Staffordshire and Stoke on Trent Partnership NHS Trust

EQUALITY & INCLUSION SERVICES EQUALITY DATA ANALYSIS REPORT 2017-2018.

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STAFFORDSHIRE & STOKE-ON-TRENT PARTNERSHIP NHS TRUST
EQUALITY & INCLUSION REPORT 2016-2017

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1. CONTEXT

In line with the Equality Act 2010, there is a Duty for all public bodies to consider how their activities as employers affect people who share different 'protected characteristics 'and publish this data at least annually. The protected characteristics covered by the Equality Duty are:

- Age
- Disability
- Gender Reassignment
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Race, including ethnic or national origins, colour or nationality
- Religion or Belief
- Sex / Gender
- Sexual Orientation

There is also a responsibility for public bodies to consider how the decisions they make affect people who share different protected characteristics. As an organisation, subject to the general equality duty (section 149 of the Act), we must in the exercise of our functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Fostering good relationships between people who share a protected characteristic and people who do not share it.

This report is Staffordshire and Stoke on Trent Partnership NHS Trust's response to the legal requirement to publish equality data of our workforce and service uptake on an annual basis, following on from last year's Equality Data Report 2016-17. This report sets out an overview of the current position of the organisation in regard with the wider Equality agenda. It concludes with actions to carry forward and include when further developing, implementing and reviewing our strategies, equality objectives and work plans. The data in this document will support the foundation for the review of equality and wider trust work programmes. The Equality Data included within the report was extracted, analysed and true to record in April 2018. This formalised report was compiled in May 2018.

This document supports and aligns with other key organisation documents and work programmes, for example: Integrated Business Plan, Workforce Strategy, Transformation Programme and Quality Framework, Social Work Reform Board Proposals and the Personalisation Agenda, Equality and Inclusion Strategy.

2. THE TRUST'S POPULATION

Included in this section are the current and emerging needs for the Partnership Trust's population based on data from the Staffordshire Public Health Team, the local population profile and demographics of the people that the Trust will be predominately serving, by and across the equality protected groups. This has enabled the identification of gaps in data available locally and nationally for the equality protected groups. The data is representative of and extracted from the recently available Census 2011 population data. Local / district relevant data, where available, has been included into the details below.

Further information can be extracted from the Staffordshire Observatory and Public Health reports for Staffordshire and Stoke on Trent. The information below represents the equality and diversity profile for Staffordshire and Stoke on Trent as reported via the Insight, Planning and Performance Team in October 2016.

2.1 Staffordshire

- Staffordshire has a population of around 862,600 (2015 mid-year population estimates) and covers an area of around 1,010 square miles. It is made up from a mixture of towns and villages, covered by nine local government organisations: Staffordshire County Council and eight district councils (Cannock Chase, East Staffordshire, Lichfield, Newcastle-under-Lyme, South Staffordshire, Stafford, Staffordshire Moorlands and Tamworth).

- Staffordshire is a largely rural area which is relatively affluent but with a few notable pockets of high deprivation. Only 9% of its population live in the most deprived fifth of areas nationally. However some of the remote rural areas in Staffordshire have issues with hidden deprivation and in particular around access to services.

- Overall there is little ethnic diversity across Staffordshire with the population being predominantly White British.

- Life expectancy (LE) and healthy life expectancy (HLE) for both men and women in Staffordshire is similar to the England average. There is however a six year gap in LE and a 12 year gap for HLE in Staffordshire between people living in the most deprived and least deprived communities.

- Preventable mortality rates are lower in Staffordshire than the national average. However similar to life expectancy and healthy life expectancy some areas experience higher rates of preventable mortality compared to the England average.

2.2 Stoke on Trent

- Stoke-on-Trent on the other hand has a population of around 251,600 and covers a small area of around 36 square miles.

- Stoke-on-Trent is ranked as the 13th most deprived local authority area in England (of 326) and the third most deprived area in West Midlands. Almost three in ten people in the City live in the most deprived tenth of areas nationally with another fifth of the population falling in the second most deprived decile nationally.

- Around 14% of the Stoke-on-Trent population come from a non-White British ethnic group, which is lower than the England average of 20%. Pakistani communities are the largest minority group making up almost 4% of the City's population.

- Life expectancy and healthy life expectancy for both men and women in Stoke-on-Trent is lower than the England average. Preventable mortality rates are also higher in Stoke-on-Trent compared to the national average.

2.3 Age

The protected characteristic of age means a person belonging to a particular age or age-group (for example, 32 years) or being within an age group (for example, 30-39 years). This includes all ages, including children and young people.

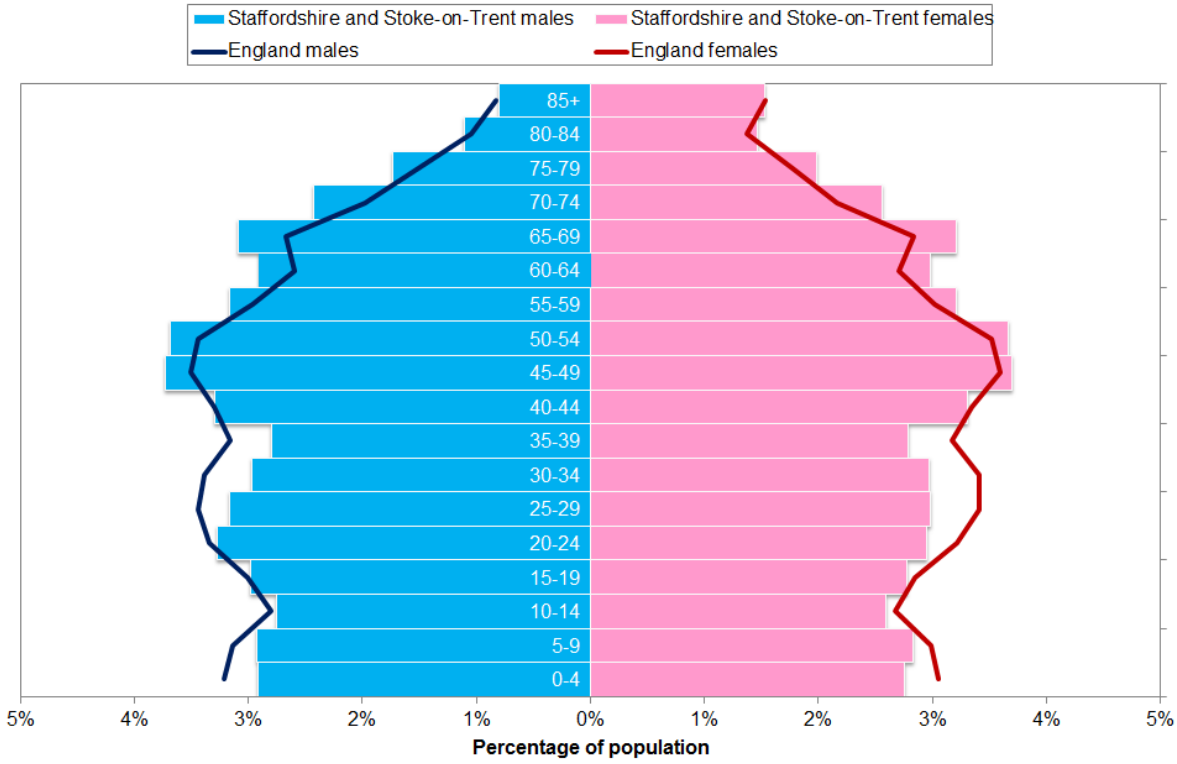
Overall Staffordshire and Stoke-on-Trent has a relatively high concentration of people in the older age groups (Figure 1). The mid-year population estimates for 2015 show that almost 40% of Staffordshire and Stoke-on-Trent's population were aged 50 or over, compared to only 36% for England. The number of people aged 65 and over in Staffordshire and Stoke-on-Trent is also higher than the England figure (20% compared with 18%).

