



Public Sector Equality Duty

Annual Equality and Diversity (service delivery) Monitoring Report

Heart of England NHS Foundation Trust

2016

Heart of England NHS Foundation Trust Annual equality and diversity report (January 2016)

Ref: DALR 28	Evidence	Application																												
Local Reporting Requirements																														
<p>Service Users/ Patients</p> <p>Activity report detailing the Trust's patient profile by protected characteristics including:</p> <p>1. Activity by protected characteristic.</p>	<p>Equality Monitoring – Key Trends (Service Delivery)</p> <p>Under current practice, there continues to be gaps within the Trust's information gathering and analysis of patient data. Only equality information in relation to a patient's ethnicity, age, gender and religion is collected routinely. For the purposes of this report, we have reviewed the data in terms of ethnicity, age and gender, access to hospital services for 2015, which is available to us and overall it is reflective of the local population the Trust serves.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="background-color: #ADD8E6;">Ethnicity</th> <th style="background-color: #ADD8E6;">Gender</th> <th colspan="2" style="background-color: #ADD8E6;">Age</th> </tr> </thead> <tbody> <tr> <td>British White – 69%</td> <td>Female - 60%</td> <td>0 - 20</td> <td>10%</td> </tr> <tr> <td>BME – 27%</td> <td>Male - 40%</td> <td>21 – 40</td> <td>22%</td> </tr> <tr> <td>Unknown - 4%</td> <td></td> <td>41 – 60</td> <td>26%</td> </tr> <tr> <td></td> <td></td> <td>61 – 80</td> <td>32%</td> </tr> <tr> <td></td> <td></td> <td>81 – 100</td> <td>10%</td> </tr> <tr> <td></td> <td></td> <td>100+</td> <td>0.01%</td> </tr> </tbody> </table> <p style="text-align: center;"><i>In / Out Patient Demographic Makeup 2015</i></p>	Ethnicity	Gender	Age		British White – 69%	Female - 60%	0 - 20	10%	BME – 27%	Male - 40%	21 – 40	22%	Unknown - 4%		41 – 60	26%			61 – 80	32%			81 – 100	10%			100+	0.01%	
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In terms of ethnicity, access to hospital services during 2015 was overall reflective of the local population. The Census carried out by the Office of National Statistics reported that 57.9 % of the local population were of British White Ethnicity. 69% of patients during 2015 were of British White Ethnicity

See links below for breakdown of the ethnicity, age and gender of patients who have received inpatient and outpatient care within the Trust in 2015.

<http://www.heartofengland.nhs.uk/wp-content/uploads/Demographics-Inpatient-Data-2015.pdf>
<http://www.heartofengland.nhs.uk/wp-content/uploads/Demographics-Outpatients-2015.pdf>

The following table provides a summary of In-Patient by Ethnicity in respect of highest, lowest admitted group and Gender:

Ethnicity	2015 Activity	Gender	2015 Activity
Highest Admitted Group	British White 66%	Male	44%
Lowest Admitted Group	BME 28%	Female	56%
Highest BME Groups Admitted	Pakistani 14% Indian 3% Caribbean 2.3% Other White Group 1.3% African 1.2% Bangladeshi 1.2% Other Ethnic Group 1.2%		
Not Stated	6 %		

During 2015, patients of British White Ethnicity continue to be the highest admitted group, similar to previous years. The lowest admitted group continuing to be Black or Minority Ethnic origin. Trends however show a slight increase in the number of patients of Black and Minority Ethnic Origin, Other White Group and Other Ethnic Group during the last three years, of which patients of 'Pakistani background' remain the highest admitted group.

The following table provides a summary of Out-Patient by Ethnicity in respect of highest, lowest admitted group and Gender:

Ethnicity	2015 Activity	Gender	2015 Activity
Highest Admitted Group	British White 69%	Male	40%
Lowest Admitted Group	BME 22%	Female	60%
Highest BME Groups Admitted	Pakistani 10% Indian 3% Caribbean 2% Other White Group 1.2% African 1% Bangladeshi 1% Other Ethnic Group 1%		
Not Stated	9 %		

During 2015, patients of British White Ethnicity continue to be the highest group accessing out-patients services, similar to previous years. The lowest group continuing to be Black or Minority Ethnic origin. Trends however show a slight increase in the number of patients of Black and Minority Ethnic Origin, Other White Group and Other Ethnic Group during the last three years, of which patients of 'Pakistani background' remain the highest group accessing the services.

