

Annual Patient Equality and Diversity Report 2016/2017

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1. Introduction

This report is published to give details about how the Trust is meeting the public sector quality duty (PSED), as outlined in the Equality Act 2010. This report focuses on the patient/user perspective and should be read alongside the Annual Workforce Equality and Diversity report for the same time period.

Everybody has a right to be treated with respect and dignity; the nine protected characteristics are relevant to all people.

2. Background

2.1 PSED

The PSED duty requires public bodies to demonstrate due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

The Equality Act requires public sector bodies to publish relevant information to demonstrate their compliance with the PSED.

2.2 Equality Objectives

The Trust uses the Equality Delivery System² (EDS²) as a framework to monitor compliance with the PSED and to agree and measure Equality Objectives.

Progress against the Equality objectives is reported internally through the Quality Report and annually through the Equality Reports, including the Workforce Race Equality Standard report.

3. Demographic profile

3.1 Overview

The Trust is located within three boroughs of London, these being Westminster; Kensington & Chelsea and Hammersmith and Fulham. The Tri-borough Joint Strategic Needs Assessment in 2013-14 shows that the local population increases by almost a million during the day.

Tab.1

Local authority	Local authority resident population	Local authority daytime population
Hammersmith and Fulham	182,500	257, 916
Kensington and Chelsea	158, 700	281, 956
Westminster	219,400	986, 774
Total	560, 600	1, 526, 349

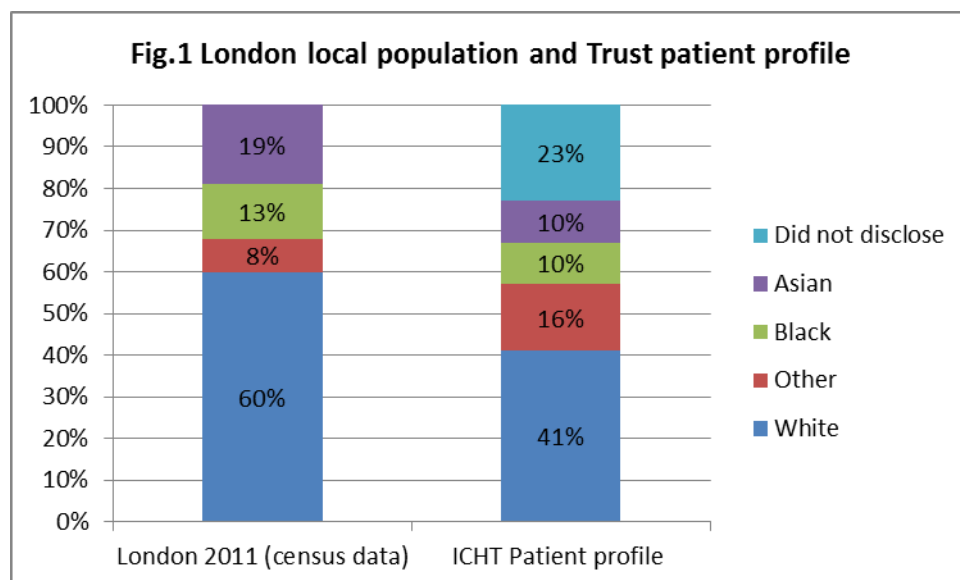
Over 1 million people use our services each year.

When considering the demographic profile of the local population and how this compares to the profile of the patient population, the most recently published data has been used. The Trust data will be current whereas the local population data will be older. The local population data is limited as it does not reflect over a million people as they are not local residents and are only in the area during the day. These people may still use our services so our potential patient population is different from the local population.

3.2 Ethnicity

The percentage of patients that used our services in 2016/17 from Black and Minority Ethnic (BME) backgrounds is 20%. This data is reliant upon patient disclosure and 23% did not disclose their ethnic group.

White people make up 41% of the patient population.



