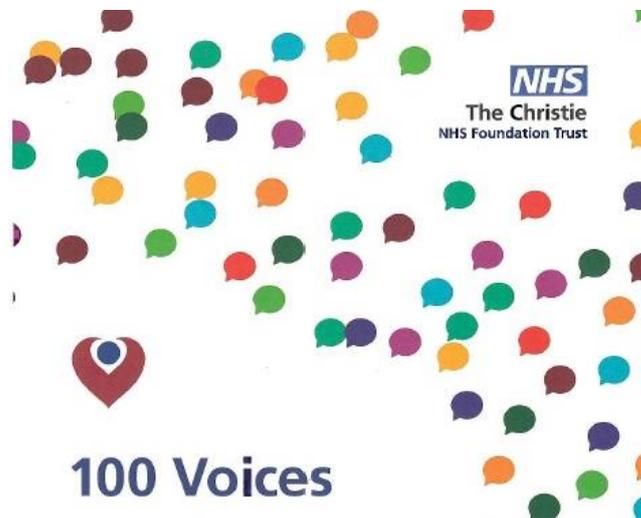




The Christie **NHS**
NHS Foundation Trust

Patient Services Equality Monitoring Report December 2017



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1. Executive Summary

The purpose of this report is to demonstrate the Trust's compliance with the Equality Act 2010 general duty across our patient services. It summarises the equality monitoring data in respect of patients at the Christie NHS Foundation Trust in 2015-16, using statistical data taken from the Trust's electronic patient records.

At The Christie, we are determined to ensure that we offer equal access to health care and employment opportunities to everyone in the community.

The data in the 2017 report suggests that the Trust continues to make progress in equality, including:

- The LGBT (Lesbian, Gay, Bisexual and Transgender) Cancer Support Alliance, a partnership between Macmillan Cancer Support, The Christie, LGBT Foundation, NHS England, academics, NHS and third party organisations, and LGBT people affected by cancer, has made considerable progress to improve support available to members of the LGBT community affected by cancer.
- We progressed our 2016-17 patient services equality objectives (to enhance the experience of vulnerable patients, with disabilities in addition to their cancer diagnosis, with provision of personalised and accessible information; and to deliver high quality care to people with dementia alongside their cancer diagnosis and to support their carers). We have developed and published new equality objectives for 2016-17.
- Patient satisfaction levels with care provided at The Christie continued to be extremely high, as reflected in various patient surveys. The Care Quality Commission inspection report (2016) stated: 'Feedback from patients and people close to them was overwhelmingly positive.'

The report has been considered by the Trust's Patient Experience Committee. This is a formal sub-committee of the Risk & Quality Governance Committee; its membership draws on expertise from across the Trust and includes clinical and operational representation. It has also been reviewed by the Capital & Workforce Planning Group. The content of the report will be further considered by stakeholders and will be included within the ongoing development of the Trust's equality objectives.

2. Introduction

The Equality Act 2010 public sector equality duty (S149) states that in the exercise of their functions, public authorities must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

The purpose of this report is to demonstrate the Trust's compliance with the general equality duty across our service functions, in respect of patients who share a relevant protected characteristic. A separate report demonstrates the Trust's compliance with the general equality duty across our employment functions.

We respect and value the diversity of our patients, our staff and our visitors and we are committed to:

- serving the community in a way that is appropriate, accessible and responsive
- making best use of the range of talent and experience available within our workforce and potential workforce
- ensuring that our legal obligations are fulfilled, and where possible, exceeded.

For the purposes of comparison in this report, the general population of Greater Manchester and Cheshire East has been used.

3. Profile of The Christie NHS Foundation Trust

The Christie is the largest single site cancer centre in Europe treating more than 43,000 patients each year. Our patients are at the heart of everything that we do.

Our patients are referred to us for specialist cancer treatment, having initially visited their general practitioner, and their local hospital for diagnosis and/or treatment.