In terms of gender as with most healthcare services in the UK, women are more likely to use hospital services than men, both as in-patients and as out-patients. Despite making up just 50.8% of Birmingham population, 56% of all inpatients admissions and 60% of all patients accessing out-patient services within the Trust during 2015 were female.

Ethnicity - Maternity Admissions

18,795 patients (57%) during 2015 were of British White Ethnicity and 39% were of black or other

minority ethnic backgrounds. 4% of patient's ethnicity is not known.

See link below for breakdown of the ethnicity and age of patients who have received Maternity services during 2015.

<http://www.heartofengland.nhs.uk/wp-content/uploads/Demographics-Maternity-2015.pdf>

The table below summarises the spread of ethnic diversity amongst the service users accessing Maternity Trust Services to highlight any possible trends in terms of ethnicity:

Ethnicity	2015 Activity	
Highest Admitted Group	British White	57%
Lowest Admitted Group	BME	39%
Highest BME Groups Admitted	Pakistani	20%
	Other Ethnic	4%
	Other White	3%
	Indian	2%
	African	2%
	Other Asian	2%
	Bangladeshi	1.6%
Not Stated	4%	

During 2015, patients of British White Ethnicity continue to be the highest admitted group for maternity in-patient admissions, similar to previous years. The lowest admitted group continuing to be Black or Minority Ethnic Origin (39%). Trends over the last few years, however, indicate an overall increase in the number of Other Ethnic Origin (4%), Other White Origin and African Origin (2%), Other Asian Origin maternity in-patients and outpatients. This data is in line with the growth in the migrant worker population and the numbers of refugee / asylum seekers in Birmingham city.

Ethnicity - Accident and Emergency Attendances

252722 patients attended Accident and Emergency during 2015. A slight increase of patients since 2014.

63% of these patients were of British White Ethnicity and 31% of black or minority ethnic origin; 6% of patient's ethnicity is unknown.

See link below for breakdown of the ethnicity, age and gender recorded of A&E Attendees during 2015.

<http://www.heartofengland.nhs.uk/wp-content/uploads/Demographics-AE-2015.pdf>

The following table summarises the highest & lowest national ethnic groups and Gender recorded during 2015:

Ethnicity	2015 Activity		Gender	2015 Activity
Highest Admitted Group	British White	63%	Male	50%
Lowest Admitted Group	BME	31%	Female	50%
Highest BME Groups Admitted	Pakistani	15%		
	Indian	2.5%		
	Caribbean	2%		
	Other Ethnic Group	2%		
	Other White Group	2%		
	Bangladeshi	1.2%		
	Other Black Group	0.6%		
Not Stated	6%			

During 2015, patients of British White Ethnicity continue to be the highest admitted group for A&E Attendances. The lowest admitted group continuing to be Black or Minority Ethnic Origin. Trends indicate a gradual increase in the number of patients of black and minority ethnic origin – a slight increase in the number of patients from other white backgrounds. In terms of gender the A&E Attendees male 50% and female 50% reflected Birmingham population, 49.2% male and 50.8% female.. .

Community Services - Solihull

See link below for breakdown of the ethnicity and gender recorded of Community Services patients during 2015.

<http://www.heartofengland.nhs.uk/wp-content/uploads/Equality-Data-Monitoring-for-Community-Services-2015.pdf>

The following table summarises the highest & lowest national ethnic groups and Gender recorded during 2015:

Ethnicity	2015 Activity	Gender	2015 Activity
Highest Contact Group	British White 78%	Male	41%
Lowest Contact Group	BME 22%	Female	59%
Highest BME Contact Groups	Other Mixed Ethnic Group 7%		
	Indian 2 %		
	Irish 1%		
	Other White Group 1.1%		
	Pakistani 1%		
	White & Caribbean 1%		
	2%		
Not Stated	6%		


During 2015, patients of British White Ethnicity continue to be the highest admitted group for Community services patients. The lowest patient group continuing to be Black or Minority Ethnic Origin. Trends indicate the number of patients of British White Ethnicity remain similar to those recorded in last three years and black and minority ethnic origin and other white background patients remain similar to previous years. This data is in line with the demographics of Solihull Borough.

2. Satisfaction with services, including complaints.

Complaints

Patient complaints are currently collected against 3 of the protected characteristics, age, gender and ethnicity.

