

# 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 2016 to March 2017*. 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.

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The results shown below indicate a full year's analysis of the equality monitoring forms from April 2016 to March 2017.

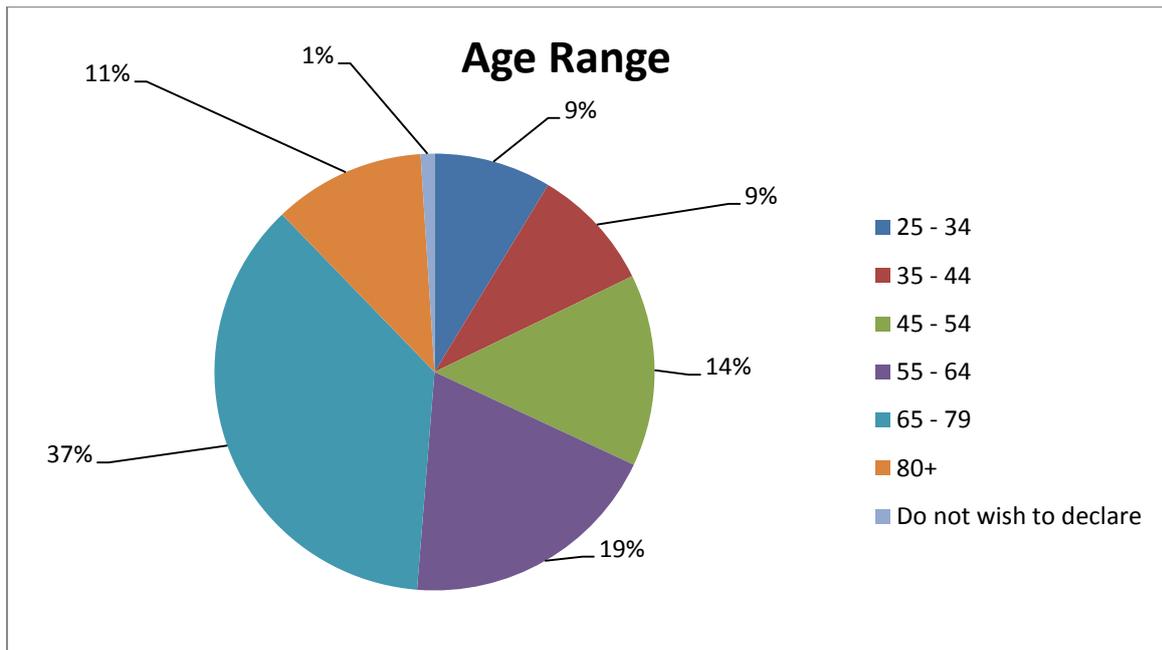
A total number of 262 people have attended our meetings, shared their views or voiced their opinion during this period.

201 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 201 responses received, the remaining 61 are unknown.

**1) What age group do you fit into?**

0 - 15	<b>0</b>
16 - 24	<b>1</b>
25 - 34	<b>17</b>
35 - 44	<b>18</b>
45 - 54	<b>28</b>
55 - 64	<b>38</b>
65 - 79	<b>72</b>
80 +	<b>22</b>
I do not wish to declare	<b>2</b>



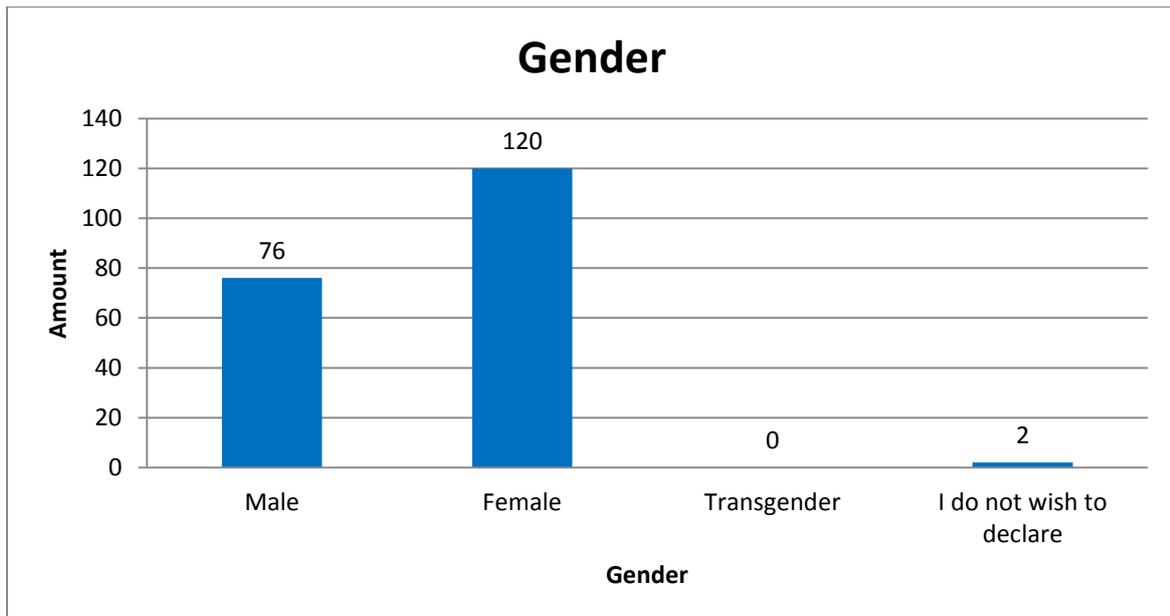
The majority of the 201 responses are across the age groups for 45 years and above. Our local Joint Strategic Needs Assessment (JSNA) July 2013 highlights that 16.7% of the population within Buckinghamshire are 65 and over and this is increasing. The majority of the patients that we see are in the older 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 25 - 44 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.

## 2) What is your Gender?

Male **76**      Female **120**      Transgender **0**      I do not wish to declare **2**

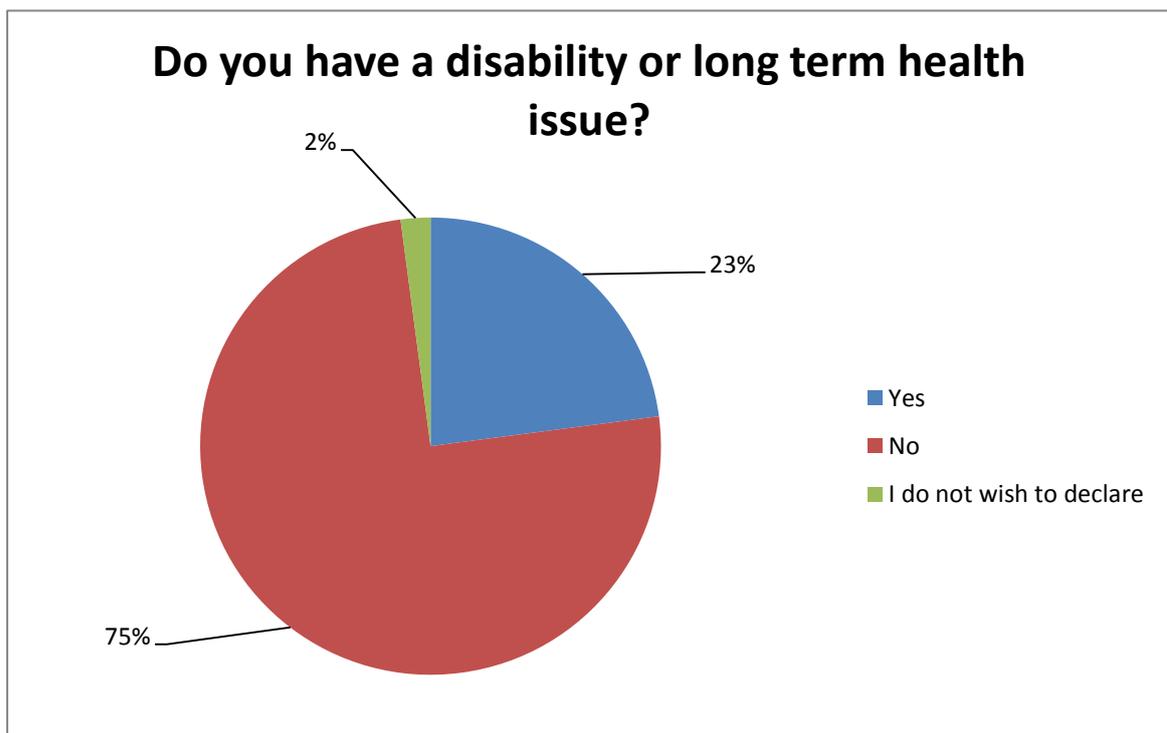
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### 3) Do you consider yourself to be disabled or have a long term health condition?

Yes 44 No 144 I do not wish to declare 4



75% of people attending our events considered themselves to not have a disability or a long term health issue. Work needs to be done on establishing connections with local support groups for patients with a disability to encourage attendance to our events. All of the events that took place this year were accessible to people with a disability but awareness of these

events is clearly poor.

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.

A further breakdown of impairments that attendees had is shown below. 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.

Although only 23% of attendees considered they had a disability or long term health condition, a further 35 attendees ticked one or more of the impairments listed below. This shows that some attendees do not see their impairments as a disability or long term health condition.

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

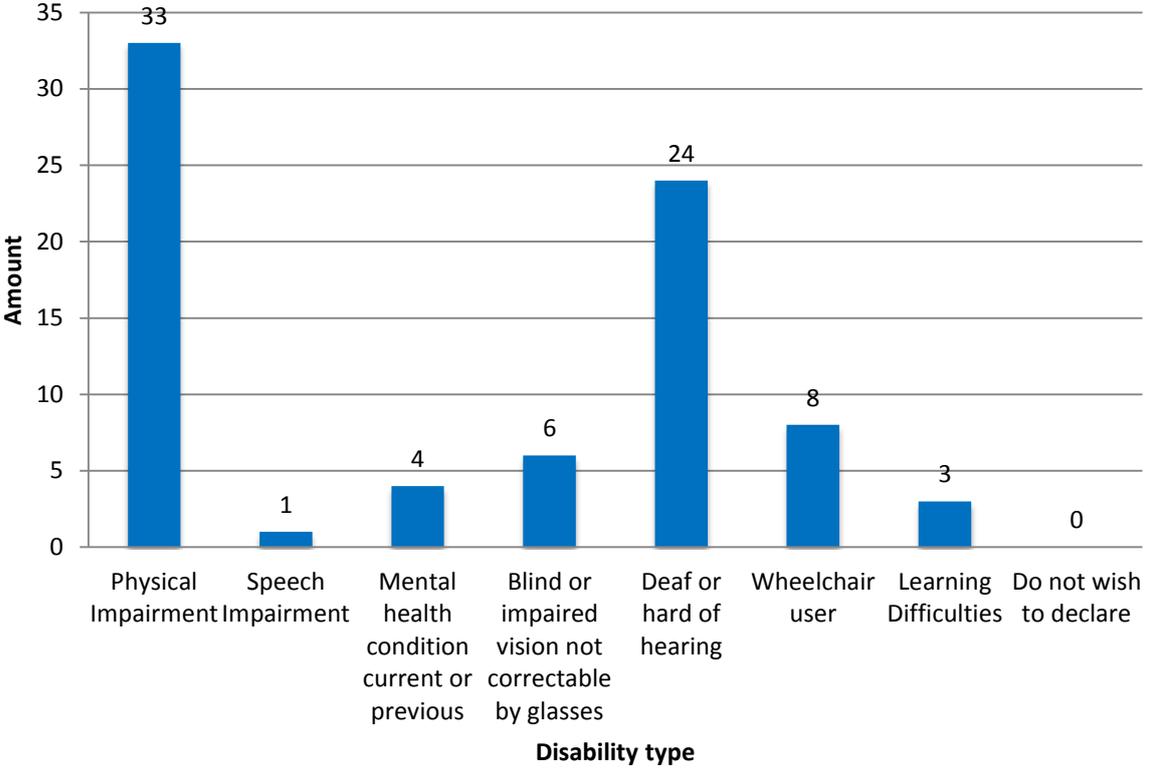
Please tick all the types that apply.

Physical impairment	<b>33</b>
Speech impairment	<b>1</b>
Mental health condition current or previous (e.g. depression)	<b>4</b>
Blind or impaired vision not correctable by glasses	<b>6</b>
Deaf or hard of hearing	<b>24</b>
Wheelchair user	<b>8</b>
Learning difficulties	<b>3</b>
Do not wish to declare	<b>0</b>

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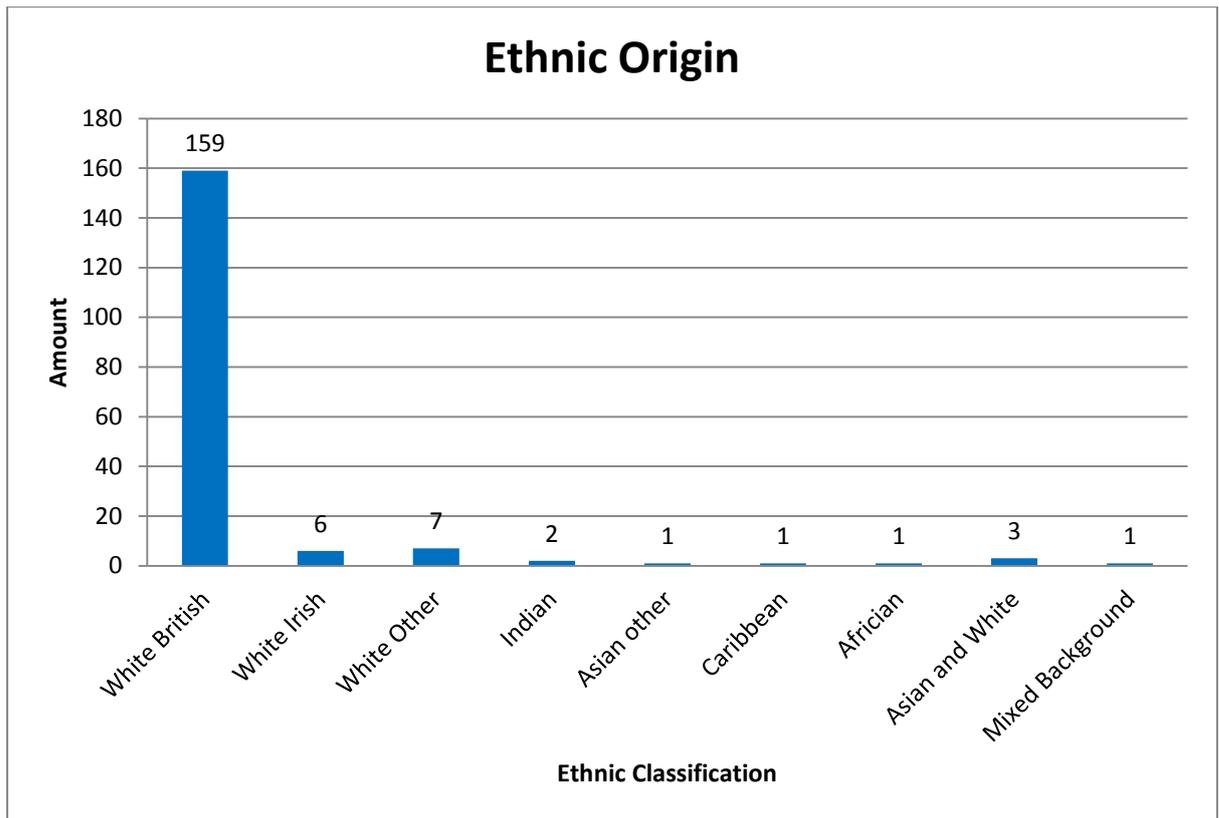
# Type of impairment



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**4) What is your ethnic group?**

<p><b>Asian</b></p> <p><input type="checkbox"/> Bangladeshi</p> <p><b>2</b> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><b>1</b> Any other Asian background please state _____</p> <p><b>Black</b></p> <p><b>1</b> African</p> <p><b>1</b> Caribbean</p> <p><input type="checkbox"/> Any other Black background please state _____</p>	<p><b>Mixed</b></p> <p><b>3</b> Asian &amp; White</p> <p><input type="checkbox"/> Black African &amp; White</p> <p><input type="checkbox"/> Black Caribbean &amp; White</p> <p><b>1</b> Any other mixed background please state _____</p> <p><input type="checkbox"/> <b>Other Ethnic Group</b></p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other ethnic group please state _____</p>	<p><b>Romany Gypsy or Traveller</b></p> <p><input type="checkbox"/> Irish</p> <p><b>1</b> Gypsy</p> <p><input type="checkbox"/> Romany</p> <p><input type="checkbox"/> Any other traveller</p> <p><b>White</b></p> <p><b>159</b> British</p> <p><b>6</b> Irish</p> <p><b>7</b> Any other White background please state _____</p> <p><b>Undisclosed</b></p> <p><b>5</b> 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 however we need to encourage higher attendance of ethnic minority groups to attend these sessions. 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.

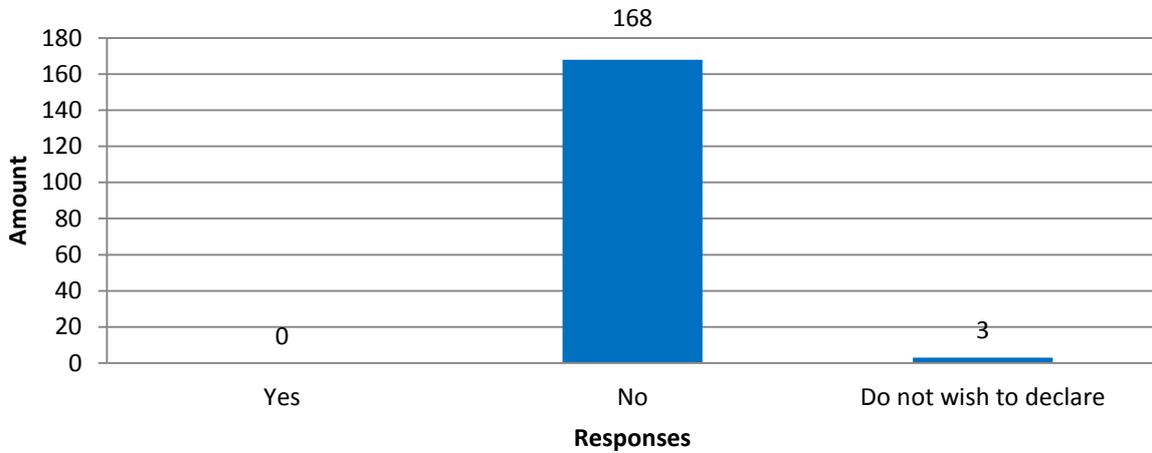
Across the county, just under 14% of the local population are from a non white ethnic group, comparing with around 15% for England.

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.

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

Yes **0**    No **168**    I do not wish to declare **1**

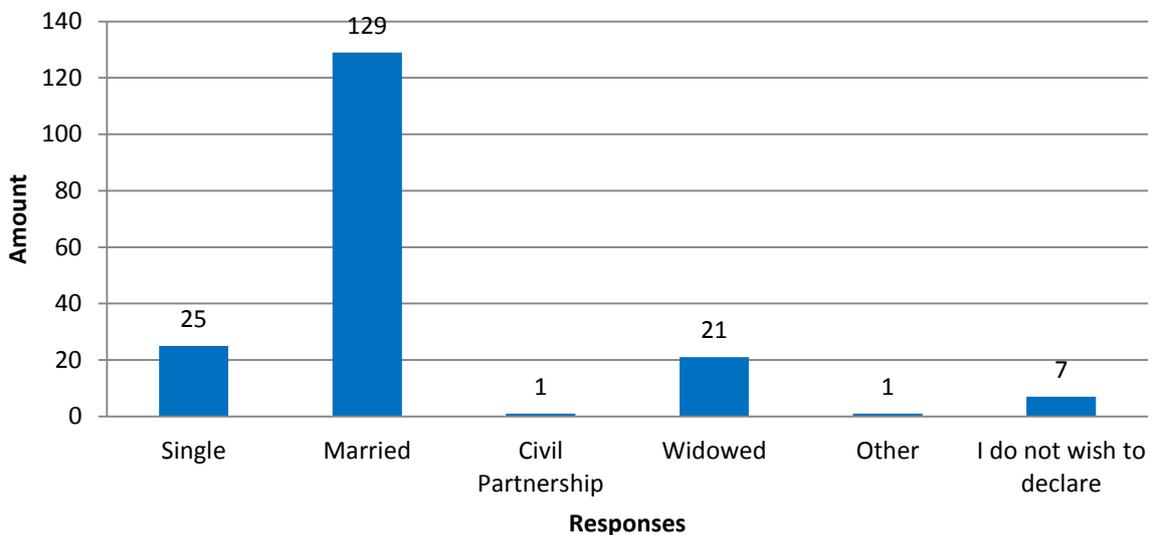
## Are you pregnant or been pregnant within the last 6 months?



### 6) How would you describe your status?

Single 25 Married 129 Civil Partnership 1 I do not wish to declare 7  
Widowed 21 Other 1

## Marital Status



Those who are married were the greater proportion of those who engaged or participated of those who completed an equality monitoring form at just over 70%.

Whilst generally the equality monitoring follows a national guide on what should be collected, we added the option “Widowed” in 2015 as a direct response to patient and participant feedback who told us they wanted to be recognised in their own right. They neither saw

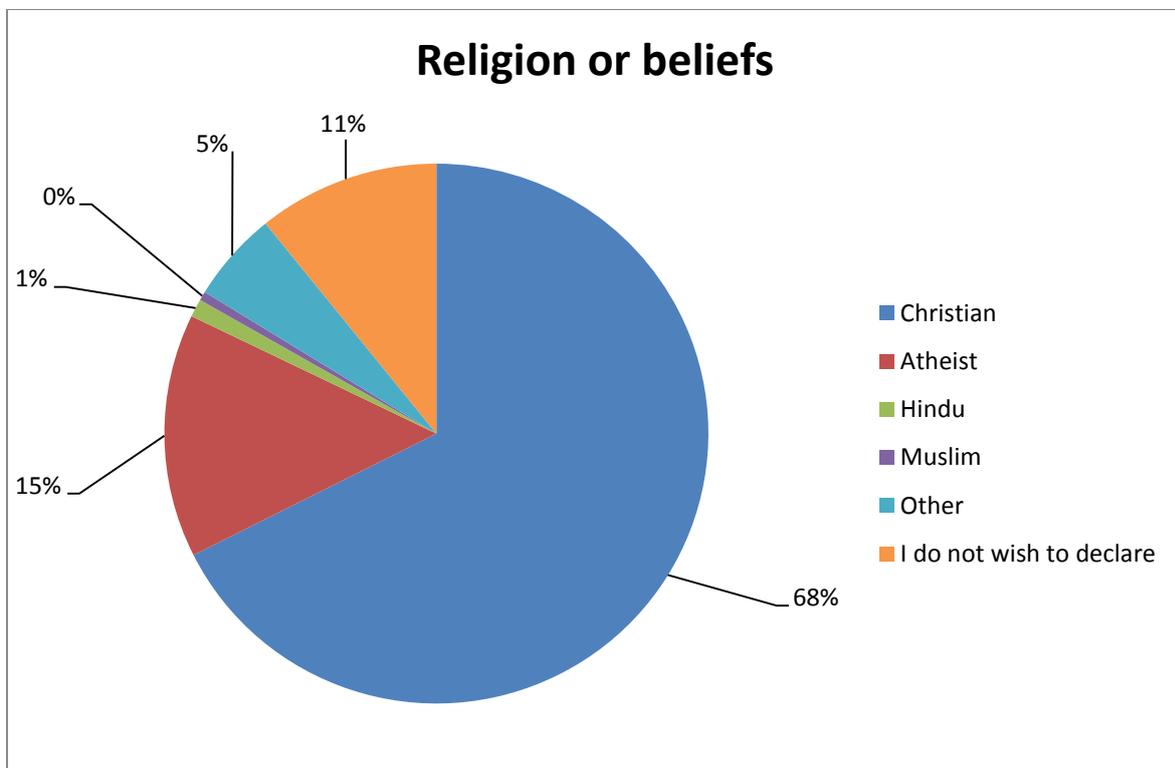
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themselves as either married or single. As can be seen is the third largest group represented.

**7) Please indicate your religion or belief.**

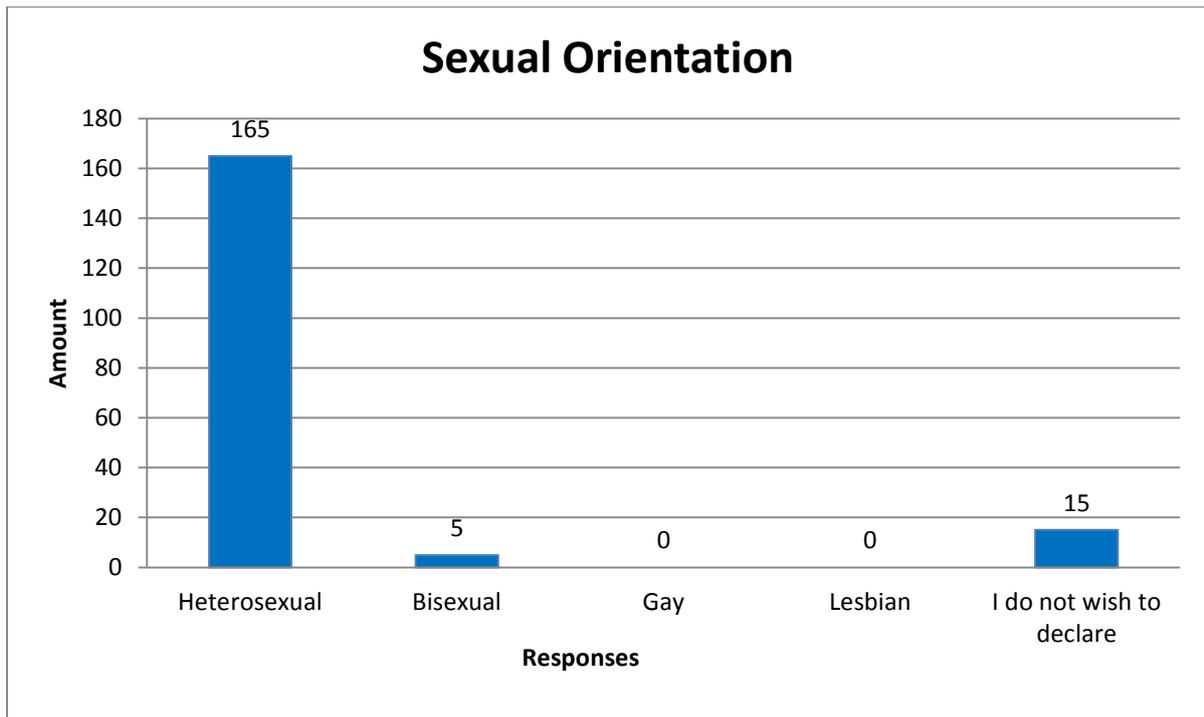
Atheist	<b>27</b>	Jewish	<input type="checkbox"/>	I do not wish to declare	<b>20</b>
Buddhist	<input type="checkbox"/>	Muslim	<b>1</b>		
Christian	<b>125</b>	Sikh	<input type="checkbox"/>		
Hindu	<b>2</b>	other	<b>10</b>		



11% of those completing the form did not wish to declare. This is still quite a high percentage of attendees still not willing to declare their religion.

**8) How would you describe your sexual orientation?**

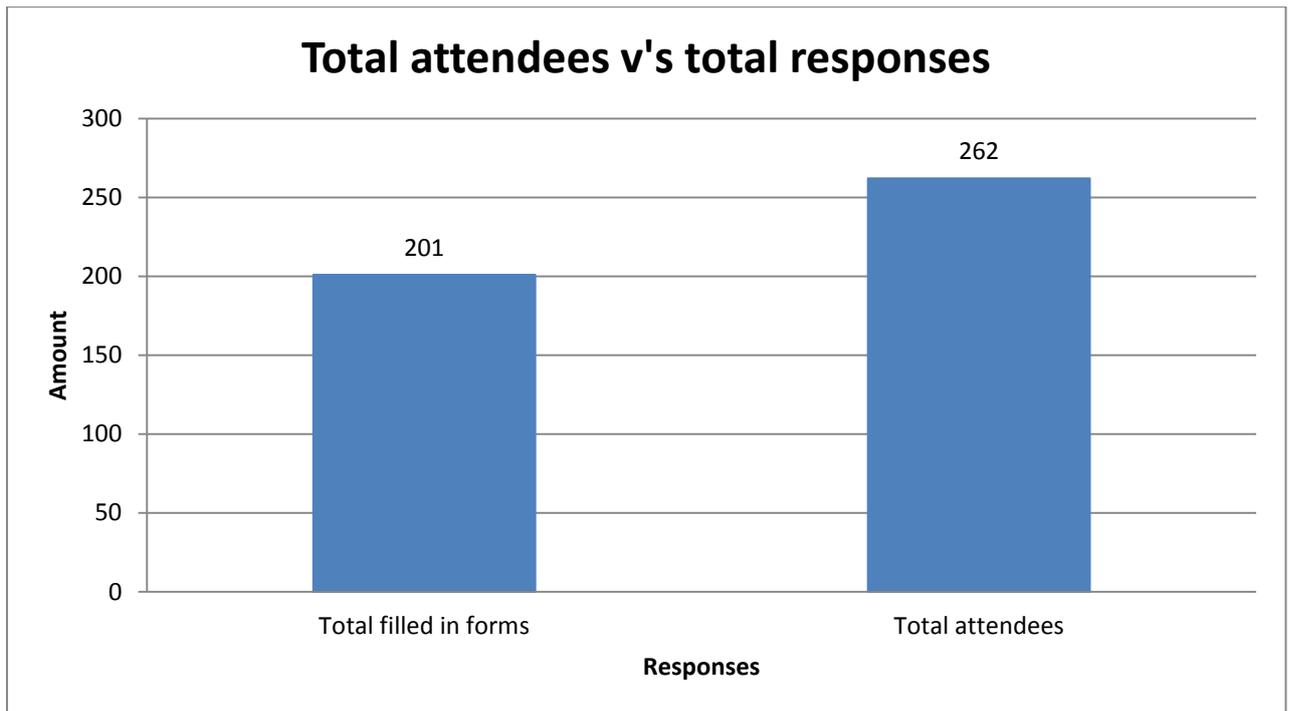
Heterosexual	<b>165</b>	Bisexual	<b>5</b>	Gay	<b>0</b>	Lesbian	<b>0</b>	I do not wish to declare	<b>15</b>
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8% of those who filled in the form did not wish to declare. It is noted that there is no apparent representation from those who declared themselves 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 61 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 implemented the full equality monitoring onto our patient experience trackers which meant that from January 2014 we started 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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A total of 262 attended one of our events and a total of 201 filled in the forms.

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## Section 2

### Listening To Our Patient and Carer Voice April 1<sup>st</sup> 2016 – March 31<sup>st</sup> 2017 *An annual summary report for patient engagement and involvement*

#### 1.0 Introduction

This report provides a summary of the significant contribution patients, carers and members of the public have made in helping to shape the services we deliver over the past year. Key examples of specific patient engagement and involvement work undertaken at service, strategic and corporate level help to demonstrate the ongoing commitment of the Trust to patient centred change.

Key highlights include:

- Community Hubs – Moving Care Closer to Home
- Listening to the voices of younger people
- The development of Musculoskeletal Services
- Gastroenterology – Improving pre-operative information

#### 2.0 Aims

- To inform the Board of how we have been listening to our patients and carers, seeking their views and involving them in planning changes to our services.
- To demonstrate examples of meaningful engagement and involvement resulting in demonstrable patient centred change.
- To provide some key messages about what we have heard.
- To highlight the commitment and dedication of the many clinical and non-clinical staff that are involved in this work right across the Trust.

#### 3.0 What have we been seeking views on? How have we listened? Resulting changes?

What	When	Key messages	Action taken
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What	When	Key messages	Action taken
<p><b>Community Hubs</b> A significant programme of transformation, we undertook early countywide engagement sessions throughout April and May of last year, called <b>'Your community, your care'</b>. With just under 200 people attending 6 sessions and just under 300 people making contact, there was a positive level of interest and input. We also invited an extensive list of stakeholders and partners including GPs and the voluntary sector.</p> <p>We genuinely started this programme with no pre-defined ideas. We wanted to understand what a community hub could mean to local people.</p> <p>We asked what a community hub might look like, which services might add more value being provided closer to home and what services they did not feel they needed to attend a main hospital site to receive; as well as identify their priorities.</p> <p>Led by our Chief Executive and Director of Nursing, these sessions were productive and valuable. The results of this engagement programme have genuinely shaped the resulting pilots which are now underway in two</p>	<p>Stage 1 Initial engagement Sessions April – May 2016</p> <p>Stage 2 Ongoing engagement via write ups and verification of reports. Trust Board paper summary May –August 2016</p> <p>Stage 3 Information update summary for all participants on actions taken and implementation of pilots . November to February 2017</p> <p>Early implementation April 2017 ongoing</p>	<p>All key messages and common themes were identified and reported to Trust Board in July 2017</p> <p>In brief :-</p> <ul style="list-style-type: none"> <li>• There was strong support for keeping people more independent in their own home</li> <li>• The concept of community hubs as developed by participants was well received and supported</li> <li>• Better integration of services for both health and social care.</li> <li>• Rapid access to testing and basic diagnostics</li> <li>• Signposting - help to navigate to health and social care services a single point of access</li> <li>• Range of therapy services</li> <li>• Outpatient clinics</li> <li>• Health and wellbeing function</li> <li>• A base from which skilled teams could work and help to provide care at home locally</li> <li>• A sociable space/ isolation agenda.</li> <li>• Services for support with dementia and other mental ill health.</li> <li>• Young people services were also included.</li> </ul> <p>117 evaluations were</p>	<p>Two pilot sites have been established for 6 months which went live from April.</p> <p>Thame and Marlow Community Hubs are underway. This has required significant work to realign service provision and resources.</p> <p>Ongoing developments of services in the hubs continue through a phased implementation</p> <p>Over the next year the Trust has committed £1m to expand our community services.</p> <p>Some examples of how we have listened:-</p> <p>Community assessment and treatment service in place which provides a multidisciplinary model of care involving a Geriatrician, GP, Senior nurse, OT and PT and health support worker.</p> <p>Most routine blood tests available giving rapid access to onsite results</p> <p>More outpatient clinic provision across more specialities.</p> <p>Adult Community Health Teams now</p>

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What	When	Key messages	Action taken
<p>areas. An email address has been set up to enable people to feedback views throughout the pilot and ongoing monitoring is in place to help assess the learning.</p>		<p>received overall with good results, people placed high value on being able to share their view and feedback showed the sessions were positively evaluated.</p>	<p>linked to Hubs In situ library resources supporting health education needs. Voluntary sector organisations involved so far include Carers Bucks, Prevention Matters and the Citizen Advice Bureau all offering support and further signposting. More continues to be implemented.</p>

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What	When	Key messages	Action taken
<p><b>Listening to the voices of younger people.</b></p> <p>There has been a strong focus this year on strengthening how we hear the voice of the younger person directly, i.e. not the parent. Progress in this area has resulted in learning from direct engagement with more than 270 young people, providing feedback on our school nursing service. This was a really positive response.</p> <p>Similar work was undertaken with young people who have seen our community physiotherapists and occupational therapists. Whilst responses were less in number, results were very positive.</p> <p>Methods involved paper electronic and phone</p> <p>In addition a method for home visiting and clinics has been developed and is being implemented to expand opportunities and routes for our young patients to share their views.</p> <p><b>YP quote ..</b></p> <p><i>"If something is happening at home between my parents, i would like the school nurse to help me just in case i get sad and cry in between lessons".</i></p>	<p>Work has been ongoing throughout the year but the majority of responses and views were sought from Sept16 to Jan 17.</p>	<p>We wanted to better understand young people's awareness of what the school nurse can help with, accessibility and any unmet needs. Similar but not the same questions were asked for OT and Physio services</p> <p>Key messages for school nursing (SN) were:-</p> <p>-The majority of young people (Yp) responding value the SN as someone safe they could speak to and could help with "Staying Safe" and stress. These were the greatest areas of awareness.</p> <p>92% found the SN to be helpful when they did contact them</p> <p>Whilst the majority knew there is a SN less than half of the sample knew how to contact them.</p> <p>Many things that the YP highlighted as areas they would like help with, the SN is able to provide.</p> <p><b>YP quote ....</b> <i>"I would like help to lose weight"</i></p> <p><b>YP quote ...</b> <i>"I'd like someone to help with when I get angry"</i></p> <p><b>Key finding:-</b> Results did show there is a need to raise awareness</p> <p>50% said they had had the role of the school nurse explained to them.</p>	<p>The resulting report was written and shared with the service lead and team members.</p> <p>The report has been submitted to the Quality and Patient Safety Group highlighting the positive learning and the need to increase awareness within primary schools. ( Initiated PPI triangulation of information/soft intelligence now being reported quarterly with patient experience to this group)</p> <p>The findings of this work have influenced actions to prioritise work streams already mobilised to help address this as part of the CYP new contract. OT and Physio findings were used to help support their recent successful bid for the new contract and actions resulting from that will take into account findings of their survey.</p> <p>Both our paediatric services in our acute and community setting have examples of implementing "15 steps," part of a national tool.</p> <p>Work and focus continues on hearing the voice of younger people across these</p>

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What	When	Key messages	Action taken
		<p>30% felt it was easy to contact the SN</p> <p>Results for OT and Physio have shown they too are highly valued by YP with just over 80% knowing who their therapist is and around 90% confirming their input as helpful.</p>	services.

What	When	Key messages	Action taken
<p><b>Musculoskeletal Services</b></p> <p>Transforming delivery of these services across Buckinghamshire has been another key piece of work for the Trust over the past year and is ongoing.</p> <p>Working in partnership with partner organisations we wanted to seek the input and views of patients with experience of the current services. The aim of our engagement was to explore ideas and suggestions for improving future services with a view to realising benefits for both patients, carers and staff.</p> <p>The evening event which provided an opportunity for face to face engagement was well attended and productive with support for many of the ideas put forward. The patient perspective helped to refine some process elements, making some ideas more patient friendly whilst also helping to identify their improvement priorities.</p> <p>Other partners present included our Clinical Commissioning Group and there was also strong clinical representation from a range of the relevant staff groups.</p>	<p>January 2017</p> <p>Significant project with timelines extending prior to and following engagement event.</p> <p>Work ongoing.</p>	<p>Suggested improvements most liked:-</p> <ul style="list-style-type: none"> <li>• Better integration of healthcare services</li> <li>• