NHS
Imperial College Healthcare
NHS Trust

Annual Patient Equality and Diversity Report 2019/2020

Stephanie Harrison-White

Head of Patient Experience

2019-2020

Contents

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.

Welcome

'The *true measure* of any society can be found by how it *treats* its most *vulnerable* members' Mahatma Ghandi.

We want all patients to experience care that is kind so that you 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.

Use of data and information

The data used in this report is anonymous.

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 impact of coronavirus as our patients and staff felt the first effects of this in March 2020. This has been an unprecedented time for everyone (staff and patients) and especially for those most vulnerable or 'at risk'. Data reported for March will be incomplete due to the impact of COVID-19.

Purpose and Scope

In line with the Equality Act 2010, the Trust is required to publish equality information annually (1 April 2019-31 March 2020), 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. Please read this in conjunction with the 'Workforce Equality, Diversity and Inclusion Annual Report'.

About us

At Imperial College Healthcare NHS Trust we provide acute and specialist healthcare for around 1.3 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.

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.

The Equality, Diversity and Inclusion Policy is currently under review so this process is subject to change pending the publication of the new policy

Patient focused Equality, Diversity and Inclusion 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)

Our governance

The Equality and Diversity Inclusion (EDI) 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 each quarter and progress against EDS2 objectives are reported at this committee. The EDI Committee includes representatives from divisions, staff networks and staff side.

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.

Our local population and patient profile

The most recent published local population data is from the 2011 census. 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 census data will not capture this group of people, although they may use our services.

The Trust data will be from a different time period; we will show trends over time for Trust data.

Ethnicity (appendix 2, table 1)

In 2019/20 we noticed little change in the ethnic mix of our patients when compared with the previous year. There continues to be a significant number who do not wish to disclose their ethnic group (23% in 2019-20).

White British people make up 39% of the patient population as opposed to 45% in the total local population according to the last London census (2011).

Age (appendix 2, tables 2a &b)

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 is reflected in our patient population.

In the 2011 census, 91% of the tri-borough population were aged 65 years and younger, compared with 73% (2019-20) 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.

It is not surprising that the Trust has a larger proportion of older patients than our local population, as older people are more vulnerable in terms of their health and well-being and therefore are more likely to be admitted to hospital.

Gender (appendix 2, table 3)

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.

Patient feedback

Friends and Family Test (FFT) (appendix two, tables 1-3)

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 a family member or friend if they needed similar treatment. This is reported as a percentage likely to recommend.

When analysing this data it is helpful to understand how reflective it is of our total patient population and if there are any notable differences between the patient groups in terms of the numbers and their experience.

We have therefore mapped the demographic information we hold against the total Trust population and the London population data.

In terms of ethnicity, we note that white people are over represented in the FFT survey (52% versus 39%).

Patients who completed the FFT were more likely to disclose their ethnic group than our general patient population. 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. Overall, people aged 16-35 years scored slightly lower (2%) on the FFT likely to recommend than those aged 36-65 years. When looking at the services themselves, people aged 16-35 years who used our outpatient services were less likely to recommend our services when compared with other age groups. This may be due to waiting times and work or school commitments.

There was little difference between gender in terms of FFT feedback and the Trust patient profile. We noted however that those who identified as non-binary (n=209) scored significantly lower on the likely to recommend score (51% compared with over 92% for others).

Complaints

We hold limited demographic data about people who make formal complaints. This is something that the team is hoping to improve upon next year. We found that people aged 18-55 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.

Progress against Equality objectives 2019/20

Age - Transition of care- Young People (appendix 3)

When looking at our FFT results, 97 per cent of young people 0-15 years who completed the survey, would recommend our Trust to their family and friends. This compares well with other age groups as shown in appendix 2 table 2.

The main focus of this equality objective is how young people are supported when moving from paediatric to adult services. The Trust established 'Big 'Room' in September 2018 to coordinate this work, this is referred to as the 'Young People @ Imperial (YPi) 'Big Room'.

