Annual Patient Equality and Diversity Report 2018/2019

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Contents

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In line with the Equality Act 2010 the Trust is required to publish equality information annually to show how it has complied with the public sector equality duty. This annual report focuses on our patients and provides the Trust with valuable insights into the diverse needs of our patient population and progress against our patient focused equality objectives and areas for improvement.

About us

Imperial College Healthcare NHS Trust provides acute and specialist health care in North West London for around a million and a half people every year. Formed in 2007, we are one of the largest NHS trusts in the country, with over 12,000 staff. 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.

Our local population and patient profile

The Trust has used the most recently published data about the local population of the boroughs where its hospitals are based. We have the additional challenge that the local population in our area increases significantly during the day as more people come to work in the area than actually live there. The data that is published will not capture this group of people, although they may use our services.

Ethnicity

In 2018/19 we noticed little change in the ethnic mix of our patients when compared with the previous year (figure 1). There continues to be a significant number who do not wish to disclose their ethnic group.

White people make up 40% of the patient population as opposed to 60% in the total local population according to the last London census.

Fig.1 London local population and Trust patient profile
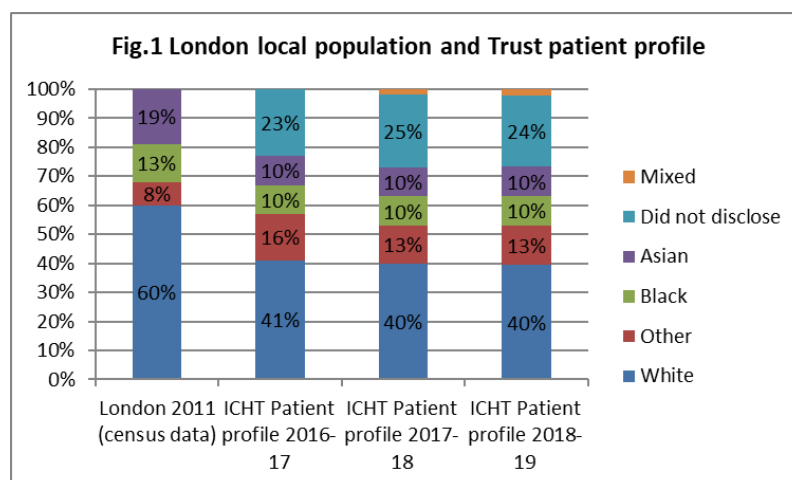
Age

The 2011 census uses different age brackets to the data that the Trust collects; therefore it cannot be directly compared. We have presented this data as two separate charts overleaf (fig.2 and 3).
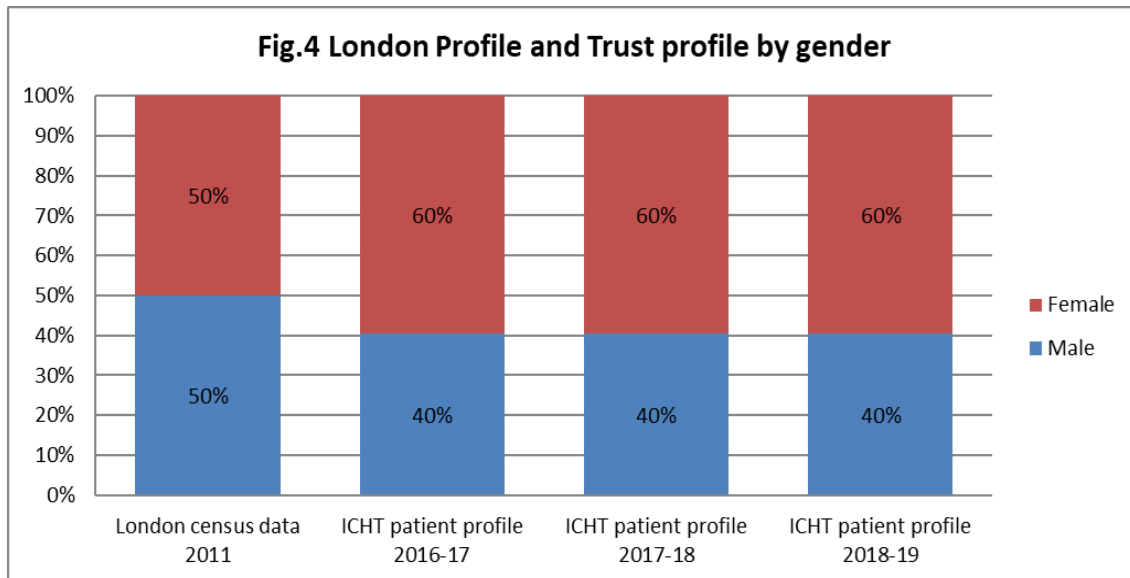
The age structure in each of the boroughs is different from England, with a much larger working age population and a smaller number of children and older people. This trend is reflected in our patient population.

