



Equality & Diversity

Service Annual Report
April 2016 – March 2017

Providing
the **Best**
Possible
Care

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Introduction

The 2016/17 Equality and Human Rights Annual Report publishes the service equality data collected by Northampton General Hospital (NGH) and reviews some of the developments within the Trust during this reporting period which demonstrate how the Trust is meeting its legal obligations set out under the public sector equality duties of the Equality Act 2010. NGH is keen to work towards eliminating discrimination, promoting equality and advancing positive relationships between people with protected characteristics and those without them.

We have seen progress on a number of initiatives to improve our patients' experience and deliver better, more effective patient care that is inclusive, accessible and fair.



Sonia Swart
Chief Executive





Northampton General Hospital Trust

NGH provides general acute services and care for a population of 380,000. Our more specialist services like hyper-acute stroke, vascular and renal services serve the whole of Northamptonshire, a population of 692,000.

We're an accredited cancer centre, providing cancer services to a wider population of 880,000 in Northamptonshire and parts of Buckinghamshire.

In 2016/17 the Trust had 107,705 inpatient and 436,676 outpatient contacts which is an 11% increase in patient contacts compared to the previous year. 114,179 patients attended A/E which is a 4% increase on attendances the previous year and 88,890 operations and procedures were performed.

The vision of the Trust is to provide the best possible care for all our patients. Our values are:

- To put patient safety above all else
- To aspire to excellence
- To reflect, learn, and improve
- To respect and support each other

The Trust aims to deliver high quality services that are accessible, responsive and appropriate to meet the diverse needs of the different groups and individuals we serve.

The Equality Act 2010

The Equality Act 2010 requires the Trust (and the NHS) to comply with the General and Specific Duties designed to ensure our commitment to taking measures to how we meet the diverse, individual needs of people. Such needs might be in relation to different age, disability, ethnicity, religion or belief, sexual orientation, transgender, marriage or civil partnership, or in pregnancy or maternity. Under the Duty, these individual categories are known as “protected characteristics”.

The Equality Duty supports good management and helps the NHS to deliver the equality objectives for public services. The Trust must meet the duty which has two parts:

1. Public Services General Duty (PSGD)

This has three aims and the Trust must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Equality Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not
- Foster good relations between people who share a protected characteristic and people who do not share it
- The Trust must do this by removing or minimising disadvantages suffered by people due to their protected characteristics:
- Meeting the needs of people with protected characteristics
- Tackling prejudice and promoting understanding between people who share a protected characteristic and others

2. Public Services Specific Duty (PSSD)

These regulations promote the better performance of the equality duty by requiring public authorities to publish:

- Equality objectives, at least every four years
- Information to demonstrate compliance with the equality duty annually

This report fulfills one of the requirements under the PSSD by publishing relevant proportionate patient /service information to demonstrate our compliance. Equality Workforce information can be accessed via the NGH website and is not in this report.

Service Equality Objectives

Our Equality objectives are based on the goals published on the Equality Delivery System (EDS) having;

- Better Health outcomes for all - having services designed and procured to meet the diverse health needs of all patients including local communities, promoting well-being and reducing health inequalities
- Improved patient access and experience - improving and enabling patient access, communication, information, support and care to ensure understanding and ability to make choices around their treatment. Also about measuring how we improve our effectiveness and the access to our services
- Empowered, engaged and well supported staff - the provision of support, training, development and performance measures that ensure all our staff are confident and competent to do their work and that services are commissioned and provided appropriately
- Inclusive leadership - this is about leadership and how we will mainstream equality in the core business of the Trust

Equality Objectives 2016-2020

Our four year equality objectives are based on the Equality Delivery System. There are two over-arching objectives. The progress of the other two goals, which are relevant to workforce (Empowered, engaged and well supported staff and Inclusive Leadership at all levels) are reported in the Workforce Equality Annual Report.

Equality Delivery System Goal	Narrative:
Better Health Outcomes for All	The NHS should achieve improvements in patient health, public health and safety for all, based on comprehensive evidence needs and results.
Improved access and experience	The NHS should improve accessibility and information and deliver services that are targeted, useful, useable and used in order to improve patient experience

The 2016-2020 Service Equality Four Year Objectives can be accessed in Appendix 1.

NGH Patient Data 2016/17

This report highlights our recent initiatives to stay committed to serving a diverse patient population.

One of the best ways to ensure this happens is by having as much information as possible with regards to our service user profile and its composition. As part of our ongoing equality work, we will be implementing a data system, with an aim to explore any undefined areas and how these may be decreased. This is to be addressed in the Trust wide programme to enable us to have a more accurate picture of our patients and communities by protected characteristic.

