

# Diversity & Inclusion Report for the year 2017

East Kent Hospitals University NHS Foundation Trust

## Part B: Patients

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## **1 Summary**

This report provides evidence of East Kent Hospitals University NHS Foundation Trust (EKHUFT) Diversity & Inclusion performance. There is little evidence from the data of any groups of patients who fare less well. However, the quality of data provided by the current PAS system is to say the least sparse in relation to diversity. The author was unable to gather any meaningful data in the following categories.

- Gender Identity
- Sexual Orientation
- Disability
- Pregnancy/Maternity

It is anticipated that the implementation of the new allscripts programme in 2018 will provide a more comprehensive data set.

Work with the accessible information standard will continue throughout 2018 to provide the best possible communication support for patients, service users, carers and parents with a disability, impairment or sensory loss.

## **2 Rationale**

This document is the EKHUFT response to The Equality Act 2010 (Specific Duties) Regulations 2011, which require each public authority to publish information to demonstrate its compliance with the duty imposed by section 149(1) of the Act (The Public Sector Equality Duty [PSED])

The information must include, in particular, information relating to persons who share a relevant protected characteristic who are its employees (People - Part A) and other persons affected by its policies and practices (Patients – Part B).

## **3 Introduction**

The public sector Equality Duty, at section 149 of the Equality Act 2010, requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to:

- a. eliminate discrimination
- b. advance equality of opportunity and
- c. foster good relations between different people when carrying out their activities

The information must include, in particular, information relating to persons who

share a relevant protected characteristic who are persons affected by its policies and practices (Patients).

### **3.1 Protected Characteristics**

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

## **4 Data Collection**

This report is based on data collected from the following sources:

### **4.1 Patient data**

The patient section of this report is based on data collected from Patient Administration System (PAS) and the DATIX incident reporting and management system. These systems do not currently record all protected characteristic data but it is anticipated that the adoption of a new PAS (Allscripts) will improve the range of data available.

## **5 Report Style**

This report is based on the assessment of large amounts of data. To reduce the length and complexity of the document only those issues, which have been identified as statistically significant, are mentioned. It is therefore important to mention that the issues identified in this report represent a tiny proportion of all the data assessed.

## **6 Statistical Significance**

Data has only been considered significant when numbers fall outside the range of plus (+) or minus (–) two standard deviations. The standard deviation is commonly used to measure confidence in statistical conclusions. The reported margin of error is typically about twice the standard deviation, the half-width of a 95 per cent confidence interval. In science, researchers commonly report the standard deviation of experimental data, and only effects that fall much farther than one standard deviation away from what would have been expected are considered statistically significant – normal random error or variation in the measurements is in this way distinguished from causal variation.

## 7 Demographics

The demographic data used to produce this report has been based on data obtained in the 2011 census and ONS Mid-Year Estimates 2015. Comparisons have been made between trust data and population where appropriate. A more detailed summary of the East Kent population is published on the Equality pages of the EKHUFT web site

(<http://www.ekhuft.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=262453>)

