

# Public Sector Equality Duty

Annual Report 2017



Quality first and foremost

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# Executive Summary

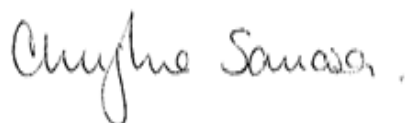
As Board champion for equality, diversity and inclusion in Bridgewater I am pleased to present our Public Sector Equality Duty Annual Report for 2017.

As a Trust we are committed to promoting equality and inclusion for the communities we serve and the staff we employ. We provide community health and specialist dental care services to more than a million people in the north west of England, a large geographical area covering areas of West and East Cheshire, Merseyside and Greater Manchester. As an employer we currently employ more than 3,300 people in a wide variety of roles across this large area.

We understand that a hugely important part of providing high quality health services is recognising the increasing diversity of the communities we serve and understanding the health inequalities experienced in some of these communities that can have an adverse effect on health and quality of life. As a service provider we seek to provide high quality, person centred care that places the patient at the heart of everything we do. We want to provide care that meets individual needs, supports cultural differences and is accessible to all.

As an employer we want to ensure there is a positive and inclusive culture within the Trust. That staff work in an environment that is free from discrimination, bullying and harassment. We want to ensure that all our staff are treated with respect and dignity both from other members of staff and from the public, that there is equality of opportunity for all and that every voice is heard and respected.

This annual report provides information on our approach to, and understanding of equality, diversity and inclusion in Bridgewater in 2016.



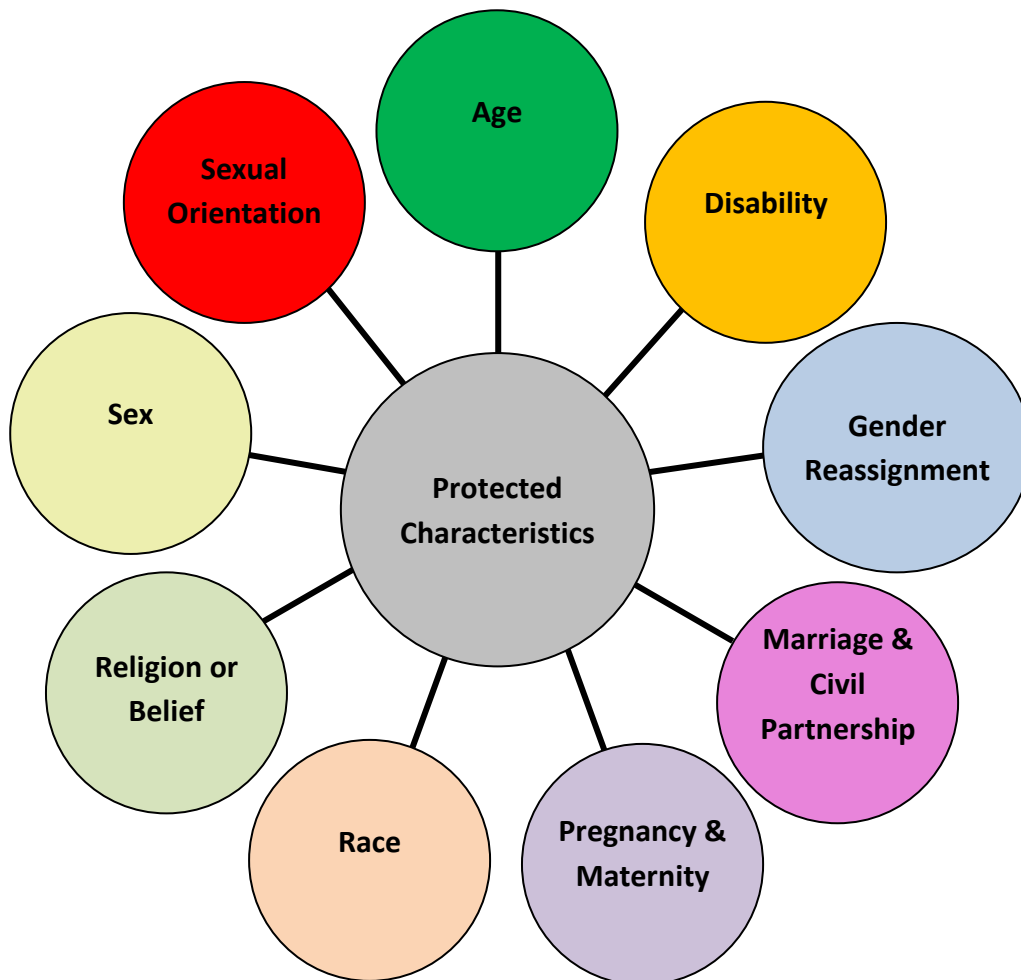
**Christine Samosa**

**Director of People and Organisational Development & Deputy Chief Executive**

# Equality Act 2010

## Background

The Equality Act came into force in England in 2010. The Act brought together 116 separate pieces of equality legislation into one simplified and streamlined act that brought protection from discrimination for nine protected characteristic groups:



For organisations providing public services the Equality Act introduced a Public Sector Equality Duty (Section 149 of the Act). The Public Sector Equality Duty comprises two duties:

- The Equality Duty (also called the General Duty)
- The Specific Duty

As a provider of health services to the public we are required to comply with these two duties in all areas of our business.

## The Equality Duty

The Equality Duty requires public sector organisations to have due regard to three aims in both service delivery and in employment:

- To eliminate discrimination, harassment, victimisation and other conduct prohibited by the Act
- To advance equality of opportunity between people who share a protected characteristic and people who do not
- To foster good relations between people who share a protected characteristic group and people who do not

Due regard means thinking about these three aims in decision making processes in the Trust. This decision making should be robust, timely, conscious, and carried out with an open mind as to the outcome. The aims of the Equality Duty mean that consideration must be given to equality in areas such as:

- Employment
- Development and review of policy and strategy
- Design and delivery of services
- Commissioning and procurement

The three aims can be achieved by:

- taking steps to understand and meet differing needs, including those of people with disabilities, sensory loss or impairments;
- taking into consideration the disadvantages experienced by people because of their protected characteristic;
- encouraging and supporting people to be involved in public life and Trust activities;
- tackling prejudice and promoting understanding.

## The Equality Duty and Bridgewater

The information below provides a snapshot of how the Trust works to meet the three aims of the Equality Duty.

It is not possible to include all actions that we take, throughout the year good news stories and case studies are produced that indirectly demonstrate how the Trust is meeting the Equality Duty. More information can be found in, for example, the [EDS2 Draft Assessment and Grading](#) document for 2016 and in the [Open and Honest Care Reports](#) produced and published monthly.

## **Eliminating discrimination, harassment, victimisation and other prohibited conduct.**

The Trust continues to improve the way we identify and address potential discrimination, to ensure that our staff, patients, and their families and carers, experience care or employment that is free from any prohibited behaviours, and that redress is transparent and open for all.

- The Trust has policies and procedures in place to tackle discrimination, harassment, bullying, victimisation, abuse, violence and aggression. These Dignity & Respect at Work and Violence and Aggression policies are both for staff, and for patients and their families. All policies have an equality impact assessment carried out on them. These policies are reviewed every three years, or more frequently where legislation or case law changes. A member of the equalities team sits on the Policy Approval Group to ensure all policies are assessed for any potential negative impacts before final approval is given.
- Following the staff survey results for 2015 (published in 2016) the Trust has created an action plan to address higher reported levels of bullying and harassment in the Trust. Actions include a further internal survey (as reporting levels in the national survey were low), the creation of a staff webpage, and the creation and rollout of a Bullying and Harassment HR Skills module based on ACAS training attended by the HR team, the equalities team and staff side representatives.
- Both the induction for new staff and the mandatory eLearning module to be completed by all staff have equality and diversity modules that cover the differing types of discrimination.
- The Trust is committed to a number of charters to support employees and applicants. Mindful employer is a charter for staff with current or previous mental health problems, this charter is begin renewed as at January 2017. The Age Positive initiative is to support older employees. Two Ticks and its new replacement Disability Confident are to support staff with disabilities. All three logos are displayed on NHS Jobs and information is provided on the Trust internet.
- All recruiting managers undertake the HR Skills Recruitment training, this addresses issues such as discrimination and along with the anonymised data sent through to shortlisting ensures that potential discrimination in recruitment is addressed. Recruitment and protected characteristic data is analysed and published annually in this report, see page 21.
- Staff turnover and protected characteristic data is assessed annually and published in this report, see page 20.
- Employee relations cases, for example disciplinary, capability and dignity at work cases, are monitored for any trends related to protected characteristic groups.

- The Trust carries out the annual mandatory Equality Delivery System (EDS2) assessment and grading and this is published on our webpage after submitting to NHS England. See page 9.
- The data analysed for the Public Sector Equality Duty Annual Report is used along with the EDS2 and NHS Workforce Race Equality Standard (WRES) submissions to determine Trust actions to address any identified trends that might indicate discriminatory practices or the possibility of promoting equality of opportunity or fostering good relations.
- A new Equality Impact Assessment Policy and Toolkit has been produced to further embed the use of EIAs in the Trust, in particular in relation to service redesign.
- The NHS Accessible Information Standard has led to a number of actions being undertaken in the Trust to ensure we are meeting the communication support and information format needs of patients and their family members or carers who have a disability, impairment or sensory loss.
- Most Trust staff are employed on NHS Agenda for Change terms and conditions. This national system seeks to ensure equal pay for work of equal value. New gender pay gap reporting is planned for public sector organisations, the Trust will comply with these regulations when they are released in 2017.

### **Advancing equality of opportunity between people who share a protected characteristic and people who don't.**

Many of the actions detailed above also impact on advancing equality of opportunity. As a Trust we recognise the increasing diversity of our staff and the communities we serve. In addition we have sought to identify the inequalities that are leading to poorer health in our boroughs.

