

EMERGENCY OPERATIONS CENTRE

PATIENTS’ FORUM VISITS 2019



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**REPORT ON VISITS TO**

**THE EMERGENCY OPERATIONS CENTRE**

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**FORUM OFFICERS IN 2019**

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| --- | --- | --- |
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|  |  |  |
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| Company Secretary | John Larkin  Registered Office:  6 Garden Court, Holden Road,  Woodside Park, N12 7DG |  |
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**FINAL - AMENDED 21-10-2019**

**INTRODUCTION AND METHODOLOGY**

Six Forum members visited EOC in either Waterloo or Bow in March or May 2019. They visited EOC for up to five hours and spent time with Call-Handlers, Allocators and CHUB and spoke to EOC Managers.

Before the visit, each person was provided with guidance by the LAS to prepare for the visit and provided with a list of questions from the Forum that they could ask of staff whilst in EOC. The main focus of the visits was to consider the effectiveness of EOC services for patients with mental health problems, but other matters were also examined.

Each person prepared a report on their visit and this was submitted to the Forum. The recommendations arising from these reports (below) were formally submitted to the LAS EOC director - Athar Khan, Chief Quality Officer – Trisha Bain, Heather Lawrence, Commissioners and other key partners.

Meetings will take place with the LAS to discuss our recommendations and their implementation. Forum Members who visited EOC will be invited to attend

these meetings.