Age

Inpatients		
Age	Number	% of total
0-16	14882	13.2
17-18	1241	1.1
19-34	22150	19.6
35-65	38449	34.1
66+	36040	32
	112762	

Outpatient					
Age	Age	%	Female	Male	Unknown
0-16	0-16	10.0	20717	23985	0
17-18	17-18	1.0	2670	1965	1
19-34	19-34	12.1	40044	13941	12
35-65	35-65	36.1	93245	67622	7
66+	66+	40.7	87983	93004	2
Total	Total		244659	200517	22

Gender

Inpatients		
Gender	Number	%
Male	45525	40.4
Female	67233	59.6
Unknown	4	0.0
Total	112762	

Outpatients		
Gender	Number	%
Male	200459	45
Female	244525	55
Unknown	22	0
Total	445006	

Ethnicity

Inpatients		
Ethnicity	Number	%
Not Known	1976	1.8
White - British	86511	76.7
White - Irish	1458	1.3
Any other White background	7374	6.5
Mixed - White and Black Caribbean	898	0.8
Mixed - White and Black African	286	0.3
Mixed - White and Asian	247	0.2
Mixed - Any other mixed background	496	0.4
Asian or Asian British - Indian	1695	1.5
Asian or Asian British - Pakistani	708	0.6
Asian or Asian British - Bangladeshi	980	0.9
Asian or Asian British - Any other Asian	655	0.6
Black or Black British - Caribbean	989	0.9
Black or Black British - African	2204	2.0
Black or Black British - Any other Black	515	0.5
Other Ethnic Group - Chinese	356	0.3
Other Ethnic Group	926	0.8
Not Stated	4488	4.0
Total	112762	

Outpatients		
Ethnicity	Number	%
Not Known	17453	3.9
White - British	337726	75.9
White - Irish	5721	1.3
Any other White background	16841	3.8
Mixed - White and Black Caribbean	2222	0.5
Mixed - White and Black African	621	0.1
Mixed - White and Asian	753	0.2
Mixed - Any other mixed background	1178	0.3
Asian or Asian British - Indian	6316	1.4
Asian or Asian British - Pakistani	1788	0.4
Asian or Asian British - Bangladeshi	2819	0.6
Asian or Asian British - Any other Asian	2166	0.5
Black or Black British - Caribbean	3974	0.9
Black or Black British - African	5655	1.3
Black or Black British - Any other Black	1450	0.3
Other Ethnic Group - Chinese	1255	0.3
Other Ethnic Group	2660	0.6
Not Stated	34408	7.7
Total	445006	

Interpreting and Translating

The Trust recognises that measures need to be in place to support communication with non-English speakers, people for whom English is a second language, sign language users, people with hearing or visual impairment, people with learning disabilities, and people who require deaf or deafblind communications. Providing access to interpreting and translating services ensures people receive information about their health care and enables health care staff to understand a patient's needs. It protects the Trust against indirectly discriminating against someone who does not speak English or who requires communication support.

The BigWord is the contracted provider, which is a multi-faceted interpreting service provision to meet the needs of non-English speaking patients or those who have a sensory impairment such as hearing. The service is used for both planned and short notice interventions and the use is monitored on a quarterly basis and reported to the Equality and Diversity Patient Steering Group.

The Trust has made telephone interpreting their default system as this ensures that over 200 languages and dialects are available 24 hours per day, 365 days per year to any member of NGH staff who may require this service to support a patient and/or their visitor. The telephone interpreting service connects staff to an interpreter within a minute of making a call. When telephone interpreting is not suitable, arrangements are in place for patients to receive the series of a face to face interpreter, a British Sign Language (BSL) or deafblind communicator.

Deafblind UK provide a communication support service for dual sensory impaired people at hospital appointments. The communicator-guide will both guide the patient and also provide manual communication.

The interpreting and translating service is well publicised and easily accessible for Trust staff when required on the staff intranet. The Interpreting and Translating policy has been revised and updated during the last year. Easy read information is available for a number of medical interventions, including taking bloods and X-Rays.

The telephone interpreting service, which is available 24 hours per day, 7 days a week, was utilised on 388 occasions in 32 different languages. The majority of telephone interpreting is used in the obstetrics (161 bookings) and urgent care (94 bookings) directorates with the average call duration of 13.52 minutes.

The ten top languages requested for telephone interpreting in 2016/17 were:

Romanian	91 calls = 24%
Polish	70 calls = 19%
Russian	56 calls = 15%
Latvian	26 calls = 7%
Bengali	22 calls = 5%
Hungarian	15 calls = 4%
Albanian	14 calls = 3%
Lithuanian	12 calls = 3%
Mandarin	10 calls = 2%
Kurdish ((Sorani)	7 calls = 1%

The face to face interpreting service, which has to be pre-booked, was accessed on 1,500 occasions during 2016/17 in 48 different languages. The majority of face to face interpreting is used in the obstetrics (360 bookings) and urgent care (342 bookings) directorates with the average consultation lasting one hour and thirty-six minutes. The ten top languages requested for face to face interpretation in 2016/17 were:

Polish	373 bookings = 25%
Romanian	217 bookings = 14%
Russian	208 bookings = 13%
British Sign Language	155 bookings = 10%
Bengali	148 bookings = 9%
Lithuanian	85 bookings = 5%
Latvian	35 bookings = 2%
Mandarin	33 bookings = 2%
Somali	24 bookings = 1%
Cantonese	24 bookings = 1%

From the information received, Polish, Romanian and Russian are the most required languages for the interpreting service for both telephone and face to face consultations. This correlates with the statistics received in 2015/16.

Sexual Orientation & Gender Re-Assignment

The patient and service user administration and record system utilised by the Trust, does not have the capacity to collect data relating to sexual orientation. This will be addressed with the new record system which is currently being implemented and will become live in Spring 2018. Until we have the new systems, we are using our Complaints, PALS incident reporting and Friends & Family test results to review any service concerns that are raised.

