

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

We collect information from a range of different sources which includes complaints, compliments, Patient Advice and Liaison Services (PALS), Family and Friends survey information and feedback direct from patients via our patient experience trackers. Within these areas, apart from Family and Friends which is a national process. We have tried to build in equality monitoring and better understand if service users are representative of the communities that we serve. Interpretation and translation services are in place and a breakdown of use can be viewed via the interpretation and translation section. We continue to build our understanding by looking at the analysis of information we are collecting. The results of which will help to focus targeted work for the forthcoming period. The following report provides an overview.

Incidents

We have built on our equality monitoring information currently collected via our reporting system which does enable us to gain some understanding. However, following a review of the current codes available, some focused work on this will help us to better analyse and gain an enhanced understanding about how more of the protected characteristics groups fare.

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 our PALS service, 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.
- Access advocacy services through SEAP, the local independent complaints advisory service. SEAP can provide specialist support for those with disabilities such as a learning disability and a range of other needs

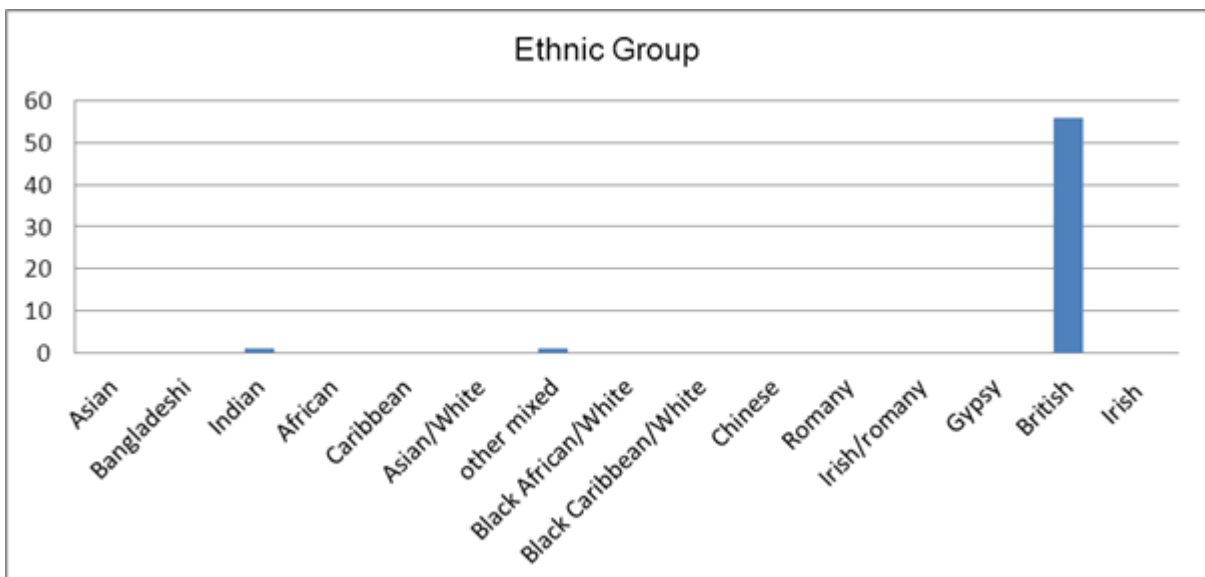
A patient led initiative resulting from an equality objective, means we also have a short signed video on how to access these processes for those who are deaf or are hard of hearing on our public website.

Both services provide special easy read formats and will assist people with a physical disability if writing a complaint is difficult.

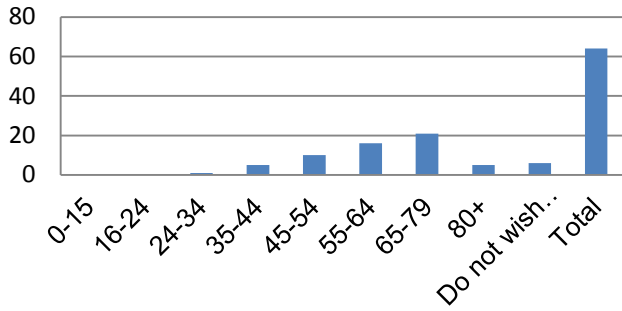
PALS

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.

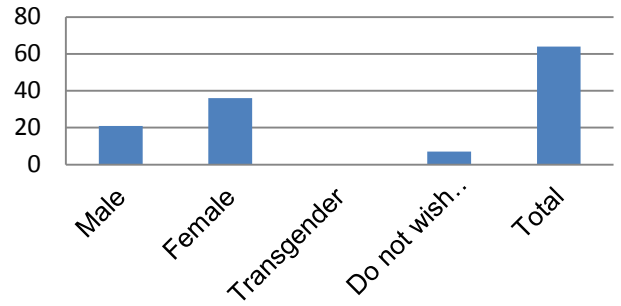
The service works on the principle that people can contact anonymously which also makes robust equality monitoring more difficult. There are some system limitations which led to the implementation of an annual retrospective survey of those who have contacted the PALS service and provided contact details. The audit is 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 commence in 2014. The survey went out to 300 people and 64 (21%) people responded. The results of the first survey are analysed in this report.



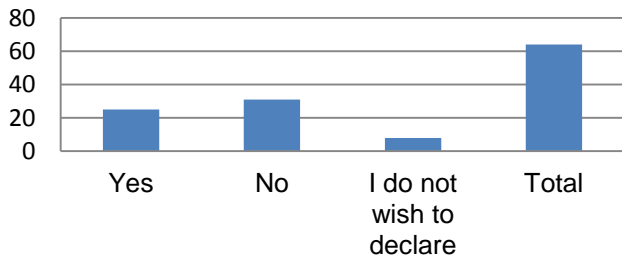
What Age Group Do You Fit Into



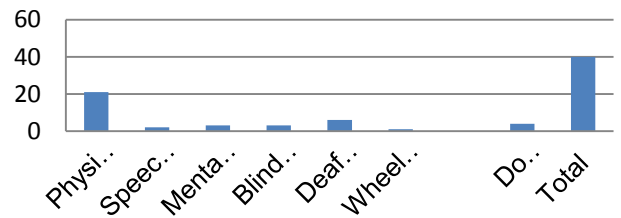
What is Your Gender?



