6.7	0.6
Huntingdonshire	0.3	60.8	0.4	0.1	1.1	29.5	0.4	7.2	0.2
South Kesteven	0.2	69.7	0.3	0.1	0.3	22.2	0.3	6.9	0.1
NWAngliaFT	0.3	61.7	0.7	0.1	4.0	25.6	0.3	6.9	0.3

Marriage/Civil Partnership	Single %	Married %	Civil Partnership %	Separated %	Divorced %	Widowed %
England and Wales	34.6	46.6	0.2	2.6	9.0	7.0
Peterborough	33.6	46.3	0.2	3.4	10.2	6.3
Huntingdonshire	28.4	53.2	0.2	2.6	9.4	6.3
South Kesteven	26.1	53.6	0.1	2.8	9.9	7.5
NWAngliaFT	23.8	40.7	0.1	2.4	7.9	5.3