Imperial College Healthcare NHS Trust

Annual Patient Equality and Diversity Report 2021/2022

Stephanie Harrison-White

Head of Patient Experience

Contents

1. Welcome 3
2. Use of data and information 3
3. Purpose and Scope 3
4. About us 3
5. Our approach 4
6. Equality Delivery System 2 4
7. Our governance 5
8. Our local population and patient profile 5

Age 8

Biological Sex 8

Gender Identity 9

Disability 9

Religion 10

Sexual orientation 10

9. Patient feedback 11

Friends and Family Test (FFT) 11

Complaints 12

10. Progress against Equality objectives 2021/20 13

Age - Transition of care- Young People 13

Gender identity 13

Patient stories 13

11. Looking back on previous EDS2 objectives 14

Learning disabilities and Autism 14

Looking forward 15

Appendix 1- Protected Characteristics as defined by the Equality Act 2010 16

Appendix 2- Patient Focused EDS objectives 17

Alternative formats

This document can be provided on request in large print, as a sound recording, in Braille, or in alternative languages. Please contact the communications team on 020 3313 3005.

1. Welcome

We want all patients to experience care that is kind so that they feel respected and included. This report will focus on how we are meeting the needs of patients from diverse backgrounds, focusing on specific patient groups, as identified through our Equality and Diversity framework.

This report should be read in conjunction with the Workforce Equality, Diversity and Inclusion Annual report to provide a trust wide oversight of our Equality and Diversity position and work.

2. Use of data and information

The data used in this report is anonymous at source.

We will refer to important equality information about our patients and local communities. When referring to our local communities we will use the most current published data from official sources. Our patient data is from patient reported information collected through our Trust systems.

This report acknowledges the ongoing impact of the Covid-19 pandemic as our patients and staff felt the first effects of this in March 2020, continuing into 2021-2. This has been an unprecedented time for everyone (staff and patients) and especially for those most vulnerable or 'at risk'.

3. Purpose and Scope

In line with the Equality Act 2010, the Trust is required to publish equality information annually (1 April 2021 -31 March 2022), to show how it has complied with the public sector equality duty (PSED).

This annual report focuses on our patients and provides valuable insights into the diverse needs of our patient population and progress against our patient focused equality objectives. It identifies priority areas for improvement.

4. About us

At Imperial College Healthcare NHS Trust we provide acute and specialist healthcare for over 1 million people a year. Formed in 2007, we are one of the largest NHS trusts in the country, with over 13,000 staff in north-west London. Our five hospitals – Charing Cross, Hammersmith, Queen Charlotte's & Chelsea, St Mary's and the Western Eye – have a long track record in research and education, influencing clinical practice nationally and worldwide. We have a growing number of community services and provide private healthcare in dedicated facilities on all our sites.

In 2020-21, we felt the impact of the Covid-19 pandemic with over 5,500 patients being cared for at the Trust with Covid-19, 4708 of whom we have helped to recover while 885 have sadly died. We experienced two main waves of demand, the first wave peaked on 7 April 2020 when 360 of our inpatients had Covid-19, and the second on 20 January 2021, with 492 Covid-19 patients. Data for 2021-22 is pending publication.

This has meant we have had to change the way we deliver care at short notice, with a rapid expansion of our intensive care beds and changes to the way we operate our outpatient services for example.

5. Our approach

The Trust has a large diverse workforce of over 14,000 staff caring for over a million people, also from diverse backgrounds. We want to understand how it feels to be a patient in our organisation focusing on the many different backgrounds of our patients and our local communities.

Patient demographic data is routinely captured through the electronic patient records (Cerner) either on admission to hospital or when a patient attends a clinic; the emergency department or our maternity services. This data does not include all of the 9 Protected Characteristics as defined in the Equality Act 2010 (appendix 1) and is currently limited to age; gender, religion, marital status and ethnicity.