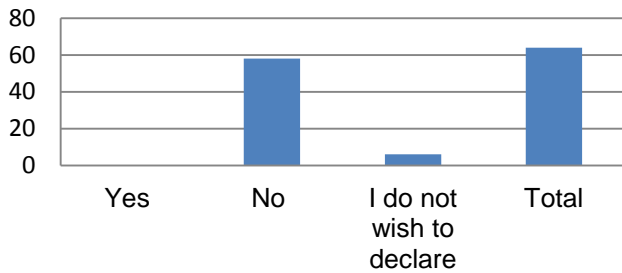
Do You Consider Yourself Disabled or Have a Long Term Condition



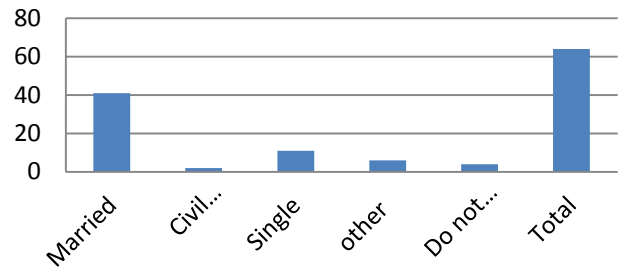
Do You Consider That You Have One or More of the Impairments Below?



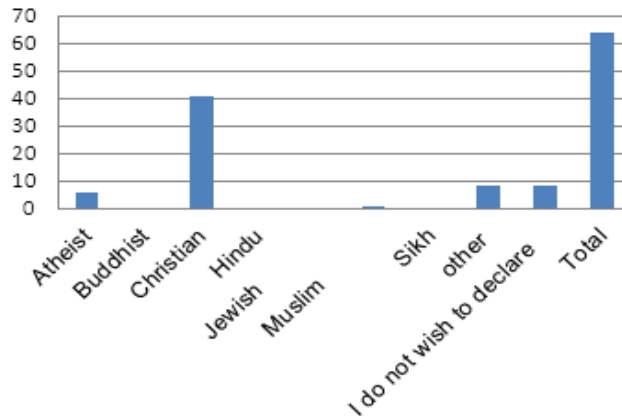
Are You Pregnant or Have You Had a Baby in the Last 6 Months



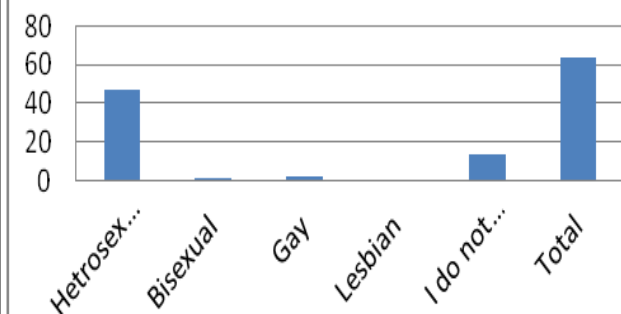
How Would You Describe Your Status



Please Indicate Your Religion or Beliefs



How Would You Describe Your Sexual Orientation



Key feedback from the Survey

- 70% of service users surveyed were happy with the time taken to resolve their query
- 47% of service users surveyed were first time users of the PALS
- 20% of service users surveyed had used the PALS more than 3 times.
- 59% of service users surveyed were happy with the final outcome.

Satisfaction about outcomes in respect of resolving concerns is a complex issue and is sometimes affected by many contributing factors such as individual expectations e.g what is clinically safe to do, what evidence based practice says we should do, variety of individual perspectives, communication and many more, so sometimes the outcome expected is not always possible or safe to deliver)

Key areas for action

- 16-24yr age group is under represented in this sample
- The sample demonstrates a lack of diversity and BME groups are under represented when referenced against our patient profile
- Representation of some disabilities is less than we would expect in comparison with our patient profile and individuals with a learning disability are underrepresented
- 80+ age group are also less well represented as this is an age group which makes up a reasonable proportion of our patient profile and will grow in future years.

Some possible explanations.

The 16 – 24 year old age group are not as large a group in number in our patient profile as our older age ranges and this is as would be expected across similar Trusts and populations. However, the 80 year old age group is a larger group but we know this age group is less likely to complain or raise concerns. This is why it is important to be pro active and for us to facilitate good opportunities for people to do so whilst in our care. The following report highlights some of the many ways that we try to do this.

Poor representation of BME groups is something that we will be looking into. Firstly we will review a larger sample of data across our complaints service to see if this is reflected across complaints or whether representation is better on a wider sample. If representation is still below what might be expected as proportionate then further work will be done. Our recommendations from this piece of work are therefore as follows.

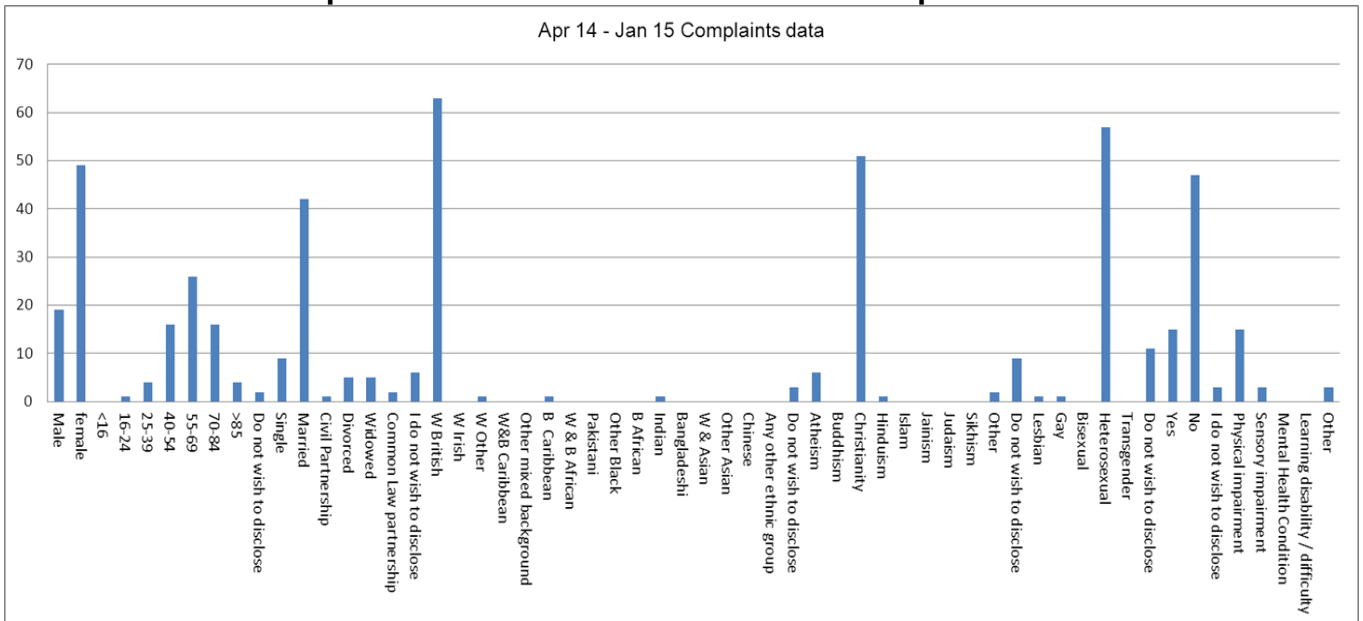
Recommendations

- Targeted engagement exercise to promote awareness of PALS and complaints with a view to seeing improved diversity in those accessing the PALS and complaints services.
- The complaints manager will create an analysis of the E&D survey responses for the complaints received from Apr 2014 – Mar 2015.