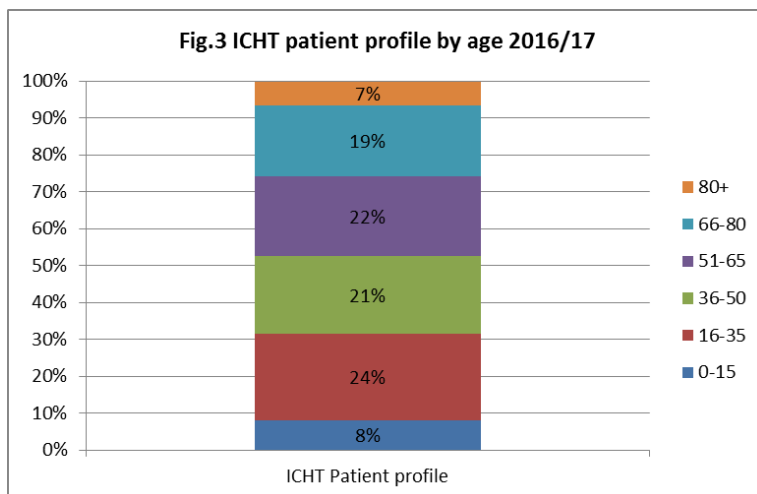
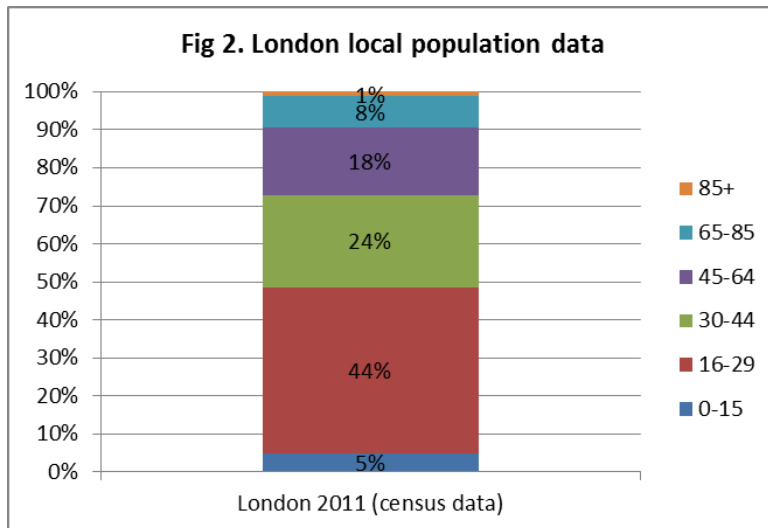
3.3 Age

The 2011 census uses different ages brackets to the data that the Trust collects, so cannot be directly compared. We have therefore presented the data as two separate charts (fig.2 and 3).

The age structure in each of the three boroughs is different from England, with a much larger working age population and a smaller number of children and older people.

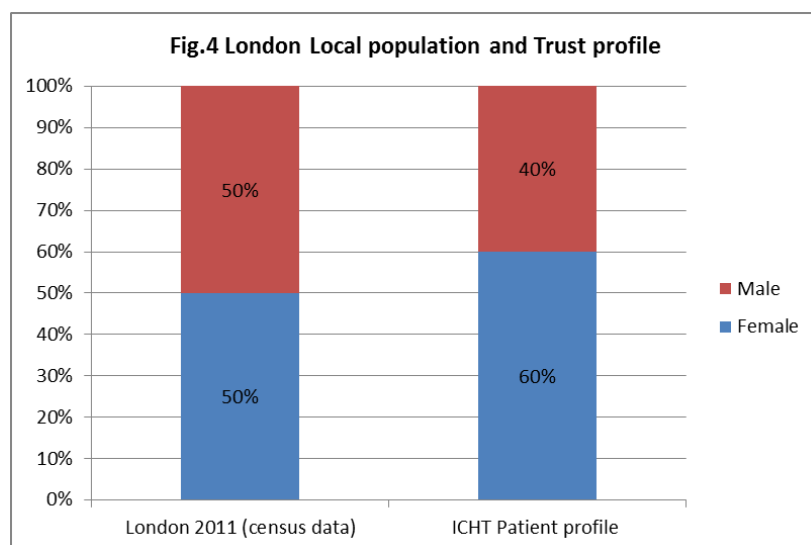
Hammersmith and Fulham have the largest young-working age of the three boroughs and the smallest proportion of older people. In the 2011 census that 89% of the tri-borough population were aged 65 years and younger and 61% aged 16-50 years.

The largest percentages of people who use our services are aged between 16- 65 years. This is spread quite evenly across the age brackets.



3.4 Sex

There is no difference between the local residents in terms of sex. When considering our patient population, there are slightly more women than men who use our services.



3.5 Additional information re: local population

The Trust does not capture information against all of the nine protected characteristics (appendix 1). We did try to capture additional information in the past through the Friends and Family Test data but patients were reluctant to disclose this as shown in the significant number of people who did not disclose their ethnic group. We will review this again as we recognise this information is important.

