

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.

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 regards to advancing equality?

Patient Experience

The Patient Advice and Liaison Service (PALS) is a 'one-stop-shop' for patients, carers and relatives seeking advice and support on all aspects of healthcare. The service receives patient feedback and 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 PALS at our Trust, or if they prefer, they can access advocacy services through SEAP, the local 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. A patient led initiative resulting from an equality objective, means we also have a short signed video on how to access these processes for those who are deaf or are hard of hearing on our public website.

SEAP can provide specialist support for those with disabilities such as a learning disability and a range of other needs.

We provide access to interpretation and translation services if required and a digital recording of meetings to resolve concerns meetings can be made available on request.

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PALS

The PALS service works on the basis that people can access the service immediately they have a concern and so at times of anxiety or distress it can sometimes be inappropriate to ask for information that the patient or service user may not see as relevant. It also works on the principle that people can contact anonymously which also make robust equality monitoring more difficult. There are some system limitations which have led to the following being implemented for this coming year.

On an annual basis the PALS service will be undertaking a retrospective survey of those who have contacted the PALS service and provided contact details. The audit will be no less than 200 as a sample group. The survey is made up of the equality monitoring questions; however, to maximise the opportunity and benefits some service satisfaction questions will be included to better understand the patient experience of the service we provide. This will be undertaken in the autumn of each year and will commence in 2014. This is a positive step to put in place something not previously achieved.

Complaints

For complaints equality monitoring, a system has been implemented but not long enough for the data to be meaningful. As stated above, the data will be published once a reasonable amount can enable some robust interpretation. The information is now including all equality groups.

However, the system via which the complaints are recorded does allow some minimal data on protected characteristics to be extracted and this is as follows overleaf.

Complaints

During the Calendar year 1 January 2012 to 31 December 2012 the Trust received a total of 752 Complaints. These are the formal written complaints and does not include PALS contacts

Patient Experience Trackers (PET)

The patient trackers were piloted in the Trust Oct/Nov 2012 with full roll out across the organisation taking place in Dec/Jan 2012/13. We capture real time patient experience across the organisation with the primary questionnaire focusing on areas that the organisation felt that they needed to improve upon or to monitor effectiveness.

Following the implementation of the "6 C's", (a national initiative focusing on care and compassion) across the NHS, monitoring is necessary so we have developed a question based on the principles of the "6C's" to add into the tracker to establish how well we are delivering against these national expectations. As we have implemented equality monitoring on our PETs we will be able to look at this across the protected characteristic groups.

Patient's concerns that were raised in the national outpatient and inpatient survey were around information provided to patients on discharge, dignity and respect and these points have been captured in the questionnaire. The PET has provided a tool for the Matron's and Ward Managers to capture information centrally and to prevent duplication of process.

Capturing patient experience is a powerful tool. It aids the wards/departments and the organisation as a whole to develop and implement change as well as identify and celebrate success.

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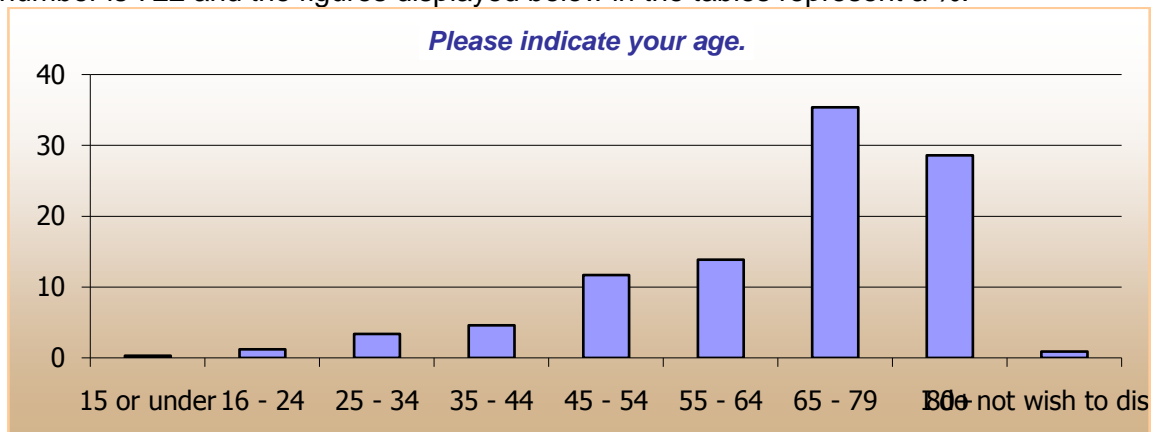
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It also provides information from Trust board to the wards that is tangible and transparent.

