

Service User Equality Data and Accessible Information Requirements 2021/22

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Summary: Key Points

These analyses were undertaken in relation to the Trust’s public sector equality duty as prescribed by the Equality Act 2010. The following report will be published on LPT’s public-facing website by March 2023, to comply with the requirements of NHS organisations outlined in the Public Sector Equality Duty.

Patient data from 1st April 2021 – 31st March 2022 is summarised below with respect to the following protected characteristics:

- Age

- Ethnicity
- Sex

Age is known for all patients. Sex is known for 99.9% of patients.

Ethnicity is known for 91.5% of patients:

- 86.9% in AMH, MHSOP and PIER
- 90.7% in CHS
- 94.1% in FYPCLD

Other protected characteristics are not analysed in depth in this report, due to incomplete data:

- Disability is known for 33.8% of patients
- Religion/belief is known for 39.1% of patients

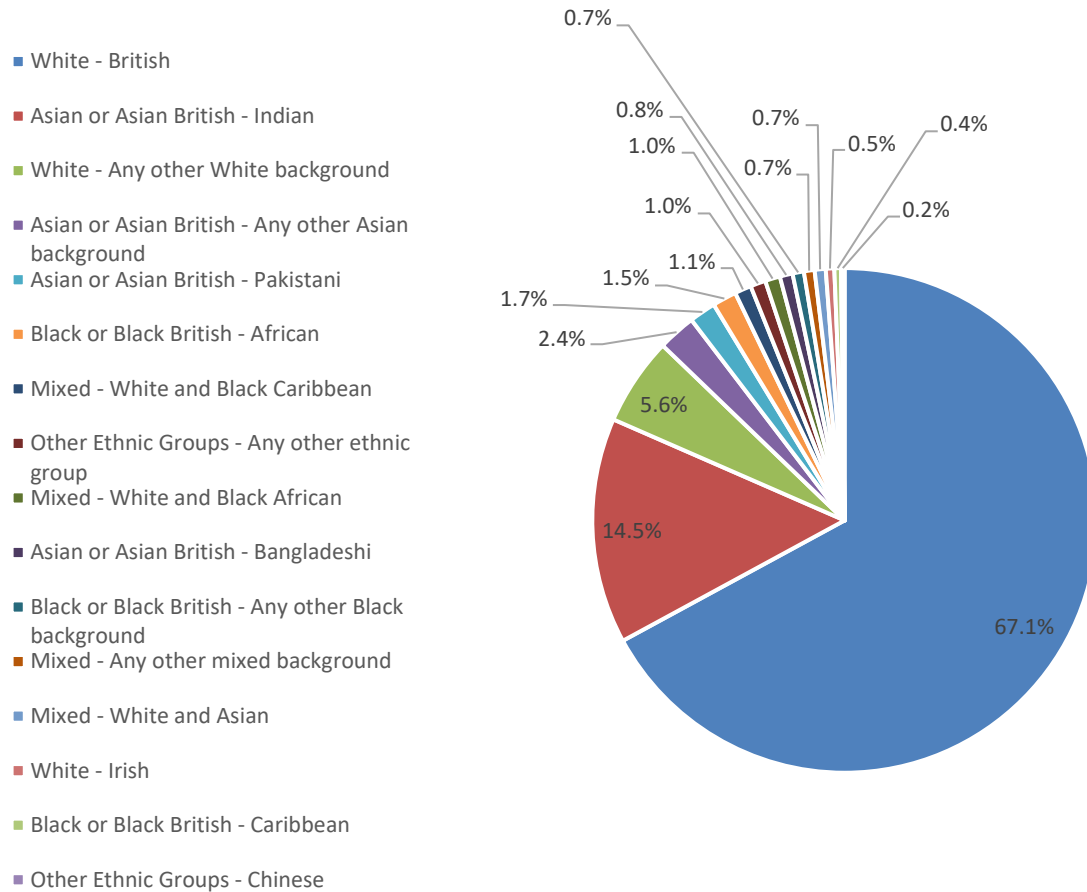
Data is not available for sexual orientation, gender reassignment or pregnancy/maternity.

Patient and service user demographic information is fundamental to service provision, accessibility, and suitability. LPT has put equality demographics at the heart of service planning in the following ways:

- Patients and service users, and their families, are actively engaged through the Patient Experience and Engagement team.
- The Equality, Diversity and Inclusion Patient Experience and Involvement Group, which meets two-monthly, includes patient and service user members. The Group has a strong drive and determination to improve under-representation of the experience and involvement opportunities of patients and carers who use or are impacted by the services provided by the Trust.
- A patient demographics form is in development to encourage patients to share their equality information with us for the purposes of monitoring how accessible services are to our communities. Patients and service users as well as clinical teams have been engaged in the development of this template, with opportunities to feed back.
- Monitoring the Accessible Information Standard falls within the remit of the Inclusive Communications Group. The Group also provides support and advice on easy read formats, interpretation and translation services, and relevant policies and procedures.
- E-learning is available for all staff on the Accessible Information Standard (AIS). A recorded session was shared on StaffNet detailing how to record AIS requirements for patients and service users. The aim of the Accessible Information Standard is to ensure that people who have a disability, impairment or sensory loss receive information in formats that they can access and they receive appropriate support to help them to communicate. This includes people who are d/Deaf, blind, deafblind, who have a learning disability, or who have aphasia, autism or a mental health condition which affects their ability to communicate. All colleagues are responsible for the AIS, the principles of which are to: **Identify, Record, Flag, Share** and **Meet** accessibility requirements.
- A clinical audit of implementation of the 5 steps of the AIS is being designed in collaboration with the Quality Improvement team.

Section 1: Demographic Overview

LPT service user headcounts were compared to 2021 Census data for the population we serve. White British patients continue to make up the majority of LPT service users, representative of the local Leicester, Leicestershire and Rutland (LLR) population (see Graph 1 and Table 1).



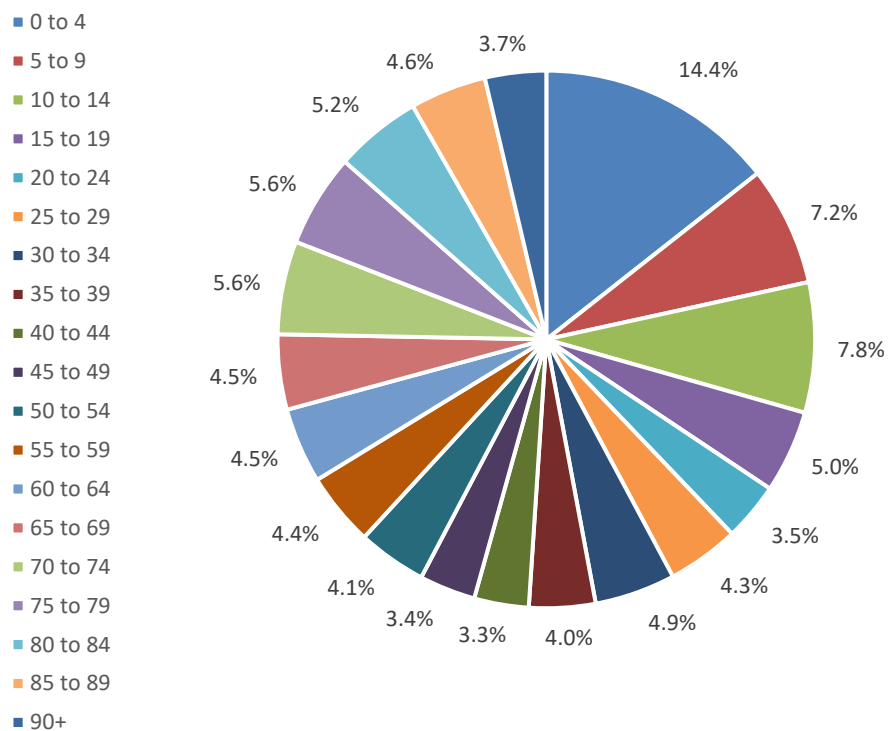
GRAPH 1: LPT SERVICE USERS BY ETHNICITY (2021/22 SERVICE USER HEADCOUNTS)

