NHS
Northampton General Hospital
NHS Trust

Equality and Human Rights

Service Annual Report
April 2015 to April 2016
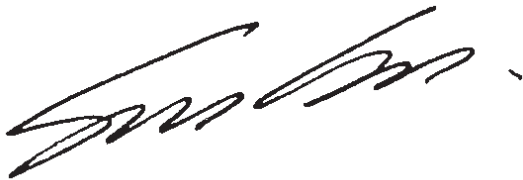
Providing
the **Best**
Possible
Care

Contents

Introduction

The Equality and Human Rights Annual Report 2015/16 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 2015/16 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:

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.

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 PSED by publishing relevant proportionate patient /service information to demonstrate our compliance. Equality Workforce information can be accessed via the NGH website.

NGH Patient Data 2015/16

Age

Inpatients		
Age	Number	% of total
0-16	14729	13.7
17-18	1425	1.3
19-34	22090	20.5
35-65	36600	34
66+	32861	30.5
	107,705	

Outpatient				
Age	Number	%	Female	Male
0-16	43403	9.9	19864	23538
17-18	4812	1.1	2700	2111
19-34	53032	12.1	39687	13340
35-65	155830	35.7	90212	65613
66+	179599	41.1	87312	92282
Total	436,676			

Children and younger Patients

During the year we moved our very busy blood taking unit into new larger premises including a special waiting area for children with toys and games provided.

End of Life Volunteers

Volunteers at NGH are spearheading a pilot project to provide companionship and support for patients receiving end of life care so that no patient dies alone. The volunteers are asked to sit with a patient who is dying if there is a possibility of the patient being alone when they pass away. They may chat with the patient, reminisce or sometimes just sit quietly and hold the patient's hand. The volunteers receive training from the palliative care team and the hospital chaplain.

Older patients

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

A/E

Four cubicles within the unit are prioritised for frail patients, especially those with a cognitive impairment. They 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, a large clock to aid orientation and an arm chair which makes the cubicles less clinical and intimidating. Each cubicle has a 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, e.g. card games, reminiscence activities, a music player and a tangle ball.

Elderly and Frail

The two Specialist Nurses for the Centre for Elderly Medicine assess referred patients over the age of 75 on the assessment units or in A/E for all aspects of frailty. This may include cognition, clinical concerns, worries about managing at home, basic mobility tests and mood. They identify problems, facilitate early safe discharges with colleagues from the multi-disciplinary team and when discharge is not possible, the collected collateral history information recommendations can be used as a baseline for discharge planning.

Patients with Dementia

The Dementia Liaison Nurse offers advice and support to patients with dementia and their carers. She is able to explain what practical help is available and is able to signpost patients and carers to appropriate support agencies.
Digital reminiscence therapy software was purchased to encourage conversation, play games and sing with patients with dementia.
A Making Quality Count project was undertaken to investigate which service changes would benefit patients with dementia in the future. Breakfast and lunch groups for patients with dementia have taken place run by an Occupational Therapists and Technical Instructors.

Disability

The Current patient and service user administration and record system utilized by the Trust, does not have the capacity to collect data relating to Disability. This will be addressed with the purchase of a new system which is due to be implemented in May 2017.

Therapies now have a kitchenette in the in-patient therapy Gym so that patients who are on wards at the acute end of the hospital do not have to be transported to Centre for Elderly therapy kitchen for assessments/practice.

The opening of the new Blood Taking Unit enables patients in wheelchairs to have improved access and waiting areas.

The Estates Department have continued to make changes to the environment which will benefit all patients:

- Provision of accessible toilet in Billing House 2nd floor.
- Improvements to North Street (flooring, lighting, decorations)
- Improvements to Maxillofacial (improved lighting flooring and refurbish reception desk)
- Provision of Accessible parking spots closer to the south entrance following installation of car park deck.
- Dropped kerbs and zebra for wheelchair access to car park rear nurses home.
- Link corridor to linear accelerator bungalow
- Refurbishment of Billing road toilets including accessible toilet.
- Fit stop and A&E refurbishment works
- Installed fire alarm beacons in toilets
- Various works to radiology which may have improved access and lighting etc. to the x ray machines. This also includes Radiotherapy – Linac bunkers
- New auto sliding door entrance door to Sturtridge side entrance (adjacent bin store)
- Refurbishment of circulation areas in Paddington and Disney wards

Accessible Information Standard

The Accessible Information Standard (AIS) was approved in June 2015 and all organisations that provide NHS or adult social care must follow the accessible information standard by law. The Trust commenced making plans to be 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.