**RECOMMENDATIONS TO THE LAS**

|  |  |
| --- | --- |
| **Parity of Esteem - Health and Social Care Act 2012**   1. The LAS should produce a statement for their annual Quality Account and Clinical   Strategy, explaining what steps have been taken to implement and achieve parity  of esteem between mental and physical health.  **Parity of Esteem - mental health nurses**   1. It would be of great benefit to patients if more mental health nurses could join the   LAS EOC team. Weekends can be particularly stressful for patients, when  mental health services are less available in the community.  **Parity of esteem – mental health nurses**   1. In view of the duty of Parity of Esteem between patients with physical and   mental health problems, and the low numbers of mental health nurses in EOC,  more emphasis should be placed on the training of all staff in the clinical hub, to  engage with patients suffering a mental health crisis. The training and experience  that paramedics are receiving through the south east London mental health car,  is an exemplar for how this can be done well.  **Call Handlers – mental health training**   1. Mental health training for call handlers needs to be substantially improved,   beyond the two compulsory days (year one only). Although staff have the option  of further mental health training this is not compulsory. We recommend that all  Call Handlers participate in Mind’s Blue Light training.  **Responding to patients in a mental health crisis - data**   1. Data should be provided showing the number of calls received by EOC for   patients in a mental health crisis (including suicidal ideation) each day, and the  capacity of the LAS to respond to these calls. Data on the time taken for mental  health nurses to respond to patients in a mental health crisis should also be  provided.  **EOC mental health card**   1. The LAS should review and redesign its EOC mental health flow chart, used to   assess the severity of mental health emergencies. The flow chart for mental  health is poorly designed, says little, has a poor script with non-specific  information and makes it difficult to respond to mental health calls.  **Call handlers’ access to mental health nurses**   1. Call Handlers should continuously be provided with information on the availability   of mental health nurses in EOC, to enable them to respond adequately and  appropriately to new callers suffering from a mental health crisis.  **Role of mental health nurses**   1. The roles of mental health nurses should be clarified, e.g. at a particular time,   whether a mental health nurse’s primary role is to engage directly with patients,  with front line staff, or to arrange transport to mental health facilities. The lack of  data may be leading to emergency ambulance responses, when other more  appropriate, patient specific responses might be best for the patient.  **Under-evaluation of the needs of suicidal patients**   1. Clarification is needed about LAS responses to patients experiencing suicidal   Ideation - some of are provided with a Cat 3 response – 2 hours: but response  times may be much longer, putting patients’ lives at risk of death or serious harm.   1. There should be a greater focus on effective responses to patients experiencing   suicidal ideation. Better collaboration is needed with specialised local mental  health services, to respond quickly and effectively to save lives and reduce harm.  **LAS support for patients detained by the police**   1. Where a patient is suffering from serious mental health problem and the police   detain the person, as they are not clinically trained, advanced mental health  Paramedics or mental health nurses should always attend, to take over clinical  responsibility for the patient and take the person to a statutory ‘place of safety’.  Patients subject to police detention under s135/136 should have a Cat 1 (ARP).  **Alternatives to A&E in a mental health crisis**   1. Alternative clinical resources are needed for seriously ill patients with a   mental health problem, who have not been Sectioned, but need inpatient care.  Taking them to an A&E department, is often inappropriate and can be a disastrous  experience.  **Mental health car - access**   1. The mental health car currently working in south east London, should be rolled   out across London to provide better care for people in a mental health crisis.  Data should be produced to show outcomes of these interventions and frequency  of post visit calls from patients who have received this service. Parity of responses  to patients whose calls are received at Bow and Waterloo should be demonstrated.  **Audit of the outcomes of mental health care**   1. CARU should carry out an audit of patients who have received mental health   care from paramedics, and those who have received care from the south east  London mental health car, to ascertain how often the mental health crisis is  resolved, and how often patients receive acute mental health care from a  hospital over the following few weeks.  **Access to summary care records and CmC**   1. We would like assurances that paramedics and mental health nurses visiting   patients in a mental health crisis, always have access to their ‘summary care  records’ and care plans/CmC, if they have been placed in the patient’s  records/notes. We would also like assurance that LAS staff training will be  completed in this financial year and that front-line staff will have completed  their training in accessing CmC records – where they exist - on their iPads.  **No eating and drinking while waiting for an ambulance**   1. Patients in a mental health crisis waiting for an ambulance, are told   not to eat or drink, except for sips of water. This advice is inappropriate  for this group of patients, may be harmful and can have negative  consequences for the patient’s mental state.  **Mental health – inappropriate assessment questions**   1. The script for patients in a mental health crisis that asks the patient (or a carer   in relation to the patient:  a) Do you feel violent?  b) Is there a risk of violence?  Is inappropriate and inconsistent with statutory duty of parity of esteem.  Most violence is from patients who are intoxicated, not those in a mental  health crisis. Patients in a mental health crisis are more likely to be the  victim of violence than the perpetrator. This question should be deleted  from the LAS script.   1. The LAS should review its emphasis on threats of violence in the assessment   of patients in a mental health crisis, because this approach to mental health  assessments lead to inappropriate responses from the LAS and police.  **Improving the CPR script**   1. When a caller is asked to give chest compressions (CPR), the Call Handler   counts out the beats. But if the phone is not near the caller, they cannot  hear the beats being called out, nor can the Call Handler hear what the  person is doing. If it is not currently the case, we recommend that the Call Handler  should advise the caller to put their phone on “speaker” and be placed nearby.  The same would be the case if the caller was asked to carry a task to assist  the patient, or to ensure the safety of the patient, or to open the door before  the ambulance team arrives.  **Rest break agreement – shortage of ambulances**   1. The Rest-Break Agreement may result in raised pressure at 5.30am and a   serious shortage of ambulances, which could lead to potentially harmful delays  in the treatment of seriously ill patients. We recommend the LAS provides an  explanation for this situation, evidence of any harm and details of action being  taken to mitigate harm to patients.  **Access to clinical data for front line staff**   1. Access to clinical data for paramedics regarding previous recent calls,   responses and outcomes are very limited. A paramedic could visit a patient  who has been seen several times in the recent past, and have no access  to relevant previous clinical data. This situation in inappropriate and should  be urgently transformed to ensure continuing access for historical clinical data.  **Responding to call when the signal drops**   1. It was reported by Call Handlers that the phone signal often drops during EOC   calls and contact is lost with caller. We would like sight of the relevant policy and  advice provided to Call Handlers experiencing this situation and the risk analysis  in relation to these cases.  **Clinical hub - SoP**   1. The following wording in the Clinical Hub SoP should be reviewed:   “Additionally, the following patient groups should be treated with **caution;**  mental health patients, under 18s, substance abuse, the elderly, patients who are  alone or have significant co-morbidities”. The word “caution” should be replaced with  e.g. “special care” (Assessment and the Manchester Triage System, 2018).  **Optical contamination**   1. Patient experiencing optical contamination from unset plaster, paint or other   hazardous substance should be taken or advised to travel directly to Eye  Casualty, e.g. at Moorfields, St Thomas’ or the Western. A 111 referral is not  appropriate in these cases.  **Maternity**   1. More input is needed from maternity staff for woman suffering traumatic or difficult   births at home. The maternity card used in EOC should be reviewed, updated and  improved.  **Training – major incidents**   1. There is a need for more ‘major incident’ simulation training for EOC staff.   **Training - interdisciplinary**   1. We recommend improved interactions and interchange between front-line staff   and Dispatchers – to better understand each other’s roles and how their interaction  could be improved. |  |