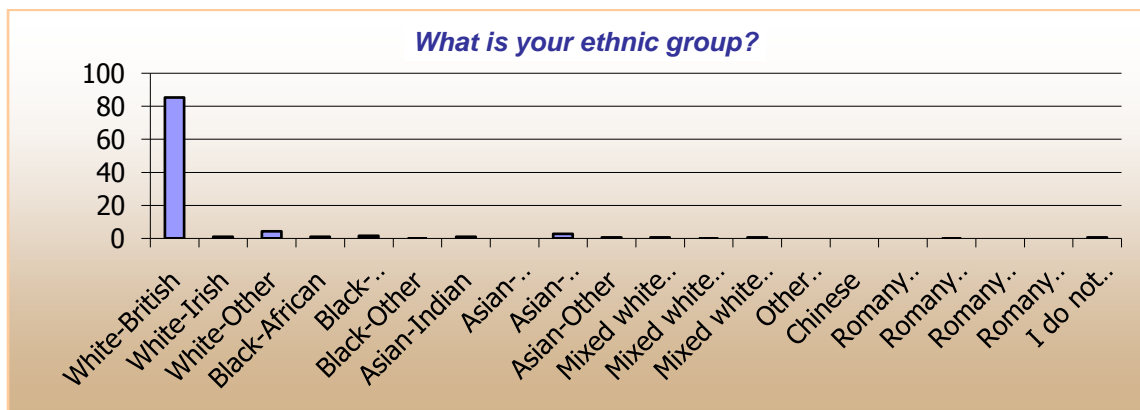
Equality objective achieved.

The trust is very pleased to publish its achievement of a patient led equality objective which identified the need for improved equality monitoring of our patient experience. The system was adapted and our PET tracker volunteers piloted the additional PET tracker questions. Subsequent changes resulted in full implementation which has provided results from January 2014. This is a significant step forward, prior to this work being completed the Trust was not able to look at the breakdown of information by protected characteristic for patient experience. We can now look at experience by group.

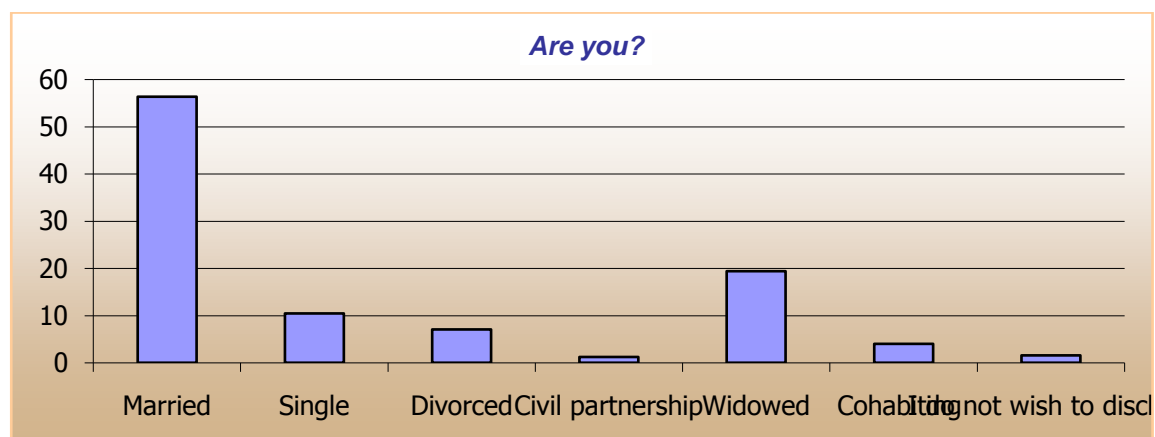
Table of data that shows the results of the equality monitoring data Jan-Mar 2014. Sample number is 722 and the figures displayed below in the tables represent a %.



Question 10	Please indicate your age.	%
15 or under		0.31
16 - 24		1.23
25 - 34		3.38
35 - 44		4.62
45 - 54		11.69
55 - 64		13.85
65 - 79		35.38
80+		28.62
I do not wish to disclose		0.92