In the 2011 census that 89% of the tri-borough population were aged 65 years and younger compared with 74% of those who use our services for the same age bracket. There is little change in the age distribution of patients across the past 3 years, with an even spread from 16-80 years.

Fig 2. London local population data

Fig.3 ICHT Patient profile by age
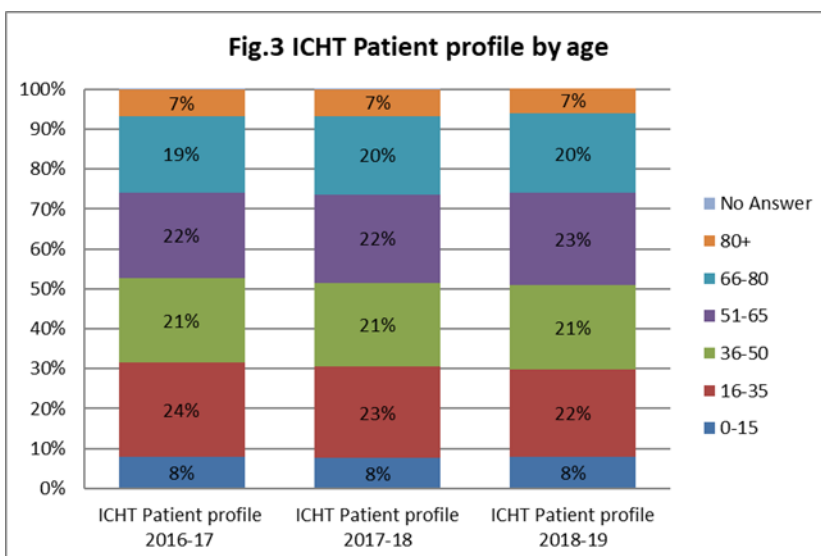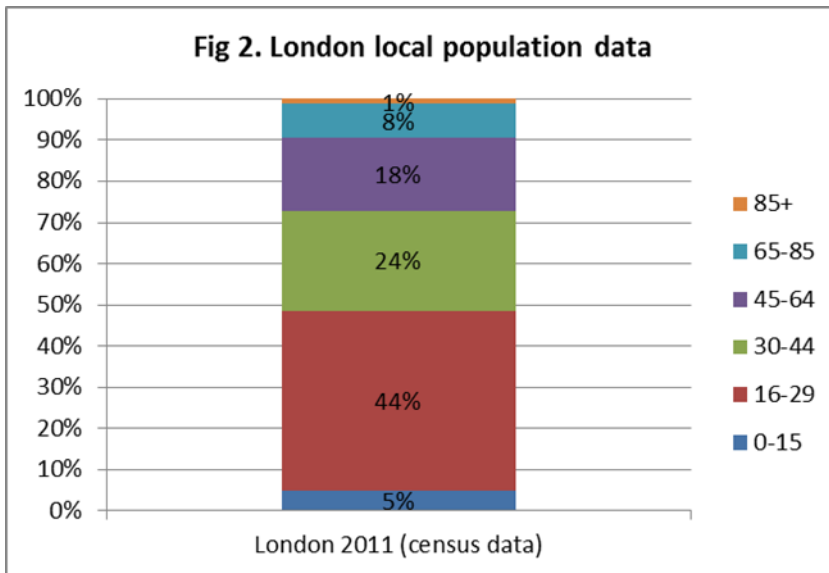
Sex

Women are over represented in or patient population when compared with the London wide data. Our patient profile has not changed in terms of gender mix.