Complaints

For complaints equality monitoring, a system has been implemented and the data shown here relates to data collected between April 2014 and March 2015. The PALS acts as a single point of access into the complaints process there is a feedback survey related to the complaints process. The complaint survey is sent to 10 closed complaints per month and is reported on an aggregated rolling basis each month. The ten surveys equates to about 20% of our monthly complainants.

Complaints Protected Characteristic Data Apr 14/Mar15



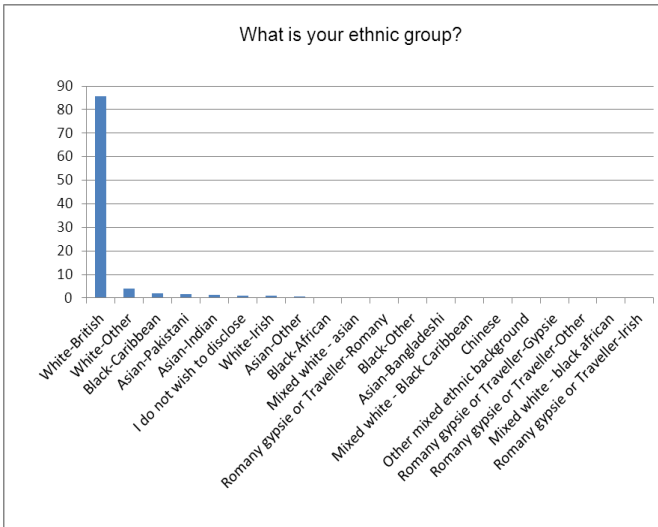
Complaints

Between April 2014 and March 2015 the Trust received a total of 752 Complaints. These are the formal written complaints and do not include PALS contacts. The protected characteristic data for the complaints survey is collected on a quarterly basis and also includes protected characteristic data capture. The older age range is better represented in the complaints data but diversity is still under represented for these surveys. So the targeted work as cited above will aim to address on behalf of both PALS and complaints.

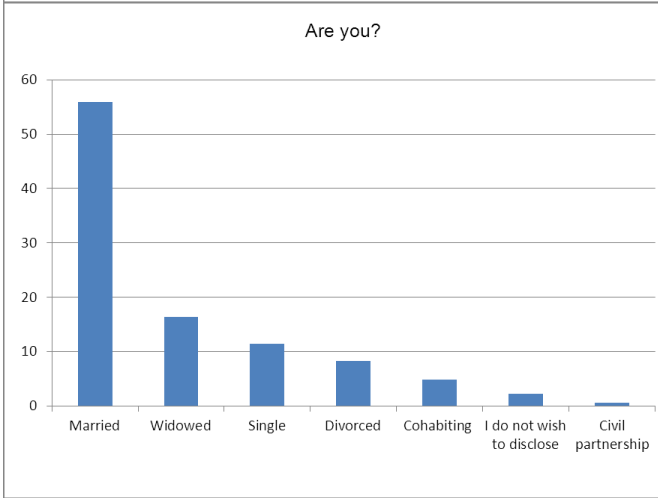
Patient Experience Trackers (PET)

The patient experience trackers were piloted in the Trust Oct/Nov 2012. We captured 1927 real time patient experience surveys across the organisation between Apr 2014 and Mar 2015. 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 that we use. 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. It also provides information from Trust board to the wards that is tangible and transparent.

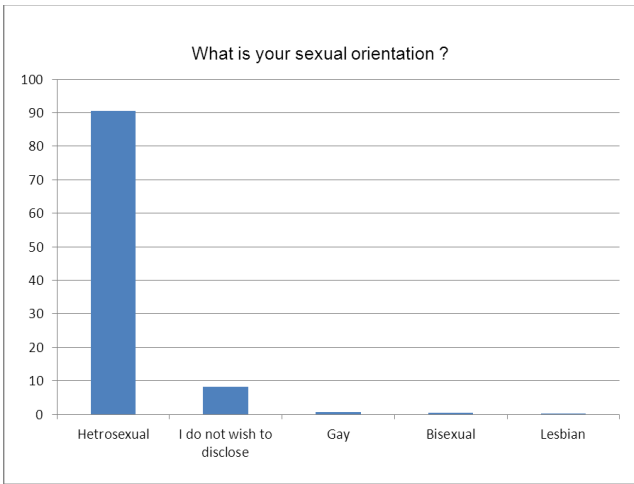
The questionnaire focused on areas of care that have been identified in the annual patient survey as needing closer monitoring to improve effectiveness. In addition in line with the concept of the national initiative the "6 Cs", which focus on care and compassion across the NHS, specific monitoring is necessary. We have developed questions based on the principles of the "6Cs" to establish how well we are delivering against these national expectations. We have implemented the inclusion of equality monitoring on our PETs and so we are able to look at information about patient experience across the protected characteristic groups where patients choose to give us this information.