However this masks differences within the area, for example East Staffordshire, Tamworth and Stoke-on-Trent have higher proportions of children and young people under 16 (Table 1).

The overall population for Staffordshire and Stoke-on-Trent is projected to increase by 3% between 2015 and 2025. There will be significant increases in the older age groups – for example the proportion of people aged 75 and over will increase by 43% compared with 36% for England equating to 41,900 people in this age group.

This ageing population will have an impact on long-term conditions in the area, for example, the total number of people aged 65 and over with a limiting long-term illness will have increased by 12% between 2015 and 2020 and by 26% between 2015 and 2025.

Figure 1: Age Distribution for Staffordshire and Stoke-on-Trent, 2015



Source: 2015 mid-year population estimates, Office for National Statistics, Crown copyright

Table 1: Population Structure by District and Age Group, 2015

	0-4	5-15	16-24	25-49	50-64	65-74	75+	All ages
Cannock Chase	5,600 (5.7%)	12,200 (12.4%)	10,600 (10.7%)	33,000 (33.5%)	19,200 (19.5%)	10,300 (10.4%)	7,700 (7.8%)	98,500 (100.0%)
East Staffordshire	7,300 (6.3%)	15,100 (13.0%)	11,800 (10.2%)	37,800 (32.6%)	22,600 (19.5%)	11,900 (10.3%)	9,600 (8.2%)	116,000 (100.0%)
Lichfield	5,200 (5.1%)	12,200 (11.9%)	9,700 (9.5%)	31,000 (30.2%)	21,000 (20.4%)	13,700 (13.3%)	9,900 (9.6%)	102,700 (100.0%)
Newcastle-under-Lyme	6,500 (5.1%)	14,500 (11.4%)	16,700 (13.2%)	39,800 (31.3%)	24,300 (19.1%)	14,000 (11.0%)	11,200 (8.8%)	127,000 (100.0%)
South Staffordshire	5,000 (4.5%)	12,200 (11.0%)	11,100 (10.0%)	32,600 (29.4%)	23,900 (21.6%)	14,500 (13.1%)	11,400 (10.3%)	110,700 (100.0%)
Stafford	6,600 (5.0%)	15,500 (11.7%)	13,700 (10.4%)	41,100 (31.0%)	27,000 (20.4%)	16,000 (12.1%)	12,600 (9.5%)	132,500 (100.0%)
Staffordshire Moorlands	4,500 (4.6%)	11,400 (11.7%)	9,100 (9.3%)	28,400 (29.0%)	21,100 (21.6%)	13,400 (13.7%)	10,000 (10.2%)	97,900 (100.0%)
Tamworth	4,700 (6.1%)	10,300 (13.4%)	8,100 (10.5%)	26,000 (33.7%)	14,700 (19.0%)	8,000 (10.3%)	5,300 (6.9%)	77,100 (100.0%)
Staffordshire	45,300 (5.3%)	103,500 (12.0%)	90,800 (10.5%)	269,800 (31.3%)	173,800 (20.1%)	101,800 (11.8%)	77,700 (9.0%)	862,600 (100.0%)

Stoke-on-Trent	17,800 (7.1%)	32,600 (13.0%)	30,300 (12.0%)	83,700 (33.3%)	44,900 (17.8%)	23,900 (9.5%)	18,400 (7.3%)	251,600 (100.0%)
Staffordshire and Stoke-on-Trent	**63,200 (5.7%)**	**136,100 (12.2%)**	**121,200 (10.9%)**	**353,400 (31.7%)**	**218,600 (19.6%)**	**125,700 (11.3%)**	**96,100 (8.6%)**	**1,114,200 (100.0%)**
West Midlands	**365,300 (6.4%)**	**757,100 (13.2%)**	**678,700 (11.8%)**	**1,863,800 (32.4%)**	**1,040,400 (18.1%)**	**569,200 (9.9%)**	**476,600 (8.3%)**	**5,751,000 (100.0%)**
England	**3,434,700 (6.3%)**	**6,970,400 (12.7%)**	**6,192,900 (11.3%)**	**18,482,700 (33.7%)**	**9,994,000 (18.2%)**	**5,285,800 (9.6%)**	**4,425,800 (8.1%)**	**54,786,300 (100.0%)**

Note: Numbers may not add up due to rounding

Source: 2015 mid-year population estimates, Office for National Statistics, Crown copyright

2.4 Disability

A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Disabilities impact on people of all ages and from all communities. They can be present from birth or acquired through accident, illness or as a consequence of ageing. Evidence suggests that disabled people experience increased levels of disadvantage and health inequalities in comparison to non-disabled people.

Many people who are disabled may have more than one disability, for example around one in two people in Staffordshire and Stoke-on-Trent who were registered as blind or partially sighted had other disabilities, e.g. physical disabilities, learning disabilities and / or a hearing impairment.