- We have a contract with thebigword who provide language interpretation and translation to support our staff and patients. We recognise that this provision is essential for effective and safe communication in people whose first language isn't English, and that this provision promotes equality of opportunity as well as ensuring dignity, respect and privacy is maintained.
- Access to work is promoted within the Trust for staff with disabilities. All staff can also access occupational health and counselling support as well as the support that can be provided by the HR and equalities teams.
- The equalities team have produced a series of borough health inequality documents that identify inequalities by protected characteristic. These documents are all available for staff on the intranet and are invaluable when carrying out EIAs on developing, reviewing or redesigning policies, procedures, strategies and services.
- The Trust has a small number of documents available in easy read format. The easy read template is being reviewed in early 2017 and once approved will be

made available for staff to use. In addition we have learning disabilities staff within the Trust who can support and advise staff on the production of easy read information and other support for people with learning disabilities. The team in Wigan carry out internal learning disabilities training for staff that is always very well received.

- The Trust's website has BrowseAloud, a function that allows viewers to change settings and language to support their needs, for example changing webpages or documents to Urdu or enabling a screen reading function.
- As detailed earlier the Trust is committed to a number of charters to support staff. The Two Ticks charter ensures that all applicants who declare a disability on their application form are guaranteed an interview if they meet the essential criteria of the person specification. All candidates are asked if they require any reasonable adjustments to the recruitment process.
- As part of the WRES action plan for 2016 we have offered all Black and Minority Ethnic (BME) staff the chance to participate in leadership training being facilitated by the North West Leadership Academy. We are also looking at participating in a north west wide mentoring programme for BME staff.
- Other training programmes in the Trust in 2016 were a Trust Leadership programme that was open to all Band 7 Team Leaders, and a Leading at the Speed of Trust programme for senior managers and director level staff. These programmes were open to all staff within these pay bands.
- The equalities team have produced a briefing on managing the menopause in work. This is available for all staff on the intranet and work is planned in 2017 to further promote the understanding of and support for staff going through this sometimes difficult time.
- From 2015 to 2016 the Trust took part in the extending working lives research being facilitated by the University of Bath. This research looked at the impact of pension reforms and working longer in the NHS. The findings of the research will be reported to the DWP and the NHS Working Longer Group in early 2017. In November 2016 the equalities team won the Best Community Research Contribution award in the Greater Manchester Clinical Research Awards for this project. The findings once reviewed by the Trust will be used to develop future plans for supporting our older workforce and planning for the future.
- The Trust has a number of Patient Partners groups running within services. These groups provide expert patient advice at a service level and have led to a number of improvements within services.
- Work is continuing on the Trust approach to the NHS Accessible Information Standard, to ensure we continue to improve in our provision of communication support and accessible information to people with disabilities, impairments and sensory loss.



- The Patient Services team work to ensure that all patient complaints or concerns are handled within established timeframes and complaints data is monitored in respect of discrimination and other prohibited conduct.

## **Fostering good relations between people who share protected characteristics and people who don't.**

Many of the actions detailed above also support this aim, however detailed below are a few of the extra things the Trust does in support of this aim.

- A number of documents are available for staff to help them to understand differing needs and thereby promote equality of opportunity. These include an equality and diversity calendar, and religion and belief in health care guide.
- The Trust has a network of equality champions who receive periodic information from the equalities team on topics as diverse as managing the menopause in work, Ramadan, female genital mutilation, and autism friendly initiatives in our local shopping centres and airports.
- In 2016 we supported the BYou group in the development of the first ever Wigan Pride event.
- The Trust monitors protected characteristic data for our membership, see page 27. Whilst we are unable to publish data regarding our governors due to low numbers we do recognise that as the Trust grows there is a need to recruit governors (and members) in our new, increasingly diverse areas.
- The new EIA Toolkit actively promotes community engagement in service development and redesign.
- The Trust has just re-launched the Service Experience Group. Membership includes governors and members as well as staff and Board members, allowing active dialogue and engagement between the Trust and the people using our services.

## **The Specific Duty**

The Equality Duty is supported by the Specific Duty which has two requirements:

- To publish information at least annually to show compliance with the Equality Duty
- To set and publish equality objectives at least every four years

## **The Specific Duty and Bridgewater**

This annual report along with our EDS2 assessment are the main ways we assess and demonstrate our compliance with the Equality Duty. Information on our 2016 EDS2 grading is provided below and data regarding our staff, patients and membership begins on page 12.

The second of the Specific Duties is the publishing of equality objectives, these are given on page 10 and 11.

## EDS2

The Equality Delivery System 2 (EDS2) is a mandatory toolkit for NHS trusts, developed to provide a way for trusts to assess and grade their equality performance in partnership with other organisations and the people we serve.

There are 18 outcomes grouped into 4 goals. Goals 1 and 2 assess patient access, experience and outcome, Goal 3 assesses the Trust in relation to staffing and Goal 4 focuses on management and leadership. There are four grades available for each outcome:

- **UNDEVELOPED – People from all protected characteristics fare poorly compared to people overall**
- **DEVELOPING – People from only some protected characteristics fare as well as people overall**
- **ACHIEVING – People from most protected characteristics fare as well as people overall**
- **EXCELLING – People from all protected characteristic groups fare as well as people overall**

Table 1: EDS2 2016 Grades

Goal 1: Better Health Outcomes		
1.1	Services are designed and delivered to meet the health needs of local communities	Developing
1.2	Individual people's health needs are assessed and met in appropriate and effective ways	Developing
1.3	Transitions from one service to another are made smoothly with everyone well informed	Developing
1.4	When people use services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Developing
1.5	Screening, vaccination and other health promotion services reach and benefit all local communities	Developing
Goal 2: Improved Patient Access and Experience		
2.1	People can readily access community health services and should not be denied access on unreasonable grounds	Developing
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Developing
2.3	People report positive experiences of the NHS	Developing
2.4	People's complaints about services are handled respectfully and efficiently	Developing
<i>Continued.....</i>		

<b>Goal 3: A Representative and Supported Workforce</b>		
3.1	Fair recruitment and selection processes lead to a more representative workforce at all levels	<b>Achieving</b>
3.2	The Trust is committed to equal pay for work of equal value and uses equal pay audits to help fulfil their legal obligations	<b>Achieving</b>
3.3	Training and development opportunities are taken up and positively evaluated by all staff	<b>Achieving</b>
3.4	When at work staff are free from abuse, harassment, bullying and violence from any source	<b>Achieving</b>
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	<b>Achieving</b>
3.6	Staff report positive experiences of the membership of the workforce	<b>Achieving</b>
<b>Goal 4: Inclusive Leadership</b>		
4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	<b>Achieving</b>
4.2	Papers that come before the Board and other major Committees identify equality related impacts including risks, and say how these risks are to be managed	<b>Achieving</b>
4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	<b>Achieving</b>

As a Trust we have been unable to progress from developing in the patient focused goals for a number of years, this is due to the difficulty in producing patient data to evidence our self-assessment. We have a large number of services, many of which are using different patient record systems or using the same IT system in different ways.

In 2017 we are working in partnership with Merseyside CCGs and other providers to establish a new way of working with EDS2 that uses engagement with national, regional and local organisations to identify barriers to access and to devise specific actions to address these. In this way it is planned that the Trust will be able to move to achieving, through the work on specific and measurable actions for protected characteristic groups.

### **Equality Objectives**

The setting of regular, measurable and achievable equality objectives is one of the Specific Duties of the Public Sector Equality Duty of the Equality Act 2010. The requirement is that equality objectives are set by public sector organisations at least every four years. The Trust published its first objectives in 2012 for the years up to and including 2016. We have chosen to set ourselves a more time limited set of objectives for 2017, this is to reflect the work on EDS2 being carried out in partnership with other providers and the CCG in Merseyside, see above.

A full copy of the equality objectives for 2017 can be seen on our [webpage](#), but in summary there are three overarching objectives with smaller actions embedded into these.

**Table 2: Equality Objectives 2017**

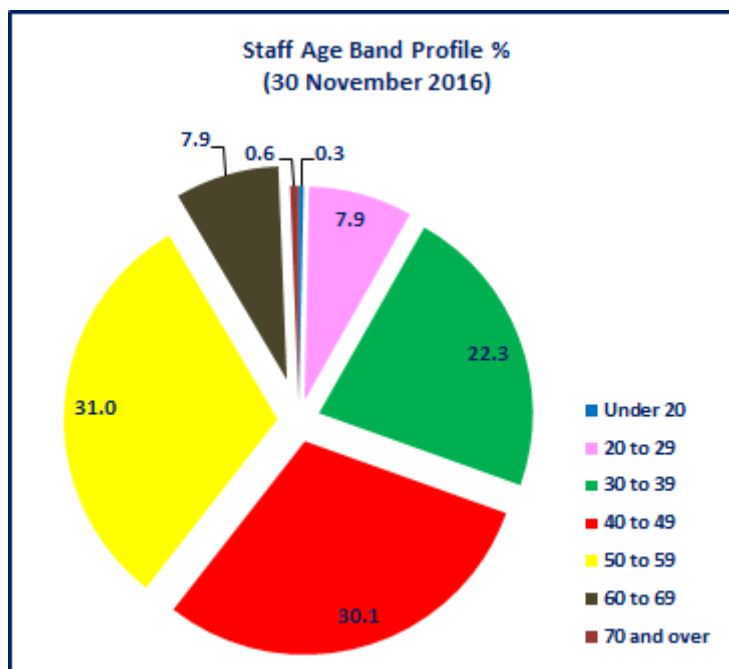
<b>1. EDS2 Project</b>	
<b>Action Required</b>	<b>Timescale</b>
1.1 Establish governance arrangements	31 March 2017
1.2 Contact national, regional and local organisations representing protected characteristic groups to gather data on access barriers	30 June 2017
1.3 Data input and shared by all partners	31 August 2017
1.4 Stakeholder engagement on creating action plan	31 October 2017
1.5 Monitor, report and provide feedback to partners and stakeholders	31 December 2017
<b>2. Service changes and CIP</b>	
2.1 Produce and implement an Equality Impact Assessment Policy and Toolkit	31 January 2017
2.2 Provide guidance and support to staff	30 April 2017 Note: to commence following approval of the Policy and Toolkit and then ongoing as required.
<b>3. Equal Opportunities Policy</b>	
3.1 Produce and implement an Equal Opportunities Policy to replace the existing Equality Statement	31 March 2017

# Workforce Profile

As at 30 November 2015 we employed 3,318 staff. The information below provides a snapshot of the staff by protected characteristic.