**USE OF LANGUAGE LINE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LANGUAGE** | **AUG 18** | **SEP 18** | **OCT 18** | **NOV 18** | **DEC 18** | **JAN 19** | **FEB 19** | **MAR 19** | **APR 19** | **MAY 19** | **JUN 19** | **JUL 19** | **TOTAL** | |
| ROMANIAN | 229 | 208 | 243 | 286 | 283 | 357 | 370 | 360 | 345 | 319 | 363 | 338 | **3701** |  |
| POLISH | 274 | 225 | 203 | 246 | 274 | 257 | 220 | 288 | 271 | 328 | 268 | 223 | **3077** |  |
| BENGALI | 148 | 180 | 230 | 189 | 290 | 269 | 248 | 252 | 238 | 298 | 262 | 276 | **2880** |  |
| ARABIC | 104 | 134 | 139 | 159 | 184 | 181 | 147 | 122 | 175 | 139 | 255 | 270 | **2009** |  |
| TURKISH | 108 | 116 | 109 | 105 | 150 | 136 | 160 | 158 | 123 | 141 | 125 | 160 | **1591** |  |
| SPANISH | 93 | 123 | 101 | 104 | 162 | 134 | 115 | 148 | 116 | 141 | 144 | 165 | **1546** |  |
| PUNJABI | 85 | 105 | 121 | 122 | 113 | 121 | 112 | 126 | 143 | 171 | 104 | 160 | **1483** |  |
| URDU | 70 | 75 | 74 | 87 | 79 | 83 | 102 | 105 | 82 | 82 | 113 | 104 | **1056** |  |
| RUSSIAN | 62 | 72 | 76 | 91 | 108 | 97 | 79 | 98 | 120 | 100 | 77 | 74 | **1054** |  |
| ITALIAN | 63 | 64 | 74 | 84 | 106 | 99 | 113 | 89 | 67 | 93 | 73 | 81 | **1006** |  |
| TAMIL | 53 | 93 | 76 | 81 | 84 | 68 | 92 | 88 | 86 | 83 | 58 | 65 | **927** |  |
| BULGARIAN | 50 | 51 | 59 | 63 | 82 | 81 | 73 | 78 | 60 | 82 | 110 | 80 | **869** |  |
| FRENCH | 64 | 52 | 67 | 63 | 90 | 72 | 54 | 74 | 63 | 87 | 67 | 87 | **840** |  |
| PORTUGUESE | 52 | 58 | 69 | 65 | 67 | 56 | 55 | 55 | 58 | 103 | 89 | 56 | **783** |  |
| SOMALI | 40 | 56 | 55 | 52 | 59 | 49 | 53 | 53 | 56 | 63 | 68 | 76 | **680** |  |
| FARSI | 43 | 49 | 62 | 47 | 57 | 57 | 55 | 63 | 51 | 47 | 74 | 74 | **679** |  |
| MANDARIN | 41 | 33 | 55 | 54 | 79 | 67 | 64 | 58 | 45 | 51 | 51 | 70 | **668** |  |
| LITHUANIAN | 46 | 31 | 43 | 44 | 62 | 55 | 57 | 44 | 65 | 47 | 26 | 33 | **553** |  |
| ALBANIAN | 21 | 41 | 41 | 47 | 59 | 50 | 47 | 50 | 41 | 36 | 59 | 46 | **538** |  |
| HINDI | 45 | 38 | 39 | 33 | 37 | 46 | 36 | 37 | 56 | 61 | 57 | 47 | **532** |  |
| GUJARATI | 13 | 18 | 20 | 27 | 38 | 25 | 32 | 25 | 30 | 36 | 24 | 28 | **316** |  |
| CANTONESE | 32 | 40 | 24 | 14 | 18 | 29 | 17 | 19 | 18 | 20 | 18 | 30 | **279** |  |
| GREEK | 17 | 12 | 16 | 22 | 25 | 21 | 22 | 32 | 26 | 41 | 30 | 15 | **279** |  |
| HUNGARIAN | 20 | 27 | 16 | 16 | 18 | 29 | 13 | 20 | 19 | 30 | 14 | 17 | **239** |  |
| Portuguese Br. | 16 | 5 | 12 | 14 | 23 | 15 | 15 | 20 | 26 | 23 | 28 | 18 | **215** |  |
| SORANI | 10 | 12 | 16 | 15 | 12 | 21 | 13 | 21 | 14 | 24 | 15 | 29 | **202** |  |
| TIGRINYA | 6 | 7 | 15 | 9 | 19 | 21 | 17 | 16 | 15 | 16 | 18 | 16 | **175** |  |
| VIETNAMESE | 4 | 15 | 16 | 13 | 16 | 22 | 11 | 8 | 18 | 18 | 18 | 15 | **174** |  |
| AMHARIC | 8 | 13 | 10 | 14 | 10 | 21 | 13 | 17 | 11 | 20 | 19 | 16 | **172** |  |
| PASHTO | 7 | 11 | 14 | 10 | 12 | 17 | 10 | 18 | 6 | 21 | 13 | 15 | **154** |  |
| SYLHETTI | 0 | 3 | 4 | 11 | 13 | 14 | 11 | 12 | 9 | 16 | 18 | 21 | **132** |  |
| GERMAN | 13 | 4 | 6 | 5 | 3 | 7 | 7 | 8 | 4 | 10 | 10 | 3 | **80** |  |
| DARI | 4 | 2 | 3 | 7 | 7 | 11 | 7 | 2 | 8 | 8 | 3 | 6 | **68** |  |
| NEPALI | 2 | 5 | 4 | 7 | 7 | 7 | 4 | 4 | 6 | 8 | 3 | 10 | **67** |  |
| KOREAN | 2 | 1 | 1 | 7 | 8 | 5 | 7 | 6 | 7 | 5 | 5 | 5 | **59** |  |
| JAPANESE | 4 | 5 | 2 | 6 | 1 | 4 | 8 | 5 | 3 | 3 | 6 | 5 | **52** |  |
| SLOVAK | 2 | 3 | 7 | 3 | 7 | 3 | 6 | 3 | 7 | 2 | 6 | 3 | **52** |  |
| TAGALOG | 4 | 1 | 1 | 4 | 0 | 6 | 10 | 2 | 8 | 3 | 5 | 4 | **48** |  |
| CZECH | 3 | 2 | 7 | 0 | 5 | 1 | 6 | 5 | 5 | 2 | 5 | 4 | **45** |  |
| HEBREW | 5 | 0 | 2 | 2 | 2 | 4 | 4 | 1 | 4 | 9 | 8 | 1 | **42** |  |
| THAI | 4 | 0 | 4 | 1 | 0 | 1 | 5 | 3 | 8 | 4 | 5 | 3 | **38** |  |
| UKRAINIAN | 2 | 1 | 0 | 3 | 4 | 3 | 3 | 1 | 4 | 2 | 5 | 5 | **33** |  |
| Portug.Creole | 4 | 1 | 3 | 4 | 3 | 3 | 2 | 1 | 4 | 1 | 4 | 2 | **32** |  |
| SWAHILI | 4 | 1 | 3 | 2 | 3 | 2 | 3 | 2 | 2 | 4 | 2 | 2 | **30** |  |
| AKAN | 1 | 4 | 2 | 1 | 3 | 4 | 3 | 2 | 3 | 1 | 2 | 1 | **27** |  |
| MALAYALAM | 0 | 0 | 5 | 3 | 0 | 3 | 3 | 1 | 2 | 4 | 3 | 1 | **25** |  |