There is no complete dataset that provides us with the numbers of people who are disabled or have limiting long-term illnesses. Several measures can be used to estimate levels of disability which are described below:

- **Census data** - information from the most recent 2011 Census collected information on self-reported limiting long-term illness which can be used as a proxy for overall disease and disability within a community. Based on this data, one in five people in Staffordshire and Stoke-on-Trent had a limiting long-term illness, which is more than the England and equates to around 219,150 people (Table 2).

Table 2: Limiting Long-term Illness, 2011

	Number	Percentage	Statistical difference to England
Cannock Chase	20,204	20.7%	Higher
East Staffordshire	20,107	17.7%	Similar
Lichfield	18,265	18.1%	Higher
Newcastle-under-Lyme	25,824	20.8%	Higher
South Staffordshire	20,213	18.7%	Higher
Stafford	23,834	18.2%	Higher
Staffordshire Moorlands	20,455	21.1%	Higher
Tamworth	13,745	17.9%	Similar
Staffordshire	162,647	19.2%	Higher
Stoke-on-Trent	56,501	22.7%	Higher
Staffordshire and Stoke-on-Trent	**219,148**	**20.0%**	**Higher**
West Midlands	**1,062,064**	**19.0%**	**Higher**
England	**9,352,586**	**17.6%**	

Source: 2011 Census, Office for National Statistics, Crown copyright

- **Disability benefit statistics** - this provides a proxy for numbers of people who are disabled. Disability Living Allowance (DLA) is payable to people who are disabled and who have personal care needs, mobility needs or both, although it is not available for children under three. 51,765 people living in the Staffordshire and Stoke-on-Trent area claimed DLA, which makes up 4.6% of the population (February 2016). This is less than the England average of 5%.

Table 3: Disability Living Allowance Claimants, February 2016

	Number	Percentage	Statistical difference to England
Cannock Chase	5,360	5.4%	Higher
East Staffordshire	4,040	3.5%	Lower
Lichfield	3,845	3.7%	Lower
Newcastle-under-Lyme	5,865	4.6%	Lower
South Staffordshire	4,135	3.7%	Lower
Stafford	4,600	3.5%	Lower
Staffordshire Moorlands	4,115	4.2%	Lower
Tamworth	3,965	5.1%	Higher
Staffordshire	35,925	4.2%	Lower
Stoke-on-Trent	15,840	6.3%	Higher
Staffordshire and Stoke-on-Trent	**51,765**	**4.6%**	**Lower**
West Midlands	**261,020**	**4.5%**	**Lower**
England	**2,719,300**	**5.0%**	

Source: Department for Work and Pensions and 2015 mid-year population estimates, Office for National Statistics, Crown copyright

- **GP disease registers** - this provides the number of patients on clinical registers in general practice which can be used to calculate disease prevalence. It is captured as part of the Quality and Outcomes Framework (QOF) as part of the General Medical Services (GMS). Based on 2015/16 data, around 5,400 people were on learning disability registers in Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCGs) making up 0.5% of the population, which is higher than the England average but significantly less than that expected. In addition, around 8,500 people were on mental health registers (schizophrenia, bipolar disorder and other psychoses) which is 0.7% of the population and lower than the England average.

Information on the number of people who have a sensory impairment at a local level is limited. Some information is available from local registers held by social care. Registration of sensory impairment is voluntary and therefore these figures do not provide a complete picture of the numbers of people in Staffordshire and Stoke-on-Trent who have a visual or hearing impairment.

- There were 2,630 people on the blind register in Staffordshire and Stoke-on-Trent and a further 2,730 on the partially sighted register as at 31 March 2014. Around 1,565 people were on the deaf register and a further 2,615 on the hard of hearing register as at 31 March 2010.

- Based on national prevalence surveys, it is estimated there are around 430 adults aged 18-64 who have a serious visual impairment, 18,950 adults aged 65 and over who have a moderate or severe visual impairment and 6,150 adults aged 75 and over who have registerable eye conditions.

- Based on national estimates, there are around 2,560 adults with profound hearing loss in Staffordshire and Stoke-on-Trent and a further 117,300 adults with moderate or severe hearing loss.

- People with hearing and vision impairment are more likely to be older people (aged 75 and over).

2.5 Gender

Gender is being male or female. The wider social roles and relationships that structure men's and women's lives change over time and vary between cultures. Table 4 highlights some of the differences in health outcomes between men and women living in Staffordshire and Stoke-on-Trent.

Table 4: Health Issues for Staffordshire and Stoke-on-Trent by Gender

Men	Women
▪ Men in the most deprived areas in Staffordshire live six years less than those in the least deprived areas; for Stoke-on-Trent the gap is 10 years ▪ Men in Staffordshire and Stoke-on-Trent both spend 16 years of their life in poor health ▪ Higher rates of preventable mortality, in particular from cardiovascular disease, cancer, respiratory disease and liver disease ▪ Higher suicide and accident mortality rates ▪ Higher rate of alcohol-related hospital admissions	▪ Women in the most deprived areas in Staffordshire live six years less than those in the least deprived areas; for Stoke-on-Trent the gap is seven years ▪ Women in Staffordshire spend 21years of their life in poor health; for Stoke-on-Trent the number of years in poor health is 23 years ▪ Prevalence rates of dementia higher amongst women, particularly older age groups ▪ Women are more likely to have been treated for a mental health problem than men ▪ Higher hospital admission rate of injuries due to falls

Compiled by Insight, Planning and Performance, Staffordshire County Council

2.6 Gender Reassignment

Gender reassignment is the process of transitioning from one sex to another. Protection is provided where someone has proposed, started or completed a process to change their sex.

In the UK, it is estimated that one in 4,000 people are receiving medical help for gender dysphoria. This equates to around 280 people in Staffordshire and Stoke-on-Trent.

However, there may be many more people with the condition who have yet to seek help. On average, men are diagnosed with gender dysphoria, five times more often than women.

2.7 Marriage and Civil Partnerships

Marriage is the legal union between a man and a woman. Civil partnership has the legal recognition of a same-sex couple's relationship. Civil partners must be treated the same as married couples on a range of legal matters.

Protection from discrimination for being married or in a civil partnership is provided in employment and vocational training only.

