

The Hillingdon Hospitals Foundation Trust Hospital Redevelopment

Outline Business Case Quality and Equality Impact Assessment

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Introduction

This document outlines the quality and equality analysis for the hospital redevelopment outline business case. It details the analysis by groups and makes recommendations for the continual assessment of impact as the programme develops in order to appropriately explore any potential impacts and identify mitigations to support equity and quality to our patient, carers and staff groups.

1.1 Background and context

The Hillingdon Hospitals NHS Foundation Trust (THH) has developed the clinical services strategy within the context of the North West London Health and Care Partnership and the local Hillingdon Health and Care Partnership Strategies.

This updated strategy reflects the NHS Long Term Plan (2019) and informs the planning for a new hospital build in response to the poor condition of the Trust's estate. The Department of Health and Social Care Health Infrastructure Plan published in 2019 confirmed funding to develop plans for a new hospital.

The Trust developed a Strategic Outline Case (SOC) in 2019-2020 which reviewed a number of options for the hospital redevelopment and a new build Hillingdon Hospital on the current site was identified as the preferred option. This redevelopment of the hospital will maintain the current range of acute services on the hospital site. The SOC was approved by NHSE/I and DH Joint Investment Committee in September 2020. The Trust has subsequently developed the Outline Business Case (OBC) which further tests the short listed options and works up the preferred option in more detail.

A Quality and Equality Impact Assessment (QEIA) was undertaken at SOC stage and has been updated as reflected in this document in line with the latest iteration of plans to produce the OBC.

1.2 Purpose of this document

An impact assessment is a continuous process to ensure that possible or actual plans are assessed and the potential consequences on quality are considered and any necessary mitigating actions are outlined. This document considers the quality and equality assessment of the hospital redevelopment with details of how feedback has helped inform latest plans and will be considered within the development of the plans through the programme.

The Equality Act (2010) legally protects people from discrimination in the workplace and in wider society and public bodies such as THH have a legal responsibility to assess their activities to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity between persons who do and do not share a relevant protected characteristic
- foster good relations between persons who do and do not share a relevant protected characteristic.

Therefore the Trust needs to have due regard to advance equality of opportunity for all and those with protected characteristics ensuring it:

- removes or minimises disadvantages suffered by people who share a relevant protected characteristic;
- take steps to meet the needs of people who share protected characteristics and;
- encourages people with protected characteristic to participate in public life or in other activities in which participation is disproportionately low.

The act defines nine specific protected characteristics, these are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race or ethnicity
- Religion or belief
- Sex
- Sexual orientation) equality.

The Hospital Redevelopment programme offers a new approach to providing acute hospital services and therefore it is vital the Trust considers potential disproportionate impacts to people as a result of the hospital redevelopment. This includes the need to assess if the change has implications for accessibility of services or if it adversely affects specific groups and that reasonable adjustments are made when one is identified.

1.3 Scope of this analysis

1.3.1 Out of Scope

The clinical services strategy and proposed hospital development has been developed within the context of the North West London Integrated Care System's five-year strategic delivery plan (2019) and emerging Acute Services Strategy, alongside the Hillingdon Health and Care Partnership (HHCP) Integrated Business Case (2019) and subsequent work to further develop placed based plans for Hillingdon. The North west London Integrated Care System and Hillingdon Health and Care Partnership have separately engaged with the local communities to explore the impact of changes they are progressing in response to the local and national strategies, therefore these impacts will not be considered within the Trusts analysis.

In order to prepare land on the hospital site to redevelop; the Trust have developed a decant strategy. Two services will temporarily move off the Hillingdon site to Mount Vernon Hospital site. To support this work separate quality and equality impact assessments have been undertaken to review each service that moves site during the planning and construction period of the hospital redevelopment. These include paediatric audiology and neuro rehab. These do not form part of this scope.

Services that are out of scope include:

- All services provided by THH and other organisations on the Mount Vernon Hospital site, including services managed by Royal Free London NHS Foundation Trust
- Specialist Commissioning – The Mount Vernon Cancer Centre is managed by East and North Hertfordshire NHS Trust
- CNWL Services
- Sexual health services
- Urgent Care Centre managed by Greenbrook
- Busy Bees Day Nursery
- Metropolitan Thames Housing Association
- SRCL Incinerator
- League of Friends (small café and baby clothes shop)
- Compass Contract Services (Main entrance Costa Coffee franchise)
- Metropolitan Police Office
- Any Telecoms companies operating equipment from hospital buildings

1.3.2 Within scope

This paper considers the potential impact of the clinical services strategy and redevelopment of the acute hospital services based at Hillingdon Hospital.

1.3.3 Assumptions and limitations

The initial consideration to explore the potential impact and plan to understand directly from our communities has been developed in line with the following set of assumptions and limitations.

- This is an overview of the proposed changes to redevelop the acute hospital. It highlights where equality and quality impact may be more significant and thereby indicates where future engagement could be focused.
- This analysis only considers the preferred option for hospital redevelopment described in the outline business case and as such neither the methodology nor conclusion of this report implies the need to develop or explore additional options.
- The preferred hospital redevelopment option does not alter the location of the acute hospital and therefore does not alter the catchment of the Trusts services. Some services will temporarily be decanted to another site but will return to the Hillingdon Hospital site and as previously noted these have undergone separate reviews to cover the temporary relocation during the redevelopment construction and commissioning programme.
- The redevelopment plans significantly improve the hospital estate therefore this report assumes that the building type will not disproportionately impact on people with any protected characteristic however, this document outlines the current provision to offer an inclusive environment that can continue to be updated following any future engagement events.
- This report reviews the available data gained to date. Patient involvement, Health Watch panels and a number of engagement events have taken place with the initial development of the clinical services strategy and hospital redevelopment plans. Engagement will continue to test and refine the hospital redevelopment plans and where gaps are identified; specific groups will be targeted to gain their feedback to understand any negative impacts, quality improvements to inform the planning of the clinical services and building design to mitigation any negative impacts of the change and optimise design.

2 Methodology

2.1 Approach

2.1.1 Overview

This section outlines the potential impact of the proposals on people who will use the site. Where potential adverse impacts are identified, reasonable adjustments will be recommended to mitigate against them.

The aim is to:

1. Identify changes
2. Gather data
3. Assess impact
4. Consider actions to eliminate or reduce any potential adverse impact
5. Review and monitor

This assessment offers an initial indicative view on potential impacts to support a further quality and equality impact assessment which will continue to be developed following public engagement events.

2.1.2 Identify acute service changes by group

Identify acute service changes through the main clinical pathway-based groupings; Urgent and Emergency Care, Adult Inpatients, Surgery and Anaesthetics (Theatres for planned and unscheduled procedures), Planned Care and Cancer (ambulatory services), Children and Young People, Maternity and Neonatal, Critical Care and Radiology /Imaging).

2.1.3 Collecting evidence on the baseline position

To understand any potential impact of the hospital redevelopment, it is necessary to understand how people are likely to be impacted by the changes with regards to their protected characteristics. This may arise where changes to services may put those with particular characteristics at a disadvantage compared to those who do not share the same characteristic.

This initial work did not replace any planned engagement with staff, the public and patients but aimed to guide work for gaining greater depth of evidence. We will use as wide a range of data, insight and intelligence as possible, including complaints; Getting it Right First Time (GiRFT) reports which may indicate potential pathway changes and any surveys undertaken by the Trust or partners.

