Service Monitoring Information 2018/19

Content

There is a level of sensitivity around some of the data collected. Everyone working in the NHS setting has a legal duty to maintain the highest level of confidentiality. All staff members are trained on information governance and handling confidential data.

Data sourced from: UHMBT

If you require this information in an alternative format or language or wish to discuss the content of this report in further detail, please contact Barry.Rigg@mbht.nhs.uk
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Executive Summary

The purpose of this report is to demonstrate the Trust's compliance with the Equality Act 2010 general duty across our patient services. It summarises the equality monitoring data in respect of patients at the University Hospitals of Morecambe Bay NHS Foundation Trust in 2018-19, using statistical data taken from the Trust's electronic patient records.

At UHMBT we are determined to ensure that we offer equal access to health care and employment opportunities to everyone in the community. We progressed our 2018/19 patient services equality objectives (to enhance the experience of vulnerable patients, with disabilities with provision of personalised and accessible information; and to deliver high quality care to people and their carers.

We now have a new flag alert on our patient record system (Lorenzo) which captures patient with learning disabilities, we will continue to work with our patients to help develop personalised passport, we now have over 300+ personalised passports captured within Lorenzo.

In 2018/19 the profile of our patients was: 57% female and 43% male.

The Trust uses the NHS Equality Delivery System 2 (EDS2) as an opportunity to look at how well we are doing in our efforts to continually improve equality delivery for patients and staff.

We used the information contained in the 2017/18 EDS2 report and listened to our key stakeholders, including our patients, staff and staff side representatives, to assess our equality performance. Our NHS Equality Delivery System 2 submission report is published on our website. **https://www.uhmb.nhs.uk/about-us/inclusion-and-diversity-matter-uhmb**

There is no national census information on the size of the lesbian, gay and bisexual (LGB) population in the UK. The Office for National Statistics Sexual Identity UK 2015 indicated that 1.7% of adults in the UK identify as LGB.

Information on sexuality has not previously been routinely collected by the NHS and therefore the evidence base for inequalities and sexual orientation is under-developed. We continued to develop our patient equality data collection processes.

We now invite our patients to disclose additional equality data, including sexual orientation information, to enable more comprehensive monitoring and continuous improvement to patient services. We recognise that this is sensitive information and that declaration is entirely voluntary; however, this will be important monitoring information for us to ensure that our services meet the needs of patients who identify as LGB.

Lynne Wyre
Director of Nursing
Inclusion and Diversity Lead - University Hospitals of Morecambe Bay NHS FT

Drivers for equality and health service inequalities data collections

There are important drivers in the health and care system that require the collection and effective use of good equality and health inequalities data. The drivers include, but are not limited to, the following:

- the NHS Constitution;
- the Equality Act 2010 and the Public Sector Equality Duty;
- the health inequalities duties under the NHS Act 2006 as amended by the Health and Social Care Act 2012;
- the Equality Delivery System for the NHS – *EDS2*;
- the effective commissioning and provision of NHS and care services that are capable of delivering high quality care for all individuals and communities;
- Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies;
- the standards required by the Care Quality Commission under the Health and Social Care Act regulations.

Health Inequalities

The World Health Organisation (WHO) defines health inequalities as “Differences in health status or in the distribution of health determinants between different population groups".

Reducing health inequalities can improve average life expectancy and reduce illness and disability across the social gradient. Tackling health inequalities is therefore core to improving access to services, health outcomes, improving the quality of services and the experiences of people?

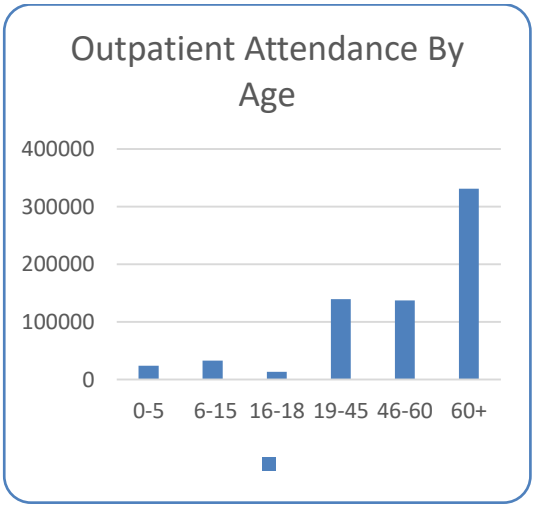
Avoidable health inequalities are by definition unfair and socially unjust. A person’s chance of enjoying good health and a longer life is influenced by the social and economic conditions in which they are born, grow, work, live and age. These conditions also affect the way in which people look after their own health and use services throughout their life.

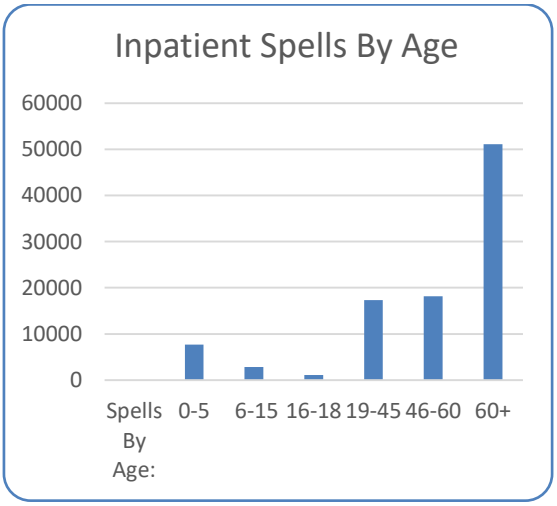
Addressing such avoidable inequalities and moving towards a fairer distribution of good health therefore requires a life course approach and action to be taken across the whole of society.

Period 2018/19

Age

For monitoring purposes, we have collected a person's age by using the question 'What is your date of birth?' Collecting the full date of birth allows the resulting data to be used or manipulated in any way appropriate, including categorisation into age-bands.

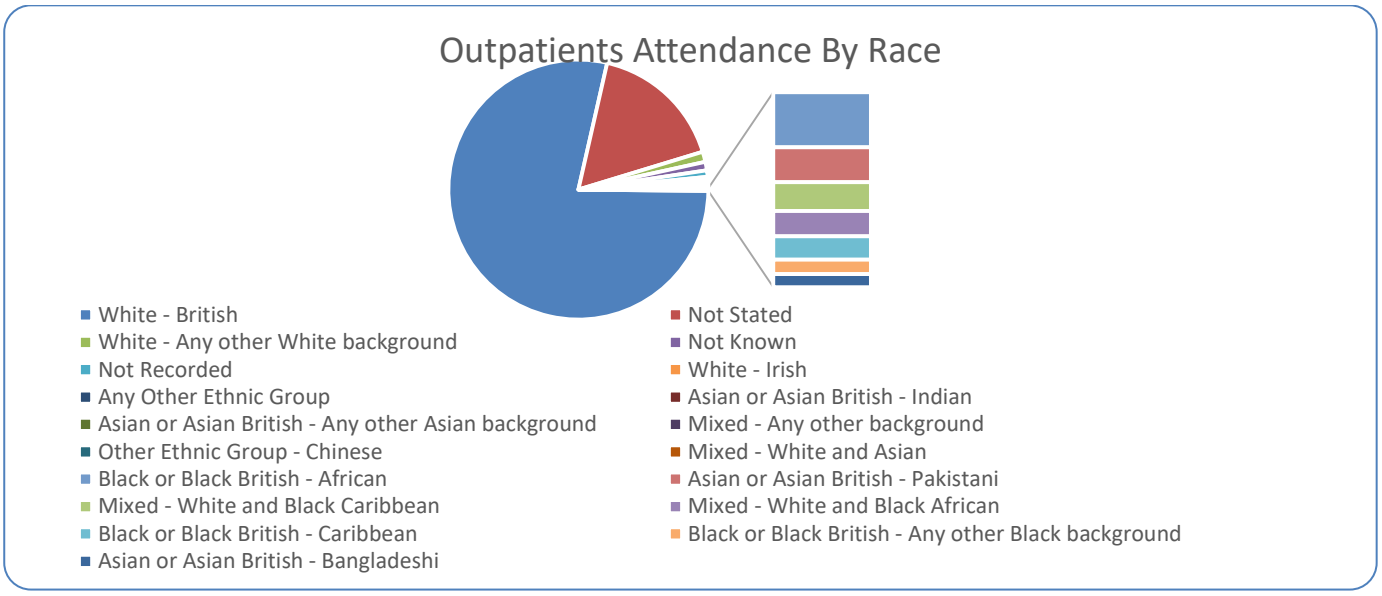


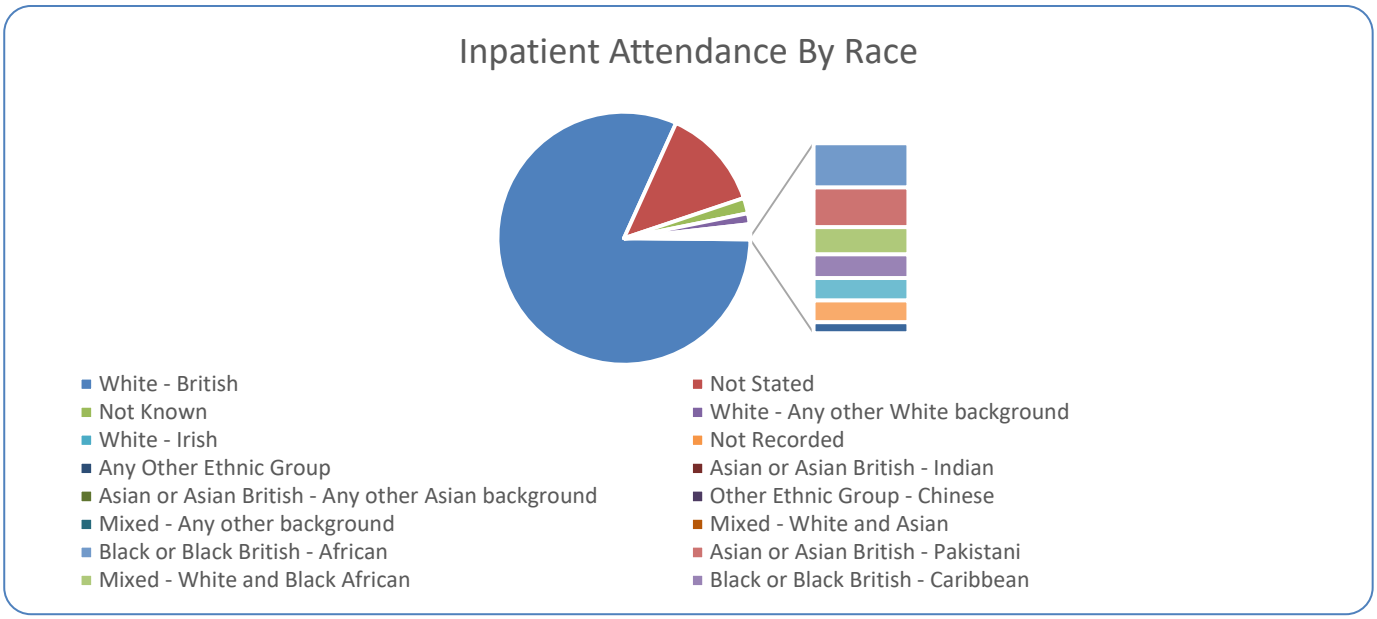


Ethnicity

Collecting data on ethnic group, and national identity, can be complex because of the subjective and multifaceted nature of the concepts. Membership to each of the concepts is something that is self-defined and subjectively meaningful to an individual.

We are mandated to use ethnic monitoring questions and response codes that are based on the 10 yearly Censes.



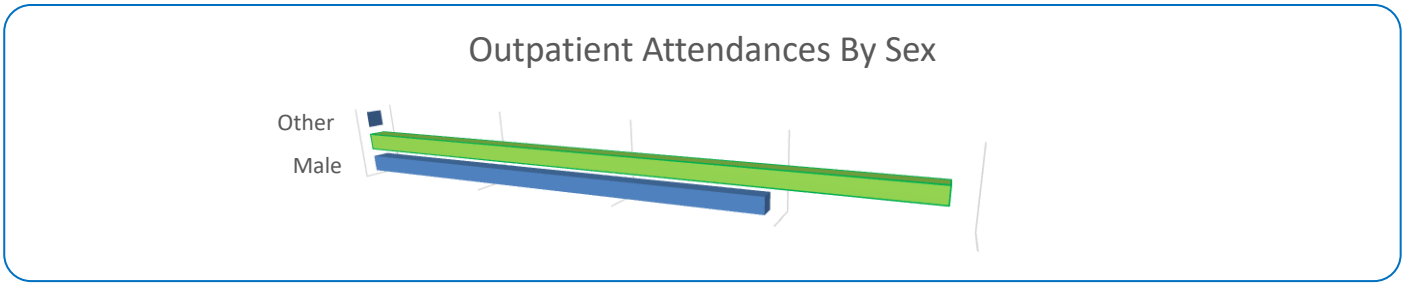


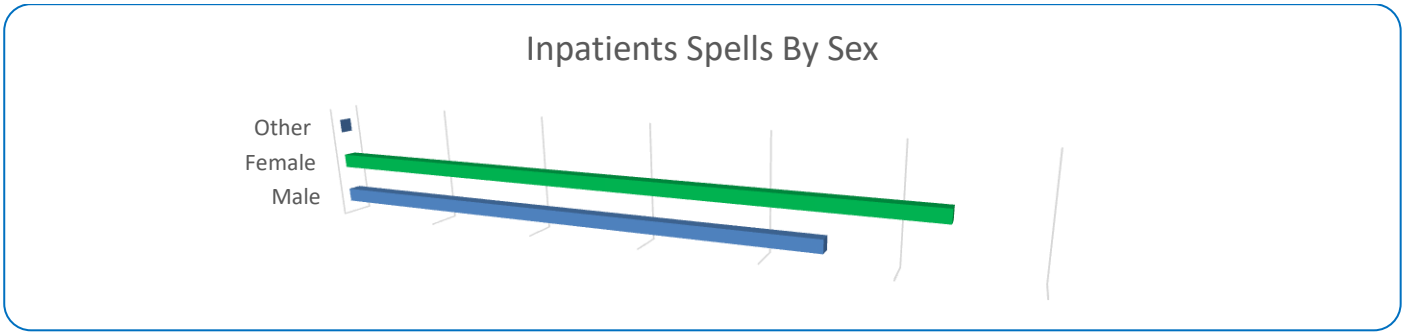
Sex

It should be noted that "sex", "sexual orientation" and "gender re-assignment" are three separate and distinct matters, and that good equality systems will keep them separate.

For monitoring purposes, and in line with the definition cited in the Equality Act 2010, the sex of an individual refers to whether they regard themselves as a man or a woman. Within the NHS Data Model and Dictionary, this category is referred to as 'person gender'.

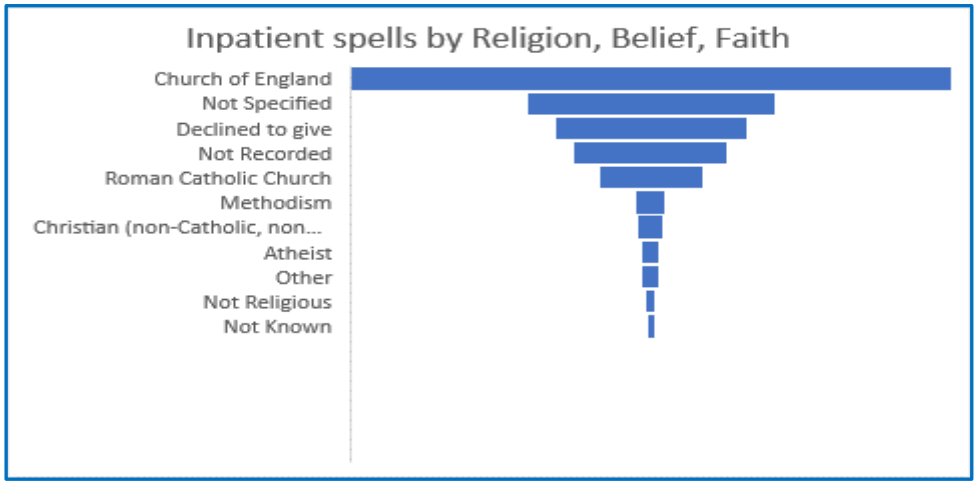
The profile of our patients was: 57% female and 43% male.

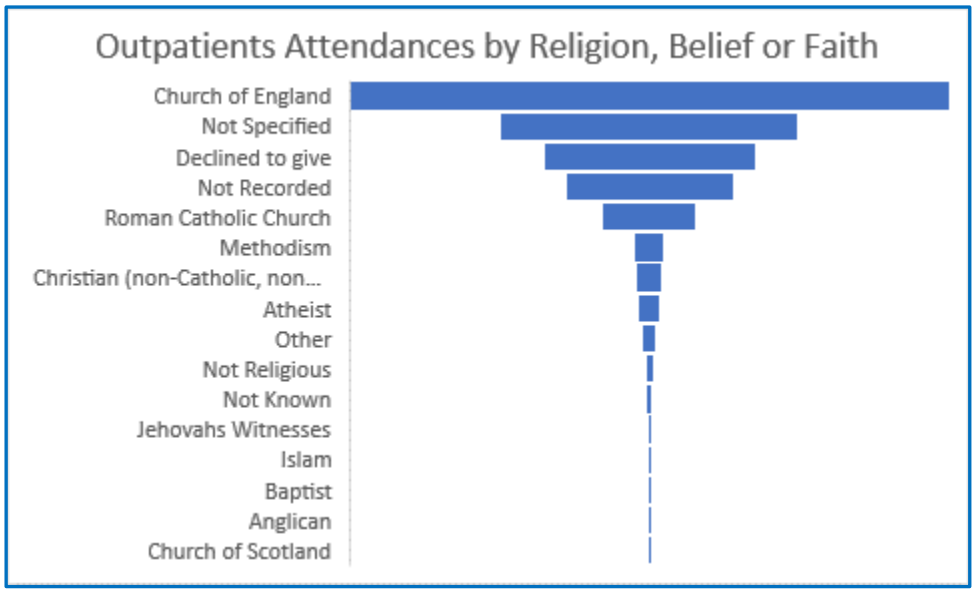




Religion, Belief or Faith

There are many different concepts of religion or belief that can be measured. A question on religion or belief appears in the 2011 Census. Testing has found that the question "What is your religion?" best met the requirements of collecting good quality data on religious affiliation.





Our Interpretation service

We are committed to enabling effective communication with all service users and recognise the right of every patient to adequate and accessible information about their diagnosis and treatment.

Where communication difficulties exist, we aim for information to be provided appropriately, to enable the patient to receive optimum treatment and care, and to increase patient satisfaction. As well as a range of literature in different formats, we offer a professional interpreter service for all patients whose first language is not English.

From 1st April 2018 to 31 March 2019, the four languages requested by the greatest number of patients in this period were Polish, Arabic, Cantonese and Turkish.

Conclusion

The Trust has a legal duty to ensure that services are provided fairly. Monitoring can indicate whether we are offering equality of access and fair treatment to all patients and can help us to make changes based on facts rather than assumptions. This report uses data taken from our electronic patient records.

The Trust will continue to develop patient equality data collection processes to enable enhanced monitoring which will shape continuous improvement to patient services.

Our patient equality data, our equality performance measured against the NHS Equality Delivery System 2, and feedback from key stakeholders has shaped and informed our published equality objectives.