Data from the 2011 Census provide information on marital and civil partnership status at a local level. Around 50% of Staffordshire and Stoke-on-Trent's population are married or in a registered same-sex civil partnership (Table 5). Of these around 1,300 people were in a registered same-sex civil partnership making up around 0.1% of the population.

Table 5: Population by Marital and Civil Partnership Status, 2011

	Staffordshire	Stoke-on-Trent	Staffordshire and Stoke-on-Trent	England
Single (never married or never registered a same-sex civil partnership)	29.6%	36.0%	31.0%	34.6%
Married	51.4%	43.7%	49.7%	46.6%
In a registered same-sex civil partnership	0.1%	0.2%	0.1%	0.2%
Separated (but still legally married or still legally in a same-sex civil partnership)	2.3%	2.8%	2.4%	2.7%
Divorced or formerly in a same-sex civil partnership which is now legally dissolved	9.0%	9.8%	9.2%	9.0%
Widowed or surviving partner from a same-sex civil partnership	7.5%	7.5%	7.5%	6.9%
People aged 16 and over	**698,423**	**200,642**	**899,065**	**42,989,620**

Source: 2011 Census, Office for National Statistics, Crown copyright

2.8 Pregnancy and Maternity

Maternity is defined as the period after giving birth. It is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, including as a result of breastfeeding. For all areas covered by the Act, a woman is protected from unfavourable treatment because of pregnancy or because she has given birth.

During 2015/16 there were almost 11,300 maternities to women registered with a GP practice in Staffordshire and Stoke-on-Trent CCGs.

2.9 Race

Race refers to a group of people defined by their colour, nationality, ethnic or national origins. A racial group can also be made up of two or more distinct racial groups.

People from some ethnic minority groups often experience poorer health outcomes. This may be as a result of multiple factors including genetic predisposition to certain diseases (e.g. diabetes, coronary heart disease and mental health), poor access to services, language barriers and cultural differences.

According to the 2011 Census around 8% of the population were from a minority ethnic background (defined as non-White British) in Staffordshire and Stoke-on-Trent (Table 6). All minority ethnic groups are below England's figures.

Data from the 2011 Census suggests that the local ethnic population is concentrated mainly within East Staffordshire and Stoke-on-Trent, the single largest minority group in these areas being Pakistani (Table 7).

Table 6: Staffordshire and Stoke-on-Trent Population by Ethnic Group, 2011

	Staffordshire	Stoke-on-Trent	Staffordshire and Stoke-on-Trent	England
White: British	93.6%	86.4%	91.9%	79.8%
White: Irish	0.5%	0.3%	0.4%	1.0%
White: Gypsy or Irish Traveller	0.1%	0.1%	0.1%	0.1%
White: Other White	1.6%	1.9%	1.7%	4.6%
Mixed/multiple ethnic group: White and Black Caribbean	0.5%	0.8%	0.6%	0.8%
Mixed/multiple ethnic group: White and Black African	0.1%	0.2%	0.1%	0.3%
Mixed/multiple ethnic group: White and Asian	0.3%	0.5%	0.4%	0.6%
Mixed/multiple ethnic group: Other Mixed	0.2%	0.3%	0.2%	0.5%
Asian/Asian British: Indian	0.8%	0.9%	0.8%	2.6%
Asian/Asian British: Pakistani	0.8%	4.2%	1.6%	2.1%
Asian/Asian British: Bangladeshi	0.1%	0.4%	0.2%	0.8%
Asian/Asian British: Chinese	0.3%	0.5%	0.4%	0.7%
Asian/Asian British: Other Asian	0.4%	1.4%	0.7%	1.5%
Black/African/Caribbean/Black British: African	0.2%	1.0%	0.4%	1.8%
Black/African/Caribbean/Black British: Caribbean	0.3%	0.3%	0.3%	1.1%
Black/African/Caribbean/Black British: Other Black	0.1%	0.1%	0.1%	0.5%
Other ethnic group: Arab	0.1%	0.2%	0.1%	0.4%
Other ethnic group: Any other	0.1%	0.5%	0.2%	0.6%
Non-White British	**6.4%**	**13.6%**	**8.1%**	**20.2%**
Total population	**848,489**	**249,008**	**1,097,497**	**53,012,456**

Source: 2011 Census, Office for National Statistics, Crown copyright

Table 7: Ethnic Populations by Local Authority, 2011

	Number from non-White British group	Percentage	Statistical difference to England
Cannock Chase	3,420	3.5%	Lower
East Staffordshire	15,729	13.8%	Lower
Lichfield	5,391	5.4%	Lower
Newcastle-under-Lyme	8,361	6.7%	Lower
South Staffordshire	5,792	5.4%	Lower
Stafford	9,709	7.4%	Lower
Staffordshire Moorlands	2,449	2.5%	Lower
Tamworth	3,829	5.0%	Lower
Staffordshire	54,680	6.4%	Lower
Stoke-on-Trent	33,786	13.6%	Lower
Staffordshire and Stoke-on-Trent	**88,466**	**8.1%**	**Lower**
West Midlands	**1,167,514**	**20.8%**	**Higher**
England	**10,733,220**	**20.2%**	

Source: 2011 Census, Office for National Statistics, Crown copyright

2.10 Religion or Belief

This area includes any religious or philosophical belief and includes a lack of belief, for example Humanism and Atheism. A belief need not include faith or worship of a God or Gods, but must affect how a person lives their life or perceives the world.

The 2011 Census found Christianity to be the majority religious affiliation in Staffordshire and Stoke-on-Trent (Table 8). Over the last decade this proportion has dropped, with significant increases in people stating they had no religious affiliation over the same time period. Muslims are the next biggest religious group.

