

Meeting the general equality duty

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.

Foster good relations 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 are delighted to be able to report our first full year's equality monitoring for our corporate led patient engagement and involvement activity—*April 2013 to March 2014*. This has been implemented as a result of, and shows progress from, previous publications of our PSED and Equality Delivery System assessments. Equality monitoring has helped us to:

- demonstrate the representation of our engagement and involvement activity and the range of feedback from patients and the public
- better evidence our outreach to seek people's views and the efforts made
- identify which groups are under represented

A further report shows how patients and public have helped to shape what we do through the engagement and involvement activity.

A total number of **918** people have attended our meetings, shared their views or voiced their opinion during this period. **572** have filled in equality forms and the results of those forms are shown below. This demonstrates the number of people who we have listened to through these activities, received feedback from and who have shared a view. Feedback provides valuable input to help us keep the patient perspective at the centre of what we do.

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The results shown below indicate a full year's analysis of the equality monitoring forms from April 2013 to March 2014.

A total number of 918 people have attended our meetings, shared their views or voiced their opinion during this period.

572 have filled in equality forms and the results of those forms are shown below. Not all forms filled in were completed, therefore there is variance in some of the data. Those who attend engagement or involvement activities and those who provide feedback in written formats are asked to complete our equality monitoring forms, however, it is optional. We are very grateful to all those who have been willing to contribute.

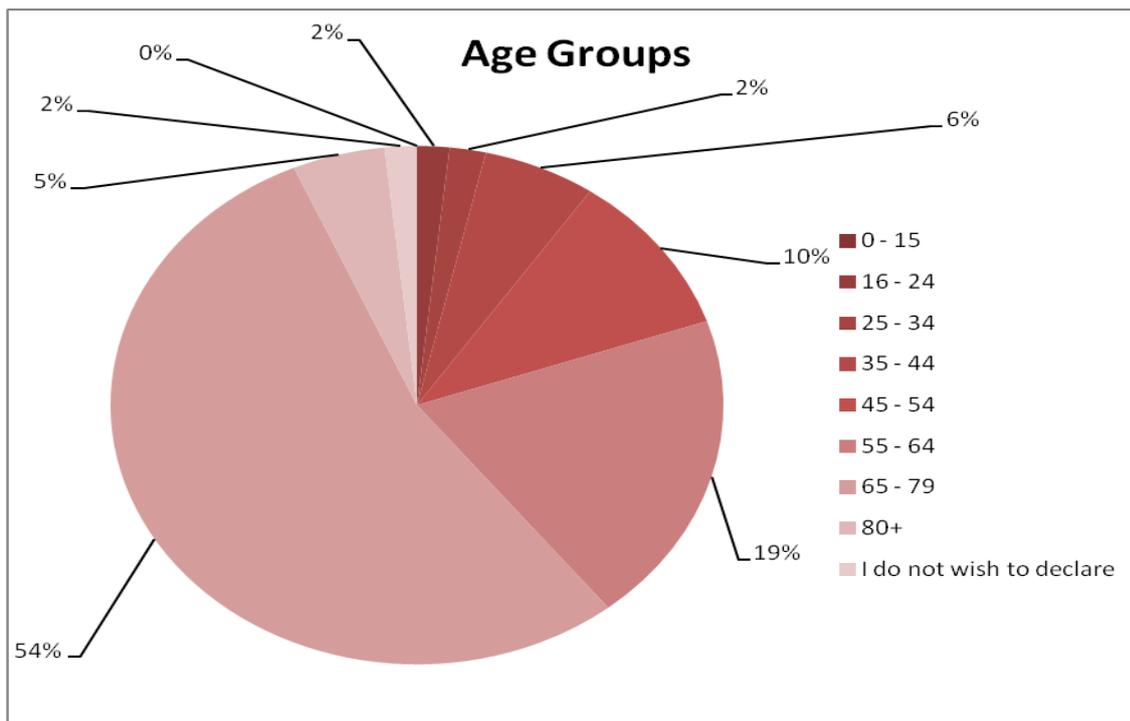
The report that follows, displays the question followed by the graphs showing the results. Please note the results represent the 572 responses received, the remaining 346 are unknown.

1) What age group do you fit into?

0 - 15	
16 - 24	
25 - 34	
35 - 44	
45 - 54	
55 - 64	
65 - 79	
80 +	
I do not wish to declare	

