NHS
East Kent
Hospitals University
NHS Foundation Trust

Diversity & Inclusion Report for the period: 01 April 2017 – 31 March 2018

Part B: Patients

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We care

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 October 2018 will provide a more comprehensive data set.
Work with the accessible information standard will continue throughout 2019 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.
This year for the first time, this report compares data from 01 April 2017 – 31 March 2018 with data from the same period last year.

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?alId=262453)

8 Service User Demographics

8.1 Ethnicity

Table 1 shows that there is little difference between the percentage of BAME patients and the percentage of BAME residents in the EKHUFT catchment area.

ETHNICITY	Patients 2017	Patients 2018	Population
White	96.57%	96.59%	94.69%
BAME	3.43%	3.41%	5.31%

Table 1 - Patient Ethnicity

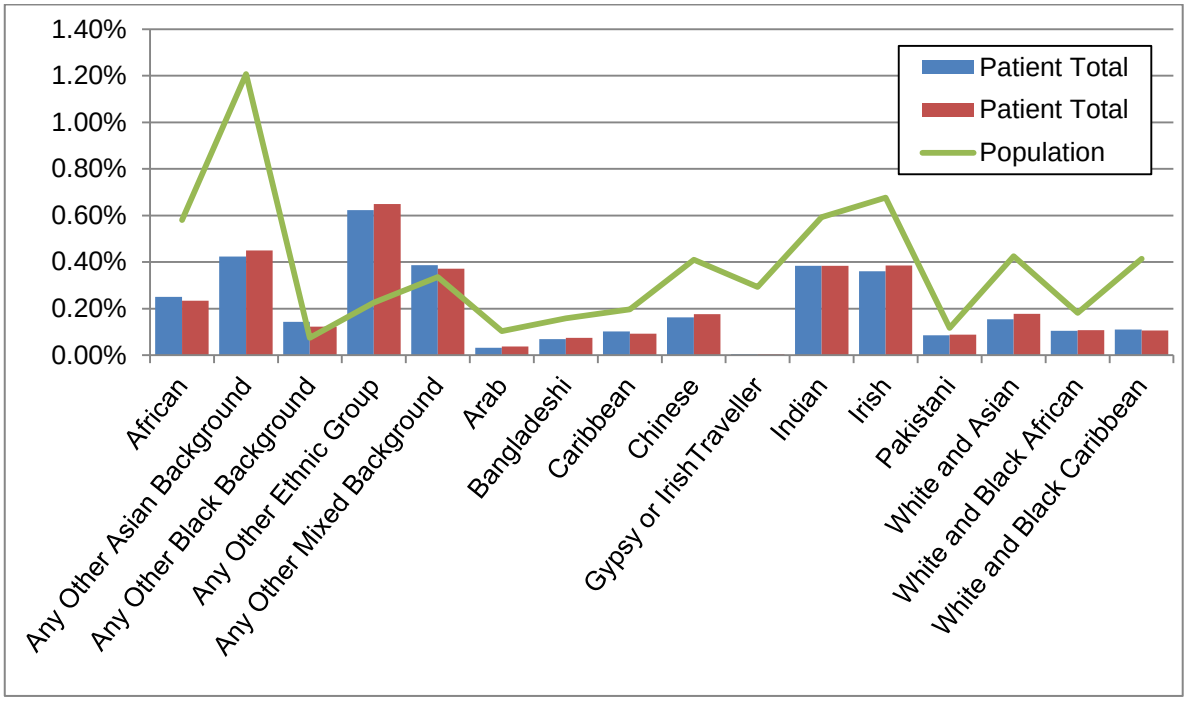

Figure 9.1.1-1 Patient Ethnicity

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	Patient 2017	Patient 2018	Population
0 - 9	7.70%	8.39%	11.60%
10 - 19	4.86%	5.11%	11.84%
20 - 29	8.01%	6.65%	12.63%
30 - 39	8.57%	7.63%	10.66%
40 - 49	9.39%	9.08%	13.08%
50 - 59	13.07%	13.45%	13.27%
60 - 69	17.56%	17.06%	12.63%
70 - 79	18.62%	19.82%	8.73%
80 & Over	12.24%	12.82%	5.56%