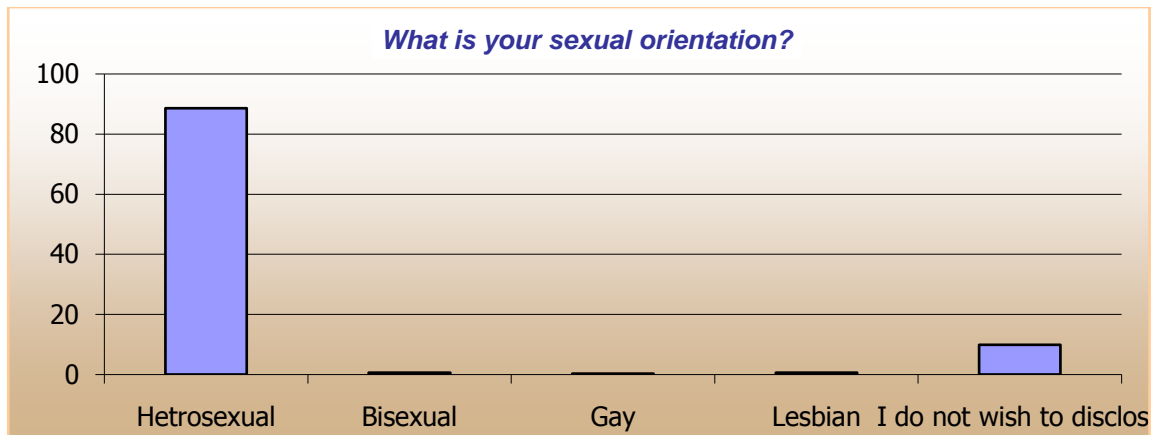
Question 11	What is your ethnic group?	%
	White-British	85.23
	White-Irish	0.92
	White-Other	4.31
	Black-African	0.92
	Black-Caribbean	1.54
	Black-Other	0.31
	Asian-Indian	0.92
	Asian-Bangladeshi	0
	Asian-Pakistani	2.77
	Asian-Other	0.62
	Mixed white - black African	0.62
	Mixed white - Asian	0.31
	Mixed white - Black Caribbean	0.62
	Other mixed ethnic background	0
	Chinese	0
	Romany gypsy or Traveller-Irish	0
	Romany gypsy or Traveller-Gypsy	0.31
	Romany gypsy or Traveller-Romany	0
	Romany gypsy or Traveller-Other	0
	I do not wish to disclose	0.62



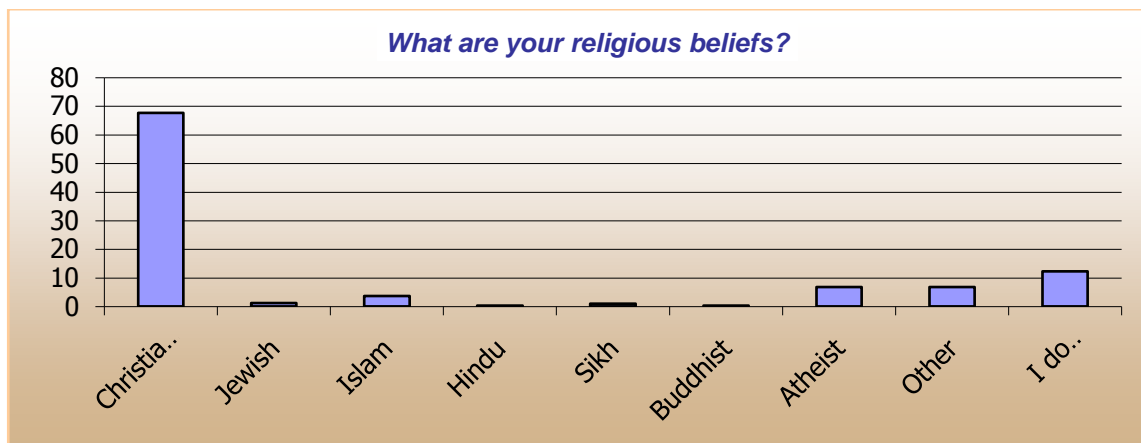
Question 12	Are you?	%
	Married	56.31
	Single	10.46
	Divorced	7.08
	Civil partnership	1.23
	Widowed	19.38
	Cohabiting	4
	I do not wish to disclose	1.54

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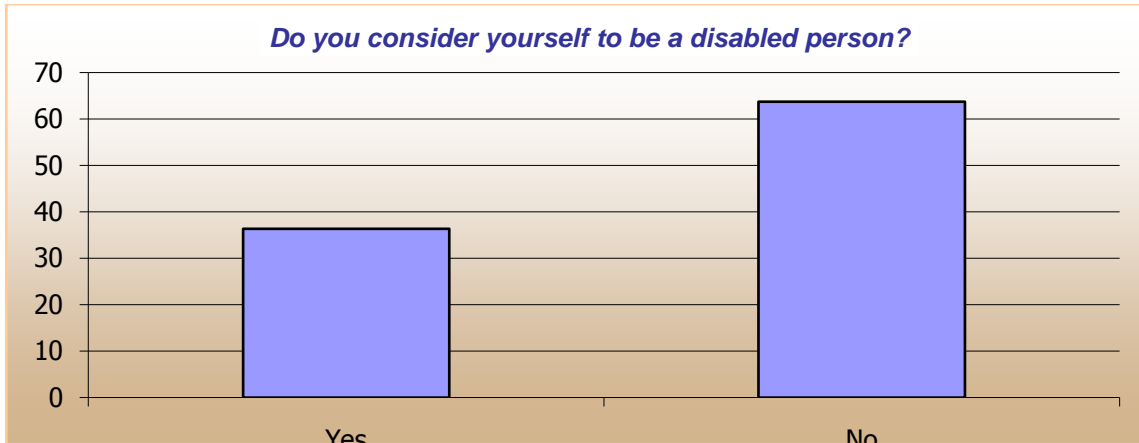