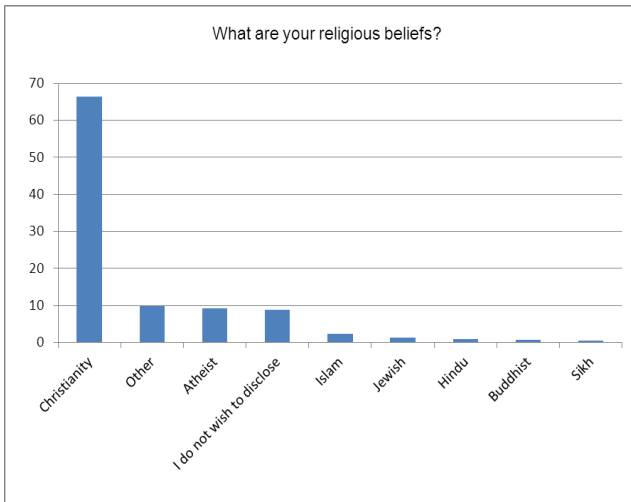
Question 11	What is your ethnic group % ?
White-British	85.54
White-Other	4.03
Black-Caribbean	2.04
Asian-Pakistani	1.47
Asian-Indian	1.42
I do not wish to disclose	1.13
White-Irish	0.91
Asian-Other	0.79
Black-African	0.45
Mixed white - asian	0.4
Romany gypsie or Traveller-Romany	0.4
Black-Other	0.28
Asian-Bangladeshi	0.23
Mixed white - Black Caribbean	0.23
Chinese	0.23
Other mixed ethnic background	0.17
Romany gypsie or Traveller-Gypsie	0.11
Romany gypsie or Traveller-Other	0.11
Mixed white - black african	0.06
Romany gypsie or Traveller-Irish	0



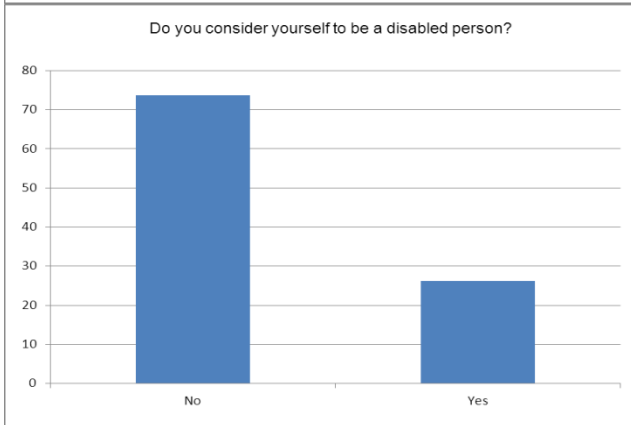
Question 12	Are you % ?
Married	55.93
Widowed	16.47
Single	11.47
Divorced	8.35
Cohabiting	4.94
I do not wish to disclose	2.27
Civil partnership	0.57



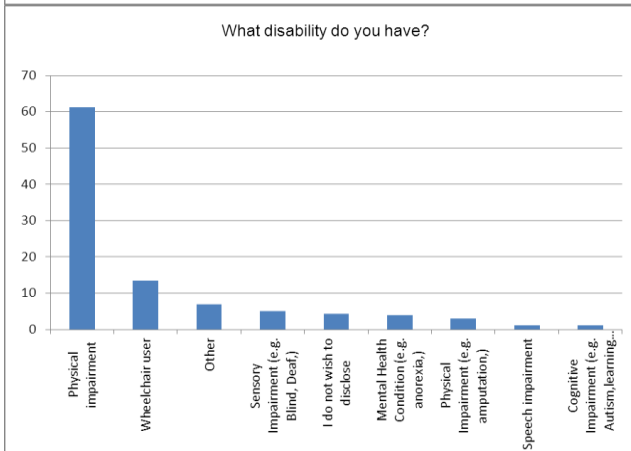
Question 13	What is your sexual orientation % ?
Hetrosexual	90.44
I do not wish to disclose	8.14
Gay	0.74
Bisexual	0.4
Lesbian	0.28



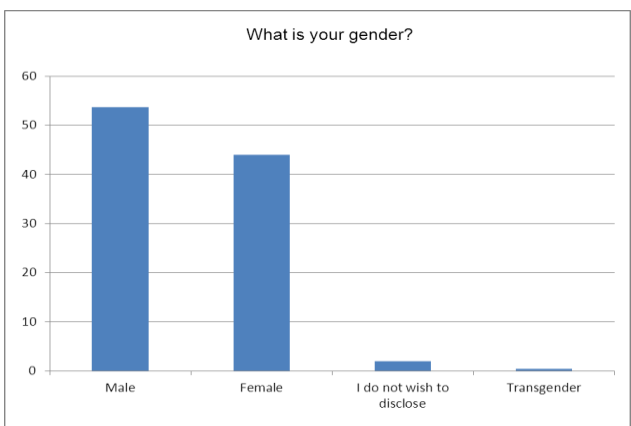
Question 14	What are your religious beliefs%?
Christianity	66.46
Other	9.75
Atheist	9.18
I do not wish to disclose	8.84
Islam	2.4
Jewish	1.31
Hindu	0.86
Buddhist	0.68
Sikh	0.51



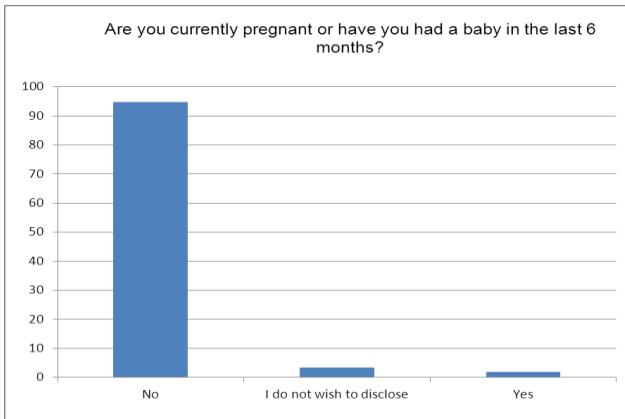
Question 15	Do you consider yourself to be a disabled person%?
No	73.71
Yes	26.29



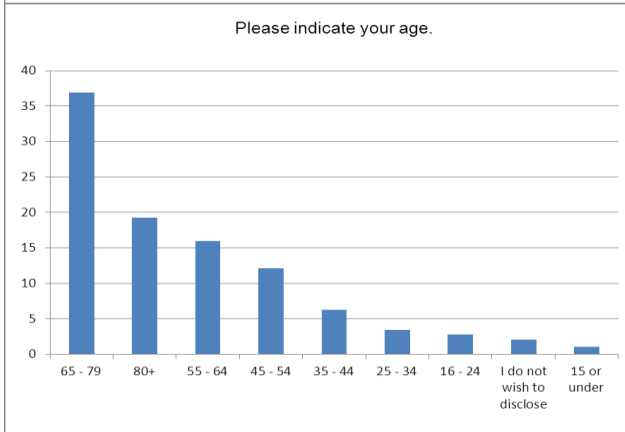
Question 16	What disability do you have?
Physical impairment	61.19
Wheelchair user	13.43
Other	6.9
Sensory Impairment (e.g. Blind, Deaf)	5.04
I do not wish to disclose	4.29
Mental Health Condition (e.g. anorexia)	3.92
Physical Impairment (e.g. amputation)	2.99
Speech impairment	1.12
Cognitive Impairment (e.g. Autism, learning...)	1.12