New Blood Taking Unit (BTU)

The new blood taking unit was opened in March and provides a much improved service. The old unit was not in an ideal location, was often overcrowded with a lack of seating and space. The new unit is much more spacious and it is integrated into the pathology lab. There is space for wheelchairs and a designated service for paediatric patients. In response to observations made by a patient representative who attends the Pathology Governance meetings, signage to the new unit was improved.

Over 73,500 adult patients from all protected groups and over 4,000 children attend the BTU during this reporting period which is a 17% increase from the previous year.

Learning Disability

People with a Learning Disability (LD) can be very vulnerable and socially excluded in our society. There is evidence that people with a LD have a greater need for healthcare than others and yet can have worse access to the care they require and often have poorer health outcomes.

The Trust has established a Learning Disability Steering Group which is co-chaired by the Head of Safeguarding and Dementia and the Learning Disability Project Work. This new group is accountable to the Quality Governance Committee through the Patient Experience and Engagement Group.

The Trust Learning Disability Project Worker, who has a LD, has continued to work with the Trust LD Liaison Nurse and has visited patients with LD on the wards, checking that the Hospital Passport is in place and being utilised correctly by staff. He has helped obtain feedback from patients with LD and has assisted with LD staff training in his role as 'expert with experience'.

NGH is working with the CCG and Kettering General Hospital to develop a countywide maternity pathway for parents with an LD including the development of a "Pregnancy Passport" in collaboration with ladies with LD using our maternity services.

The Trust has established a LD Mortality review group to provide a Trustwide forum for identification of learning from mortality case note review and provide assurance regarding the standard of care provided to patients with a learning disability who die at NGH.

The Learning Disability Liaison has worked in collaboration with two Junior Doctors as part of Quality Improvement programme to help improve communication between doctors and patients with an LD.

Gender

Inpatients

	Number	%
Male	43517	40.4
Female	64183	59.6
Unknown	5	
Total	107,705	

Outpatients

	Number	%
Male	196884	45
Female	239775	55
Unknown	17	
Total	436676	

Ethnicity

Inpatients

Ethnicity	Number	%
Not known	1692	1.6
White British	84034	78
White Irish	1401	1.3
Any other white background	6567	6.1
Mixed- white and black carribean	728	0.7
Mixed- white and black african	245	0.2
Mixed- white and asian	285	0.3
Mixed- any other mixed background	459	0.4
Asian or Asian British- Indian	1544	1.4
Asian or Asian British -Pakistani	705	0.6
Asian or Asian British- Bangladeshi	951	0.9
Asian or Asian British –any other Asian	666	0.6
Black or Black British -Caribbean	982	0.9
Black or Black British- African	2199	2
Black or Black British-any other black	456	0.4
Other ethnic group-chinese	356	0.3
Other ethnic group	742	0.7
Not stated	3693	3.4
Total	107,705	

Outpatients		
Ethnicity	Number	%
Not known	13548	3.1
White British	339430	77.7
White Irish	5985	1.4
Any other white background	15846	3.6
Mixed- white and black carribean	2109	0.5
Mixed- white and black african	749	0.2
Mixed- white and asian	781	0.2
Mixed- any other mixed background	1132	0.3
Asian or Asian British- Indian	6234	1.4
Asian or Asian British -Pakistani	1842	0.4
Asian or Asian British- Bangladeshi	2676	0.6
Asian or Asian British –any other Asian	2088	0.5
Black or Black British -Caribbean	3952	0.9
Black or Black British- African	5619	1.3
Black or Black British-any other black	1263	0.3
Other ethnic group-chinese	1518	0.3
Other ethnic group	2429	0.6
Not stated	29475	6.8
Total	436676	

Black and Minority Ethnic (BME) Group

The BME group continues to meet with a successful programme of presentations and 'question and answer' sessions on various topics chosen by the group's membership. These sessions have covered discussions on specific disease pathways, such as prostate cancer, and issues of infrastructure, such as catering.

The membership and attendance at each group varies dependent on the topic matter, with specific communities attending for specific events.