Patient feedback is primarily collected through national patient surveys and the friends and Family Test. We have further developed our equality monitoring through the introduction of additional questions to our patient feedback system and the Friends and Family Test (FFT). We are working towards capturing information relevant to the 9 Protected Characteristics (appendix 1) and currently capture feedback about people's ethnicity; religion; disability; age; sexual orientation; sex and gender identity.

The Trust acknowledges that under the Equality Act 2010 the term Gender Reassignment is used to identify one of the nine Protected Characteristics; however the Trust believes that the surgical intervention that some people may choose is only one option for addressing gender dysphoria that not everyone transitioning will seek.

The Trust recognises that the surgery itself does not change someone's gender identity so avoids the term reassignment surgery. The Trust also recognises that surgery is not necessary to confirm anyone's gender identity. In the context of this protected characteristic, the Trust prefers to use the term Gender Identity.

6. Equality Delivery System 2

The five EDS2 priorities agreed for the Trust for the period of 2020-2023 remain, with the two patient focused objectives being (appendix 2):

- Transitions from one service to another for people on care pathways, are made smoothly with everyone informed - protected characteristics being considered is age

- Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised

7. Our governance

The Equality Diversity and Inclusion (EDI) Steering Committee, oversees the Equality, Diversity and Inclusion (EDI) work streams for both workforce and patients. The committee is chaired by the Trust chief executive officer (CEO). The Committee meets at least quarterly and progress against EDS2 objectives are reported at this committee. The EDI Committee includes representatives from divisions, staff networks and staff side.

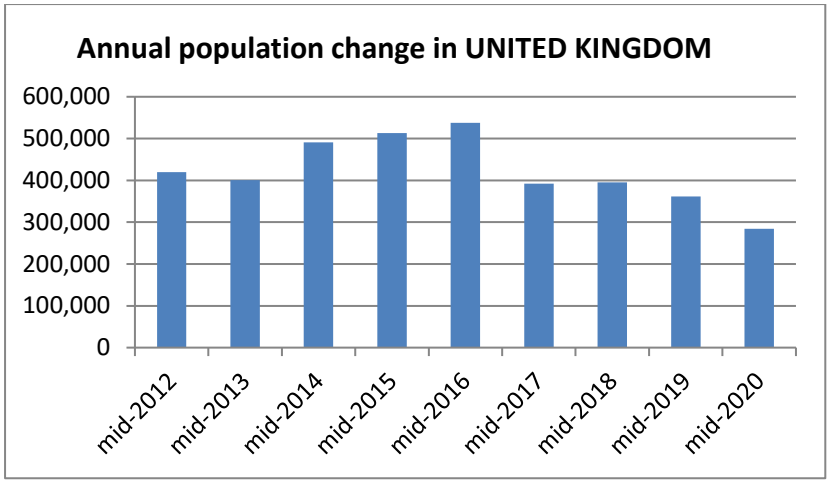
The committee has terms of reference which are reviewed to ensure the group is operating at maximum effectiveness and recommend any changes it considers necessary on an annual basis. Everyone is expected to promote equality, treat others with respect and dignity, and challenge or report discrimination. Managers have a particular responsibility to set standard of acceptable behaviour, to follow the agreed policies for the trust and to ensure that they and the people they manage have received training on recruitment and the application of workforce procedures (e.g. disciplinary) and have undertaken mandatory equality training courses.

The Trust Board receives reports, presentations and verbal feedback on the EDI committee and other statutory reports as well as playing a pivotal role in shaping the strategy and vision for the EDI agenda.