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.
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.

In the past year, the YPi Big Room has implemented 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.

The first Adolescent clinic was held in October 2019. The clinic used an innovative approach to create a clinic and also gave young people an opportunity to meet and talk to professionals about wider health and social concerns such as sex education, career opportunities and mental health concerns. Parents were invited to attend however the young people were supported to have discussions on their own in a safe environment.

Twelve young people attended and 11 completed a feedback form. All of the young people liked the format of the clinic and 90 percent said they would attend again. The information that went out beforehand needed improving to ensure the young people and their families were better prepared for the clinic and its unique style. We asked each of them if they enjoyed visiting the different stands and if this had been helpful to them. The stand they enjoyed the most was about education and career planning.

Parents and young people were asked to leave comments. One parent reported that she had found the clinic to be really helpful as she had an opportunity to sit with another parent who really understood what it was like to have a child with a chronic health condition. This was an unexpected but much welcomed outcome.

A second clinic was planned for March. This had to be suspended due to the impact of the pandemic on our outpatient services. The YPI Big Room will recommence as soon as it is safe to do so.

Gender identity (appendix 4)

Prior to 2017/18, demographic information about gender was limited to male and female. In 2018/19, we have added in a further option of non-binary for patients to select from. In the first year, 199 patients selected non-binary as their gender identity. In 2019-20 we added more gender categories to include outpatients, in the hope that we may receive more feedback. We noted a small but not significant increase to 209 patients.

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

On reviewing the comments, the themes mirrored the wider patient population, with no specific comments related to the person's gender identity nor privacy or dignity issues noted. Therefore we have been unable to identify why this discrepancy exists and this is something we will continue to monitor closely.

In 2019-20, a working group was formed to focus on patients who identified as transgender. As part of this work, a bespoke survey was developed and piloted. The purpose of the survey was to ask patients who were inpatients *and* had a gender identity different from their gender assigned to them at birth, about their experience of being a patient in our hospitals. The sample size was only 8 for the purposes of the pilot.

This small survey found that all of the patients found the service to be good or very good. A person's name is an important part of their identity as are the pro-nouns that we use. In this small sample, although patients were not always asked their preferred name, staff did use their name correctly. Most staff did not ask about a person's pronoun (87.5%) and although most staff used the correct pronoun (62.5%) the remainder did not. All of the patents felt they were treated with dignity and respect.

The working group had planned to hold a patient focus group to discuss the findings however the pandemic COVID-19 meant this had to be postponed. This work will be continued in 2020-21.

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).

Last year we recognized that we needed to include more people from ethnically diverse backgrounds. In 2019/20, we heard from two patients from BAME backgrounds, one with learning disabilities and two older people. The patient story programme was interrupted and had to be suspended due to the impact of COVID-19.

We continued with our work from the previous year, building on a project about communication and deaf people. We identified a discrete surgical pathway where we intended to pilot the introduction of blue deaf awareness bands. Teaching had been delivered in partnership with a deaf service user and the project was due to launch. This had to be suspended due the impact on services of the pandemic. We will review this work once the current position has resolved.

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

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. We now have over 500 patients with learning disabilities who are known and flagged on our system. This compares with 4 in 2015/16 and is a further increase of 111 patients in the last year.

Our overall activity has increased from 570 patient episodes recorded for 153 patients in 2018/19 to 712 patient episodes for 248 patients.

We are continuing to focus on staff training and have trained over 250 staff over the past year. The training is delivered face to face and where possible, is delivered in partnership with service users. Over the past year our training has included preceptorship programmes; junior doctors and student nurse. In addition, we have delivered bespoke training in services such as breast clinics; ophthalmology and the elective care pathway.

We are seeing evidence that staff are more aware of the need to make reasonable adjustments to patient care and what this actually means in practice. For example, side rooms, if available, are offered and 1:1 nursing provided for patient and staff safety. Consultations often last longer than the 10-20 minute slots and clinicians keep waiting time to a minimum.