Figure 9.1.1-1 Patient Age

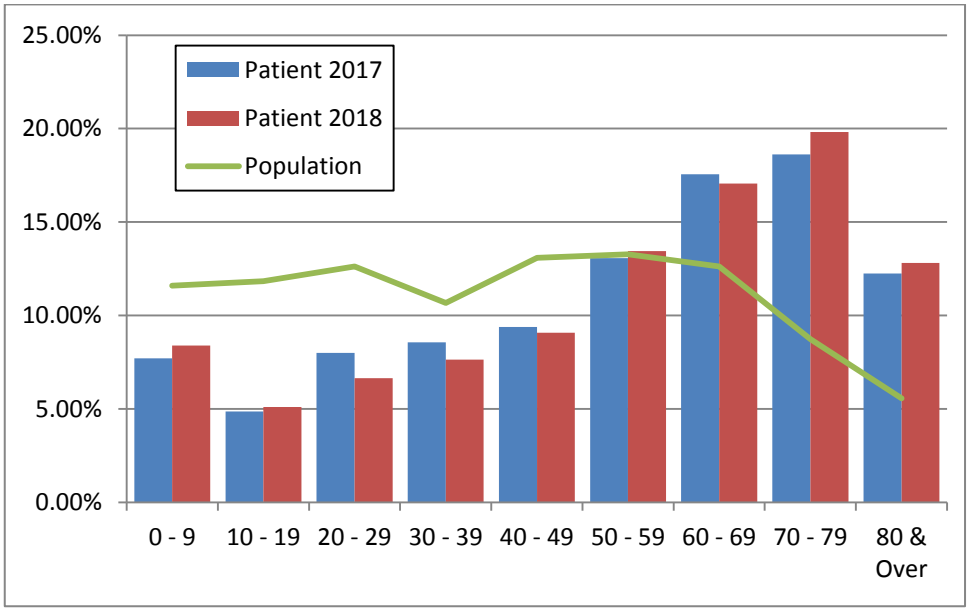

Figure 9.1.1-2 -Patient Age

This chart demonstrates the expected outcome where people below 55 are less likely to receive hospital treatment with those over 55 more likely to receive treatment.

9 Areas Identified as significant over both of the relevant years.

9.1 Elective Admissions

9.1.1 Ethnicity

Patients who have identified themselves as Arab have been disproportionately represented in elective admissions data. Arab patients made up 0.1% of elective admissions in 2017 and 0.08% in 2018. Arab patients made 0.04% of all patients in 2017 and 0.03% in 2018.

Ethnicity	2017	2018
African	0.12%	0.12%
Any Other Asian Background	0.31%	0.27%
Any Other Black Background	0.05%	0.10%
Any Other Ethnic Group	0.37%	0.45%
Any Other Mixed Background	0.19%	0.20%
Any Other White Background	2.21%	2.24%
Arab	0.10%	0.08%
Bangladeshi	0.03%	0.03%
British	93.54%	93.47%
Caribbean	0.08%	0.12%
Chinese	0.11%	0.07%
Gypsy or IrishTraveller	0.00%	0.00%
Indian	0.13%	0.19%
Irish	0.53%	0.36%
Nepalese	0.22%	0.25%
Pakistani	0.05%	0.09%
White and Asian	0.11%	0.07%
White and Black African	0.09%	0.02%
White and Black Caribbean	0.04%	0.04%
Not Stated / Not Given / Not Recorded	1.72%	1.82%

