

Meeting the general equality duty

Title: patient experience

Which of the three aims is this information relevant to?

Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

Advance equality of opportunity between people who share a protected characteristic and those who do not.

How does this information help us to show we are paying due regard to advancing equality?

We can remove or minimise any disadvantages suffered by people who have a protected characteristic and take steps to meet their needs when different to those that don't. Gaining a further understanding of our patients' experience enables us to improve the quality of care and deliver services that meet the needs of all our patients and which are personal, fair and diverse.

Any other comments / actions

We are in the process of reviewing our equality monitoring information for our complaints process to make it more robust and to see how we can better promote equality monitoring to our patients.

Patient Experience

PALS is a 'one-stop-shop' for patients, carers and relatives seeking advice and support on all aspects of healthcare. PALS deals with concerns and helps to signpost patients, carers and visitors. PALS aims to deal with concerns promptly and efficiently wherever possible preventing matters escalating into formal complaints.

When people wish to make formal complaints they can come direct to our Trust, or if they prefer they can access advocacy services through ICAS, the independent complaints advisory service. Both services provide special easy read formats and will assist people with a physical disability if writing a complaint is difficult. ICAS can provide specialist support for those with disabilities such as a learning disability. We provide access to interpretation and translation services if required and audio tapes are made of meetings etc.

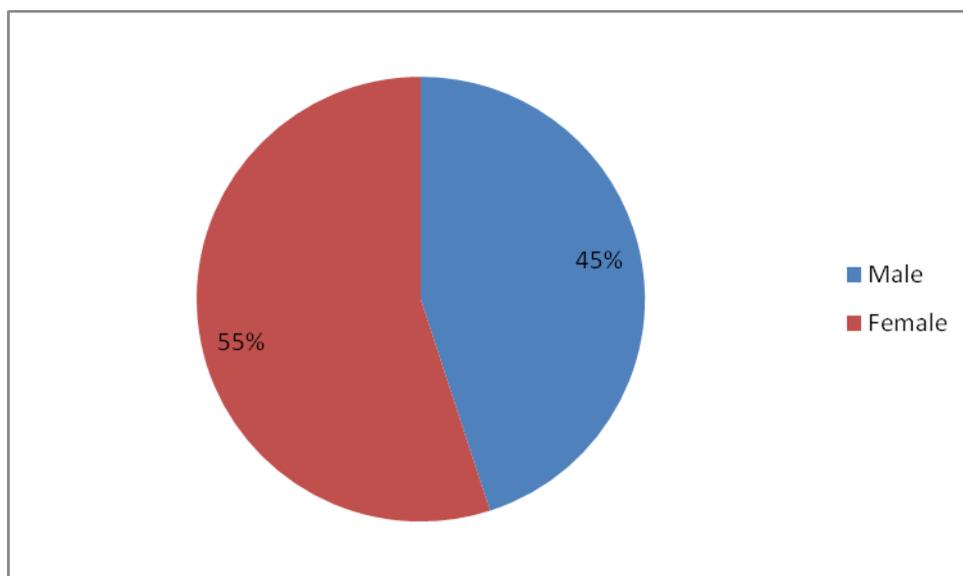
Equalities monitoring information has been recently re established for complaints but the data is not sufficient to demonstrate meaningful information. For the period of 2010 – 2011 the information was not collected. However, so that we may gain an understanding of how well those from the protected groups access the complaints service a retrospective audit has been undertaken for the period of October – December 2011 and a duration of two months.

100 complaints were looked at and the information about the patient has been cross referenced to the patient record. The patient may be the complainant but in some cases is not, however, the data can only be collected for the patient for whom the complaint concerns. The following information displays the results.

Complaints by Gender (Audit sample 100 complaints - October to Dec 2011)

By looking at gender we see a fairly representative breakdown of males to females

Male	45
Female	55



Complaints by Ethnicity

This table and pie chart illustrates a high percentage of complaints were from those who are White British at 75%. However, a further 18% did not state ethnicity, highlighting the need for inclusion work to be developed that helps educate patients and staff dealing with concerns and complaints to understand the benefits and the importance of completing the equality information.

The figures below do not appear to be representative of the population and communities that we serve and there is a marked absence of complaints from Black, Asian or Chinese communities.

There could be several explanations for this, these individuals or groups may be included or recorded in the 'not stated' group, they may not know how to complain or how to access these services, they know how to access these services but don't and then we would need to understand why, or they might have developed other ways of informally feeding back e.g sometimes we receive informal feedback from community leaders, IMAMS etc. Alternatively, they may not want to complain or feel they have no need to complain. The latter would not necessarily be captured within our existing system.