Key learning that has emerged from the BME meetings includes the particular challenge that different communities face in accessing healthcare – the complexity of the NHS in terms of referral route and service provision and the various specialties and subspecialties. This is compounded when either English is not a primary language or culture of birth, or both.

Interpreting and translating

The Trust recognises that patients who have a first language which is not spoken English, have the right to professional language support.

Inadequate communication with people whose first language is not spoken English limits their ability to access services. It also has a major impact on the quality of care and treatment they receive when they do access care when communications between clinicians and patients is inadequate. This could lead to inappropriate or incorrect treatment.

Thebigword are the contracted provider of the interpreting and translating services at NGH. Thebigword offer services incorporating telephone interpreting (TI), face to face (F2F) interpreting (including sign language) and written translation including Braille.

We have made Telephone Interpreting our default system as this will ensure 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 patient and visitors. The telephone interpreting service connects staff to an interpreter within a minute of making a call. We recognize there will be occasions when TI is not suitable for a particular patient. We have therefore made arrangements for those patients who require the services of a Face to face interpreter, 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.
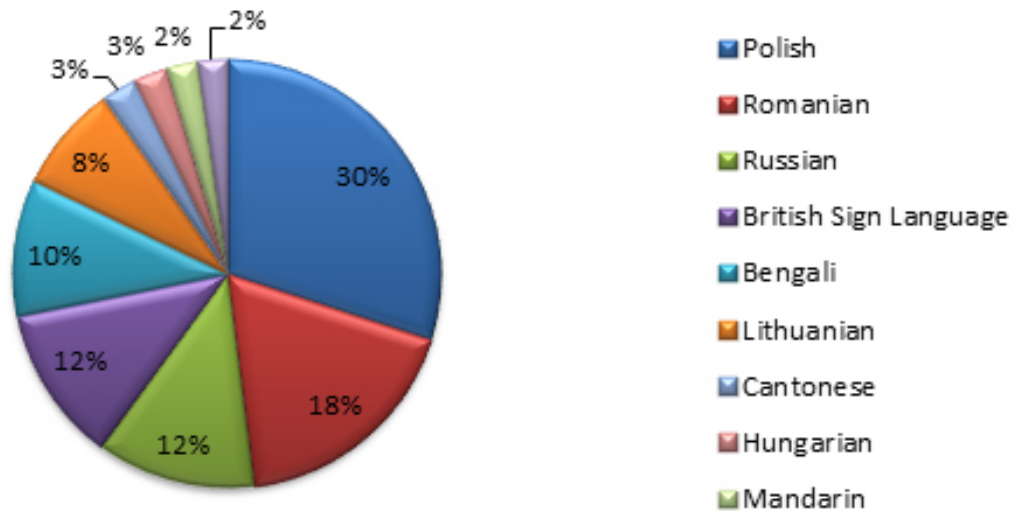
The telephone interpreting service, which is available 24 hours per day, 7 days a week, was utilised on 373 occasions in 22 different languages.

The Face to Face Interpreting service, which has to be pre-booked, was accessed on 1510 occasions during 2015/16 in 42 different languages. The majority of Face to Face interpreting is used in the Urgent Care and Obstetrics directorates. This is mirrored in the telephone interpreting usage, which similarly is significantly higher in these areas in comparison to others.
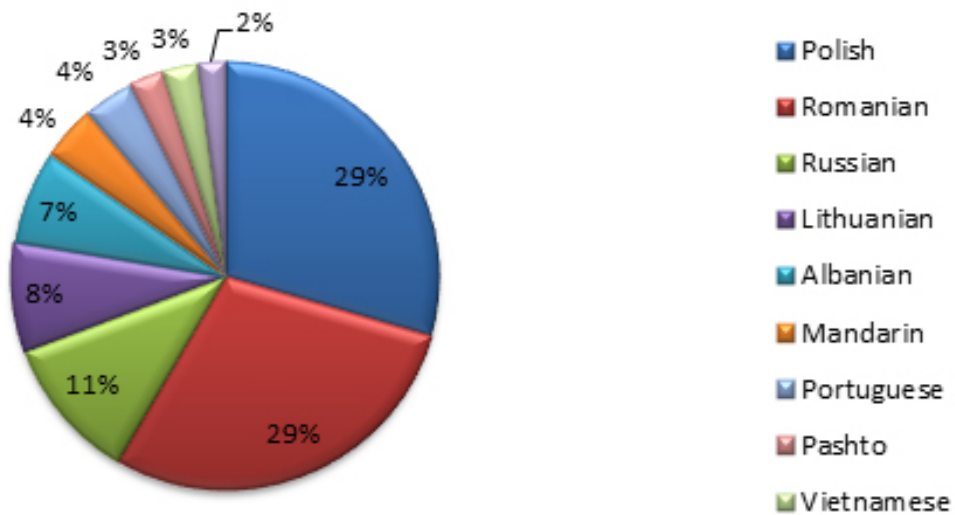
The largest use of Face to Face interpreting is for consultations (%)