Accessible Information Standard

The Accessible Information Standard (AIS) was approved nationally in June 2015 and all organisations that provide NHS or adult social care must follow the accessible information standard by law. The Trust commenced was fully compliant with the standard by the July 2016 deadline.

The aim of the standard is to ensure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

The accessible information standard tells organisations how they should make sure that patients and service users, and their carers' and parents where appropriate, can access and understand the information they are given. This includes making sure that people get information in different formats if they need it, e.g. in large print, braille easy read or e-mail.

Emergency Department

The Emergency Department is recognised as a highly acute area that sees some of the most vulnerable and highly emotive patients and relatives. The department sees over 110,000 patients a year, from babies to elderly patients with a broad range of clinical presentations. We recognise that people have various clinical, social and psychological requirements and we endeavour to have a number of means to ensure equality in the department. The Emergency Department are involved in a number of equality and diversity initiatives that exist within the hospital, including elderly frail, learning disability and special needs care pathways. There are five rooms within the department that are prioritised for elderly frail patients and patients with a cognitive impairment, this includes patients with learning disabilities. These rooms are located in the quietest part of the department and are co-located with a kitchenette and disabled toilet. The cubicles are decorated with calming colours, paintings and a large clock to aid orientation, in addition an arm chair, television, dvd and music players make the cubicles and area feel less clinical and intimidating. The area has a large distraction box which contains items that can help people with varying degrees of cognitive impairment feel more settled and distracted from the stresses of being in hospital. The department has link nurses and doctors including a consultant with a specialist interest in geriatric elderly medicine, a dedicated Paediatric Team and link nurses for learning disability pathways, mental health liaison and specialist physical needs such as diabetes.

The mental health liaison team work closely with the Emergency Department team as well as the wider hospital to assess and manage patients with mental health needs, both acute and chronic. The team consists of specialist nurses, doctors and support workers to ensure timely, comprehensive assessments and plans of care and if necessary transfers to more appropriate care settings.

Older Patients

The Trust has made several improvements in providing care for our elderly patients;

Elderly and Frail

The frailty pathway includes Comprehensive Geriatric Assessment referral for elderly frail patients over the age of 65 who meet specific criteria and patients over the age of 85. The assessments cover physical, cognitive, social and support concerns and are available for medical patients on the admissions units. There are two Elderly Specialist Nurses assessing patients, with part time support from the Consultant Geriatrician Team. Multidisciplinary Team meetings are facilitated regarding potential early safe discharges. In addition plans are made for patients who are not yet medically stable which can be used in the discharge planning process.



Patients with Dementia

The **Dementia Liaison Nurse** offers support to patients with dementia and their carers. She is able to listen, advise and signpost patients and carers to appropriate support agencies. She raises awareness and understanding of dementia to the staff so that they can provide better care.

John's Campaign has been implemented over the last year in the Trust. It is all about welcoming carers and family members of people with dementia according to patient's needs and not restricted by visiting hours. Involving a carer from the moment of admission to hospital, until the moment of discharge has been proved to give better quality of care and improved outcomes. Carers play an essential

role in providing information about the patient, their routines, assisting with care, particularly at mealtimes, and supporting the person whilst in hospital. They are that 'familiar person' who offers reassurance when often everything else is frightening and confusing.

We have introduced **Finger Food** as an addition/alternative to the present hospital menu. Some of the reasons for introducing finger food were as follows: Improving independence, increasing self-esteem, food can be eaten standing up or on the move, it can renew an interest in eating and it can provide more choice. Positive feedback has been received from families of patients who have used the option of finger food. Other areas have also benefited from the use including children's wards, maternity and post-op recovery.

A **twiddle muff** also known as a twiddle mitt / distraction mitt or muff is a unique multi-coloured knitted sleeve with buttons, bobbles, ribbons and other additions inside and out. This is made for patients to put their hands into, to keep busy, distracted and to offer comfort. It may prevent patients picking or pulling at cannulas and dressings for example. Regular supplies of twiddle muffs are obtained from local knitting groups WI, staff members and volunteers.

Disability

The Estates Department has continued to make improvements to the environment which will benefit all patients, visitors and staff. Works include:

Continued review and installation of automated doors throughout the Trust including:

- Emergency Department
- Chemotherapy suite
- Maternity Day Unit
- Auto doors to Sturtridge



Refurbishment and improvement works in Sturtridge ward including:

- New access compliant reception desk
- Access compliant shower room
- Visual improvements (decoration and flooring)

Refurbishment and improvement works throughout the Emergency Department (decoration and flooring)

Refurbishment and improvement works in Maternity Day Unit including:

- New access compliant reception desk
- Visual improvements (decoration and flooring)

Refurbishment and improvement works in Gynaecology department including:

- Access compliant shower rooms
- Visual improvements (decoration and flooring)

Refurbishment and improvement works (decoration and flooring) in:

- Childrens Specials Clinic
- Maxillo Facial
- Linear Accelerator Suite
- Paddington, Disney and Gossett wards

Continued installation of audio/visual fire alarm beacons to upgraded areas

Improved zebra crossing safety for wheelchair users at Out Patients' Department

Learning Disability

People with a Learning Disability (LD) can experience significant health inequalities. They often have a greater need for healthcare than others: however they can have less access to the care that they require and often have poorer health outcomes.