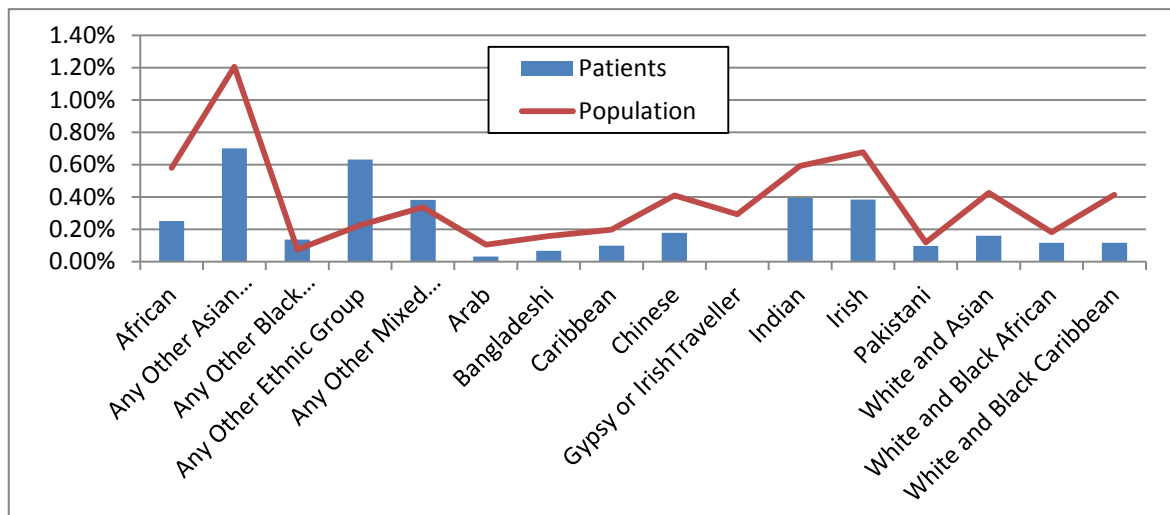
## 8 Service User Demographics

### 8.1 Ethnicity

Table 1 shows clearly that there is no significant difference between the percentage of BAME patients and the percentage of BAME residents in the EKHUFT catchment area.

ETHNICITY	Patients	Population
White	96.64%	94.98%
BAME	3.36%	5.02%

**Table 1 - Patient Ethnicity**



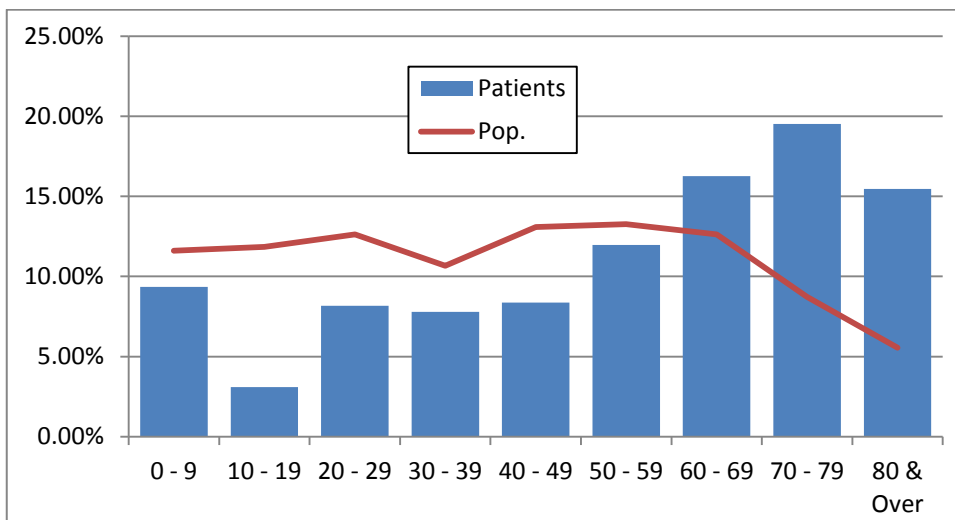
**Chart 1 - Patient Ethnicity**

Fig. 1 shows the breakdown of the BAME population against the percentage of patients from a BAME background. The disparity between population and patients can be accounted for by the fact that approximately 5% of patients do not have an ethnicity listed.

## 8.2 Age

AGE	Patients	Pop.
0 - 9	9.35%	11.60%
10 - 19	3.10%	11.84%
20 - 29	8.17%	12.63%
30 - 39	7.79%	10.66%
40 - 49	8.37%	13.08%
50 - 59	11.96%	13.27%
60 - 69	16.27%	12.63%
70 - 79	19.53%	8.73%
80 & Over	15.47%	5.56%

**Table 2 – Patient Age**



**Chart 2 - Patient Age**

As would be expected older people are over represented in our patient data.