As part of the NHS we provide:

- radiotherapy, in one of the world's largest radiotherapy departments and at our satellite centres in Oldham and Salford
- chemotherapy, in the UK's largest chemotherapy unit, as well as via ten other sites, a mobile chemotherapy unit and in patients' homes
- highly specialist surgery for complex and rare cancers
- a wide range of support and diagnostic services

We serve a population of 3.2 million across Greater Manchester and Cheshire, while 26% of our patients are from around the UK. Through the dedication of our 2,500 staff, 300 volunteers and 30,000 public members, we remain committed to helping all those affected by cancer, both now and in the future.

4. Profile of our patients

In the period 1 November 2016 to 31 October 2017, we treated over 43,000 patients. The profile of our patients was:

- 51% female and 49% male
- 5.85% of patients who disclosed their ethnic origin were from black and minority ethnic, or 'other white' backgrounds
- 60.55% were aged 60 years or over
- Cancer from the point of diagnosis meets the definition of disability under the Equality Act 2010, which applies to the vast majority of our patients. Some of our patients have additional impairments and other long-term conditions in

addition to their cancer diagnosis

- 66.85% of our patients who disclosed their religion or belief considered their faith to be Christian. The second most frequently disclosed religion is Muslim, represented by <3% of patients, and 7.36% of patients disclosed that they had no faith.

5. The NHS Equality Delivery System 2

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

We used the information contained in the 2016 Patient Services Equality Monitoring report and listened to our key stakeholders, including our patients, staff and staff side representatives, to assess our equality performance. Our [NHS Equality Delivery System 2](#) submission report is published on our website.

6. Our Patient Services Equality Objectives

We achieved the 2015-16 equality objectives relating to patient services by March 2016. The objectives and progress were reported in our [Equality objectives 2015-16 completion report](#) which is published on our website.

We used the information contained in the 2016 Patient Services Equality Monitoring report and our equality performance reported in EDS2 (above) to develop our [Equality objectives 2016-17](#). These are published on our website and have specific measures to be delivered by March 2017, as illustrated below:

1. To enhance the experience of vulnerable patients, with disabilities in addition to their cancer diagnosis, with provision of personalised and accessible information.
(continued from 2016-17)
2. To develop local procedures which continue to improve safe discharge arrangements for our patients through specific and targeted changes.
3. To assess the appropriateness of a self-management application (app) for our patients with prostate cancer.

7. Gender

The Office for National Statistics reported an age-standardised incidence rate of 670.8 new cases of cancer per 100,000 men and 541.1 new cases per 100,000 women in England in 2016.¹

In England, the three most common cancers for men in 2016 were prostate (26.1% of cases registered), lung (13.2%) and colorectal (12.6%).

The three most common cancers for women in 2016 were breast (30.8% of cases registered), lung (12%) and colorectal (10.3%).

¹ Office for National Statistics: Cancer Registration Statistics, England 2016 release

In the period 1 November 2016 to 31 October 2017, approximately 51% of our patients were female and 49% were male. **Appendix I** provides the percentage of our patients by gender and type of cancer during this period, compared to the two previous years.

Reflecting the above information, prostate cancer is the most frequently-treated cancer for male patients at The Christie. The Care Quality Commission inspection report (2016) stated: 'One year survival for prostate cancer for all patients receiving primary treatment at the hospital was approximately 98%, compared to the estimated England average of 93.6%'.

Similarly reflecting the above information, breast cancer is the most frequently-treated cancer for female patients at The Christie. Since 2004, five year survival has increased significantly for breast cancer in the Greater Manchester region; over 85 out of every 100 women diagnosed will survive at least five years. [Greater Manchester breast cancer outcomes](#).

In 2016-17 we continued to be compliant with the Government's requirement to eliminate mixed-sex accommodation (EMSA), except when it is in the patient's overall best interest, or reflects their personal choice. Our monitoring and reporting arrangements were published on our website: [EMSA Delivery Plan 2016-17](#).