An example of excellent practice was noted at Western Eye Hospital when a 23 year old autistic young man with severe learning disabilities and behaviour that can challenge services needed urgent attention at A+E. Staff arranged a quiet place for him to wait and a Consultant experienced in paediatrics left his clinic that morning to examine SE. He was able to diagnose retinal detachment in both eyes and immediately discussed the problem with the Consultant retinal surgeon who also came to see the patient and family and explained options. A pre-operative assessment was also carried out in the department so that he didn't need to return again before he had surgery 5 days later to restore as much of his sight as possible.

People with learning disabilities have the opportunity to give feedback via our easy read FFT survey. We continue to receive positive feedback through this survey with 97 per cent of patients who completed this survey recommending our service.

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.

These themes are reflective of our wider patient population.

In 2020, we hope to expand our learning disabilities team and recruit a nurse to support with ward based support and training.

Looking forward

We will continue to work on our agreed objectives and will review our demographic questions with a view to expanding the gender identity choices to be more inclusive. In 2020, we plan to recruit a learning disabilities nurse to support with ward based support and training.

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.

Appendix 2- Patient Data

This section will include local London population where possible, but note the data is not always reported using the same parameters and is based on the 2011 census data.

Table 1: Patients by ethnicity

	London data 2011	Trust data 2019-20	FFT responders	FFT % recommended score
Asian, Asian British	19%	10%	16%	96%
Black, African, Caribbean, Black British	13%	10%	14%	95%
Mixed multiple	5%	2%	5%	94%
White British	45%	39%	52%	95%
White other	15%	NR	NR	NR
Other	3%	15%	9%	93%
No answer	NR	23%	4%	89%

Table 2a: Patients by age- Trust data

Age (years)	Trust data 2019-20	FFT responders	FFT % recommended
0-15	7%	2%	97%
16-35	22%	14%	92%
36-50	21%	32%	94%
51-65	23%	28%	95%
66-80	20%	17%	95%
80+	7%	4%	95%
No answer	NR	2%	89%

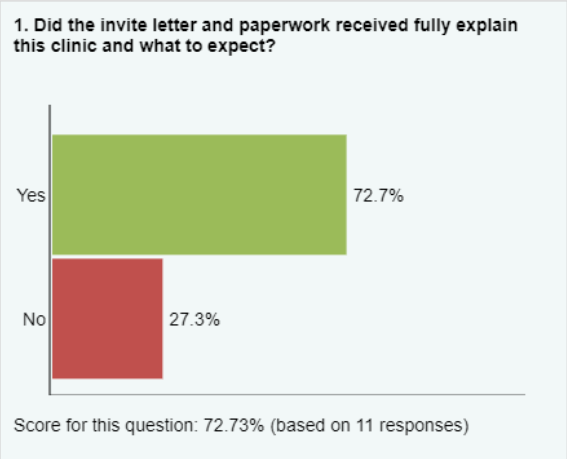
Table 2b: Local population by age (2011)

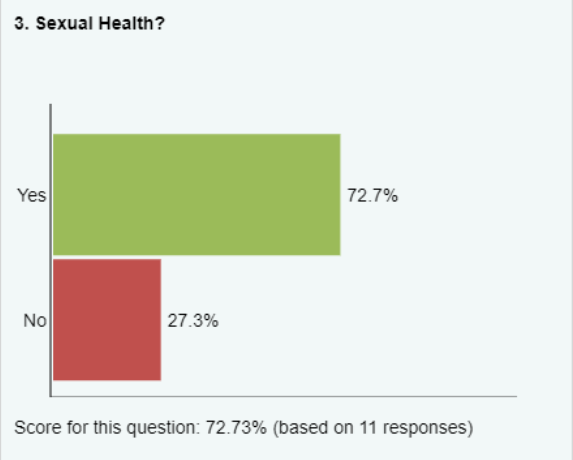
Age (years)	London 2011
0-15	5%
16-29	44%
30-44	24%
45-64	18%
65-85	8%
85+	1%