TABLE 1: LPT SERVICE USERS BY ETHNICITY (2021/22 SERVICE USER HEADCOUNTS), COMPARED TO LLR POPULATION (2021 CENSUS)

Ethnicity	% Patients of known ethnicity (n=161602)	% LLR (n=1121985)
Asian or Asian British - Any other Asian background	2.4%	1.5%
Asian or Asian British - Bangladeshi	0.8%	0.9%
Asian or Asian British - Indian	14.5%	15.0%
Asian or Asian British - Pakistani	1.7%	1.5%
Black or Black British - Any other Black background	0.7%	0.3%
Black or Black British - African	1.5%	2.4%
Black or Black British - Caribbean	0.4%	0.6%
Mixed - Any other mixed background	0.7%	0.6%

Mixed - White and Asian	0.7%	0.8%
Mixed - White and Black African	1.0%	0.3%
Mixed - White and Black Caribbean	1.1%	0.9%
Other Ethnic Groups - Any other ethnic group	1.0%	2.0%
Other Ethnic Groups - Chinese	0.2%	0.6%
White - British	67.1%	67.3%
White - Irish	0.5%	0.5%
White - Any other White background	5.6%	4.6%

LPT services are accessed primarily by children and young people, women in their 20s and 30s (many as part of the 0-19 healthy child programme), and older people. Therefore, children and babies aged 0 – 4 years and adults over the age of 70 are over-represented compared to the local population (see Graph 2 and Table 2).



GRAPH 2: LPT SERVICE USERS BY AGE (2021/22 SERVICE USER HEADCOUNTS)

PLEASE NOTE: AGE IS BASED ON AGE WHEN FIRST REFERRED TO AN LPT SERVICE IN 2021/22.

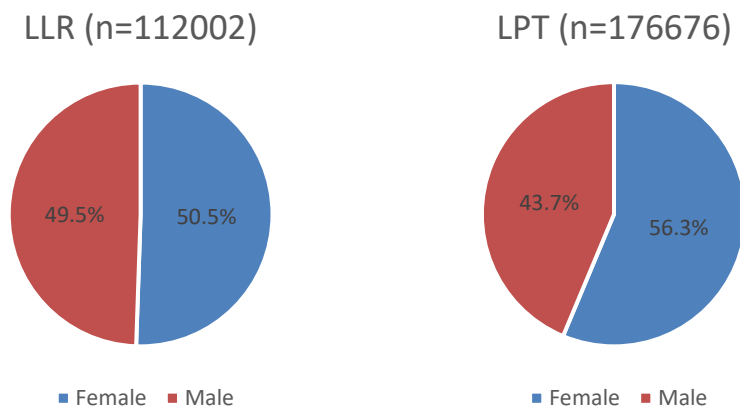
TABLE 2: LPT SERVICE USERS BY AGE (2021/22 SERVICE USER HEADCOUNTS), COMPARED TO LLR POPULATION (2021 CENSUS)

Age Group	% Patients of known age (n=176695)	% LLR (n=1122002)
0 to 4	14.4%	5.3%
5 to 9	7.2%	6.0%
10 to 14	7.8%	6.2%
15 to 19	5.0%	6.5%
20 to 24	3.5%	7.1%
25 to 29	4.3%	6.3%
30 to 34	4.9%	6.6%

35 to 39	4.0%	6.6%
40 to 44	3.3%	6.2%
45 to 49	3.4%	6.3%
50 to 54	4.1%	6.8%
55 to 59	4.4%	6.5%
60 to 64	4.5%	5.7%
65 to 69	4.5%	4.9%
70 to 74	5.6%	4.9%
75 to 79	5.6%	3.5%
80 to 84	5.2%	2.4%
85 to 89	4.6%	1.5%
90+	3.7%	0.8%

More women than men accessed LPT services in 2021/22 (see Graph 3).

GRAPH 3: LPT SERVICE USERS AND LLR POPULATION BY GENDER (2021/22 SERVICE USER HEADCOUNTS)



Section 2: Age and Gender

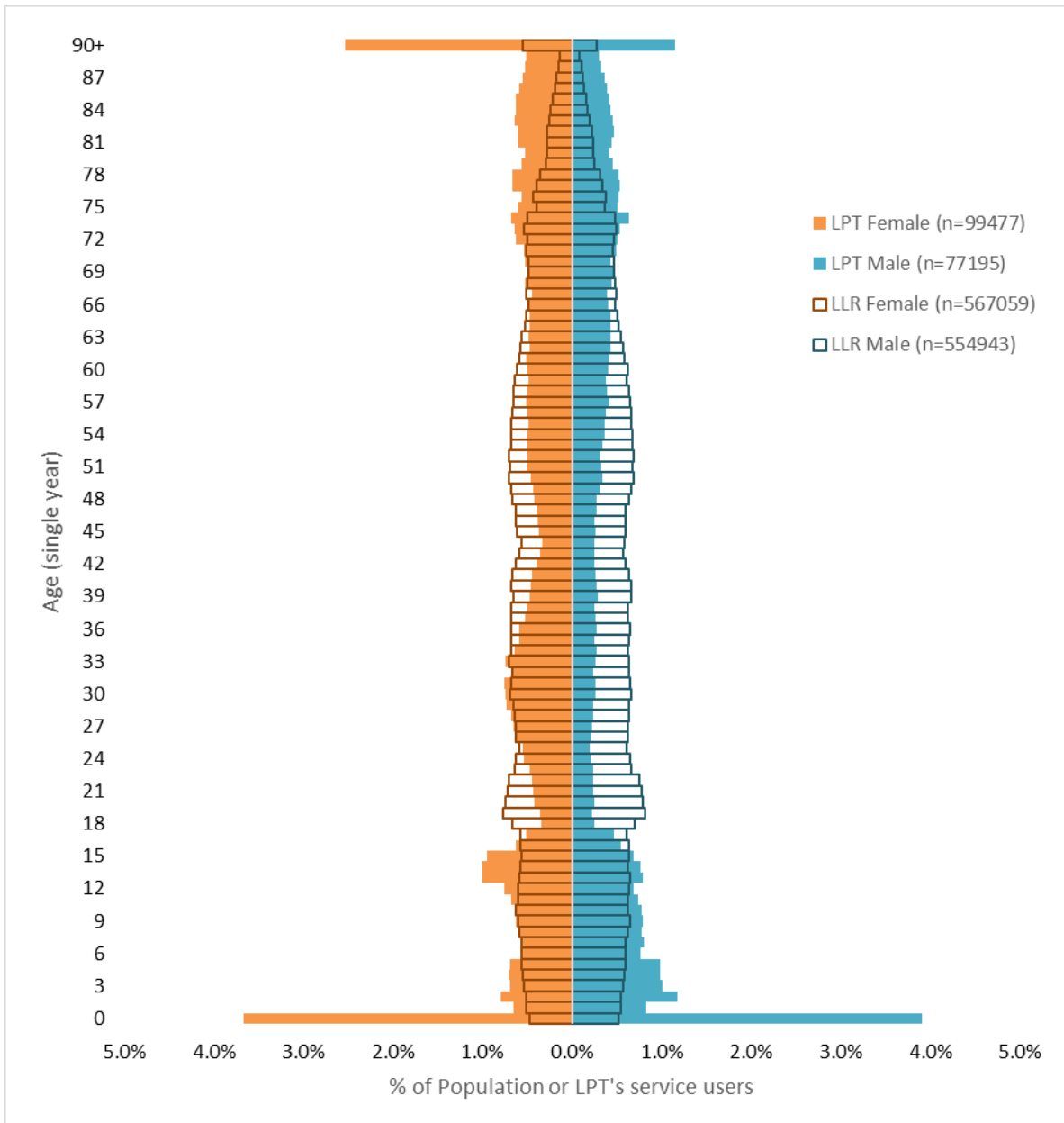
LPT: Whole Trust

Graph 4 below shows the age and gender profile of LPT service users in 2021/22 compared to the population of LLR at the 2021 Census. The profile of service users has not changed significantly since the last report in 2019/20. LPT service users are concentrated in the early and later years of life, with fewer service users in middle age, particularly for men. In part, this is because the services we offer include:

- Community healthcare, with a high proportion of older people
- 0-19 Healthy Child Programme, which is accessed by mothers and children
- Families, Young People's, and Children's services

Other services are available to all regardless of age:

- Learning Disabilities
- Mental Health
- Many community services



GRAPH 4: LPT SERVICE USERS BY AGE AND GENDER (2021/22 SERVICE USER HEADCOUNTS), COMPARED TO LLR POPULATION (2021 CENSUS)

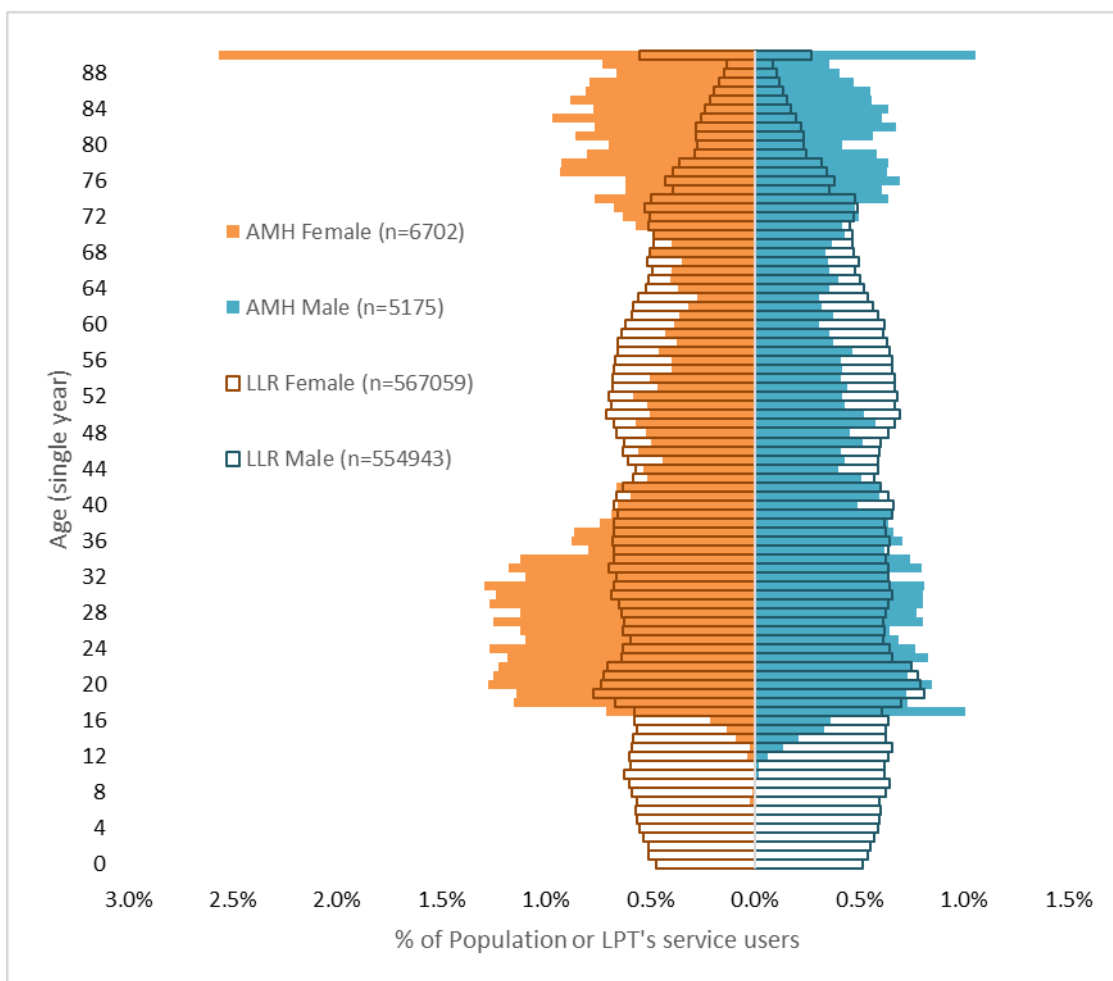
Directorate of Mental Health

For Directorate of Mental Health Services (DMH), service users are most likely to be in their 20s to 50s. More women than men access DMH services. Mental Health Services for Older People (MHSOP) are accessed mostly by people in the 60s and above, with the highest concentration of service users being over the age of 90. Psychosis Intervention & Early Recovery services (PIER, an age 16 – 64 service) are accessed mostly by people in their teens and early 20s, and are slightly more likely to be male than female. The graph below considers all Directorate of Mental Health services, including MHSOP and PIER, together.

Trends with respect to gender:

- Men were more likely than women to access some services. Men made up:
 - 76% of Criminal Justice Liaison and Diversion Service users

- 72.5% of Assertive Outreach inpatients, and 66.1% of outpatients
- 92.2% of Community and Outpatients Forensic service users
- Women were more likely than men to access other services. Women made up:
 - 80.5% of Personality Disorder Service users
 - 92.9% of Eating Disorders
 - 78.7% of Dynamic Psychotherapy service users
- Some services were fairly evenly split between men and women:
 - General Psychiatry Acute Inpatients
 - Clinical Neuropsychology
 - Rehab Community Transitional Support Team
 - Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers)
 - ADHD Service