2.1.4 Assessing the potential impact of change

Initial consideration was given to the potential impact of the hospital redevelopment on specific groups by modelling the changes to activity and pathways, identifying differences for each of the pathway groups and the usage of these services by clients with identified protected characteristics. The usage of hospital services by group types was explored using hospital data and a literature research to support the understanding of reasons why specific groups use services more than others.

The Trust Community and Stakeholder Engagement Plan (CEP) sets out a series of phases of engagement where the Trust can communicate and discuss plans with

staff, patients and the public. This will involve specific protected groups to offer insight and detail on how individuals and groups of people will be impacted for a full impact assessment. To this effect the Trust uses different approaches to gain an open dialogue with representatives including but not limited to conducting interviews, surveys, consultation events (formal and informal), meetings with hospital patient groups during the development of plans, to collect the relevant data and seek opinion.

There are a number of current forums that have been consulted including but not limited to:

- HealthWatch Hillingdon
- Council of Governors
- People in Partnership (PIP)
- Maternity Voice Partnership
- Lay Strategic Forum (LSF)
- Stroke Forum
- Religious Groups within the hospital
- Staff Forums including the Black, Asian and Minority Ethnic (BAME) Staff Network
- Carers' Trust

The Trust has attended events with Older People, Carers groups and named events (for example - Intergeneration Day) to share information on the redevelopment and gain feedback.

2.1.5 Consider actions in response to potential impacts

Identification of impacts will enable the Trust to explore measures to reduce or mitigate adverse issues with those who will be most affected. It may also identify positive impacts not considered providing the opportunity to develop these further. These mitigation measures will require planning and review through the governance of the hospital redevelopment programme.

2.1.6 Review and monitor

The continued assessment and mitigation measures will require planning and further review with representative groups in addition to monitoring with the Trusts Transformation team, Clinical Cabinet and Steering Group.

Once completed a final full impact assessment is required to be published by the Trust.

3 Overview of potential changes arising from the hospital redevelopment

This section outlines the changes to services recommended in the hospital redevelopment programme.

3.1 Case for change

The hospital redevelopment programme fits within the Trust's vision to be an outstanding provider of healthcare through leading health and academic partnerships, transforming services to provide best care where needed. This care must be **sustainable**, of high quality, safe and compassionate, and improve the health and wellbeing of the people the Trust services.

Excellent and about time! Really looking forward to seeing some investment into Hillingdon hospital. It has been a long time coming! I will look forward to having a state of the art hospital at long last

Patient feedback from public exhibition summer 2021

This is reflected in the Trust's clinical services strategy (CSS), approved in April 2020, which sets out our future plans for clinical services for the Trust and how we intend to transform care for our local population. The Clinical Services Strategy was refreshed in 2022 to reflect on the lessons we have learnt as a result of the Covid-19 pandemic and how pandemic resilience has been built into our plans.

Our CSS outlines that we will continue to provide acute and planned care services to local people across our Hillingdon and Mount Vernon Hospital sites and will increasingly do this in partnership with local providers across primary, community, mental health and social care to provide more integrated services. This includes collaboration with Hillingdon Health and Care Partners (HHCP) as well as other acute providers in North West London to strengthen arrangements for specialist services. The future models of care as set out in the CSS include a shift away from a hospital-centric model, with care increasingly integrated across providers and locations. It is our aspiration that an increasing number of services will be provided in a community or home setting where appropriate, and pathways will be joined up, both in terms information and care delivery. This will mean that patients only come into the acute hospital when it is clinically appropriate, and time spent in hospital will be reduced due to timely discharge and ongoing support in the community.

As part of the refresh of the clinical services strategy, we have also had the opportunity to re-test our plans against developments as part of the national policy landscape. This has

I am 78, was born in Hillingdon hospital, both my children were born there and I have always lived a short distance from it, It needs to be replaced and I really hope this goes ahead

Patient feedback from public exhibition summer 2021

reinforced that at both a national as well as system level, key priorities which include a drive to deliver care closer to home, reducing variation and improving productivity are suitably considered and reflected as part of our CSS.

Demographic changes mean there is a growing aging population and increasing cultural diversity. The Office for National Statistics (ONS) March 2020 population projections states that over the next ten years, from 2020 to 2030, the population of Hillingdon is expected to grow by 3.4%, with the proportion of the population aged over 65 growing from 13.6% to 16.4% (a 20% increase in the number of over 65s). The age distribution of Hillingdon is estimated to be slightly older than other London boroughs and estimates a high level of ethnic diversity with nearly half (46.9%) of residents coming from Black and Minority Ethnic (BAME) groups. Over the next 20 years, population growth of approximately 15% is predicted. This growth is across all age groups although the most pronounced is in the over 65 year old groups.

An increasing number of people (young and old) are living with one or more long term conditions and to meet their requirements efficiently the healthcare services must adapt whilst ensuring health inequalities are addressed. The long term health impacts of the virus Covid-19 is currently unknown therefore the Trusts assumption base of long term conditions is pre Covid-19.

As a healthcare worker, I believe the proposals show a plan to create a functioning, inclusive, exciting place to work that will improve staff and patient morale and, most importantly, the safety and quality of care that can be given to patients.

Patient feedback from public exhibition summer 2021

Pressure from demographic changes has seen increasing demands for all services with emergency services under significantly challenges and impacting on Trust performance.

Hillingdon Hospital is a major receiving hospital for patients arriving in the United Kingdom. In 2018-19 around one patient per hour attending the emergency department was conveyed from the airport.

Opportunities to reduce unnecessary attendance and admissions and streamline the

delivery of care, to increase **quality and efficiency** have been considered when developing the clinical strategy and hospital redevelopment plans. These improvements support the Carter Review focus on advancing productivity and reduction of variation. The HHCP transformation plan has continued to develop with the further advancement of schemes which set out how out of hospital care will be delivered, supporting the required bed capacity for the redevelopment. In addition, the Trust has developed a Transformation Strategy to enable the proposed clinical models and support the Trust in delivering high quality, efficient and financial sustainable services.

The case for change is further supported by **the patient and staff experience** at the hospital. Our 2021 public exhibition to support our planning application showed local people, patients and staff strongly supported building a new hospital. The current experience is poor due to the legacy estate with a number of factors including but not limited to:

- Poor levels of patient privacy and dignity with a limited number of single rooms and under sized bed spaces
- Inaccessible facilities, e.g. some clinic rooms do not have door widths suitable for wheelchair users, patients with restricted mobility are unable to access parking meters
- Poor levels of natural light within the hospital building
- Poor external environment around the hospital for staff and patients to use
- Inability to maintain buildings at a suitable habitable temperature across both summer and winter.

Hopefully this will provide a modern, efficient building that will have a positive effect on patient care. Parking is a huge huge issue currently so hoping the Mobility HUB solves this problem

Patient feedback from public exhibition summer 2021



Picture above showing some of the ways we've engaged with local people and stakeholders on our plans

3.2 Social values

The Trust is developing a social value strategy using the national priorities tailored to support local priorities as identified in a needs assessment to ensure social and economic interventions are targeted and aligned to Hillingdon. This strategy is in development and to date has reviewed the social-economic data to identify local needs and priorities, and engaged with stakeholders to understand the local community's expectations. With a value profile outlining priority outcomes and requirements these expectations assisted with the social strategy. Policy objectives indicated the themes of this strategy to focus on as:

- Employment
- Access to affordable housing
- Climate
- Skills and training opportunities
- Economic resilience

Reviewing this locally, some of the key considerations that align with the QEIA is to support local employment including entry level apprenticeships, to provide skills, training and a focus on digital literacy. This can be actively focused to support those in the most deprived areas and assist with improving this group's health and well-being.