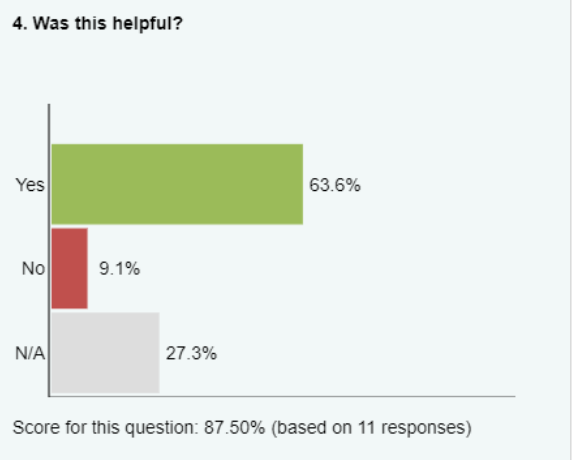
Table 3: Patients by gender

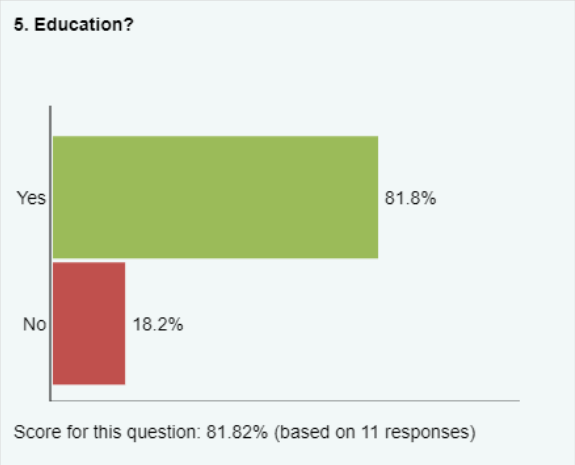
	London data 2011	Trust data 2019-20	FFT responders	FFT % recommended score
Male	50%	40%	37%	95%
Female	50%	60%	61%	94%
Non binary	NR	NR	0.1%	51%
No answer	0%	0%	2%	92%

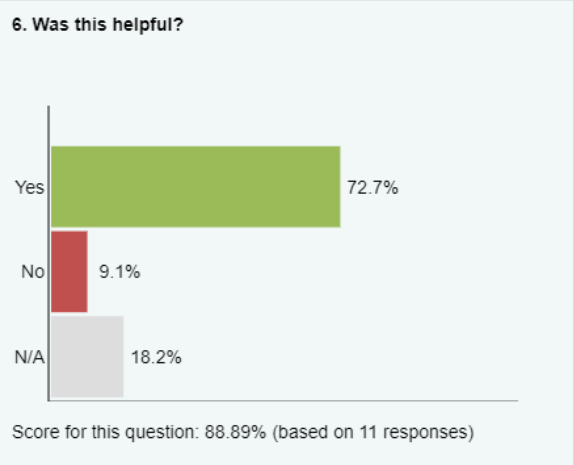
Appendix 3- Age- Young People Transitional Care