Table 8: Population by Religion, 2011

	Staffordshire	Stoke-on-Trent	Staffordshire and Stoke-on-Trent	England
Christian	68.2%	60.9%	66.5%	59.4%
Buddhist	0.2%	0.3%	0.3%	0.5%
Hindu	0.3%	0.6%	0.4%	1.5%
Jewish	0.0%	0.0%	0.0%	0.5%
Muslim	1.3%	6.0%	2.4%	5.0%
Sikh	0.4%	0.2%	0.3%	0.8%
Other religion	0.3%	0.4%	0.3%	0.4%
No religion	22.8%	25.2%	23.4%	24.7%
Religion not stated	6.4%	6.4%	6.4%	7.2%
Total	**848,489**	**249,008**	**1,097,497**	**53,012,456**

Source: 2011 Census, Office for National Statistics, Crown copyright

2.11 Sexual Orientation

Sexual orientation is whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

There is no hard data on the number of lesbians, gay men and bisexuals in the UK as no national census has ever asked people to define their sexuality. The official government figure is 5-7% of the population which Stonewall, the lesbian, gay and bisexual charity, feels is a reasonable estimate. HM Treasury and the Department of Trade and Industry completed a survey to help the Government analyse the financial implications of the Civil Partnerships Act (such as pensions, inheritance and tax benefits). They concluded that there were 3.6 million gay people in Britain - around 6% of the total population or one in 17 people.

The 2015 Annual Population Survey estimates 1.7% of the England population aged 16 and over are gay, lesbian or bisexual. The GP patient survey also asks about sexual orientation. From respondents who replied to the question on sexual orientation, 1.9% of Staffordshire and Stoke-on-Trent's population are gay, lesbian or bisexual compared with 2.3% across England (Table 9). Both estimates are considerably lower than the government estimates of 6%.

Whilst there will a visible community of lesbian, gay and bisexual people in Staffordshire and Stoke-on-Trent, there will also be a significant invisible community which the provider also needs to serve.

Table 9: Population by Sexual Orientation, 2015/16

	Staffordshire	Stoke-on-Trent	Staffordshire and Stoke-on-Trent	England
Heterosexual / straight	94.3%	93.1%	94.0%	92.4%
Gay / lesbian	1.1%	1.3%	1.1%	1.5%
Bisexual	0.9%	0.4%	0.7%	0.8%
Other	0.6%	0.6%	0.6%	0.7%
Prefer not to say	3.1%	4.6%	3.5%	4.6%
Total responses	**12,478**	**4,019**	**16,496**	**806,074**

Source: Ipsos MORI, NHS England GP Patient Survey 2016, Copyright, https://gp-patient.co.uk/

Whilst there will be a visible community of lesbian, gay and bisexual people in Staffordshire and Stoke-on-Trent, there will also be a significant invisible community which the provider also needs to serve.

3. SERVICES EQUALITY DATA

3.1 Trust Services Equality Data 2017- 2018

Currently the Trust uses a range of different Information Technology (IT) systems to capture the uptake rates and profile of service users accessing the different services provided across the Trust.

The data and its analysis was undertaken (in line with the Trust's obligation under the Equality Act 2010), to help consider how our current service activities and practices as a service provider affect our local population, where people share different protected equality characteristics.

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected equality characteristic and people who do not share it
- Fostering good relationships between people who share a protected characteristic and people who do not share it

The data analysis undertaken is for the period April 2017- March 2018. Detailed data is utilised within wider Trust performance reports and Commissioning returns. The data this year was presented collectively and is inclusive of Adult Social Care data. The data was extracted over April-May 2018.

Data for this analysis has been extracted from the clinical IT systems i-soft (Lorenzo), CHiPs, i-soft EPR, CAS and HIS. These systems are used to collect activity for in-patients and community services. Functionality of the data sets only captured the equality protected characteristics: Age, Gender, Ethnicity and Disability. **Appendix B** provides a detailed analysis of the data available across the Trust services as a whole and also at service level.

In order to effectively collect and analyse data across all the equality characteristics harmonisation of the IT systems used within the NHS is required. This is recognised both at a local and national levels, the Trust has identified this as an action to address locally and is linked to its strategic goals.

Equality Objective 1:
The Trust will deliver effectively on the Deaf Charter Pledges by working in Partnership with local community groups (EDS2 Goal 1& 2).

Equality Objective 2:
The Trust will achieve Trust wide compliance to the Accessible Information Standard (EDS2 Goal 1 & 2)

Equality Objective 3:
The Trust will be an employer of Choice through increasing its diversity profile and staff reporting a good experience of working within the Trust. This will be by effective delivery of the WRES and WDES action plans established in the Trust. (EDS2 Goal 3&4).

Equality Objective 4:
The Trust will deliver services that are responsive to people's needs through the improvement of capturing and recording Equality data for its service users, carers and wider population served. This extends to the use of equality data within the Trust's Equality analysis and service improvement activities. (EDS2 Goal 1& 2)

The Trust continues to move forward with the implementation of electronic patient records via RiO, Inform and Care Director. These systems have the capacity to record the equality data for service users as well as the AIS details required. The Trust will work actively to empower staff and service users to complete the required fields as part of its Equality and Inclusion strategy.

The Trust holds patient engagement, consultation, involvement and feedback key to its decision making and service delivery practices. We offer patients, carers and their family to share their experiences of accessing our services with us.

Patient stories / experiences are captured and one is presented (by patient if possible) at Board meetings each month. The Trust's complaints and compliments process has refined timescales agreed with complainants for response to complaints. This is a key performance indicator for the Trust.

Diverse initiatives are utilised to capture patient experiences throughout the different levels of service. Kiosks, in-patient surveys, out-patient surveys and links into patient, public involvement forums and Patient Advisory Liaison Services help inform and capture experiences and comments across the Trust. External partnerships with local and voluntary patient forums across the health and social care economy support service user feedback and consultation, for example: Health Watch, Assist, DeafVibe, dDeafLinks, Guru Nanak Sikh Gurdwara, Gillani Noor Mosque, Community Health Voice, Disability Solutions, Age UK, Changes, Mind etc., this engagement and partnership help shape decision making and identify gaps in service as well as capture and learn from good practice across the Trust.

National and local service user and public health surveys are used to inform evidence based and innovative practices and service delivery to meet the local needs of our local communities.

Factors influencing activity changes include:

- Community Hospital activity levels have decommissioned which reflects the decommissioning of services by commissioners across the economy.
- Outpatient activity levels have increased due to the expansion of a number of services including the Musculo-skeletal Interface Service.
- There has been a move towards the use of telephone contacts, where clinically appropriate, which has resulted in increased levels of non-face-to-face contacts. Telephone contacts free up valuable clinical time and therefore increase the productivity of the workforce.

- There have been several management of change across services alongside service redesign and review.
- Overall there is a drive to improve the capture and timeliness of information recorded on Trust systems, therefore further increases in reported activity levels are expected.