The master plan for the hospital site in addition to the hospital redevelopment will consider the opportunities for social housing, green community spaces and net zero carbon planning. Engagement with the community to develop these plans has commenced and will continue to influence the strategy to make it impactful and achievable.

3.3 Proposed service provision

In the outline business case the clinical service strategy states that we will continue to provide acute and planned services to local people but will increasingly do this in partnership with our network and local providers across; primary, community, mental health and social care to provide more integrated services. The future model of care moves from a hospital-centric to a whole system approach, with care integrated across providers and locations. To provide this the Trust is working with local partners to provide proactive and preventative care to avoid unnecessary admissions to hospital. Where an admission is necessary, we will provide an integrated multidisciplinary response and ensure an efficient workflow in hospital to enable patients to return home quickly. We have already begun to realise elements of this vision through the services provided through Hillingdon Health and Care Partners, and have seen a dramatic reduction in stranded patients, in excess of our ambition when we developed our CSS. This will mean that patients only come into the acute hospital when it is clinically appropriate and time spent in hospital will be reduced due to timely discharge and ongoing support in the community alongside increased hospital efficiency.

For hospital emergency services there will be a greater emphasis on single point of emergency access with all services co-located on one emergency floor to streamline services providing rapid turnaround and more same day emergency care (SDEC).

In response to the COVID-19 pandemic, hospital services and design have considered a greater emphasis on plans to support separation of 'covid' and 'non-

covid' flows to enable safe continuation of planned care whilst emergency care supports patients of an unknown covid or infection status.

The new Hillingdon Hospital includes a significantly expanded diagnostics suite to provide rapid access diagnostics, including point of care diagnostics linked to electronic care records and other information systems.

The clinical strategy envisions a diagnostic unit within the emergency care floor to assist with rapid turnaround times and reduced patient movement across floors, which we continue to work towards. This also supports separating red and green flows. In addition the main radiology department will be designed to support the separate flows for ambulatory care from the red flows of patients who are in inpatient wards. Provision significantly increases diagnostics capacity and its co-location with ED is vital to our vision to minimise the time patients spend in hospital. In light of our recent leanings, this vision is more relevant than ever.

Where an admission is necessary, we will provide an integrated multidisciplinary response and ensure an efficient workflow in hospital to enable patients to return home quickly. We have already begun to realise elements of this vision through the services provided through Hillingdon Health and Care Partners, and have seen a dramatic reduction in stranded patients, in excess of our ambition when we developed our CSS. In light of the COVID-19 pandemic, and to support infection control, there will be separate flows into and out of theatres in the new Hillingdon Hospital. Elective and day case admissions will be admitted through an admissions area of theatres, whilst emergencies and patients following a red route can attend theatres through a separate entrance to maintain segregation.

For planned care the strategy aims for 30% of outpatient appointments, which were not procedures, could be delivered virtually. Against a pre-pandemic peak of c.9% this seemed very ambitious. During the COVID-19 pandemic, the rate of virtual appointment peaked at c.50%, although this may not be the best ratio for patient care. It has since settled to circa 30% demonstrating that the ambition is both appropriate and achievable.

The new hospital will be digitally innovative and will maximise information and digital services wherever appropriate, but not at the exclusion of patient and staff groups who lack the ability, access, hardware, confidence, skills or support to use it.

The use of technologies will have a material impact on the delivery of care, improving population outcomes and reducing costs in the future including:

- Artificial intelligence including image and predictive analytics
- Virtual care and self-management including telemedicine, smartphone apps and sensors and devices

- Personalisation of treatment including reading and writing genome
- Interventional and rehabilitation robotics.

A Digital Design Brief has been prepared to inform plans, it states it is a mission of the Hospital Redevelopment to exclude no one from receiving the best healthcare the Trust has to offer, or for staff, to ensure all possible support is provided to make staff skilled and confident in the use of the technology provided. This mission will act as a continual reference point for all digital innovations outlined for adoption.

3.4 Implications of service changes

In the hospital redevelopment the majority of acute hospital services will continue to be delivered from the acute hospital as they are currently however, in order to support the needs of the population care provision requires change. The case for change notes that the ONS March 2020 projections state that over the next ten years, from 2020 to 2030, the population of Hillingdon is expected to grow by 3.4%, with the proportion of the population aged over 65 growing from 13.6% to 16.4% (a 20% increase in the number of over 65s). This substantial increase in those aged over 65 means that without alternative models of care, the Trust will see increasing demand across all points of delivery (PODs). In order to support the optimum care provision the clinical services strategy which informs the hospital redevelopment programme directs the Trust to increasingly offer SDEC, to reduce unnecessary attendances and admissions. In addition; the model of care will increasingly integrate with our partners to reduce length of stay in the acute hospital. This assessment and plan focuses on the changes to the services as a result of the hospital redevelopment.

The high level summary of expected changes can be seen in table 2; described by clinical pathway group.

| Table 2: Changes described in the clinical services strategy | |
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| Clinical pathway Group | Service / Pathway Grouping |
| Urgent and Emergency Care | <p>Services at the hospital whilst they work with the wider North West London and Hillingdon Health and Care Partners (HHCP) strategy there is no reduction in the current hospital provision.</p> <p>HHCP, made up of the Trust, Central and North West London NHS FT, Hillingdon Primary Care Federation and Hillingdon H4All is developing one integrated urgent and emergency system with the development of community urgent care centre hubs aiming to deliver localised health</p> |

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| | <p>and social care to the needs of local residents.</p> <p>Hospital treatment will be co-ordinated via a single point of access with urgent and emergency care service (a hospital within a hospital), with the Urgent Treatment Centre, Emergency Departments (A&E and Children's A&E) co-located with an increased emergency ambulatory service (Same day emergency care SCED) to support a higher number of pathways for emergency assessment and treatment through Ambulatory Emergency Care Clinics covering all main medical (including Frailty) and surgical specialties in one location supported with 7/7 access to diagnostics. The Frailty Unit expands to increase its provision for emergency assessment, rapid access clinic and short stay beds acknowledging the growth in demand of an aging population.</p> <p>The increased integration across North West London will support community partners to identify, assess and manage more urgent conditions in the community supporting care closer to home.</p> <p>Patients most likely to use emergency services are parents with young children, young white men, people who are homeless, more deprived and those over 65 years.</p> |
| Adult inpatients | <p>Acute inpatient facilities for adult patients requiring unscheduled care and planned inpatient treatment stays will continue to be provided at the hospital site supported by:</p> <p>New HHCP intermediate tier models to enable early supported discharge, effective integrated discharge team and home to assess supporting acute step down care and rehabilitation. This will positively impact older adults the most and HHCP have separately undertaken engagement with adults and their carers to support this plan.</p> <p>Distinct level 2 (High Dependency) enhanced care areas for medical specialties within the Emergency Care Unit.</p> <p>Continued Enhanced Respiratory Care within the Respiratory Ward and located adjacent to the Critical Care Department / Intensive Care</p> <p>Inpatient wards within the new Hillingdon Hospital will have 28 beds designed in two clusters of 14 to maximise options to manage wards differently in a future pandemic situation supporting continued planned care provision during a</p> |