Question 13	What is your sexual orientation?	%
	Hetrosexual	88.62
	Bisexual	0.62
	Gay	0.31
	Lesbian	0.62
	I do not wish to disclose	9.85

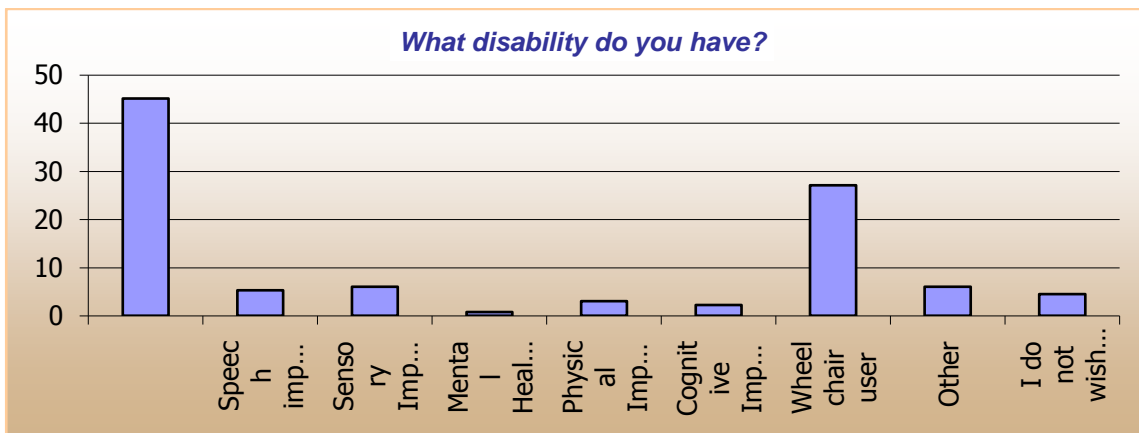


Question 14	What are your religious beliefs?	%
	Christianity	67.69
	Jewish	1.23
	Islam	3.69
	Hindu	0.31
	Sikh	0.92
	Buddhist	0.31
	Atheist	6.77
	Other	6.77
	I do not wish to disclose	12.31

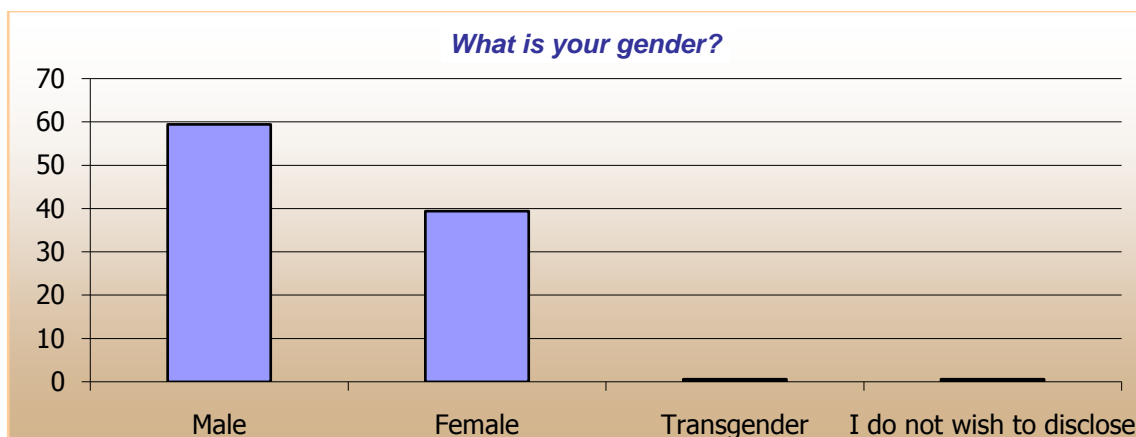
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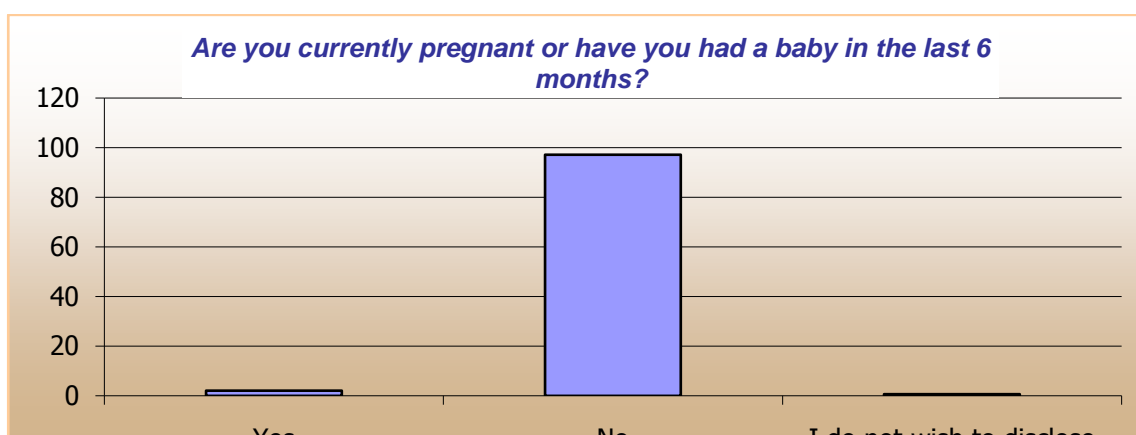
Question 15	Do you consider yourself to be a disabled person?	%
Yes		36.31
No		63.69