## Age

Figure 1: Age profile of staff by pay band as at 30 November 2016

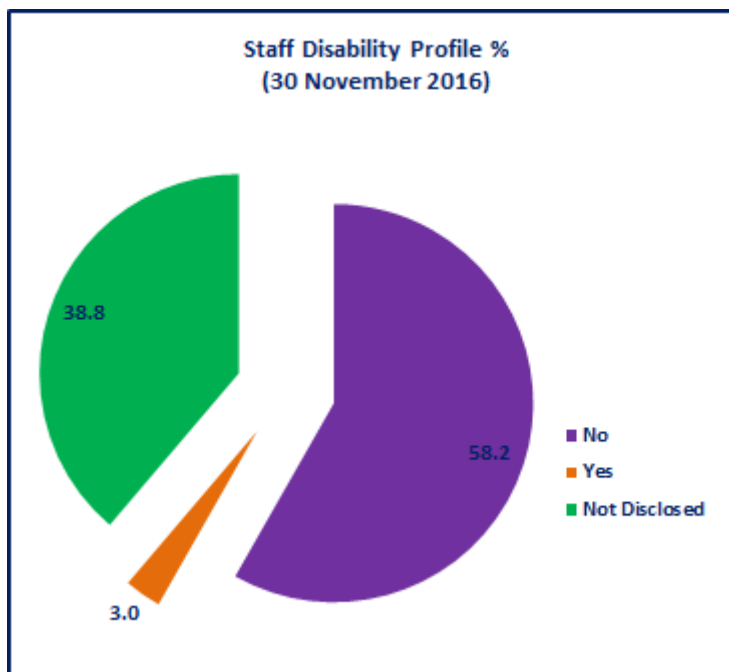


During 2016 the Trust took part in the Extending Working Lives research being undertaken by the University of Bath. This research, which will be reported to the Medical Research Council, the NHS Working Longer review group and the DWP, focused on the impact of pension reforms and working longer in the NHS. As the only community provider involved in the research our staff were able to provide valuable insight into the impact on staff working in the community setting. Over 130 members of staff took part in either one to one interviews, focus groups or an online survey. The final report will be published in 2017 and the insight provided should be invaluable for the Trust in planning for the future, both with an aging workforce who may need additional support as a result of ill health, disabilities or caring responsibilities, and also with planning to attract, develop and retain younger staff.

## Disability

Staff disability is difficult to analyse due to the large number of 'not disclosed' records. Only 3% of staff have a declared disability on ESR, this figure is increasing every year but the figures are still a lot lower than might be expected when compared to the general population in the boroughs we serve.

Figure 2: Disability profile of staff as at 30 November 2016



We have support in place for staff with guidance provided to Access to Work, staff access to occupational health services, physiotherapy and counselling services. The Trust has a staff health and wellbeing lead who has updated the staff intranet page this year with support and guidance for staff on diverse subjects such as smoking cessation, safe drinking, healthy eating, exercise, local support, dementia and cancer. There is also a planned calendar of staff health and wellbeing events for 2017.

Figure 3: Image of the staff health and wellbeing hub webpage



Planned actions for 2017 for the equalities team include work on dementia friendly workplaces, further promotion of Access to Work, and preparation for the first NHS Workforce Disability Equality Standard (WDES) submission.

## Gender Reassignment

Data on gender reassignment is not collected or reported on by the Trust. We expect that numbers are low, reflecting the estimates within the general population of 0.02%. We continue to work to ensure Trust policies, procedures and practices are inclusive and supportive of any applicable staff and in 2017 we plan to produce guidance and policy to further support staff considering or undergoing gender reassignment.

## Marriage and Civil Partnership

The electronic staff record (ESR) collects data on marriage and civil partnership. The table below provides the latest figures.

**Table 3: Marriage and Civil Partnership Figures at 30 November 2016**

	<b>Number</b>
Civil Partnership	14
Divorced	275
Legally Separated	38
Married	2140
Single	748
Widowed	31
Not Disclosed	48

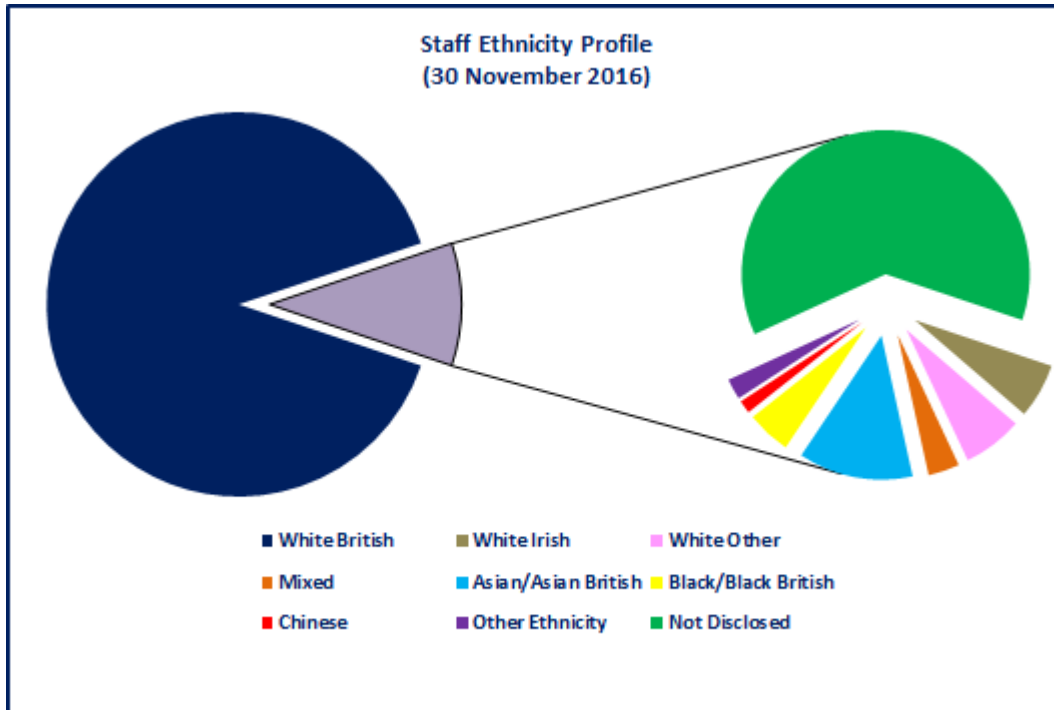
## Pregnancy and Maternity

The electronic staff record (ESR) collects data on maternity and adoption leave. As at 30 November 2016 there were 84 members of staff on maternity or adoption leave. The Trust has policies in place to support parents.

In 2016 the Trust signed up to the Equality and Human Rights Commission Working Forward campaign. This campaign was launched nationally in response to the large percentage of women who have been the subject of negative experiences or discrimination in the workplace whilst pregnant or on (or returning from) maternity leave. There are four pledges covering leadership, employees, line management and working practices. Through 2017 work will take place on ensuring we provide a supportive and positive working environment to women who are pregnant or on maternity leave and that they are effectively supported on their return to work.

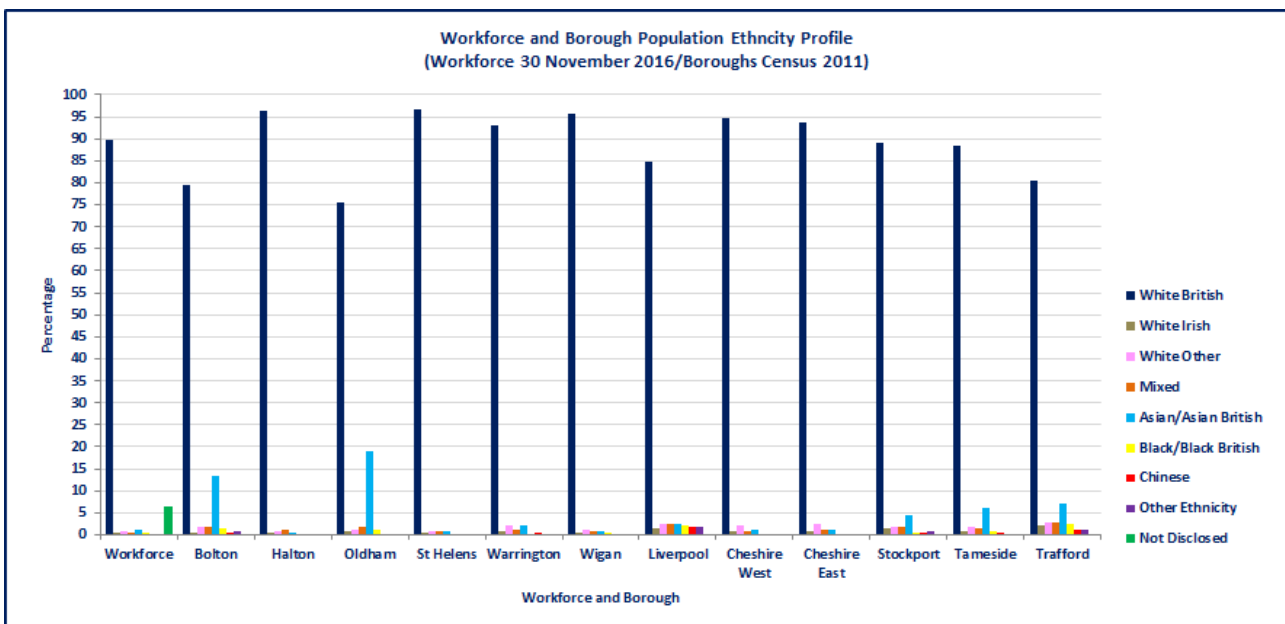
## Race (Ethnicity)

Figure 4: Ethnicity profile of staff as at 30 November 2016



As at 30 November 2016 89.7% of staff were White British (including Northern Irish, Scottish and Welsh), 3.9% were Black or Minority Ethnic, and 6.4% of staff records were not disclosed (a total of 212).