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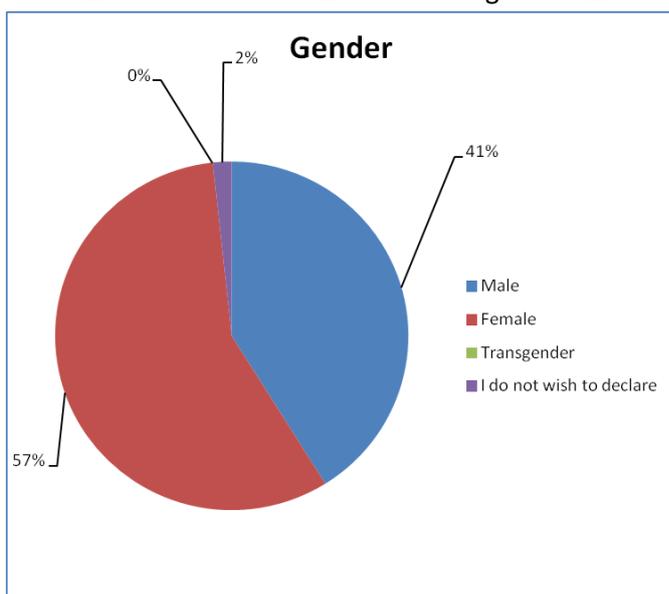
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The majority of the 572 responses are across the age groups for 55 years and above. Our local Joint Strategic Needs Assessment (JSNA) July 2013 highlights that 16.7% of the population within Buckinghamshire are 65 and over and this is increasing. The majority of the patients that we see are in the older age ranges and the following analysis also helps to highlight the prevalence of relevant healthcare conditions to this group. There is reasonable representation across the 35 – 54 age groups. Engagement and involvement opportunities span a range of times in both day and evening to enable those working to participate if they so wish. Less well represented are the younger age ranges and we are considering how we might be able to improve this. See Healthy Child Fayre below.

2) What is your Gender?

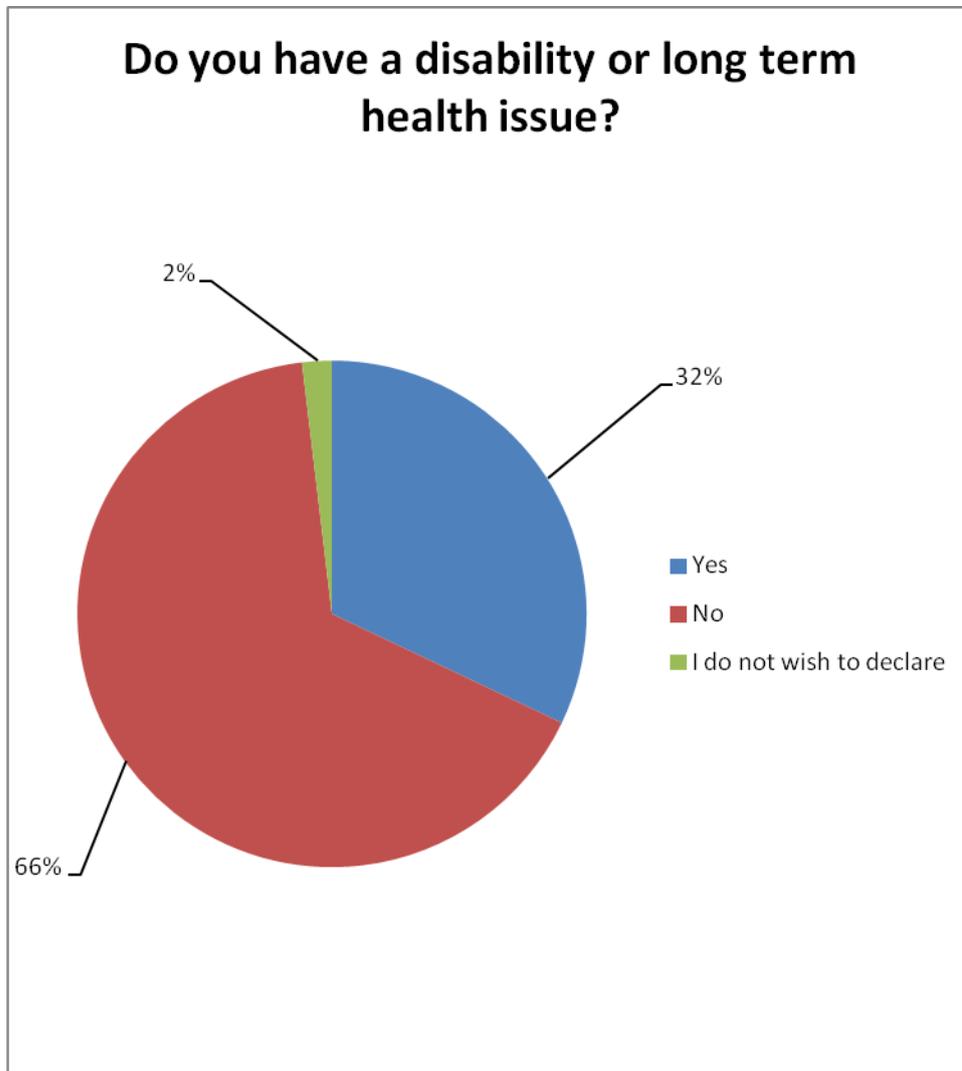
Male Female Transgender I do not wish to declare



The local population according to the JSNA shows a 51% female to 49% male gender breakdown for the population of Buckinghamshire. So our results show good representation for gender.

3) Do you consider yourself to be disabled or have a long term health condition?