Fig.4 London Profile and Trust profile by gender

	London census data 2011	ICHT patient profile 2016-17	ICHT patient profile 2017-18	ICHT patient profile 2018-19
Female	50%	60%	60%	60%
Male	50%	40%	40%	40%

The Trust data used in this paper will use date from patients who used our services in 2018/19.

Patient feedback

Friends and Family Test (FFT)

All NHS organisations are required to ask patients a question referred to as the Friends and Family Test (FFT). This question asks people who use the services if they would be likely to recommend the Trust to family member or friend if they needed similar treatment. This is reported as a percentage likely to recommend.

When analysing this date it is helpful to understand how reflective it is of our total patient population and our local communities. We have therefore mapped the demographic information we hold against the total Trust population and the London population data.

Fig.5 Comparison by ethnic group
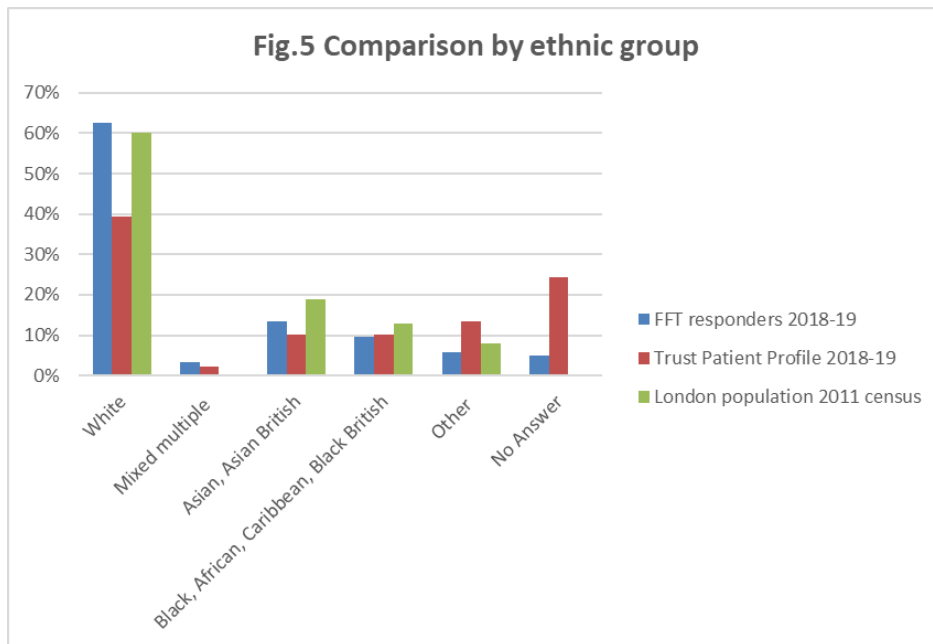
It would appear that white people are overrepresented in the FFT surveys when compared with the total patient population of the Trust; however over 20% of the total patient profile did not disclose an ethnic group, this may account for the difference.

Patients who completed the FFT were more likely to disclose their ethnic group. This may be due to the timing of the data collection as the Trust data is collected on admission, when the patient is unwell and the FFT is collected at discharge.

People aged 36-65 years were over represented in the FFT feedback whereas young people were under represented. There was little difference between gender in terms of FFT feedback and the Trust patient profile.

We found that there was little difference between the ethnic groups in terms of whether or not they would recommend the service. The only group that scored slightly lower were those who identified as mixed multiple ethnic backgrounds and used our A&E services. More people who attend A&E do not disclose their ethnic group.

The most significant differences were between people aged 16-35 years who used our outpatient services who would be less likely to recommend our services when compared with other age groups. This may be due to waiting times and work commitments.

Complaints

People aged 36-50 years 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 (64% 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.

White people were more likely to complain but again this was consistent with more white people using our services.

Our approach

In accordance with the Equality & Diversity Policy the Trust will publish its equality objectives every 4 years and will report through this document, progress against those objectives each year.

In 2017/18 the patient equality objectives were agreed as below. This was following an internal review of patient feedback and available evidence at the time.

In accordance with the Equality & Diversity Policy, these objectives will continue for 4 years unless there is a review of the policy necessitating a change in our processes.