8. Our local population and patient profile

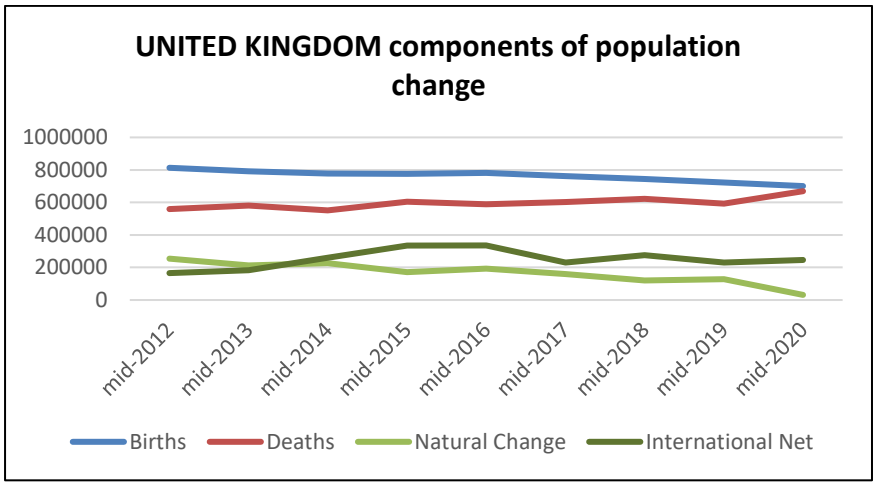
The initial findings of the 2021 census is due to be published in the summer of 2022, therefore the local population data referred to in this paper is either from the 2011 census or 2020 mid-year population data published by Office for National Statistics (ONS).The local population data is historical and is used as a point of reference only.

There has been a downward trend in the national population growth since 2016. The graph overleaf shows the amount by which the population grew over the nine years up to 2020 (ONS 2020). As it shows the growth has decreased over the past 5 years.



The impact of the covid-19 pandemic and Brexit are yet to be fully realised in our national population statistics as demonstrated through the international net trend below. It is anticipated however that the international net trend will become negative with more people leaving the country through Brexit.

The graph below gives an indication of recent trends with birth rates falling and death rates rising resulting in a decline in the natural change to the population.



Population changes are important to consider when planning for health care services, and notably the composition of the population in terms of demographics. An aging population for example will place increased demands on social care and chronic disease management.

The forthcoming 2021 census publication, will give more detailed insight into both the national and local populations. We note however that in 2020, the local population survey (ONS November 2020) indicated a small increase in the local London boroughs of just over 6,000 people. The gender mix between male and female had not changed with a 50:50 divide.

During 2020-21 we noted a decrease in our patient numbers reflected across our services, including birth rates; A&E attendances; operations performed and patient contacts (appendix 2 table 1). This is largely due to the effect of covid-19 on our services. Operations were

cancelled due to the need to reconfigure services to provide more acute care. We observed less people attending our A&E services, but those that did were sicker.

We are currently awaiting the publication of the Trust's data for 2021-22, although we anticipate that this will continue to be affected by the covid-19 pandemic.

Demographic data is voluntary and therefore the reported data will not equal the number of people who use our services as people may opt out of completing this data. Patients may also chose to complete part of the demographic sub-set, therefore we may have more data for one characteristic than another.

Ethnicity

According to the London census data (2011), 45 % of the local population are white British people, with a total of 60 percent identifying as white (includes white British and white other); 19 percent Asian/ Asian British and 13 percent Black African, Caribbean or Black British.

The Trust patient profile changed in 2020-21 with a notable increase in the number of patients from a Black background. In 2021-22, this had reduced again to 12 percent. These changes are very likely to be as a result of the disproportionate number of people from Black backgrounds who were affected by covid-19 during the initial pandemic wave. The impact on people from BAME backgrounds of the covid-19 pandemic has been widely reported and will not be dealt with in detail here.

In 2021-22 we saw an increase in those who did not report their ethnic group. This data is collected on admission and therefore may also be a reflection of the increased numbers of sicker patients who are admitted during the Covid-19 pandemic; we will need to review this next year.

Patients who complete the FFT test are a subset of the Trust patient population. As explained earlier, all patients have this opportunity to complete this survey. In terms of ethnicity, we observed that people from a white background were more likely to complete the FFT and therefore white people are over represented when measured against the overall Trust population (63 percent compared with 40 percent).