## 9 Referrals and DNA

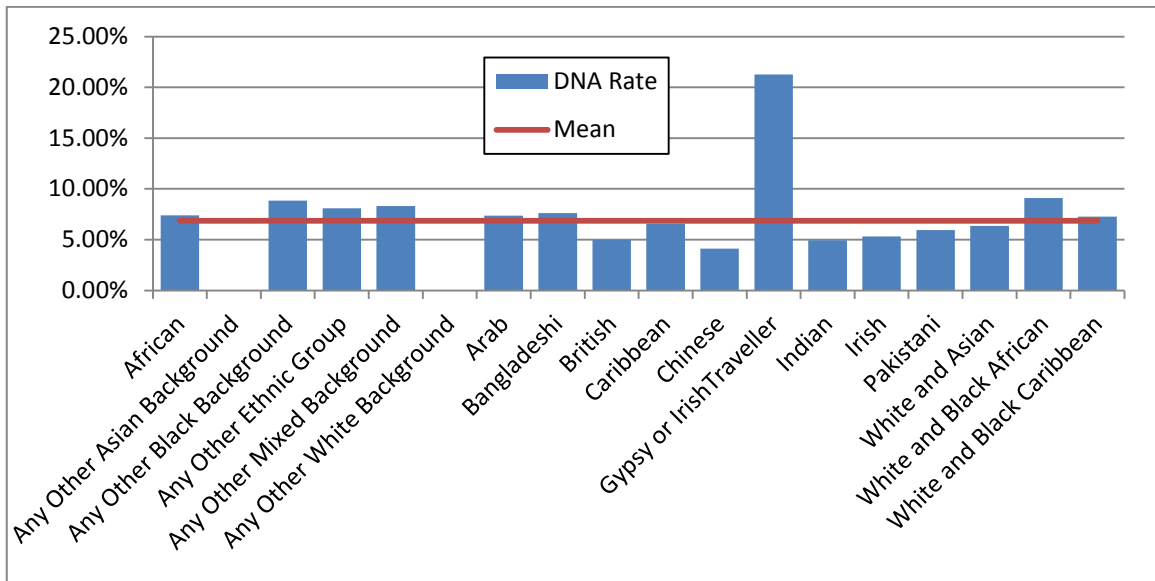
### 9.1 Ethnicity

ETHNICITY	Referrals	DNA	DNA Rate
African			7.39%
Any Other Asian Background	2204	535	0.00%
Any Other Black Background	423	126	8.85%
Any Other Ethnic Group	2736	759	8.09%
Any Other Mixed Background	1451	432	8.30%
Any Other White Background	11859	2856	0.00%
Arab	154	51	7.37%
Bangladeshi	255	80	7.63%
British	304700	59774	4.96%
Caribbean	270	88	6.58%
Chinese	569	117	4.13%
Gypsy or Irish Traveller	19	9	21.28%
Indian	1278	281	4.95%
Irish	1232	262	5.31%
Pakistani	278	67	5.95%
White and Asian	554	163	6.36%
White and Black African	340	104	9.10%
White and Black Caribbean	359	128	7.27%

**Table 3 - DNA v Ethnicity**

The number of people who classify themselves as Gypsy or Irish Traveller is relatively low but the proportion who DNA appears relatively high. Although the level of DNA for this category is high the numbers involved are so small that they render the outcome unreliable.