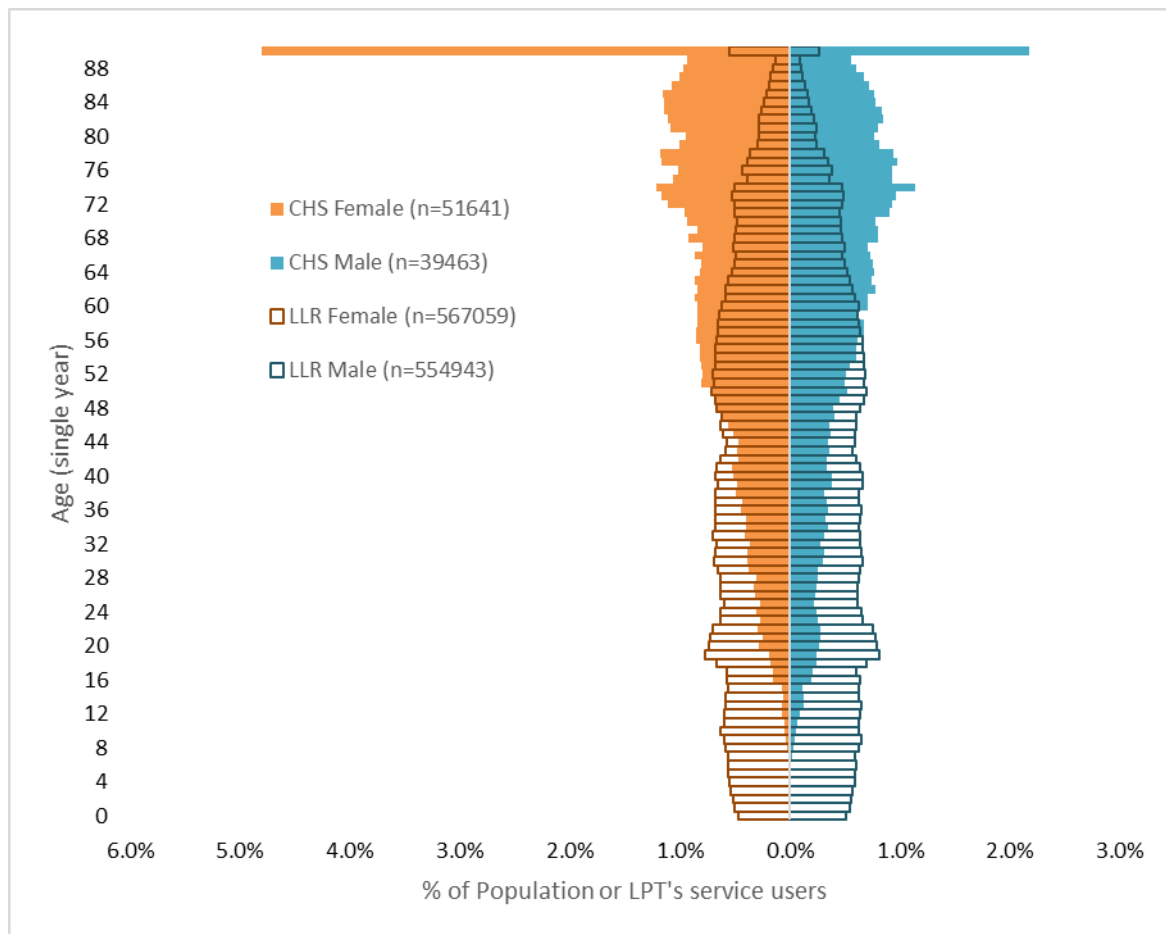
GRAPH 5: AMH, MHSOP AND PIER SERVICE USERS BY AGE AND GENDER (2021/22 SERVICE USER HEADCOUNTS), COMPARED TO LLR POPULATION (2021 CENSUS)

Community Health

In Community Health Services, there are services for all ages but the vast majority of patients are 50 and above. Women, particularly at the older ages, are more likely to access CHS than men.

Trends with respect to gender:

- Continence Nursing was accessed by more women than men (65.0% of service users were women).



GRAPH 6: CHS SERVICE USERS BY AGE AND GENDER (2021/22 SERVICE USER HEADCOUNTS), COMPARED TO LLR POPULATION (2021 CENSUS)

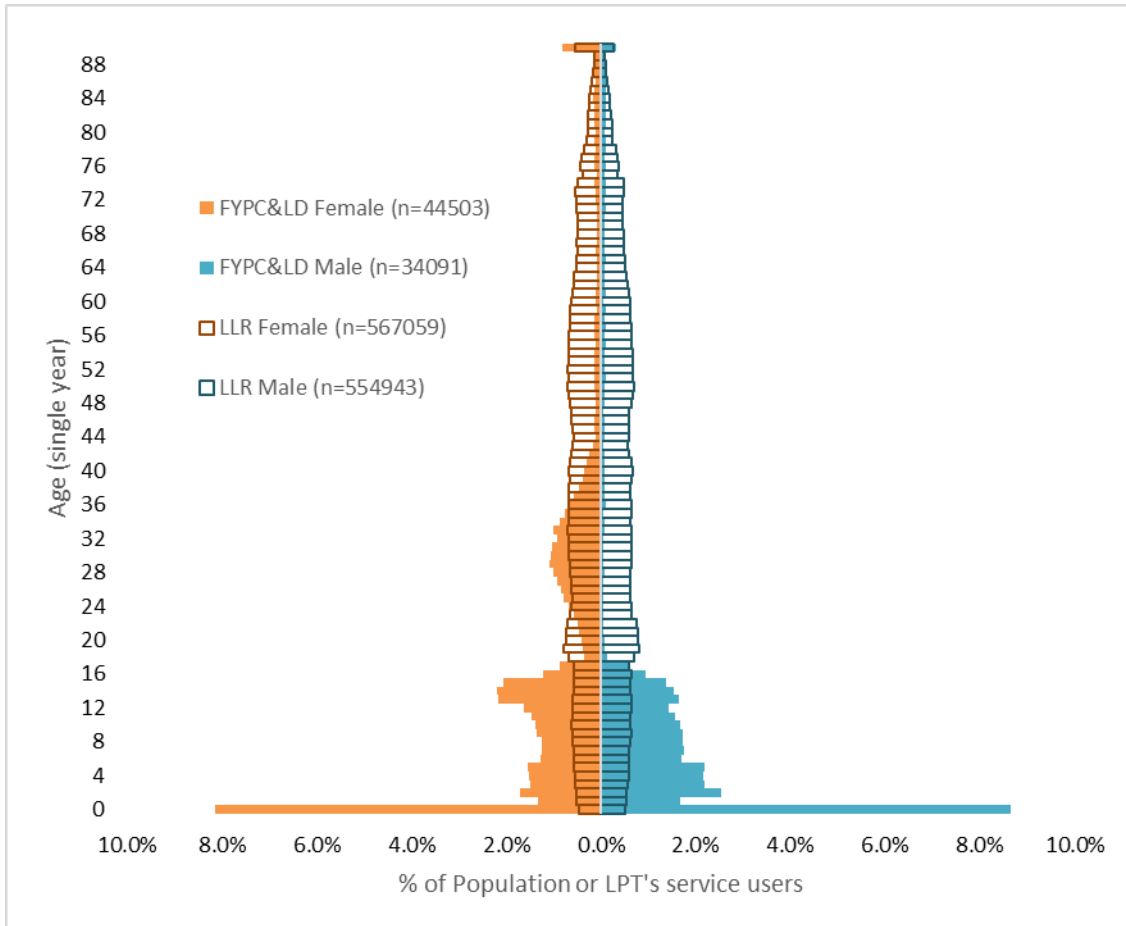
Families, Young People, Children and Learning Disabilities

In Families, Young People's, Children's and Learning Disabilities Services (FYPC&LD), service users were more likely to be children and young people, or women between 20 and 40, reflecting the services on offer for mothers, babies, and children: 0-19 Healthy Child Programme which includes a child immunisation programme, school nursing, and health visiting for mothers and babies. More than half of service users accessing FYPC&LD used the 0-19 Healthy Child Programme (54.3%).

Trends with respect to gender:

- Girls are more likely to access CAMHS services than boys (girls made up 78.3% of service users accessing inpatients, 89.2% of eating disorders services, 72.3% of crisis and home treatment, and 65.2% of outpatients and community services). The Young People's team and Paediatric Psychology were more evenly split between boys and girls accessing these services (44.2% and 49.8% girls respectively). The exception is CAMHS Learning Disability services, for which 71.2% of service users were boys.

- Boys were more likely than girls to access Children’s Speech and Language Therapy (67.1% of service users), Physiotherapy (60.3%), Occupational Therapy (68.2%), and Continence services (68.7%). In contrast, women are more likely to access the corresponding adult services, with the exception of Speech and Language therapy which was fairly evenly split between men and women.
- Learning Disability services were fairly evenly split between female and male service users. Male service users were more likely to access the Special Educational Needs and Disabilities service (68.3% of service users).