Question 17	What is your gender%?
Male	53.69
Female	43.96
I do not wish to disclose	1.95
Transgender	0.4



Question 18	Are you currently pregnant or have you had a baby in the last 6 months%?
No	94.79
I do not wish to disclose	3.32
Yes	1.89



Question 10	Please indicate your age.
65 - 79	36.9
80+	19.3
55 - 64	15.96
45 - 54	12.17
35 - 44	6.28
25 - 34	3.45
16 - 24	2.83
I do not wish to disclose	2.04
15 or under	1.08

Equality objective

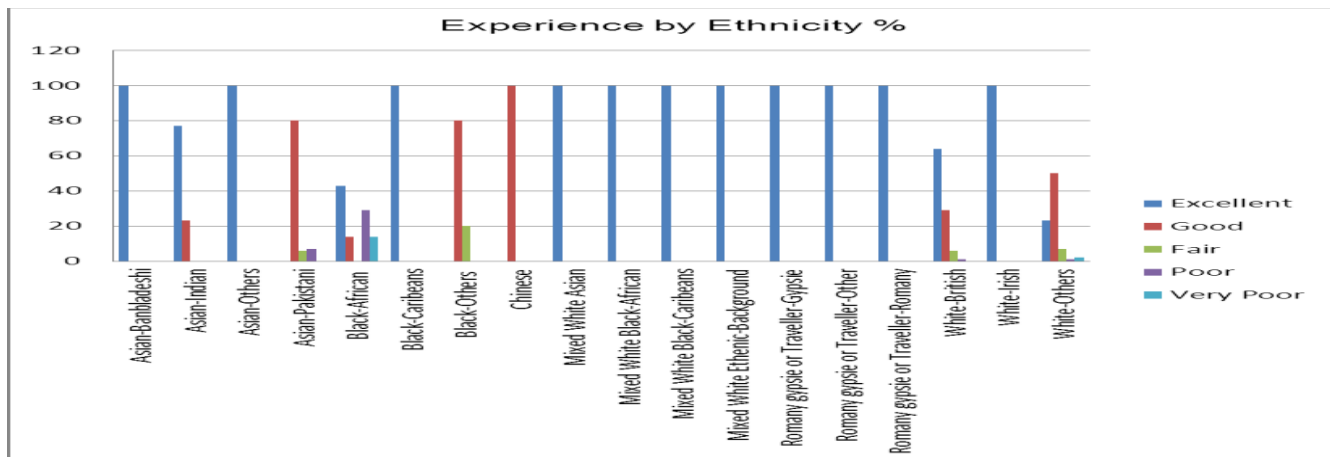
The Trust is very pleased to follow through on its achievement of a patient led equality objective which identified the need for improved equality monitoring of our patient experience. The system was adapted and our PET tracker volunteers piloted the additional PET tracker questions. Subsequent changes resulted in full implementation which has provided results from April 2014 to March 2015. 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.

Key messages from the overall PET equality monitoring data

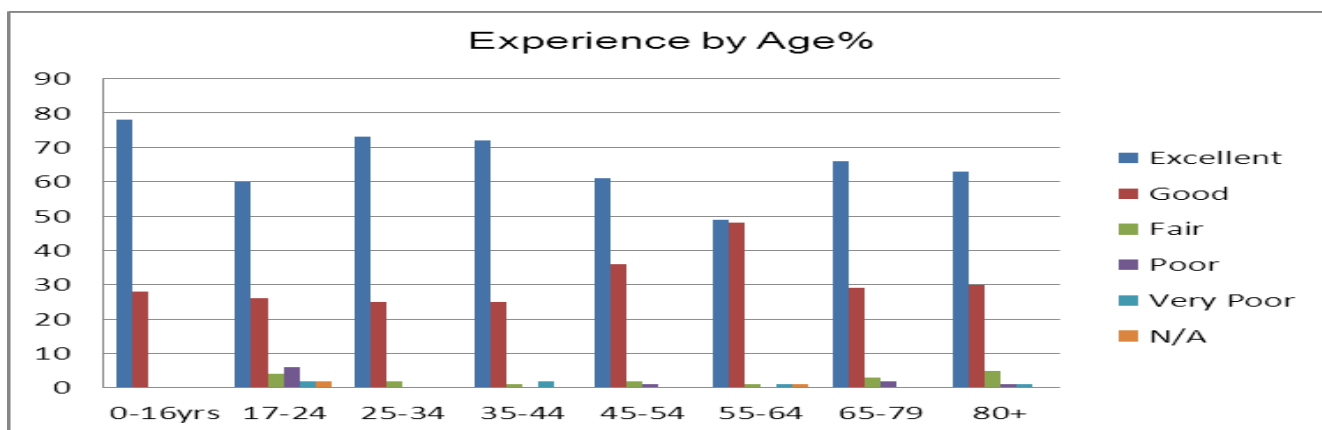
- The reporting of an excellent or good experience is consistent across the sexual groups
- There is a difference between responses from across those who categorise themselves as Black Africans, Black Caribbean or Black "other" with Black Caribbean groups appearing to report higher levels of satisfaction with their experience.
- People who reported they had a disability reported that they were as satisfied with the care they had received as able bodied people that had reported.
- Women reported a slightly better experience of care than men and only 50% of transgender users rated their experience as good or excellent
- The 55-64 year age group are more likely to describe their experience as good than any other age range and least likely to describe their experience as excellent.
- The widowed group are more likely to describe their experience as good than any other status group and least likely to describe their experience as excellent.
- Women that reported being pregnant within the last 6 months also reported a better experience than women who had not been pregnant in the same time period.
- 95% of Muslims surveyed described themselves as white British
- 90% of Jewish people surveyed described themselves as white British

Although information in this report has a number of common themes caution should be used when drawing conclusions from the data. It should be noted that some of the cohort numbers are very small and when converted to a percentage can be misleading. For example, the bars in the charts showing “excellent” as 100% may only represent a small number of patients from that group that gave that rating.