Yes No I do not wish to declare



32% of people attending our events considered themselves to have a disability or a long term health issue. This also shows a good representation of views from these groups.

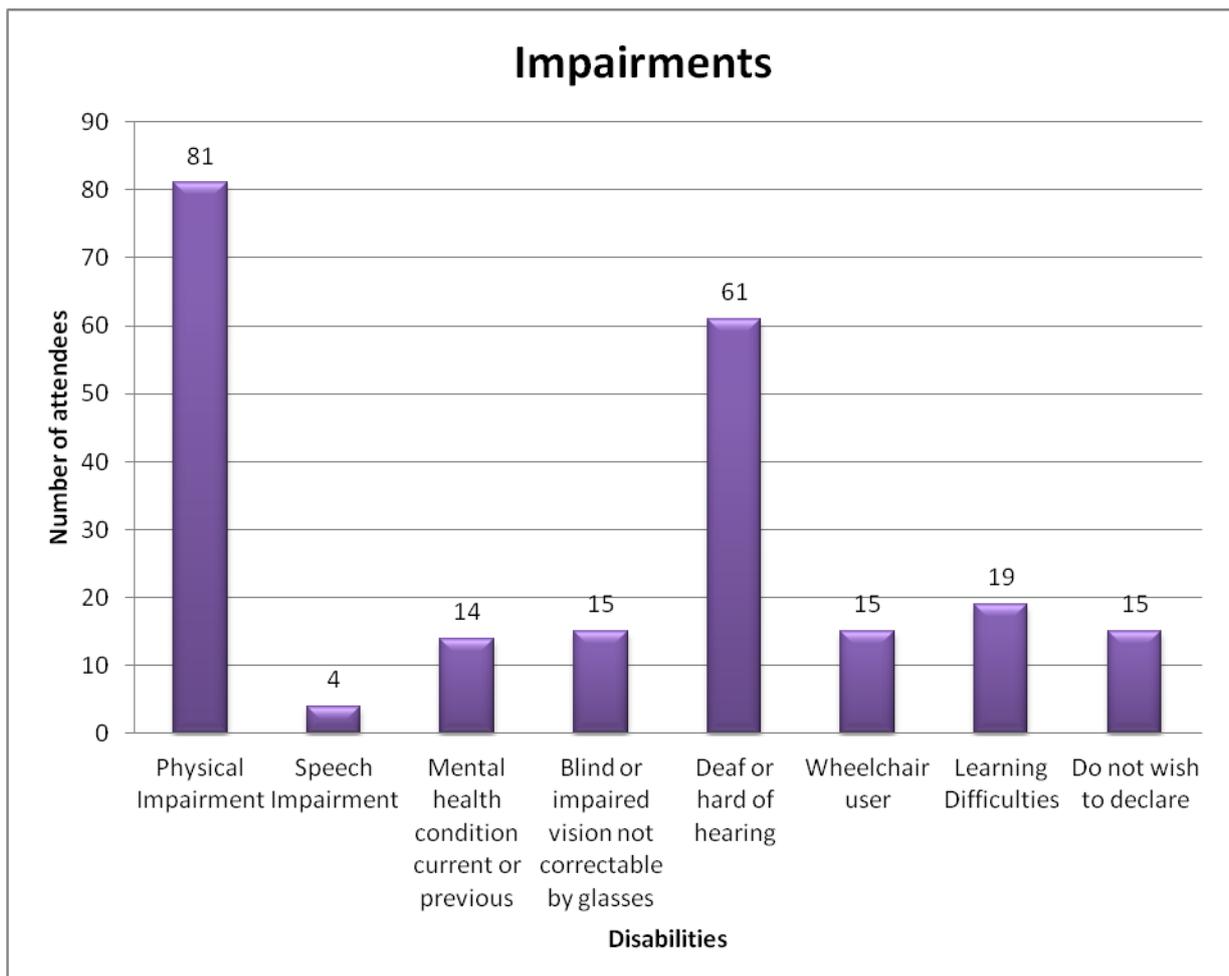
The prevalence of disability rises with age, i.e. 45% of adults over state pension have a disability according to national statistics with only 6% showing in childhood. The majority of our respondents are 55 years of age and above. The JSNA shows approximately 10% of the population have a physical or sensory impairment, whilst numbers of people with long term health conditions is higher.

It is positive to see the overall number of people in this group who have engaged or participated and a further breakdown follows. A physical impairment and being deaf or hard of hearing are the largest groups represented. More than 73,000 people are deaf or hard of hearing in Buckinghamshire and the majority are over 60 years of age.

Do you consider that you have one or more of the impairments listed below?

Please tick all the types that apply.