	London data 2011	Trust data 2019-20	Trust data 2020-21	Trust data 2021-22	FFT respondents 2021-22
Asian, Asian British	19%	10%	13%	14%	15%
Black African, Caribbean, Black British	13%	10%	22%	12%	10%
Mixed multiple	5%	2%	3%	2%	4%
White British	45%	39%	26%	26%	**63%**
White other	15%	NR	14%	14%	NR
Other	3%	15%	12%	7%	8%
Irish			2%	2%	
Not stated			8%	22%	

Age

The 2011 census uses different age brackets to the Trust therefore it cannot be directly compared. The age structure in our local boroughs has a larger working age population and a smaller number of children and older people. This trend has historically been reflected in our patient population.

Patients who complete the FFT test are a subset of the Trust patient population. In terms of age, we noted similar trends as the London and Trust wide populations, with more working aged people completing the FFT survey.

	London data	Trust data				
	London 2011	FFT respondents 2021-22	**Age (years)**	Trust data 2019-20	Trust data 2020-21	Trust data 2021-22
0-15 yrs	5%	3%	**0-17 yrs**	7%	6%	10%
16-29 yrs	44%	16%	**18-39 yrs**	22%	31%	34%
30-44 yrs	24%	21%	**40-59 yrs**	21%	20%	16%
45-64 yrs	18%	30%	**60-79 yrs**	23%	36%	32%
65-85 yrs	8%	25%	**80+ yrs**	20%	7%	9%
85+yrs	1%	5%				

Biological Sex

The UK government defines sex as:

> 'referring to the biological sex of an individual as determined by their anatomy; it is something that is assigned at birth and generally male or female.

With reference to our use of the word in this context we mean biological sex that is assigned at birth.

Women are over represented in our patient population when compared with the London wide data. This pattern has remained consistent and may reflect the women's services we offer in the Trust including maternity and gynaecology.

Patients who complete the FFT survey are similar to the wider patient population in terms of biological sex.

	London data 2011	Trust data 2019-20	Trust data 2020-21	Trust data 2021-22	% of total FFT responders
Man	50%	40%	38%	40%	42%
Woman	50%	60%	62%	60%	57%
No response					2%

Gender Identity

The UK government defines gender as:

> 'social construction relating to behaviours and attributes based on labels of masculinity and femininity; gender identity is a personal, internal perception of oneself and so the gender category someone identifies with may not match the sex they were assigned at birth
>
> Where an individual may see themselves as a man, a woman, as having no gender, or as having a non-binary ender- where people identify somewhere on a spectrum between man and woman

Gender Identity was not collected in the 2011 census, nor is it collected in the wider Trust population at present. It is estimated that there are between 200,000 - 500,000 people in the UK who identify as Trans or non-binary (Gov.uk 2018), with Stonewall suggesting this is nearer to 1% of the total population.

The FFT does include a question about gender identity. The number of people who recorded non-binary or transgender was less than 0.1% overall.

	FFT responders 2021-22
Male	39%
Female	60%
Non binary	0%
Trans man/woman	0%

Disability

Trust disability data cannot be reported for the general Trust population, as patients can use free text and not select from a pre-determined list. This makes it difficult for reporting purposes. The FFT question regarding disability is a closed question with a free text option as shown below.

Almost half of our patients (43 percent) who completed the FFT survey described themselves as having a health problem or disability that has lasted at least 12 months, with 19 percent describing this limiting their lives a lot.

Disability FFT Response	FFT responders 2021-22
No	54%
Prefer not to say	2%
Yes limited a little	24%
Yes limited a lot	19%

Religion

People were more inclined to share their religion when completing the FFT survey as shown by the significant differences in the table overleaf. Most notably is the 'not applicable' selection for the trust wide patients. Only 8 percent of those who competed the FFT survey preferred not to disclose their religion.

	Trust wide 2021-22	FFT respondents 2021-22
Buddhist	0%	1%
Christian	13%	47%
Hindu	1%	4%
Jewish	0%	2%
Muslim	5%	11%
No religion	1%	21%
Other	0%	5%
Sikh	0%	1%
Prefer not to say	0%	8%
NA	78%	

Sexual orientation

The ONS reported that the number of people aged 16 years and over who identified as heterosexual or straight was 93.7% of the population with 2.75 percent identifying as LGB (lesbian; gay; bisexual).