As can be seen from the two graphs below, Polish, Romanian and Russian are the most required languages for the Interpreting Services followed by Lithuanian for telephone interpreting services and British Sign Language (BLS) in the case of Face to Face services.

Ten Most Common Languages Requested for Face to Face ITS

Pie chart segments:
- Polish 30%
- Romanian 18%
- Russian 12%
- British Sign Language 12%
- Bengali 10%
- Lithuanian 8%
- Cantonese 3%
- Hungarian 3%
- Mandarin 2%
- 2%

Legend:
- Polish
- Romanian
- Russian
- British Sign Language
- Bengali
- Lithuanian
- Cantonese
- Hungarian
- Mandarin

Ten Most Common Languages Requested for Telephone ITS

Pie chart segments:
- Polish 29%
- Romanian 29%
- Russian 11%
- Lithuanian 8%
- Albanian 7%
- Mandarin 4%
- Portuguese 4%
- Pashto 3%
- Vietnamese 3%
- 2%

Legend:
- Polish
- Romanian
- Russian
- Lithuanian
- Albanian
- Mandarin
- Portuguese
- Pashto
- Vietnamese

Sexual Orientation

The Current patient and service user administration and record system utilized by the Trust, does not have the capacity to collect data relating to sexual orientation. This will be addressed with the purchase of a new system which is due to be implemented in May 2017.

Maternity

Over 4700 babies were born at NGH during this 2015/16.

- "Meet the Matrons" started in January 2016 it is an opportunity for women to discuss any issues or concerns they have had during their care. This will include the antenatal, intrapartum or postnatal period. It is an opportunity for women and their partners to review and discuss all aspects of their care and ensure that any concerns they have are dealt with appropriately. The clinic has proved to be very popular and our formal complaints have decreased. Since this service has been available.

- Northampton General Hospital Maternity Services has developed an innovative antenatal group for women and partners who need extra support with their experience of pregnancy and childbirth; this initiative has been shortlisted for two national awards.

The Chit Chat group was established by a couple of our midwives as a way of tailoring antenatal education, parenting advice and peer support to women with additional needs, in particular, learning difficulties.

The group was established as a response to research which shows that women, those with learning disabilities for example, avoid maternity care often because of lack of confidence, and they are at greater risk of poor outcomes during their pregnancy and the postnatal period. They are also more likely to be vulnerable due to other issues such as mental health concerns or issues with housing, and be reluctant to ask for the help they need.

Mothers are welcome to bring partners or family members along to the group for support; they meet every two weeks on labour ward, which itself helps to break down barriers and reduce fear and anxiety as parents become familiar with the hospital environment. They talk about a wide range of subjects, some members may feel they are socially excluded or living in quite vulnerable circumstances, and the group enables them to have this peer support around them. They meet other mums who can become friends and help each other throughout pregnancy and as their children grow. As well as maternity issues they may help and support each other with things like applications for bus passes or for jobs. Recently one of the dads got a job for the first time in his life due to confidence that he has gained through attending the group.

The midwives who run the group are part of our safeguarding team; they attend hospital appointments to support the women and have also attended births/ caesareans to support them and it has helped to provide a better experience all round. It can be quite daunting coming to a big hospital so it's made a big difference for the women to come in to a familiar environment and see a familiar and friendly face.

- A Teenage pregnancy midwife post was developed this year. The midwife's workload will allow her to support teenagers through antenatal, intrapartum and the

- post-natal period. Having a specific Midwife for this role will ensure that support and individualised care can be structured for this potentially vulnerable group.

Gender reassignment

The Current patient and service user administration and record system utilized by the Trust, does not have the capacity to collect data relating to gender reassignment. This will be addressed with the purchase of a new system which is due to be implemented in May 2017.