Figure 5: Staff and population ethnicity profile



The figures for BME staff are broadly representative of the local populations we served up to December 2015. However since that date we have started running children's services in Bolton and Oldham and in late 2016 were advised that we were successful in the bid to

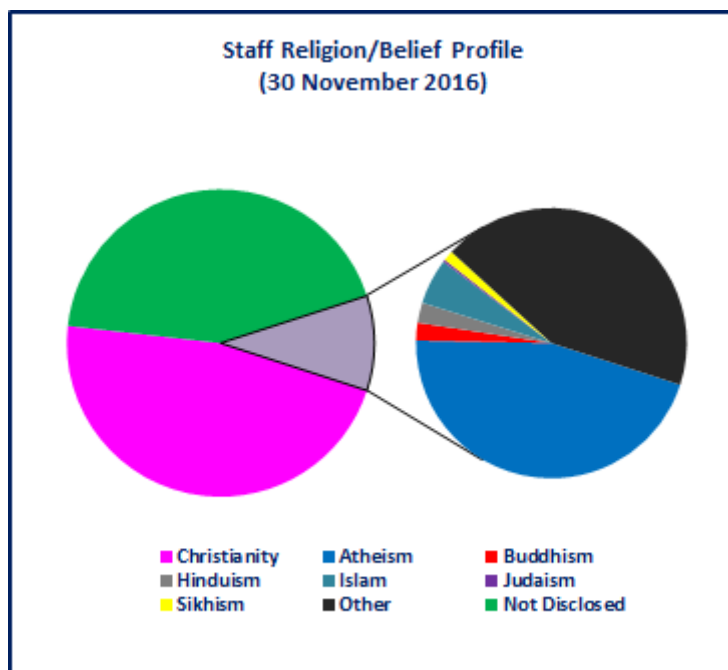


run Liverpool Community Health NHS Trust. These areas show greater ethnic diversity than the traditional Bridgewater areas and the Trust is making plans to ensure inclusion and equality for an increasingly diverse workforce and population, see figure 5 above.

2016 saw the first full submission of the WRES to NHS England, the Trust's submission can be found on the [webpage](#). Also available on the webpage is the WRES Action Plan for 2016, created following submission of data in July.

## Religion or Belief

Figure 6: Staff religion or belief profile as at 30 November 2016



The ESR figures show that as at 30 November 2016 46.8% of our staff were Christian. This is another area where we have a large number of not disclosed records at 43.2% or 1,434 records.

We can compare what data we have on the religion or belief of our workforce against the local population as at Census 2011, figure 7, below, shows this.

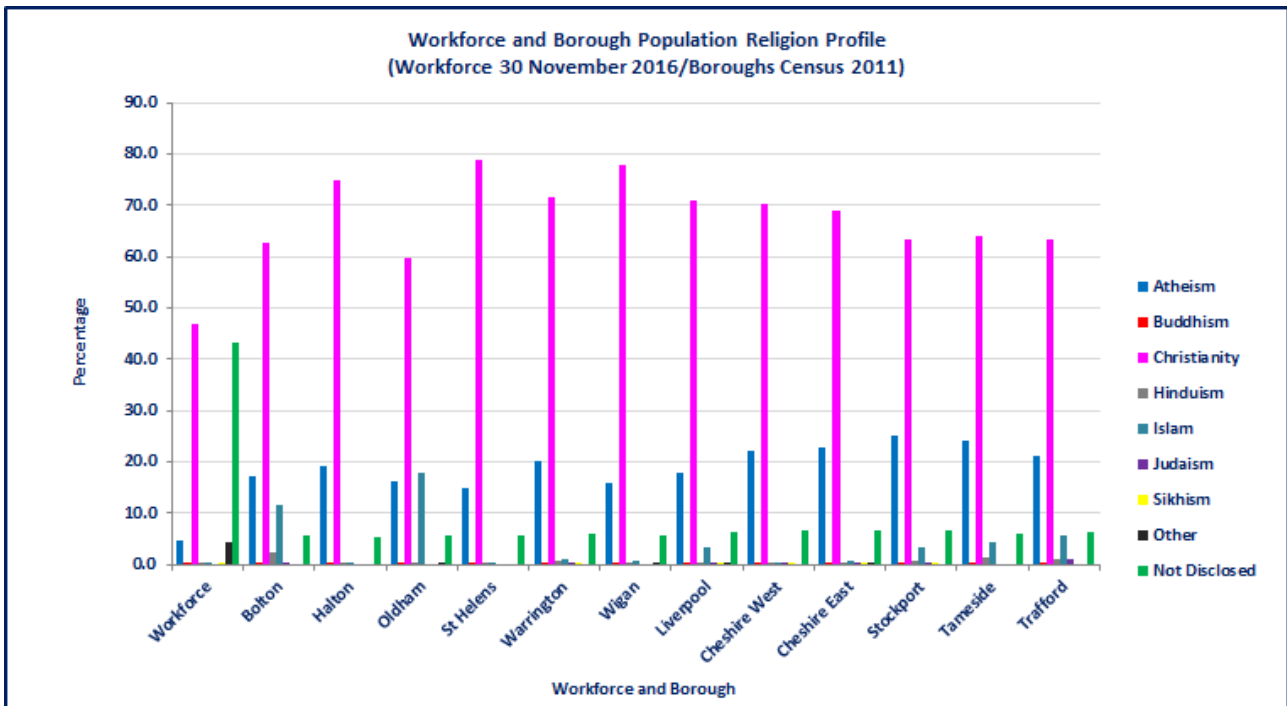
Whilst the ESR data is incomplete we work to ensure that our policies, procedures and practices are inclusive, free from discrimination, promoting equality of opportunity and fostering good relations.

An annual equality calendar is produced for staff and is available for staff to view on the Equality and Diversity team intranet page. Information and guidance is provided to all staff before and during Ramadan to support both staff and patients, information on healthcare during Ramadan is also available on the intranet in other languages for staff to print as needed for the patients they see.

The annual staff survey provides information on discrimination based on protected characteristic, for the 2015 survey no members of staff reported experiencing religious based discrimination. Regular contact is maintained with staff side representatives to

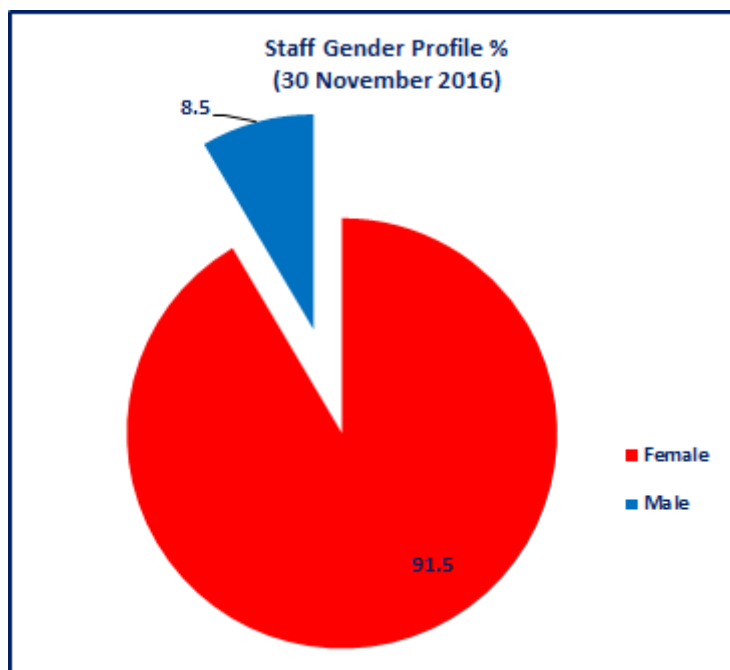
assess any changes to discrimination or violence and aggression based on religion or belief, of increasing importance in the current political and social climate.

Figure 7: Staff and population religion or belief profile



## Sex (Gender)

Figure 8: Staff sex profile as at 30 November 2016



The Trust reflects the NHS nationally with a higher percentage of women in the workforce. The following two figures show the percentages of male and female staff by staff group and by pay band.