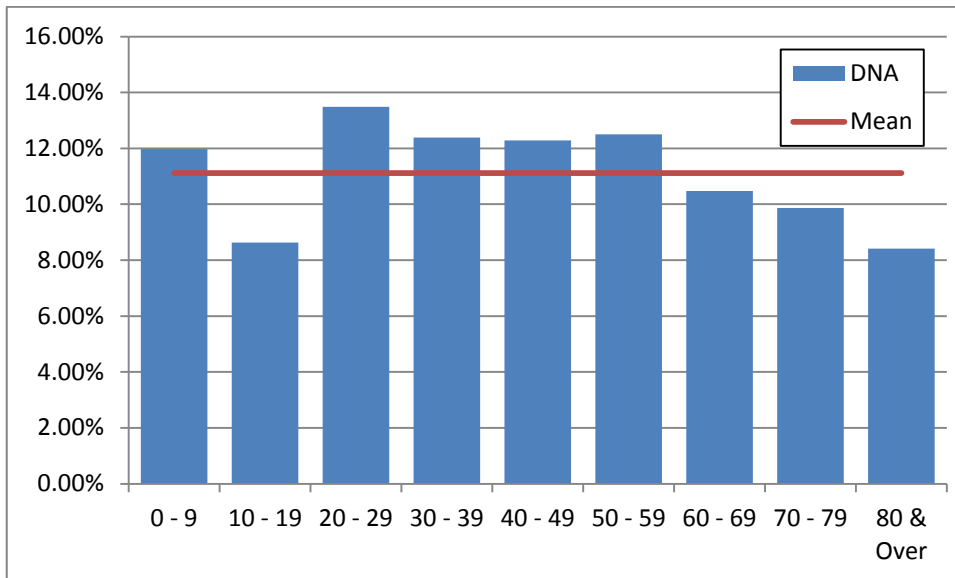


**Chart 3 - DNA v Ethnicity**

## 9.2 Age

AGE	Referrals	DNA	DNA %
0 - 9			
10 - 19	18398	5874	31.93%
20 - 29	30317	10557	34.82%
30 - 39	31806	8954	28.15%
40 - 49	36094	8362	23.17%
50 - 59	46905	8207	17.50%
60 - 69	59621	6987	11.72%
70 - 79	59397	6629	11.16%
80 & Over	40754	5540	13.59%

**Table 4 - Age v DNA**



**Chart 4 - Age v DNA**

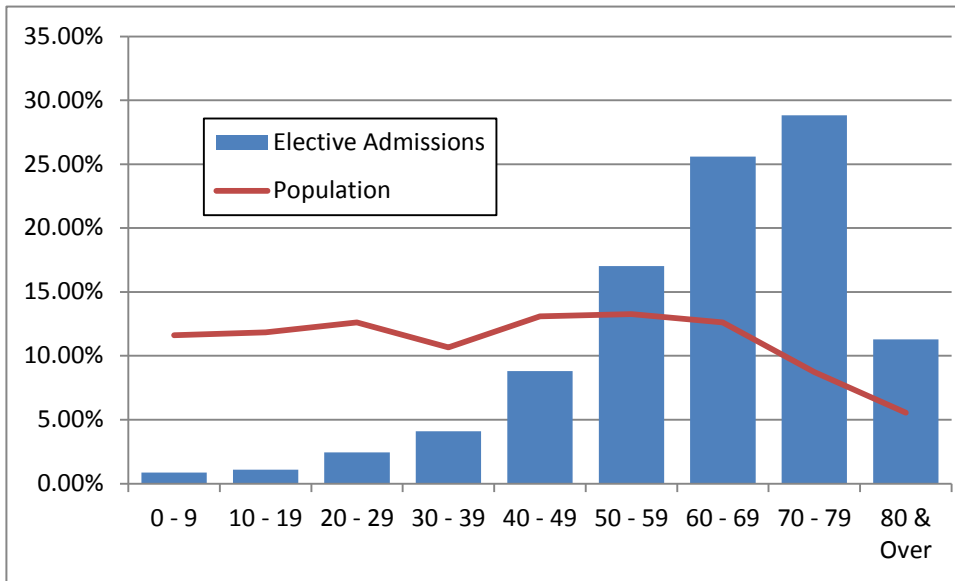
Those patients over 60 are least likely to DNA.