When viewing data for all services at divisional and service level it was recognised that disability was not captured accurately and consistently across all services.

This data analysis looked at service uptake and access within services including Social Care, with some comparison between the age, ethnicity and gender data. The data highlights the DNA (Did Not Attend) and Cancellation activity across the three equality groups.

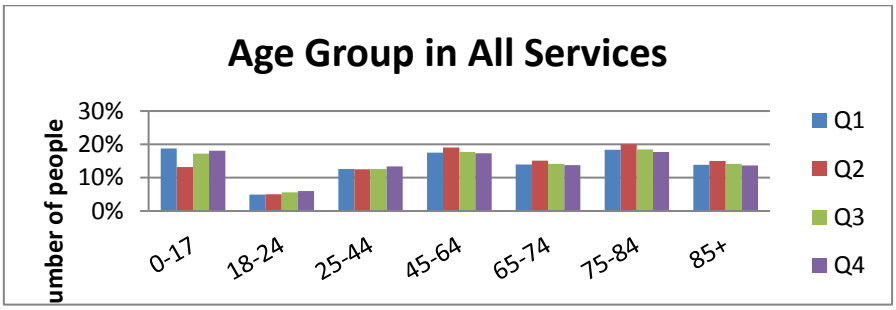
Overall there is an increase in services accessed across the geographical area. It is also noted that the South division does not have any in-patient or out-patient services. The largest service accessed was the Adult services which is reflective of the Trust's functions.

3.2 Age

Across all services the uptake / access of services was highest within the age bands of 75-84 years similar to the last 3 years data. This continues to be reflective of the overall ageing population. The Trust provides Children's Services in the community and with the exception of this service (age group under 17years), when looking at function level there is some difference:

- **Hospitals Outpatients:** continue to have a younger age group majority of 45-64 years although this age group percentage has increased to 41% from last year's 39%. The second largest age group of users is the 65-74 years at 22% per quarter.
- **Hospital Inpatients:** the majority age group of service users is noted to be a younger age group of 45-64 years (30%) in comparison to last year's 75-84 years group. The second largest users where the 65-74 years group at 23% but it was noted that the 85+ age group has dropped from last year's 19% to 17%. This reflects the local and national strategies for the redesign of community service models: such as care at home.
- **Community Adults Services**: remain to have a majority age group of 75-84 years (26%) and 45-64 years (21%) respectively. This is same from last year's report.
- **Sexual Health Services:** predominately accessed by the 25-44 years age group (43%) and then 18- 24 years age group (38%).
- **Social care** had a majority age group of 85+ years at 35% of all contacts with the age group 75-84 years at 28%.

Table 10: Age Group in All Services



AGE and DNA Activity:

Overall the Trust's DNA rate in comparison to last year's report was down from 6% to 4% and the Cancellation rate was also down from 4% to 3%.

- **Hospital Outpatients Services:** the data highlighted an overall DNA rate of 7% and cancellation rate of 24% for the service. 0-17years group accessing outpatient services had the highest cancellation rates of 29%. The age group 18-24 years had a highest DNA rate of 13%.
- **Community Adult Services:** the data highlighted an overall DNA rate of 4% and cancellation rate of 1%. The highest DNA rate was noted for 18-24 years and 25-44 years age groups. The age group 18-24 years also had the highest cancellation rate.
- **Community Children's Services**: the DNA rate was static from last year at 9%. The cancellation rate was reported was at 2% which was a 50% reduction from last year's 4%.
- **Social Care** had no DNA rate or Cancellation rate recorded.
- **Sexual Health Services** had no DNA or Cancellation rate recorded.

3.3 Ethnicity

Across all services it was noted that there were still large numbers whereby ethnicity was not stated or completed. Overall the Trust failed to record Ethnicity on 30% of all its contacts; this is static from last year's report.

The overall average uptake of services across the Trust from the BME groups was 6.3%. This was static from last year's report. When looking at function level there were marked differences on recording and therefore recorded access:

- **Hospital Outpatients** stated a static 6% as not stated/known over the quarters. There was little diversity of ethnicity in those recorded with an overall BME access of 4%. The Highest Ethnic group recorded was White British at 90%. The second largest ethnic group was recorded to be Asian British Pakistani group at 1 %.
- **Hospital Inpatients**: an average of 7% over the year was from the not stated group: an increase of 2% from last year (5%). There was little diversity of ethnicity in those recorded with an overall BME access of 3% across the quarterly reports. This raises concern in relation to meeting the patients' cultural, religious and spiritual needs whilst in hospital.
- **Community Adult Services**: stated an alarming **47% to 49%** as not stated/known, with little recorded the overall BME access was recorded at 1.5%. However the Integrated Language and Communication Support Service report the function as the highest users of BSL and Language interpreters.
- **Community Children's Services**: stated 23% as not stated/known with some diversity of ethnicity recorded. The overall BME access was recorded at 11.5% It was noted that there was greater diversity recorded across the groups.
- **Sexual Health services:** stated 4% as not known/stated for the first 3 quarters it was noted that quarter 4 had a 14% record of not stated. There was greater diversity of ethnicity within the data and the overall BME access rate had increased from 25.3% to 32% this year.
- **Social Care:** recorded a decrease in the rate of not known/stated rate from 8% last year to 5%. Other than White British the only other ethnic group Asian British Pakistani group was recorded at 1%. Care Director the electronic record for the Social care staff enables recording of all equality groups.