Physical impairment	
Speech impairment	
Mental health condition current or previous (e.g. depression)	
Blind or impaired vision not correctable by glasses	
Deaf or hard of hearing	
Wheelchair user	
Learning difficulties	
Do not wish to declare	

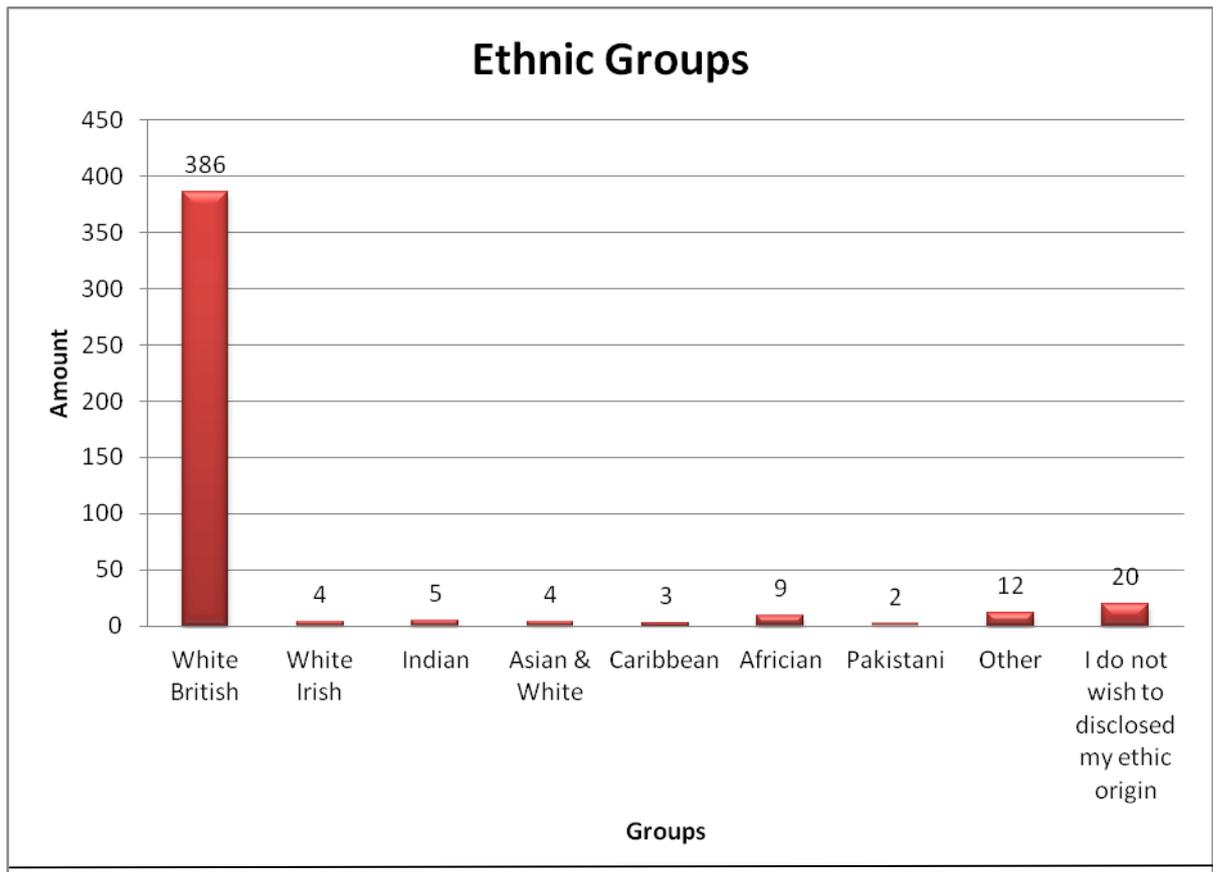


4) What is your ethnic group?

<p>Asian</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Any other Asian background please state _____</p> <p>Black</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> Any other Black background please state _____</p>	<p>Mixed</p> <p><input type="checkbox"/> Asian & White</p> <p><input type="checkbox"/> Black African & White</p> <p><input type="checkbox"/> Black Caribbean & White</p> <p><input type="checkbox"/> Any other mixed background please state _____</p> <p><input type="checkbox"/> Other Ethnic Group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other ethnic group please state _____</p>	<p>Romany Gypsy or Traveller</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy</p> <p><input type="checkbox"/> Romany</p> <p><input type="checkbox"/> Any other traveller</p> <p>White</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background please state _____</p> <p>Undisclosed</p> <p><input type="checkbox"/> I do not wish to disclose my ethnic origin</p>
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It is positive to see that the views of people received through our various engagement and involvement opportunities, represent a broad range of ethnic minority groups. Locally, in the population of Buckinghamshire, 86% are from a white ethnic group, this is reflected in our breakdown as this is also the majority of our attendees or participants.

Across the county, just under 14% of the local population are from a non white ethnic group, comparing with around 15% for England. Excluding the “do not wish to declare” group, our respondents from a non white background represent 7%. Whilst we do not have a previous full years data to compare this with, we believe this to be a slight increase on previous years and look to improve this for the forthcoming year.

8.6% of the population in Buckinghamshire declared themselves to be of an Asian / Asian British ethnic background according to the 2011 census with 2.4% declaring themselves to be from a mixed or multiple group and 2.1% from a Black / Black British group. We had a higher level of engagement with those who declare themselves as black or black /white African than those who declare themselves as Asian.