Figure 9.1.1-1 Elective Ethnicity

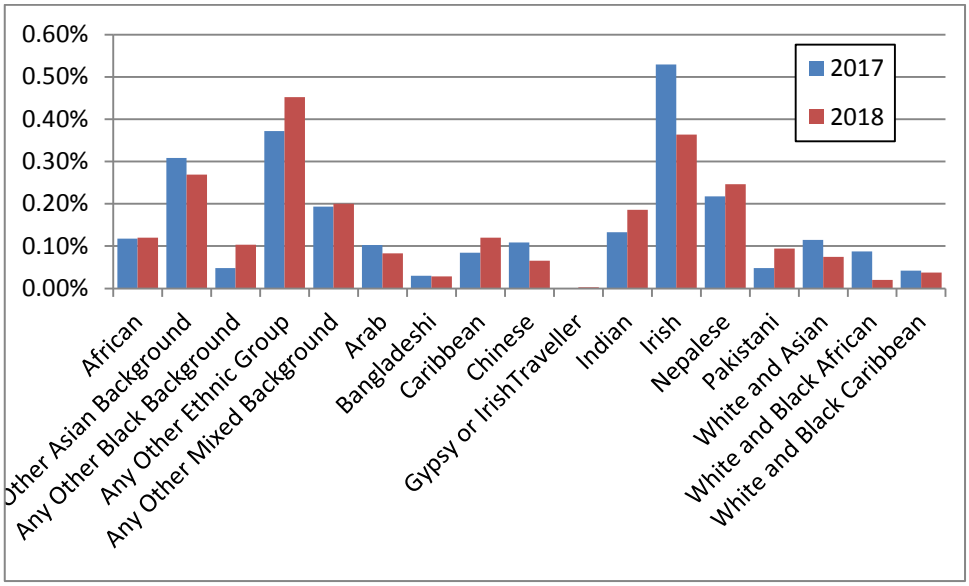

Figure 9.1.1-2 Elective Ethnicity

9.1.2 Age

In 2018 patients in the 60 – 69 age group made up 25.78% of all patients admitted for elective procedures but only 17.06% of all patient activities.

Age	2018
0 - 9	0.76%
10 - 19	1.01%
20 - 29	2.32%
30 - 39	3.82%
40 - 49	8.66%
50 - 59	17.45%
60 - 69	25.78%
70 - 79	29.16%
80 & Over	11.04%
Total	100.00%

Table 9.1.2-1 Elective + Age

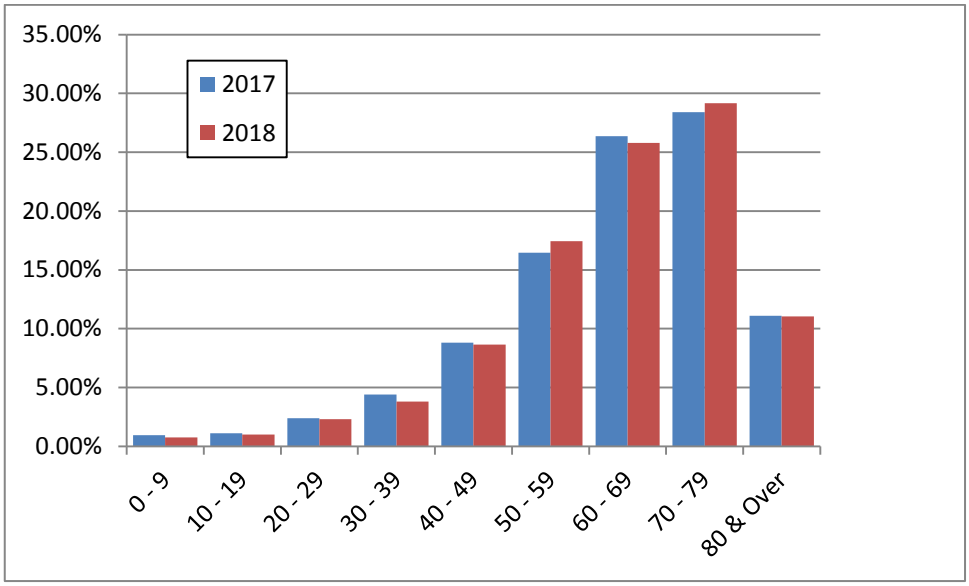

Figure 9-1 Elective + Age

9.2 Non-Elective Admissions

The youngest group of patients are significantly over represented for non-elective admissions.