The Trust does not currently collect this data however the FFT survey does. We noted a similar trend with the FFT respondents although the percentage who identified as heterosexual or straight was smaller.

	FFT respondents 2021-22
Bisexual	1%
Gay/Lesbian	3%
Heterosexual/ straight	87%
Other	1%
prefer not to say	8%

9. Patient feedback

Patient feedback is received through a number of sources including for example NHS Choices; PALS; complaints; ward based feedback and the FFT survey. In order to analyse the feedback to understand the different perspectives of people from different background, we need to be able to analyse the data according to their demographic group for example age; ethnicity and gender.

Whilst other forms of feedback are valuable, the FFT survey enables us to look at how the experience of different patient groups therefore this section will primarily use data collected via this methodology.

Friends and Family Test (FFT)

The new Friends and Family test question was introduced in April 2020. The FFT question became 'Overall, how was your experience of our service?' with a rating of very good to very poor. This question gives an indication of patient's overall experience of care. As the question recently changed, we cannot compare the results since 2020 with previous years. In addition, FFT reporting was suspended nationally from March 2020 - December 2020 due to the impact of covid-19.

The question is voluntary and is self-selected by the patient; their family or carer. The survey can be completed at any point in the patient journey via a number of formats including hand held devices; text messages/ web survey and paper. The survey is available in the following formats: easy read; child-friendly; English and the top ten languages spoken at the Trust.

Most people (68%) complete the survey via text message/ web survey, followed by the hand held device 20%. Over 1000 patients completed the easy read version of the FFT survey scoring a positive rating of 95 percent. Over 99 percent of patients chose English as their preferred language to complete the survey.

The table below highlights the FFT response by range and survey type. The FFT is conducted in inpatients; outpatients; Emergency Department and maternity services.

	Inpatient FFT range	OPD FFT range	ED FFT range	Mat FFT range
Ethnicity	96-97%	92-94%	62-82%	79-84%
Age	95-98%	90-95%	70-88%	81-100%
Religion	93-97%	84-94%	64-87%	74-85%
Sex	88-97%	76-94%	64-80%	86-95%
Disability	95-97%	87-94%	64-86%	77-93%
Gender identity	86-96%	88-94%	65-91%	67-84%
Sexual orientation	92-96%	87-94%	74-85%	67-84%

Patients who used our inpatient services reported a more positive experience than those who used our ED and maternity services. The lowest scoring categories for inpatients were those who selected 'prefer not to say' for their biological sex and those who identified as a Trans man/ woman.

ED patients scored much lower across all demographic groups. In terms of ethnicity, people who were Sikhs scored lowest with a 62 percent positive rating of care. With regards to biological sex, people who selected 'prefer not to say' scored 64 percent in terms of positive rating of care. People who identified as non-binary and LGB (lesbian, gay and bisexual) also scored 64 percent with regards to positive rating of care.

In our maternity services, we noted that gender identity and sexual orientation scored the lowest in terms of positive rating of care.

Overall, the questions relating to biological sex and gender identity scored the lowest across all survey types. This would benefit from further research.

It is evident that the Covid-19 pandemic has continued to impact on patient experience. The ED and OPD services have been severely disrupted due to the pandemic, with ED pathways being changed and many OPD appointments being cancelled. It must also be noted that whilst people in the biological sex and gender identity categories consistently scored lower than other groups, the numbers of people who completed the gender identity question for example was a lot smaller.

When considering the FFT responses across all of the FFT pathways, we noted the following:

- People who selected 'prefer not to say' in terms of their ethnicity; biological sex' sexuality and disability all scored lower on the FFT question
- People aged 18-35 years scored lower than other age groups
- People from mixed ethnic backgrounds scored lower than other ethnic groups
- People who identified as transgender or non-binary scored lower that other gender identities, although the numbers were low

Complaints

We are aware that we need to collect more demographic data about people who make formal complaints. This is something that we have addressed by developing a tool with the Patient Experience Team. The tool provides a link to an anonymous survey that patients can complete to share information in related to their Protected Characteristic. It has recently been launched and we will provide further detailed information in future reports.