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 arrange support from these communities if needed. A new humanist visitor has been recruited to join the Team in April. She will be the first person to join 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.

76 different religions were recorded from our inpatients in 2015/16 is detailed below: 39 % of our patient data on religion or belief is undefined. 76% of our patients for whom we hold information on this protected characteristic identified themselves as

Religion Description	Number of admissions	Religion Description	Number of admissions
Religion unknown	41618	Church of Ireland	18
Church of England	33656	Congregationalist	16
None	11275	Evangelical Christian	16
Roman Catholic	7036	Church of God of Prophecy	15
Christian	5994	Patient refused	14
Muslim	1947	Romanian Orthodox	12
Methodist	1054	Plymouth Brethren	11
Baptist	658	Baha'i	10
Hindu	655	Orthodox Jew	9
Atheist	421	Russian Orthodox	9
Jehovah's Witness	359	Other Free Church	8
Church of Scotland	321	Rastafari	8
Catholic: not RC	306	Old Catholic	7
Other (not listed)	299	Chapel	7
Orthodox Christian	246	Humanist	7
Sikh	209	Free Church	6
United Reform	162	Latter-Day Saint	6
Buddhist	151	Wiccan	6
Anglican	142	Coptic Orthodox	5
Protestant	105	Church of Latter Day Saints	5
Nonconformist	97	Jain	5
Jewish	89	Unitarian	4
Agnostic	82	Wesleyan	4
Spiritualist	82	Apostolic Pentecostalist	3
Pentecostalist	77	Christian Scientists	3
Mormon	75	Church in Wales	3
Salvation Army	60	Christian Existentialist	2
Pagan	57	Lutheran	2
Presbyterian	57	Nazarene Church	2
Ismaili Muslim	49	Non-Denominational	2

Christadelphian	27	Pantheist	2
Seventh Day Adventist	27	Zen Buddhist	1
Quaker	26	Calvinist	1
Church of Christ	25	Celtic Christian	1
Greek Orthodox	24	Christian Spiritualist	1
Advaitin Hindu	1	Eastern Orthodox	1
Sh'ite Muslim	1	Heathen	1
Occulist	1	Not migrated	1

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 PALs

The Complaints Department and the Patient Advisory and Liaison Service (PALS) are valuable sources of information regarding dissatisfaction with our services and evidence for when the services at NGH do not meet the needs of patients from protected groups.

In the reporting year 2015-2016 the Trust received a total of 570 written complaints which were investigated through the NHS Complaints Regulations.

255 complainants provided their ethnicity status but 55% declined to provide this information although it is handled on an anonymized basis.

The ethnicity of the complainants who responded is detailed below. 85% were White British which is proportionally higher than the number of inpatients and outpatients from this ethnic group.

Ethnicity	Number
White British	216
White Irish	2
White Other	14
Mixed white and black Asian	1
Mixed other	2
Asian or Asian British Asian	6
Black or Black British Caribbean	1
Black or Black British African	4
Black or Black British other	1
Not stated	8
Total	255

The age of the complainant is detailed below which shows that the largest proportion of complainants are in the 41-60 age range.

Age	Number
18 & under	6
19-40	45
41-60	63
61-70	49
71-80	38
81-90	30
91+	8
Not stated	15
Total	254

The Trust received two written complaints regarding specific issues relating to protected groups:

- The patient felt that the hospital was discriminatory towards someone with a disability as the radiography department did not have facilities to cater for the patient who required a full facial x'ray but the patient was unable to stand for the procedure
- Patient was unhappy regarding the way in which a mental health assessment was undertaken in A/E department

The Trust recognises that inequality of access to the complaints process may be influenced by educational background, cultural issues and language, disabilities and learning difficulties. Therefore we endeavour 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 are unable to do so in writing or make a complaint themselves. We provide information regarding how to make a complaint in an Easy Read leaflet and can book an interpreter for patients whose first language is not English and a British Sign Language Interpreter for those who wish to use this service.

Patient Experience

Prior to 2015, patient engagement (involvement) was considered as a separate entity to patient experience with its own strategy. However, patient engagement is a critical part of experience and the two should not be considered in isolation.