	<p>Data shows that the highest percentage of complaints was made by female patients (58%). during 2015 A slight increase in the number of complaints made by female patients during 2014 (57%). No observable trends in age group for female complainants, was recorded. Overall a similar number of complaints were received from ages 18 to 99 years. The predominate age group for male complainants continues to be within the 40 to 99 age categories. The total number of complaints constitutes 0.3% of all in-patient and day case activity.</p> <p>Data shows that the highest percentage of complainants (78%) during 2015 were of White British Ethnicity – this is reflective of the local community that the Trust serves and the In-patient / Out-Patient activity recorded during 2015.</p> <p>The majority of complaints (42%) received in 2015 were in relation to the clinical care received. Staff attitudes; appointments, delay or cancellation (OPD), nursing care and communication/information problem were the main complaint subjects recorded. Data showed that more complaints in relation to staff attitudes; communication/ information; clinical treatment were made by females than males.</p> <p>Data shows that the majority of complaints in relation to the 5 main complaint subjects listed above, were made by complainants aged 60 and over. The highest recorded age groups (49%) being those aged between 60-99 (462 patients). As reflected within the overall complaints by ethnicity, the majority of complainants were of British White Ethnicity.</p> <p>There were no observable trends in relation to inclusion and diversity to be noted. Complaints are recorded in accordance with the main subject matter raised. The need to highlight any inclusion and diversity issue raised has been addressed with the Patient Services Department. The Trust’s Head of Equality and Diversity Lead is notified of any issues.</p> <p><i>See attached HEFT Patient Experience Report to Clinical Commissioning Group November 2015 for details of Complaints ,Friends & Family Test results;</i></p>	
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	 <p>CCG Report Nov for Oct and Q2 data.doc</p>	
<p>3. Any quantitative and qualitative research undertaken, for example patient surveys, friends and family test. Details of, and feedback from, any engagement exercises.</p>	<p>Engagement</p> <p>The Trust continues to work collaboratively with stakeholders and the wider health economy. We have become active partners of the Local Health Economy Group, working in collaboration to share equality data and promote and challenge inequalities.</p> <p>Membership includes:</p> <ul style="list-style-type: none"> West Midlands NHS Regional Equalities Network • NHS Acute Liaison Learning Disabilities Network • Birmingham & Black Country Chaplaincy Collaborative • Pan Birmingham Faith Advocacy Group <p>During 2015 the Trust undertook a series staff engagement events across the three Trust hospital sites and community services. The events included meeting with staff from LGBT, Black & Minority Ethnic and Disability groups. The feedback from the events recommended more openness, clarity and on going staff engagement to address issues that differentially affect people from one or more of the protected characteristic groups.</p> <p>The staff LGBT event recommended following actions to promote non-discriminatory culture within the organisation;</p> <ul style="list-style-type: none"> • LGBT awareness sessions for Trust staff at all levels • Establish link workers support network for LGBT staff • Targeted awareness training for hot spot areas • LGBT local champions • Future meetings to include LGBT speakers from other partner organisations 	