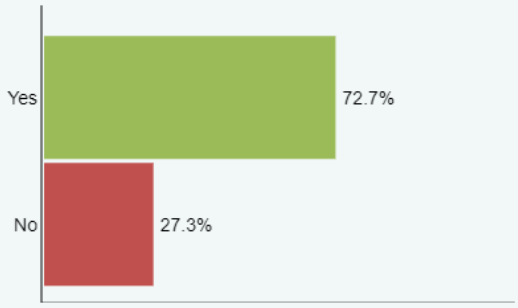






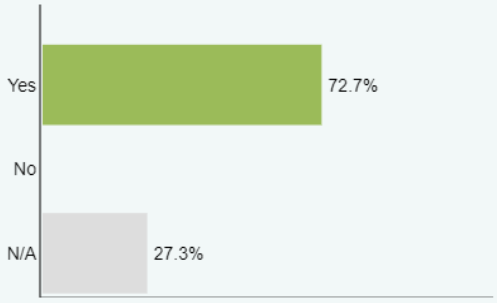


7. Psychology?



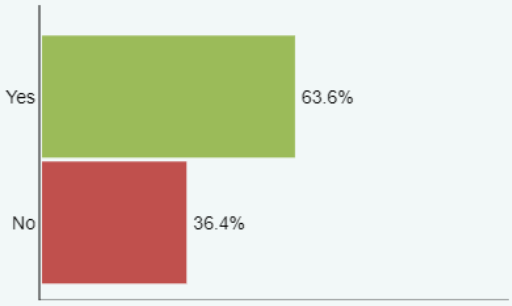
Score for this question: 72.73% (based on 11 responses)

8. Was this helpful?



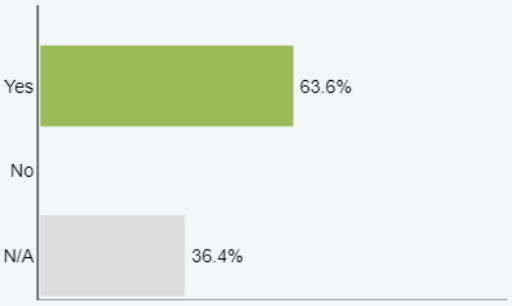
Score for this question: 100.00% (based on 11 responses)

9. Dieticians?



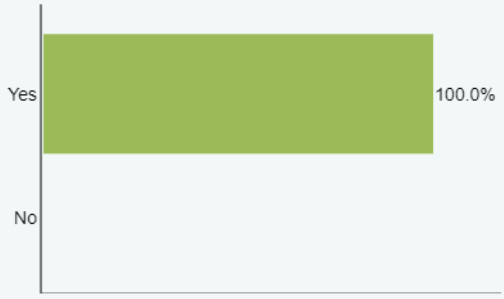
Score for this question: 63.64% (based on 11 responses)

10. Was this helpful?



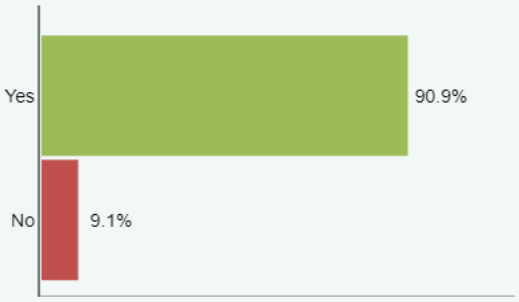
Score for this question: 100.00% (based on 11 responses)

11. Overall, was it useful to have information provided in this way?



Score for this question: 100.00% (based on 11 responses)

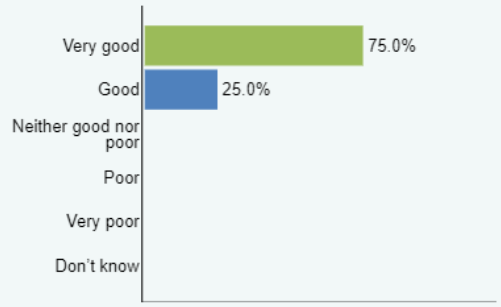
17. Would you attend another similar clinic/appointment?



Score for this question: 90.91% (based on 11 responses)

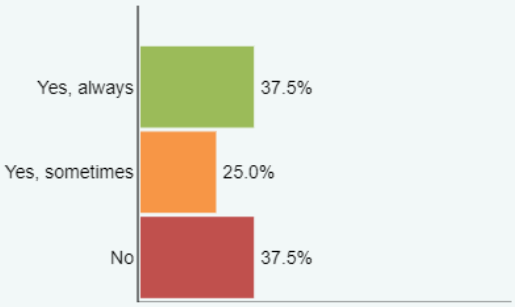
Appendix 4- Gender identity survey results

