

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-Overview

We collect information from a range of different sources which includes complaints, compliments, patient advice and liaison Services (PALS), friends and family survey and information and feedback direct from patients via our internal patient experience survey and the annual inpatient survey. Within these areas, apart from friends and family survey 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. This report also includes information about our surveys and patient surveys primarily undertaken by our Audit and clinical effectiveness department where we are currently working to improve equality monitoring and from our incident department, all of which contributes to the overall information about patient experience. 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.

Patient Experience-PALS

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 our PALS service directly. 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 who 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 a previous equality objective means we also have a short British sign language video signed to demonstrate how to access these processes for those who are deaf or who are hard of hearing. This is posted onto our public website and involved the representative organisation raising this with us on behalf of those patients with this difficulty being involved in the making of the video. Both services provide special easy read formats and will assist people with a physical disability if writing a complaint is difficult.

The PALS service works on the basis that people can access the service between 09:00-16:30hrs and messages can be left at any time and we undertake to respond within set timeframes. The service is also used for general signposting and help and advice about our services. 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 and focus needs to be on resolving their problem or request. Sensitive handling is required at these times.

Due to limitations across our recording systems, we wanted to be proactive in this area and have therefore implemented an annual retrospective random sample survey of those who have contacted the PALS service and provided contact details. The survey sample is always a minimum of 200 individuals. The survey includes equality monitoring questions but utilises the opportunity to undertake a satisfaction survey at the same time. This also helps us to look at the experience of individuals using our service across the groups for those who complete the forms. We can therefore better understand the patient experience of the service we provide. This commenced in the autumn of 2015 and will be undertaken in the autumn of each year being repeated in Autumn of 2016. In 2015 we are pleased to report that our random sample went out to 300 people, of these 62 people responded (21%). We also hope to increase our response rate in 2016.

[Click here to see the results of the 2015/16 PALS survey.](#)

Complaints

During 2015/16 the Trust received a total of 605 complaints. This figure represents formal written complaints and does not include PALS contacts. (This figure needs to be seen in the context of more than 100,000 in patients per year and more than 400,000 out patients per year and we receive in excess of 10,000 compliments per year)

For complaints equality monitoring, a system has been implemented and during 2015/16 we received 74 equality monitoring responses from the surveys that were sent out, this is a 12% response rate.

We can now demonstrate that the complaints service is being accessed by a wide range of people from protected characteristics. Moving forward in 2016/17 the survey will be improved to be able to demonstrate equality in satisfaction with the complaints process.

[Please click here to see the 2015/16 results](#)

Patient Experience Surveys

Following the withdrawal of the patient experience trackers (PET) in October 2015 collection of the patient experience survey was piloted using another tool from Quarter 4 2015/16. The Trust during the pilot period captured 1505 real time patient experience surveys across the organisation between January 2016 and Mar 2016. These responses were merged with the patient experience data gathered using the PET between April 2015 and December 2015. The total number of surveys was 2200.

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. [Inpatient 2015 Survey](#)

The National Inpatient Survey 2015 highlighted areas for improvement related to our discharge planning processes and information about medication provided to patients on discharge and when to seek support post discharge. There was a local increase in patients who stated that they have been treated with dignity and respect, although we are still below the national average score for this indicator. This survey is mentioned further, below.

Local Patient Experience Survey

Our local patient experience survey stated that 87% of our surveyed population felt that they were afforded privacy all the times. All of the available PET devices and kiosks are being reprogrammed to provide a tool to capture information centrally and to prevent duplication of process. Capturing patient experience is a powerful tool as 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 line with the organisations vision and values to Care, Aspire, Respect and Enable.