Figure 9: Staff sex profile by staff group as at 30 November 2016

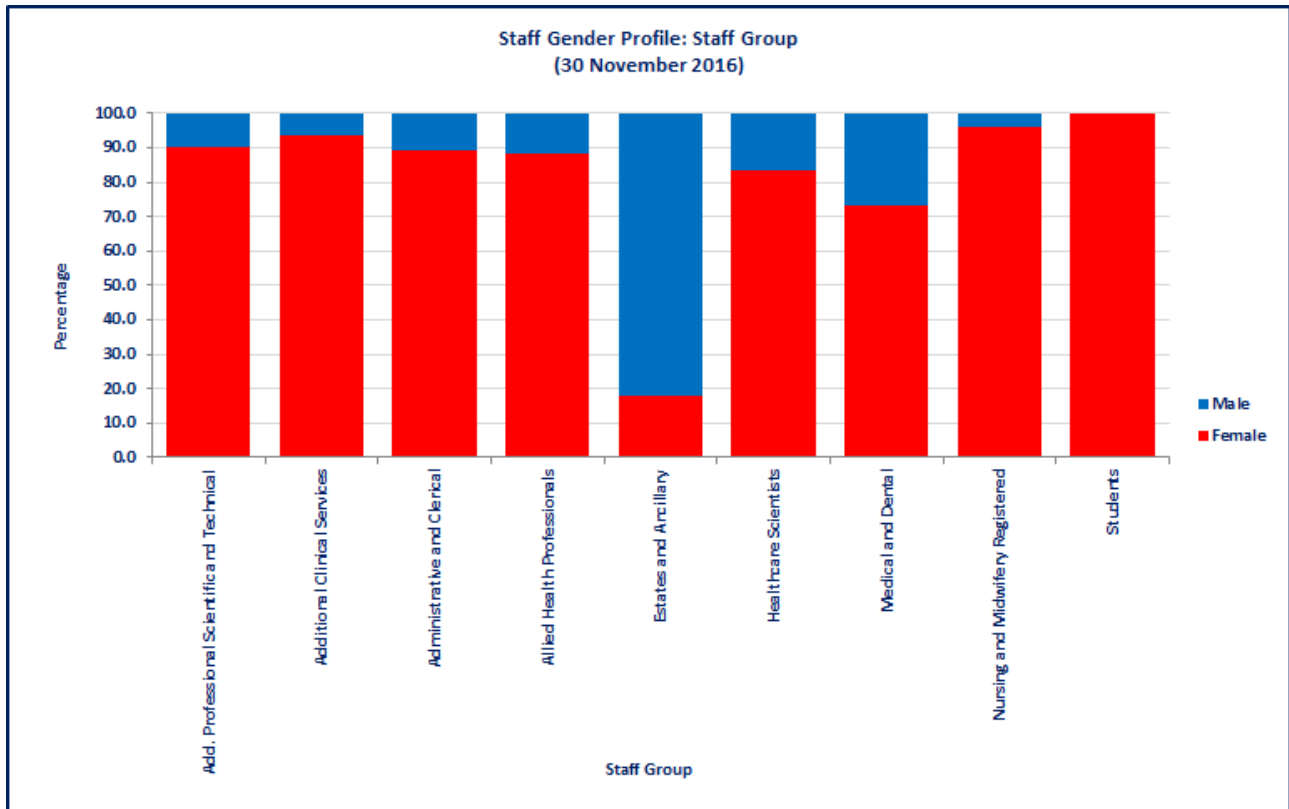
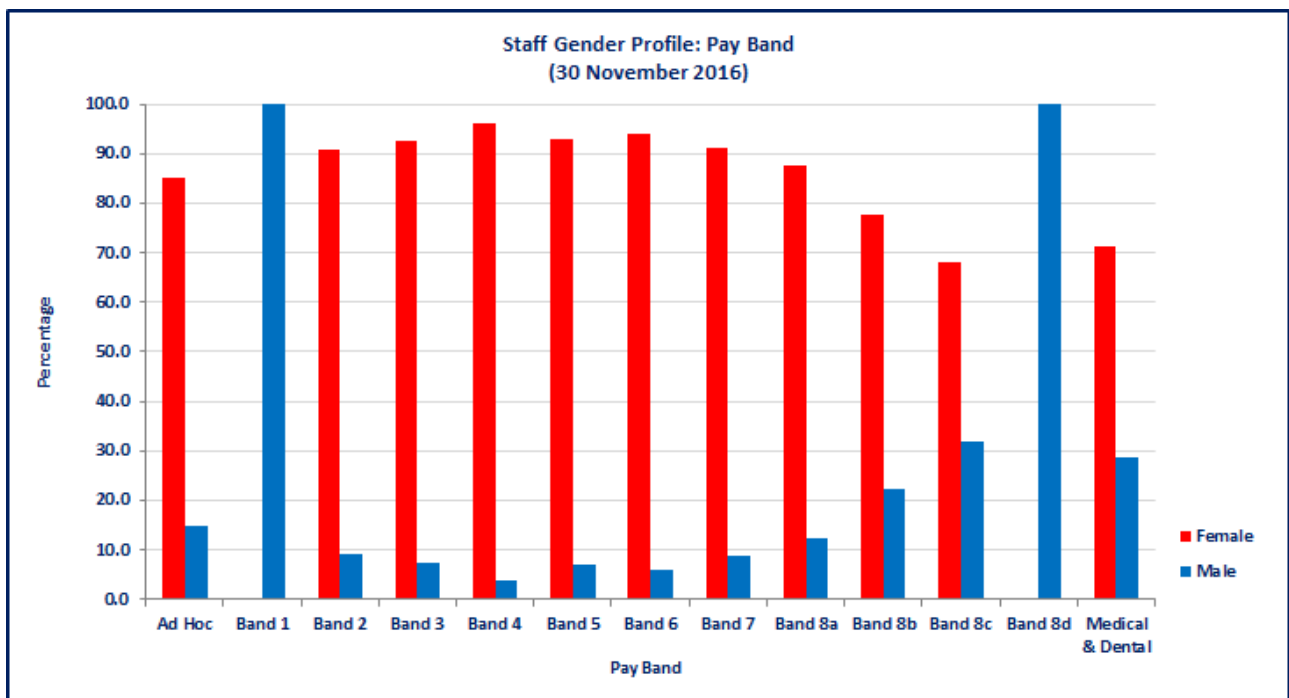


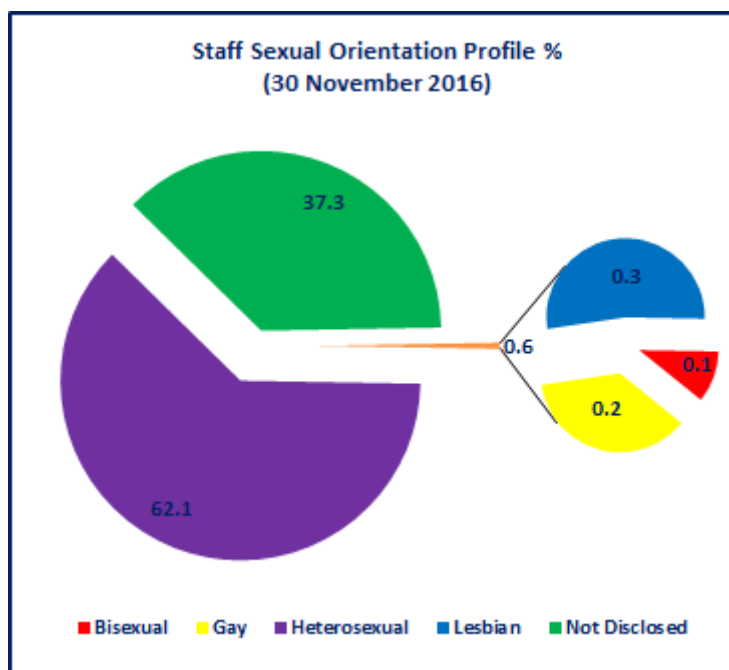
Figure 10: Staff sex by pay band as at 30 November 2016



We are currently awaiting further information on the proposed new gender pay gap reporting requirements for public sector organisations.

## Sexual Orientation

Figure 11: Staff sexual orientation profile as at 30 November 2016



In 2016 we supported the first Wigan Pride event held in August and organised by BYou, the local LGBTQ youth group. The event was a great success and work is progressing on the 2017 event.

There are a number of planned actions for 2017 in relation to sexual orientation. From April 2017 there will be a new Information Standard regarding the monitoring of sexual orientation data of patients over 16 years of age. This new Information Standard (SCCI2094) has been flagged to the Trust's IT team who are working to ensure systems are able to record this information.

In 2017 we are planning to submit an application to the Navajo Charter, an LGBT charter mark in the North West of England. Whilst we know we have work to do in respect of sexual orientation we feel a submission will give us a good baseline and understanding of where we are now, from this specific actions can be planned to improve our performance in this area.

## Staff Turnover

The following images provide some basic information on the members of staff leaving the Trust in 2016.