AGE	2017	2018
0 - 9	16.64%	17.02%
10 - 19	4.39%	4.20%
20 - 29	11.99%	12.50%
30 - 39	9.79%	10.31%
40 - 49	6.84%	6.20%
50 - 59	8.02%	7.76%
60 - 69	10.16%	9.86%
70 - 79	13.42%	13.84%
80 & Over	18.77%	18.31%
Total	100.00%	100.00%

Figure 9.1.2-1 Non-elective + Age

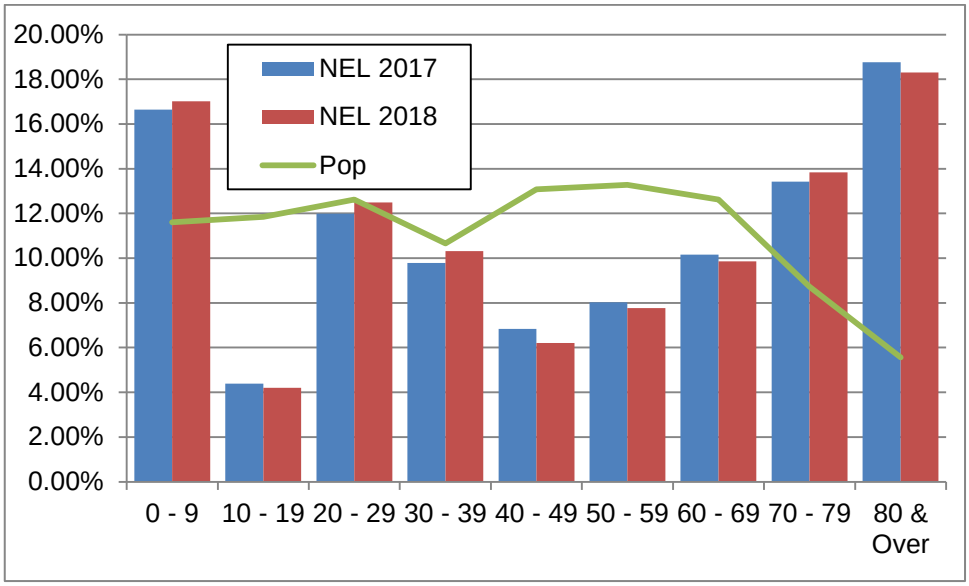

Figure 9.1.2-2 Non-elective + Age

9.3 Deaths

9.3.1 Age

Unsurprisingly the 80 and over age group are the most likely to die in hospital. 59.77% of deaths in 2017 were from this age group with 56.90% in 2018.

AGE	2017	2018
0 - 9	0.65%	0.76%
10 - 19	0.04%	0.11%
20 - 29	0.18%	0.18%
30 - 39	0.47%	0.43%
40 - 49	1.91%	2.13%
50 - 59	4.47%	4.34%
60 - 69	10.13%	11.24%
70 - 79	22.39%	23.92%
80 & Over	59.77%	56.90%
Total	100.00%	100.00%

Figure 9.3.1-1 Death & Age

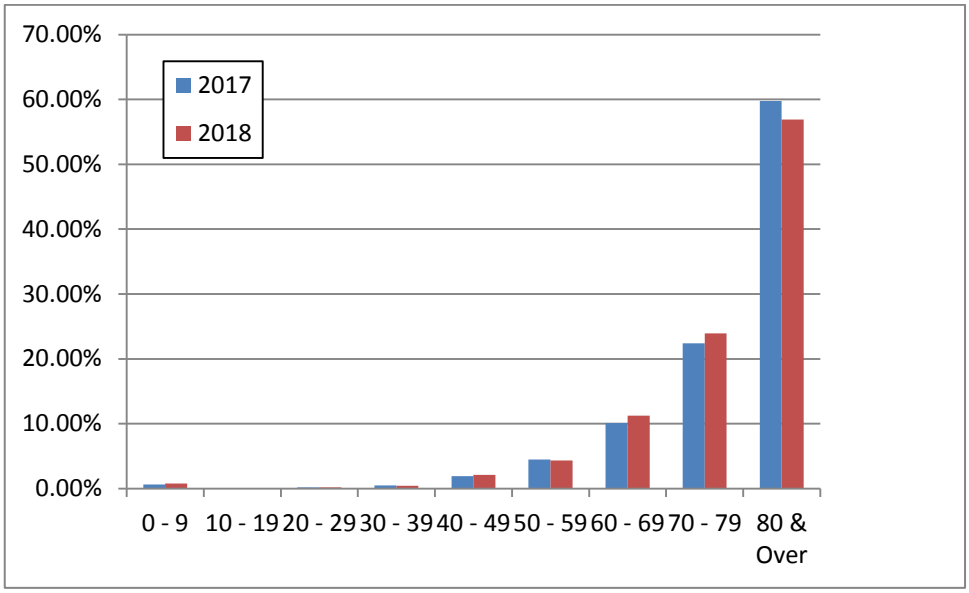

Figure 9.3.1-2 Death + Age

9.3.2 Marital Status

Widowed patients are proportionally more likely to die in hospital.