Health in the tri-borough is broadly similar to the rest of the country with cancer; heart disease and stroke and respiratory disease or other long term conditions being the principle causes of death. Accidents and injury are the most common cause of premature death in the young. According to the 2011 census data, 89% of the local population considered they were in general good health/ good health and 87% of the local population considered themselves to be active in their day to day activities.

The tri-borough has the highest gap in life expectancy between residents in deprived and affluent areas. There is a significant number of young people living in poverty and many young people are not working nor in education.

There were 97 languages spoken according to the census data but 75% spoke English as their main language. Christianity was the majority faith with 50% being Christians and 21% stated no religion.

It is anticipated the UK population will continue to expand and is predicted to grow by 8 million over the next 20 years with 4.5 million for natural growth and 3.5 million of immigration. This is based on the census data and previous population growth models, it is difficult to predict the impact of Brexit on this predicted pattern.

The population is expected to become more diverse by 2031 with 37% in London expected to be from non UK white ethnic backgrounds.

The nature of the local population presents challenges for both commissioners and healthcare providers, as the population increase by two-thirds during the day and these

people will not be captured in local population demographics, therefore the profile of the local population may significantly change during the day.

4. Feedback from patients

4.1 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. The response is reported as a percentage.

We found that there was little difference between the ethnic groups in terms of whether or not they would recommend the service. 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. We also noted that people with disabilities would be less likely to recommend our A&E services when compared with other groups (ethnicity, age and gender).

4.2 Complaints

People who are aged 66-80 account for over 17% of complaints made. This is similar to the percentage of people aged 66-80 who use our services. We noted a similar breakdown for sex as 61% of complainants were female and 60% of our local population was female. With reference to ethnic groups, we noted a significant number did not disclose their ethnic group (34%). This is higher than the number who did not disclose their ethnic group amongst the patient population.

Age and gender therefore did not appear to be a factor in whether or not patients would complain, it is difficult to know whether this can be said of ethnicity.

5. Summary of Progress against the Equality Objectives 2016/17

5.1 Patient focused Equality Objectives

The Trust decided to primarily focus on people with learning disabilities because we had identified through patient feedback and our on-going monitoring of the EDS2 framework, that these patients (or their families or carers) were not reporting positive experiences.

In 2016/17, we specifically focused on the outcomes in tab.2 from the EDS2 framework.

Tab.2

Goal No.	Goal	Outcome
1	Better health outcomes	1.2 Individual people's health needs are assessed and met in appropriate and effective ways
		1.4 The safety of patients is prioritised and assured
2	Improved patient access and experience	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care
		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

5.2 Protected characteristic- Disability

Approximately 1:50 of the population or 2% are known to have learning disabilities and a further 1% are on the autism spectrum. People with learning disabilities have increased co-morbidities, meaning they have an increased risk of having other health problems for example a 50% of people with Down's syndrome will have rapid onset dementia 30 years earlier than the general population. People with learning disabilities are also 20 times more likely to have epilepsy. People with learning disabilities therefore have an increased need for health and social care support.

People with learning disabilities are at increased risk of dying prematurely as identified through a confidential inquiry into early deaths of people with learning disabilities (CIPOLD – University of Bristol).

In 2016/17, the Trust embarked on a series of work streams to improve the patient experience for people with learning disabilities.

The development of the role of the Inclusion and Vulnerability Officer has been pivotal in this work. Through the on-going development of this role, the Trust has established positive networks with the tri-borough LD network resulting in closer collaborative working.

A new Learning Disabilities and Autism Policy has been developed. As part of this policy, new 'purple pathways' have been implemented, initially in the Emergency department and inpatient areas, but now extending to outpatient and maternity services.

The Discharge Policy has also been updated with a new pathway for people with learning disabilities. This has been adopted across the tri-borough as an example of best practice.

An important part of the new policy has been promoting reasonable adjustments and the role of carers in supporting vulnerable people. A grant was secured from Imperial Charity to fund the purchase of 'carer's beds' and promotional materials. We have used this opportunity to re-launch the Carer's passport and charter across the Trust.

Developing our IT systems has been crucial, as previously we relied on paper records where it was more challenging to track people with learning disabilities. With the implementation of electronic patient records, we are now able to add a 'flag' to identify a patient's specific needs and to upload their hospital passport onto the system for all staff to access. We are continuing to refine this system alongside of the Accessible Information Standard.

The Accessible Information Standard stipulates that we must provide information in an accessible format for those with a sensory, learning or communication need.