8. Ethnicity

There are variations in cancer incidence between ethnic groups, which are likely to be the result of a mixture of lifestyle and genetic factors.²

The National Cancer Intelligence Network report 2015 indicated that some ethnic groups have higher incidence rates compared with the white ethnic group. For example, people from the black ethnic group have higher rates of myeloma and stomach cancer, and males from the black ethnic group have higher rates of prostate cancer. Liver cancer is higher among people from the Asian ethnic group compared with the white group.³

Analysis published in 2016 by Cancer Research UK and Public Health England indicated some differences between ethnic groups in England and their stage at diagnosis. For example, 25% of Black African women and 22% of Black Caribbean women were diagnosed with late stage breast cancer, compared to 13% of white British women (2012-13). Among bowel cancer patients, Black Caribbean people had one of the highest proportions of late stage diagnosis (54%), compared to White British people (48%). For lung cancer patients, Pakistani people had one of the highest proportions of late stage diagnoses at 75%.⁴

In terms of outcomes for patients, it is important to diagnose cancer at the earliest opportunity. Cancer Research UK reported that there are likely to be a range of reasons for late diagnosis, including awareness of symptoms, barriers to seeking help, and attitudes to cancer.

² Department of Health 2010: Report by the National Cancer Equality Initiative, "Reducing Cancer Inequality: evidence, progress and making it happen".

³ Public Health England National Cancer Intelligence Network: Cancer and equality groups – key metrics 2015 report.

⁴ Cancer Research UK: <http://www.cancerresearchuk.org/about-us/cancer-news/press-release/2016-11-16-black-african-women-almost-twice-as-likely-to-be-diagnosed-with-late-stage-breast-cancer-compared-to#cgfw4RtcqK8IXZCR.99> – Accessed November 2016

8.1 Our patients and ethnicity

Patient ethnicity is recorded by the ethnicity by which the individual identifies themselves, using the categories used in the national census. In this report, these have been grouped into the broad ethnic groups of 'Asian/Asian British', 'Black/Black British', 'mixed', 'other', 'white' and 'not stated/refused'.

In the period 1 November 2016 to 31 October 2017, 9% of patients who disclosed their ethnic origin were from black and minority and other white ethnic backgrounds. 15% of patients had not disclosed their ethnic origin during this period.

Appendix II provides the percentage of patients treated in the years 2013-17 by ethnic origin. For comparison, **Appendix III** provides a comparison of the percentage of people by ethnic origin in the Trust's catchment of Greater Manchester and Cheshire East compared to Christie patients treated in 2016-17.

8.2 Our interpreter service

We are committed to enabling effective communication with all service users and recognise the right of every patient to adequate and accessible information about their diagnosis and treatment. Where communication difficulties exist, we aim for information to be provided appropriately, to enable the patient to receive optimum treatment and care, and to increase patient satisfaction. As well as a range of literature in different languages, we offer a professional interpreter service for all patients whose first language is not English.

From 1 November 2016 to 31 October 2017, over 1800 patients requested a professional interpreter; this represented an increase of over 42% on the previous 12 month period. 50 languages were requested compared to 46 languages in the previous period.

The four languages requested by the greatest number of patients in this period were Polish, Urdu, Cantonese and Punjabi which is slightly different to last year as Cantonese has taken over from Bengali as one of the most requested languages. **Appendix IV** provides the percentage of patients requesting an interpreter by language requested, for the most frequently-requested languages.

9. Age

9.1 Older people

Cancer is primarily a disease of older people, with incidence increasing with age for most cancers. In the UK in 2011-13, on average each year 50% of cases were diagnosed in people aged 70 and over.⁵

Between 1 November 2016 and 31 October 2017, 60% of our patients were aged 60 or over. 34% were aged 70 years or over. With regard to age band, the highest proportion of our patients (26%) were aged 60-69 years.

Appendix V provides the percentage of patients by age band treated during this period.

⁵ Cancer Research UK – <http://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/age-heading-Zero>

9.2 People aged 25-49 years

Around 10% of all cancer cases occur in adults aged 25-49 years and between 1 November 2015 and 31 October 2016, 16% of our patients were aged between 30 and 49 years.

9.3 Teenagers and young adults

Cancer is relatively rare in teenagers and young adults accounting for less than 1% of all new cancer cases (UK 2011 – 2013)⁶

Between 1 November 2016 and 31 October 2017, less than 5% of our patients were aged 29 years or under.



Photo 1: Palatine Ward

Teenagers and young adults (to age 24) who develop cancer have different needs and it is important that care for them is provided in an age appropriate setting. Our Palatine Ward is an integrated teenage and young adult unit and haematology ward. The ward provides age-appropriate accommodation and facilities including social space for younger patients to enhance patient experience and improve quality of care.

10. Disability

The Office for Disability Issues reported that there are over 11 million people with a limiting long term illness, impairment or disability in the UK. The prevalence of disability rises with age.⁷

Cancer from the point of diagnosis meets the definition of disability under the Equality Act 2010, which applies to the vast majority of our patients. Some of our patients have impairments in addition to their cancer diagnosis.

We continued to develop our patient equality data collection processes. We invited our new patients to disclose equality data, including disability information, to enable more comprehensive monitoring and continuous improvement to patient services. To date, approximately 6% of our patients have chosen to disclose disability information, so further disaggregated data is not yet appropriate.

In the meantime, we continue to reinforce our corporate behaviours of fairness, compassion, dignity and respect within The Christie Commitment, as outlined in section 20 of this report, and in all staff training to ensure that all patients and visitors have the optimum experience when they come to the Trust.

⁶ Cancer Research UK – <http://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/age-heading-Zero>

⁷ Department for Work & Pensions Office for Disability Issues – <https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures-published-January-2014>.

10.1 Supporting our patients with disabilities



Easy read



Large print



BSL



Braille



Email or SMS text



Other communication support

We progressed our equality objective to enhance the experience of patients who have information and communication needs in addition to their cancer diagnosis, with provision of personalised and accessible information as required by the National Accessible Information Standard.⁸

We opened our new Integrated Procedures Unit (IPU) in April 2017 which brings our 5-day patient services under one roof. These services are IV Radiology, Day-case procedures, plastic surgery, pain control and endoscopy. This will allow us to speed up treatment sessions, eliminate transfers between departments and minimise need for overnight stays.



Photo 2: IPU

We launched a new scheme to enable a number of our patients from across Greater Manchester and Cheshire to receive treatment in their own homes. Approximately 70 patients per week are eligible to benefit from The Christie At Home service which is currently being offered to patients receiving certain types of treatment by injection. The schemes has been implemented as part of our pledge to patients to provide an excellent standard of treatment not only at our Withington site but nearer to and in patient's homes where possible.



Photo 3: Illustrated placemat with core patient information

From 2016, each patient bed table now has an illustrated placemat to help communicate core information to patients. This includes advice on keeping safe, preventing falls, understanding medication and discharge advice. The different types of staff uniform are also pictured along with 'Have Your Say' information.

⁸ Information about the Accessible Information Standard can be found via the following link: <https://www.england.nhs.uk/ourwork/accessibleinfo/>

10.2 Supporting our patients with dementia

In partnership with Macmillan Cancer Support, we have created the first dementia nurse consultant role in the UK. The Christie is the only oncology hospital in the UK to have a dementia team, which offers specialist support to patients with dementia and cancer, or carers with cancer who care for people with dementia.

The Care Quality Commission inspection report 2016 stated: 'There were initiatives to assist people living with dementia. For example 'twiddlemuffs' were available for patients to use while in hospital and take home afterwards. There was also a dementia information board in the waiting area which listed key contact numbers and special flooring which had been laid to help with visual perception. Ward 10 was the designated dementia friendly ward. They had undertaken a lot of work to improve awareness of dementia and improve the environments of patients living with dementia'.

11. Religion or belief

Between 1 November 2016 and 31 October 2017, 67% of our patients who disclosed their religion or belief confirmed their faith to be Christian. The second most frequently disclosed religion is Islam, represented by <3% of patients. 7% of our patients stated that they had no faith. One fifth (20%) did not disclose a religion or belief. **Appendix VI** provides the percentage of patients by religion or belief between 2012 and 2017, compared to Greater Manchester and Eastern Cheshire residents from the 2011 census.

Our chaplaincy team worked across faith and denominational boundaries as far as is appropriate, but also respected the need for specialised care from patients' own faith groups. The service has four part-time Christian chaplains on staff, was supported by Christian, Muslim, and Jewish honorary chaplains, and had a wide range of contacts with other faith communities within the catchment area of The Christie.