GRAPH 7: FYPC&LD SERVICE USERS BY AGE AND GENDER (2021/22 SERVICE USER HEADCOUNTS), COMPARED TO LLR POPULATION (2021 CENSUS)

Section 3: Ethnicity

LPT: Whole Trust

Census data from 2021 shows that Leicester is the second most diverse city in the UK, after London, with people from Black, Asian and minority ethnic (BAME) backgrounds making up 59.1% (217914/368571) of the population. When considering Leicester, Leicestershire and Rutland as one population, the percentage of people from BAME backgrounds is 27.5% (308993/1121985).

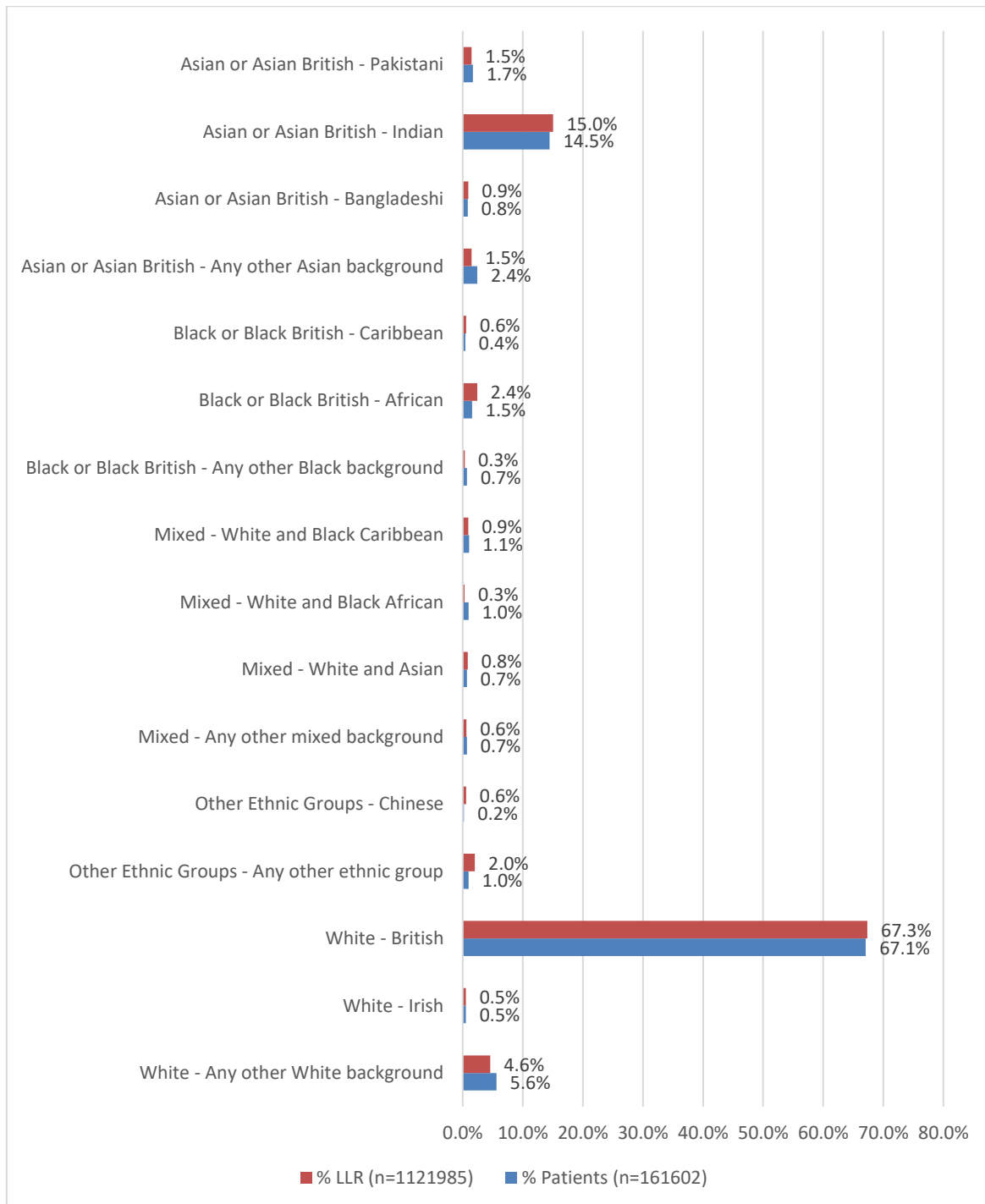
TABLE 4: ETHNICITY PERCENTAGES OF THE LOCAL LLR POPULATION, BY LOCAL AUTHORITY (CENSUS 2021)

Local Authority	%Population Black, Asian, or minority ethnic	%Population White
Leicester City	59.1%	40.9%
Blaby	13.8%	86.2%
Charnwood	17.7%	82.3%
Harborough	9.0%	91.0%
Hinckley & Bosworth	5.7%	94.3%
Melton	3.1%	96.9%
North-West Leicestershire	4.1%	95.9%
Oadby & Wigston	36.6%	63.4%
Rutland	5.2%	94.8%
TOTAL	27.5%	72.5%

When comparing the local population’s ethnicities to the ethnicities of LPT service users, overall our service users are representative of the local population. People who are “Asian or Asian British - Any other Asian background” are slightly over-represented as service users (2.4% of patients compared to 1.5% of the local population) and people who are “Black or Black British – African” are slightly under-represented as service users (1.5% of patients compared to 2.4% of the local population).

Where our service users are not representative of our local population, this may be because:

- There are accessibility issues presenting barriers to certain groups of people
- There are health inequalities and social factors impacting the health needs of certain groups



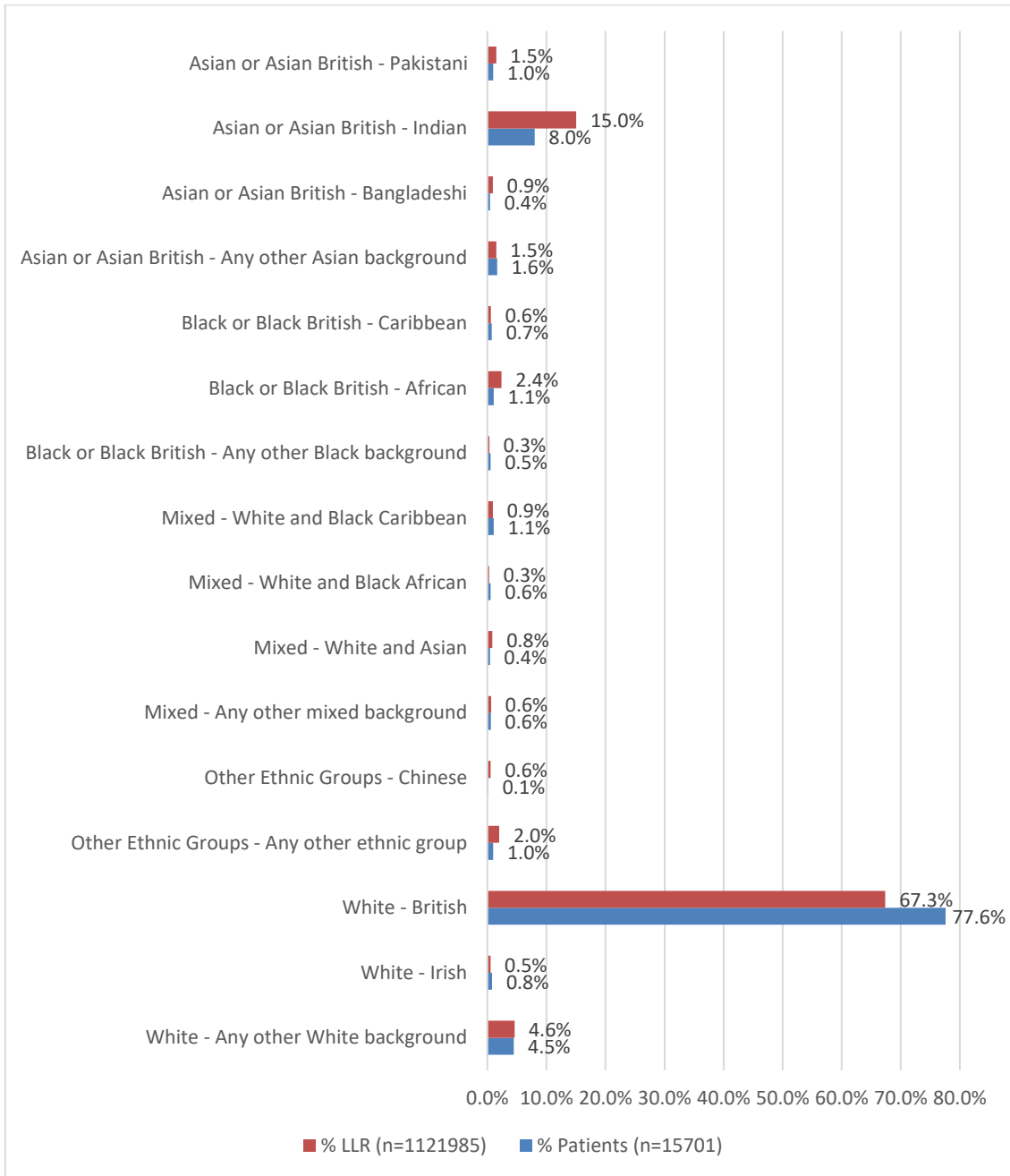
GRAPH 8: ETHNICITY PERCENTAGES OF LPT SERVICE USERS (2021/22 HEADCOUNTS) COMPARED TO THE LLR POPULATION (2021 CENSUS).