| SINHALESE | 0 | 0 | 1 | 3 | 4 | 5 | 1 | 1 | 2 | 3 | 1 | 1 | **22** |  |
| LATVIAN | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 3 | 5 | 1 | 2 | 0 | **21** |  |
| YORUBA | 0 | 0 | 2 | 1 | 1 | 3 | 0 | 3 | 3 | 3 | 2 | 2 | **20** |  |
| ARMENIAN | 1 | 2 | 0 | 2 | 2 | 2 | 1 | 2 | 1 | 1 | 3 | 1 | **18** |  |
| DUTCH | 2 | 2 | 1 | 0 | 2 | 2 | 4 | 0 | 3 | 0 | 0 | 0 | **16** |  |
| OROMO | 1 | 0 | 0 | 2 | 1 | 1 | 6 | 4 | 0 | 1 | 0 | 0 | **16** |  |
| BOSNIAN | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 4 | 0 | 0 | 3 | 0 | **10** |  |
| CROATIAN | 1 | 4 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 2 | **10** |  |
| HAITIAN CREOLE | 0 | 0 | 1 | 0 | 3 | 0 | 1 | 0 | 1 | 0 | 0 | 4 | **10** |  |
| KURMANJI | 1 | 0 | 0 | 0 | 1 | 4 | 0 | 0 | 0 | 0 | 0 | 4 | **10** |  |
| LINGALA | 0 | 1 | 0 | 0 | 1 | 2 | 1 | 0 | 4 | 0 | 0 | 1 | **10** |  |
| MOROCCAN ARABIC | 0 | 0 | 1 | 2 | 0 | 0 | 1 | 0 | 0 | 2 | 2 | 2 | **10** |  |
| BURMESE | 1 | 3 | 3 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | **9** |  |
| MONGOLIAN | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 1 | 0 | 4 | **9** |  |
| SERBIAN | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 2 | 1 | 2 | 1 | **9** |  |
| YIDDISH | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | **8** |  |
| SUDANESE ARABIC | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | **7** |  |
| TELUGU | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 1 | 1 | 1 | 0 | 1 | **7** |  |
| GEORGIAN | 1 | 0 | 3 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | **6** |  |
| KINYARWANDA | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 2 | 0 | 2 | 0 | **6** |  |
| BEHDINI | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | **5** |  |
| IGBO | 1 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | **5** |  |
| LUGANDA | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 2 | **5** |  |
| LAOTIAN | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 2 | **4** |  |
| WOLOF | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 1 | 0 | 0 | 0 | **4** |  |
| CHIN | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | **3** |  |
| INDONESIAN | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | **3** |  |
| MACEDONIAN | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | **3** |  |
| KUNAMA | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | **2** |  |
| MALAY | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | **2** |  |
| MANDINGO | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | **2** |  |
| MARATHI | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | **2** |  |
| Nigerian Pidgin | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | **2** |  |
| ROHINGYA | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | **2** |  |
| TAIWANESE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | **2** |  |
| ASSYRIAN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | **1** |  |
| AZERBAIJANI | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1** |  |
| BRAVANESE | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1** |  |
| CHUUKESE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | **1** |  |
| DANISH | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | **1** |  |
| FRENCH CANADIAN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | **1** |  |
| GHEG | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | **1** |  |
| HAUSA | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1** |  |
| ILOCANO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | **1** |  |
| SONINKE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | **1** |  |
| SWEDISH | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1** |  |
| TOISHANESE | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | **1** |  |
| TONGAN | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1** |  |
| TURKMEN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | **1** |  |
| **TOTALS** | **1893** | **2013** | **2170** | **2257** | **2704** | **2665** | **2533** | **2633** | **2566** | **2822** | **2752** | **2793** | **2981** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**APPENDIX ONE – PROTECTED CATEGORIES**