MARITAL / CIVIL PARTNERSHIP STATUS	2017	2018
Divorced	4.36%	4.41%
Married / CP or Separated	39.65%	41.73%
Not Known	31.83%	28.61%
Single	8.98%	10.30%
Widowed	15.18%	14.96%
Total	100.00%	100.00%

Figure 9.3.2-1 Death + Marital Status

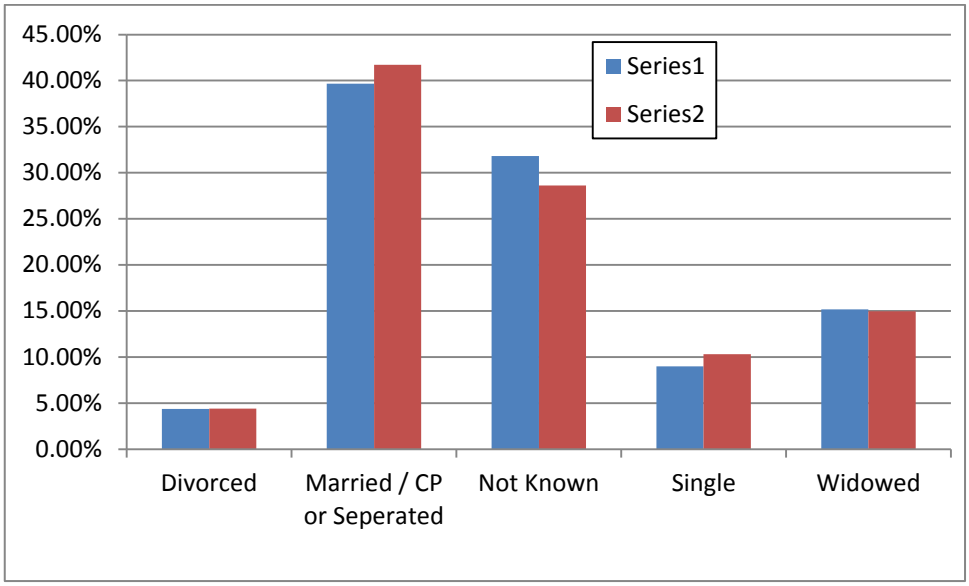

Figure 9.3.2-2 death + Marital Status

10 Data collected for 2018.

10.1 DNA (Did not attend)

10.1.1 Ethnicity

	2018	
	DNA	Pop
African	0.40%	0.58%
Any Other Asian Background	0.47%	1.21%
Any Other Black Background	0.24%	0.07%
Any Other Ethnic Group	0.99%	0.23%
Any Other Mixed Background	0.63%	0.34%
Arab	0.03%	0.10%
Bangladeshi	0.13%	0.16%
Caribbean	0.11%	0.20%
Chinese	0.15%	0.41%
Gypsy or Irish Traveller	0.01%	0.29%
Indian	0.44%	0.59%
Irish	0.34%	0.68%
Nepalese	0.29%	0.00%
Pakistani	0.10%	0.12%
White and Asian	0.18%	0.42%
White and Black African	0.16%	0.18%
White and Black Caribbean	0.19%	0.41%