5) Are you currently pregnant or have you had a baby in the last 6 months?

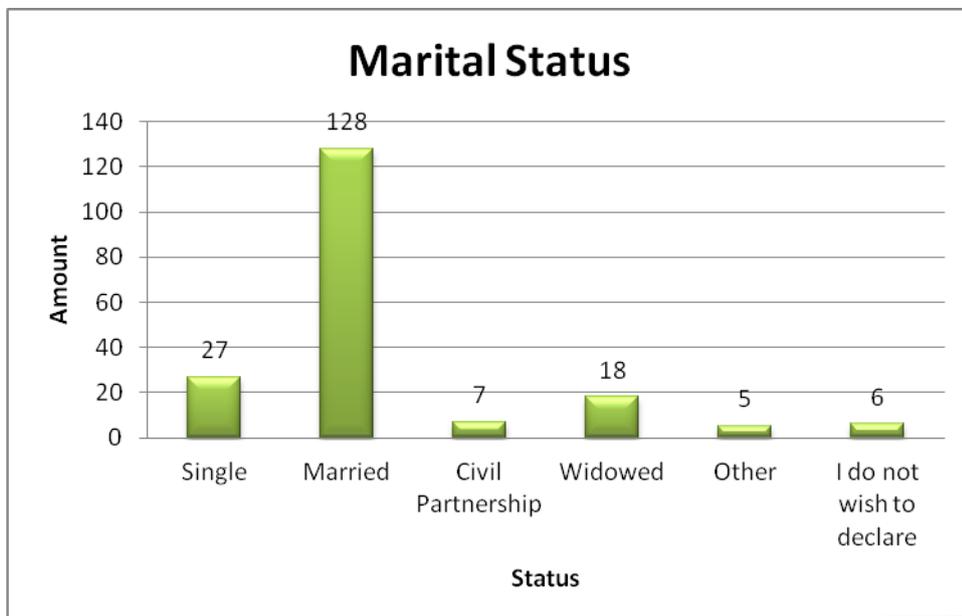
Yes No I do not wish to declare

This question was implemented mid year so a comparative full year of data is not yet available.

6) How would you describe your status?

Single Married Civil Partnership I do not wish to declare

Widowed



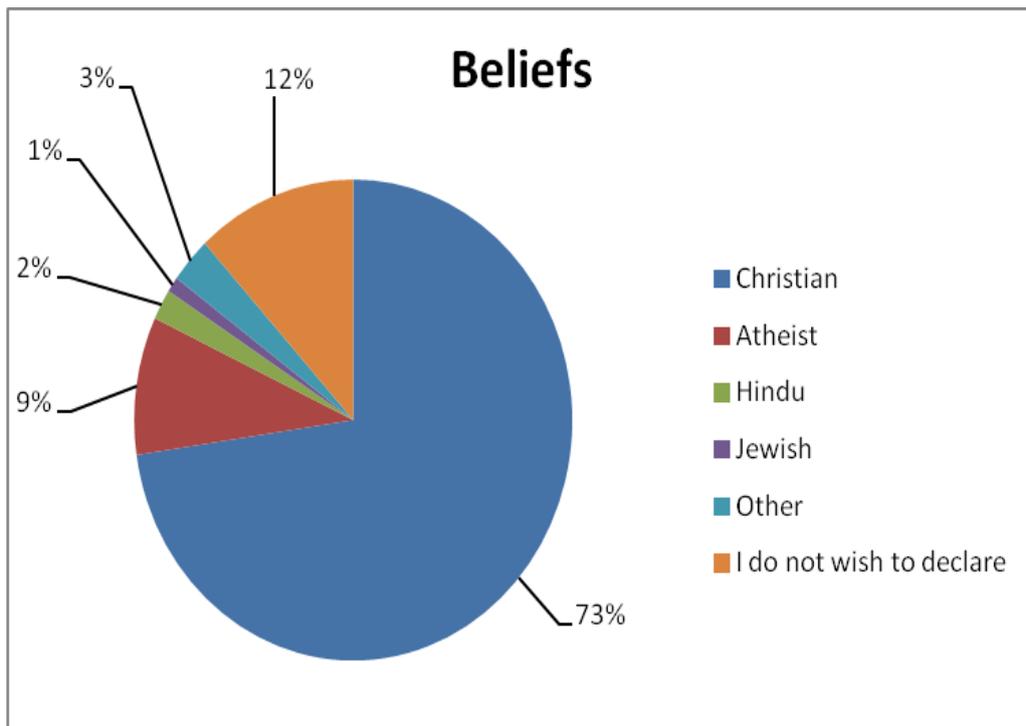
Those who are married were the greater proportion of those who engaged or participated of those who completed an equality monitoring form at 22%.

Of note: - Changes to our equality monitoring form as a result of direct feedback from attendees / participants with whom we engaged or involved:-

Whilst generally the equality monitoring follows a national guide on what should be collected, we have added the option “Widowed” as a direct response to patient and participant feedback who told us they wanted to be recognised in their own right. They neither saw themselves as either married or single. This was added and as can be seen is the third largest group represented.