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| | <p>pandemic. Single room provision has increased to 71%, which is known to improve patient care, experience, privacy and reduce length of stay.</p> |
| Planned Care | <p>Lower complexity surgery will increasingly move from inpatient to day case care and from day case care to outpatient care with increased provision in outpatient treatment clinics.</p> <p>Increase in one-stop clinics to improve patient experience and service efficacy.</p> <p>Virtual clinics to reduce requirement to travel to the acute hospital. This aspiration was expedited during the COVID pandemic as a necessity and with virtual appointments and advice and guidance becoming the new norm.</p> <p>Scheduled endoscopy, Cardiac Diagnostic and lung function tests, mammography will continue at the hospital site.</p> <p>People with LTCs will increasingly be proactively supported, assessed and needs met through the use of technology for condition monitoring and feedback on treatment regimes alongside tradition methods (face to face or telephone monitoring) to support patients that do not have the capability or access to digital systems.</p> |
| Cancer | <p>Haematology Oncology Day Unit open 12 hours a day, 7 days a week providing an ambulatory cancer treatment model with 24 hour triage service supported by an acute bed base for haematology and oncology patients requiring escalation acute bed base for patients.</p> <p>Clarified referral pathways and an increased provision of one-stop pathways and straight to test across all tumour sites. The new hospital design supports the faster diagnosis standard, with the aim of diagnosing 75% of cancers at Stage 1 and 2 thereby improving 5 year overall survival rates, by incorporating national diagnostic initiatives such as straight to test pathways. This is in line with the national long-term cancer plan.</p> <p>Virtual clinics and specialist review for assessment and treatment and Outreach teams to support unnecessary admissions and attendances.</p> |

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| | Increased integration to improve end of life care involving community based palliative care |
| Children and Young People | <p>No substantial changes to emergency care and acute inpatients.</p> <p>A fully integrated service across the local health care economy for children and young aged 0-25, involving the Providing Assessment and Treatment for Children at Home (PATCH) team to reduce unnecessary attendances and admissions implementing existing and new models at scale.</p> <p>Improving out of hospital care through further roll out of the integrated paediatric clinic model across GP practices with specialist input.</p> <p>Increase in focus on access to same day specialist advice.</p> <p>Increased transitional care for young people aged 17-25 to ease the transition of care into adult services. Supported by over 75% single bedrooms and an adolescent inpatient ward to provide increased privacy and dignity with facilities design to support the age groups.</p> <p>A single Paediatric Oncology Shared Care Unit (POSCU) for all paediatric oncology in outer North West London.</p> |
| Maternity and Neonatal | <p>No substantial changes to the main maternity services but enhances for the service:</p> <p>In line with delivery North West London Local Maternity System's five-year Maternity Transformation Plan and Better Births, services will support specific areas to continue to focus on:</p> <ul style="list-style-type: none"> • Safety • Increased choice and personalisation with personalised care plans • Continuity of carer supported by an increased integrated model of care with community services • Patient choice with the provision of consultant led services, a midwife led birthing unit and home birth services • Potential increase in home births and community outpatient appointments <p>In addition, improved perinatal and postnatal mental health</p> |

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| | <p>and development of the Topaz team to support women with complex social needs.</p> <p>Detailed plans include a significant increase in single room provision to enhance patient experience, privacy and dignity</p> |
| Critical Care | <p>Increased provision of intensive and high dependency beds to support demand and assist with the management of peaks in activity in line with the COVID19 Integrated Care System plan.</p> <p>A 24/7 Critical Care Outreach team for inpatient areas to advise on the management of high acuity patients</p> <p>A distinct Post-Anaesthesia Care Unit for level 1 patients as part of a recovery programme run collaboratively by the medical / surgical teams.</p> |
| Radiology / Imaging | <p>24/7 access to diagnostics including plain Film (X-ray), CT, MRI, ultrasound and pathology at the hospital site. To support separation of flows, radiology offers a provision of imaging (CT, Ultrasound and plain film x-ray) within emergency care whilst main radiology department is being designed to support planned care with separate flows for outpatient services from patients who are from inpatient wards. The co-location with ED optimises patient pathways and aims to minimise the time patients spend in hospital.</p> <p>Provide a range of services in community-based hubs to provide the foundations for new models of care.</p> |
| Digital / Technologies | <p>Digital and data modernisation including the move towards electronic records, data sharing systems across Trusts and health care partners, patient self-monitoring at home, virtual reviews/appointments.</p> |

4 Profile of service needs of people with protected characteristics

This section offers a high level consideration of how people with protected characteristics who use our acute care services for their healthcare needs will be impacted by the changes to the services they use.

4.1 Scoping summary

Service changes may impact on any member of the population, patient, staff or carer, but the degree of impact can vary significantly. The quality and equality

analysis is to identify disproportionate impact. To understand any disproportionate impact it is necessary to review the services that protected characteristic groups are more likely to need. Initial Impact assessment reviews were completed for each service group with reference to the clinical strategy using hospital activity data, a literature review and patient feedback. These areas will continue to be explored further with engagement events through the development of the hospital redevelopment programme. Table 3 shows a summary of this assessment highlighting the findings on areas of greatest impact.

| Table 3: Summary of service use by protected characteristic group | |
|--|--|
| Protected | Summary of review |
| Age – Newborns Positive Impact | <p>Newborns require access to dedicated neonatal and paediatric services for their acute health needs.</p> <p>Newborns are at a higher risk of becoming unwell quickly thereby they require access to emergency services, including Emergency Care and acute medical specialties (The King’s Fund 2010).</p> <p>No changes anticipated to Maternity and paediatric emergency services, therefore it is unlikely to be disproportionately impacted.</p> |
| Age – Children Positive Impact | <p>Children will require access to paediatric services to support their urgent / emergency care and long term condition needs. In 2018/19 21,000 attended the Hillingdon Urgent Treatment Centre (UTC) and 17,000 children attended accident and emergency. A number of these children are admitted to hospital for observation and treatment.</p> <p>Emergency services will continue to be provided by the acute hospital and the increasing integration of services with acute specialist community support and the use of technology offers a wider selection of options to support the non-acute needs of children and their carers. It is unlikely that children will be disproportionately impacted.</p> |
| Age – Young people | <p>Young people are likely to use emergency services. This includes sports injuries and other accidents in addition to illness therefore access to emergency services and surgery is vital.</p> <p>The hospital will continue to provide these services and the local health economy will offer increased assessment and diagnostic provision in the community, in addition there will</p> |

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| Positive Impact | <p>be an adolescent ward to support patients with dedicated social spaces separately from very young children and the older population hence it is unlikely that this group will be disproportionately impacted.</p> |
| Age – Older People | <p>It is known that older people are more likely to have long term conditions (LTC) and our data shows older people and those with LTC access the hospital services and use a higher proportion of bed days than any other group. In 2018/19 just over two-thirds of adult inpatient beds were occupied by patients over 65 years old despite this cohort only accounting for 13% of the population.</p> <p>Older people are more likely to require complex surgery as a result of their long term conditions and/or injuries sustained.</p> <p>Some pathways may alter resulting in specific speciality treatment being provided by other healthcare organisations in the NWL network resulting in differences to some patient journeys. These will need to be considered on a service by service basis by the Trust and network.</p> |
| Positive Impact | <p>There will be an increasing emphasis on integrated community care which is likely to have a positive impact on this group with increased care at or nearest home with shorter or fewer journeys however this group or their carers may experience difficulties adopting the future technological approach to healthcare provision and monitoring.</p> |
| Disability | <p>Disabled people are likely to be higher users of health care services specific to their condition.</p> <p>People with disabilities are more likely to have increased need for hospital services, specifically hearing aid centres, ophthalmology services, specialist clinics, emergency services (DoH Long Term Conditions Compendium of Information):</p> <p>People with long term conditions account for 64% of outpatient appointments and 70% of all inpatient bed days.</p> <p>Emergency services will continue to be provided at the hospital and the increasing emphasis on integrated community care may support some accessibility however this group may experience difficulties adopting future digital approach to healthcare provision and monitoring and</p> |