Question 16	What disability do you have?	%
Physical impairment		45.11
Speech impairment		5.26
Sensory Impairment (e.g. Blind, Deaf,)		6.02
Mental Health Condition (e.g. anorexia,)		0.75
Physical Impairment (e.g. amputation,)		3.01
Cognitive Impairment (e.g. Autism, learning difficulties)		2.26
Wheelchair user		27.07
Other		6.02
I do not wish to disclose		4.51



Question 17	What is your gender?	%
	Male	59.38
	Female	39.38
	Transgender	0.62
	I do not wish to disclose	0.62



Question 18	Are you currently pregnant or have you had a baby in the last 6 months? %	
	Yes	2.15
	No	97.23
	I do not wish to disclose	0.62

Friends and Family Test

This is a national initiative that we have implemented locally. It is a simple, comparable test which, when combined with a follow up question, provides a mechanism to identify poor performance and encourage staff to make improvements where services do not live up to the expectations of our patients.

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It will mean that our staff from 'board to wards' are informed and empowered to tackle areas of weak performance and celebrate and build on what is working well, using the results from this test and other sources of intelligence.

Patients can use the information to make decisions about their care and the Trusts uses the responses to drive cultural change and continuous improvements in the quality of care received by the NHS patients.

What is the Standard Friends and Family Test Question?

Question: 'How likely are you to recommend our e.g ward/ or A/E or ? department to friends and family if they need similar care or treatment?'

What is the response scale?

- 1) Extremely likely, 2) Likely, 3) neither Likely nor unlikely, 4) Unlikely, 5) Extremely Unlikely and 6) Don't know.

Follow Up Question

'Please can you tell us the main reason for the answer that you have given?'

What is expected of the Trust?

The Trust collects and publishes FFT data on a monthly basis (locally and nationally) and quickly responds to patient feedback in real time.

Areas tested?

All Adult acute inpatients (who have stayed at least one night in hospital), adult patients who have attended A&E and left without being admitted to hospital or were transferred to a Medical Assessment Unit and then discharged & maternity. All patients in these groups should be given an opportunity to respond. The Friends and Family Test should be asked of all patients within the target groups, every day of the year. The patient responses need to be anonymous. Patients should be surveyed on the day of discharge or within 48hours of discharge.

Exceptions

The roll out of the friends and family test will be completed by March 2015. However, currently the test does not currently apply to day cases, outpatients and patients under 16 years old. Nor does it currently apply to primary or community care services.

NB: Buckinghamshire Healthcare Trust has introduced the friends and family test into many of the areas that are not yet nationally monitored and uses the information gathered to drive service standards up.

How?

The Trust has initially chosen to utilise Postcards, Posters and a Kiosk for the A&E Department with a focus on the patient experience trackers in the near future. People with a disability that means they are unable to access these methods can be provided with help or information on accessing other formats if requested.

Our latest friends and family data can be viewed via the link below link.

(Comms, please can you insert link to our latest FFT data on Swanlive)

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National inpatient 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.

Our latest in patient survey can be viewed via this link. Part of the results is to publish the equality monitoring information of the respondents where they have provide this.

(Comms, please can you insert link to latest in patient survey please you may need to go to the DH website to do this. NB it's the inpatient survey.)

Internal clinical effectiveness and audit

Furthermore, improvements have been progressed with our internal clinical effectiveness and audit team who have adopted equality monitoring across the surveys they undertake. This has only recently been achieved and next year we'll be able to provide a more comprehensive report on this. However, this is another area that we have progressed equality monitoring and it also helps to raise awareness and familiarise people with it.

Our team carry out quite a number of these each year so we hope to see some positive progress with the forthcoming data analysis.

What is coming next?