Directorate of Mental Health

For the Directorate of Mental Health (DMH), including Mental Health Services for Older People (MHSOP) and Psychosis Intervention and Early Recovery (PIER), White British people were over-represented as service users (77.6% service users, 67.3% local population). Other groups were under-represented: Black African (1.1% service users, 2.4% local population) and Asian Indian people (8% service users, 15% local population).

Some services have particular trends:

- Indian and Black African service users are under-represented in ADHD services (3.5% of service users are Indian, and 1% are Black African, compared to the local population of 15% Indian and 2.4% Black African).
- Similarly, for the Adult Autism Spectrum Disorder Assessment Clinic, only 3.8% of service users were from Indian backgrounds.
- For inpatient psychiatric intensive care, Black service users were over-represented (15% of service users, compared to 3.3% of the local population). This was true for both Black African and Black Caribbean people.
- White British people were over-represented in Dynamic Psychotherapy, with 81.3% of service users being White British, compared to 67.3% of the local population. Most ethnic minority groups were under-represented.
- In Eating Disorders Community services, people from Indian backgrounds were under-represented (6.7% service users, 15% local population).
- People from Indian backgrounds were under-represented in Perinatal Mental Health, with 8.5% of service users being Indian, compared to 15% of the local population. Black African people were also under-represented, with 1.4% of service users, but 2.4% of the local population.
- White British people were over-represented in MHSOP services, but this is to be expected due to the lower proportion of ethnic diversity among older people.
- People from Asian Indian backgrounds were under-represented in Mental Health and Employment service (10.4% service users, 15% local population).
- Among Personality Disorder service users, people from Indian backgrounds were under-represented (3.4% of service users, 15% of local population) and people of Mixed White and Caribbean backgrounds were over-represented (3.1% of service users, 0.9% of local population). White British people were over-represented (85.5% of service users, 67.3% of local population).
- White British people were under-represented in Psychosis Intervention and Early Recovery services (PIER) (55.4% service users, 67.3% local population), while other groups were over-represented: Asian Other (4.3% service users, 1.5% local population); Pakistani (3.5% service users, 1.5% local population), Black African (5% service users, 2.4% local population), and White Other (8.8% service users, 4.6% local population).



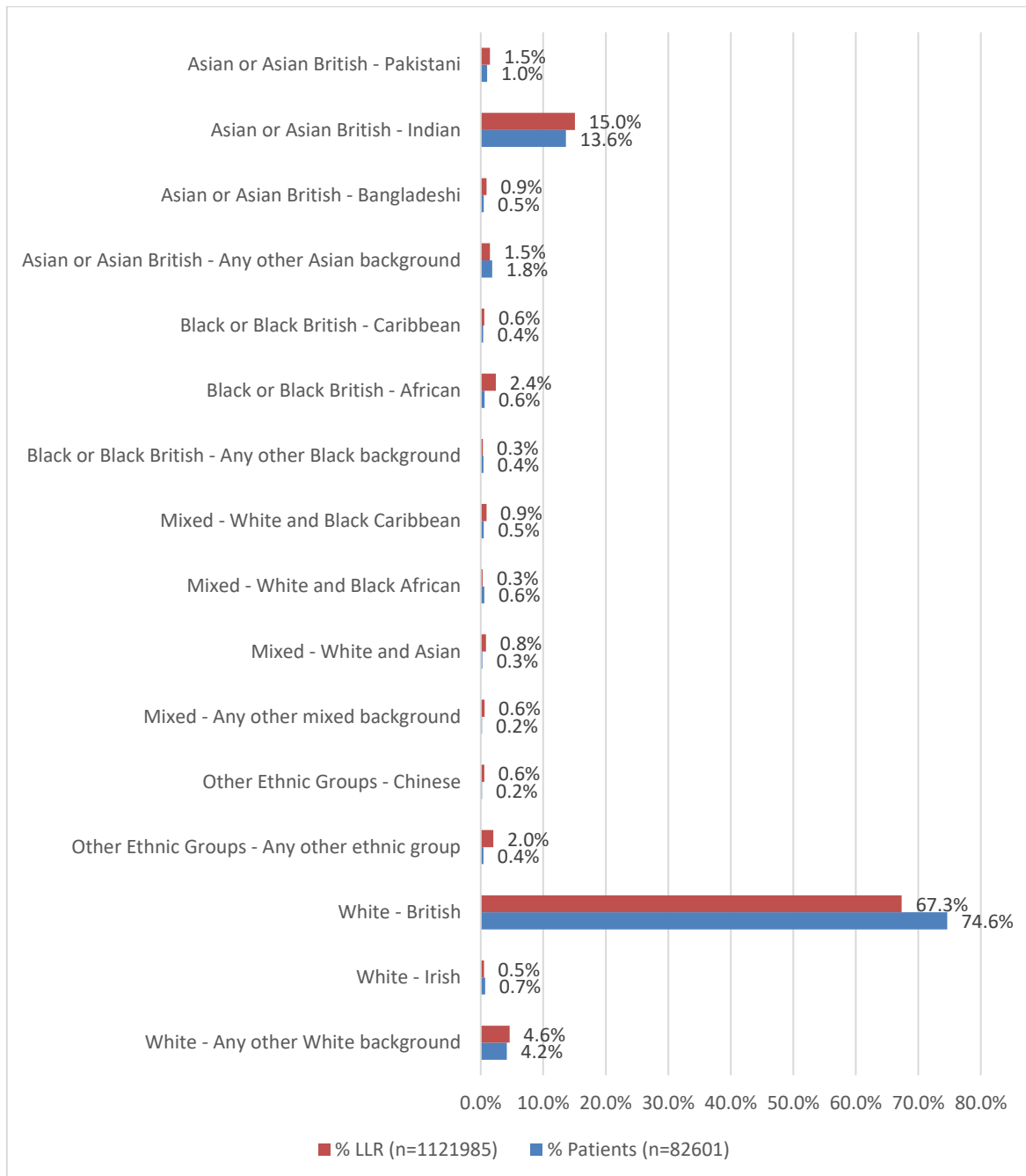
GRAPH 9: ETHNICITY PERCENTAGES OF DMH SERVICE USERS (2021/22 HEADCOUNTS) COMPARED TO THE LLR POPULATION (2021 CENSUS).