## 10 Admissions

### 10.1 Elective Admissions

AGE	Elective Admissions	Population
0 - 9	0.86%	11.60%
10 - 19	1.08%	11.84%
20 - 29	2.43%	12.63%
30 - 39	4.09%	10.66%
40 - 49	8.81%	13.08%
50 - 59	17.01%	13.27%
60 - 69	25.60%	12.63%
70 - 79	28.82%	8.73%
80 & Over	11.30%	5.56%

**Table 5 – Age v Elective Admissions**



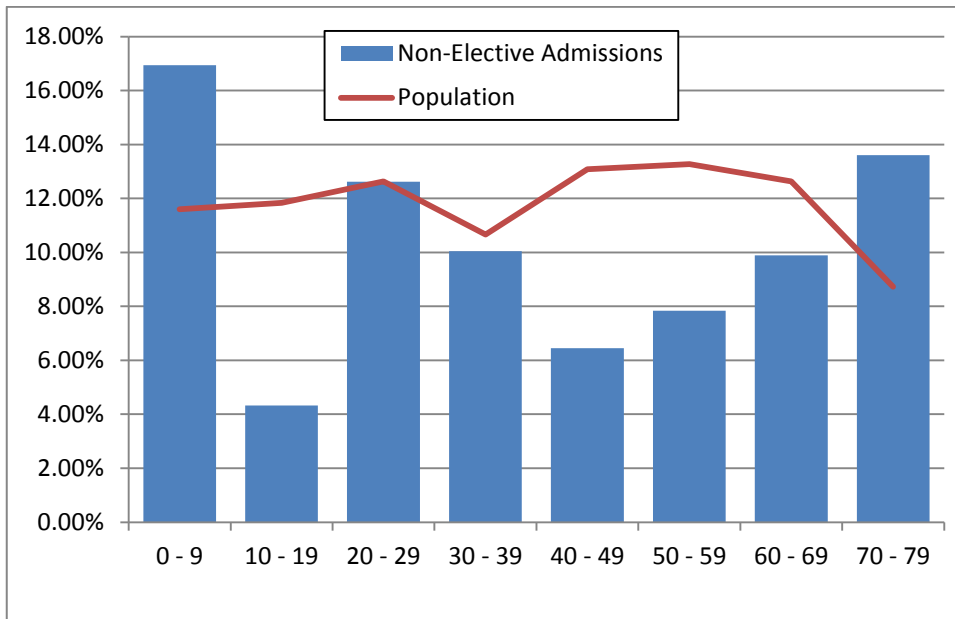
**Chart 5 – Age v Elective Admissions**

Unsurprisingly older people are more likely to require elective admissions. Patients over 50 are proportionately more like to experience an elective admission

## 10.2 Non-Elective Admissions

AGE	Non-Elective Admissions	Population
0 - 9	16.94%	11.60%
10 - 19	4.32%	11.84%
20 - 29	12.62%	12.63%
30 - 39	10.04%	10.66%
40 - 49	6.45%	13.08%
50 - 59	7.84%	13.27%
60 - 69	9.89%	12.63%
70 - 79	13.60%	8.73%
80 & Over	18.30%	5.56%

**Table 6 – Age v Non-Elective Admissions**



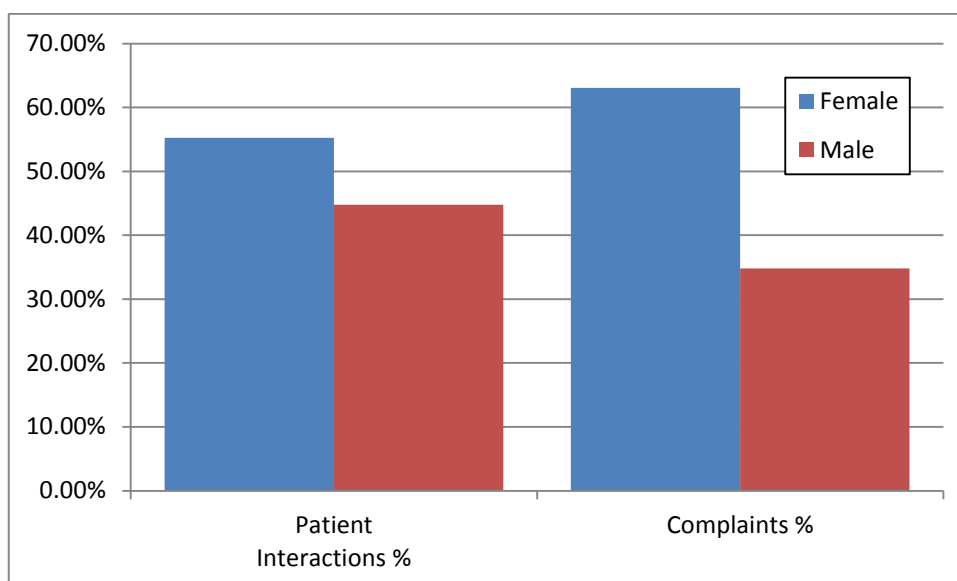
**Figure 20 – Age v Non-Elective Admissions**

