Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Annual Equality and Diversity Report

2015/16

1. Executive summary

On 1 September 2015, West Middlesex University Hospital was acquired by Chelsea and Westminster Hospital NHS Foundation Trust. The Trust has a statutory responsibility to publish an annual equalities report, which provides information about the work we are doing. This report details the equality and diversity themes and analysis for staff and patient services for the financial year 2015/16 (1 April 2015 – 31 March 2016). Some elements of the report are mandatory and this applies particularly to the workforce data. Where issues or concerns have been identified, these will be taken forward and form part of our action plans for 2016-17.

1.1 Equality legislation

The Equality Act 2010 came into force on 1 October 2010 and amalgamates all previous equalities legislation into one Act.

The Public Sector Equality Duty (PSED) came into force on 5 April 2011. It supports good decision-making by ensuring the Trust considers how people who have protected characteristics will be affected by our activities, helping us to deliver policies and services which are efficient and effective; accessible to all; and which meet different people's needs. We will seek to meet the aims of the PSED through:

- Eliminating unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Equality Act;

- Advancing equality of opportunity between people who share a protected characteristic and people who do not share it;

- Fostering good relations between people who share a protected characteristic and people who do not share it.

For clarification, the protected characteristics covered by the PSED are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership (but only in respect of eliminating unlawful discrimination)
- Pregnancy and maternity
- Race (this includes ethnic or national origins, colour or nationality)
- Religion or belief (this includes lack of belief)
- Gender
- Sexual orientation

1.1.1 NHS standard contract equality requirements

The Workforce Race Equality Standard (WRES) was introduced in April 2015, after engaging and consulting key stakeholders including other NHS organisations across England.

It is now included in the NHS standard contract and requires us to produce and publish an annual WRES return. The submission deadline for this year has been deferred from 1 July to 1 August following feedback from some NHS Trusts. The purpose of the WRES is for

each organisation to demonstrate progress against a number of indicators e.g. recruitment activity or staff survey responses relating to BME (Black and Minority Ethnic) staff.

Alongside the WRES, NHS organisations can also use the Equality and Diversity System (EDS2) which is also noted in the NHS standard contract. This tool can be used in discussion with local partners e.g. Staff Consultative Committee or Healthwatch to review and improve their equality performance for patients and staff with different characteristics protected by the Equality Act 2010. Adopting the EDS2 and the WRES can also help to deliver the Public Sector Equality Duty. The completion of this report will assist us with completing and submitting our first WRES and EDS return for the new organisation.

1.2 Introduction to the Trust

We offer a wide range of specialist and general hospital services at our two main hospital sites, Chelsea and Westminster Hospital (CWH) and West Middlesex University Hospital (WMUH). We also provide community care for a range of services, including our award winning sexual health clinics across London. Our core services include:

- Full emergency department (A&E) services for medical emergencies, major and minor accidents and trauma on both sites. The departments are supported by separate on site Urgent Care Centres (UCC) and have a comprehensive Ambulatory Emergency Care service.

- Emergency assessment and treatment services including critical care and a Surgical Assessment Unit at the WMUH. The Trust is a designated trauma unit and stroke unit.

- Acute and elective surgery and medical treatments such as day and inpatient surgery and endoscopy, outpatients, services for older people, acute stroke care and cancer services.

- Comprehensive maternity services including consultant led care, midwifery led natural birth centre, community midwifery support, antenatal care, postnatal care and home births. There is also a neonatal specialist intensive care unit (CWH), special care baby unit (WMUH) and specialist fetal medicine service. We also have a private maternity service.

- Children's services including emergency assessment, 24/7 Paediatric Assessment Unit, inpatient and outpatient care.

- Diagnostic services including pathology and imaging services.

- A wide range of therapy services including physiotherapy and occupational therapy.

- Education, training and research.

- Corporate and support services.

1.3 Data sources and general reporting principles

The data used in this report is sourced from the Electronic Staff Record (ESR), NHS Jobs Records, OLM (Oracle Learning Management), NHS Staff Survey and the Office of National Statistics (ONS).

Within ESR and our patient databases, certain protected characteristics may have data quality gaps, where staff or patients have opted not to disclose their personal information. This is a common dynamic across most NHS organisations. With regard to formal employee relations procedures, particularly where the total number will be low, it may be imprudent to assess these as being statistically significant or a viable source for comparative analysis. However, with the roll out of ESR 2 (an updated version of the database), staff will be encouraged to update their personal details on ESR, which should lead to a reduction in the non-disclosure rates. A new Electronic Patient Record (EPR) system is also being developed for 2017. We will encourage patients to update their personal information, so that we have high quality data which we will use to develop our services to meet their needs.

2. Equality objectives progress

The Trust set objectives in order to meet its obligations under the Equality Act and positive progress was made during the year. A brief account of progress made in year against each objective is provided as follows for workforce and patient services:

Objective 1: Improve equality data collection and usage across all protected characteristics

- We have made progress with collecting staff equality information for some protected characteristics e.g. non-disclosure rates for disability was 42% for 2014/15 and is now 28% for 2015/16. Sexual orientation and religion both stood at 48% last year. In 2015/16, non-disclosure rates were noted as 42% for religion and 41% for sexual orientation. A breakdown of equality and diversity workforce profile for 2015/16 is reported in section 3 of this report.

- The rollout of the self-service function of ESR will help us seek a further reduction in non-disclosure during 2016-17 (June 2016).

- Improving our patient equality information has been slower than expected; particularly for sexual orientation, disability and religion due to high non-disclosure rates. The Trust is currently developing a new EPR system and as part of the development process we will ensure that the new system and associated processes can capture patient demographic information more effectively across both sites. However, we can report on 85% of our patients ethnicity (15% of patients ethnicity is unknown or not stated) and 100% of gender information was recorded last year.

Objective 2: Continue to develop and promote an organisational culture that support the principles of equality

- The Trust participated in Stonewall's[1] 'Diversity Champions Programme' by undertaking a Workplace Equality Index questionnaire (2015/16). The survey was completed by the Equality and Diversity Manager and helps us assess how we progress LGBT (Lesbian, Gay, Bisexual and Trans) equality in workplace through training, leadership or role models for example. Staff were also invited to complete an anonymous survey and share their experiences of working at the Trust. The results published in January 2016, demonstrated that we had moved up a further 7 places in the rankings (from 276-269).

---

[1] A charity campaigning for equality for lesbian, gay, bi and trans people

We will be working with Stonewall and colleagues to develop an action plan to improve our ranking and the experience of LGBT staff working here.

- We celebrated NHS Employers Equality and Diversity Week in May 2015 with a number of interesting and thought-provoking presentations aimed at staff e.g. understanding how cultural and religious differences impact on healthcare delivery and looking at how we reshape our LGBT (Lesbian, Gay, Bisexual network Trans) Network. Staff who attended the seminars found them informative and inspired some of them to join the LGBT network.

- The Trust participated in the Employers Network for Equality and Inclusion (ENEI) e-quality questionnaire for the first time in 2014 and gained a bronze award. The tool is designed to benchmark organisational equality and diversity performance against key areas e.g. organisational leadership and commitment, knowing your workforce, integration equality, diversity and inclusion, external relations and suppliers and organisational improvements. We were pleased to announce an improvement in our performance, having achieved a silver award in 2015.

- We promoted a number of national campaigns concerning health and wellbeing over the last year e.g. National Work Life Week and Stress Awareness Day. During these events staff could access massages and mindfulness sessions. The Occupational Health team also shared information on how to combat stress with staff. Following the success of the mindfulness sessions during Work Life Week, we ran a 6 week mindfulness programme for staff across both sites, which were well received.

Objective 3: Effectively communicate with, engage, and involve all of our stakeholders in the equality agenda

- One of the Chaplaincy team's priorities continues to be the enhancement of the ambiance of the multi-faith chaplaincy prayer spaces on the CW site. In late 2015 the Tent was reinstated as the multi-faith Prayer Room with ablution facilities. Local faith group representatives were involved in the development of these new facilities. Complaints and requests have focused on the need to refurbish the Sanctuary as a third space for people of no particular religious affiliation, and those from world faiths other than Christian, Muslim or Jewish, who wish to meditate, pray or find quietness. The current spaces are the Chapel, and the Sanctuary, 1st Floor, Lift Bank B/C; the Tent (Prayer Room) with ablution facilities, 4th Floor Lift Banks C/ D. These spaces are places of prayer, reflection, worship and quiet open to all. The Chaplaincy Team at WMUH continue to offer a multi-faith service to all patients as well.

- Patients with heart disease, or have suffered a stroke or have other long term conditions are classified under the Equality Act 2010 as disabled if their condition has a substantial or long term negative impact on their ability to do normal daily activities. February 2016 was Heart Month and to coincide with the British Heart Foundation's annual campaign, an innovative new community project between West Middlesex University Hospital, Hounslow Clinical Commissioning Group (CCG) and the Arrhythmia Alliance was launched to reduce the risk of a stroke for Hounslow residents. The Project (now in its permanent phase) will be rolling out to all Hounslow CCG practices in June 2016, aiming to work with local voluntary, faith and patient groups.

- In line with the national agenda, the Trust has made significant progress in developing the quality of information and its approach to inclusion, service provision and partnership working for those with learning disabilities, their families and carers, in line with the national agenda. The Trust was able to demonstrate overall compliance with all of the Monitor (now NHS Improvement) performance standards. On-going development and improvement is now focused on working with WMUH to include staff in the LD training programme and updating IT systems with an alert for patients with LD so staff can clearly identify them.

- A 'getting to know your hospital' event was held in October 2015 at WMUH. The aim of the event was to improve the overall experience of our patients with learning disabilities by spending the afternoon at the hospital. The event was very lively and interactive involving organised tours. Overall very positive feedback was received from patients/service and work to address areas where improvement is required is being overseen by the Patient Experience Committee. Further events are planned for 2016.

- A mental health and well-being project launched in October 2014 at WMUH secured an additional £108,000 in funding for a further 12 months to continue its work on improving awareness and access to support for women experiencing mental health issues immediately before and after giving birth. For more examples of how we have improved the patient experience across different protected characteristics, see section 13.

Objective 4: Strengthen equality and diversity communications and resources across the Trust

- The Trust was selected to be an Equality and Diversity Partner in 2015/16. During the year we worked with NHS Employers and other national stakeholders such as the Leadership Academy and NHS England to share learning and best practice on how to embed and integrate diversity and inclusion into our organisational culture and structures. The outputs from these partnerships will be used during the coming year to support our equality objectives. The Trust also contributed to the development of national policy e.g. commenting on forthcoming disability related initiatives such as the Accessible Information Standard for patients and Disability Equality Standard for staff.

The remainder of this report provides a summary of key workforce equality and diversity information across the employment cycle (section 3-11), and key patient information (section 12-16).

3. Workforce profile

The Trust employed a headcount of 5504 staff by the end of 2015/16. The following pages provide a high level summary of the workforce information by protected characteristic. For the purposes of this report, the Trust has combined staff categories as white, BME (Black and Minority Ethnic) and undisclosed.

The white category incorporates staff that identify as White British, White Irish and Any Other White background. BME includes staff who identify as Asian (Indian, Pakistani, Bangladeshi), Mixed (White Black/Asian), Black (Caribbean, African) and Other (Chinese and Any Other). This is in line with the Office of National Statistics' Census categories.
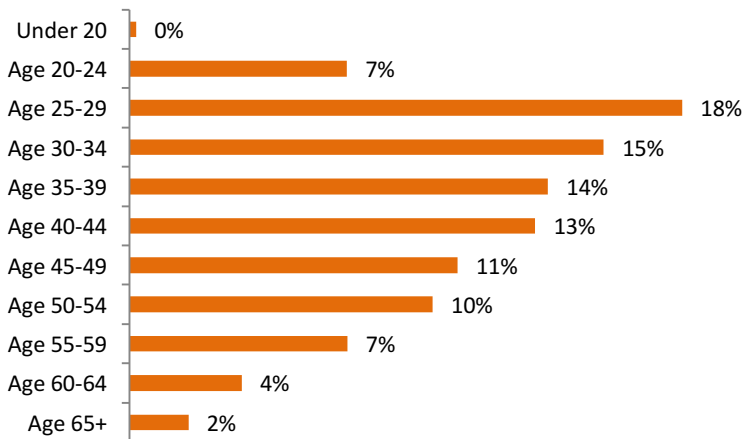
3.1 Workforce by ethnicity

54% of the workforce identify as white compared with 40% BME staff, 6% have not disclosed. This shows that we continue to employ an ethnically diverse workforce in comparison to the local population in London. Further analysis will be undertaken in line with the Workforce Race Equality Standard to identify if there are any concerns that need to be addressed e.g. whether BME staff are represented at all levels of the organisation. In the meantime, we have launched an Emerging and Established Leadership programme which is open to all staff and should help to address any career progression concerns which may be encountered by BME staff.
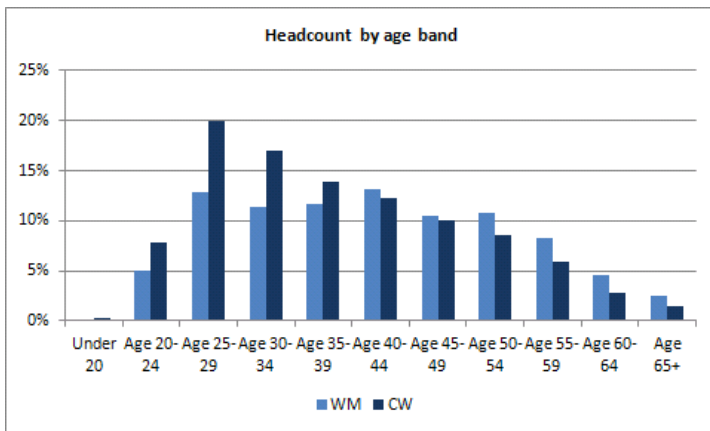
3.2 Workforce by age

The chart below shows that the largest proportion of staff falls within the age category of 25–29 years (18%). The next highest categories are 30-34 years (15%) followed by 35-39 (14%). Interestingly, Chelsea and Westminster Hospital site employ more staff up to the age of 39, whereas West Middlesex employ more staff above the age of 40. Further work will be undertaken, as part of the recruitment and retention strategy to understand these differences and what this means for the organisation.

Workforce by Age

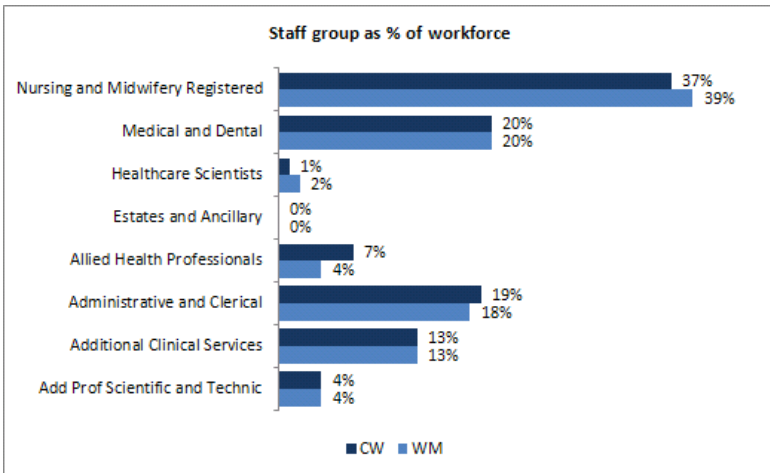| Age category	Percentage
Under 20	0%
Age 20-24	7%
Age 25-29	18%
Age 30-34	15%
Age 35-39	14%
Age 40-44	13%
Age 45-49	11%
Age 50-54	10%
Age 55-59	7%
Age 60-64	4%
Age 65+	2%

Headcount by age band

3.3 Workforce by staff group

Almost 40% of staff across both sites are in the Nursing and Midwifery staff groups, followed by 20% in Medical and Dental

Staff group as % of workforce

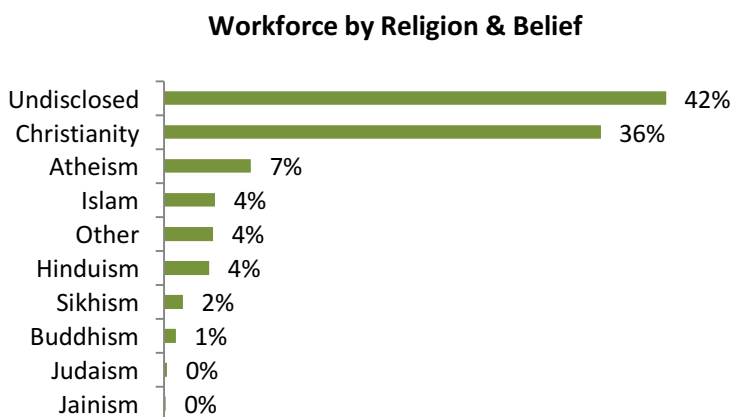| Staff group	CW	WM
Nursing and Midwifery Registered	37%	39%
Medical and Dental	20%	20%
Healthcare Scientists	1%	2%
Estates and Ancillary	0%	0%
Allied Health Professionals	7%	4%
Administrative and Clerical	19%	18%
Additional Clinical Services	13%	13%
Add Prof Scientific and Technic	4%	4%

3.4 Workforce by disability

2% of the total workforce identifies themselves as disabled. However, this is much higher in the staff survey (13%) and is a known trend across the NHS. Work is underway by NHS England to develop a national Disability Standard which should help organisations to address some of these trends and encourage more disabled staff to report their disability.

3.5 Workforce by gender

Female staff make up 76% of the workforce and 24% are male, which is consistent with the national profile. However there are some posts within the NHS which see a higher proportion of males i.e. senior managers and consultants. We have already launched a suite of development programmes for middle management and senior leaders which should help to address this imbalance.

3.6 Workforce by religion and belief

42% of the workforce has chosen not to disclose their religion or belief, making it difficult to draw meaningful conclusions from this dataset.

Workforce by Religion & Belief

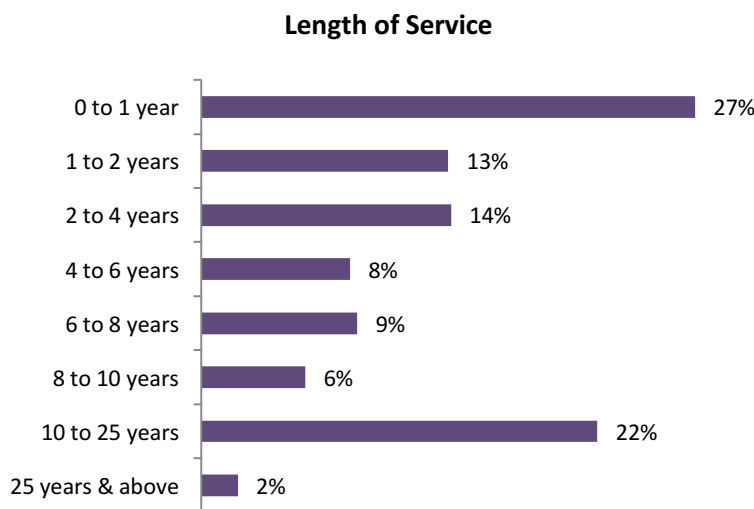| Religion	%
Undisclosed	42%
Christianity	36%
Atheism	7%
Islam	4%
Other	4%
Hinduism	4%
Sikhism	2%
Buddhism	1%
Judaism	0%
Jainism	0%

3.7 Workforce by sexual orientation

57% of staff declared themselves as heterosexual with 41% of staff choosing not to disclose. Only 2% of the workforce has declared themselves to lesbian, gay, bisexual or transgender therefore no further meaningful analysis can be drawn.

3.8 Workforce by length of service

Our workforce profile by length of service (see overleaf) shows that 27% of our workforce have less than one year of service followed by 22% with more than 10 years' service. We have developed a recruitment and retention strategy which should help to address the high turnover of staff with less than a year's service.

Length of Service

Category	Percentage
0 to 1 year	27%
1 to 2 years	13%
2 to 4 years	14%
4 to 6 years	8%
6 to 8 years	9%
8 to 10 years	6%
10 to 25 years	22%
25 years & above	2%

4. Recruitment activity

From April 2015 to March 2016 a total of 30,201 applications were made via the NHS Jobs website for both sites. In the coming year we will introduce a new recruitment system (TRAK) which will improve the operational capability of our recruitment function. The next few paragraphs highlight recruitment activity by protected characteristic.

4.1 Recruitment by ethnicity

A higher percentage of applications were received from white candidates (63%) compared to BME candidates (34%). Analyses of the successful candidates' shows that it broadly followed the ethnic profile of the Trust i.e. 50% of appointees were White, whereas 38% were BME candidates. As 12% of appointees preferred not to disclose their ethnicity, therefore no further conclusions can be drawn from this.

4.2 Recruitment by age

The largest number of applications came from the 25-29 (26.7%) age group. The percentage breakdown of shortlisted applications compared to appointed candidates for age all groups (including 25-29) broadly reflects the age profile of the organisation.

4.3 Recruitment by disability

3% of the total applicants declared themselves disabled. Of those that applied, 3.6% were shortlisted and 2% were appointed; reflecting the disability profile of the Trust. Applications from candidates with disabilities are supported by the Trust through the Recruitment and Selection Policy and training for managers. The Trust is also recognised as a '2 Ticks' employer; this status is awarded by Jobcentre Plus to employers that have made commitments to employ and develop the abilities of disabled staff. Essentially this means that a disabled candidate is guaranteed an interview providing they meet the essential requirements of a person specification.

4.4 Recruitment by gender

The Trust received a higher volume of applications from females than males (approximately 70:30). A further breakdown showed 75% of the shortlisted applicants were female compared to 25% for men. The gender split of successful candidates was 24% male compared to 76% female, which is broadly proportionate to the female/male workforce split (76:24) within the organisation.

4.5 Recruitment by sexual orientation

The highest percentage of applicants (88%) declared themselves as Heterosexual. 3.5% of applicants described themselves as Lesbian, Gay, Bisexual or Transgender (LGBT). 9% chose not to disclose this information. The breakdown of applicants shortlisted was 87% Heterosexual, 3.9% LGBT and 8% did not disclose. The split by successful applicants was 89% heterosexual, 2% LGBT and 6.6% did not disclose. Reviewing this data against the workforce profile suggests that heterosexual staff were the most successful candidates by sexual orientation i.e. 57% of the workforce described themselves as heterosexual and 89% of the successful candidates identified as heterosexual.

4.6 Recruitment by religion or belief

Applicants from a Christian background made up 52% of total applicants. The most successful appointees (35%) preferred not to disclose their religion. No meaningful conclusions can be drawn from this.

5. Promotions

Analysis by age, gender and religion broadly reflects the workforce profile. Disabled or gay staff gained twice as many promotions (4%) when compared to their workforce profile of 2%, which is encouraging. However, reviewing promotions by ethnicity shows that 29% of BME staff compared to 65% (shown below) of White staff gained a promotion, which does not reflect the ethnic composition of the workforce. Further investigation will be undertaken to understand the reasons for why fewer BME staff gained a promotion.

Ethnicity	Number	%
BME	82	29%
White	180	65%
Undisclosed	16	6%

6. Flexible working

We have a flexible working policy in place for all staff employed directly by the Trust. The majority of flexible working requests are managed at a local level within departments. Further analysis will need to be undertaken to understand how many staff utilise this policy.

It is worth noting that we remain in the Top 30 Employers for Working Families (a charity) again this year. Working Families provide a benchmark for organisations to improve all aspects of workplace agility, flexibility and how employers support the work-life balance of all their staff.

7. Female workforce taking maternity leave

180 female staff took maternity leave and all returned to work. However, 25 of the returners voluntarily resigned due to relocation or work life balance during 2015/16.

8. Employee relations cases

In the last 12 months, there were 183 employee relations cases across both hospital sites. The following sections highlight any themes or trends that have emerged by protected characteristic.

8.1 Employee relations cases by type

54% of total employee relations cases pertained to both long and short term sickness absences which were managed in line with the Trusts Sickness Absence Policy. The Trust also reviews sickness levels as exception reporting and areas of concern are highlighted and proactively managed with the support of Human Resources and Occupational Health. The remaining 46% of cases were either investigations e.g. grievance or bullying and harassment, or disciplinary cases which led to formal action being taken.

8.2 Employee relations cases by ethnicity

BME staff are disproportionately reflected in cases which resulted in disciplinary warnings or dismissals in comparison to the ethnic profile of the Trust (see table below). Further analysis of the cases is required to understand the root cause of each case.

Ethnicity	Dismissal	Final written warning	First written warning	Investigation	Long term sickness	Short term sickness	Grand total
BME	64%	89%	56%	53%	44%	44%	51%
White	7%	0%	11%	8%	4%	5%	5%
Undisclosed	29%	11%	33%	39%	53%	51%	44%

8.3 Employee relations cases by age

Analysis by age does not highlight any specific concerns. The data suggests a broad range of staff, from different age groups were managed under our Trust HR policies.

8.4 Employee relations cases by disability

The majority of cases were for non-disabled staff. However, the fact that 2% of the workforce has a disability suggests that a disproportionate number of cases (11%) involved staff with a disability, who received a final written warning. Further analysis of these particular cases will be undertaken to seek assurance that the warnings were not connected to an employee's disability.

8.5 Employee relations cases by gender

Breakdown by gender broadly reflects the organisation's gender profile. However, there are a few exceptions which will need to be investigated e.g. sickness, disciplinary investigations and first written warnings for female staff and dismissals for male staff.

8.6 Employee relations cases by religion and belief

A significant proportion of cases were for staff that did not disclose their religion or defined themselves as Christian. Given the high non-disclosure rates more generally, no further conclusions can be drawn from this data.

8.7 Employee relations cases by sexual orientation

As with religion or belief, a significant proportion of cases were for staff that did not disclose their sexual orientation or described themselves as Heterosexual. Given the high non-disclosure rates no further conclusions can be drawn from this data.

9. Equality and diversity training

The 2015/16 financial year closed with 82.5% of staff compliant with Equality and Diversity training across both sites. We will continue to highlight the importance of completing equality and diversity training and review other relevant training courses where key equality and diversity principles can be highlighted or reinforced amongst colleagues e.g. appraisal or recruitment and selection training. At present, both main sites have different training databases i.e. WIRED for West Middlesex site and OLM for Chelsea and Westminster site. During 2016-17 work will continue to unify the training reporting data across the new organisational structure.

10. Staff Survey

Following the 2014/15 Staff Survey results a number of actions were taken in response to key areas of concern e.g. bullying, harassment, discrimination and physical violence. A Schwarz Round (an evidence-based forum for staff from all backgrounds to talk about the emotional and social challenges of caring for patients) was held last year which focused on staff sharing their experiences of working with physically or verbally abusive patients, visitors and carers. Staff were also reminded of the bullying and harassment policy and various sources of support available via the Daily Noticeboard. The issue of bullying and harassment was raised at the Pan London HR Directors Network as it is a common theme across the NHS with a view to developing a collective solution/s.

11. Leavers

1088 staff left the Trust during 2015/16; this is high and may be due to the fact that the two hospital sites merged in September 2015 and the inevitable disruption any organisational change process can bring. Analysis by sexual orientation, age, gender, religion and disability is broadly reflective of the organisational demographic profile. However, analysis by ethnicity shows that a greater percentage of white staff left compared to the workforce profile, this is due to natural turnover.

12. Patient Services

The Trust is a major, multi--site north west London healthcare provider and teaching hospital consisting of Chelsea and Westminster Hospital situated in the London Borough of Kensington and Chelsea, and West Middlesex University Hospital, situated in the London Borough of Hounslow. The Trust has nearly 1,000 beds and serves a local population of 1.1million, with combined acute admissions across both sites of 290,000 per annum. Our services now reach 6 key London boroughs: Hammersmith and Fulham, Hounslow, Kensington and Chelsea, Richmond, Wandsworth and Westminster.

Analysis of the 2015 Health Profiles available (from Public Health England) for each borough shows that the health needs of these populations are equally diverse, with some similarities. Residents from Richmond are generally in significantly better heath (compared to the England average), followed by Wandsworth residents; with a few exceptions i.e. incidence of TB, STI's and cardiovascular related mortality rates for people aged under 75. Conversely, the residents of Hammersmith and Fulham (followed by Westminster residents) appear to be showing significantly worse health indicators e.g. smoking related deaths, STI's and TB when compared to the England average. As a major acute healthcare provider, taking account of this data helps us shape our services in order to meet the needs of our community, specifically for A&E, Sexual Health, Paediatrics and a number of medical specialties such as Cardiology and Endocrinology.

The following section provides an overview of the profile of our patients that accessed our services by some protected characteristics during 2015/16 across both sites, unless specified otherwise, as well as other key developments in the year. Services have been grouped as outpatients, inpatients and Accident & Emergency, and benchmarked against 2011 ONS data for the 6 London boroughs we serve. Caution should be used when viewing the data given that there is a high non-disclosure rate for some of the protected characteristics; therefore it is not possible to draw reliable conclusions from this data.

12.1 Patient profile by gender

The table below shows analysis by gender indicating that the breakdown of female and male patients is broadly representative of our local population. Female patients appear to use our inpatient and outpatient services more than male patients. This is not unusual, as it is documented that men tend to access healthcare less readily than women. The slight increase might also be attributable to women using gender specific services e.g. Maternity or Gynaecology.

Gender	Outpatients	Inpatients	A&E	Outpatients %	Inpatients %	A&E %	Population %
Female	317,605	65,808	47,542	57%	57%	51%	49%
Male	235,892	50,500	45,863	43%	43%	49%	51%
Total	**553,497**	**116,308**	**93,405**				

12.2 Patient profile by age

The data in the table overleaf, shows that patients aged 70 and above, required more medical care particularly as inpatients, compared to the percentage population of our catchment area which is 8%. This is not unusual as it is acknowledged that access to healthcare is greater as people get older.

Patients aged 0–9 make up 12% of the population but A&E usage for this group is higher, at 18%.

Age Band	Outpatients	Inpatients	A&E	Outpatients %	Inpatients %	A&E %	Population %
0-9	49,857	15,225	16,843	9%	13%	18%	12%
10-19	33,943	5,756	7,085	6%	5%	8%	9%
20-29	62,659	13,139	12,559	11%	11%	13%	19%
30-39	122,606	19,604	12,602	22%	17%	13%	21%
40-49	78,180	12,716	9,927	14%	11%	11%	14%
50-59	70,180	12,283	8,542	13%	11%	9%	10%
60-69	56,083	11,206	7,220	10%	10%	8%	7%
70-79	43,647	10,178	6,767	8%	9%	7%	5%
80-89	23,283	7,176	5,653	4%	6%	6%	2%
90+/ Unknown	13,602	9,094	6,226	2%	8%	7%	1%
Total	**554,040**	**116,377**	**93,424**				

12.3 Patient profile by ethnicity

Analysis by ethnicity is broken down by different categories across both sites. Going forwards, the Information Team will ensure that all reports are standardised across both sites; thereby making it easier to drawn comparisons or highlight trends. For the purposes of this report, a simplified breakdown of ethnicity has been shown below. The white category incorporates patients that identify as White British, White Irish and Any Other White background. BME includes patients who identify as Asian (Indian, Pakistani, Bangladeshi), Mixed (White Black/Asian), Black (Caribbean, African) and Other (Chinese and Any Other). This is in line with the Office of National Statistics' Census categories.

Ethnicity	Outpatient	Inpatient	A&E	% of all patients where ethnicity is known			
				Outpatients %	Inpatients %	A&E %	Population %
BME	159,785	38,127	34,803	34%	48%	41%	33%
White	304,115	61,582	50,826	66%	52%	59%	67%
Undisclosed	90,136	16, 669	7,795				
Total	**554,036**	**95,528**	**93,424**				

Analysis by ethnicity (in the table above) shows that the BME patients (41%) are more likely to access our A&E and inpatient (48%) services in comparison to the local population, whereas patients with a White ethnic background are less likely to use the same services. It is worth noting that non-disclosure rates vary across the services; ranging from 17% (Inpatients) to 8% (A&E). We are unable to drawn any more conclusions from this data. Further investigation is needed to understand if there are any nuances between sites; given the ethnic profile of their immediate populations and the specialities being accessed. This insight will help us adapt our services to meet the needs of our population.

12.4 Patient profile by religion

For presentational reasons, this analysis (overleaf) only includes the top 7 religions recognised in the Census. Therefore caution should be used when interpreting the table below, as over 75% of our patients did not disclose their religion. The greatest percentage of patients (compared to the local population) using all our services have identified as having no religion, followed by Muslim patients (over 25%) with 12% of the local population. Christian patients appear to be underrepresented in accessing our services in comparison to the local population. More work will be done to triangulate this profile against patient survey feedback by religion, to gain assurance that we are meeting the spiritual needs of our patients when they access our services.

Religion	O/P	I/P	A&E	% of all patients			% of patients where religion known			Population %
				O/P %	I/P %	A&E %	O/P %	I/P %	A&E %	
Buddhist	913	246	227	0.2	0.2	0.3	1.5	1.2	1.1	1%
Christian	12,190	2,114	1,226	2.5	2.1	1.5	20.0	10.6	6.2	49%
Hindu	4,807	2,074	1,985	1.0	2.1	2.5	7.9	10.4	10.0	4%
Jewish	1,232	215	133	0.2	0.2	0.2	2.0	1.1	0.7	1%
Muslim	15,677	5,157	5,045	3.2	5.1	6.3	25.7	26.0	25.4	12%
None	22,427	8,142	9,173	4.5	8.1	11.5	36.8	41.0	46.1	22%
Sikh	3,677	1,913	2,099	0.7	1.9	2.6	6.0	9.6	10.6	2%
Unknown	432,741	80,582	59,795	87.7	80.2	75.0				
Total	493,664	100,443	79,683							

12.5 Patient profile by sexual orientation

The Trust does not routinely collect patient information by sexual orientation therefore we are unable to provide any analysis by this protected characteristic. Some of our IT systems have the functionality to collect sexual orientation. However, the national Census data for sexual orientation is not reliable; therefore we are currently unable to benchmark our data against the local population with any certainty. We do provide sexual health services for members of the LGBT (Lesbian, Gay, Bisexual and Trans*) community, therefore the Trust would need to review the rationale for collecting such sensitive information; and how this would improve the patient experience for LGBT patients across the hospital.

12.6 Patient profile by disability

Analysis of patient usage by disability is too small and no valid conclusions can be drawn from this. Data for patients with learning disabilities is being collected and recorded on the CWH site and work is underway to collect this on the WMUH site. A new EPR system will be launched in 2017 which will take account of this. In the meantime, existing major IT systems are being reviewed to assess how a flagging system can be rolled out to highlight when patients with other disabilities use our services during 2016/17.

13. Progress in 2014

During 2015/16, the Trust continued to focus on developing its services and here are a few examples of improvements which either brought about better health outcomes for our patients, or improved the patient experience or access across a range of protected characteristics.

13.1 Paediatric care

The Children's Hospital Trust Fund successfully completed a new appeal, the Gulp Appeal, to help the increasing number of babies and children with swallowing problems

and complex needs. The charity purchased a Digital Swallowing Station for the hospital and it is anticipated that the first patients will be seen shortly.

This new medical equipment will revolutionise the way babies and children are diagnosed and treated for swallowing problems by providing the most comprehensive insight and understanding into a patient's swallowing process currently available in the world. This will allow specialists to diagnose patients much more quickly than currently possible and in some cases avoid babies and children undergoing surgery.

This is the second time Chelsea Children's Hospital is the first children's hospital in the UK to offer state of the art equipment. Following The Children's Hospital Trust Fund's Pluto Appeal, the hospital now runs a robotic surgical programme, the first to be dedicated to children's surgery in the UK. Through the advanced precision of robotic surgery children at Chelsea Children's Hospital benefit from quicker recovery, smaller scars, less pain and complications.

13.2 Sexual health

During 2015/16 sexual health services were extended to new areas and we now provide HIV services to patients in the Hertfordshire area, and GUM services to patients in Sutton.

13.3 Health promotion

Improving the health of our local community and staff is of great importance to us and we actively plan local campaigns to support national campaigns. Over the past year we ran a number of health education programmes all of which impact on patients with one or more of the protected characteristics e.g. No Smoking Day, World Cancer Day, World AIDS Day and Hypo Awareness Week. The latter event encouraged patients with diabetes to manage night time hypoglycaemic attacks more effectively.

13.4 Accessible Information Standard

The Trust has established a small steering group to oversee the implementation of the Accessible Information Standard by 31 July 2016, which applies to all providers across the NHS and adult social care system. The Standard's purpose is to meet the information and communication support needs of patients, service users, carers and parents, with a disability; specifically patients who have a learning disability, visual or sensory impairment. The aim of the standard is to establish a framework and set a clear direction so that patients and service users (and where appropriate carers and parents) who have information or communication needs receive information in their preferred format e.g. Braille, Easy Read or British Sign Language interpreter. The benefit to patients is the ability to access services appropriately and independently, and make well informed decisions about their health, wellbeing, care and treatment.

13.5 Improving end of life care

A cross site End of Life (EoL) Steering Group has been established which will build upon the work of the WMUH group. The group has representation from multiple agencies with clinical leads for each site and other key stakeholders such as the CCGs and hospice teams. The Trust's mortality group has carried out a review of in hospital death of nursing home patients which identified the need to improve care coordination across the various providers.

The engagement of GP representatives in the steering group has helped identify issues that could be tackled jointly by primary and secondary care. We have identified that communication between the hospital and primary care following the death of a patient could be improved and initiated work to identify those opportunities.

2015/16 has seen the establishment of a new hospital based palliative care consultant post, an end of life/palliative care clinical nurse specialist and an administrator. These new posts will be strongly linked to the newly created palliative care consultant post in the community.

We are improving our data capture to audit the activity of the team and to assess the impact upon re-admissions and delivery of preferred care pathways according to the patients' needs.

The EoL Steering Group and ward champions' group are adopting the Gold Standards Framework (GSF) tool which will align to both acute hospital sites to a nationally favoured tool. This is a framework that helps deliver 'gold standard care' for palliative care patients. A cross site program in conjunction with The Royal Marsden Hospital has seen staff from WMUH complete the enhancing the care of the dying program which is pivotal to the roll out of GSF.

13.6 Learning disabilities

The Trust has made significant progress in 2015/16 in developing its approach to inclusion, information, service provision and partnership working for those with learning disabilities, their families and carers, in line with the national agenda. This has been facilitated by the appointment of a Lead Nurse for Learning Disabilities (LD) and Transition.

At the Trust Open Day in May 2015, the 'Let's get it right' campaign was launched. The key elements of the campaign was to inform our staff and patients to add the new Learning Disability flag onto the electronic medical record of individual patients with a learning disability; to promote the completion of the Hospital Passport and to encourage staff to attend the LD training sessions.

The Trust is now declaring compliance with all six of the MONITOR on both sites (with the caveat that we are awaiting the national upgrading of the E-Camis outpatient IT system used at WMUH in order to flag out patients, to send appointment letters in 'easy-read' and to complete a full audit.)

This work has been achieved and supported by representatives from both sites, on the Trust Learning Disabilities Steering Group and in partnership with local Community Learning Disability teams, parent forums, patient groups and charities.

The Transition sub-group was formed and has worked with community teams, Adult and Paediatric services to draft a Transition policy and checklist. The policy has been ratified by the Trust Patient Experience Committee subject to approval by the WMUH Paediatric team and will then be published on DATIX. The Trust responded in October 2015 to N.I.C.E. who have published their draft guideline's, 'Transition from children's to adult services for young people using health or social care services' and we will be taking part in the national guideline setting working groups in 2016.

One of the key areas of focus in the year was to achieve the Key Performance Indicator (KPI) that 95% of designated staff from both sites attended the level 2 Learning Disability training session provided in conjunction with the Kensington & Chelsea Community LD team. 368 staff attended this course including staff from ISS, Security, volunteers, receptionists and representatives from all clinical groups. In total over 1,500 staff attended LD training in 2015/16.

The 'CHANGING PLACES' toilet facility for people with profound and multiple learning disabilities, as well as other disabilities that limit mobility such as a spinal injury, was opened on the CWH site in December 2015.

In January 2016, the Trust worked together with the Police to launch the SAFE PLACE scheme at both sites. The scheme helps vulnerable people when they go out who might have lost their bus pass, been threatened or bullied.

14. Complaints

The table (below) shows an ethnic breakdown of complaints received across both sites during 2015/16. The top 3 complaint concerns for both sites were communication (written or oral), clinical care and the attitude of staff; however there is no correlation between the theme and the ethnicity of the complainant. Work is underway to understand these concerns in more detail so that changes can be made to improve the experience patients have of our hospital.

Ethnicity	C&W	WMUH
White: British	163	201
White Irish	10	6
White: other white	66	38
Mixed: White & Black Caribbean	2	10
Mixed: White & Black African	1	4
Mixed: White & Asian	-	3
Mixed: Other	3	0
Asian or Asian British: Indian	8	29
Asian or Asian British: Pakistani	2	11
Asian or Asian British: Bangladeshi	-	8
Asian or Asian British: Other Asian	7	4
Black or Black British: Black Caribbean	6	7
Black or Black British: African	10	8
Black or Black British: other Black	7	4
Other Ethnic: Chinese	2	2
Other Ethnic Category	23	0
Not stated	27	67
Total	**337**	**410**

During 2016-17 a new DATIX (the IT system used to record complaints and incidents) module will be designed to standardise the recording of complaints by protected characteristics across both sites. We are currently unable to provide Friends and Family feedback by protected characteristics. A tendering process is also underway to procure a new system which captures feedback by protected characteristics, amongst other key information in a cost effective way. A broader patient experience narrative can be found in the Quality Report 2015/16.

15. Friends and Family Test—inpatient responses

Patients who were cared for in the Trust were asked to evaluate their care and treatment after they had been discharged from hospital. This was done in one of three ways by:

- responding to a text,
- completing a hard copy of the survey on discharge, or
- some patients were contacted by an agency (working on behalf of the Trust) to rate the care they received.

The feedback was shared daily with the divisional teams and clinical areas. A monthly report was created showing trends so that teams could implement actions to build on good practice and address any shortfalls. During the year these findings were compared to findings from the Patient Advice and Liaison Service (PALS), complaints and other surveys. Many examples of good practice were identified, as well as areas we need to improve. An analysis of the feedback was presented to the Patient Experience Group and to each division in order to focus and guide changes in practice. Key themes identified for improvement included:

- Improve patients' perceptions of staff attentiveness
- Provide clearer answers to patients questions
- Increase patients' involvement in decisions about their care
- Provide opportunities for patients to share their worries and fears
- Communicate patients' information with other staff more effectively
- Ask patients what they would like to be called
- Provide patients with ward/clinic information
- Provide more nutritional support

Following a concerted effort by all staff there was some improvement in the response rate to the Friends and Family Test during the year (2015/16) in comparison to the previous year. Further details can be found in the Annual & Quality Report 2015/16.

16. Summary of workforce actions

In order to address some of the workforce related trends and themes that have been highlighted through this report or the WRES (Workforce Race Equality Analysis due for publication in July 2016) the following actions will be taken during 2016/17:

- Further investigation will be undertaken to understand the cause for trends seen during various points of the employment cycle for BME staff e.g. promotions, disciplinary investigations and staff survey.

- We will roll out ESR 2 from June 2016 which will include a 'self-service' option for staff to update their personal information. Staff will be encouraged to complete their personal information, and an explanation for this request will be shared. This exercise should reduce our non-disclosure rates for some of the protected characteristics; meaning that we can analyse trends more effectively.

- The Equality and Diversity Manager will work closely with HR colleagues and the Assistant Director or Learning and Organisational Development to develop a response to the Staff Survey findings from 2015/16 around discrimination and bullying or harassment.

- We will continue to build on developing a Staff Health and Wellbeing Strategy that supports staff to balance work and other responsibilities outside of work and generally improve physical and mental wellbeing, by introducing a Healthy Workplace Charter.

16.1 Summary of patient service actions

A number of work streams relating to patient equality have also been identified through this report, as a result the following actions will be taken during 2016/17.

- The Complaints Team will be introducing a newly amalgamated DATIX module in 2016/17 which will be able to report of complaints and other themes by protected characteristics.

- The Accessible Information Steering Group will continue to work against the Trust action plan to meet the implementation date of 31 July 2016, as stipulated by NHS England. We will continue to work with GPs to improve the sharing of protected characteristic data to avoid patients having to repeat this information when they attend different healthcare settings.

- The Information Team will be reviewing how to improve their data quality processes, e.g. enabling reports which compare data completeness between sites more efficient and effective.

- We will continue to collaborate and build links with external patient groups, or other key stakeholders e.g. Healthwatch to improve the patient experience of all our patients.

17. Conclusion

The Trust met its statutory obligations to monitor and report on workforce and patient equality and diversity issues and provides assurance that action is being taken to address issues of note.

As a result of these analyses, a number of workforce or patient related issues have been highlighted, which are not unique to this organisation. Further investigation with staff or external partners, as required, will be undertaken to bring about improvements.