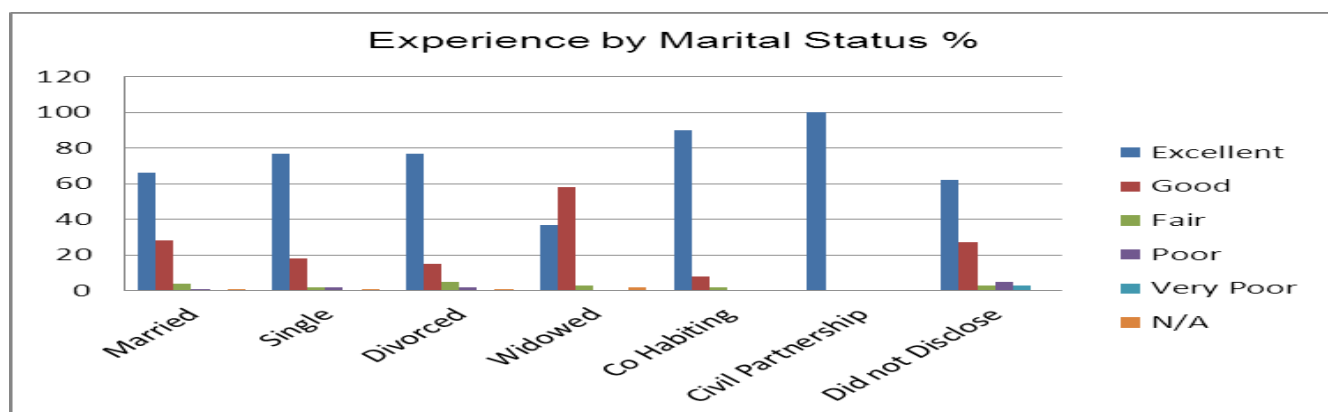
Key ethnicity access messages from the PET survey



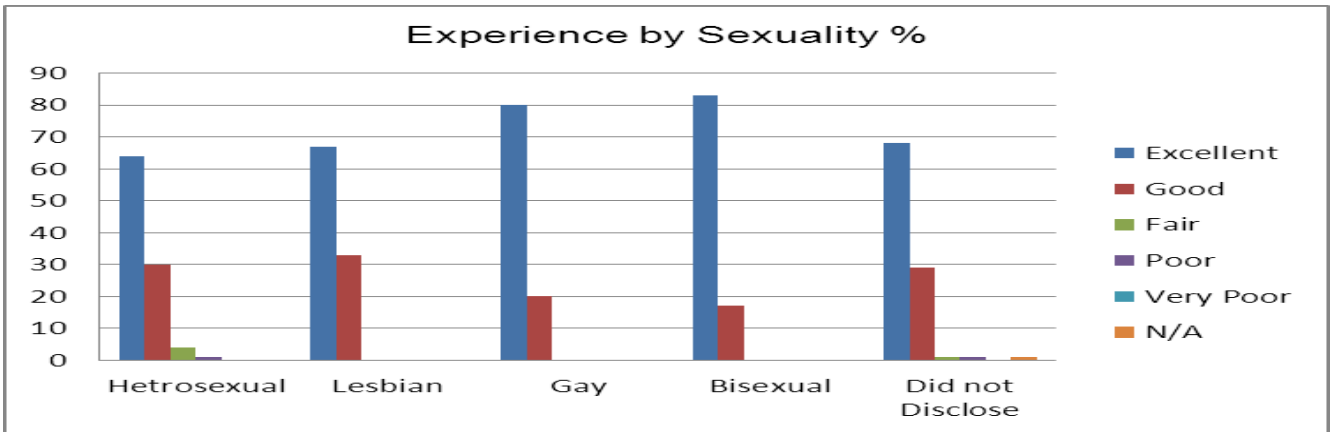
Black African service users reported a poorer care experience than Black Caribbean service users. The reasons for this are not understood at this time and will be looked at more closely in the coming year.



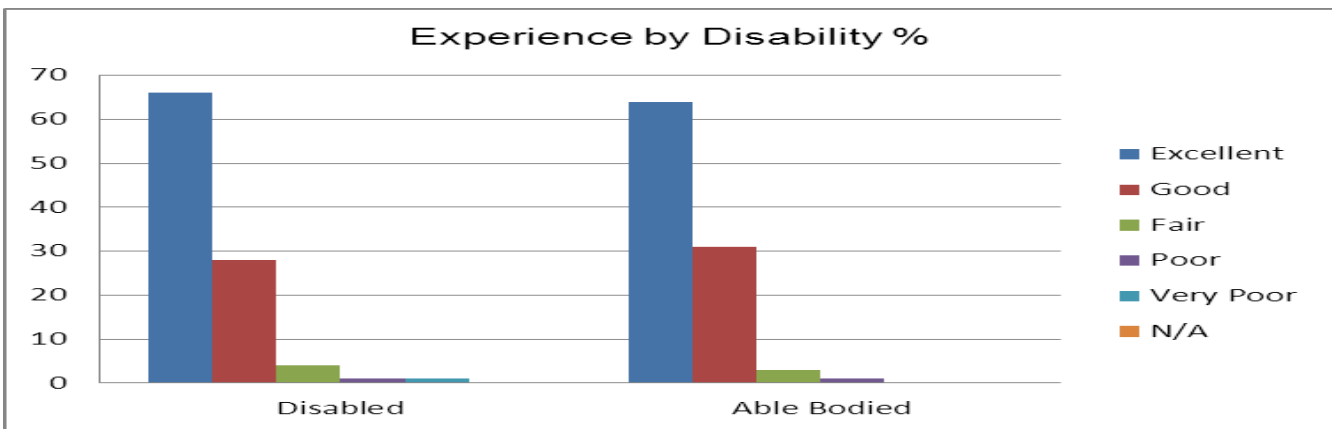
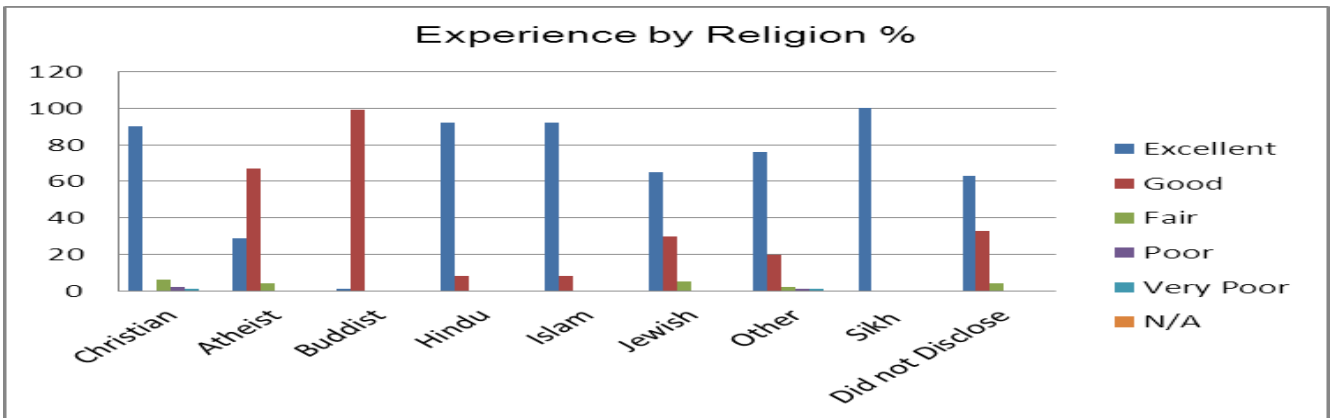
65-79 was the age group that had the largest representation and shows that this group reports a significantly higher experience of excellence than the 55-64 age range.