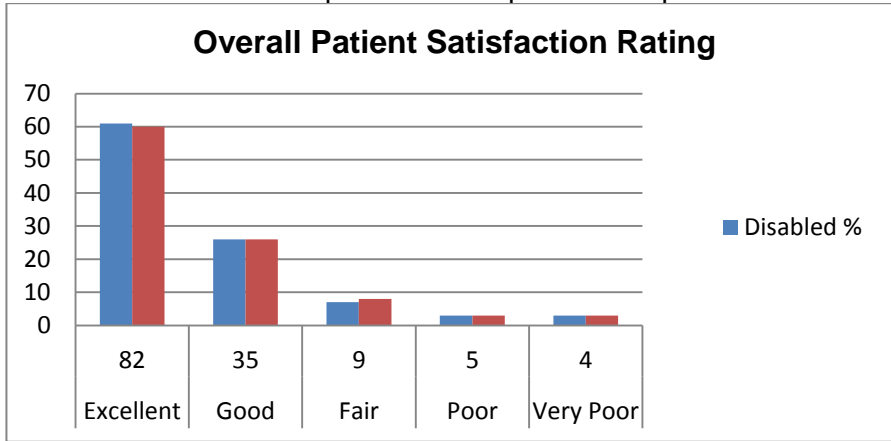
We have developed questions based on the national care principles of the “6Cs” to establish how well we are delivering against these national expectations. We have ensured that equality monitoring has remained an essential component of the survey loaded onto survey monkey and so we are able to look at information about patient experience across the protected characteristic groups where patients choose to give us this information.

[Please click here to see a summary of the 9 protected characteristics. \(pdf 9 pages\)](#)

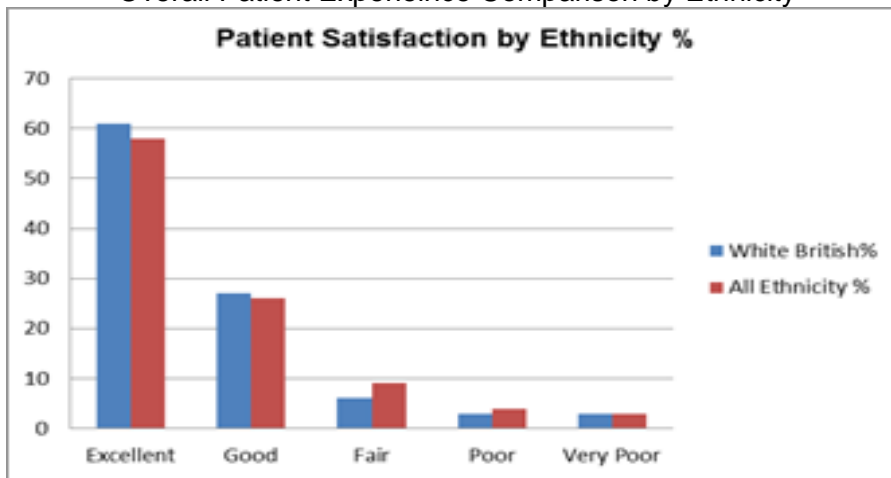
Equality objective achieved.

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. We can now look at experience by group and compare experience against our base cohort. The tables below show the results of the equality monitoring data between April 2015 and March 2016. The number of surveys received was 2200 and the information displayed below in the tables represents a percentage.

Overall Patient Experience Comparison Graphs 2015/16



Overall Patient Experience Comparison by Ethnicity

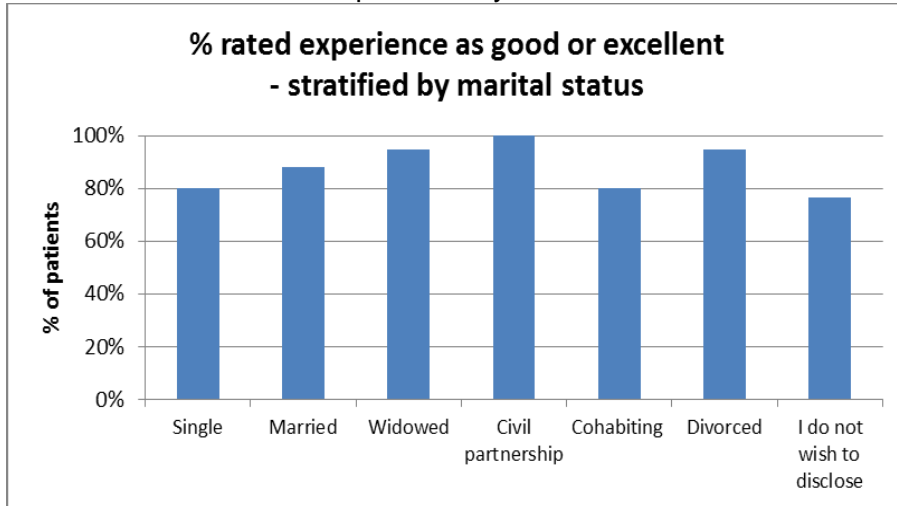


*detailed analysis of ethnicity data informing quality improvement plans.