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)

Governance

The Equality and Diversity Steering Committee terms of reference are currently under review. In 2018/19, the EDS Committee was co-chaired by the director of nursing and director of people and organisation development. The members include representation from each clinical division and corporate services. The Committee meets each quarter and progress against EDS2 objectives are reported at this committee.

Progress against Equality objectives 2018/19

Age - Transition of care

Building upon the work from last year, the Young People @ Imperial (YPi) Big Room commenced in May 2018.

Big rooms are weekly meetings focused on improving patient care. Every week at each big room, a range of staff and patients come together to test and embed improvements to patient care.

Each big room is led by a pair of coaches who have been trained in team coaching and improvement science techniques. People from each step of the patient journey are involved and work together to unpick complex problems along the care pathway.

The big room approach was born out of Japanese manufacturing: Toyota use obeya (roughly translated as 'big room' or 'war room') as a core tool for their product development and problem solving. Using obeya, Toyota was able to halve the time it took to manufacture hybrid engines. The Sheffield Flow Coaching Academy adapted obeya and applied the approach to improving patient flow.

The purpose of the big room is to:

- Identify and implement specific improvements along the whole of a care pathway
- Design, test and implement improvements using improvement science techniques and plan, do, study, act (PDSA) cycles
- Bring together a range of stakeholders, including patients
- Provide a safe space where the team can come together on a regular basis, with collective leadership in which everyone is able to participate, and no one dominates
- Use real time data and measurement to inform continuous improvement.

Over the past year, the YPi Big Room has met each week to focus on Adolescent care with a specific goal of developing a 'one-stop-shop' style transition clinic. The initial focus is for young people with chronic diseases namely rheumatology, allergies and diabetes.

Much background work has already been undertaken including to implement age appropriate risk assessment tools namely implementing the HEADSS tool (Home, Education, Activities, Drug use and abuse, Sexual behaviour, Suicidality and depression). This has involved staff training and provides a safe structured tool for staff to use to engage in age-appropriate conversations with adolescents. This is the beginning of developing an adolescent service.

The YPi Big Room is currently co-designing a clinic template that will bring together relevant professionals to deliver a holistic approach to adolescent care. We are planning to pilot the first adolescent transition clinics in October and November 2019.

Gender identity

Prior to 2017/18, demographic information about gender was limited to male and female. As part of our commitment to understand the experience of all our patients, we decided to expand this category for inpatients and A&E attendees in the first instance. In 2018/19, we have added in a further option of non-binary for patients to select from.

In terms of the feedback we have received from patients who identify as non-binary, they score significantly less in inpatient and A&E areas as shown below.

Fig.6 Trends of % likely to recommend by gender: April 2018 - March 2019
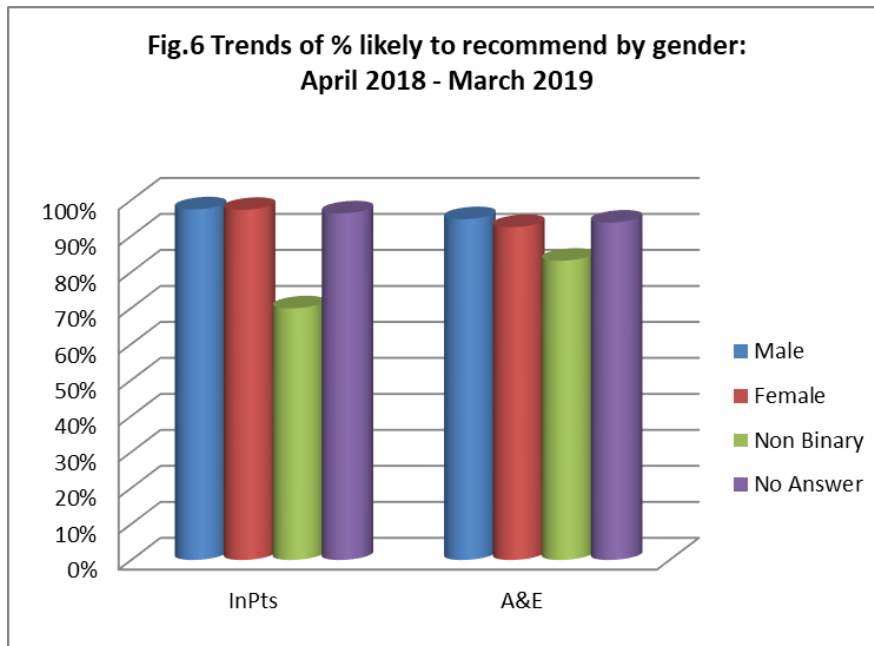
In terms of the numbers, inpatients who have identify as non-binary account for 0.1% of those who give feedback and 0.5% of A&E patients who give feedback. Approximately 6% of inpatients and A&E patients who identified as non-binary would not recommend our services.