During the period covered by this report, we published our Patient Experience and Engagement Strategy (2015-2018) which details our vision for patient experience and engagement in the hospital, and how we aim to achieve it. The strategy focusses on five key aspects;
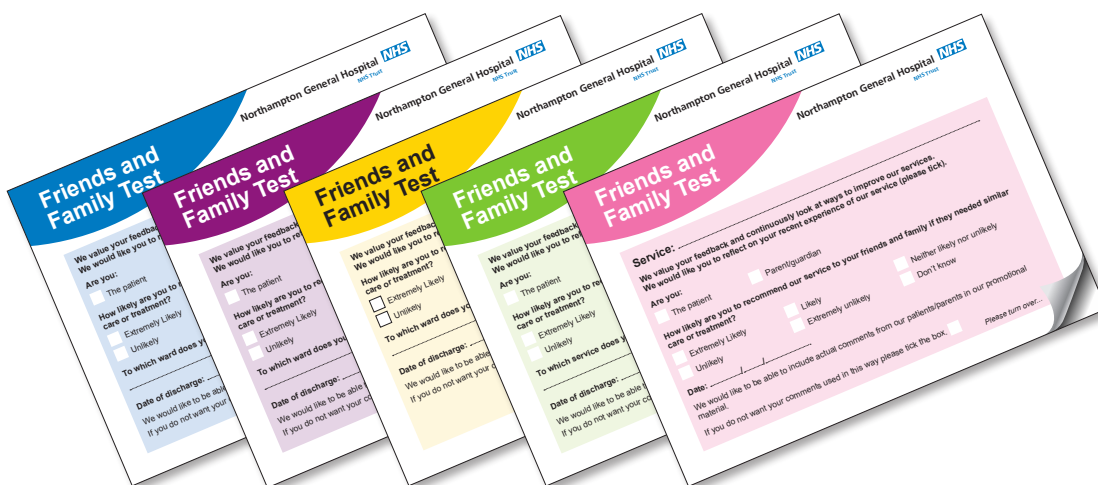
- Ask
- Listen
- Share
- Improve
- Engage

The Trust has predominately collected feedback from patients through SMS Text messaging and Interactive Voice messaging but it was acknowledged that there was a need to provide opportunities for patients to give feedback in other ways.

NHS England published an updated version of the Friends and Family Test (FFT) Guidance in July 2015. The main aim of this update was to provide organisations with information on Inclusivity, Equality and Diversity. As result, the Trust started to collect demographic information from patients completing the FFT to ensure good quality care is being provided to all.

In order to understand the experiences of our patients and carers, we need to equip them with the opportunity to give their feedback. This does not only include actively seeking feedback on topics but also providing mechanisms for patients to initiate contact with the hospital through such things as complaints, 4c's, patient opinion and NHS choices.

The data collected from patients helps us to make better decisions about how to improve services.

Postcards were developed for many different services, along with over 65 postboxes throughout the hospital, including at entrances and seating areas.

Two posters have been developed in Polish and Russian giving patients the opportunity to complete the FFT online within their preferred language. A further poster is currently being developed in Bengali and will be implemented in 16/17.The online survey itself contains over 50 languages for patients to choose from. The posters have been placed throughout the hospital.

In order to collect information from children, three different online surveys were created, each specifically tailored to a different age group.
This has made it possible to directly compare the experiences of parents to the experiences of their children.

We created an easy-read version of the feedback postcard to help our patients with a learning disability or dementia in giving their feedback.

Within the new guidance from NHS England for Inclusivity there was also a requirement from organisations to begin collecting demographic information from patients, at the same time as asking the FFT question. The reason for this was to give organisations the ability to stratify satisfaction in accordance with demographic groups, and ensuring the organisation is providing a good experience to all. The extract which is taken from the internal PAS system for the SMS text messages and the automated calls also provides some basic demographics from the patients records (all extracts are anonymised). This includes age, gender and ethnicity. In addition to this, the new postcards which have been created also contain questions relating to sexuality and disability. This has given the hospital the ability to look at the FFT data and patient satisfaction in a number of different ways, to really drill down into what the areas of dissatisfaction are within the hospital.

The results of collecting the demographic data demonstrate that:
- Responses are most likely to be received from people whose ethnicity has been classified as 'White British' followed by 'White Irish'
- Females are more likely to respond than males. Men are most likely to state waiting times as their biggest area of dissatisfaction whereas women it is communication
- The age group most likely to respond are 66-71 year olds with 18-29 year olds least likely to respond.

During the year, we made numerous improvements in response to the feedback we received from the Family and Friends Test, including herbal tea and noiseless bins, doctors in white coats and sleep-well packs.