Non elective admission rates differ considerable from the previously discussed elective rates. Patients under 10 and over 70 are disproportionately represented on non-elective admissions.

**11 Complaints**

SEX	Patient Interactions	Complaints	Patient Interactions %	Complaints %
Female	553363	87	55.24%	63.04%
Male	448398	48	44.76%	34.78%
Not Stated/	37	3	0.00%	2.17%
<b>Total</b>	1001798	138	100.00%	100.00%

**Table 7 – Complaints v Sex**



**Figure 22 – Complaints v Sex**

EKHUFT receives proportionality more complaints from women.

## 12 Other Diversity and Inclusion Activity

The Trust celebrated LGBT History Month by flying the Rainbow flag at Trust Headquarters, Kent and Canterbury Hospital, Queen Elizabeth the Queen Mother Hospital and William Harvey Hospital.

The trust also held LGBT History month and Black History Month events across the trust.

### 12.1 Diversity and Inclusion (D&I) Steering Group

EKHUFT now has a D&I steering group chaired by Matthew Kershaw, CEO with a Non-Executive Director Deputy Chair. Steering Group standing members include Dir. HR, Chief Nurse and Director of Quality, Director of Communications and Engagement and Divisional Directors. The Chair of our BAME Network and Staff Side Committees and a representative from Healthwatch Kent also attend.

The steering group provides leadership to the achievement of Equality Diversity and Inclusion in employment and service provision within EKHUFT

### 12.2 Kent Surrey & Sussex (KSS) Diversity Leads Group

The KSS Diversity Leads Group in Chaired by our Head of Diversity and Inclusion.

### **12.3 Accessible Information Standard**

The Accessible Information Standard provides direction to the health and care system on accessible information and communication support for patients, service users, carers and parents with a disability, impairment or sensory loss.

The Standard sets out a consistent approach to Identify, Record, Flag, Share and meet the communication needs of service users by carrying out five basic steps:

- Ask: identify / find out if an individual has any communication / information needs (relating to a disability or sensory loss) and if so, what they are.
- Record: record those needs in a clear, unambiguous and standardised way in electronic and / or paper based record / administrative systems / documents.
- Alert / flag / highlight: ensure that recorded needs are 'highly visible' whenever the individuals' record is accessed, and prompt for action.
- Share: include information about individuals' information / communication needs as part of existing data sharing processes (and following existing information governance frameworks).
- Act: take steps to ensure that individuals receive information, which they can access and understand, and receive communication support if they need it.

Staff have been provided with information and the opportunity for training.

The standard will not be fully implemented at EKHUFT until we are able to ensure that all patient correspondence is provided in appropriate formats. This will require reorganisation of the budgeting of patient correspondence to be reviewed a situation not likely to be resolved before the end of 2018.

Healthwatch Kent have completed an accessibility review, which is due to be published early in 2018. It is anticipated that it will include recommendations to improve compliance with the standard

### **12.4 Interpreting**

The Head of D&I has been working with the EKHUFT procurement team to negotiate a new interpreting contract. It is expected that a new contract with thebigword will be finalised in January 2018. The new contract will improve our accessibility to patients who use BSL or foreign languages.