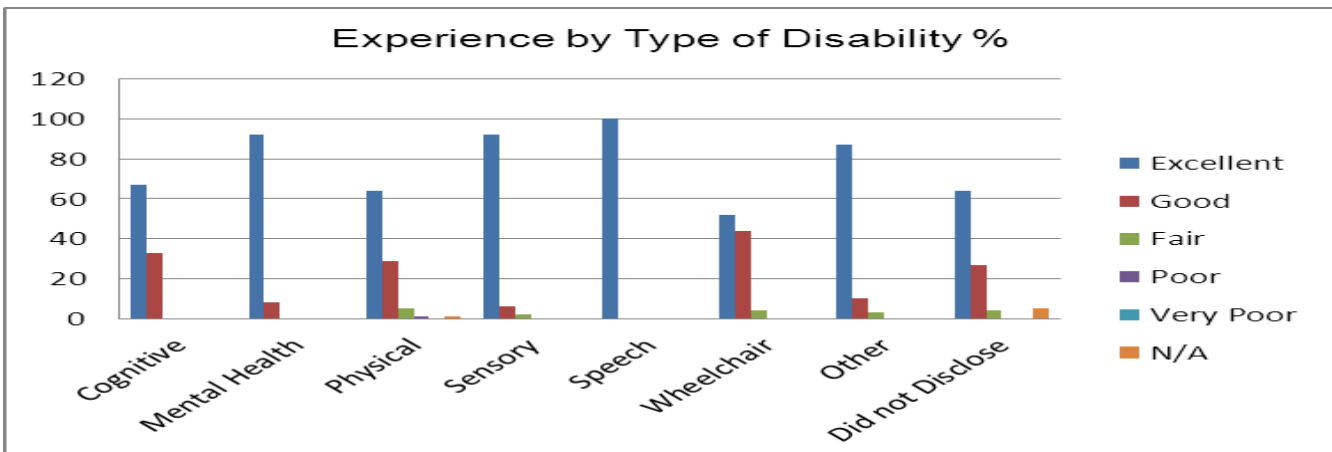
The widowed group are more likely to describe their experience as good than any other status group and least likely to describe their experience as excellent.

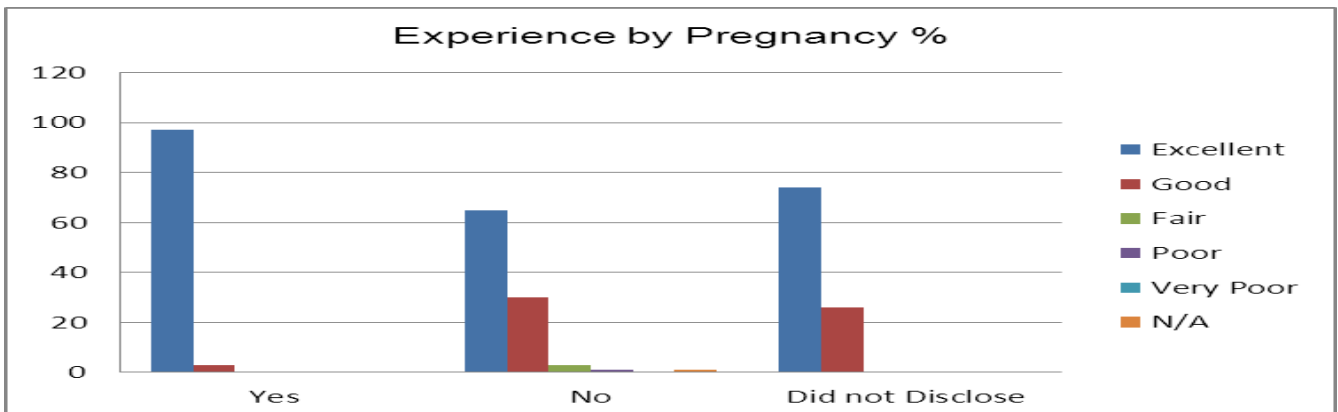
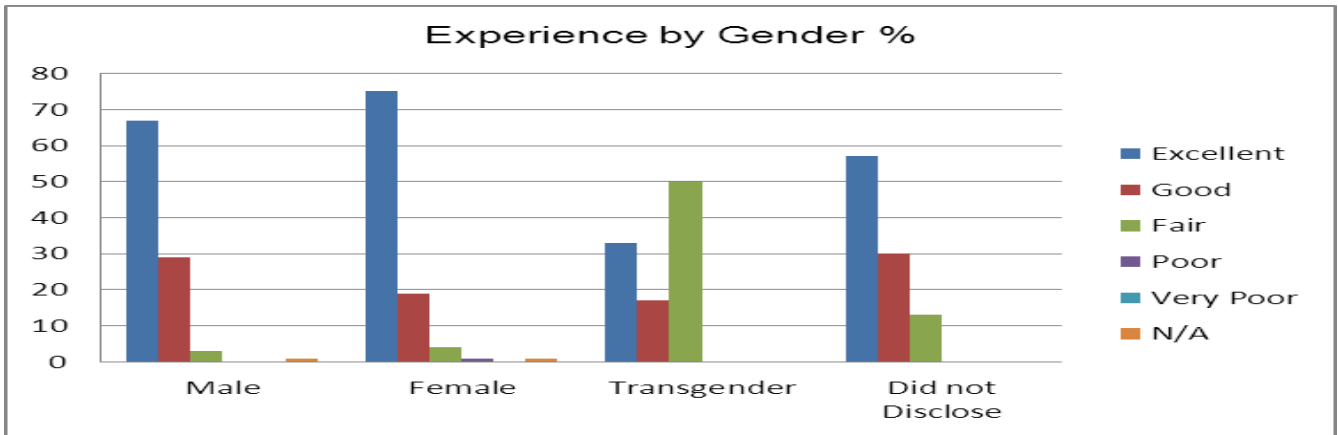


The reporting of an excellent or good experience is consistent across the sexual groups.