	<p>As a result of this, the Trust will establish links with other NHS, Public sector and Voluntary organisations to work collaboratively to promote and challenge inequalities.</p> <p>Trust continues to work collaboratively with internal and external stakeholders and volunteers to develop initiatives which have positive impact on patient wellbeing and their experience of care provided to them. Following is one such initiative;</p> <p><i>Dementia Initiative</i></p> <p>Following 'Dementia Awareness' Training from the Hospital's RAID (Rapid Assessment Interface Discharge Mental Health Liaison) Team, volunteers on Older Adult wards at Good Hope Hospital combine arts and crafts projects with reminiscence themed activity. So much more than passing time and offering a change of scenery; as well encouraging patients to be active, social and creative, arts and crafts activities with volunteers can enhance patients' mental wellbeing, self- esteem and feelings of self-worth.</p> <p>Using day rooms as a base, from the starting point of two main activities; 'Magical Garden', a bright and colourful garden-themed collage project, and 'Memory Lane', encouraging patients to make scrapbooks (and conversation!) from old adverts, photographs of film stars, musicians and the like, volunteers have fully embraced their role in working with patients, responded to patients' preferences and needs and continued to expand their work into a variety of activities to be as person-centred and inclusive as possible.</p> <p>Volunteers' development of these activities essentially focuses on a 'can do' attitude – as well as simply helping to relieve the boredom of a hospital stay, through participation in activities, patients are able to feel a sense of enjoyment and achievement perhaps against a progressive decline in functional ability, perhaps against increasing loneliness, anxiety and/or confusion, perhaps against the low mood that may accompany their diagnosis and/or hospital stay. Volunteers' activities provide a positive, accessible and inclusive focus for patients, but, on the most basic level, a person can take great comfort in simply talking and being listened</p> <p><i>Vivid Memories</i></p>	
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	<p>The Arts department at Heart of England NHS Foundation Trust worked in partnership with Reel Access, a Birmingham based arts organisation that delivers creative projects within the Hodge Hill area. The project called 'Vivid Memories' aimed to use arts and crafts as a tool for reminiscence, and help relieve boredom as well as lifting patients' moods, improve social interaction and build confidence.</p>	
<p>4. Interpreting and Translation Service Provision</p> <p>Description of the service offered to Service Users; how Service Users can access an Interpreter; how many times/occasions interpreters have been used in the 12 month period; top ten languages requested.</p>	<p>Interpreting and Translation Services</p> <p>The Trust uses a multi-faceted interpreting service provision to meet the needs of non-English speaking patients or those who have a sensory impairment such as hearing. It is comprised of an In-house interpreting service and Language Line Solutions interpreting service used for both planned and short notice interventions. The interpreting service is well publicised and is easily accessible to patients and Trust staff when required, complete details of the service is available on interpreting service page " I " on Trust intranet, see link below;</p> <p>http://sharepoint10/sites/interpreting/SitePages/Home.aspx</p> <p>The Trust Interpreting and Translation service operational policy (currently under review /ratification process) is available on Equality & Diversity page " E " on Trust intranet, see link below;</p> <p>http://www.heartofengland.nhs.uk/equality-and-diversity/</p> <p>The Trust in-house interpreting service flyers are also circulated to all patient care areas and departments. In addition patient hospital appointment letters also have the Trust interpreting service contact details for patients to book in advance an interpreter for language and choice of interpreter gender they may require for their appointment.</p> <p>The use of the interpreting service is monitored on an ongoing basis. Any significant increase in demand which will have an impact on service provision is reported to the relevant Trust committee with a view to identifying resources to meet the new demand:</p> <p>In view of the increasing demand, the provision and cost of the interpreting services was recently</p>	

reviewed to ensure more accessible and cost effective 24/7 interpreting service is available to staff and patients.

Following tables summarises combined uptake of HEFT in-house and Language Line Solutions face to face and telephone interpreting services for period January 2015 to December 2015

Total face to face interpreting sessions	Languages used for face to face interpreting
12957	60

Top ten languages used for face to face interpreting service:

Languages	Sessions
Mirpuri	2729
Romanian	1705
Urdu	1431
Bengali	1332
Punjabi	949
Somali	645
Polish	633
BSL	560
Pushto	559
Arabic	437

Total telephone interpreting sessions	Languages used for telephone interpreting

745	41 :

Top 10 languages used for telephone interpreting service:

Languages	Sessions
Romanian	356
Polish	53
Arabic	44
Mandarin	33
Somali	32
Urdu	28
Pushto	22
Bengali	17
Kurdish	13
Punjabi	13

<p>5. Meeting Religious and Cultural Needs of Service Users</p> <p>Description of what facilities are available for service users to access with reference to their religious or cultural needs; how service users can access the facilities; what other activities are undertaken that contribute to meeting the religious and cultural needs of patients/service users.</p>	<p>Multi-faith Chaplaincy Service</p> <p>Religion is one of the equality monitoring data characteristics the Trust has routinely collected from patients; see link below</p> <p>http://www.heartofengland.nhs.uk/equality-and-diversity/equality-monitoring/</p> <p>The Trust multi-faith Chaplaincy team provide services to the whole hospital community i.e. patients, staff and visitors. Our in-house male & female Chaplains & Imam (Roman Catholic, Church of England and other Christian denominations & Muslim) regularly visit the wards and departments within the three hospital sites to be alongside everyone in their moment of need to offer spiritual, pastoral and religious care. They keep a list of various faith community contacts who can also be called in to the hospital.</p> <p>The Chaplaincy team offer a confidential listening & supportive ear and can be contacted by patients, relatives & hospital staff at any time it is felt that spiritual care is needed. This may be when a patient;:</p> <ul style="list-style-type: none"> • Needs prayer, a blessing or other ritual associated with their faith • Is anxious or fearful • Needs support in articulating their key concerns • Is trying to make sense of, or find meaning for their lives • Needs support in finding their own pathways to hope & peace • Is seeking to make short or long-term goals • Is nearing the end of their life • Pre-bereavement support • Needs someone to tell their story to • Needs help in accessing religious support in the community <p>The chaplaincy team also works closely with various Trust departments and services to organise staff and patient memorial services and other annual Trust services. The team is supported by a number of chaplaincy volunteers from various religious backgrounds, who contribute to patient care and also regularly hold religious events such as Eid and Diwali celebrations. These events are open to all Trust</p>	
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staff and contribute to raising cultural and religious awareness of diverse communities the Trust staff provide healthcare service to.