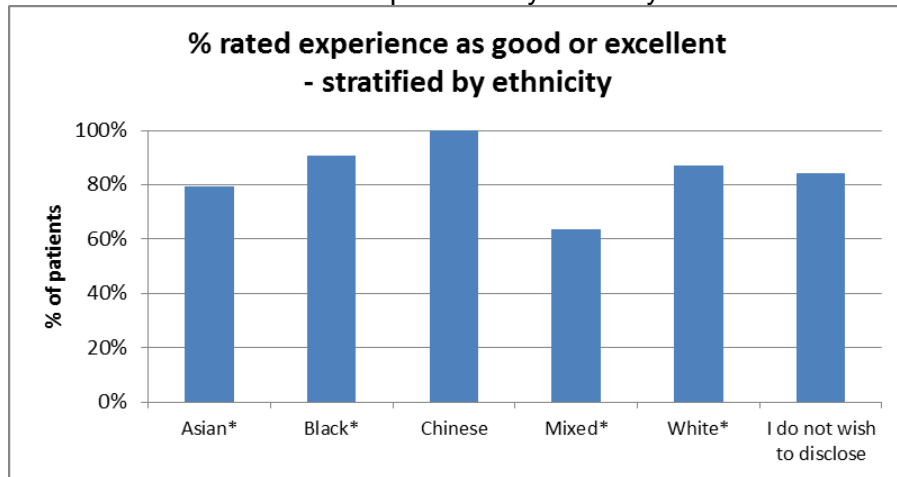
Patient Experience by Age



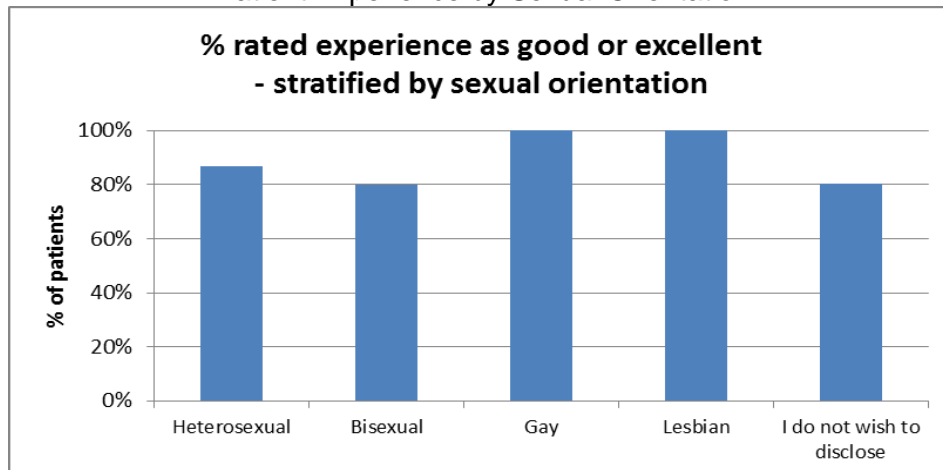
Patient Experience by Marital Status