1. Overall, how was your experience of our service?



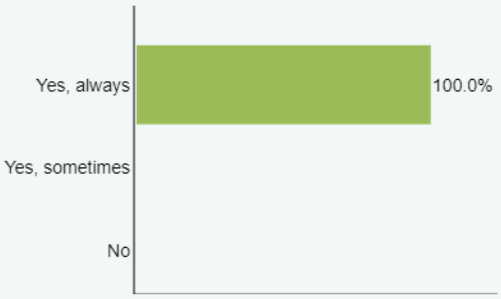
Non Scoring, 8 responses

4. Were you asked your preferred name on this ward?



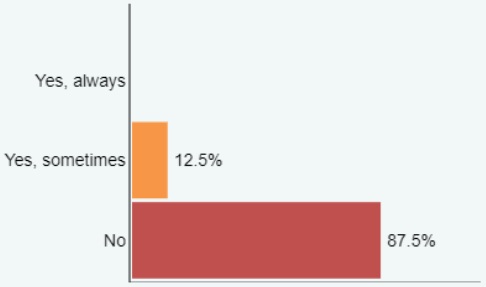
Score for this question: 50.00% (based on 8 responses)

5. Did staff use your preferred name when addressing you?



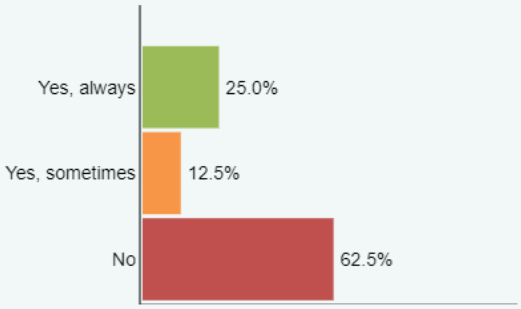
Score for this question: 100.00% (based on 8 responses)

6. Were you asked about your pronouns on this ward?



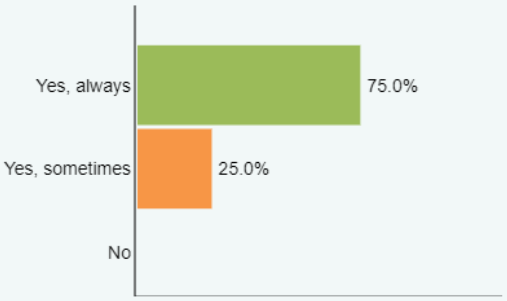
Score for this question: 6.25% (based on 8 responses)

7. Did staff address you using incorrect pronouns during your stay on this ward?



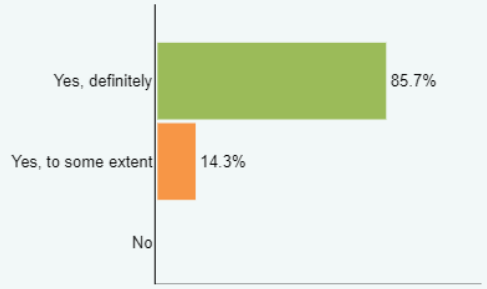
Score for this question: 31.25% (based on 8 responses)

9. Overall, did you feel that staff treated you with dignity and respect during your stay?



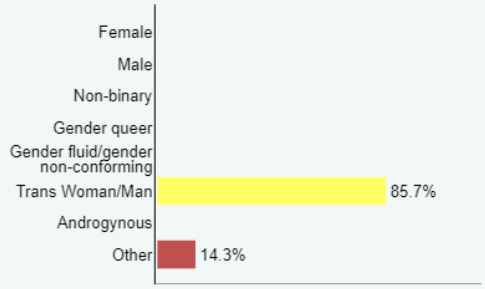
Score for this question: 87.50% (based on 8 responses)

10. During you time in hospital did you feel well looked after by hospital staff?



Score for this question: 92.86% (based on 7 responses)

11. Which of the following best decribes your identity?



Non Scoring, 7 responses