In 2021 found that people aged 26-55 year were more likely to complain than other age groups and women were more likely to complain than men; however more women use our services so proportionality the numbers were similar (65% of complainants were women and 60% of our local population are female). We also have a significant number of women's' services for example maternity and gynaecology so this may account for the difference.

In terms of ethnicity, the majority of complaints were recorded as being made by White British people, Other White, and Other Black.

In terms of disability, the most commonly reported were Learning Disabilities, followed by Progressive Conditions.

We currently do not collect data on Sexual Orientation but this is something we will commence with the new collection tool mentioned above.

10. Progress against Equality objectives 2021/20

Age - Transition of care- Young People

The work to improve and design new pathways for young people transitioning into adult services was temporarily suspended during the covid-19 pandemic. During this time, paediatric services were impacted as we had had to transform some of our paediatric areas into adult high dependency units.

These services are now resumed and the Young People @ Imperial group (YPI) has recommenced their 'big room' to drive forward this objective.

Gender identity

As a result of a research study by Imperial College to better understand the LGBTQ+ reproductive health and parenting experience, it was identified that the current gender monitoring in the electronic patient record (EPR) was limited.

Following a discussion at the EDI Committee a Gender Monitoring Working Group was formed that has researched best practice in gender monitoring and has presented a report with recommendations for how gender can be best recorded. This has been shared with those overseeing the work to improve the recording of protected characteristics in the EPR and will be presented to the EDI committee for consideration.

Once this is completed, we will ensure that the EPR gender monitoring aligns with the FFT to support direct comparisons of the two population groups.

At present the FFT data indicates that people who identify as transgender report a lower positive rating of care; however the numbers of people who respond to this question are lower than expected and therefore it is not necessarily representative of the overall experience of patients who identify as transgender. On reviewing the patients comments, there do not appear to be any specific themes that are different to the wider patient population.

Patient stories

Patient stories are 'told by individuals from their own perspective and in a healthcare setting they can provide us with an opportunity to understand their experience of the care they have received – what was good, what was bad and what could be done to improve their experience' (NHS Improvement 2017).

Patient stories had to be disrupted over the past two years with the onset of Covid-19. Trust Board meetings continue to be held virtually and patient stories have largely been presented by staff on behalf of patients.

Over the past year, we have heard patient stories from people with learning disabilities and autism; a deaf patient; a patient from a BAME background; a maternity patient story and a story relating to our gender identity FFT question. This is indicative of the diversity of our patient stories.

One example of learning from these stories was that we changed one of our demographic questions for the FFT survey. We introduced a question that focused on biological sex and changed the response selection for the gender identity question.

11. Looking back on previous EDS2 objectives

In 2016/17, the Trust had chosen the protected characteristic disability and specifically learning disabilities to focus on. This section will provide an on-going overview of continuing work related to this objective. This is to provide assurance that through our EDS2 framework, we continue to build on work related to previous objectives, even if our agreed equality objectives have changed.

Learning disabilities and Autism

We are pleased to report that in September 2020, the Trust appointed a learning disabilities nurse to support our on-going work for people with learning disabilities and autism. This has been timely considering the disproportionate impact of Covid-19 on our most vulnerable patients as reported by Public Health England in 2020.

We continue to see an incremental increase in the number of patients with learning disabilities and autism that are known to the Trust with over 1000 at present. In 2021-22 our activity had increased from 998 patient episodes for 384 patients to 1352 patient episodes for 452 patients. Almost half of these episodes (46 percent) were ED episodes and the remainder were as inpatients with 2 thirds of inpatients being admitted through A+E.

In 2021-22 we have continued to support our patients, their families and staff throughout the covid-19 pandemic. The team provides specialist advice and support, linking clinical and community teams and families to ensure clear decision making when caring for those who lack capacity to make their own decisions.