On reviewing the comments, the themes mirrored the wider patient population, with no specific comments related to the person's gender identity.

The evidence we hold at present is not sufficient to determine whether or not people with the protected characteristic 'gender identity' (referred to as gender reassignment under The Act) do experience positive patient experiences. In light of this, we will include the option 'non-binary' in the OPD survey to try to increase our numbers. We acknowledge that including non-binary as a gender option will not capture feedback from people who for example identify as male but were assigned female at birth; however we feel it is a positive move towards being more inclusive.

In addition, we will conduct patient focus groups in the first instance to try and capture patient experience first-hand and to use this feedback to develop staff training.

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).

We try to include some patient stories to reflect the diverse patient backgrounds under the Equality Act. In 2018/19 we heard from patients who are of different genders and ages with different experiences to share. We heard from a deaf patient. We have been working with her to develop a training video and to launch a new deaf awareness band. This will be implemented in 2019.

In 2018/19 we acknowledge that not all of the protected characteristics were reflected through patient stories. We will ensure we include representation from more ethnically diverse groups in 2019/20.

## 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 in 2018/19. 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

Our initial priorities were:

- to develop a system whereby we could identify and flag patients with learning disabilities
- to develop and embed the new Learning Disabilities and Autism Policy
- to relaunch the Carer's passport

We achieved all of these objectives, with the Policy being launched in 2017. The chart overleaf clearly demonstrates the impact of this policy combined with the staff education; we now have over 400 patients with learning disabilities who are known and flagged on our system. This compares with 4 in 2015/16.

Fig. 7 Number of patients with learning disablities known to the Trust
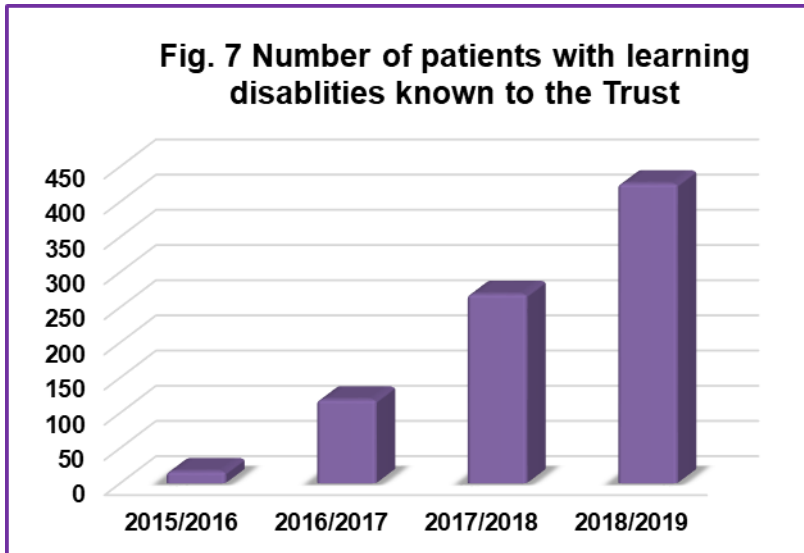
In 2018/19 we had 570 patient episodes recorded for 153 patients. As the chart below indicates, 46 per cent of these patient episodes were inpatient episodes and 54 percent were A&E attendees.