Table 10.1.1-1 DNA + Ethnicity

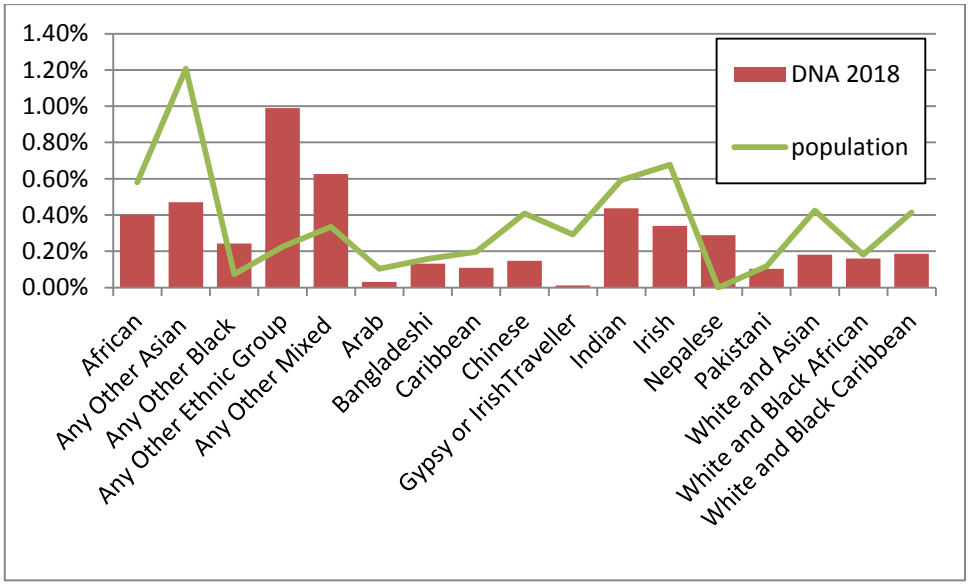

Figure 10.1.1-1 DNA + Ethnicity

10.1.2 Age

AGE	DNA %
0 - 9	12.50%
10 - 19	8.68%
20 - 29	13.48%
30 - 39	12.72%
40 - 49	12.32%
50 - 59	12.76%
60 - 69	9.93%
70 - 79	9.34%
80 & Over	8.26%

Table 10.1.2-1 Age + DNA

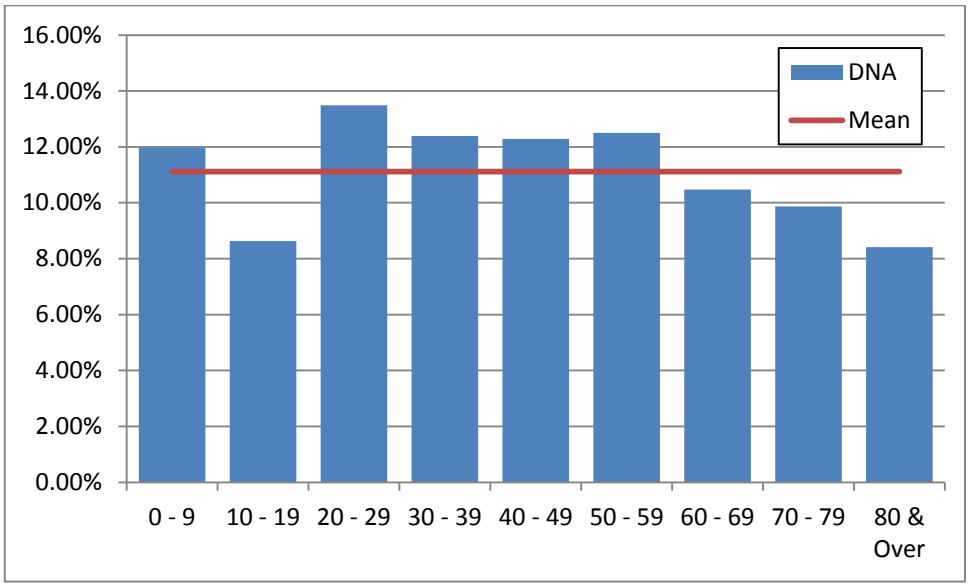

Chart 4 - Age v DNA

Those patients over 60 are least likely to DNA.