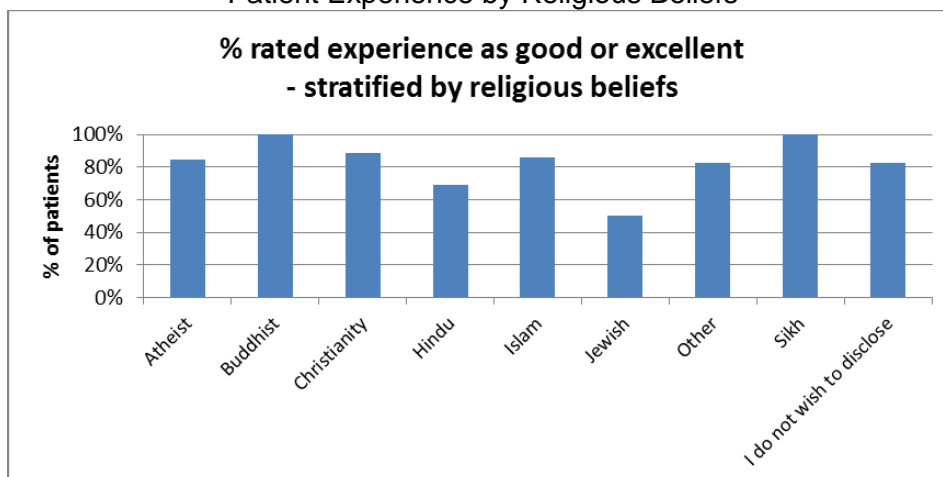
Patient Experience by Ethnicity



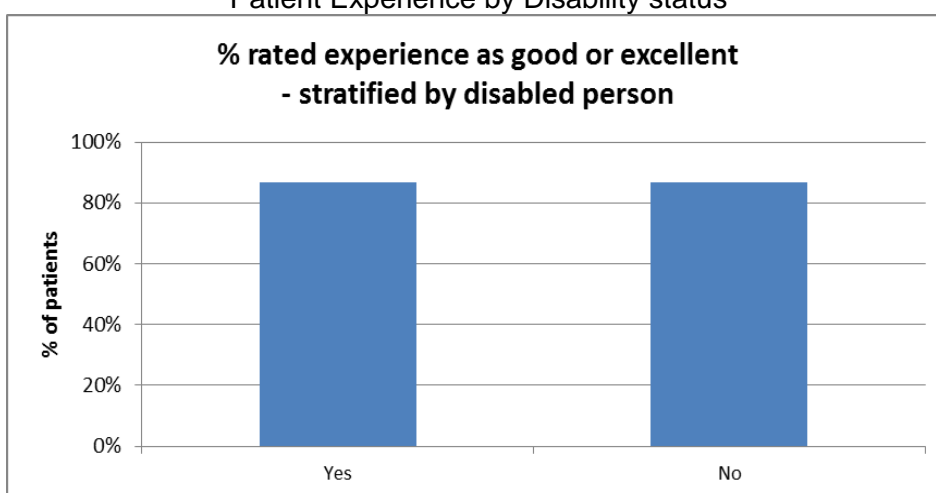
Patient Experience by Sexual Orientation