In the 12 months to October 2017 there were approximately 263 active referrals for chaplaincy care; this represented calls to the chaplaincy department from staff, volunteers, patients' friends or relatives, from patients themselves, and from patients' religious ministers in the community, requesting chaplaincy involvement.

Our chapel, prayer room and multi-faith room continue to be well-used by patients, carers and staff. Requests for prayer left in chapel continue to reflect a huge range of belief and spirituality, and our Examen self-awareness resources for patients, carers and staff, of all faiths and none, continue to prove popular. The chaplaincy team continue to promote major religious festivals to staff on a weekly basis.

12. Sexual orientation

There is no national census information on the size of the lesbian, gay and bisexual (LGB) population in the UK. The Office for National Statistics Sexual Identity UK 2015 indicated that 1.7% of adults in the UK identify as LGB.⁹

Information on sexuality has not previously been routinely collected by the NHS and therefore the evidence base for cancer inequalities and sexual orientation is under-developed.

We continued to develop our patient equality data collection processes. We invited our new patients to disclose additional equality data, including sexual orientation information, to enable more comprehensive monitoring and continuous improvement to patient services. We recognise that this is sensitive information and that declaration is entirely voluntary; however, this will be important monitoring information for us to ensure that our services meet the needs of patients who identify as LGB. To date, only 12% of our patients have chosen to disclose their sexual orientation, so further disaggregated data is not yet appropriate. In the meantime, we continue to reinforce our corporate behaviours of fairness, compassion, dignity and respect within The Christie Commitment, as outlined in section 20.

We are a partner in the **LGBT (Lesbian, Gay, Bisexual & Trans) Cancer Support Alliance**, a group of professionals, researchers and people affected by cancer who have a shared goal around improving the experiences of and outcomes for LGBT people with a cancer diagnosis in Manchester. Successes in the last 12 months have included:

- sharing a stand with Macmillan at Manchester Pride, reaching nearly 400 people from the LGBT community with cancer support and information
- Development of LGBT standard embedded into Christie Quality strategy
- Participation in a Christie Schwartz Round providing an LGBT story¹⁰

Manchester Pride, the city's annual celebration of lesbian, gay, bisexual and transgender life aims to challenge discrimination and is now the UK's leading Pride event. In August, we supported Manchester Pride for the tenth consecutive year to celebrate the rich diversity of our patients and staff and our commitment to providing inclusive services and employment '.

13. Gender Reassignment/Trans

There is no census information on the size of the trans population in the UK. The number of gender variant people in the UK is estimated currently by the Gender Identity Research and Education Society (GIRES) to be nearly 500,000, a prevalence of 1%.¹¹ The incidence of cancer amongst trans people is not well understood. (10)

⁹ Office for National Statistics 2015 – Sexual Identity, UK: 2015
<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality> - Accessed November 2016

¹⁰ A Schwartz Round provides a structured forum where all staff come together regularly to discuss the emotional and social aspects of working in healthcare.

¹¹ Gender Identity Research and Education Society (2011): "The number of gender variant people in the UK – Update 2011"

We recognise that monitoring the numbers of trans people is highly sensitive and there is a risk that if numbers are disaggregated, this could jeopardise privacy. GIRES suggest that most gender nonconforming people do not wish to be detected, even in a confidential way.¹²

In the meantime, we continue to reinforce our corporate behaviours of fairness, compassion, dignity and respect within The Christie Commitment as articulated in section 20, and in all staff training to ensure that all patients and visitors have the optimum experience when they come to the Trust.

We are a partner in the LGBT Cancer Support Alliance. Successes in the last 12 months have included running the first ever study day for health professionals focusing entirely on trans people and cancer.

This year's activity has run in line with improving LGBT visibility at The Christie, from the delivery of LGBT awareness sessions to the HR team to developing recruitment processes for a Macmillan funded study on sex and sexuality at The Christie.

14. Pregnancy and Maternity

Under the Equality Act 2010, pregnancy and maternity are considered to be a protected characteristic. Our data collection is small in this area and disaggregated data could jeopardise privacy. However, we support individuals through our Christie Commitment pledges in relation to compassion, dignity and respect.