Figure 12: Age Band

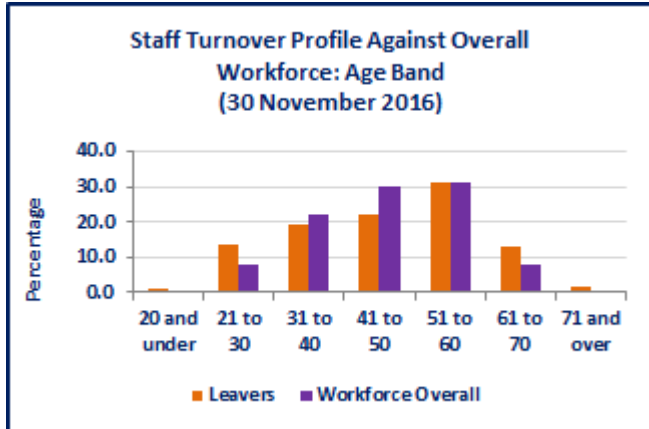


Figure 13: Disability

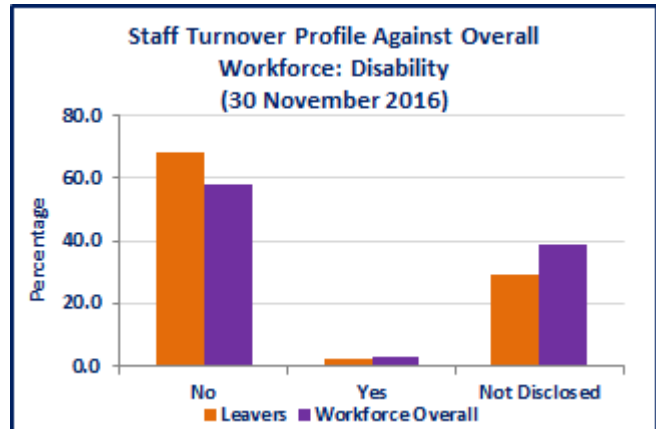


Figure 14: Race

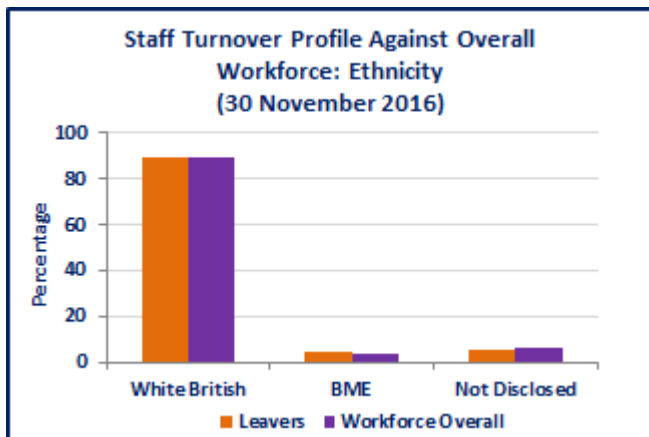


Figure 15: Religion

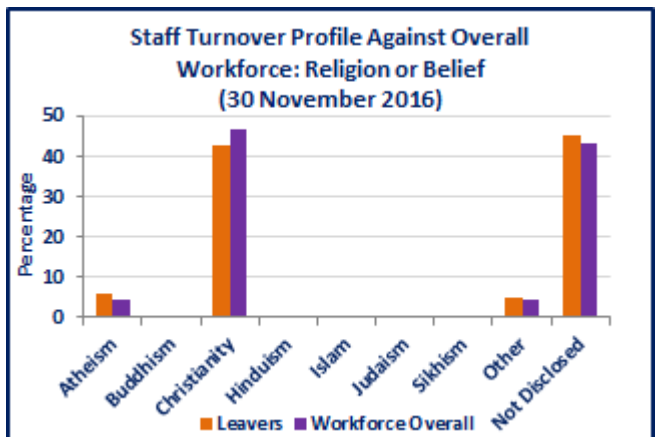


Figure 16: Sex

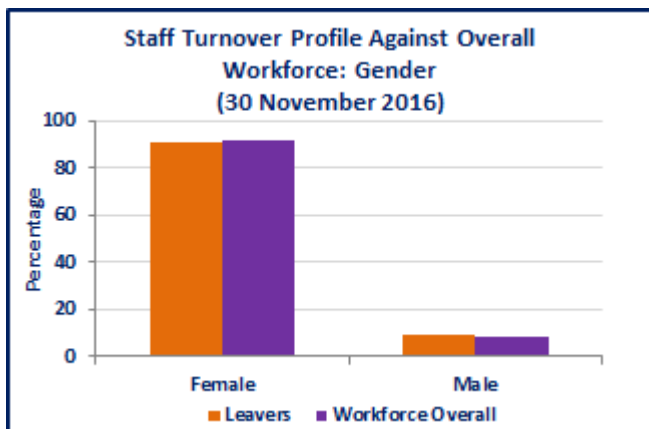
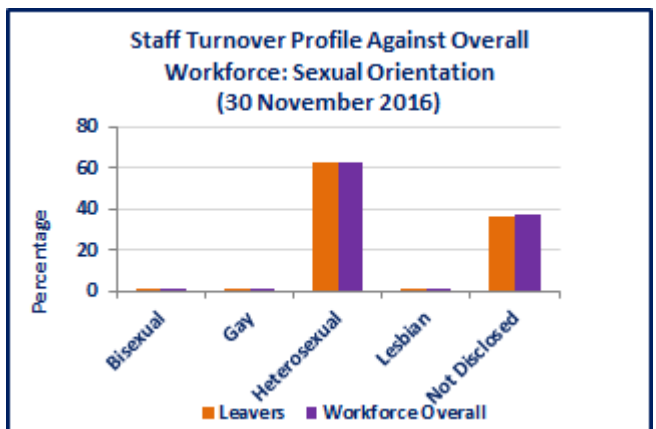


Figure 17: Sexual Orientation



## Recruitment

The following images provide some basic information on recruitment in 2016.