People who reported they had a disability reported that they were as satisfied with the care they had received as able bodied people that had reported.





Women that reported being pregnant within the last 6 months also reported a better experience than women who had not been pregnant in the same time period.

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. It will mean that our staff from board to ward are informed and empowered to tackle areas of weak performance and celebrate and build on what is working well. Results are published (see link below) and the feedback is used to drive continuous improvement in the quality of care that we deliver.

What is the Standard Friends and Family Test Question?

Question: How likely are you to recommend our e.g ward/ or A/E or XX 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?

As of April 2015 all areas that provide care to patients

Scope

The roll out of the friends and family test is now complete and the test is live in all service areas including day cases, outpatients and patients under 16 years old. Data is also collected in primary and community care services. Buckinghamshire Healthcare Trust introduced the friends and family test into many of the areas that were not nationally monitored and has used 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.

<http://swanlive/corporate-information/friends-and-family-test-results>

What is coming next? Friends and Family Test

The friends and family test has been extended to include NHS staff in the survey cohort. The staff friends and family test question is asked 4 times a year.

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.

Incidents

The data below relates to incidents reported 01/04/2014 – 31/03/2015 financial year.

During 01/04/2014 – 31/03/2015 10,378 incidents were reported onto the Trust's Risk Management Database. Such incidents relate to patients, staff and visitors to the Trust. Whilst this figure may at first appear to be a high number this must be read in the context of more than 90,000 inpatient contacts a year and in excess of more than an average of 25,000 – 35,000 out patient contacts per month. We actively encourage reporting in the interests of good practice and learning. 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 environment and occasionally it may be due to the quality of data.

Reported incidents by age

There is a field for staff to record the date of birth when reporting an incident and this field automatically calculates the age of the person involved in an incident. The date of birth field is not mandatory because incidents can relate to equipment, 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 2,555 Of the 10,378 reported incidents from 01/04/2014 to 31/03/2015. Of the incidents reported most relate to patient clinical incidents the data indicates a higher proportion of reported incidents are in the older age categories of persons. This would be entirely in line with our patient profile with the majority of our patients being in the older age ranges.

Reported incidents by gender

The field for recording gender is a mandatory field in Datix. Data for the financial year is shown in the table below and indicates a higher number of incidents reported for the female group than male which is indicative of the organisation's staff population which has a significantly greater number of female staff. (See the staff profile section). The gender split for our patient profile is much more balanced but with females still the greater in number. (See the patient profile section).

Incidents by incident date and gender (Month and Year) 2014/2015

Year & month	F	M	Not Applicable	Not Stated	Total
2014 04	357	276	0	2	635
2014 05	391	270	0	0	661
2014 06	366	269	2	0	637
2014 07	424	317	1	0	742
2014 08	326	303	1	0	630
2014 09	376	327	0	1	704
2014 10	400	345	1	4	750
2014 11	354	338	0	5	697
2014 12	341	305	1	1	648
2015 01	363	276	1	2	642
2015 02	363	285	1	1	650
2015 03	454	343	1	8	806
Totals:	4515	3654	9	24	8202

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:

From the table below, it is noted that the majority of the incidents reported, and where ethnicity is stated, relate to those who categorise themselves as White British. Further work will take place during 2014/2015 to ascertain whether the number of incident reported for persons from BME groups is proportionate with the organisation's BME patient and staff profiles and to determine any actions required.

The chart below shows reported incidents in which ethnicity is reported by stage of care. White British as representing the highest number is reflective of staff and patient profiles. Those who declare themselves as of Pakistani background are the largest number of BME group patients (see patient profile) and the following appears representative of this.

**Incidents by Ethnicity and
Incident date 2014/2015**

	2014 04	2014 05	2014 06	2014 07	2014 08	2014 09	2014 10	2014 11	2014 12	2015 01	2015 02	2015 03	Total
White - British	483	480	444	530	500	527	507	510	476	497	478	598	6030
White - Irish	6	4	8	9	5	8	8	6	4	4	4	8	74
White - other white	25	16	40	36	21	29	34	23	28	30	42	32	356
Mixed white and black Carribean	2	1	0	0	0	0	2	2	0	2	0	5	14
Mixed white and black African	0	1	0	0	0	1	1	0	1	0	0	1	5
Mixed white and Asian	0	1	3	0	0	1	1	1	1	2	1	2	13
Other mixed	0	1	2	4	0	2	6	3	2	1	3	6	30
Indian	2	3	1	8	3	1	4	6	4	0	3	4	39
Pakistani	8	17	16	12	17	15	20	16	12	12	19	12	176
Bangladeshi	0	2	2	0	0	6	1	1	3	0	0	0	15
Other Asian	11	12	10	11	9	13	10	10	17	7	6	10	126
Black Carribean	7	9	7	5	0	3	10	6	4	3	7	6	67
Black African	5	1	5	1	5	2	5	7	1	5	4	5	46
Other Black	4	0	4	5	3	2	2	2	4	0	2	0	28
Chinese	1	1	0	1	0	1	5	1	1	0	2	2	15
Other ethnic category	2	0	6	7	6	5	4	3	6	3	5	4	51
Not stated	59	89	68	93	49	73	103	85	70	70	61	106	926
Totals:	615	638	616	722	618	689	723	682	634	636	637	801	8011

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 identifies that of the 10378 incidents reported 1002 were reported against a recognised disability. The majority of incidents in which a disability is recorded relate to either physical impairment (447) or wheelchair users (370) with (45) being reported under the learning disability category.

The reporter of an incident can complete more than one disability category for a person when reporting an incident and therefore the data requires detailed analysis. Following a review of the coding structure within Datix there is a need to refresh categories of reporting to further improve data quality and subsequent reports. It is hoped this will enable a much more in depth understanding in this area and enable better analysis and interpretation.

Next steps:

The data above builds on data collected during 2013/2014. Further review and analysis of the coding structure of our risk management database and use of data and information will take place during 2015/2016 to:

- Consider the causes and act upon data errors, review data coding structures and identify mandatory fields for reporting, this includes equality monitoring data.
- 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.