Community Health Services

For Community Health Services (CHS), White British people were over-represented as service users (74.6% of service users, compared to 67.3% of the population). Black, Asian and minority ethnic groups were under-represented, particularly Black African people (0.6% of service users, compared to 2.4% of the population). This is likely to be, at least in part, due to the age profile of CHS service users, who tend to be older. Older people are more likely to be White British than younger people, where there is more diversity in terms of ethnicity.

Some services have particular trends:

- Community Hospitals inpatients and Community Nursing services both have an over-representation of White British service users, although this is to be expected due to the demographics of older people in the population (85.9% and 78.6% service users respectively, compared to 67.3% local population). Similarly, Falls Clinic (88.5% White British service users) and Tissue Viability (89.2% White British service users).
- The Breathlessness Rehabilitation Service was accessed by almost exclusively White British service users (95.3% service users, 67.3% local population), as was the Respiratory Specialist Service (92.3% service users).
- In Physiotherapy, most groups are proportionately represented except Black African (0.6% service users, 2.4% local population) and Other Ethnic Groups not otherwise classified (0.5% service users, 2% local population). A similar pattern is seen in Podiatry (0.8% of service users were Black African, and 0.5% were from Other Ethnic Groups not otherwise classified).
- Black service users were under-represented in Speech and Language Therapy (1.3% of service users, 3.3% local population).



GRAPH 10: ETHNICITY PERCENTAGES OF CHS SERVICE USERS (2021/22 HEADCOUNTS) COMPARED TO THE LLR POPULATION (2021 CENSUS).

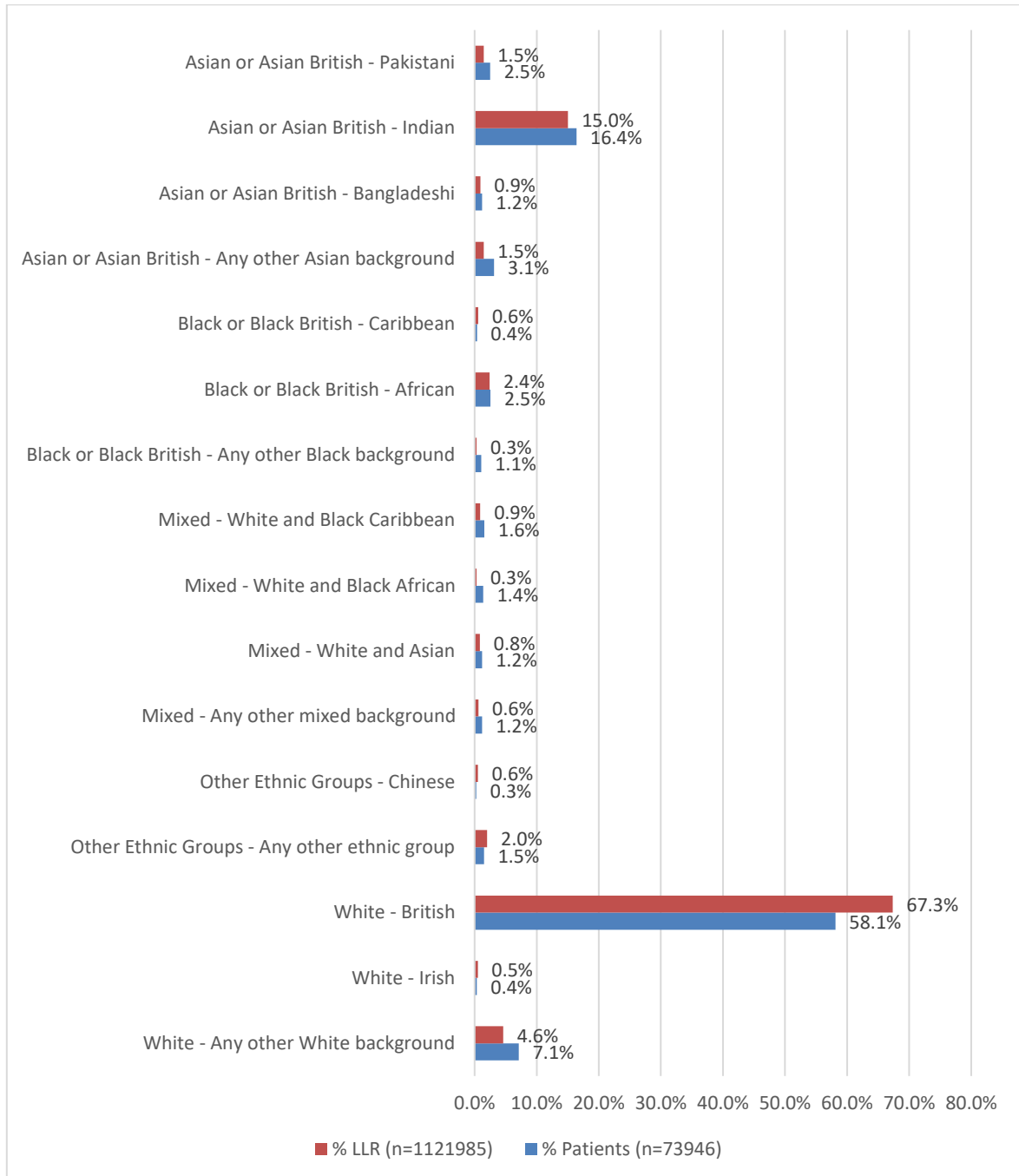
Families, Young People, Children’s, and Learning Disability Services

For Families, Young People, Children’s and Learning Disability Services (FYPC&LD), White British people were under-represented as service users (58.1% of service users, compared to 67.3% of the population). Black, Asian and minority ethnic groups were all over-represented, with the exception of people of Chinese ethnicity (0.3% of service users and 0.6% of the population) and people of Black Caribbean ethnicity (0.4% of service users and 0.6% of the population). Again, this is likely to be due to the typically younger age profile of FYPC&LD service users. For instance, the 0-19 Healthy Child programme is under-representative of White British service users (55.9%), but this is to be expected

due to the fact that younger people across LLR are more likely to be from Black, Asian, or minority ethnic backgrounds than older people are.

Other FYPC&LD services are under-representative of certain Black, Asian and minority ethnic groups:

- CAMHS services are typically under-representative of people from Asian Indian backgrounds. While the local population is 15.0% Indian, only 5.9% of CAMHS Central Access Point service users are Indian, as well as 4.4% of the Access Team, 4.6% of the Crisis Team, 4.2% of Outpatients & Community, and 7.7% of Paediatric Psychology.
- Similarly, people from Asian Indian backgrounds are under-represented in Children's Occupational Therapy (7.4% service users), but over-represented in Children's Phlebotomy (28.5%).
- Among Learning Disability Community service users, Asian Indian, White Other, and Black African service users are under-represented (10.2%, 2.2% and 1.3% of service users, compared to the local population of 15%, 4.6%, and 2.4%).
- For Diana Children's Community Nursing, however, Asian Indian and Black African service users are proportionately represented, and White Other service users are over-represented (7.4% of service users, compared to the local population of 4.6%). Again this is likely due to the more ethnically diverse demographics of younger people.
- Among the service users of the Looked After Children service, children from Indian backgrounds are under-represented (2.6% of service users, compared to 15% of the local population). Children from mixed ethnic backgrounds are over-represented in these services, but this is to be expected given the ethnic demographics of this age group.
- A similar pattern is seen for Mental Health Support in Schools (9.5% service users from Asian Indian backgrounds), Paediatric Medical Services (6.9%), Special Educational Needs and Disabilities (7.3%), and Single Point Of Contact (SPOC) (9.1%).
- In Dietetics, White British people are very under-represented (32.7% service users, 67.3% local population). People of Indian backgrounds are over-represented (34.4% service users, 15% local population), as well as those of Pakistani backgrounds (4.2% service users, 1.5% local population) and Asian Other backgrounds (4.8% service users, 1.5% local population). Also over-represented are people of Black African backgrounds (3.8% service users, 2.4% local population); Black Caribbean (1.9% service users, 0.6% local population); Black Other (1.6% service users, 0.3% local population). People from mixed White and African backgrounds are also over-represented (2.7% service users, 0.3% local population); as well as White Other (7.6% service users, 4.6% local population).