Friends and Family Test

The friends and family test is being extended to include NHS staff in the survey cohort. The staff friends and family test question is to be asked at least once a year and NHS England have indicated in their guidance that it may also be as frequently as quarterly but the data for the fourth quarter will not be submitted as it is the quarter in which the national staff survey takes place. There are two questions to the staff survey:

1. How likely are you to recommend this organisation to friends and family if they needed care and treatment?
2. How likely are you to recommend this organisation to friends and family as a place to work.

It is important to note that whilst we have highlighted this initiative there is no ability to include the collection of equality monitoring information on this test by the very nature of the brevity of the tool used. This is not something that has been addressed at a national level.

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Section 2 – Incidents

The data below relates to incidents reported 01/01/2013 – 31/12/2014.

During 01/01/2013 – 31/12/2013 9806 incidents were reported onto the Trust's Risk Management Database. Whilst 9806 incidents may at first appear to be a high number this must be read in the context of more than 80,000 inpatient contacts a year and in excess of more than an average of 25,000 – 35,000 out patient contacts per month. Such incidents relate to patients, staff and visitors to the Trust. Data relating to age, gender, ethnicity and disability is collected and analysis of this data during this time period is included below. **Please note** that data relating to age, gender, ethnicity and disability has been extracted from the 'persons' section of the risk management database and this refers to the person affected by the incident. Not all incidents have data recorded in this section, this may be for a number of reasons, for example, the incident refers to equipment, the estate or the person has not included the details of the person affected when reporting the incident.

Reported incidents by age

There is a field for staff to record the date of birth when reporting an incident and this field automatically calculate the age of the person involved in an incident. The date of birth field cannot be made mandatory because incidents can relate to equipment or the estate rather than a person or the date of birth is not known, for example, a visitor to the Trust.

The age of persons involved in incidents is available for 623 Of the 9806 reported incidents from 01/01/2013 to 31/12/2013. As stated the age field automatically populates from the recorded date of birth which gives potential for error and of the 623 incidents where age is reported 7 indicate obvious errors. Of the remainder there is an increase in numbers in the older age range of persons until age 91 following which a decrease is noted. Of the 9806 incidents reported 8398 incidents relate to patient clinical incidents and again the data indicates a higher number of reported incidents in the older age group of persons. The majority of patients seen by the Trust are in the older age ranges as is shown in the patient profile.

Reported incidents by gender

The field for recording gender is a mandatory field in Datix. Data for the year is shown in the table below and indicates a higher number of incidents reported for the female group which is indicative of the organisation's staff and patient population.

	Female	Male	Not applicable	Not stated	Total
Jan 13	377	280	0	0	657
Feb 13	337	259	0	1	597

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	Female	Male	Not applicable	Not stated	Total
Mar 13	386	279	1	0	666
Apr 13	357	283	0	0	640
May 13	367	283	0	2	652
Jun 13	315	273	0	0	588
Jul 13	411	327	1	2	741
Aug 13	364	318	0	0	682
Sep 13	347	282	0	1	630
Oct 13	386	322	0	3	711
Nov 13	338	259	0	1	598
Dec 13	359	294	0	0	653
Totals:	4344	3459	2	10	7815

Reported incidents by ethnicity

Staff must record the ethnicity of the person affected. This is a mandatory field in Datix. Data for the year is shown in the table below:

	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Total
White - British	456	434	494	481	445	435	539	495	440	495	437	483	5634
White - Irish	9	2	5	2	1	0	4	7	6	4	7	8	55
White - other white	31	26	26	33	29	27	33	23	30	34	28	29	349
Mixed white and black Caribbean	2	1	0	0	5	4	3	2	2	1	1	0	21
Mixed white and black African	1	0	0	0	1	0	2	1	0	0	3	1	9
Mixed white and Asian	4	0	2	8	4	0	1	1	2	2	1	6	31
Other mixed	4	3	2	3	4	3	1	1	1	6	2	0	30