Figure 18: Age Band

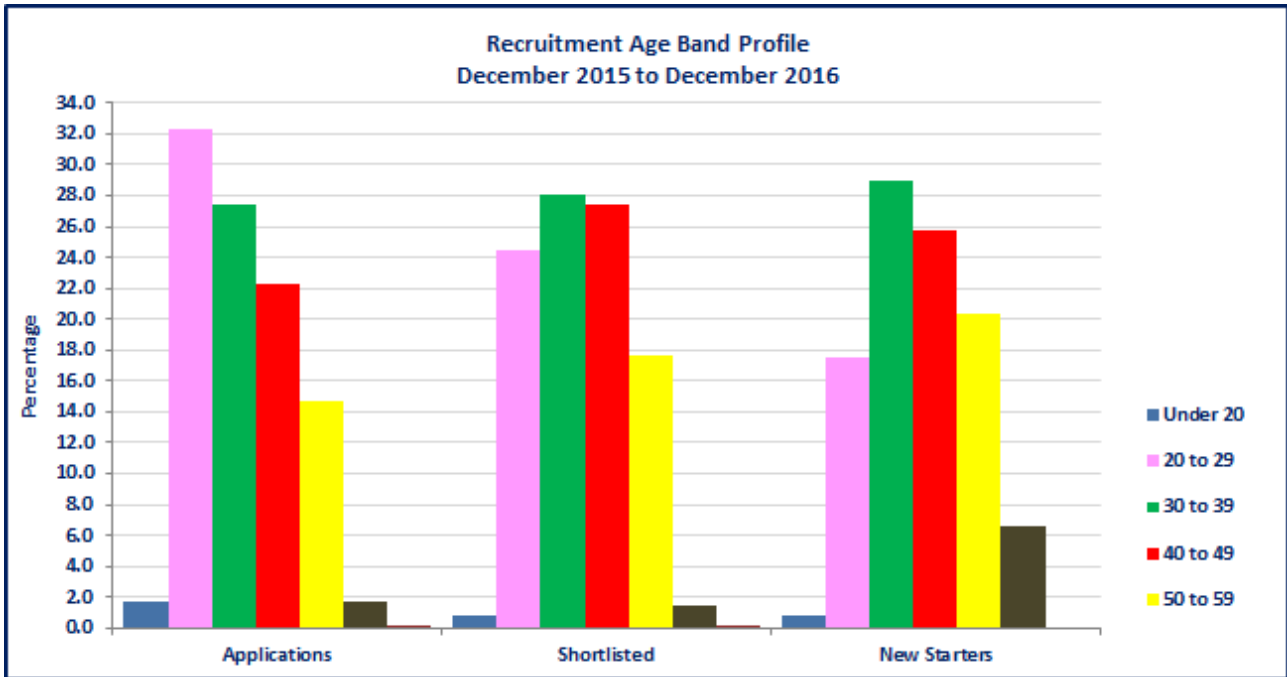


Figure 19: Disability



Figure 20: Race

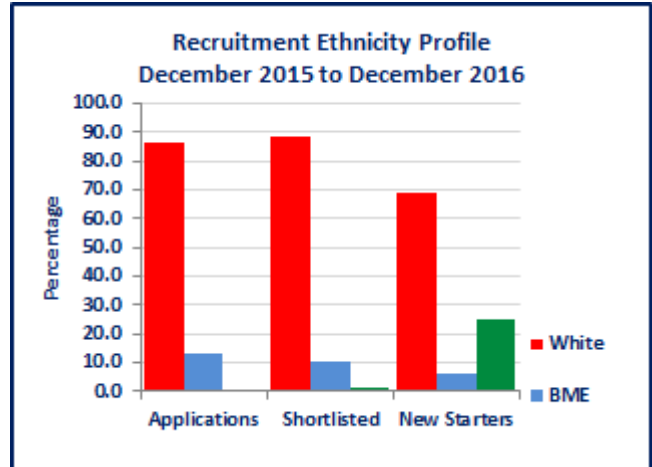


Figure 21: Religion or Belief

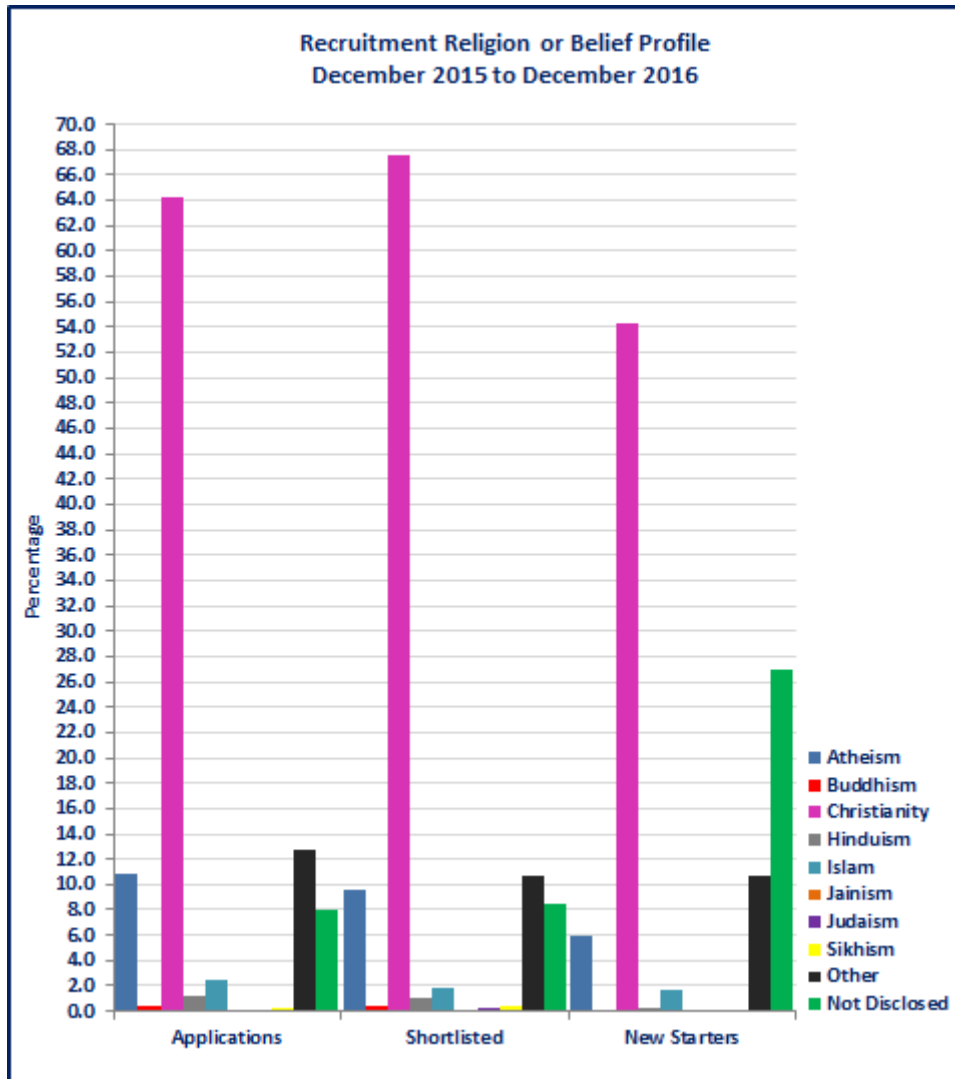


Figure 22: Sex

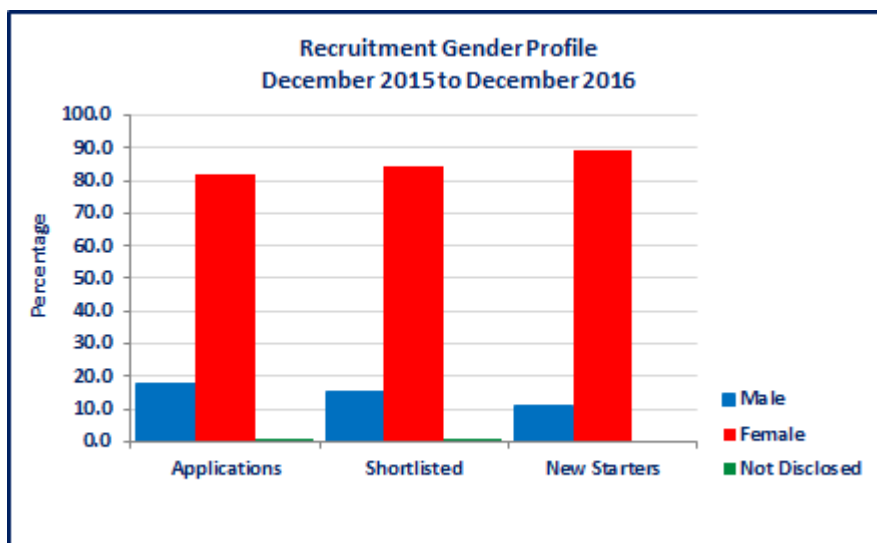
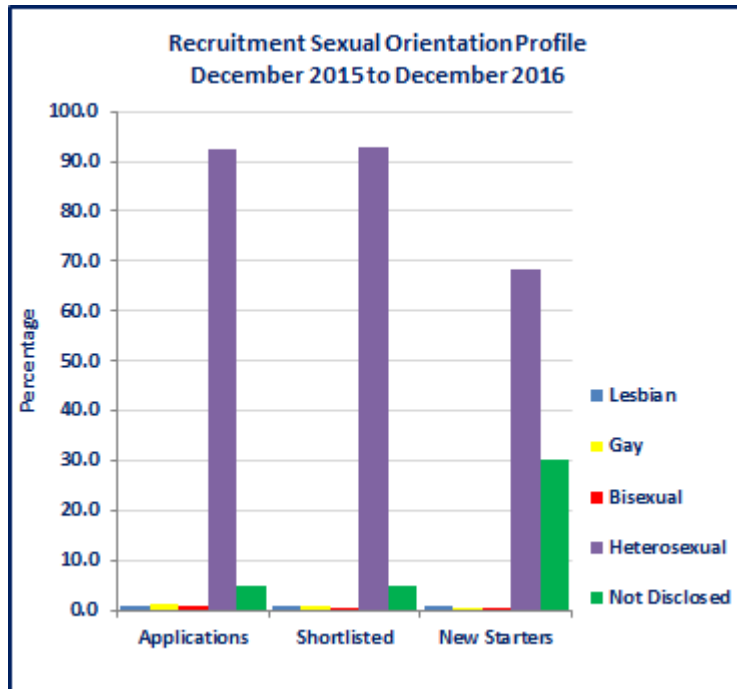


Figure 23: Sexual Orientation





# Patient Profile

The following patient data is taken from SystmOne the Trust's main patient record system. A challenge to the Trust in analysing patient data is the use of different patient record systems including paper records and other electronic systems. In 2017 the equalities team is working with the IT department on improving collection of protected characteristic and other data for our patients.

Figure 24: Patient Protected Characteristic Profile April to December 2016

TRUST PATIENT PROFILE BY PROTECTED CHARACTERISTIC					
Active Patient Records for Bridgewater Community Healthcare Trust at 07.02.2017					
Gender		Ethnicity		Religion or Belief	
1st April 16 to 31st of December 2016		1st April 16 to 31st of December 2016		1st April 16 to 31st of December 2016	
Male	56.77%	White British	9.55%	Atheism	0.21%
Female	43.23%	White Irish	0.01%	Buddhism	0.00%
Transgender	0.00%	White Other	0.45%	Christianity	8.29%
Unknown	0.00%	Black Caribbean	0.00%	Hinduism	0.02%
Blank Record	0.00%	Black African	0.02%	I Do Not Wish To Disclose	0.06%
		Black Other	1.71%	Islam	0.03%
		Asian Indian	0.09%	Jainism	0.00%
		Asian Bangladeshi	0.01%	Judaism	0.00%
		Asian Pakistani	0.10%	Other	0.06%
		Asian Other	0.08%	Sikhism	0.00%
		Chinese	0.05%	Blank Record	91.33%
		Mixed White & Black Caribbean	0.05%		
		Mixed White & Asian	0.02%		
		Mixed White & Black African	0.02%		
		Mixed Other	0.14%		
		Other Ethnic Group	40.91%		
		Not Specified	4.76%		
		Blank Record	42.05%		
Disability		Sexual Orientation		British Armed Forces	
1st April 16 to 31st of December 2016		1st April 16 to 31st of December 2016		1st April 16 to 31st of December 2016	
Behaviour and Emotional	0.00%	Bisexual	<1%	Yes	0.00%
Hearing	0.00%	Gay	<1%	No	24.61%
Mobility & Gross Motor	0.00%	Heterosexual	<1%	Unknown	1.65%
No Perceived Disability	0.00%	I Do Not Wish To Disclose	<1%	Blank Record	73.74%
Progressive Conditions	0.00%	Lesbian	<1%		
Other	0.00%	Blank Record	100.00%		
Not Stated (Declined)	0.00%				
Blank Record	100.00%				
TRUST PATIENT PROFILE BY PROTECTED CHARACTERISTIC					
Active Patient Records for Bridgewater Community Healthcare Trust at 07.02.2017					
Age		Age		Age	
1st April 16 to 31st of December 2016					
Female		Male		All	
0-4	6.99%	0-4	11.05%	0-4	9.20%
5-9	3.81%	5-9	8.78%	5-9	6.52%
10-14	2.05%	10-14	5.19%	10-14	3.76%
15-19	3.15%	15-19	2.31%	15-19	2.69%
20-24	1.64%	20-24	1.14%	20-24	1.37%
25-29	1.64%	25-29	1.46%	25-29	1.54%
30-34	2.08%	30-34	1.69%	30-34	1.87%
35-39	2.10%	35-39	2.07%	35-39	2.08%
40-44	3.00%	40-44	3.07%	40-44	3.04%
45-49	3.99%	45-49	3.43%	45-49	3.68%
50-54	5.06%	50-54	4.40%	50-54	4.71%
55-59	5.42%	55-59	5.58%	55-59	5.50%
60-64	5.86%	60-64	6.94%	60-64	6.45%
65-69	8.68%	65-69	8.95%	65-69	8.82%
70-74	8.82%	70-74	9.41%	70-74	9.14%
75-79	9.57%	75-79	9.63%	75-79	9.60%
80-84	10.81%	80-84	7.79%	80-84	9.16%
85-89	8.21%	85-89	4.96%	85-89	6.44%
90-94	5.23%	90-94	1.76%	90-94	3.34%
95-100	1.76%	95-100	0.40%	95-100	1.02%
100+	0.15%	100+	0.01%	100+	0.07%

## Language Interpretation and Translation

Good communication is essential for the delivery of high quality, safe care. As our communities become increasingly diverse we are seeing an increase in the numbers of people requiring language interpretation or translation when attending appointments, contacting the Trust, or receiving information from us.

The Trust Language & Interpretation (Including British Sign Language) Policy is taken from national guidance and best practice. Whilst we endeavour to provide cost efficient use of public money through promoting telephone interpretation where possible, there are instances where face to face interpretation must always be used as per policy – for example, when meeting with children and young people under 18 years of age, when meeting with people who have other cognitive or other difficulties that would make telephone interpretation ineffective, when giving distressing news and when British Sign Language and other visual languages are needed.

The information below provided by our main interpretation and translation provider gives costs for both face to face and telephone interpretation for the period December 2015 to November 2015.