GRAPH 11: ETHNICITY PERCENTAGES OF FYPCLD SERVICE USERS (2021/22 HEADCOUNTS) COMPARED TO THE LLR POPULATION (2021 CENSUS).

Restraint and Seclusion

When compared to White patients across the Directorate of Mental Health (including MHSOP and PIER), patients from Black, Asian and minority ethnic backgrounds (BAME) are more likely to experience restraint, seclusion, and section. The disparity is even larger for Black patients.

This table has been corrected since initial publication.

TABLE 5: PERCENTAGE OF BAME AND WHITE SERVICE USERS WHO WERE RESTRAINED, SECLUDED, OR SECTIONED, COMPARED TO PERCENTAGES OF BAME AND WHITE SERVICE USERS.

	% of people restrained, secluded, or sectioned	% of AMH, MHSOP and PIER patients	Likelihood ratio
Restraint	33.3% BAME 66.7% White	17.2% BAME 82.8% White	BAME patients are 2.4 times more likely to be restrained than White patients, when comparing those who are restrained against the total headcount of DMH patients. Black patients in particular are 5.0 times more likely to be restrained than White patients.
Seclusion	39.4% BAME 60.6% White	17.2% BAME 82.8% White	BAME patients are 3.1 times more likely to be secluded than White patients, when comparing those who are secluded against the total headcount of DMH patients.. Black patients in particular are 6.5 times more likely to be secluded than White patients.
Section	31.1% BAME 68.9% White	17.2% BAME 82.8% White	BAME patients are 2.2 times more likely to be sectioned than White patients, when comparing those who are sectioned against the total headcount of DMH patients. Black patients in particular are 3.8 times more likely to be sectioned than White patients.

The figures for seclusion have remained similar since 2019/20, when:

- BAME patients were **3.0** times more likely to be subjected to seclusion (**6.4** times more likely for Black patients)

The figures are worse for restraint and sections than 2019/20, when:

- BAME patients were **2.1** times more likely to be subjected to restraint (**4.1** times more likely for Black patients);
- BAME patients were **1.7** times more likely to be sectioned (**2.4** times more likely for Black patients)

Section 4: Accessible Information

The overall count of service users with a need identified under the Accessible Information Standard for 2021/22 was 2197; this compares with a total of 1041 in 2020/21; 1069 in 2019/20 and a total of 776 in 2018/19. A summary of the counts for 2021/22 is provided below. Headcounts below 10 have been redacted:

TABLE 6: INSTANCES OF ACCESSIBLE INFORMATION NEEDS RECORDED 2021/22

PLEASE NOTE: THE TOTAL FOR LPT OVERALL WILL BE LOWER THAN THE SUM OF PEOPLE WITH NEEDS IDENTIFIED IN INDIVIDUAL SERVICES AS THE SAME SERVICE USER MAY HAVE HAD NEEDS IDENTIFIED IN DIFFERENT SERVICES, BUT THEY WILL BE COUNTED ONLY ONCE FOR TOTAL FOR LPT OVERALL.

Row Labels	Count of Patient ID
LLR Adult Speech And Language Therapy	270
LLR Charnwood DN	163
LLR Childrens Audiology Service	70
LLR Children's Community Services	23
LLR Children's Continance Service	73
LLR Children's Diana Services	67
LLR Children's Occupational Therapy	94
LLR Children's Phlebotomy Service	88
LLR Children's Physiotherapy	68
LLR Children's Speech and Language	365
LLR City East DN	133
LLR City West DN	150
LLR Community Hospitals	130
LLR Community Paediatrics	243
LLR Community Therapy Service	797
LLR Continance Service	624
LLR Discharge Hub	313
LLR East Central DN	117
LLR East North DN	121
LLR East South Leics DN	115
LLR Falls Service and Residential Reablement	71
LLR Health Visitor & School Nurse Charnwood	17
LLR Health Visitor & School Nurse City North	67
LLR Health Visitor & School Nurse City South	137
LLR Health Visitor & School Nurse Hinckley & Bosworth	20
LLR Health Visitor & School Nurse Melton & Rutland	14
LLR Health Visitor & School Nurse South Leicestershire & Harborough	84
LLR Hinckley & Bosworth DN	70
LLR Home Oxygen Service	59
LLR Infection Control Service	23
LLR Integrated Community Equipment Active Recall Service	779
LLR Integrated Community Specialist Palliative Care	188
LLR Leicester, Leicestershire & Rutland Child Health Service	466
LLR Long Term Conditions	151
LLR Looked After Children Service	19
LLR Musculoskeletal Physiotherapy	95
LLR North West Leics DN	162
LLR Nutrition And Dietetics	448
LLR Phlebotomy Service	817
LLR Podiatry	314
LLR Safeguarding Service	90
LLR SPA	1275

LLR Special Educational Needs And Disabilities (SEND)	273
LLR Stroke & Neuro Service	166
LLR Tissue Viability Service	144
Rainbows Hospice	20

The accessibility needs included in the table above were:

- Giving time to communicate needs
- Giving opportunity to talk
- Facing the client when communicating
- Needs an advocate
- Does use hearing aid
- Difficulty using non-verbal communication
- Requires contact by short message service text message
- Requires contact by letter
- Requires contact by email
- Sign Supported English interpreter needed
- Requires information in Makaton
- Requires audible alert
- Requires visual alert
- Requires tactile alert
- Uses communication device
- Uses symbols for communication
- Uses photographs for communication
- Requires written information in at least 28 point sans serif font
- Uses alternative communication skill
- Uses sign language
- Requires third party to read out written information
- Using British sign language
- Difficulty hearing with background noise
- Requires communication partner
- Medicine labelling large print required
- Using Makaton sign language
- Uses hearing loop
- Interpreter needed - British Sign Language
- Interpreter needed - Makaton Sign Language
- Requires written information in large font
- Requires information verbally
- Communication assistance from carer requested
- Uses lipspeaker
- Uses cued speech transliterator
- Uses textphone
- Requires contact by telephone
- Requires contact by text relay
- Requires information in Easyread

- Requires slow verbal communication
- Uses Personal Communication Passport

It appears the reason why the number of patients with accessibility needs recorded has gone up so significantly in the past year is because of more reporting. Both the number of patients and number of individual needs recorded have gone up.

Section 5: Summary and Next Steps

Directorates are asked to:

- Review the equality demographic information for their areas
- Consider how to improve accessibility and outreach into groups of the population who are “easy to ignore” (i.e. less likely to access services that they require). The Due Regard toolkit on StaffNet can be used to inform decisions about how improvements can be made.
- Work with clinical teams to ensure protected characteristics data is captured as fully as possible for all service users, to improve our data accuracy and completeness.

The next steps for the organisation are to:

- Provide Due Regard/Equality Impact Assessment training where required
- Finalise and roll out the protected characteristics data capture form for patients to complete
- Undertake an Accessible Information Standard audit to ensure needs are being recorded and acted upon.