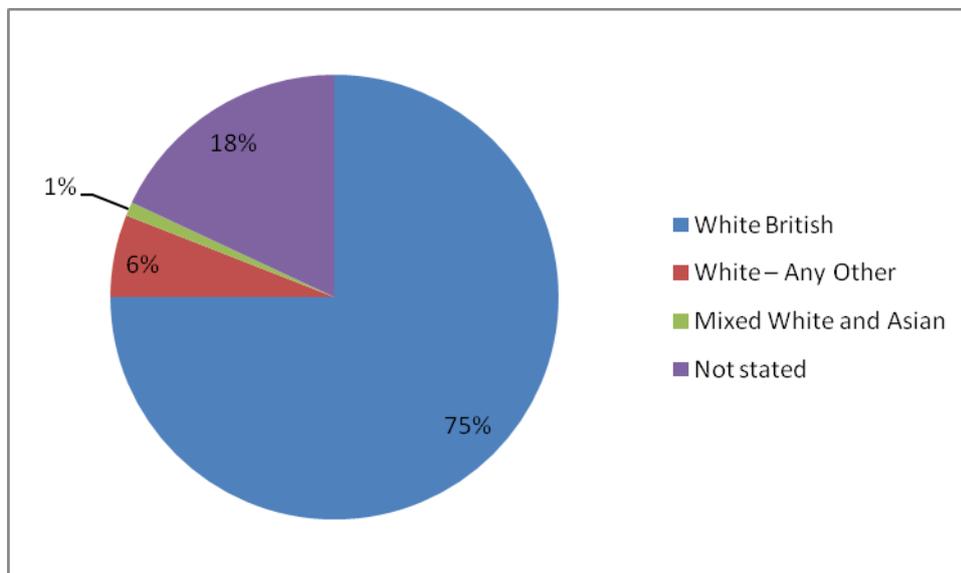
To understand this, further work is needed.

From the period December 2010 (1/12/2010) to November 2011 (30/11/2011) we received only 1 complaint that stated Race/Racism as the subject of the complaint.

In this same period there were 2 complaints made by patients with learning disabilities.

White British	75
White – Any Other	6
Mixed White and Asian	1
Not stated	18

Ethnicity



Complaints by Age

From the below it seems that the biggest group of complainants are from the 75+ age group with 26 of the 100 complaints. If you combine the two older age groups 36 complaints have been made from those aged 66 years and above during this two month period. This is over a third of all complaints in the audit and seems more significant. However, if you relate this back to our inpatient data this is 36 complaints in two months out of a potential approximate 40 - 45,000 inpatients over 12 months in 2011, of the similar age group. This is still an extremely small percentage.

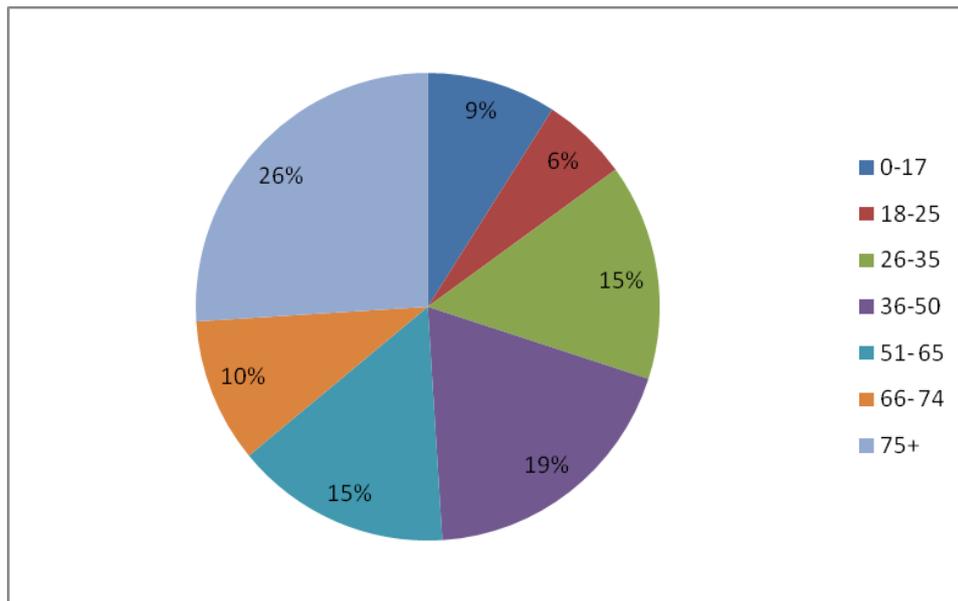
Reflections on this information tells us that people in this age group are making good use of our complaints service and know how to access it. This figure is also aligned with our inpatient profile as the age group of 51 years and over make up our highest number of inpatients in 2011. This can be seen as positive especially as generally the perception is that older people are less likely to complain.