Table 11: Service Use – Ethnicity

	Hospital Outpatients				Hospital Inpatients				Community - Adult				Community - Children				Sexual Health				Social Care				SSOTP Total			
Service Use by Ethnicity	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
White - British	90%	90%	90%	90%	88%	90%	92%	91%	52%	51%	50%	50%	65%	67%	64%	63%	64%	65%	62%	58%	92%	93%	93%	93%	64%	65%	63%	62%
Not Stated / Known	6%	6%	6%	6%	10%	7%	5%	6%	47%	48%	48%	49%	22%	23%	24%	25%	4%	3%	4%	14%	5%	4%	4%	5%	30%	30%	30%	32%
Any other White background	1%	0%	1%	1%	0%	0%	0%	0%	0%	0%	0%	0%	3%	3%	3%	3%	5%	5%	5%	4%	1%	1%	1%	1%	1%	1%	1%	1%
Asian Or Asian British - Pakistani	1%	1%	1%	1%	1%	1%	1%	1%	0%	0%	0%	0%	4%	2%	3%	3%	1%	2%	2%	2%	0%	0%	0%	0%	1%	1%	1%	1%
Asian Or Asian British - Indian	0%	0%	0%	0%	1%	1%	1%	1%	0%	0%	0%	0%	1%	1%	1%	1%	8%	9%	9%	7%	0%	0%	0%	0%	1%	1%	1%	1%
Any other Black background	1%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	1%	1%	1%	1%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Any Other Asian Background	0%	0%	1%	1%	0%	0%	1%	0%	0%	0%	0%	0%	1%	1%	1%	1%	1%	2%	2%	2%	0%	0%	0%	0%	0%	0%	0%	0%
Black Or Black British - Caribbean	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	2%	3%	2%	0%	0%	0%	0%	0%	0%	0%	0%
Black Or Black British - African	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	1%	0%	7%	5%	8%	6%	0%	0%	0%	0%	1%	1%	1%	1%
Chinese	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	1%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Mixed - White And Black Caribbean	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	1%	1%	1%	2%	2%	2%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Mixed - White And Asian	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	1%	1%	1%	1%	1%	1%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Mixed - White And Black African	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	1%	1%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Any Other Ethnic Group	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	3%	3%	2%	0%	0%	0%	0%	0%	0%	0%	0%
White - Irish	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total unique patients	**13101**	**14292**	**13737**	**13662**	**1252**	**1246**	**1138**	**988**	**77578**	**71860**	**75066**	**75244**	**27581**	**17134**	**24291**	**25842**	**11164**	**13313**	**12835**	**15174**	**20985**	**20057**	**19371**	**18150**	**151661**	**137902**	**146438**	**149060**
BME	3.9%	3.9%	4.0%	4.1%	2.9%	3.0%	3.2%	3.0%	1.5%	1.2%	1.3%	1.5%	12.5%	10.3%	11.5%	11.7%	32.3%	31.7%	34.5%	28.4%	2.1%	2.1%	2.2%	2.2%	6.1%	5.7%	6.3%	6.3%

APPENDIX B provides further details.

Action is required to support and raise awareness for both staff, service users, carers and their families as to the need for obtaining this data. Training and resources are being developed for Staff and Communities via the Equality and Inclusion team. Therefore this is now an equality objective for the Trust.

The electronic patient records (RiO and Care Director) have the equality demographics as mandatory fields in order to empower staff to collect equality data.

From the ethnic origins recorded across all services the White British group is the largest user of all services, however due to the vast numbers of not stated / disclosed a precise and detailed analysis proves difficult.

There is a risk for the Trust in not capturing the Ethnicity data at each service level in relation to delivering services to reduce Health Inequalities and meet the health needs of its local population.

Ethnicity and DNA Activity:

From the data available there appears to be over representation of the BME groups.

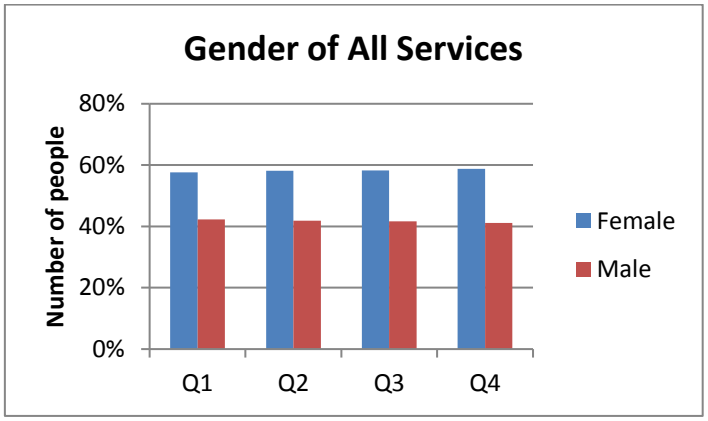
- **Hospital Outpatients Services:** the overall rate at service level was 7%for DNA and 24% for cancellation. The data highlights that the not known category had high rate of cancellation rate of 28% however there were disproportionately high rates for the mixed Black Caribbean and White group at 31% and the Asian/Asian British Indian group at 28%. The DNA rate was highest among the Asian/Asian British Pakistani and Chinese groups at 13%.
- **Community Adult Services:** The data highlights overall service level rate for cancellation was 1% and for DNA was 4%. Highest DNA rate was recorded within the Mixed White and Black African at 13%. The highest cancellation rate was recorded within the Mixed White and Asian group.
- **Community Children's Services:** the overall rates at service level for DNA 9% and cancellation at 2%. The highest DNA rate was within the Black/Black British African group. The highest cancellation rate was within the Chinese group at 6%.

The data indicates a disproportionate higher level within the BME groups.

3.4 Gender

Across all services within the Trust it was evidenced that females were higher users of services than males. This is reflective of the population data suggesting females live longer than males and are likely to access services more often than males.

Table 12: Gender of All Services



The analysis evidenced a higher use of Community Children's Services by males at 55% and females 45%. These rates are the same as last year's report.

Gender and DNA Activity: Males appear to be more likely DNA than cancel appointments.

3.5 Service Level Data

Appendix B provides the detail of the data used for the analysis and also on page 44-47 highlights the different services and their compliance to recording ethnicity for their service users. Some key messages at service level are included in the sections below however it is noted that services having 56% or more of the service users recorded as Unknown/not stated include Community Intervention Services, Respiratory Services, Musculoskeletal Service, Long term Conditions, End of Life Care Services and Cardiac Service (see p48 of Appendix B for a full list). This needs to be addressed since the Trust needs to comply with equality and wider legislative directives and require such information when planning/ re designing services that meet local needs of the population.

3.5.1 Sexual Health Services

The Trust provides Sexual Health Services within Staffordshire and within Leicester.

- **Age:** predominately accessed by age groups 25-44yrs.
- **Ethnicity:** Overall rates identified that there was over representation from BME communities accessing these services. The local BME population is 8% and average access rate was 31%. Diversity of ethnicity was recorded with the largest group being the Asian Indian population. Ethnicity not known was at 3- 4% with a great rise at 14% in quarter 4.
- **Gender:** More Females were recorded to be accessing the services at an average of 60%.
- **DNA and cancellation Activity:** the data indicates high rates at 0-17 years and higher cancellation rates within the age groups 45-74 groups. There was over representation of DNA and cancellation within the Any Other Black group. There was no gender difference noted.