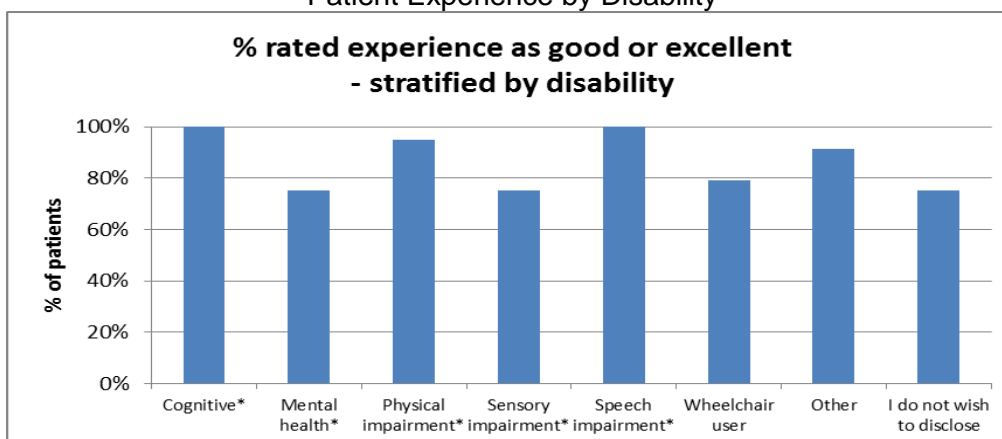
Patient Experience by Religious Beliefs



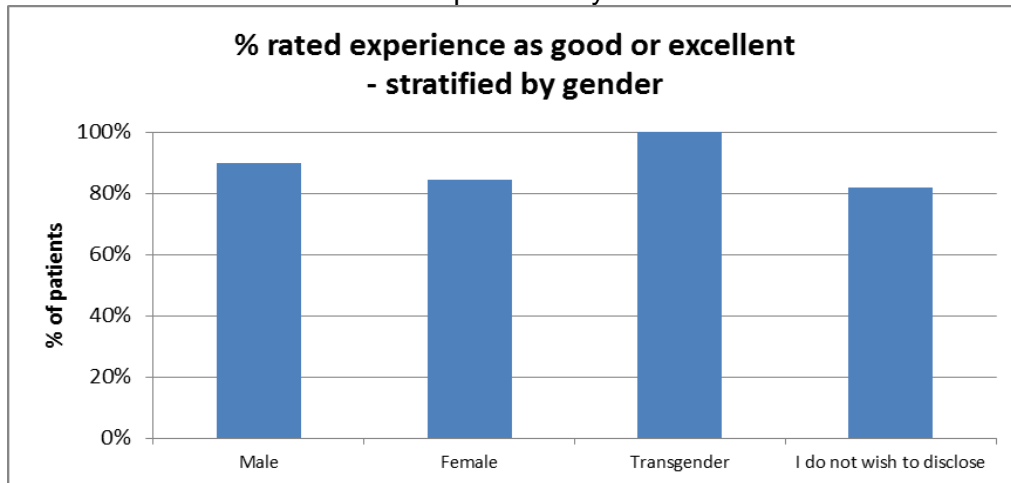
Patient Experience by Disability status



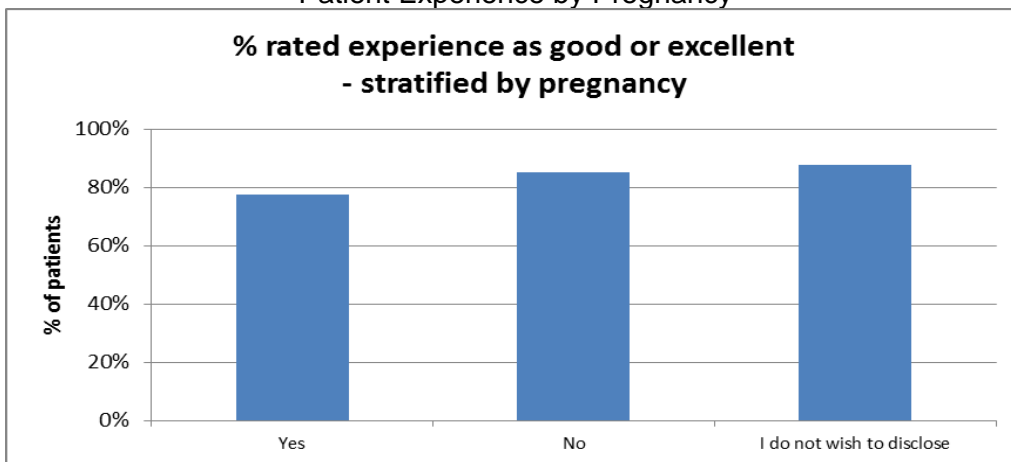
Patient Experience by Disability



Patient Experience by Gender



Patient Experience by Pregnancy



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 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?

The friends and family test has now been introduced to all areas of NHS care. All Adult and child 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, and all outpatient services including day case services. 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.

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 our public website and the patient feedback web pages.

What is coming next? Friends and Family Test

From April 2015 the friends and family test was extended to all NHS areas. The 2014 NHS friends and family guidance encourages the collection of information to support the equality deliver system as part of the friends and family process. Protected characteristic data that relates to the friends and family test will be collected on a pilot basis using our inpatient cohort in 2016/17.

The staff friends and family test question is asked quarterly however for the fourth quarter the national staff survey takes place and this is used as the key mechanism for feedback in this quarter.

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 currently 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.

Clinical Audit and Effectiveness

Each year the Clinical Audit and Effectiveness Team support a number of local patient experience surveys designed to obtain feedback on specific services from patients, parents and carers who use these services. These surveys may just focus on one particular aspect of a service e.g. the booking process.