However, this also shows more older people are complaining. Care for patients who are older tends to require multiple input and so the patient journeys can be complex. It may be that some patients in the older age groups are more likely to complain because they are exposed to a wider range of healthcare provision, this needs to be balanced with the perception that older people tend to be less likely to complain as well as the significant number of inpatients that provides the context for this figure.

The numbers of complaints from the age groups 0 – 25 is 15 over two months and appears low in the context of just over 11,000 inpatients over 12 months in 2011. This is not unusual to see reflected in other areas of the NHS.

0-17	9
18-25	6
26-35	15
36-50	19
51- 65	15
66- 74	10
75+	26

Age



Patient Experience Trackers (PET)

PET trackers are hand held real time devices that are used by volunteers on wards to find out how patients feel about their care. The trackers ask various questions and patients respond, providing real time but anonymous patient feedback on personal experience of the care we provide. An example question might be, 'Overall, have you felt you were treated with dignity and respect? There is a level of equality monitoring on these devices that ask the patient to state their sex, age and ethnicity. These have worked quite well on the wards and the Trust is looking at how to develop this further by using other techniques. Language barriers can also be overcome. The PET is used by patients which include those who share a protected characteristic as well as those who don't. Feedback is analysed and reported back locally at ward level as well as to management. Actions are taken accordingly.

In Patient Surveys

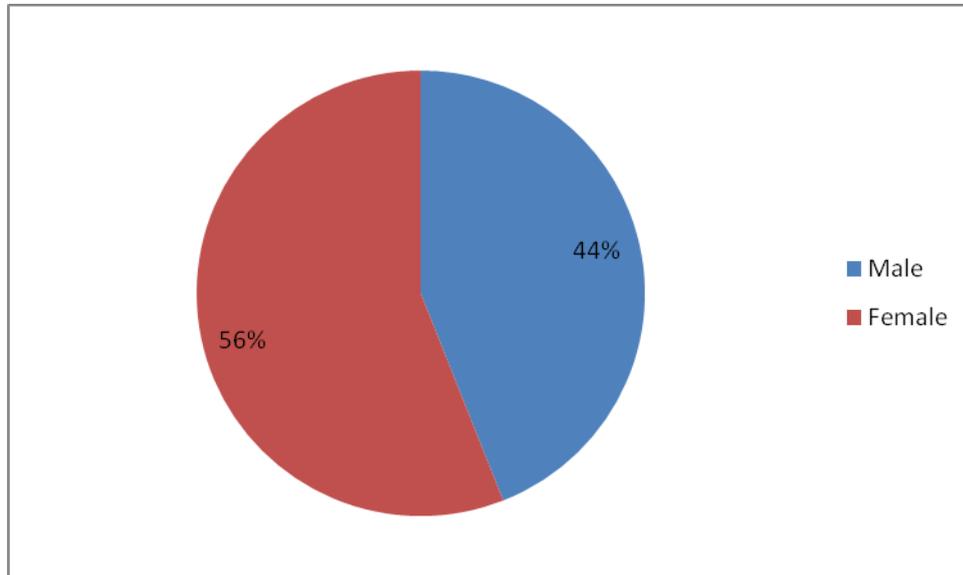
This is a national inpatient survey which is carried out across all NHS Trusts in the Country that provide in patient services. It is carried out to improve the quality of services that the NHS delivers, it is important to understand what patients think about their care and treatment. One way of doing this is by asking patients who have recently used their local health services to tell us about their experiences.

From our last annual inpatient survey (2010) there was an improvement of at least 5 percentage points since 2009. In 2010, 476 patients responded to the Trusts inpatient survey. An action plan was put into place to address areas where scores indicated a need for improvement. This has been monitored with reporting to the relevant committees. The in patient survey includes important questions relating to areas such as privacy and dignity and mixed sex accommodation which are relevant to this agenda.