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| | accessibility should always be considered when changes are proposed. |
| Gender | <p>The Department of Health (DH) highlight that gender interacting with economic status is the most significant determinant of health inequality. There are differences between men and women in the incidence and prevalence of most health conditions, sometimes these are clearly biological reasons but gender behaviours that predispose them to specific health conditions, use of health services effectively and the health services offered to each gender can disadvantage one over the other. These disadvantages can impact on health outcomes. In addition incidence of diseases or their resulting health impacts can differ by age for each gender. For example cardiovascular disease historically has been higher for men than women however, risks increase with age for women, although women are more likely to die from stroke. This group will require access to emergency and planned care services to manage their acute and ongoing healthcare needs.</p> <p>Men are higher risk of injuries, particularly exposure to occupational hazards suggesting a greater need for access to emergency services.</p> <p>Women have a clear link to obstetric and maternity services. The equality aspects for users of these services will be explored for under the Pregnancy and Maternity protected group.</p> <p>The emergency services will continue to be provided by the acute Trust are therefore it is unlikely to disproportionately impact on one gender more than the other.</p> |
| Gender reassignment | <p>People who experience their body to be different from their assigned gender at birth are a vulnerable group that can experience an array of health inequalities, and experience distress and anxiety about accessing healthcare services.</p> <p>There is limited data available to explore the use of acute services by this group.</p> <p>THH is not commissioned to provide dedicated services for people who are transgender.</p> <p>Any hospital redevelopment will use design to improve privacy and dignity of patients including but not limited to an increase in</p> |

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| Positive Impact | <p>the provision of single rooms and en-suite facilities, offering a positive impact.</p> <p>No current evidence suggests any disproportionate impact is likely, however ongoing engagement with the local population will assist the exploration of equality of access to Trust services.</p> |
| <p>Marriage and civil partnership</p> <p>Positive Impact</p> | <p>There is currently no available data to suggest differential use of acute services by people in this group.</p> <p>It is unlikely to be disproportionately impacted by the redevelopment.</p> |
| <p>Pregnancy and maternity</p> <p>Positive Impact</p> | <p>This group require access to maternity, obstetrics and neonatal services. Services will offer improved choice with increased provision of Midwife led birthing facilities and a higher proportion of single rooms to enhanced privacy and dignity, offering a positive impact.</p> <p>No changes anticipated to Maternity Services, therefore this group are unlikely to be disproportionately impacted.</p> |
| Ethnicity | <p>Incidence and prevalence of specific diseases are found to be increased in some ethnic groups, for example the British Heart Foundation noted that those from South Asian, African, or African Caribbean have a higher incidence of cardiovascular disease. It is also noted that African and African Caribbean have a higher risk of developing high blood pressure and strokes than other ethnic groups. In addition Africans, African Caribbeans and South Asians are more likely to develop Type 2 diabetes than the rest of the population.</p> <p>London is the most ethnically diverse area across England and Wales (ONS 2011) and BAME account for nearly 50% of the population of Hillingdon and 58% (2020) of our staff providing health care services.</p> <p>Health inequalities could be influenced by non-shared language between this group and healthcare professionals therefore the need for translation services will continue and will need to be considered when adopting an increasing use of digital services (apps and self-monitoring at home) and changes to service pathways.</p> |

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| | This suggests further scoping is required to understand the impact of the changes for this group with consideration to communication methods for sharing plans to enable dialogue with the community for mitigating any adverse impacts. |
| Religion and belief | No available data to demonstrate differential use of acute hospital services by people with different religions and beliefs. No evidence to indicate this group to be disproportionately impacted by the hospital redevelopment. |
| Sexual orientation Positive Impact | No current available data to demonstrate use of acute hospital services by those in this group. No initial evidence to indicate any disproportionate impact is likely on this group. |
| Homelessness, Gypsy/Travellers, Refugees/Asylum seekers Socioeconomic | Deprivation is a major determinant of peoples' health and well-being. Intelligent London report, work commissioned by the Young People's Education and Skills (YPES) team at London Councils highlighted that by the age of 19, only 62% of the students are qualified to Level 3 (A level or NVQ level 3), ranking Hillingdon 26th compared to all London Boroughs. In addition, 2021 Not in Education, Employment or Training (NEET) data for Hillingdon for 16–17-year-olds, Hillingdon has 200 NEETS, which is 2.8%, compared to 4% in London and 5.5% across England. This is in line with previously found data, as compared to its peers in the local group, Hillingdon scores the lowest in the education and training decile. Digital clinical communication is presented as a solution to the capacity issues currently faced by health services however, there is some concern that these technologies may exacerbate existing inequalities in accessing health care (Huxley et al, 2015). With the advances and increasing use of technology to offer health care assessment and support it is possible but unclear whether this group will be disproportionately impacted, therefore further study is required to explore the implications of each of the solutions. |

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| Digital capability and capacity | <p>Like any of the other characteristics, lack of digital kit, skill, knowledge or confidence to use digital kit or processes can leave individuals at a disadvantage. These individuals could be attributed to any group in society and therefore this group has been separated into a section of its own. Further engagement with all groups is required to fully explore the impact of digital processes in future care provision.</p> <p>The Digital Design Brief for the Hospital Redevelopment notes that 20% of the population (patients) lack basic digital skills or access to hardware and/or reliable Internet. These include the elderly, those in care, people excluded from mainstream education, the homeless, the vulnerable, the unemployed and those seeking asylum.</p> <p>Additionally, there will be a range of digital confidence and skills that exist across all Trust staff. The further adoption and reliance of digital systems may be daunting for some staff without the required support and training.</p> <p>Digital capability and capacity could disproportionately impact any individual or group and therefore this requires attention at each point where digital or advancing technologies are considered.</p> |
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5 Anticipated Impact of the Hospital Redevelopment

This section offers an indication of the impacts that require greater analysis to understand the positive or negative impact on specific groups.

5.1 Overview

The hospital redevelopment will take place supported by patient pathway changes in the local health economy with the objective to enhance community services, enabled by digital technologies. These changes set out to positively improve quality and safety, clinical effectiveness, patient access and patient experience.

Successful delivery of the vision will benefit patients, staff and the wider public however, it is important to consider potential negative impacts throughout the planning of these changes enabling mitigations to be developed.

5.2 Potential positive impacts

5.2.1 Quality and Safety

There are a number of key components of the clinical model that aim to improve quality and safety through but not limited to:

- better management of long term conditions with early diversion to more appropriate alternative services and settings
- improved access to same day services will reduce delays in patient assessment and treatment
- reductions in acute hospital length of stay through the changes to pathways and service provision
- safety risks will be improved when visiting the hospital as a result of the development of new buildings constructed to current building and clinical standards
- increase in the number of single bedroom rooms and en-suite facilities

5.2.2 Clinical effectiveness

The hospital redevelopment aims to optimise clinical synergies to enable best practice, clinical pathways and support the best use of Trust resources. This will be achieved through new modern facilities with services designed to meet the planned capacity and demand in appropriately co-located clinical services. Staff will be enabled to work more efficiently by removing impractical buildings or flows through the hospital that are not designed for modern best clinical practice.