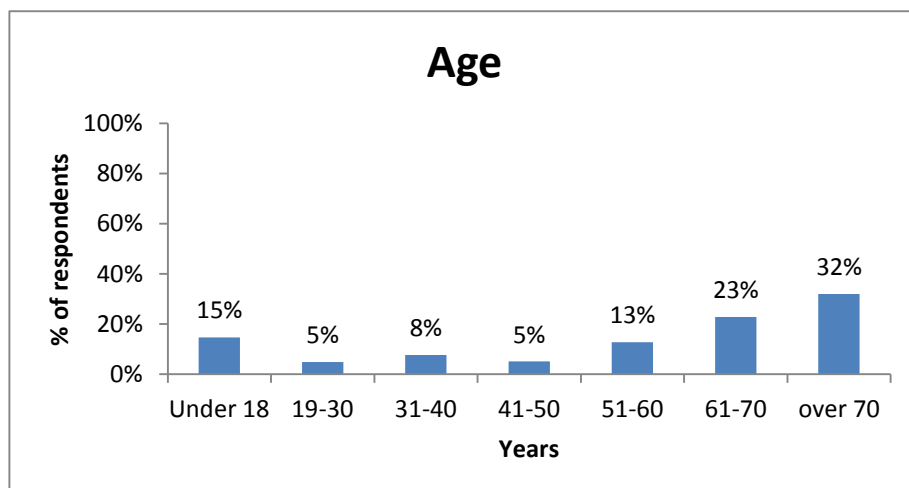
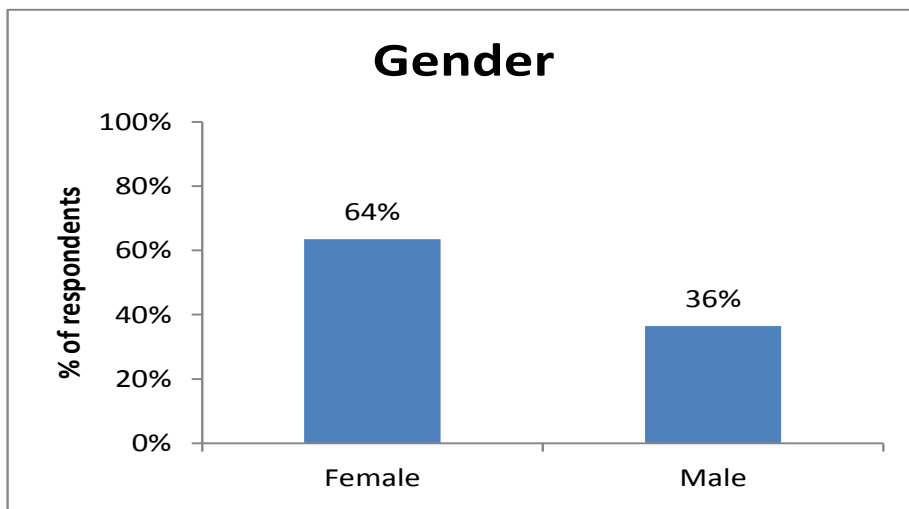
During the period of 2015/16, 40 of these local patient experience surveys were completed. Services surveyed included:

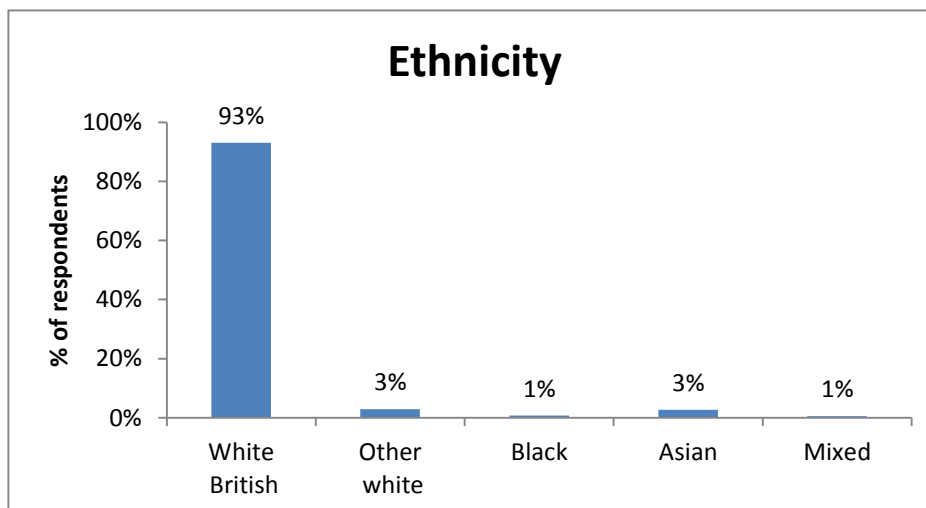
- Cancer services
- Rheumatology
- Dermatology
- Urology

- Endoscopy
- Trauma and Orthopaedic
- Colorectal Surgery
- Community Health Services
- Maternity Services

Where appropriate these surveys collect data regarding the gender, age and ethnicity of respondents. In 2016/17 we plan to extend this to include the collection of data regarding disabilities.