3.5.2 Palliative Care Services

The Trust provides Palliative Care Services:

- **Age:** the highest user age group was younger than last year's report: 75-84 age groups in comparison to 85 years. Predominately the service is accessed by people of 65 years and above.

- **Ethnicity:** the average BME access rate was higher than last year's 0.5% to 1.3%. The service recorded on average 55% in comparison to last year's 46%, of user's Ethnicity as not stated/known. This requires action in order to evidence and support that the Trust promotes culturally competent and sensitive care supporting end of life care that meets cultural and spiritual needs. Figures indicated an over representation from the Black/Black British Caribbean group however due to large numbers within the not known category it is difficult to identify patterns.
- **Gender:** the gender of service users was evenly distributed across the year this indicates an increase of Male service users similar to last year's report.
- **DNA and Cancellation Activity:** the data indicates an over representation of Black/Black British African within the cancellation rates of 20%. There was no difference within the gender groups.

3.5.3 Health Visiting Services

The Trust provides Health Visiting Services:

- **Age**: the age group 0-17 years were recorded as the highest user group, reflecting the Children's services. The second largest user group was 25-44 years. This remains the same as last year's report.
- **Ethnicity**: the average BME access rate over the year was 11.6%. The largest BME group was the Any Other White background group in comparison to last year's group the Asian Pakistani Group. It was noted that the not known/stated rate had increased to 26-30% over the year from the average of 19% last year. This data highlights that there needs to be better recording of the ethnic groups.
- **Gender:** the gender of service users were on average 62% Female and 38% Male.
- **DNA and Cancellation Activity**: the age group 0-24 years and the Male gender group were more likely to DNA/Cancel. The ethnic group Black/Black British African group were over represented within the DNA data 14%.

3.5.4 Social Care Services

The Trust provides Adult Social Care Services:

- **Age:** the age group 85 years and above were recorded as the highest user group. The service predominately is accessed by age groups above 45 years.
- **Ethnicity:** the average BME access rate remains at 2%. The largest BME group recorded was from the Any Other White Background. It was noted that there was very little ethnic diversity within the service user data. There was a decreased rate of 5% recorded of not stated/known ethnic group in comparison to last year's 8%.
- **Gender:** the gender of service users is predominately Female (64%).
- **DNA and Cancellation Activity:** there were no data sets recorded for cancellation and DNA.

3.5.5 HIV Services

- **Age:** the highest group accessing this service were from age groups 45-64 years with 25-44 years recording the second highest group.
- **Ethnicity:** the largest group were White British with Black African as the second largest user group. This reflects the local commissioning intentions. The service recorded access from mainly the Black ethnic groups with 3.5% average from the not stated groups. There was little diversity recorded for the other groups. Overall the BME access rate was from 38.6% to 41.9% over the year.

- **Gender:** the services were over represented in access from the Male groups at 67%.
- **DNA and Cancellation Activity:** there was no data for this section since the service works on drops-ins and opportunistic screening.

3.5.6 Diabetes Services

- **Age:** the highest group accessing the service remain from age groups 45-64 years.
- **Ethnicity:** the largest user group were from the White British group with an alarming **45%** average rate of not stated / unknown. Research highlights that South Asians are six times more likely to have a diagnosis of Diabetes- the data fails to show any representative usage due to the large amount of data sets not recording ethnicity- the Trust needs to address the accurate recording for ethnicity across all services. Overall average rates of access for BME were 1.5% when the local BME population is 8%.
- **Gender:** the service was accessed predominately by males at 54%.
- **DNA and Cancellation Activity:** the age groups 0-17 and 25-44 years were the highest groups for DNA and cancellation. The highest ethnic group for DNA was the Pakistani group. Both gender groups were equally as likely to cancel and DNA.

3.5.7 Learning Disabilities Services

- **Age:** the population of users is a younger age group with the highest users being from the 45-64 years group.
- **Ethnicity:** the service is accessed predominately by White British ethnic groups. However it is noted that an average rate of 15% was recorded for the not stated/Known groups. There was very little diversity recorded.
- **Gender:** the service was accessed evenly between Males and Females.
- **DNA and Cancellation Activity:** the 45-64 years group were more likely to DNA. There was an over representation of the Chinese Group to DNA when looking at the headcount figures. Females were more likely to DNA.

3.5.8 Patient Experience Services

The Trust provides opportunities for service users to feedback on their experiences with the Trust. The Patient Experience team report on a six monthly basis to the Quality and Safety Committee looking at the themes coming from each service area. They will support teams to address and engage with service users in relation to service improvement initiatives.

Within the feedback service users are requested to comment on how they feel their cultural, religious or spiritual beliefs have been respected. The service user is also requested to disclose any disability they may have so that we can analyse any patterns of positive and negative experiences.

Overall the Trust fairs very well with over 70% of responses giving positive feedback. Appendix B provides a snap shot of some data analysed. The Patient experience team provide a full report on their activity via the Trust's annual report. Some key messages from the data

- For Palliative Care services where ethnicity recording was low- feedback highlights that all respondents who provided feedback felt they had their cultural, spiritual or religious needs met. Further work is required to understand the ethnicity of the respondents for this survey.
- Further work is required to record the equality data of the respondents in order to pull information and themes of equality and inequality.
- Within hospital inpatients 56% of respondents did not respond to the question relating to needs being met on a cultural, spiritual and religious aspect. Within the Diabetes services 38% of respondents did not respond.

- Within Social Care, Sexual health and hospital outpatients the question of needs being met on religious, cultural or beliefs grounds were not asked.

4.0 CONCLUSION

The Equality Data Analysis Report highlights some key areas for actions and recommends the Trust as a whole to take forward the robust recording of the Equality Characteristics. Support to improve skills in recording the data and resources are required for staff and service users to support the capture of this data. This will be taken forward into the new Trust as an equality objective from June 1st 2018.

It is clear that there is a great deal of good practice across the Trust however focus on data capture at service level is required.

The Trust is implementing the RiO system for electronic patient records and the equality data collection and analysis will improve as staff are made aware of the new system and empowered to record the equality data. This work will be linked with the Accessible Information Standard compliance program which requires the Trust to be compliant with the standard.

NB. **Appendix B** provides detailed analysis.