The Trust has an established Learning Disability Steering group, which meets quarterly. Membership of the group includes representatives from NGH, Clinical Commissioning Group, Community Team for people with a Learning Disability and Learning Disability Partnership Board, including service users. The group is accountable to the Quality Governance Committee through the Patient Experience and Engagement group. All papers for this group are in easy read format to ensure accessible to all members.



The Trust has recently appointed a new Learning Disability Project worker as previous employee left the area. He works alongside the LD Liaison Nurse visiting patients with an LD on the wards, ensuring they have a Hospital Passport and that it is being used by all healthcare staff to ensure individuals get the appropriate support.

The Trust has a well-established LD Mortality review process in place. The review group provide a Trust wide forum to identify learning from mortality case note reviews and provide assurance regarding the standard of care provided to patients with a Learning Disability who die in NGH.

The Trust has identified how the planned National LD Mortality Review process to be implemented by the end of 2017, will work in conjunction with its current processes.

NGH were awarded a Bronze "Getting on Board" award by the Learning Disability Partnership Board (LDPB). This was based on compliance with the Charter of Rights for people with an LD, which a number of public bodies have signed up to, including NGH. The LDPB worked with the Charities evaluation services to develop ten standards and criteria for each standard. NGH were asked to pilot the assessment and provide evidence against each standard. The Trust were presented with their award by Mayor of Kettering at the LDPB Health and Well-being conference in March 2017.

NGH have a robust surgical pathway for patients with an LD who attend for surgery or procedures requiring a general anaesthetic. This includes identification at pre-operative assessment clinic, identifying challenges and support needs and LD liaison Nurse liaises with anaesthetists, theatre staff to ensure reasonable adjustments are put in place. We have received lots of positive feedback from patients with an LD and their carers about positive patient experiences using this pathway.

Maternity

Northampton General Hospital has completed work with the Clinical Commissioning Group to develop a countywide Pregnancy Passport. This is completed by the midwife with all pregnant women with Learning Disability, and allows us to ensure that important information regarding their needs is easily seen by all those involved in their care.



Chit Chat maternity support group for women with additional needs, particularly learning difficulties has won the following national awards, Nursing Times Awards 2016, Enhancing Patient Dignity and The Patient Experience Network National Awards 2016 award for Improving the Experiences of People with a Disability Award. The group was also shortlisted for the Royal College of Midwives awards 2017 – excellence in Maternity Care.



NGH is strengthening the support it gives to both patients and staff members who are victims of domestic abuse, with the appointment of a health Independent Domestic Violence Advisor (IDVA). The role of the IDVA is to offer advice and guidance to adults who have experienced domestic abuse and are at risk of injury, harm or homicide. This role has been created in partnership with Northamptonshire Sunflower Centre and is funded thanks to a pooled health, police, borough council and county council budget.

Volunteers at NGH

The NGH volunteer workforce is representative of Northampton town's demographics with volunteers ranging from 18 years to 89 years and inclusive of ethnic minorities. Previous experience is not essential as full training is given which allows those with little education to apply to enhance their skillset.

We have a small number of volunteers with disabilities who are given additional support and are thriving on the opportunity volunteering has given them.

Volunteers actively claiming benefits continue to volunteer to gain additional experience which will help them back into the workforce. The NGH volunteer service actively works with volunteers to assist in their job searching and signpost them to third party organisations.

End of Life Volunteers

What is the End of Life Companion Volunteers Scheme?

Patients may die alone in hospital for a number of reasons; friends and relatives may live some distance away and be unable to visit regularly if at all, or the patient may not have any friends or family at all. Additionally, ward staff may be too busy to spend time with the patient other than when delivering care. In 2015, one of our existing volunteers identified that some patients in NGH who were approaching the end of their lives were in this situation and were sometimes dying alone. Her further research revealed that although a few other organisations had a volunteer scheme, it was a widespread service in the US. After much work, the Trust Lead for End of Life, along with the Voluntary Services Manager established a specialist volunteer group to pilot a scheme which supported those patients approaching end of life and who did not have regular visitors, or whose visitors were unable to be present as much as they would like. Reflecting the Palliative Care Ambitions Document, members of our local community were 'prepared to care' and were recruited specifically to undertake these roles. They received a specific, bespoke training package delivered by the End of Life and Specialist Palliative Care Team and the Chaplaincy service, and they were also given information about their responsibilities while in the ward environment, and about who to contact in the event of problems on the ward, or when they were unavailable to attend. There was an agreed referral process.

Faith and Belief

Religious, spiritual and pastoral care is offered to patients, visitors and staff of all faiths and none and is a valued part of patient care within NGH. Chaplains help support those at some of the most distressing and challenging times of their lives. For those whose faith is important, religious support is offered, helping to improve patients' experience.

The hospital has two chaplains and a team of 12 volunteer pastoral visitors. The Chaplaincy Team has close links with local faith communities and arranges support from these communities if needed. The Chaplaincy also has a Humanist Visitor who supports the hospital chaplaincy as a non-religious pastoral carer, providing support for patients, families and staff who have no religious beliefs.