Examples of this include the revisiting emergency services through increased integration with the community with an emphasis on prevention and the creation of capacity and capability in primary and community care alternatives to reduce hospital attendances and admission where appropriate supported by working with partners on patient care pathways. Increased integration and outreach specialty communication with community providers; supported by technologies to enable shared healthcare data; supports direct referral to the most appropriate health care service. This includes same day assessment and treatment services and rapid access clinics with an increased number of specialties and conditions within the hospital. This aims to improve all pathways, patient confidence and clinical effectiveness through directing patients to the correct place appropriate to their need first time and thereby reducing unnecessary visits to the acute hospital. Patients should be treated in a timely manner more effectively as a result of not all waiting in one emergency queue. This also supports improvements in Trusts emergency performance.

In summary clinical effectiveness will be improved through:

- the optimisation of clinical and functional adjacencies to enable best practice, support clinical pathways and economies of scale
- Makes efficient and effective use of staff time, supporting workforce planning, recruitment and retention and the development of new roles
- best use of resources through digitisation
- new hospital construction can design in some flexibility to support future proofing for service development.

5.2.3 Patient access

Changes to the model of care and pathways aim to improve access to all appropriately resourced healthcare services. The increasing emphasis on integrated care and care in the community will result in care closer to home or at home for many. However, it is possible that for some networked pathways the most appropriate setting for care or treatment may be different from the current service, potentially leading to changes to journeys for specialist treatment.

For the acute hospital the layout of the access and exit points and site layout will work to improve accessibility for those needing to visit. Improved clinical adjacencies support way-finding and reduce internal hospital journeys.

5.2.4 Patient Experience

As described above the redevelopment will enable improvements to patient flow ensuring patients are seen in a timely manner, potentially closer to home with increased access to patient education, diagnostics and treatment earlier in their pathway.

New buildings will be fit for purpose that uses evidence based design to improve the hospital environment and provide correct clinical adjacencies. These will improve patient experience with an improved environment and internal hospital flow resulting in less patient transfers and support patient way finding in the future. Currently a number of the Trust facilities are in a poor condition and are distributed across the Hillingdon Hospital site resulting in multiple transfers or journeys across the hospital site for the same attendance. The updated clinical adjacencies will be further improved through the use of design, facilities, systems and processes to improve inclusivity and equality. Examples of these include the provision of single rooms, hearing loop systems, disabled toilets and adult changing facilities.

Care closer to home aims to have a positive impact for all patients however, those that access hospital services the most will benefit the most, in particular – older population, children and those with long term conditions.

5.2.5 Staff experience

It is considered that staff satisfaction and morale will be improved as a result of the new hospital estate and clinical services being designed around up-to-date health care strategies rather than clinical care working around an estate not fit for modern day healthcare requirements. The hospital estate will be designed to support services, have improved clinical adjacencies, and facilities planned according to the latest modelling based on projected demand but with some flexibility to support development changes. Through the planning; staff opinions as well as patient groups will continue to be sought to ensure appropriate and well planned staff spaces. In addition the inclusion of evidence based design; including a building design that supports the use of natural light and views of nature is anticipated to support a sense of well-being and morale ultimately reducing staff turnover. The hospital redevelopment includes provision for staff well-being space with space for quiet reflection or rest in addition to facilities where activities can be planned, current suggestions include yoga and massages.

New roles will be developed to support the strategy offering varying opportunities and career progression. This coupled with a purpose built hospital can support recruitment enabling the Trust to reduce agency costs, increasing staff stability.

5.3 Potential negative impacts

The initial analysis suggests that a number of groups may be disproportionately impacted as a result of changes to how services are provided with changes to pathways and the increasing use of technology rather than a newly built hospital building constructed to modern standards.

It is noted in the Trust's Digital Design Brief that 20% of the population lack basic digital skills or access to hardware and/or reliable internet suggesting that there is an overarching characteristic group that are most likely to be impacted, those that '**lack digital capability and capacity**', whilst people from any area of society may fit into this group, it is likely that the rise in digital processes may potentially disproportionately impact the following protected characteristic groups:

- Age – older group
- Disabilities
- Ethnicity
- Socioeconomic

5.4 Proposed approaches to mitigate risks of negative impacts

In scoping summary section 4.1 the potential negative impacts arising from the hospital redevelopment programme were considered. The following actions were initially outlined and commenced to help to further understand the degree of impact,

collate any impacts raised through engagement and assist in the development of ideas to mitigate impacts should they arise:

- Engagement with public, specific groups and representatives that could be negatively impacted will offer clarity and an understanding of the extent of any impact and support the development of plans to mitigate or resolve negative impacts. While the Trust will always engage as widely as possible, these specific groups include:
 - **People with disabilities** – mainly through focus groups
 - **Carers** – attending regular carers café events organised by the Hillingdon Carers Trust
 - **People who are less digitally able** – working with discharge teams run by Age UK to survey people about the new hospital
 - **People who don't speak English as a first language** – interviews and surveys with local people supported by local charities.
- Through communicating with groups where there is limited data (religion and belief, sexual orientation for example) dialogue can offer a better insight into potential disproportionate impacts and improvements to ensure equality.
- Further analysis and development of networked pathways to understand the level of change and its resulting impact on our stakeholders; patients, staff and the wider public.
- Work collaboratively with healthcare partners to ease the transition and changes in services to minimise any potential disruption or impact to all and especially characteristic groups. With changes to healthcare pathways there is always the risk of confusing patients of how to access healthcare services. Therefore the Trust and its partners will need to continue to develop communication strategies and refresh them throughout the redevelopment programme to ensure our communities are kept up to date with changes to services. This can minimise risks of access confusion and at the appropriate stages of service development inform groups of the healthcare access options available to them.
- Feedback that has been fed into the hospital design is outlined in section 6.1 with the example that whilst plans describe an increased use of technology, hospital services will continue to offer face to face services supported by reception points and volunteers to assist visitors and patients with their attendance.

5.5 Digital Inclusion

5.5.1 The Aims

The aims for a digital innovative hospital that will maximise information and digital services wherever appropriate are recorded, but not at the exclusion of patient and staff groups who lack the ability, access, hardware, confidence, skills or support to use it. A digital design brief has been prepared to provide a clear vision regarding the digital aspiration with outcomes the design team will be expected to resolve and exceed. The mission of the hospital redevelopment to exclude no one from receiving the best healthcare the Trust has to offer, or for staff, to ensure all possible support is provided to make staff skilled and confident in the use of the technology provided. To support the principles of equal and equitable access the Trust will create a culture of digital innovation which does not dehumanise healthcare or exacerbate pre-existing inequalities. The brief outlines that technology will offer the potential to reshape health and care, empowering people, who are willing and able, to become more actively engaged in their health. For this to be successful, patients, carers and the public will be included as partners in their own care and education. Documented aims are:

For staff:

- We will strive for staff to become digitally literate, competent and confident
- We will be prepared to educate our future workforce
- We will enable staff to identify digital inequalities and be able to support their patients with locating the help and support they need.

For patients and carers:

- We will strive for patients and carers to have available the support they need to be digitally involved in their healthcare
- Carers, who are already at risk of health inequalities, are recognised as an essential group with whom the digital inclusion measures aim to support.

