

EQUALITY & DIVERSITY REPORT

March 2010

Part 1: Patient Data (p2-10)

Part 2: Workforce Data (p11-14)

Key Performance Indicators:

Patients

Data Quality	Amber
Access to Services	Green
Clinical Outcomes	Green
Patient Experience	Green

Workforce

Data Quality	Amber
Grievances & Discipline	Amber
Recruitment	Green
Training	Green
Staff Survey	Amber

Issues highlighted

This dashboard data has been fully discussed at the Executive Committee and the Equality and Diversity Steering Group. The data has engendered interesting discussions, encouraging challenge to current practises and processes. The key issues highlighted are:

Patient data quality: completeness and accuracy of data

- Ethnicity
- Age, gender & religion
- Disability
- Sexual orientation
- Accuracy of patient information

These charts demonstrate that, for example, the collection of the data in relation to patients' religion or belief system is low. Further investigation has found that, for example, in Outpatients, the data is not routinely sought from patients therefore the current process will be changed. Data collection in relation to disability and sexual orientation are currently under development.

Patient access to services

- Emergency Department attendance
- 18 weeks performance

The Emergency Department attendance charts show quite high numbers recorded as "Other" or "Not recorded". Collection processes need to be reviewed to find ways of minimising these codes.

The 4-hour waits chart highlights *White Irish* as having more "longer than average waits" than other ethnic groups. In 2009 this issue was fully investigated and at that time it was found to be related to the particular conditions of those attendees that resulted in these longer waits. This work will be repeated to see if steps taken to shorten the wait for this group too.

The 18 week target charts have a high number as not stating their ethnicity. The collection processes will be reviewed to minimise this.

Patient clinical outcomes

Standardised mortality rates

The charts on Standardised mortality rates are within the expected range and the differences are not statistically significant.

Patient experiences

- Dignity and respect
- Same sex accommodation
- Complaints

The chart on dignity and respect does not show statistically significant differences between groups. The graph stating the number of same sex breaches is based upon statistics maintained by the Bed managers rather than the patients' perspective which may be different and therefore could be captured in the future.

Workforce

- Data quality
- Coverage and accuracy
- Accuracy of workforce information
- Profile of workforce
- Grievances and discipline
- Recruitment
- Training
- Staff attitude survey

The data recorded on religion/belief, sexual orientation and disability currently is based on information provided by recently recruited staff. All current staff are currently being asked to provide this information too.

The ethnicity of the local population, and the workforce compared to senior staff shows that compared to the local population, minority ethnic staff are well representative however when compared to the breakdown of the Trust's overall workforce there is still some imbalance.

The numbers of actions included under discipline and grievances are too small to test their statistical significance, however training of managers does include this issue and close monitoring will continue.

The charts showing recruitment and training do not show any statistically significant differences between staff groups.

In the 2008 staff survey responses younger staff (under 40 years old) are more likely to state that they experience physical violence from patients/relatives in the last 12 months. This is statistically significant. All frontline staff are required to attend conflict resolution training, which should help address this; however it will be monitored to see if further actions are necessary.

This dashboard should be read in conjunction with the Trust's Single Equality Scheme. A summary of this Scheme is attached as Appendix 1.

Part 1: Patient Data

Section A: Data Quality - Completeness and Accuracy of Data

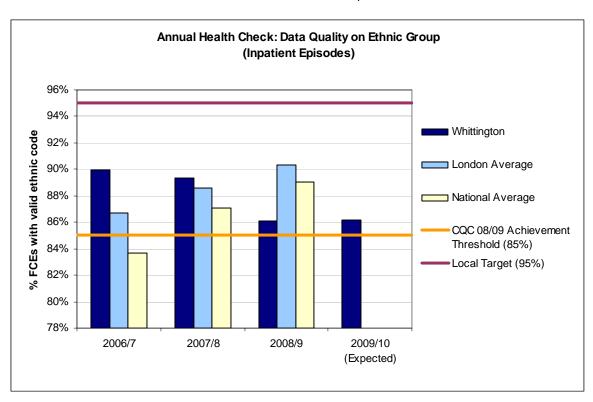
i) Ethnicity

Table 1: Recording of Ethnic Code (April-December 09)