The chaplains regularly visit the wards and are always happy to see patients or visitors, to offer support or a 'listening ear'. Hospital Chaplains have a duty of care not only for the patients, but also the whole for the whole hospital community, including staff, visitors and friends. A Hospital Chaplain is always available 24/7 for people of all faiths and none, to support them in their religious and spiritual journey. The Chapel is available 24/7 and can offer a refuge and sanctuary for prayer, reflection and meditation for staff, patients and visitors.

74 different religions were recorded from our inpatients in 2016/17 is detailed below:

Religion Description	Number of admissions	Religion Description	Number of admissions
Religion unknown	450307	Church of God of Prophecy	16
Church of England	33778	M1 Rel not given	16
None	12514	Other Free Church	15
Roman Catholic	7021	Free Church	12
Christian	5928	Jain	12
Muslim	2122	Romanian Orthodox	11
Methodist	1166	Seventh Day Adventist	11
Hindu	790	Old Catholic	10
Baptist	605	Evangelical Christian	10
Catholic (Not RC)	403	Wesleylan	10
Atheist	386	Rastafari	9
Other (Rel not listed)	375	Humanist	8
Jehovah's Witness	366	Latter Day Saints	8
Orthodox Christian	304	Congregationalist	6
Church of Scotland	280	Russian Orthodox	6
Sikh	224	Wiccan	5

United Reform	174	Lutheran	4
Buddhist	103	Unitarian	4
Nonconformist	102	Christian Existentialist	3
Anglican	94	Church of Latter Day Saints	3
Spiritualist	94	Church in Wales	3
Pentecostalist	80	Not Migrated	3
Protestant	79	Zen Buddhist	2
Agnostic	75	Apostolic Pentecostalist	2
Mormon	69	Christian Scientists	2
Salvation Army	68	Orthodox Jew	2
Presbyterian	66	Messianic Jew	2
Ismaili Muslim	65	Plymouth Brethren	2
Jewish	62	Taoist	2
Pagan	58	Mahayana Buddhist	1
Christadelphian	40	Bulgarian Orthodox	1
Church of Christ	34	Liberal Jew	1
Church of Ireland	31	Occultist	1
Bahai	24	Non- Denominational	1
Greek Orthodox	23	New Testament Pentecostalist	1
Quaker	19	Order of the Cross	1
Chapel	18	Panthiest	1
		TOTAL NO	1113154

40% of our patient data on religion or belief is undefined. 75% of our patients for whom we hold information on this protected characteristic identified themselves as one of the Christian denominations. Identifying the patients from different religions or belief backgrounds helps us to understand their care and preferences when they come into contact with us.

Complaints and PAL's

The Complaints Department and Patient Advice & Liaison Service (PALS) work very closely together to resolve complaints and concerns in a way that most meets the needs of those who access these services. The areas are very valuable sources of information regarding members of the public who are unhappy with aspects of the care or service that they, or their relatives, have received. Complaints and/or concerns may sometimes be received when services provided by NGH do not meet the needs of patients from protected groups.

In the reporting year 2016-2017 the Trust received a total of 544 complaints (written or verbal) which were investigated in accordance with the NHS Complaints Regulations.

246 complainants chose to provide their ethnicity status although 298 declined to provide this information even though it is handled on a strictly anonymised basis.

The ethnicity of the complainants who responded is detailed below. 214 were white British which is proportionally higher than the number of inpatients and outpatients from this ethnic group.

The age of the complainant is detailed below which shows that the largest proportion of complainants are in the 41-60 age range. However, it is also noted that the age groups 19-40 and 61-70 were very close in terms of the number of replies received.

Ethnicity	No
White British	214
White Irish	3
White other	7
Mixed white & black Caribbean	3
Mixed white & black Asian	1
Asian or Asian British Indian	7
Asian or Asian British Bangladeshi	1
Asian or Asian British other	2
Black or black British Caribbean	1
Black or black British African	2
Chinese/other Chinese	3
Not stated	2
Total	246

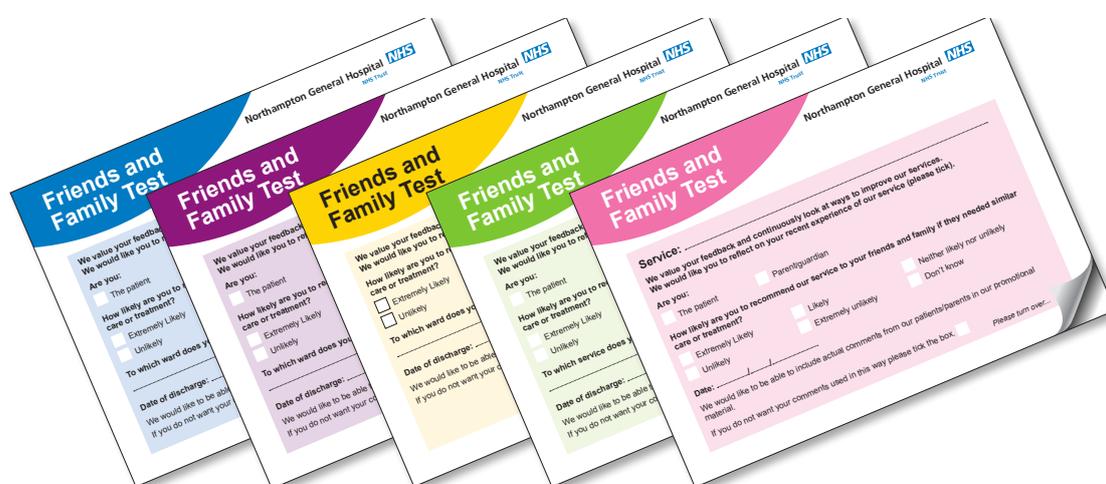
The Trust received the following complaints regarding issues relating to protected groups:

Age	No
18 + under	7
19 - 40	49
41 - 60	56
61 - 70	51
71 - 80	40
81 - 90	17
91+	8
Not stated	8

- Patients family raised concerns about the level of care and understanding provided to their adult son who has severe learning and physical disabilities
- Relatives raised concerns that two doctors provided different opinions regarding the patients mental capacity
- Relative has raised concerns about the attitude of the consultant in charge of the patients care and that discussions about end of life care took place in front of the patient. This was against the wishes of the family and caused distress to the patient. Concerns were also raised about the facility to which the patient was moved when she has dementia and the family felt this was inappropriate.
- Relative has raised concerns regarding the transfer of an elderly patient with

dementia to another care facility without the provision of the necessary information. Patient experienced a fall and required emergency care. Relative feels that the patient should have remained at NGH.

- Patient's sister raised concerns that the last appointment did not follow MDT action as previously advised. A busy clinic meant that the relative could not ask questions about her sister who has a learning disability and she felt the Doctor had not read the notes.
- Relative has raised concerns about the lack of information sent to another hospital when the patient, with a mental health background was referred for a diagnostic procedure. Relative states that patient experienced a psychotic episode as a result of the information not being issued.
- The Trust recognises that access to the process may be influenced by educational background, cultural issues and language and disabilities (learning or physical). In view of this the Trust endeavours to make the complaints process easy to access through a number of ways including providing support to complainants who want to make a complaint but who may be unable to do so in writing or themselves. We provide information regarding how to make a complaint in an easy read leaflet and staff can book an interpreter for those patients who first language is not English or a British Sign Language Interpreter for those who wish to use this service. An Independent advocacy service is also available to all members of the public who wish to make a complaint with specialised advocates for those who are registered with Mental Health providers.



Patient Experience & Engagement

The Trust is committed to understanding the experiences of patients and providing everyone with the equal opportunity to give their feedback. The Friends & Family Test (FFT) has been running within the organisation for 4 years and runs within most departments in the hospital. In July 2015 further guidance on the FFT was published with the main aim being to provide hospitals with information on inclusivity and equality and diversity. As a result of this guidance the hospital expanded the ways in which data was collected. This included initiating a multi-language survey displayed in different languages throughout the hospital, a children specific survey, easy-read postcards, and a suite of postcards for across the services. In total, there are 7 different

ways in which patients, families and carers can leave their feedback. In 2016 the hospital was shortlisted for an NHS England FFT national award for Inclusivity.

Through these methods, feedback has been collected from patients on their experience, alongside this the hospital also asks questions around demographics, this includes;

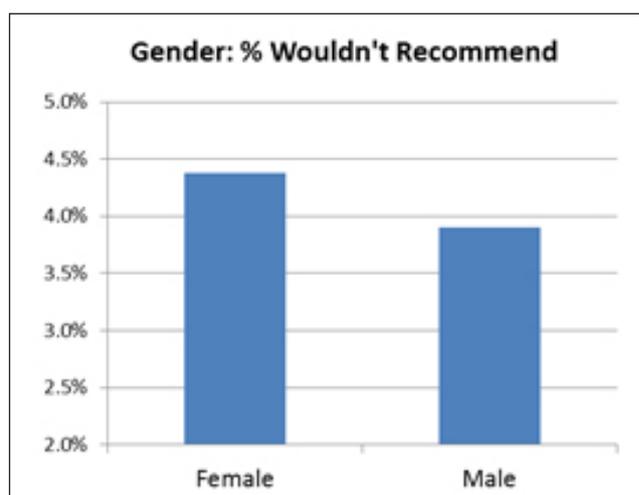
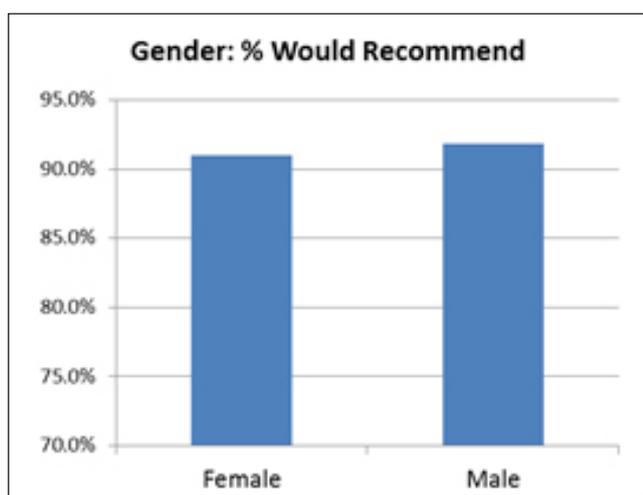
- What is your sex?
- What is your ethnic group?
- Sexual orientation?
- What age are you?
- Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Collecting these details from patients enables the organisation to identify levels of satisfaction in accordance with protected characteristics, ensuring everyone is experiencing the hospital in a positive way and nobody is discriminated against.