To support this the Trust will have a digitally capable leadership and a Digital Education Programme to oversee the implementation of a Trust digital education strategy which targets current and new staff, and a Digital Support Framework for patients and carers. The Trust will monitor access, usage and outcomes and map it to key characteristics which are markers for inequalities enabling a process of continuous improvement.

5.5.2 Ambitions of Digital Inclusion

The Trust

- Patients, carers and staff will be involved in the co-design of transformation projects, particularly in identifying how digital healthcare technologies can be equitably accessed by all

- The Trust will create or increase the numbers of clinician, scientist, technologist and knowledge specialist posts with dedicated, accredited time, with the opportunity of working in partnership with academia and the health tech industry to maintain the Trust's ability to innovate
- The Trust will support the development of a cadre of educators and trainers who can lead the educational programme to ensure timely upskilling of the workforce
- We will have a system in place to identify and develop talented, inspiring new innovators and educators within the workforce
- The Trust will maintain an ability of predicting and addressing skills gaps for up-coming innovations, e.g. genomics, robotics, AI, and putting in place educational programmes and attractive career pathways
- Trust online content will be a vitally trusted source of health information and be resourced appropriately
- Care must be taken to attend to bias in the data used to train the algorithms in clinical AI tools, which inform clinical decision-making. There is the possibility that otherwise high-quality data might reflect the bias inherent in social structures and reinforce existing structural discrimination and inequality.

Patients

- Patients and carers will be included as partners
- A framework to inform, educate and support Hillingdon citizens will be established and maintained
- Local arrangements will be established to provide needs-based targeted education and support
- Engagement with carer and charitable organisations will be maximised to support appropriate patient education and support
- Opportunities to provide co-ordinated support across the various care settings in North West London will be leveraged
- Whilst there are significant benefits to having access to digital services, risks such as scamming, cyber-crime, online bullying and fake information can hinder adopting and put the most vulnerable at risk. Where possible, the legitimate use of digital services in healthcare should be safe with these types of risk minimised.

Staff

- A learning environment will be maintained in which the workforce is given every encouragement to learn continuously. This will include the development of specialist digital skills, assessment and commissioning of digital technologies, continuous professional development (CPD), sabbaticals and secondments
- The Trust will develop an expansive learning environment and flexible ways of working that encourage a culture of innovation and learning
- Clinical staff will have dedicated time for development and reflection on their learning outside of clinical duties
- The workforce will have the ability to assess the level of digital literacy of patients and carers, including the skills to triage a patient or carer, by assessing their capacity and willingness to engage, any barriers to their use of technology, such as motility skills, access to computing hardware and connectivity. Staff will then help patients and carers locate the support they need.

5.5.3 Approaches to mitigate risks of negative impacts of digital change

Further work to understand the digital impact and to assist with minimising and/or mitigating negative impacts includes:

- The Trust as part of HHCP have prepared a Digital Exclusion Research Proposal working with Citizens Online to improve knowledge and collate an evidence base to support digital inclusion activity. Citizens Online are a charity with award-winning approaches in tackling digital exclusion providing bespoke support, practice help and comprehensive research into the local digital ecosystem. The main outcome of this work will be improved knowledge and an evidence base to support digital inclusion activity. This will support strategic planning of resources, community engagement work and improve organisational digital transformation that is sustainable.

Citizens Online have produced a digital exclusion map for Hillingdon which the research proposal will build on to provide a more detailed map and analysis of digital exclusion risks in addition to understanding the existing provision of digital inclusion work happening across the Borough so that gaps can be identified to highlight the scale of the problem to develop future plans of improvement. Whilst we consider our local requirements, North West London ICS is driving Digital Inclusion through a coordinated approach. The Hillingdon New Hospital programme is a member and contributor of the Digital

Inclusion agenda and any outputs of the research can support the wider NWL approach.

- For the future, the Trust will continue horizon scanning work which focusses on each proposed technology to see if the Trust deems it worthy for adoption in the future clinical provision. During this process, digital colleagues will ask 'what will the digital inclusion challenges be' so that the Trust may begin to plan how the barriers can be addressed or mitigated. Digital experts will work closely with user groups identified in the digital exclusion research to enable simplicity in delivery of remote solutions in care.

6. Engagement with our community

Trust plans involve fully engaging with the public, patients and staff through a plan for a community conversation to help define the detailed future service model. This wider engagement commenced August 2020 and this document includes engagement to date (January 2022) although events to discuss the Trust hospital redevelopment plans will continue and any new points that emerge during this process will be considered by the Trust.

The community engagement includes (although will not be limited to):

- An engagement brochure
- A dedicated hotline
- An engagement website
- Social media content and digital assets through Trust and CCG social media channels, with potential advertising spend to support
- Media programme
- Community newsletter
- Engagement adverts
- Materials for Trust communications to internal and external audiences
- A static display in the Hospital
- A film setting out the case and a series of edits for social media use

In the summer of 2021, our public exhibition, to support the planning application process, ran from 22 June to 20 August 2021. In that time:

over 30,000 people visited the exhibition online

360 people completed detailed feedback forms

We heard from a good cross section of the population of the borough although covid restrictions were in place for much of this time meaning we had to primarily focus on online activity. The main exhibition was online and we created a range of digital products, held online webinars and paid for a period of Facebook advertising that reached around 30,000 residents.

A flyer was delivered to all houses within a two-mile radius of the hospital to promote the exhibition and those on the adjacent roads received an invite to a neighbour's webinar which gave people the opportunity to ask the programme team about any queries they had regarding the future plans.

As restrictions lifted, we had a stand at the Love Uxbridge Summer Festival in mid-August which boosted engagement considerably.

Most people who responded to the survey had lived in the borough for some time, and they showed overwhelming public support for both building the new hospital and for its potential to improve patient care. Themes are explored in more detail in the section below but those raised most often included services, parking and transport and hospital layout and design.

The exhibition also gave us an opportunity to analyse feedback by characteristic group which helped us identify groups where feedback was low so we could then target those groups in the next phase of our communications and engagement plan running until April 2022.

As well as doing an assessment of the feedback respondents, we also spoke to clinical workstreams. The assessment of the feedback from the public and the clinical workstreams indicated further focus is required to capture views from

- Carers
- People who don't speak English as a first language
- People with disabilities
- Older people
- Those who are less confident using digital technology
- Hillingdon residents living in the south of the borough
- Young people under 29.
- Black and "other" ethnic groups
- Men

We have already started work engaging with these groups for example through focus groups with carers and engaging local charities to hear from people who don't speak English as a first language.

It is also important to highlight the phased nature of our communications and engagement work which is part of a long-term programme for ongoing engagement through the length of the project from the business case, through planning and construction.

6.1 Engagement Feedback and Hospital Design

Community feedback has been supportive of the hospital redevelopment plans. With over 89% of respondents stating that the plans will improve their experience compared to the current hospital. Many quoting that the redevelopment was long overdue with supportive comments on maintaining current services on site but with improvements to the accessibility, wayfinding and single room provision when compared with the current layout of services.

For those with disabilities comments asked for improvements to receptions for those with disabilities including communication facilities for the deaf. Design to consider people with visible and invisible disabilities and for an increased number of parking for disabled near the entrances. Access improvements were also requested for those using public transport including those with prams, buggies and wheelchairs.

Emerging themes from stakeholder engagement events will also influence the developing social values strategy with deliverables against an inclusive design with further engagement with vulnerable groups, the design of the green spaces with wellbeing in mind and the creation of community space.