The data from the surveys for 2015/16 is displayed in the charts below. In terms of gender it does not quite reflect the male/ female split across Buckinghamshire which is almost half and half with females slightly greater in number but it does reflect the patient profile as we have higher numbers of female to male patients and females tend to have higher rates of consultation frequency. The graph showing age demonstrates a higher weighting to the older age ranges and this does reflect the patient profile. At 5% BME groups are disproportionate with our patient profile and this is slightly low. By improving our equality monitoring over the forthcoming year we will look to see if this becomes more representative.





Incidents 2015 -2016

The data below relates to incidents reported during 01/04/2015 – 31/03/2016

During 01/04/2015 – 31/03/2016 11,877 incidents (10,378 2014/2015) were reported onto the Trust's Risk Management Database (Datix). 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 100,000 inpatient contacts a year and in excess of more than an average of 400,000 outpatient contacts per year.

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 reported incidents during 01/04/2015 to 31/03/2016. Of the incidents reported 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. It is important to remember that rehabilitation is a key part of recovery for a lot of older patients and as patients mobilise this can lead to minor events which have to be recorded but may not result in actual harm e.g a slip or a trip.

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 Gender 2015 - 2016 by month and year

	F	M	Not Applicable	Not Stated	Total
2015 04	514	428	0	5	947
2015 05	485	334	1	3	823
2015 06	487	397	1	11	896
2015 07	413	385	1	6	805
2015 08	447	365	0	3	815
2015 09	408	331	0	4	743
2015 10	428	315	1	9	753
2015 11	533	391	0	3	927
2015 12	363	328	0	3	694
2016 01	368	361	1	3	733
2016 02	399	341	0	3	743
2016 03	386	286	3	4	679
Totals:	5231	4262	8	57	9558

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 2016/2017 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 this will be monitored via the Trust Human Resources and Workforce Committee. The majority of patients from our patient profile are White British which is reflective of the population in Buckinghamshire. BME groups represent between 16% and 18% of the population in Buckinghamshire and we do have large numbers recorded as unknown or not recorded.

The following chart 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.

Incidents by Ethnicity and Incident Date

	201 5 04	201 5 05	201 5 06	201 5 07	201 5 08	201 5 09	201 5 10	201 5 11	201 5 12	201 6 01	201 6 02	201 6 03	To tal
White - British	539	503	573	531	475	467	500	500	522	521	517	473	61 21
White - Irish	4	10	8	7	8	10	5	6	5	5	4	4	76
White - other white	41	30	35	46	26	52	58	48	34	32	47	33	48 2
Mixed white and black Caribbean	1	4	2	0	1	0	1	5	1	0	1	3	19
Mixed white and black African	0	0	0	1	1	2	0	1	1	2	0	3	11
Mixed white and Asian	5	1	5	1	1	5	2	1	3	2	3	1	30
Other mixed	5	2	5	2	8	3	2	3	3	1	5	4	43
Indian	4	6	4	4	2	2	10	8	2	5	3	4	54
Pakistani	12	17	12	10	14	13	15	21	11	23	16	10	17 4
Bangladeshi	0	2	0	0	0	0	2	1	0	0	1	0	6
Other Asian	9	12	10	15	12	15	13	14	5	10	15	7	13 7
Black Caribbean	8	6	6	5	2	7	5	6	11	4	1	7	68
Black African	1	6	8	9	5	1	7	4	5	9	7	2	64
Other Black	5	4	2	7	4	1	5	5	2	3	2	2	42
Chinese	0	1	2	2	2	0	2	4	1	1	2	2	19
Other ethnic category	4	2	5	5	2	4	4	1	9	6	6	4	52
Not stated	293	202	195	143	240	149	97	283	73	90	98	107	19 70
Totals:	931	808	872	788	803	731	728	911	688	714	728	666	93 68

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 11,877 incidents reported 1006 (1002, 2014/15) were reported against a recognised disability. The majority of incidents in which a disability is recorded relate to either physical impairment (424) or wheelchair users (373) with (66) 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, the Trust is planning to procure a new Risk Management Database in 2016/17 with the aim of improving data capture and resulting improvement actions following. It is hoped this will enable a much more in depth understanding in this area and enable better analysis and interpretation for the future.

Next steps:

The data above builds on data collected during 2015/2016. Further review and analysis of the coding structure of our risk management database and use of data and information will take place during 2016/2017 to:

- Consider the causes and act upon data errors, review data coding structures and use these to inform the development of a newly procured risk management system, incorporating improved reporting for 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.