Out of the 476 respondents:-

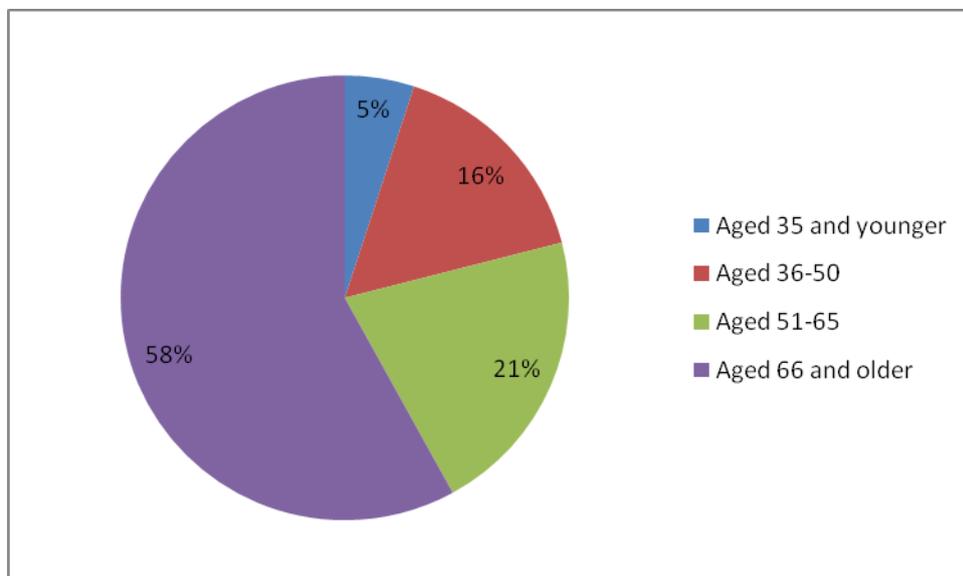
Gender

The breakdown of gender shows a fair representative sample with slightly more females.



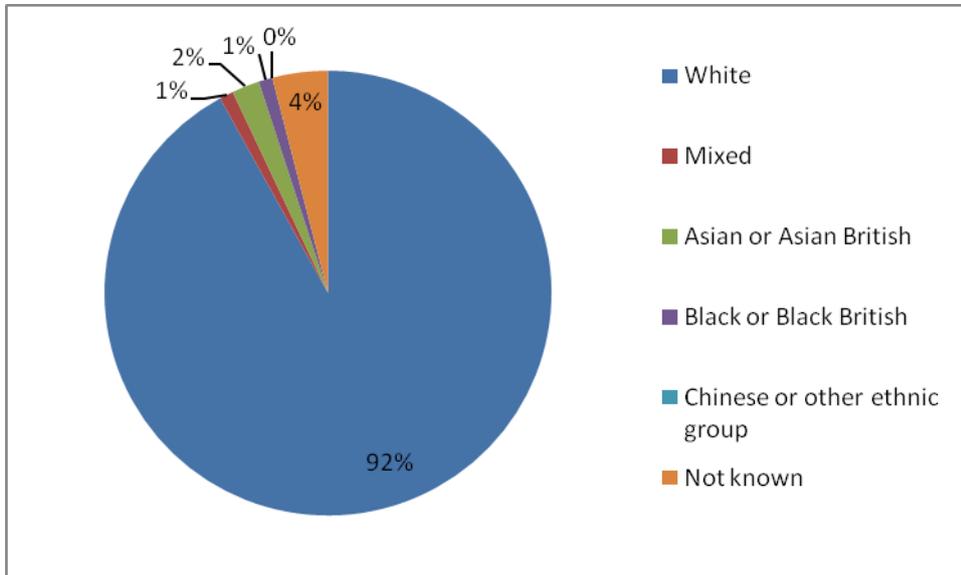
Age

The breakdown of age is representative of our in patient flows.



Ethnicity

The sample was dominated by those of a White British background and ethnicity was slightly low in comparison to the representation of our patient flows over the past year



Areas of the in patient survey relevant to the equality agenda are as below:

Dignity & respect:-

- Did you ever share a sleeping area with patients of the opposite sex?
- Did you ever use the same bathroom or shower area as patients of the opposite sex?

On both the above questions the Trust scored in the mid 70's with the highest Trust score being around 97.

- Did you feel you were treated with respect and dignity while you were in the hospital?

On the above question the Trust scored 89 with the highest score being a Trust being 97.