Following feedback from patient panels, public engagement events and clinical working groups the next table outlines improvements that have been considered to support equality in the design of the hospital. The design development is an iterative process as the programme and hospital design develops engagement will continue to feed into the redevelopment.

| Protected Characteristic Group | | Hospital design - Is there a positive or negative impact | Examples of improvements in hospital design | Action to address negative impact (e.g adjustment to a policy) |
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| Age | Age - Children & Young People | Positive | <p>A patient panel has been held with young people to gain their opinions on hospital design. To support the wide age range of children, the Children's facilities will have aged related inpatient clusters including an adolescent cluster, social and play spaces are being developed within the inpatient design to support the age groups including adolescents.</p> <p>Inpatients will have 75% single rooms to support improved privacy and dignity. Design to consider patients well-being with improved natural light and space, design for supporting patients with mental health issues. Children waiting areas in Outpatients to support segregation Recovery rooms within Theatres designed to support children separately from adults.</p> <p>Improved facilities for nappy changing and baby feeding</p> | Continued engagement with Young Peoples forum, in addition to engagement with schools |

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| | Age - Older People | Positive | The hospital redevelopment will offer increased capacity for same day services for the older person (Frailty Unit) with improved clinical adjacencies that positively impact on wayfinding, reduces internal hospital travel distances for all. Design considerations are similar to those outlined later in the physically disabled considerations. | Continued engagement |
| Disabled | | Positive | The hospital redevelopment improved clinical adjacencies to improve wayfinding, reduces internal hospital travel distances for all, but which reduces barriers that makes life harder for disabled people. As the design develops we will involve disabled people to assist with developing strategies to better support disabilities and the general well-being of all visitors to the hospital. Design considerations will consider physical disabilities with travel distances, level access for outpatients from a car drop off zone, handrails, corridors and door widths to allow for wider bariatric wheelchairs, waiting areas with bariatric benching and spaces for wheelchairs. Facilities will include adult changing places, disabled toilets. Design considerations for those with sensory disabilities | Continued engagement with Disabled and Carers forums Engagement with the advisory group, Wellbeing Support Network |

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| | | will include hearing loops systems, lighting, colour / pictures and planting for wayfinding. | |
| Marriage and civil partnership | NA | There is no evidence of any negative impact that the design of the new hospital may have on this group | |
| Pregnancy and maternity | Positive | There is a stakeholder group made up of users who are being engaged with as part of the design development. The service will provide a personalised model of care to support choice. Design considerations include a minimum of 75% inpatient beds being within single bedrooms, bereavement facilities in discreet locations for patients experiencing still births. | Continued engagement with Maternity groups/forums |
| Ethnicity | Positive - Ethnicity itself is not something which affects hospital design. Therefore consideration to cultural diversities | Hillingdon Hospital supports patients and staff from many ethnic backgrounds. Language can be a barrier and therefore design considerations for clearly communicating wayfinding in and around the hospital are required. In addition to physical signs the digital strategy will include the use of apps and | Community Involvement: Ensuring the scope to reflect the ethnic diversity in works of art |

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| | which can be influenced by design of the physical building. | touchscreens which can support many languages. | |
| Religion and belief | Positive | <p>Engagement has taken place with religious leaders in the community. Pastoral and spiritual service will provide space that can be used by any religion or belief or those wishing to seek a quiet place to sit. This provision will include faith washing facilities. Facilities will be accessible to all staff, patients, and visitors to use. Increased provision of single rooms (71%) to support greater privacy.</p> <p>Inpatient accommodation has a higher proportion of single rooms offering increased privacy. Facilities will support digital links to the pastoral and spiritual services for inpatients that cannot attend the department in person or receive visitors.</p> <p>Consideration will be given to interior design and art work to ensure images do not cause offense and can be more inclusive to the communities the hospital serves.</p> | |

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| Sexual orientation | Positive | LGBTQ+ (Staff/patient groups) are a key stakeholder group who will continue to be engaged with as part of the design supported by the Trusts Diversity and Inclusion Lead | Link in with the Trust Lead for Diversity and Inclusion, and LGBTQ+ groups |
| Gender | Positive | <p>Clinical Users have considered the inclusion of gender neutral sanitary facilities.</p> <p>In addition Clinical working groups have considered patient flows to offer discrete links between the Early Gynaecology Assessment Unit and the maternity services.</p> <p>Provision for an outpatient cluster for gynaecology and breast to support patients visiting for these services. This cluster will be planned with its own waiting area, integrated mammography and associated gynaecological/urodynamic diagnostics to reduce the cross of patient flows with other outpatient or planned care services. These services do not only support women, therefore this service will not be labelled as 'Women Services'</p> | Ensuring inclusive designs during design phase to check that architecture is not coded with equity and enables gender sensitive design across facilities including breast feeding rooms, nappy changing facilities, security, etc. Engagement with LGBTQ+ and Women groups |
| Socioeconomic (income, education, employment, occupation) / | NA | Socioeconomic itself is not something which affects hospital design. Therefore consideration to access to support, information and wayfinding through physical | |

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| deprivation | | <p>building design.</p> <p>From a social values perspective this group may benefit economically from the redevelopment through employment and skill training for roles (apprenticeships or similar). These opportunities will be through the different phases of the programme and from entry levels – planning, construction, commissioning and operational running of the redevelopment.</p> | |
| Digital capability and capacity | Positive | <p>With an emphasis on technologies which enable personalised care plans and promote self-care, patients will become partners and owners of their own health and wellness. The programme will strive for digital inclusion, whereby no patient or staff member will be left behind as our technological services develop. Plans will include training packages for staff to use and support patients with new digital systems and processes.</p> <p>Appointments where possible will be held virtually and when it is necessary for a patient to attend the hospital; outpatient services will be co-located and support a one-stop shop approach whereby patients will be seen, undergo examinations, diagnosis and treated in the same</p> | <p>Continual engagement with patients and services to ensure design and service provision for those less digitally capable.</p> |

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| | | attendance where possible and subject to patient consent. The main entrance and many departments will be planned with receptions or a clearly identified check in areas to support visitors and patients who prefer to make enquiries to a person rather than use digital systems for support. | |
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The quality and equality considerations outlined above show there are a wide range of equality issues relating to the proposed hospital redevelopment. The developing plans described are to ensure continued positive impact on all groups and address any possible negative impact that may arise as a result of the planned redevelopment. This is an iterative process and therefore if during the course of further engagement additional design implications are highlighted then these will be further explored for clarity and consideration.

7. Recommendations for next steps

The quality and equalities analysis is considered in parallel with the development of the hospital redevelopment outline business case (OBC) and the Trust Community and Stakeholder Engagement Plan. Feedback from engagement events will continue to be used to inform the hospital design and planning as the programme progresses supported by an iterative engagement process. This document offers an indication of some of the groups that may be disproportionately impacted by the changes at a strategic level, the current themes raised during engagement and plans for inclusion in the design at this stage of planning.

The next steps will be to continue to engage with local characteristic groups and the wider public in order to explore further, how the hospital redevelopment can improve equality and mitigate any potential disproportionate impacts. Any themes identified through these groups will be considered and used to further develop the clinical services strategy and hospital design to enable any negative impacts to be mitigated. The development of the clinical model during the full business case stages will likely trigger the need to review the impact assessment.

It is also recommended that the equalities analysis is published and made publically accessible to ensure the developing decision process is made transparent, whilst encouraging members of our communities to engage with the programme and feedback comments during appropriate stages.

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