Friends & Family Test Results – Protected Characteristics

Gender

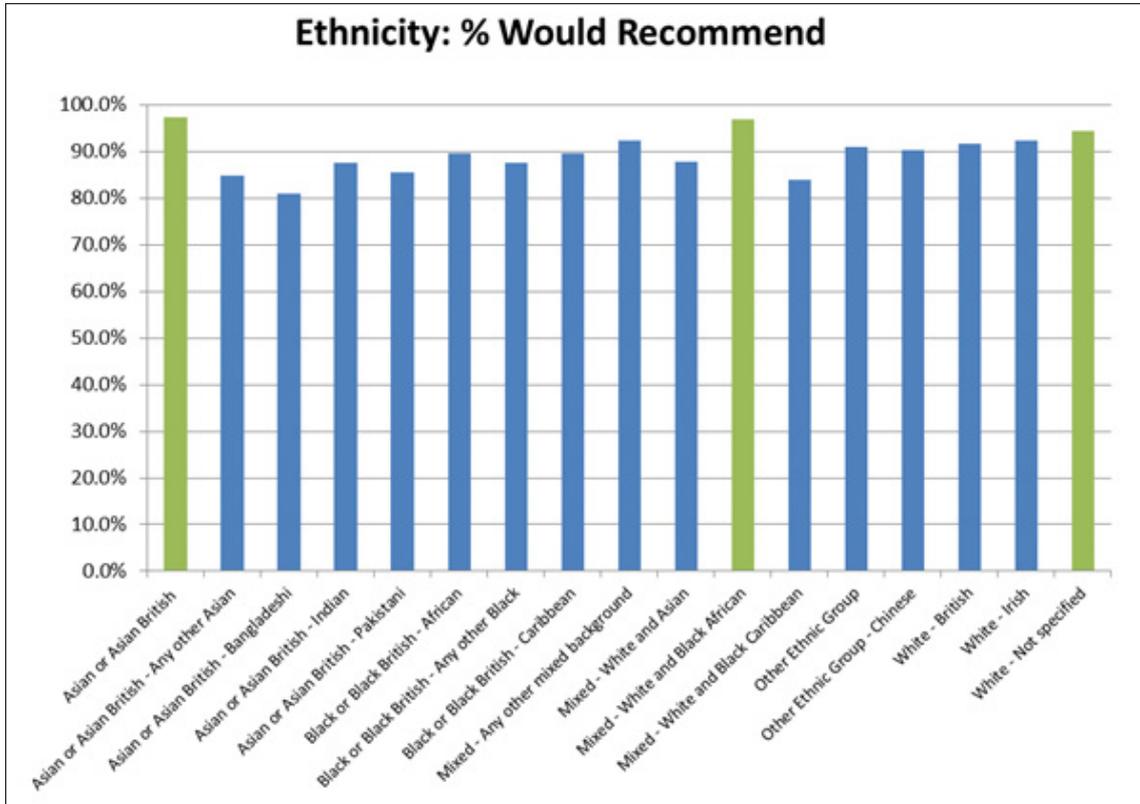
For gender, feedback was given from 97,116 patients. It is evident from reviewing the feedback from males and females that there is no distinct difference in the % of patients that would recommend. Males show a slightly lower % towards 'not recommending'.



Ethnicity

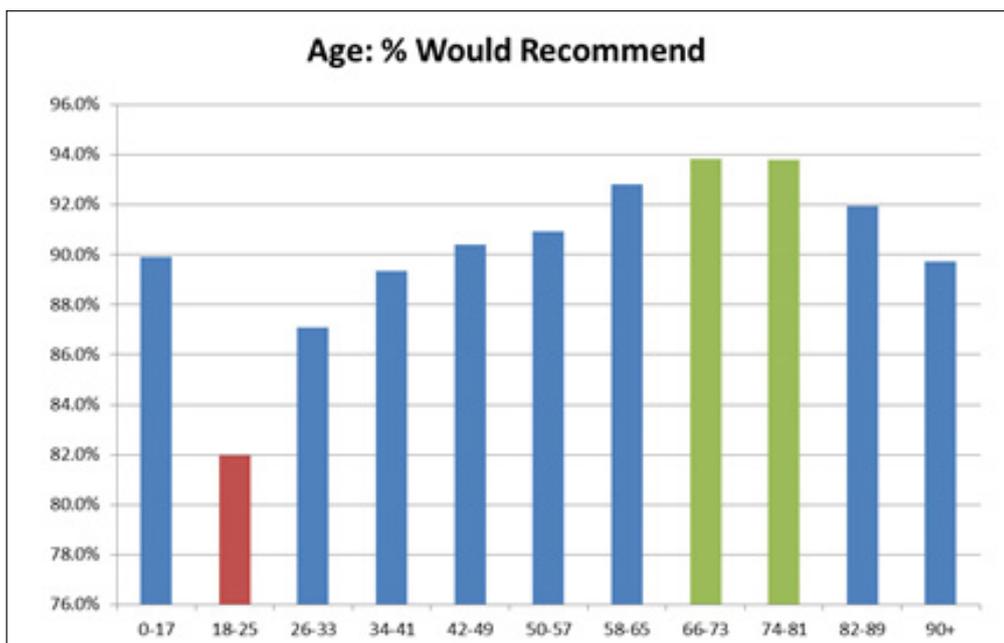
Ethnicity was collected from 74,194 patients. The most responses were seen from patients that identified themselves as White-British, at 59,612). As can be seen by the graph below, the percentage of patients that would recommend are highest for ethnic groups, Asian/Asian British (304 responses), Mixed White/Black African (33 responses) and White not specified (9380 responses). Patients expressing the least amount of satisfaction identified themselves as Asian/Asian British- Bangladeshi (178 responses) and Mixed White/Black Caribbean (207 responses).

and White not specified (9380 responses). Patients expressing the least amount of satisfaction identified themselves as Asian/Asian British- Bangladeshi (178 responses) and Mixed White/Black Caribbean (207 responses).