Fig. 8 Year 2018-19
570 patient episodes for 153 patients
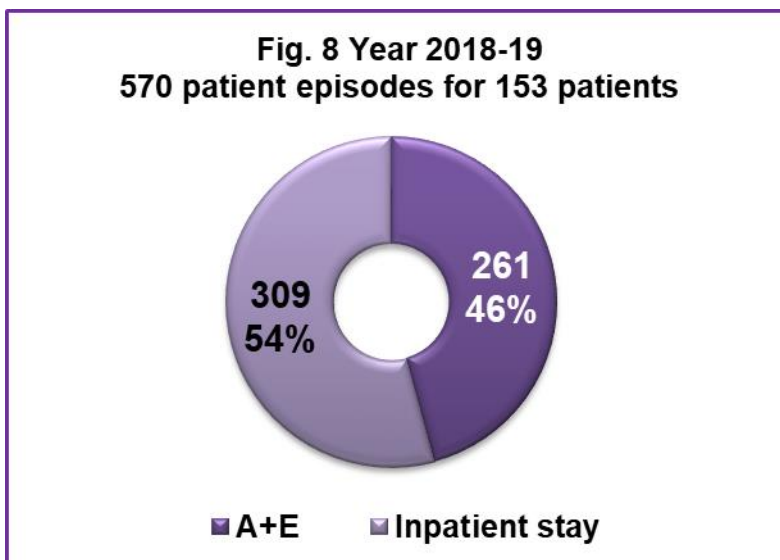
We are continuing to train our staff focusing on specific staff groups. For example in 2018/19 we trained 50 security officers (in addition to other staff groups). The training programme is delivered in partnership with people with learning disabilities and autistic people.

Reasonable adjustments are an integral part of caring for people with learning disabilities. An example of how we have used these in our Trust is below:

a patient with learning disabilities, cerebral palsy and a pressure sore was seen in the Urology Clinic. A bed and hoist had been borrowed from a ward to ensure he was moved from his wheelchair on arrival to protect his pressure sore and he was seen by the consultant as soon as he arrived.

Working together group

In March 2019 we held our first 'working together group', hosted by the Trust. Around 30 community learning disability nurses, residential care home staff and ICHT staff came together to discuss ways of working closer together and providing better care for our patients.

The LeDeR findings were used to invite discussion on constipation and aspiration pneumonia as causes of death facilitated by a community learning disability matron and ICHT Speech and Language professionals. The application and recording of Mental Capacity Act assessments was presented by safeguarding colleagues. Feedback of the day was positive and suggested topics to be included for the next meeting to be held in September 2019.

Patient feedback

The examples shared give a sense of the work we are doing around supporting people with learning disabilities. There are many other workstream we are involved with including the Learning from Deaths programme (LeDeR); the national Learning Disability Survey (to be published in July 2019) and contributing to external work such as the development of the NHSi learning disability standards.

We introduced an easy read version of the Friends and Family Test in April 2018 and have received 1315 responses as a result. We are pleased to report that 98.5% of patients who completed this survey would recommend our services as shown below.

Fig. 9 FFT in easy read
Would you recommend our services?
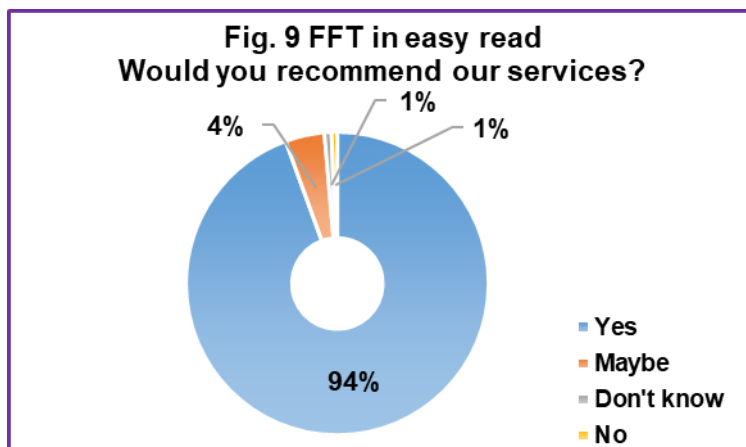
Positive themes in the comments were around the care and kindness shown by the clinical staff and the general organisation on the wards and departments.

Negative themes were around poor food, noise at night and poor cleanliness.

These themes are reflective of our wider patient population.

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 the term Gender Identity.