

Religion or Belief @ LTHT - Patients

Accident & Emergency Breaches 2015

Attendances		Breaches	
Buddhist	0.1%	0.1%	Buddhist
Christian	40.7%	53.6%	Christian
Hindu	0.6%	0.6%	Hindu
Jewish	0.6%	1.0%	Jewish
Muslim	6.8%	4.6%	Muslim
No religion/belief	27.5%	18.2%	No religion/belief
Other	0.02%	0.02%	Other
Sikh	1.0%	0.9%	Sikh
Undefined	25.2%	20.9%	Undefined

Outpatients Do Not Attend (DNA) 2015

Did Not Attend	
0.1%	Buddhist
38.4%	Christian
0.5%	Hindu
0.5%	Jewish
7.0%	Muslim
23.3%	No religion/belief
0.03%	Other
0.9%	Sikh
29.3%	Undefined

Readmissions 2015

Readmission	
0.1%	Buddhist
55.2%	Christian
0.4%	Hindu
0.8%	Jewish
5.0%	Muslim
18.3%	No religion/belief
0.01%	Other
0.9%	Sikh
19.3%	Undefined

Referrals to Treatment (RTT) Breaches 2015

Attendances		Breaches	
Buddhist	0.1%	0.1%	Buddhist
Christian	46.8%	43.1%	Christian
Hindu	0.5%	0.4%	Hindu
Jewish	0.6%	0.5%	Jewish
Muslim	3.9%	4.5%	Muslim
No religion/belief	18.2%	20.2%	No religion/belief
Other	0.02%	0.0%	Other
Sikh	0.9%	1.0%	Sikh
Undefined	29.0%	30.2%	Undefined

Leeds Local Authority District Population: Buddhist - 0.4%, Christian - 55.9%, Hindu - 0.9%, Jewish - 0.9%, Muslim - 5.4%, No religion/belief - 28.2%, Other - 0.3%, Sikh - 1.2%, Undefined - 6.7%. (Source: 2011 Census)

Key Findings

- Muslims and individuals with no religion were more likely than those of other religions to not attend an outpatient appointment and be treated outside an 18 week period from the point of referral
- Christians and Jews were more likely than those of other religions to not be treated within 4 hours within Accident and Emergency.

Key Actions

- Continue to improve the experience of patients that do not have a religion or belief in the delivery of our care by 2020 by the Equality and Diversity and Chaplaincy Departments working collaboratively together to produce a range of information and training opportunities for Clinical Support Units in 2016.
- Continue to take steps to ensure the rate of outpatient do not attends, referral to treatment breaches and accident and emergency breaches are broadly representative of the patients we serve in relation to religion or belief by 2020 by providing targeted, bespoke data and support to CSUs in identifying specific, relevant actions as necessary in 2016.