**AGE**

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).

**DISABILITY**

A person has a disability if s/he has a physical or mental impairment that has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

**GENDER AND REASSIGNMENT**

The process of transitioning from one gender to another.

**MARRIAGE AND CIVIL PARTNERSHIP**

In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. Same-sex couples can alternatively have their relationships legally recognised as 'civil partnerships'. Civil partners should not be treated less favourably than married couples (except where permitted by the Equality Act 2010).

**PREGNANCY AND MATERNITY**

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and 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, and this includes treating a woman unfavourably because she is breastfeeding.

**RACE**

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship), and ethnic or national origins.

**RELIGION AND BELIEF**

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

**SEX**

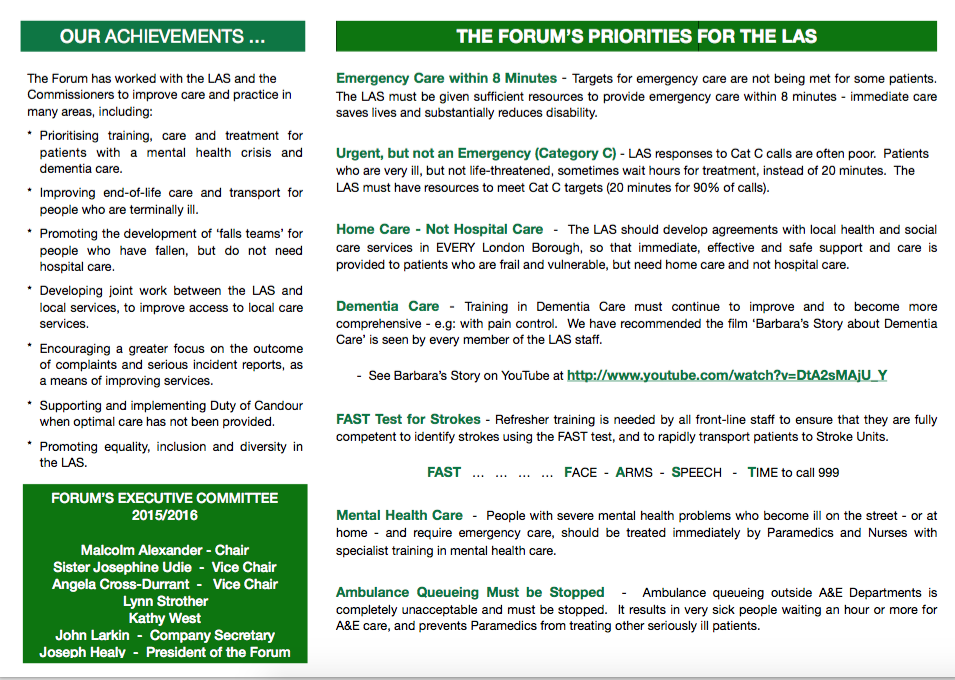
A man or a woman.

**SEXUAL ORIENTATION**

Whether a person’s sexual attraction is towards his or her own sex, the opposite sex or to both sexes.

**APPENDIX TWO – THE PATIENTS’ FORUM LEAFLET**

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