The Trust provides Multi-Faith prayer facilities on three hospital sites i.e. Heartlands, Solihull and Good Hope. A Chapel, Prayer Room and Quiet Room are available for all to use. Regular services of Prayer (Christian & Muslim) as well as Holy Communion and Roman Catholic Mass are offered.

End of Life Care

The Trust bereavement care service continues to work closely with local and national key stakeholders to develop educational tools and end of life care pathways which are appropriate and sensitive to social, cultural and religious diversity of the communities the Trust serves. Following are examples of the collaborative projects the Trust has completed;

Collaborative Projects

DVD – I Didn't Know That:

Trust worked together with the National Council Palliative Care and the local community to produce a dvd, "I didn't know that"; a training and education tool for staff and community advocates to enhance knowledge and improve working relationship with local communities during End of Life Care. It highlights ten key areas – five for healthcare staff and five for community advocates. It has been well received and is available nationally on the Dying Matters website:

<http://www.dyingmatters.org/page/dying-matters-films>

Pan Birmingham Faith Advocacy Group:

The Faith Advocacy Group is a pan Birmingham group which meets four – six times a year. Membership consists of representation from Bereavement Services at the Birmingham acute NHS Trusts; CCG; the HM Coroner's office; Birmingham and Solihull Registry offices; Birmingham City Council Bereavement Services; in addition to representation from various faith communities.. The aim is for these key stakeholders to form a cooperative through which to explore existing and new ways of working across traditional boundaries and to work together with external agencies to act as advocates

for community members to provide optimum service and best practice respecting both cultural/religious requirements and relevant legal implications. One of the actions of the group is to monitor progress of the early adopter implementation of the Death Certification Reforms, considering the implications and effect on the local faith communities

HEFT Rapid Release Procedure

Within Trust bereavement services there is a rapid release procedure which allows deceased patients to be released from hospital within an appropriate timeframe to meet religious and cultural requirements.

All bereaved families are offered the follow up support service which is provided through partnership working with local and external bereavement counselling organisations. This service has also been utilised by members of Muslim community

Guidelines for Muslim Patients with Intestinal Stomas

The healthcare professionals within the Trust have always engaged with various faith communities to seek religious and cultural perspective on issues related to health conditions, treatments and patient care areas. A group of surgeons based in Heartlands hospital had worked collaboratively with various Muslim imams and scholars to develop guidelines for Muslim patients with intestinal stomas. These guidelines are used by the colorectal nursing team in their discussions with the Muslim patients with a colostomy and ileostomy formation to address their fears and concerns that they will not be able to fulfil their religious obligations such as, religious fasting, ablutions, prayer/congregational prayers and perform Hajj pilgrimage. The guidelines provide information and support to patients to manage their condition and are able to undertake their cultural and religious activities..

Cultural and Religious Menus

Meeting the dietary requirement of patients is an important aspect of delivering patient care. The Trust catering service provides a selection of Cultural and Religious meals that patients may require when

	<p>in hospital. A weekly menu that includes Halal (all meat is delivered with a Halal certificate of authenticity), Asian Vegetarian, Vegan and Caribbean, Vegetarian Caribbean meals. Kosher meals can also be provided. Patients choose their breakfast, lunch and supper and this is phoned through to the Catering department daily. See link below: http://intranet/cateringservices/?dcid=C4AF7C9D402E61EAD73482415B3D7706</p> <p>Cultural and religious requirements are taken into consideration in the way the Trust Catering production Unit prepares, cooks, stores and serves these meals. For example, Vegans choose not to eat anything which is taken from animals, therefore vegan meals will be free off ;</p> <ul style="list-style-type: none"> • meat, fish nor other substances that come directly from killing an animal, such as animal fats and gelatine • dairy products such as cows milk, cheese and yogurt; nor goats milk • eggs nor foods containing eggs such as Quorn • Honey 	
<p>6. Equality Impact Assessment</p> <p>Report to include a synopsis of at least four equality impact assessments that have been undertaken in the past year describing the issues that were analysed and how the findings from the analysis informed decision making.</p>	<p>Equality Impact Assessment</p> <p>During 2015 the Trust continued to undertake equality impact analysis (equality impact assessments) on all policies and practices to ensure that our services, policies and practices do not directly, indirectly, intentionally or unintentionally discriminate against the users of our services or our staff. Where a negative impact is found, we mitigate the impact through the development and implementation of equality improvement plans.</p> <p>The Equality Impact Assessment training for staff was delivered during 2015. In addition face to face individual training/support sessions were also provided to policy and service developers.</p> <p>During 2015 the review of Trust's Equality Impact Assessment Toolkit was identified as an Equality Objective (EDS2) for 2015/2016 to improve the existing process and make it more robust. The review</p>	