Figure 25: Face to face interpretation by language from December 2015 to November 2016

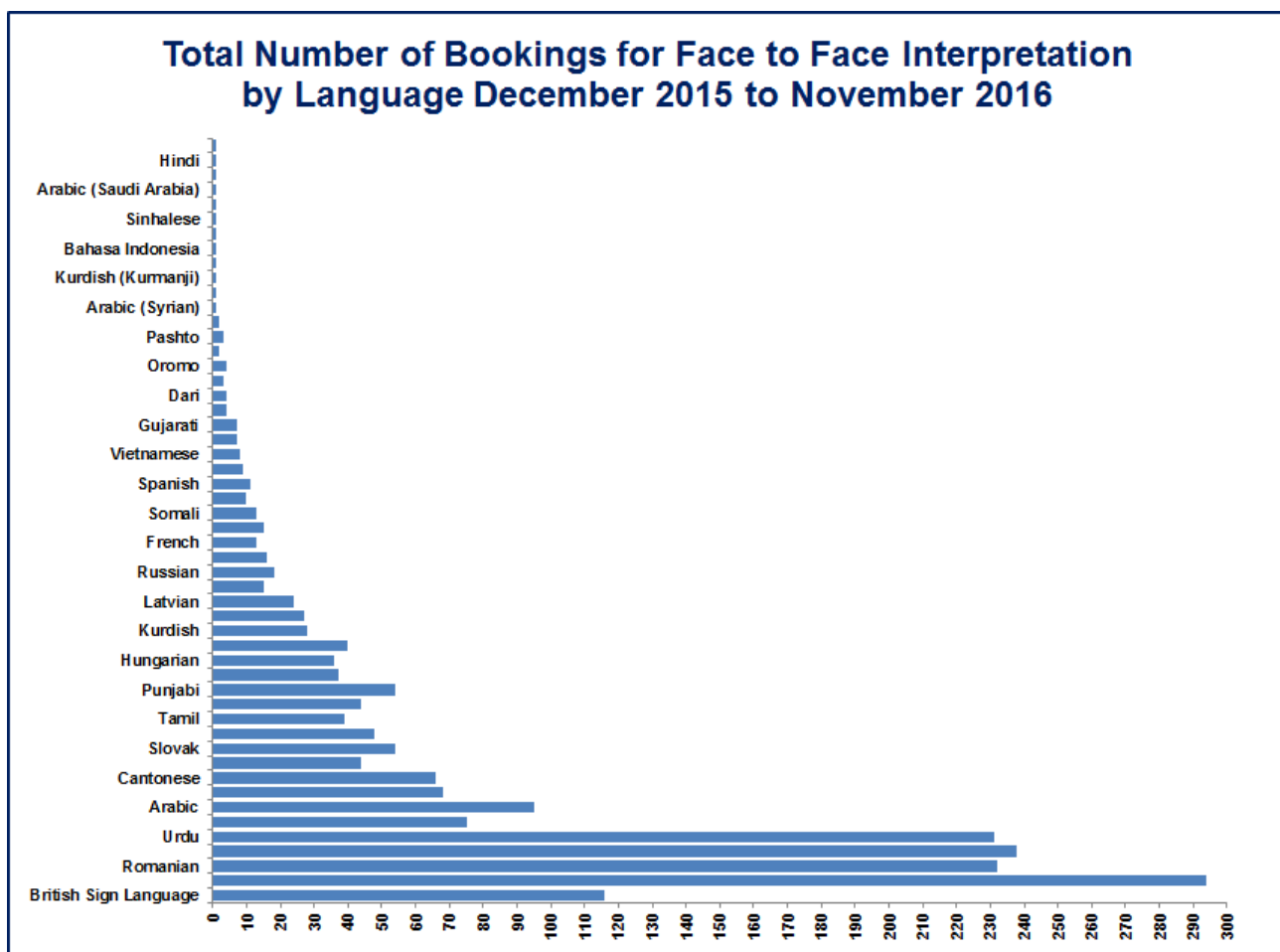
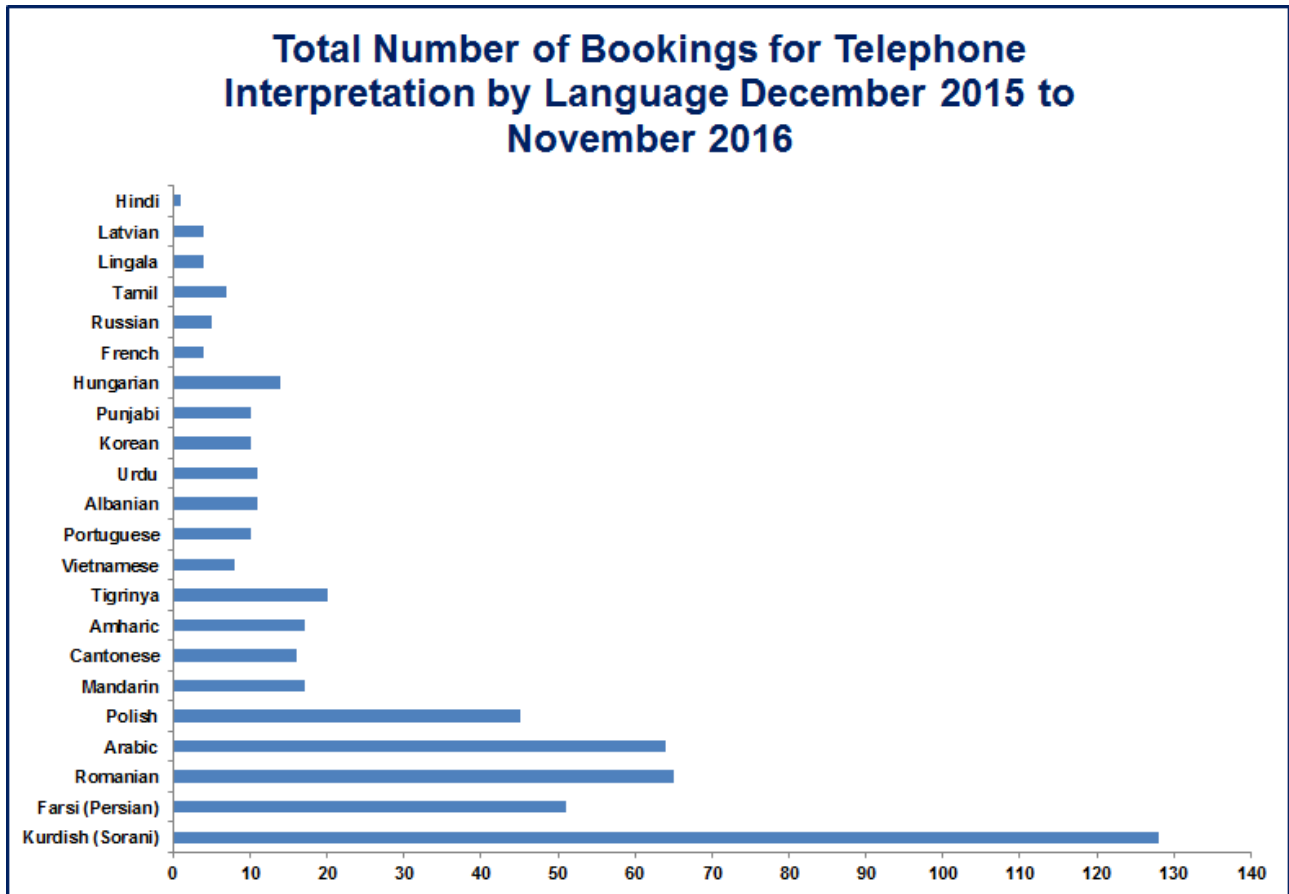


Figure 26: Telephone interpretation by language from December 2015 to November 2016



# Membership Profile

The table below shows the protected characteristic data of our public membership as at 6 December 2016. Our membership can challenge us on our decisions, provide their views and opinions on Trust matters, and can help shape local services for the future.

Information on our staff members is within the workforce data as all staff are members unless they ask not to be.

The membership has seen a steady increase over the years with the majority choosing Level 1 Membership - that is receiving information from the Trust. Our public governors are elected from the members that wish to take a more active role, we are unable to provide protected characteristic data for our governors as governor numbers are too low to avoid being personally identifiable.

The membership should ideally be reflective of the communities we serve and this is an area we are addressing. The Membership and Communications team have plans for 2017 that should increase the membership in the newer areas we serve, Bolton, Oldham and Liverpool

**Table 4: Membership protected characteristic profile as at 6 December 2016**

Total Public Membership at 6 December 2016: 9,642							
Gender		Age		Ethnicity		Religion or Belief	
Female	63.4%	10 to 19	2.1%	White British	93.0%	Atheism	2.9%
Male	35.5%	20 to 29	22.2%	White Irish	0.3%	Buddhism	0.2%
Not Disclosed	1.1%	30 to 39	14.6%	White Other	0.4%	Christianity	31.2%
		40 to 49	13.9%	Asian/ Asian British Bangladeshi	0.0%	Hinduism	0.6%
		50 to 59	13.4%	Asian/Asian British Indian	0.4%	Islam	0.4%
		60 to 69	12.9%	Asian/Asian British Pakistani	0.2%	Judaism	0.1%
		70 to 79	11.2%	Asian/Asian British Other	0.1%	Other Religion	1.2%
		80 to 89	4.2%	Black/Black British African	0.3%	Sikhism	0.0%
		90+	0.7%	Black/Black British Caribbean	0.2%	Not Disclosed	63.2%
		Not Disclosed	4.7%	Black/Black British Other	0.0%		
				Mixed White & Asian	0.1%		
				Mixed White & Black African	0.1%		
				Mixed White & Black Caribbean	0.2%		
				Mixed Other	0.1%		
				Chinese	0.1%		
				Other Ethnicity	0.3%		
				Not Disclosed	4.1%		
Disability (959 stated)		Sexual Orientation					
Learning Disability/Difficulty	6.8%	Bisexual	0.2%				
Long Standing Illness	30.3%	Gay	0.7%				
Mental Health Problem	11.5%	Heterosexual	44.1%				
Physical Impairment	35.2%	Lesbian	0.3%				
Sensory Impairment	7.1%	Not Disclosed	54.7%				
Other Disability	9.1%						

# Contact Details

The Equality and Inclusion team can be contacted at the following:

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