15. Community Engagement

The Christie serves the Greater Manchester and Cheshire area, with a population of 3.2 million. We believe it is important that the local communities find it easy to engage with us and give us their views. We have approximately 30,000 public members within 13 constituency areas; our members could contact their local governor or us and tell us what they thought. We also arranged regular patient and member focus groups to engage with our patients on a range of topics and invite their feedback.

As a charity, we regularly engaged with the community in many different ways, such as our fundraisers' engagement day, at street collections or events, to discuss the role the charity plays at The Christie and the vital work it does both locally and nationally. We were also able to work with our Community Fundraising Groups to cover a greater geographical area, providing a face and voice to the charity in local communities.

In July 2017, we hosted a BBC Radio5 Live broadcast from the hospital giving unprecedented access to find out more about our technologies and treatments speaking to patients and our staff.

¹² Gender Identity Research and Education Society (2015): "Monitoring Gender Nonconformity – a quick guide"

16. Patient experience and satisfaction

Satisfaction levels with care provided at The Christie are extremely high and all our efforts are directed towards ensuring the best possible experience for patients at a time of enormous stress for them and their families.

In 2015/16 we achieved very positive results in the **national inpatient survey**. For example, we were better than most other trusts, and achieved a highest trust score in the response to the question 'Overall, did you feel you were treated with respect and dignity?' With regard to the sample in this survey, 48% were male, 52% female and 83% were aged 51 or older. 92% identified themselves as white and 4% had not disclosed their ethnic origin. 25% of respondents disclosed they had a disability and 97% stated they were heterosexual.

In the **national cancer survey**, 93% of respondents said they were always treated with respect and dignity and the average rating for care was 8.8 (range 1 very poor to 10 very good). With regard to the sample, 48% were male and 52% female and 78% were aged 55 or older.

We received excellent results in the 2017 **Patient-Led Assessments of the Care Environment report**. The aim of the report was to empower the patient, hear their voice and improve the patient experience. This year the criteria were updated to include a new category to consider how well organisations cater for the needs of patients/visitors with disabilities. The Trust continued to perform extremely well and all scores are well above the national average, including privacy, dignity and wellbeing 83%, dementia care 89%, and disability issues 89%.

In the **Friends and Family test** results, we were consistently higher than the England average for those who would recommend services. Between April 2016 and April 2017, 97.15% of inpatients recommended the service and 94.7% of patients receiving outpatient care.

The **Care Quality Commission inspection report** (2016) stated: 'Feedback from patients and people close to them was overwhelmingly positive. Patients said: "staff have made things as easy as possible", "fantastic, treated with compassion, nothing too much trouble for the staff" and "couldn't have been treated any better from the porters to the top consultants everyone is phenomenal", "treated like royalty".'

The report also stated: 'We saw that staff acted on the individual preferences that were expressed to them and communicated these sensitively to other departments in the patient's journey. Records were updated to include individual preferences and staff actively solicited the views of the patient and family to proactively tailor the service provided.'

17. Complaints

All concerns are taken very seriously, and we take action to check any flaws in our service and make improvements for patients now and in the future.

The Care Quality Commission inspection report (2016) stated: 'The number of written complaints has decreased each year between 2010/11 and 2014/15 from 182 to 65, a decrease of 64%.

During the period 1 November 2016 to 31 October 2017, we received approximately 84 complaints.

The data relating to these complaints has been disaggregated by the protected characteristics of the patient who was the subject of the complaint, summarised as follows:

- 51% of complaints related to female patients and 49% to male patients
- 25% of patients raising complaints were in the age range 60-69, 23% were 70-79 and a further 21% were aged between 50-59
- 67% of complainants were White British with 7% being from black and minority ethnic backgrounds
- 52% of complainants confirmed their religion to be Christian whilst 25% had not disclosed their religion or belief.

18. Workforce training

Equality and diversity training was mandatory for all staff groups. The training is also available for staff to access via an e-learning package and includes raising awareness of definitions of equality and diversity, the Equality Act 2010 and reasonable adjustments for people with disabilities.

At 31 October 2017, 91% of our workforce was compliant with this training.