has been delayed and will now commence in February 2016. It is envisaged that the new toolkit will be implemented in May 2016. In the interim the existing toolkit will continue to be used to undertake equality impact assessments and staff will receive EIA (Equality Impact Assessment) training. See link below;

<http://www.heartofengland.nhs.uk/equality-and-diversity/>

During 2015, we undertook an equality impact analysis on the following 4 policies:

Policy Equality Impact Assessed	Date Assessed
Interpreting & Translation services Operational	May 2015
Consent & Lawful Treatment	May 2015
Clinical Holding and Restraint	December 2015
Hand Hygiene	January 2015

Summary of Issues analysed and Actions for negative impact identified;

The interpreting & translation services operational policy:

It was anticipated the policy will have no differential impact on all equality characteristic groups who require translation or interpretation services to ensure equality of service outcomes and fairness. The Equality Impact Assessment process flagged up following potential differential issues;

- Female patients may refuse to use a male Interpreter
- Deaf and Deaf blind patients may require different types of communication support
- Patients perception of their Human Rights may be over the capacity of the Trust's interpreting service to provide 24 hours face to face interpreting cover

The above issues helped to inform the development/implementation of the Trust interpreting service provision, booking and delivery system. The service caters for gender specific, type of sign language required and meeting out of hours need. This is reflected in the Trust contract with external suppliers. In addition staff awareness on current interpreting service arrangements within the Trust is raised

through equality & diversity training programmes, interpreting policy best practice guidelines, staff meetings and interpreting service webpage on Trust intranet. See link below:

<http://sharepoint10/sites/interpreting/SitePages/Home.aspx>

Consent & Lawful Treatment Policy

The policy aims to ensure;

- patients with capacity who have a fundamental legal and ethical right are assisted, to make their own decisions about their examination, investigation and medical treatment.
- where patients lack capacity the Trust will act lawfully at all times in accordance with the Mental Capacity Act (2005). Where a patient lacks capacity the Trust will make lawful Decisions to ensure medical treatment is delivered in the best interests of patients.

It is anticipated the policy will have no differential impact on all equality characteristic groups as potential issues pertaining to age, disability and religion have been comprehensively dealt within the policy aims, principles, guidelines and training for staff; for example;

- Independent Mental Capacity Advocates (IMCA's)
- Best Interests Decision Making by healthcare professionals
- Deprivation of Liberty Safeguards
- Refusal of treatment by young people (Children aged 16 and 17)
- Refusal of Treatment by Adults.
- Mental Capacity – Assessment of Capacity
- Jehovah's Witnesses' Position on Medical Treatment i.e. abortion, blood transfusions, haemodialysis, heart bypass etc

Clinical Holding and Restraint Policy

This policy will apply to all equality characteristic groups to deliver the highest standards of health, safety and welfare within clinical environment. The Equality Impact Assessment process identified that there will be no no differential impact on all characteristic groups as potential issues pertaining to age

	<p>(Adults, children & young people) and disability have been addressed comprehensively within the policy guidelines and supported by mandatory staff training in "Conflict Resolution" and "Safeguarding" to ensure implementation of policy and practice is undertaken within strict guidelines and in a safe manner.</p> <p>Hand Hygiene Policy</p> <p>This policy applies to all equality characteristic groups to ensure effective hand decontamination is carried out. The Equality Impact Assessment and the consultative process indicated potential differential impact for people on disability grounds, the issue highlighted were;</p> <ul style="list-style-type: none"> • For wheel chair users and visually impaired appropriate height, location of liquid soap, paper towel and hand gel dispensers; <p>As an action the Trust has ensured all liquid soap, paper towel and hand gel dispensers in patient care/non-clinical areas and toilet facilities are installed at appropriate height and location. In addition it is ensured that at the point of patient care hand gels are within arm reach when staff are caring for a patient.</p>	
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