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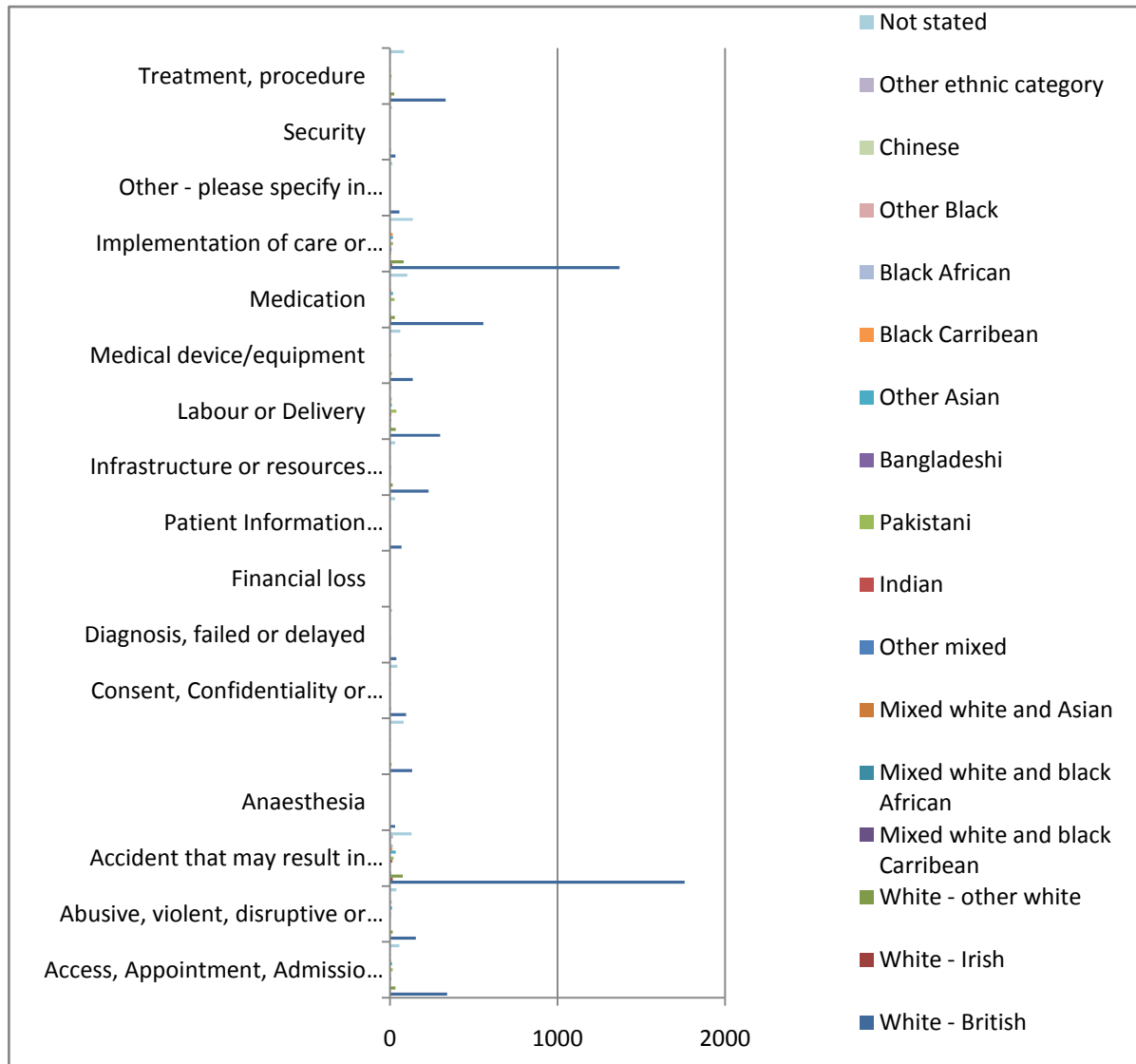
	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Total
Indian	11	2	7	5	4	5	5	3	2	0	2	2	48
Pakistani	12	8	17	13	13	10	9	13	20	19	8	15	157
Bangladeshi	0	0	1	0	2	0	1	0	0	0	0	0	4
Other Asian	12	19	7	9	5	6	15	10	10	16	8	11	128
Black Carribean	3	4	4	4	3	8	8	11	3	5	11	3	67
Black African	8	1	3	5	7	4	3	3	2	4	6	4	50
Other Black	1	1	1	1	3	4	2	5	5	2	1	1	27
Chinese	1	1	1	0	1	1	1	2	3	4	1	1	17
Other ethnic category	4	7	3	2	4	3	2	5	3	5	4	6	48
Not stated	47	58	63	51	101	63	83	76	76	89	62	72	841
Totals:	606	567	636	617	632	573	712	658	605	686	582	642	7516

From the table above, it is noted that the majority of the incidents reported, and where ethnicity is recorded, relate to White British persons. Further work will take place during 2014/2015 to ascertain whether the number of incident reported for persons from BME groups is representative of the organisation's BME patient and staff population and to determine any actions required.

The chart below shows reported incidents in which ethnicity is reported by stage of care. The findings are representative of the organisation's patient / staff population in that the highest data values relate to the White - British Group.