19. Equality impact analysis (EIA)

Trust policy requires that each strategy, policy, business case and workforce redesign must undergo equality impact analysis during its development, to minimise, and if possible remove, any disproportionate impact on the grounds of protected characteristics, and to further promote equality.

The Trust EIA process is set out on the EIA intranet page and training and guidance documentation has been available for new/existing authors. Managers with responsibility for the development of policies and strategies have completed an EIA e-learning module and training on our electronic EIA tool to enable effective completion. Further guidance including a sample EIA, process flowchart and our annual newsletter of developments was made available to authors during 2017.

In addition, the Equality Impact Analysis Quality Assurance Group monitored completion rates and reviewed content quality of randomly selected analyses.

A range of patient service activities have undergone equality impact analysis during the year to November 2017, and have had considerations to further promote equality incorporated during their development. These include:

- Complaints and concern policy
- Deep clean procedure
- Consent to treatment policy
- Patient flow policy
- Major incident plan
- Evacuation plan

20. The Christie Commitment

The Christie Commitment is our promise about how patients will be cared for, and staff will be supported to help us deliver our 20:20 Vision. Our Christie Principles and Behaviours which underpin all that we do are:

Principles	Behaviours
We care	We always give the best quality care We treat everybody with compassion, dignity and respect We listen to our patients and each other
We discover	We work together as one Christie team We share knowledge and learning
We teach	We support staff to develop to their full potential We look for new ideas and better ways of working We promote a fair culture We provide a safe, clean and tidy environment



2017 saw a range of programmes of work developed and implemented across the Trust to support our dedicated staff to give the very best care to our patients including the development of understanding our culture and how that impacts on our patients.

21. Conclusion

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

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

Our patient equality data, our equality performance measured against the NHS Equality Delivery System 2, and feedback from key stakeholders has shaped and informed our published equality objectives. We have made progress towards these during 2016 - 2017, and these will continue to be monitored and developed.

The report has been considered by the Trust's Patient Experience Committee and Capital & Workforce Planning Group, membership of which draws on expertise from across the Trust and includes clinical and operational representation.

Appendix I

Percentage of Christie patients by gender and type of cancer between November 2013 and 31 October 2017

Cancer	% Female 2016-17	% Female 2015-16	% Female 2014-15	% Female 2013-14		% Male 2016-17	% Male 2015-16	% Male 2014-15	% Male 2013-14
Breast	99.53%	99.55%	99.43%	99.37%		0.45%	0.45%	0.57%	0.63%
Central Nervous System	53.94%	55.75%	54.63%	54.11%		46.01%	44.20%	45.31%	45.85%
Gastro-intestinal	5.46%	41.51%	42.16%	40.91%		94.54%	58.47%	57.81%	59.06%
Genito-urinary	41.83%	5.30%	4.55%	3.83%		58.15%	94.70%	95.45%	96.17%
Gynae-cological	99.96%	99.89%	100%	100%		0.00	0.08%	0.00%	0.00%
Head and Neck	28.09%	28.14%	29.08%	28.01%		71.91%	71.86%	70.92%	71.99%
Leukaemia and Myeloma	41.80%	41.55%	40.91%	39.08%		58.20%	58.45%	59.09%	60.92%
Lung	49.37%	50.44%	48.67%	45.94%		50.63%	49.53%	51.26%	54.06%
Lymphoma	44.65%	44.08%	44.71%	46.07%		55.35%	55.92%	55.29%	53.93%
Metastatic (secondary)	52.38%	58.16%	58.18%	55.69%		47.62%	41.84%	41.82%	44.31%
Skin and Melanoma	47.77%	48.72%	49.14%	49.12%		52.23%	51.25%	50.81%	50.88%
Soft Tissue and bone	58.25%	58.42%	54.66%	55.29%		41.75%	41.58%	45.34%	44.71%
Total	50.82%	50.79%	50.70%	50.52%		49.17%	49.19%	49.29%	49.48%

Appendix II

Percentage of Christie patients by broad ethnic group between 1 November 2013 and 31 October 2017

Year	% Asian/ Asian British	% Black/ Black British	% Mixed	% Other ethnic group	% White	% White other	% Not stated/ refused
2016-17	2.68%	0.84%	0.75	1.06%	75.32%	3.52	15.82%
2015-16	<3%	<1%	<1%	<2%	74.58%	<4%	16.70%
2014-15	<3%	<1%	<1%	<2%	72.98%	<4%	18.46%
2013-14	<3%	<1%	<1%	<2%	73.84%	<3%	18.77%

Appendix III

Percentage of people in Greater Manchester and Cheshire East by broad ethnic group compared to ethnicity of Christie patients between 1 November 2016 and 31 October 2017.

	Asian/ Asian British	Black/ Black British	Mixed	Other	White	% Not stated/ refused
Christie patients 2016-17	<3%	<1%	<1%	<2%	78.84%	15.82%
Greater Manchester*	10.2%	2.8%	2.3%	1.1%	83.8%	N/A
Cheshire East*	1.6%	0.4%	1%	0.2%	96.8%	N/A

*Source: 2011 Census, Table KS201EW, ethnic group, local authorities in England and Wales, Office for National Statistics

Appendix IV

Percentage of patients (of those requesting an interpreter) by language requested, for the most frequently-requested languages for 1 November - 31 October 2013-14, 2014-15, 2015-16 and 2016-17.

Language	Patients requesting an interpreter 2016-17	Patients requesting an interpreter 2015-16	Patients requesting an interpreter 2014-15	Patients requesting an interpreter 2013-14
Urdu	24.25%	24.47%	23.04%	20.64%
Polish	20.24%	22.89%	16.10%	14.61%
Punjabi	1.2%	8.63%	10.51%	9.74%
Cantonese	7.03%	n/a*	n/a*	n/a*

*please note that Cantonese was not one of the most frequently requested languages in 2013 – 2016, therefore comparison data has not been included.

Appendix V

Percentage of Christie patients by age band between 1 November 2013 and 31 October 2017

The age band with the greatest proportion of patients is highlighted in yellow.

	% 0-9	% 10-19	% 20-29	% 30-39	% 40-49	% 50-59	% 60-69	% 70-79	% 80-89	% 90-99	% 100-110
2016-17	<1%	<2%	<4%	5.58%	10.08%	19.04%	26.31%	24.41%	8.94%	<1%	0.01%
2015-16	<1%	<2%	<4%	5.43%	10.45%	19.26%	26.78%	23.91%	8.60%	<1%	0.0%
2014-15	<1%	<1%	<4%	5.39%	10.68%	18.49%	27.24%	24.39%	8.27%	<1%	<1%
2013-14	<1%	<1%	<4%	5.19%	10.15%	17.85%	26.54%	25.03%	9.65%	<2%	<1%

Appendix VI

Percentage of Christie patients by religion or belief between 1 November 2013 and 31 October 2017 compared to Greater Manchester and Eastern Cheshire residents, 2011 census

Religion or belief	Christie patients 2016-17	Christie patients 2015-16	Christie patients 2014-15	Christie patients 2013-14	Christie patients 2012-13	Greater Manchester residents: 2011 census*	Eastern Cheshire residents: 2011 census*
No religion	7.36%	5.17%	<3%	<1%	<1%	20.77%	22.69%
Buddhist	<1%	<1%	<1%	<1%	<1%	0.36%	0.24%
Christian	66.85%	68.65%	69.93%	73.13%	73.06%	61.79%	68.88%
Hindu	<1%	<1%	<1%	<1%	<1%	0.88%	0.36%
Jewish	<1%	<1%	<1%	<1%	<1%	8.68%	0.16%
Muslim	<3%	<3%	<3%	<3%	<3%	0.93%	0.66%
Other	<3%	<3%	<3%	<4%	<4%	0.28%	0.29%
Sikh	<1%	<1%	<1%	<1%	<1%	0.2%	0.08%
Not stated/refused	19.75%	20.19%	21.35%	18.70%	18.95%	6.12%	6.66%
Total	100.00%	100.00%	100.00%	100.00%	99.99%	100.01%	100.02%

* Source: Table KS209EW, 2011 Census: Religion, local authorities in England and Wales, Office for National Statistics