7) Please indicate your religion or belief.

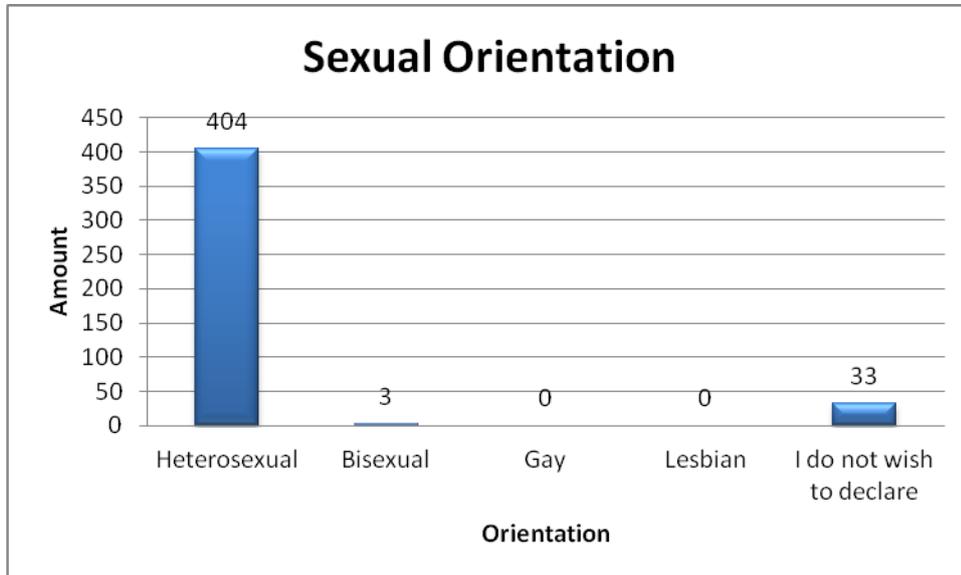
- | | | | | | |
|-----------|--------------------------|--------|--------------------------|--------------------------|--------------------------|
| Atheist | <input type="checkbox"/> | Jewish | <input type="checkbox"/> | I do not wish to declare | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | Muslim | <input type="checkbox"/> | | |
| Christian | <input type="checkbox"/> | Sikh | <input type="checkbox"/> | | |
| Hindu | <input type="checkbox"/> | other | <input type="checkbox"/> | | |



12% of those completing the form did not wish to declare.

8) How would you describe your sexual orientation?

Heterosexual Bisexual Gay Lesbian I do not wish to declare



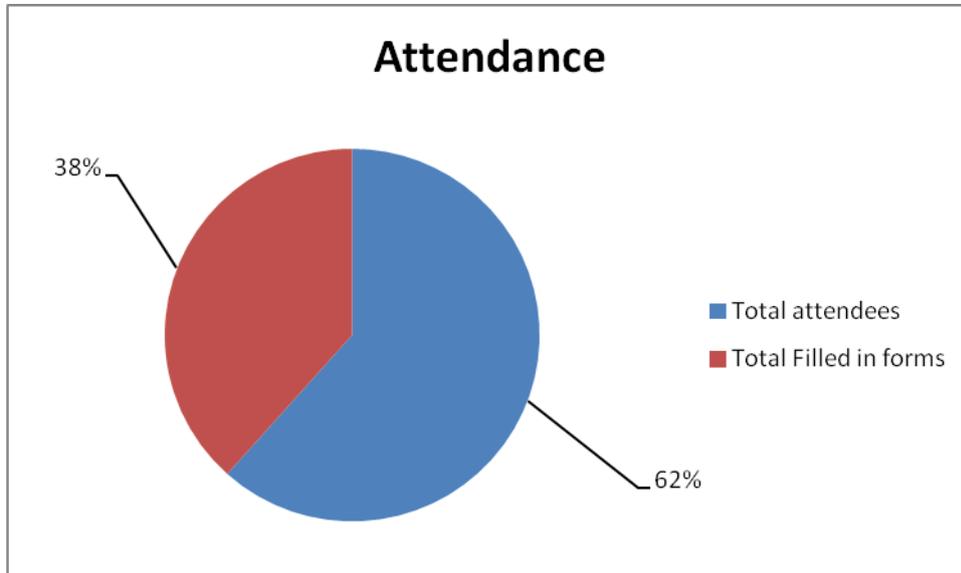
5% of those who filled in the form did not wish to declare. It is noted that there is no apparent representation from those who declared themselves to be gay or lesbian. We do not know if people who are gay or lesbian are represented within the "I do not wish to declare option" or any of the 346 people who chose not to complete a form. This continues to be a challenging area despite previous efforts to achieve better levels of engagement. To help address this gap, the Trust has implemented the full equality monitoring onto our patient experience trackers which does mean that from January 2014 we are collecting data from patients which we can now breakdown by protected characteristic groups and going forward we will be able to look at the experience of patients who have declared themselves as gay or lesbian, bisexual transgender etc. Information is anonymous, see the PSED patient experience section information.

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Overall attendance / participation figures

This demonstrates the number of people who we have listened to, received feedback from and who have shared a view, providing valuable input to helping us shape what we do and helping to keep the patient perspective at the centre of what we do. 38% contributed to this information collection.



A total of 918 attended one of our events and a total of 572 filled in the forms.

Section 2

How we engage and involve

A membership approach

The Trust continues to maintain a membership of 12,000 public and staff members. Members can be as involved as much or as little as they like – with some limiting their involvement to receiving our twice-yearly newsletter and others contributing more in person through a range of different opportunities. The protected characteristic groups are represented across the membership.

Key Member and public events

Our first “**Healthy Child Fayre**” held in Aylesbury last August was an opportunity for parents and their children to come along and see an extensive range of information stands providing key messages about child health and about the range of services we provide. The event was also an excellent launch opportunity for us to introduce parents to new information about what to do when your child is unwell in Buckinghamshire and where to access the appropriate care. The leaflets were welcomed as were expert explanations about the various urgent and non urgent paediatric journeys for treatment of common conditions and symptoms.

Parents who attended fed back they had found the event very useful and informative and the children who accompanied them enjoyed our

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drawing competition drawing their favourite healthy food or activity.

“Talking Francis – From Public Inquiry To Local Action”, building on **our earlier celebration of older people’s services event**, this was another successful event run last year which followed up on the multiple recommendations made by Mr. Robert Francis QC, in his national report. His public inquiry into the serious failings that occurred in the Mid Staffordshire NHS Foundation Trust resulted in learning for the whole NHS. We invited patients, carers, members and the public to join us to help inform and prioritise the local actions translated from that national report.

Every Patient Counts – What do our patients say?

350 people responded to our survey, undertaken following our Keogh review to help inform our engagement programme called “A Big Conversation”. (See below). We wanted to find out if our current methods and routes for engagement and involvement still meet the needs of our local community and how people want to provide feedback and share their experiences generally .

The survey was cascaded extensively and partner agencies helped to promote it with specific groups also being targeted where responses are normally low. This was a reasonable sample and provided helpful and informative feedback across a broad range of questions about involvement and experience, a few examples follow:

1. 48% said they were happy to be kept informed and happy to engage.
2. 33% reported they only wanted to be kept informed and didn’t want to be involved, or engage
3. However, more than 75% told us they placed a high level of importance on our organisation engaging or involving them in areas such as local health improvements, rating it as either, extremely, very or quite important to them.
4. 64% gave us assurance we were getting things right in terms of the methods we employ to engage or involve.
5. There was an overall preference for face to face methods as opposed to non face to face methods. However, email was the most preferred option individually selected option overall
6. The desire to share an opinion or view and people’s experience were seen to be the key drivers to motivate individuals to get engaged and involved?

Out and about - “A Big Conversation”

“A Big Conversation” was held across Buckinghamshire over a three month period leading into the early part of this year. Providing us with an opportunity to listen to more than 250 patient and carer experiences , we heard that generally the strongest single theme to emerge was that a clear majority of people feel the Trust provides very good clinical care but that its administrative support systems are not always as good. Their concerns focussed on a wide range of areas including the booking of appointments, delays in getting test results back to patients in a timely and efficient manner, discharge delays involving pharmacy services and disorganised patient handover between different clinical departments.

The Trust wanted to provide independent facilitation of these sessions and commissioned the

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Centre for Health Communication Research at Bucks New University to do this..

The Trust organised seven public meetings in locations across Buckinghamshire (Amersham, Aylesbury, Beaconsfield, High Wycombe, Bourne End, Thame and Buckingham) plus nine smaller focus group discussions which aimed to provide a smaller more comfortable environment for people to share more personal experiences of their care. In addition, we enabled people to participate online and we conducted a specific “Big Conversation” engagement exercise with a group of people with learning disabilities.

Each meeting focused on asking attendees to share their thoughts on the following two questions.

- 1) The nature of the experience that participants had (good and bad) when they were patients, carers or visitors at Buckinghamshire Healthcare NHS Trust
- 2) Ideas that participants had for improving the patient experience at Buckinghamshire Healthcare NHS Trust

Feedback from each of the public meetings is available via our website as is the full report written by the Centre for Health Communication Research *“A Big Conversation (ABC) With public and patients in Buckinghamshire - Key themes and ideas for service improvements”*

Patients helping to shape what we do Training Patients For PLACE

Following last year’s national launch of “Patient Led Assessments of the Clinical Environment (PLACE) the Trust is now offering an ongoing programme of training for patients and carers who would like to come and help carry out these important assessments, the results of which feed into a national publication. for Trusts across the Country.

To date we have trained more than 30 members of the public and patients have been trained, many of whom are participating in this years assessments. For more information or to know how to get involved please see our website.

“Sit and See”– dignity and compassion patients and staff working together

We are delighted to have been allowed to pilot an observational tool called “Sit and See” developed by Lynne Phair. The tool focuses on the provision of compassion dignity and respect helping inform practice and behaviours through robust observations and feedback.

Our pilot involved training clinical members of staff and patient representatives who worked together, the benefits of which were noted by both parties. We are very excited to be able to move this work forward following the success of the pilot and an ongoing programme is being developed based on the added value that this joint involvement has brought.

Adult community Health Teams (AHTs)– Patients views

Our Adult Community Health Team include a range of nursing roles e.g district nurses and physiotherapists, occupational therapists and healthcare assistants

Over 500 surveys were given out in October of last year to patients currently using the services delivered by our AHTs with the aim of understanding what patients thought about the services that we provide .

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With an overall response rate of 20% , the results are very positive, with 90% of patients rating the care received as very good or excellent. The results indicate that the service is very much valued by the patients and provides good continuity of care. The staff responsible for delivering the service have been described as approachable, compassionate and competent, with patients describing their overall experience as efficient, easy and the service as very responsive:

"I think the care is wonderful, using one's first name, listening to one's concerns, cheerful in their manner."

Feedback has helped to inform developments around the provision of the service out of hours and the development of indicators for the ongoing monitoring of this highly valued service.

Patient Experience Group (PEG)

The PEG meets every two months and continues to have representation from more than 20 patient and carer groups. It provides a valuable opportunity for input from patients and service users and for two-way dialogue. Staff representatives also attend and there is a direct link to the nursing, midwifery and therapists professional board which is chaired by the chief nurse, ensuring that the learning can be established and the necessary actions taken. Many of the PEG members are also actively involved in a variety of projects making a valuable contribution in different ways across the Trust.

The PEG continues to enjoy growth and this year we are delighted to welcome new membership of patients and carer representatives for dementia and also people with learning disabilities. This further broadens the patient perspective that the PEG brings.

PEG members provide a vital role in making sure all new patient information leaflets are user-friendly by reviewing a significant number of them over past year. Their feedback and input is invaluable in helping us to maintain standards in this area.

Other examples of how we have involved our patients include:

- Becoming quality ambassadors – a newly launched programme encourages all including volunteers to be ambassadors of quality across our sites.
- Our quality walkaround
- Patient representation on a number of formal relevant committees
- A range of different and specific clinical and ward related projects informing changes or development e.g our surgical ward.

Healthwatch

Healthwatch Bucks is a local branch of a national network. Healthwatch aims to be a consumer champion and wants to enable local voices to influence the delivery and design of local health and social care services. Healthwatch Bucks is a valued partner and regular meetings are held with senior members of both organisations. Healthwatch Bucks and BHT continue to work together to deliver a joint ambition of achieving the best health and social care services possible in

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Buckinghamshire.

Healthwatch Bucks have a number of ongoing projects working with us and other third sector partners and we look forward to working together throughout the forthcoming year.

Equality and Diversity

We have a commitment to ensure that equality and diversity is integrated at the core of our organisation.

We have also implemented the Equality Delivery System (EDS) since it's launch two years ago and we are currently committed to working towards delivering the recently revised EDS2 in the early part of 2015.

Diversity is about valuing individual differences and talents, in order to create a culture where everyone can participate and thrive.

The Trust made good progress on the equality and diversity agenda over the past year. For example:

- We have collated and published a wide range of equality information to demonstrate compliance in line with our duty. Information has improved as a result of the increased equality monitoring that we implemented in response to gaps identified in the first year as previously reported. Please see our website.
- We have met our requirement to publish our equality objectives for the third year in succession. These objectives have been developed and prioritised as a result of ongoing engagement and feedback from patients and staff. Please see our website for these and results of our last EDS assessment.
- Our staff survey has shown that for the third successive year we have increased numbers of staff undertaking equality and diversity training. This is very positive as training is an essential factor in the ongoing need to expand the breadth or understanding knowledge and awareness of this important agenda across the Trust. The past year has seen an increase in the delivery of targeted team sessions delivered face to face, in addition to the online and routine face to face training that we provide.
- Patient Experience - We have delivered our equality objective this year to implement equality monitoring onto our real time patient trackers. This means for the first time we can better understand the patient experience across groups of patients who share a protected characteristic. For example we can now begin to look at how experience of patients varies for those with a disability, those who may be lesbian, gay, bisexual or transgender or between people in different age groups e.g.older people. This is a very helpful step in having information that develops our understanding. Information is anonymous.
- Although very small, our latest workforce information, published as part of our Public Sector Equality Duty (PSED) will show that we have a year on year increase of BME staff represented in band 7 and above which was one of our original staff led equality objectives. Ongoing monitoring will continue.
- Following the introduction of EDS2, the Trust Board has approved moving the EDS to a biannual cycle of assessment to allow focus on delivery of the resulting objectives. Publication of our PSED information will

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move to align with our usual year end reporting timescales.

- Partnership working with Buckinghamshire County Council (BCC) and Buckinghamshire New University continues through the development of a Buckingham County Leads group hosted by BCC . The Trust is also represented at the regional leads network enabling the sharing of good practice across the NHS on this important agenda.

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