Age

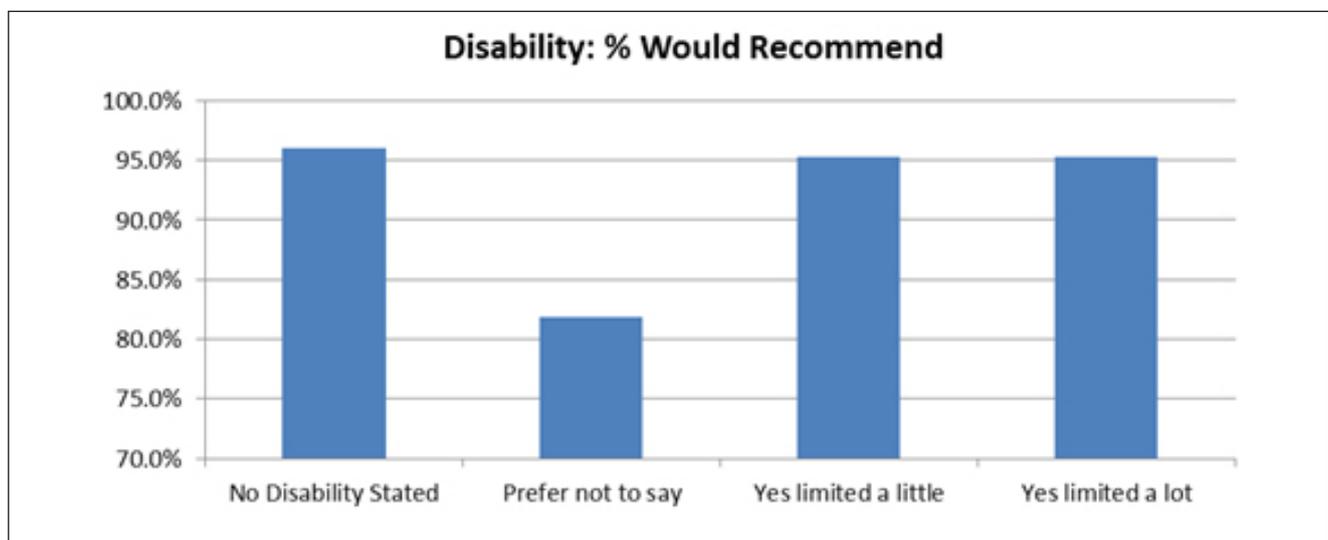
Patients' age was collected 98,464 times within the FFT for 16/17. The graph below clearly shows that patients within the age bracket 18-25 (3455 responses) state the lowest levels of satisfaction of all age groups. The most satisfied patients are those aged between 66 and 81 (34,055 responses).



It is positive to note that responses were received from patients of all age groups, including 1569 responses from patients aged 90 and above. This is important as it shows that the methods used by the organisation are inclusive and do not discriminate against the elderly.

Disabilities

Information relating to whether the patient had a disability was collected from 4365 patients in 16/17. The graph below indicates that there is no vast difference in satisfaction between patients that state they are limited a little, or a lot, and those that state they have no disability. There is a further category of 'prefer not to say' (154 responses) which indicates less satisfaction, it is unclear whether this is related to the patients' disability or not.



Sexuality

Sexuality is the most difficult set of data to interpret. In total, 5114 patients stated their sexuality. However of these, 98.1% were heterosexual (5017 responses). It was not possible therefore to identify whether there was any concern, as the sample of patients was not representative. This will be given further consideration within 17/18.

The Patient & Carer Experience & Engagement Group (PCEEG)

The Patient & Carer Experience & Engagement Group (PCEEG) meets bi-monthly and is chaired by the Director of Nursing. Membership of the group is varied and included representation from internal and external to the organisation. There is a patient representative who attends each meeting and is part of the membership. A number of sub groups report into PCEEG, this includes Equality & Diversity, End of Life, Dementia and Learning Disabilities. The group ensures the equal support and commitment to providing the best possible care to everyone, equally.



Conclusion

There had been a considerable amount of work taken forward in 2016/17 in regards to improving patient Equality & Diversity. This report demonstrates some of the activities that are contributing towards removing or minimising disadvantages experienced by people due to their protected characteristics; however we recognise that there is still work to progress.

Moving forward for next year we will be strengthening our Service Equality Delivery System (EDS2) objectives and will develop our 3 year improvement plan. We will also be developing our Trustwide Patient Equality & Diversity Strategy.

An area of development will be the implementation of our new Patient Administration System which will allow the Trust to focus our improvement plan on the key protected characteristics of our patient population.



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Designed and produced by
the Communications Department
January 2018