In your own words, please could you share the reason given for your answer?

....

....

....

....

What is your sex?

☐ a) Male

☐ b) Female

Sexual Orientation?

☐ a) Heterosexual

☐ b) gay/lesbian

☐ c) bisexual

What is your ethnic group?

☐ a) White

☐ b) Mixed/Multiple ethnic groups

☐ c) Asian/Asian British

☐ d) Black/African/Caribbean/Black British

☐ e) Other Ethnic group

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? (including any issue/problems related to old age)

☐ a) Yes, limited a lot

☐ b) yes, limited a little

☐ c) No

☐ d) Prefer not to say

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Thank you for taking the time to give us your valuable feedback.

There are several places on the web where patients, families and carers are able to share their feedback:

- Facebook
- Twitter
- NHS Choices
- Google reviews Patient Opinion.

This feedback is reviewed alongside other sources of patient feedback such as National Patient Survey results.

Patient Engagement

Patient engagement has two definitions within the hospital. The first is the patient feeling actively engaged in the decisions relating to their care. The second is ensuring patients, public, carers and families are actively engaged in the decision making process within the hospital, in a manner which is truly collaborative and goes beyond the tokenistic involvement. This includes being active partners in the planning, designing, delivering and improvement of health services within the hospital. It should also be noted that the Trust has a statutory duty to involve patients within its work.

To date, engagement has been varied. Previously focus groups were established, some have faltered but others continue to run with success such as the Northamptonshire Cancer Partnership who are actively engaged in many areas within cancer services, undertaking regular audits and surveys and contributing to service development. The Trust has established a Patient Involvement Group which oversees the development of patient leaflets. In addition to this, a core group of patient representatives regularly support the organisation through activities such as QuEST, audits, surveys and supporting improvement projects.

The Patient and Carer Experience and Engagement Group (PCEEG) which meets bi-monthly has been established. Membership of the Group includes the Patient Experience and Engagement Lead, a Patient representative and a representative from Healthwatch and Northamptonshire Carers. Its principle aim is to bring together, under the chairmanship of the Director of Nursing, Midwifery and Patient Services, a forum to enhance the patient and their carer's experience of and engagement with the Trust's services.

The purpose of the Patient and Carer Experience and Engagement Group is to monitor the implementation of the Patient and Carer Experience and Engagement Strategy, disseminate the lessons to be learnt and promote good practice across the Trust in the way it deals with patients, their carers, family and friends.

Healthwatch attend the PCEEG and present their findings through their 'every contact counts' work. This is to ensure the organisation is listening to all areas of feedback given, from a variety of sources. In addition to this, a number of subgroups also provide regular feedback; these include the BME group, Patient Experience & Dignity Forum, End of Life, Dementia steering group and the Disability Advisory Forum…..(Have these met?)

Equality Analysis (EA)

We believe that the best way to consider the effect on different groups protected from discrimination by the Equality Act 2010 is by regularly undertaking policy decision making process reviews to consider the effect on different groups. This helps us to recognise any potentially negative consequences and to assess the effectiveness of our policies, practices, activities and decisions. In the past year, a number of policies and functions have been reviewed to ensure that they reflect the latest diversity and equality requirements. EA is mainstreamed through the Trust's policy approval process.

This report has highlighted 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 tackled in the Trust wide programme to enable us to have a more accurate picture of our patients and communities by protected characteristic.

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 2012-2016

The four year Equality objectives were agreed in 2012 and were based on two of the four goals of the Equality Delivery System. 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: The NHS is asked to	Objective
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.	We will develop a program of data collection and analysis to understand areas where there are health inequalities amongst protected groups. This will be completed in line with the Trust's quality program and in conjunction with NHS Northamptonshire
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 Trust will increase the engagement and involvement with representatives from protected groups. In 2 years we will aim to achieve representation from 100% of the protected groups

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

Conclusion

In accordance with the Public Sector Equality Duty, NGH can show through its' policies and practices that it endeavors to deliver the three aims of the general duty. This report demonstrates some of the activities that are contributing towards removing or minimising disadvantages experienced by people due to their protected characteristics.

The Trust meets the Specific Duty as it has set equality objectives for the four years 2012-16 and has published this report to show compliance with the equality duty.

The Trust aims to deliver positive outcomes for all patients and is working towards continuous improvement.

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