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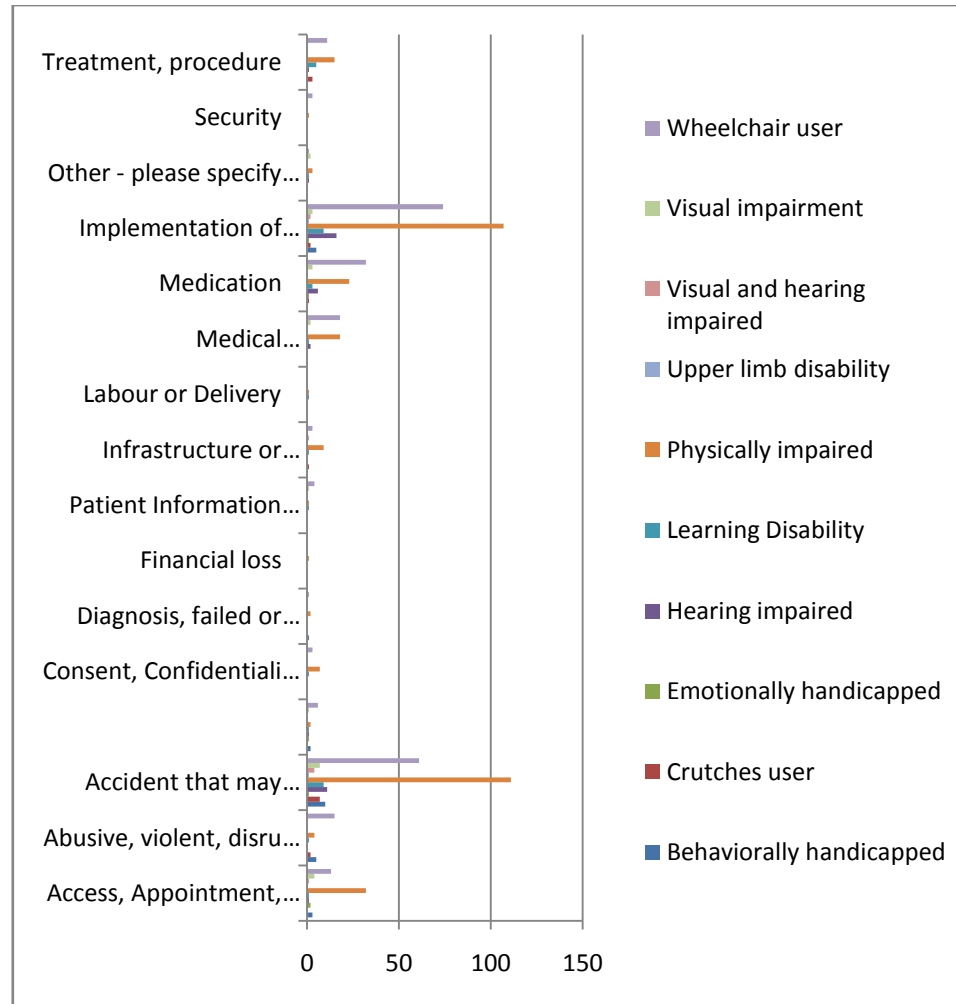
Reported incidents by disability

Staff can record whether the person affected by an incident has a disability. This is not currently a mandatory field in Datix. Data for the year and the stage of care is shown in the charts below. The majority of incidents in which a disability is recorded relate to either physical impairment or wheelchair users. The incident reporter can complete more than one disability category for a person when reporting an incident and therefore the data below requires detailed analysis to ascertain whether a particular group of persons with a disability are more likely to sustain an incident during the course of the organisations care / service delivery / whilst at work.

	Behaviour difficulties	Crutches user	Emotional difficulties	Hearing impaired	Learning Disability	Physically impaired	Upper limb disability	Visual & hearing impaired	Visual impairment	Wheelchair user	Total
Jan 13	0	0	0	1	1	12	0	0	0	13	27
Feb 13	2	0	0	3	3	34	1	1	0	22	66
Mar 13	0	1	0	1	2	30	0	1	3	27	65
Apr 13	0	1	0	5	5	23	0	1	4	17	56
May 13	1	0	2	2	4	30	1	1	3	22	66
Jun 13	3	5	0	2	3	40	0	0	1	22	76
Jul 13	1	5	2	8	3	41	0	1	2	15	78
Aug 13	2	1	0	2	2	26	0	0	0	21	54
Sep 13	6	1	0	1	3	20	0	1	1	23	56
Oct 13	2	1	1	4	6	31	0	2	2	22	71
Nov 13	4	0	1	6	3	24	0	0	4	20	62
Dec 13	5	1	0	4	0	26	0	0	3	21	60
Totals:	26	16	6	39	35	337	2	8	23	245	737

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Next steps:

The data above builds on data collected during 2012/2013. Further review and analysis of this data will take place during 2014/2015 to:

- Consider the cause and act upon data errors
- Review the data in consideration with the organisations patient / staff population to ascertain whether under reporting exists in relation to BME Groups and to act upon the findings
- Review the harm caused by incidents to ascertain the impact on our patient and staff population
- Conduct further analysis to ascertain whether a particular group of persons with a disability are more likely to sustain an incident during the organisations care / service delivery or whilst at work.

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