	% Attendances with Valid Ethnic Code	Local Target %
Inpatient FCEs	86.2%	95%
Outpatient Attendances	80.3%	95%
Emergency Department Attendances	92.4%	95%

Ethnic Code is a mandatory field on the Trust's Patient Administration System (PAS) but 'not stated' can be selected. Valid ethnic codes are those which use the 2001 Census coding, excluding 'Not Stated' and 'Not Known'. Historic data is not available due to the way demographics are stored on PAS. Source: PAS & EDIS

Chart 1: CQC Annual Health Check 2006/7-2008/9: local and national comparisons



ii) Age, Gender and Religion

Table 2: Recording of patient Age, Gender and Religion/Belief System

	% Valid Date of Birth	% Valid Gender	% Religion or Belief System
Inpatient FCEs	99.95%	100.00%	44.1%
Outpatient Attendances	100.00%	100.00%	42.6%
Emergency Department Attendances	99.81%	99.99%	38.1%

Local Targets:

Date of Birth: 100% (mandatory on PAS) Gender: 100% (mandatory on PAS)

Religion: 75% for Inpatients; 50% for Outpatients and ED Attendees (not mandatory on PAS)

Source: PAS and EDIS; data is for April-December 09

(iii) Disability

Detail to follow

Data collection under development

(iv) Sexual Orientation

The sexual orientation of patients is not recorded.

(v) Accuracy of Patient Information

Measures to be determined; audit necessary.

The Whittington Data Quality Policy states Date of Birth and Ethnic Code should be 100% accurate.

Section B: Access to Services

i) ED Attendances 2008/09 compared with local demographics

Table 3: ED Ethnic Population Compared with Local Ethnic Population

Haringey

Ethnic Group	Haringey Ethnic Composition*	08/09 Haringey ED Attendances	% 08/09 Haringey ED Attendances**	% Difference between Observed & Expected Number of Attendances
White	65.8%	12757	55.5%	-16%
Mixed	4.7%	601	2.6%	-44%
Asian	7.9%	1106	4.8%	-39%
Black	17.8%	4285	18.6%	5%
Chinese	1.6%	164	0.7%	-54%
Other	2.2%	4088	17.8%	699%
Not Recorded	-	1476	-	-

Islington

Ethnic Group	Islington Ethnic Composition*	08/09 Islington ED Attendances	% 08/09 Islington ED Attendances Adjusted**	% Difference between Observed & Expected Number of Attendances
White	75.4%	19421	57.4%	-24%
Mixed	4.3%	899	2.7%	-38%
Asian	6.7%	1697	5.0%	-25%
Black	9.6%	6242	18.5%	92%
Chinese	2.4%	228	0.7%	-72%
Other	1.8%	5341	15.8%	799%
Not Recorded	-	1897	-	-

Source: EDIS

^{*2007} Primary Care Organisation Population Estimates (ONS, 2009)
**'Not Recorded' attendances have been split among the valid ethnic groups on a pro-rata basis.

ii) Emergency Department (ED) 4 Hour Waits (Apr-Dec 09) Source: EDIS

Target:: 98% of patients should be discharged, admitted or transferred from the Emergency Department within four hours of arrival.

Table 4: ED Performance by Ethnicity

Ethnic Group	Total Attendances	>4Hrs	% <4hrs
White: British	21,128	328	98.4%
White: Irish	1,902	54	97.2%
White: Other White	8,948	111	98.8%
Mixed: White and Black Caribbean	417	7	98.3%
Mixed: White and Black African	73	1	98.6%
Mixed: White and Asian	103	1	99.0%
Mixed: Other Mixed	923	11	98.8%
Asian or Asian British: Indian	858	11	98.7%
Asian or Asian British: Pakistani	188	1	99.5%
Asian or Asian British: Bangladeshi	609	11	98.2%
Asian or Asian British: Other Asian	1,355	17	98.7%
Black or Black British: Caribbean	4,100	55	98.7%
Black or Black British: African	4,393	58	98.7%
Black or Black British: Other Black	2,183	40	98.2%
Chinese or other ethnic group: Chinese	361	6	98.3%
Chinese or other ethnic group: Other ethnic group	10,189	181	98.2%
Not Stated	4810	78	98.4%
All Patients	62,540	971	98.4%

The chi-squared test indicates differences shown above are statistically significant

Table 5: ED Performance by Age

Age	Total Attendances	4hr %
Under 18	14334	98.6%
18-30	15591	98.8%
31-40	10213	98.7%
41-50	7810	98.3%
51-60	4787	97.9%
61-70	3663	97.9%
71-80	3435	97.7%
81-90	2175	97.4%
90+	476	98.1%
Not Recorded	56	98.2%
All Patients	62540	98.5%

Table 6: ED Performance by Gender

Age	Total Attendances	4hr %
Male	31584	98.3%
Female	30956	98.4%
All Patients	62540	98.5%

iii) 18 Weeks Performance Jan 09 – Dec 09

Target: 90% of admitted patients and 95% of non-admitted patients are required to be treated within 18 weeks

Table 7: 18 Weeks Performance by Ethnicity

Ethnic Group	Ad	mitted	Non-Admitted	
Ethnic Group	Treated	%<18wks	Treated	%<18wks
White: British	2,781	94%	12,559	98%
White: Irish	280	92%	1,280	98%
White: Other White	820	95%	4,541	97%
Mixed: White and Black Caribbean	25	92%	191	97%
Mixed: White and Black African	9	78%	67	99%
Mixed: White and Asian	12	92%	83	99%
Mixed: Other Mixed	42	93%	308	98%
Asian or Asian British: Indian	120	91%	770	99%
Asian or Asian British: Pakistani	34	94%	150	99%
Asian or Asian British: Bangladeshi	56	96%	441	96%
Asian or Asian British: Other Asian	112	92%	637	97%
Black or Black British: Caribbean	451	91%	2,177	97%
Black or Black British: African	285	95%	1,830	98%
Black or Black British: Other Black	113	96%	734	98%
Chinese or other ethnic group: Chinese	37	95%	204	97%
Chinese or other ethnic group: Other ethnic group	574	92%	3,876	97%
Not Stated	1,971	92%	11,894	97%
All Patients	7,722	93%	41,742	97%

Table 8: 18 Weeks Performance by Age

Age	Admitted		Non-A	dmitted
Age	Treated	%<18wks	Treated	%<18wks
Under 18	275	95%	5,105	98%
18-30	1,166	93%	6,596	97%
31-40	1,489	93%	6,997	97%
41-50	1,556	92%	6,517	97%
51-60	1,285	93%	5,393	97%
61-70	907	93%	4,790	98%
71-80	752	95%	4,174	98%
81-90	269	94%	1,944	98%
90+	23	96%	226	98%
All Patients	7,722	93%	41,742	97%

Table 9: 18 Weeks Performance by Gender

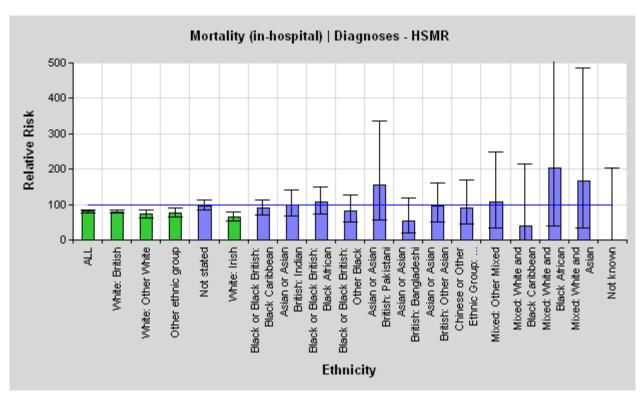
Gender	Admitted		Non-Admitted	
Gender	Treated %<18wks		Treated	%<18wks
Female	4,748	94%	25,039	97%
Male	2,974	92%	16,703	98%
All Patients	7,722	93%	41,742	97%

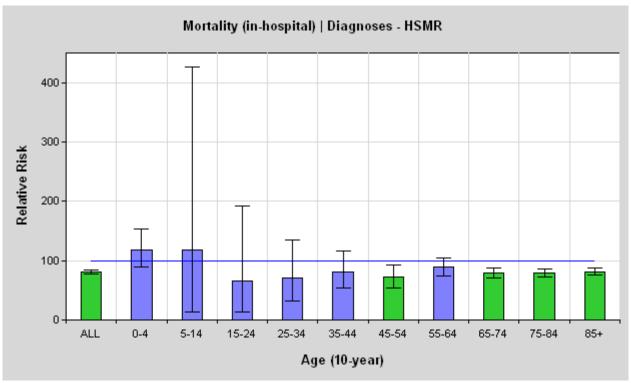
Section C: Clinical Outcomes

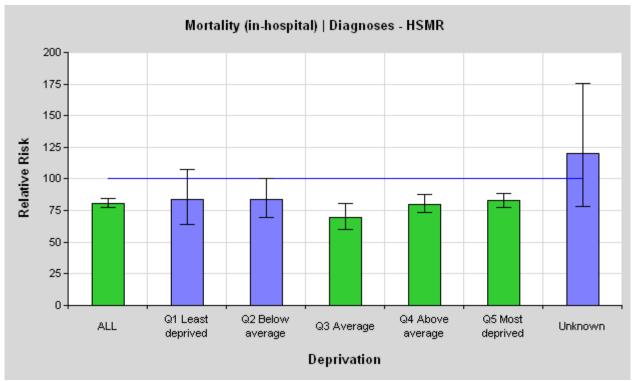
Standardised Mortality Rates - Ethnicity, Age and Deprivation

Spells ending between April 2006 and December 2009

Source: Dr Foster Real Time Monitoring (RTM) tool







Source: Dr Foster Real Time Monitoring (RTM) tool

Relative Risk: This gives an indication of the relative risk of a negative outcome (in this instance, in-hospital mortality) against that expected. It is derived from comparing standardised patient data (for both the Whittington and for England) and then determining, via statistical calculation, the relative risk of a negative outcome.

The vertical bars indicate confidence intervals and provide a measure of significance: there is a 95% level of confidence that the 'true' value for the measure falls within these limits. A small sample size will result in a wide gap between the limits.

Green: Relative Risk of mortality lower than expected Blue: Relative Risk of mortality within expected parameters Red: Relative Risk of mortality higher than expected

Section D: Patient Experience

i) Dignity & Respect

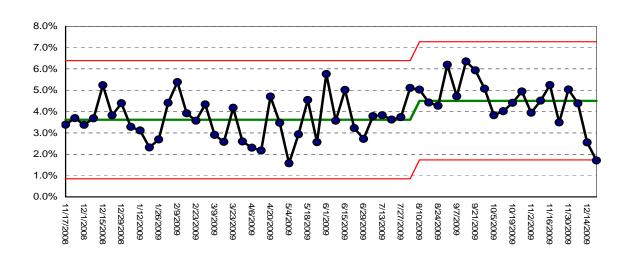
Table 10: Responses to the local patient survey question: *I feel I was treated with dignity and respect* (Inpatients surveyed September-December 09)

Patient Ethnicity	Total Responses	Strongly Disagree/Disagree	% Strongly Disagree/Disagree
Mixed	64	11	17%
Not Recorded	59	9	15%
Chinese/Other Ethnic Group	48	6	13%
Black/Black British	113	12	11%
White/White British	268	23	9%
Asian/British Asian	61	2	3%
All Patients	613	63	10%

There are no statistically significant differences between groups.

ii) Same-Sex Accommodation

% same sex breachers



Each patient counts as a breach for each day that the mixed sex breach occurs. DTC is excluded. Total breach days as a percentage of occupied bed days in week. Source: Bed Management

Data refreshed to November 2009

iii) Complaints

Table 11: Written Complaints by Ethnic Category of Patient Involved 2008/09

	Complaints Total	Complaints %	08/09 Patient Population*
White: British	54	22.0%	32.1%
White: Irish	4	1.6%	2.6%
White: Other White	8	3.3%	12.0%
Mixed: White and Black Caribbean	0	0.0%	0.5%
Mixed: White and Black African	0	0.0%	0.2%
Mixed: White and Asian	0	0.0%	0.2%
Mixed: Other Mixed	0	0.0%	1.1%
Asian or Asian British: Indian	3	1.2%	1.6%
Asian or Asian British: Pakistani	0	0.0%	0.4%
Asian or Asian British: Bangladeshi	0	0.0%	1.0%
Asian or Asian British: Other Asian	0	0.0%	1.6%
Black or Black British: Caribbean	4	1.6%	5.3%
Black or Black British: African	5	2.0%	5.6%
Black or Black British: Other Black	0	0.0%	2.4%
Chinese or other ethnic group: Chinese	0	0.0%	0.7%
Chinese or other ethnic group: Other ethnic group	3	1.2%	12.6%
Not Stated/Not Recorded	164	66.9%	20.0%
Total Written Complaints	245	-	-

Source: KO41 Return via Safeguard *Individual patients who attended ED or outpatients and/or who were admitted in 2008/9

Part 2: Workforce Data Source: ESR

i) Data Quality: Coverage and Accuracy

Table 12: Proportion of substantive staff for whom key demographics are recorded (2009)

	% Recorded	Target
Ethnicity	95%	100%
Age	100%	100%
Gender	100%	100%
Religion/Belief	7%	30%
Sexual Orientation	7%	30%
Disability Status	5%	30%

ii) Accuracy of Workforce Information

Measures to be determined; audit required.

iii) Profile of Workforce

Table 13: Ethnicity of workforce compared with local population

	% Local population	% Workforce	% Senior staff (Band 7 and above)
White	75.4%	48.0%	70.5%
Mixed	4.1%	2.6%	1.1%
Asian/British Asian	5.3%	14.7%	7.8%
Black/Black British	11.9%	24.7%	13.0%
Chinese/Other Ethnic Groups	3.2%	6.8%	6.9%
Not Stated	-	3.2%	0.7%

Table 14: Ethnicity of workforce compared with local Trusts

Table 11. Earning of Workers Compared Warricoar Tracks				
	Whittington	UCLH (July 2008)	Royal Free (March 2008)	North Middlesex (March 2008)
White	49%	56%	53%	39%
Mixed	2%	2%	2%	3%
Asian/British Asian	15%	10%	17%	24%
Black/Black British	25%	16%	18%	29%
Chinese/Other Ethnic Groups	8%	12%	9%	5%
Not Stated	2%	4%	0%	1%

Figures may not sum due to rounding

Equality & Diversity Performance Metrics – March 2010 Table 15: Age profile of workforce

Age Band	%
Under 25	4.8%
25-29	14.5%
30-34	14.9%
35-39	14.5%
40-44	14.2%
45-49	13.3%
50-54	10.1%
55-59	7.8%
60+	5.9%

Table 16: Gender profile of workforce

Age Band	%
Female	72.3%
Male	27.3%

iv) Grievances and Disciplinaries

Table 17: Staff raising formal grievances by ethnicity 2007/8-2008/9

	No of staff raising formal grievance
White	3
Black/Black British	8

Low numbers involved make statistical significance testing inappropriate.

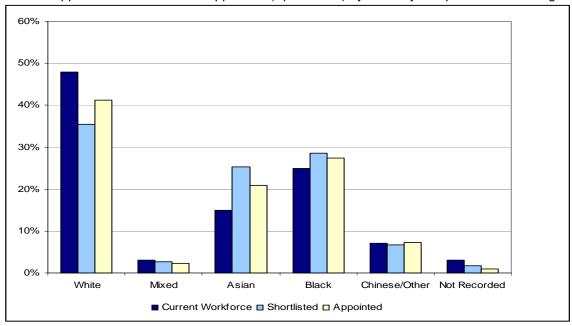
Table 18: Staff involved in formal disciplinary action by ethnicity 2007/8-2008/9

	No of staff issued with written disciplinary warning	No of staff dismissed
White	5	7
Mixed	0	0
Asian/Asian British	3	1
Black/Black British	7	6
Chinese/Other Ethnic Group	1	2

Low numbers involved make statistical significance testing inappropriate.

v) Recruitment Source: NHS Jobs

Chart 2: Applicants shortlisted and appointed (Apr-Dec 09) by ethnicity compared with existing workforce



vi) Training

Table 19: % of staff accessing training within the last year by ethnicity

	No. of Staff*	Received Training %
White: British	643	88%
White: Irish	151	91%
White: Other White	185	88%
Mixed: White and Black Caribbean	10	80%
Mixed: White and Black African	13	92%
Mixed: White and Asian	6	100%
Mixed: Other Mixed	14	71%
Asian or Asian British: Indian	95	87%
Asian or Asian British: Pakistani	15	93%
Asian or Asian British: Bangladeshi	16	100%
Asian or Asian British: Other Asian	153	92%
Black or Black British: Caribbean	219	84%
Black or Black British: African	270	85%
Black or Black British: Other Black	39	95%
Chinese or other ethnic group: Chinese	38	89%
Chinese or other ethnic group: Other ethnic group	105	87%
Not Stated/Not Recorded	58	83%
All Staff	2030	87%

Includes attendances at any training course recorded on ESR. This will include mandatory training. Data collection to improve. *Only permanent staff who were employed by the Trust for the period March to September 2009 have been included. There are no statistically significant differences between staff groups.

vii) NHS Staff Attitude Survey 2008

a) Ethnicity

	All Staff	White	Black and Minority Ethnic
% that would recommend the trust as a place to work	65	67	63
% experiencing harassment, bullying or abuse from staff in last 12mths	26	20	30
% experiencing physical violence from patients / relatives in the last 12 mths	11	11	11
Respondents	400	225	164

b) Age

	All Staff	16- 30	31- 40	41- 50	51+
% that would recommend the trust as a place to work	65	61	60	68	68
% experiencing harassment, bullying or abuse from staff in last 12mths	26	23	34	20	21
% experiencing physical violence from patients / relatives in the last 12 mths*	11	19	13	4	10
Respondents	400	66	110	105	110

^{*}Statistically significant difference

c) Gender

	All Staff	Men	Women
% that would recommend the trust as a place to work	65	66	65
% experiencing harassment, bullying or abuse from staff in last 12mths	26	18	27
% experiencing physical violence from patients / relatives in the last 12 mths	11	12	11
Respondents	400	101	287

d) Disability

	All Staff	Disabled	Not Disabled
% that would recommend the trust as a place to work	65	66	65
% experiencing harassment, bullying or abuse from staff in last 12mths	25	30	24
% experiencing physical violence from patients / relatives in the last 12 mths	11	2	12
Respondents	400	48	343

Differences are not statistically significant unless specified. Respondents may not have specified some/all demographic details.

The Whittington Hospital's Single Equality Scheme: Summary

The full Scheme is available on the Trust's intranet and public website.

The Scheme states the overall equality and diversity strategy of the Whittington Hospital as:

The Whittington Hospital will ensure than no service user or employee experiences less favourable treatment or care as a direct or indirect result of their race: gender: disability: age: religion or belief: sexual orientation and that there are robust policies in place to protect and safeguard patient and employee privacy and dignity.

The Scheme sets out the context within which the Trust will deliver its services, reviews its recent achievements and sets out plans for further improvements for the period 2008-11. It confirms the Trust's strong social responsibility to not only provide health services and advice to local people, but also to contribute actively to the local community by providing employment and business opportunities for the locality. The Trust sets out to fulfil its obligations under equalities legislation and recognises that the Trust has a legal responsibility for ensuring that discrimination does not occur.

The overall responsibility for achievement of the Equality Scheme lies with the Chief Executive on behalf of the Trust Board. The implementation of particular aspects of this policy is delegated to:

Patient care services
 Director of Operations

 Patient and User involvement and access to services
 Director of Nursing and Clinical Development Director of Primary Care

Employment Director of Human Resources

The single Equality Scheme specifically covers the following equality and diversity strands:

- Race
- Gender
- Disability
- Age
- Religion/belief
- Sexual orientation

It sets out the Trust's achievements under earlier Equality Schemes. It has a detailed action plan 2008-11 under Patient care services, Patient/user involvement/access to services and employment. It states which of the six equality and diversity strands each action will contribute.

The Single Equality Scheme is reviewed annually with a report presented to the Trust Board in June 2010. The Equality & Diversity Steering Group on a regular basis also review it. The Equality & diversity dashboard will be cross-referenced with the Single Equality Scheme to ensure the two documents are intertwined.