We have been promoting the carer's passport to ensure that people with learning disabilities have had access to family and carer support at a time when general visiting was restricted due to national guidance changes as a result of the Covid-19 pandemic infection prevention measures.

We continue to report all deaths of people with learning disabilities and autism and to assist in reviewing these deaths as part of the ongoing Learning from Life and Deaths Review (LeDeR). All deaths of people with autism will now be automatically subject to a focused review.

We have updated some of our Purple pathways due to changes in clinical practice following Covid-19 pandemic. For example our discharge pathway has changed with the introduction of

Discharge to Assess (D2A) for complex cases. This has been integrated into our Discharge Purple Pathway for people with learning disabilities and autism.

We have continued to deliver staff training using remote IT solutions. We have developed closer links with our Higher Education Institutes (HEI's) and have delivered student nurse training sessions for them. In addition, we now offer student placements and had our first cohort of nursing associate students this year.

Looking forward

Following the impact of the Covid-19 pandemic, 2022-23 is an opportunity to rest, recover and refocus. We will be reviewing our arrangements for the EDS monitoring of patients and as part of this our EDS2 objectives for the forthcoming years. This will increase the profile and visibility of the patient perspective.

We are looking at how we can work in closer collaboration to inform wider Trust projects for example the proposed work on how we reduce health inequalities and improve population health from an acute provider perspective. This includes focusing on improving the data quality of key demographics to ensure a consistent approach between the trust wide data and the FFT data. We need to align these demographics to enable more meaningful comparisons between our data sets.

The 2021 census will be published over the summer of 2022. This data is welcomed as it will provide a much needed view of how our population has changed over the past ten years.

Appendix 1- Protected Characteristics as defined by the Equality Act 2010

Nine protected characteristics as defined by the Equality Act 2010

Age - Refers to a person having a particular age (for example, 32 year olds) or being within an age group (for example, 18-30 year olds). This includes all ages, including children and young people.

Disability - Includes significant and lengthy conditions that are physical as well as not seen, such as those relating to sight, hearing, speech, learning and mental health. Also includes HIV and cancer and other types of diseases.

Gender reassignment* - This is the process of transitioning from one gender to another, whether proposing to undergo, undergoing or having already undergone a process (or part of a process) to reassign biological sex.

Marriage and civil partnership- Marriage being a union between a man and a woman and civil partnership being legal recognition of a same-sex couple's relationship. Civil partners must be treated the same as married couples.

Pregnancy and maternity -Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth and this includes treating a woman unfavourably because she is breastfeeding.

Race- Refers to a group of people defined by their colour, nationality (including citizenship), ethnic or national origins. Includes Asian, Black, Chinese, Mixed and Any Other Ethnic Group, as well as White British, Irish, Scottish and Welsh, Romany Gypsies and Irish Travellers.

Religion or belief Religion means any religion, including a reference to a lack of religion. Belief includes religious and philosophical beliefs including lack of belief (for example, Atheism).

Sex - Someone being a male or a female. Assigned at birth.

Sexual orientation - This is whether a person's sexual attraction is towards their own or opposite sex or to both. Includes people that are gay (men who are attracted to men), lesbian (women who are attracted to women) and bisexual (people attracted to both sexes).

*The Trust acknowledges that under the Equality Act 2010 the term Gender Reassignment is used to identify one of the nine Protected Characteristics; however the Trust believes that the surgical intervention that some people may choose is only one option for addressing gender dysphoria that not everyone transitioning will seek.

The Trust recognises that the surgery itself does not change someone's gender identity so avoids the term reassignment surgery. The Trust also recognises that surgery is not necessary to confirm anyone's gender identity. In the context of this protected characteristic, the Trust will prefers to use the term Gender Identity.

Appendix 2- Patient Focused EDS objectives

Goal No.	Goal	Outcome	Protected characteristic being considered
1	Better health outcomes	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed	Age
2	Improved patient access and experience	2.3 Patients and carers report positive experiences of the NHS, were they are listened to and respected and their privacy and dignity is prioritised	Gender Identity*(*see appendix 1)