11 Admissions

11.1 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

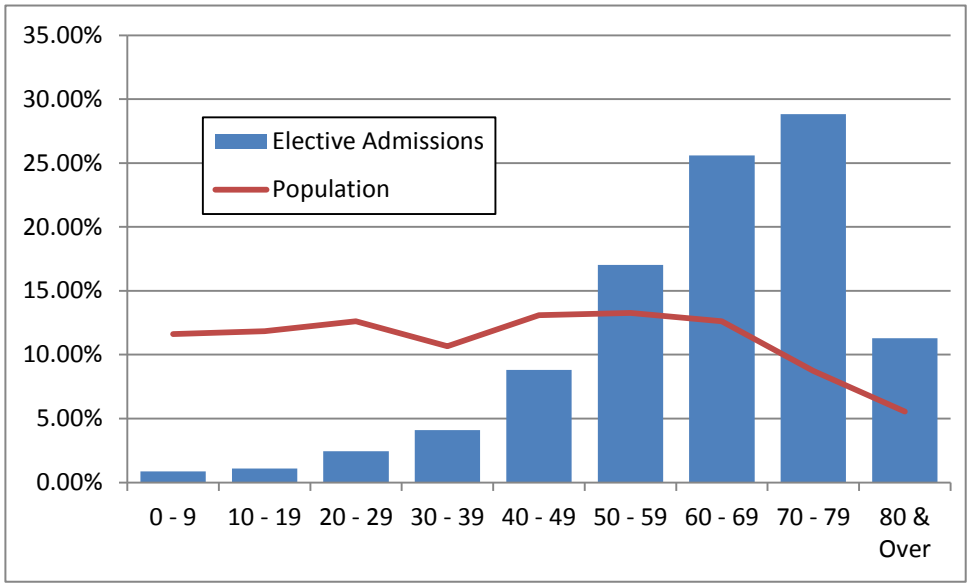

Chart 5 – Age v Elective Admissions

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

11.2 Non-Elective Admissions

AGE	Non-Elective Admissions	Population
0 - 9	17.02%	11.60%
10 - 19	4.20%	11.84%
20 - 29	12.50%	12.63%
30 - 39	10.31%	10.66%
40 - 49	6.20%	13.08%
50 - 59	7.76%	13.27%
60 - 69	9.86%	12.63%
70 - 79	13.84%	8.73%
80 & Over	18.31%	5.56%

Table 6 – Age v Non-Elective Admissions

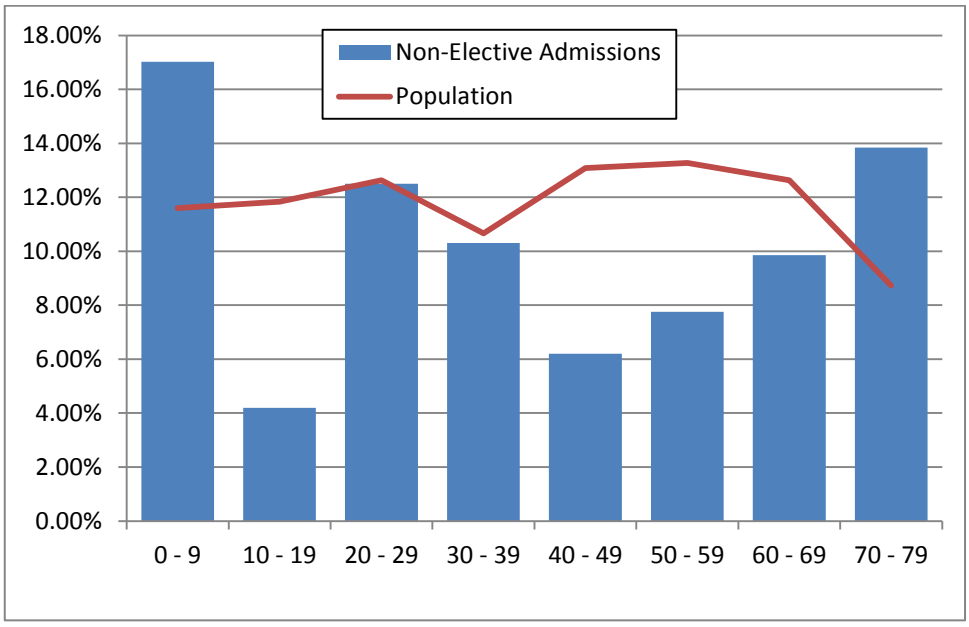

Figure 20 – Age v Non-Elective Admissions

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

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

Our D&I steering group is chaired by Sandra Le Blanc the Director of Human Resources. Steering Group standing members include Chief Nurse and Director of Quality, Director of Communications and Engagement. The Chair of our BAME, Disabled, and LGBT staff Networks 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

Our Head of Diversity and Inclusion is a member of the KSS Diversity Leads Group.

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.

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 before June 2019. The new contract will improve our accessibility to patients who use BSL or foreign languages.