We have developed an email alert system whereby staff from within the discharge team, the patient experience team and the inclusion and vulnerability officer, receive an email alert to notify them when a patient attends A&E and when they are admitted to hospital. This enables the teams to intervene early or to visit the patient and ensure they and staff are receiving the support they need.

We know that having access to information in a format that can be understood is especially important for people with learning disabilities. We are continuing to develop our portfolio of easy read materials and are able to produce bespoke information for people within 48-72 hours.

In 2016/17, we have increased our LD training of staff through working in close collaboration with Mencap. This has enabled us to start building a network of LD diversity champions. This work is continuing.

The Trust board has heard two patient stories from patients with learning disabilities and their carers/ families, demonstrating how we have improved in supporting people. In addition, the remaining patient stories in 2016/17 represented people with different protected characteristics such as different BAME backgrounds and age.

6. On-going Equality related work

Whilst the primary focus has been people with Learning disabilities, we have included some examples of on-going work related to Equality within the Trust. This is not exhaustive but indicates the positive work that is happening around equality.

6.1 Protected characteristic- Age

The Trust has a dementia team that leads on and coordinates dementia care throughout the organisation. A number of initiatives have been implemented to improve the care of patients with dementia, these include:

- Nutritional Support Pathway in Hospital for Patients with Dementia – NoSH
This project has introduced the use of 'bento boxes' to promote nutritional intake through the use of small appetizing food portions.
Bento boxes can now be ordered by ward staff. This system supplements our existing 'red tray' system whereby patients who need additional support or increased monitoring are served their food on red trays to indicate increased nursing involvement.

Patients with dementia who continue to struggle with eating, receive additional support from the dementia team, who will conduct an assessment and support the patient and staff to set short term eating and drinking goals. In addition, meal service can be changed to 5 smaller meals in place of the standard 3.

- The Dementia Care Team has re-launched the Champion Programme for the Trust as part of a pilot project. Dementia Champions are individuals who have a specialist interest in dementia and a determination to develop and drive projects in their respective clinical areas. Projects can range from very small changes, perhaps making changes to the environment by providing dementia friendly signage to joining in with projects already being developed.
- The dementia team is coordinating a programme of activities for people with dementia, using ward based activities and interactive reminiscence software. This work has been well received, promoting not only physical activity but providing mental stimulation.
- The dementia team has worked closely with the patient experience team to develop and re-launch the carer's passport and charter. As part of this work they have redeveloped the supportive literature specifically for carers of people with dementia.
- A new book, written by nurses at Imperial College Healthcare NHS Trust to help healthcare professionals looking after patients with dementia, has been published. Excellent Dementia Care in Hospitals was written by a team of specialist dementia nurses to provide healthcare professionals with up to date information about supporting and caring for people with dementia whilst they are in hospital.

The paediatric patient experience group meets each month, chaired by the patient experience consultant lead for the children's services. This group reviews patient feedback and coordinates all projects across the services for example:

- Patient stories are available for parents and children to download where families and children have shared their own experiences, including films of patient pathways that can be used to help prepare children for surgery. These are available via Trust website.
- The RedThread services have been embedded within the A&E department, providing specific support for young people who have been victims of gang related attacks and injuries. The team will follow the patient through their inpatient admission and work closely with the community teams to plan safe discharges. This service continues to expand.
- Paediatric inpatients have introduced the 'What matters to me' initiative whereby young people are asked to visually display what is important to them. This enables health care workers to quickly build relationships with children of all ages and to find ways of supporting them if their parents are not present.

- The Trust provides a confidential young people's sexual health service, known as ARC, St Mary's Hospital in Paddington, and also in partnership with a local surgery. This walk-in service is a one-stop comprehensive sexual health service for young people aged 25 years and younger.

6.2 Protected characteristic- Gender Identity* (*see appendix 1)

The Trust is commissioned by NHS England to provide specialist genital reconstruction surgery for adults who are transitioning. We work in close collaboration with West London Mental health trust who undertakes psychological assessments, pre-operatively.

Towards the end of 2016/17, the Trust received a complaint from a patient re: gender recognition. As a result, this will be included as one of our areas to review in 2017 next year's report.

6.3 Protected characteristic- Marriage and civil partnership

The chaplaincy team work with local churches to provide marriage and civil partnerships for patients. In 2016/17 one marriage was performed for a terminally ill patient.

6.4 Protected characteristic- Pregnancy and maternity

We provide pregnant and postnatal women midwifery-led care in the community through several "midwifery group practices". These are teams of community midwives who are located in specific geographical areas surrounding our hospitals who see women in community clinics for their initial booking and subsequent antenatal appointments.

The Trust has piloted Finnish-style 'baby boxes' that were thought to contribute to reducing infant mortality rate in Finland from 65 infant deaths per 1,000 births to 2.26 per 1,000 births. The UK has some of highest rates of infant mortality in Europe, ranking 22nd out of 50 European countries, with 4.19 deaths per 1,000 births.

The boxes are designed to prevent babies from rolling onto their tummies and include a firm foam mattress, waterproof mattress cover, cotton sheet and education materials, tailored to the needs of the local population. In addition to receiving the baby box, mums were also given education materials with advice from top experts on how to further reduce the risk of infant mortality. As part of the pilot, the babies with the boxes will be monitored by the Trust until they are eight months old and their parents asked to fill out a questionnaire.

6.5 Protected characteristic- Ethnicity

The Trust's Sunflower clinics are three specialist clinics for women and families in North West London who are affected by Female Genital Mutilation (FGM).

All of the Sunflower clinics are staffed by female-only midwives. We have specialist health advocates who speak Somali and Arabic, which are language widely spoken by women affected by FGM in North West London. We also have a counsellor in the clinics. The midwives who run the clinics are specialists who have years of experience in helping and caring for women with FGM.

Two of the clinics are for pregnant women with FGM who are booked to have their baby at Queen Charlotte's & Chelsea or St Mary's hospitals.

We also run a gynaecology clinic at Queen Charlotte's & Chelsea Hospital for women with FGM who are not pregnant. Women are encouraged to self-refer to this fast-track, midwifery-led service.

We work with other local organisations to provide care to as many women as we can in our community. One example is Midaye, a Somali grassroots organisation that supports women in west London and trains specialist FGM health advocates.

Funding from Imperial Health Charity has meant we can continue to improve our FGM service and reach out to more women in the local area. We're also helping other trusts to set up their own midwife-led clinics based on our model, so that more women can access vital care: Chelsea and Westminster Hospital NHS Foundation Trust came to observe our clinics before they set up their FGM service, and we have trained some GPs in Bristol to carry out deinfibulation.

6.5 Protected characteristic- Religion or belief

We have a multi-faith chaplaincy team that provides care and support to people of different cultural backgrounds and faiths. We work closely with the local community churches.

We have multi-faith facilities across all of our sites, each equipped with washing facilities.

Our chaplains regularly accompany and support those who are receiving End of Life Care, whether for religious or spiritual support.

The chaplaincy team supports a range of religious festivals and celebrations throughout the year and also conducting a number of services including memorial services and funerals and weddings.

We offer a range of menu options to meet cultural and religious diversity, including halal and kosher options.

6.6 Protected characteristic- Sexual orientation

The trust has specific clinics for men who have sex with men that provide free, confidential sexual health advice, sexually transmitted infection (STI) screening. This includes rapid HIV testing with results within five minutes.

6.7 Protected characteristic- Sex

The Trust continues to place the privacy and dignity of its patients high on its agenda and actively promotes single sex accommodation. When planning new facilities, this is considered in detail and incorporated into all design of additional clinical space.

7. Patient focused priorities for 2017/18

7.1 Patient priorities for 2017/18

Following an internal review of progress against EDS2 outcomes and utilising patient feedback, it was agreed that we should focus on the EDS2 outcomes include in the table below.

Tab.3

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)

Based upon these outcomes, our priorities are:

- To develop and implement a Gender Recognition Policy.
- To further develop transitional care services for adolescents and young people

In addition we will continue to:

- Develop Accessible Information in easy read format and to monitor the effectiveness of systems in place to meet the needs of patients with specific communication needs as outlined in the Accessible Information Standard.
- To continue to develop our services for people with learning disabilities

8. On-going monitoring of Equality work in 2017/18

In 2017/18, our priorities will be monitored through regular reports to the Extra Quality Committee. An annual progress report will be published via the Trust website in accordance with the business plan cycle, in addition to the annual publication of the Workforce Race Equality Standard (WRES).

9. Equality Objectives 2017-2021

9.1 Changes to Governance arrangements

The Trust will develop a new governance model for Equality in the Trust bringing together the workforce and patient work streams.

9.2 Equality Objectives

The Trust will use the EDS2 framework to monitor progress against patient and workforce equality work, reviewing all 18 outcomes over a four year period.

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 prefer the term Gender Identity.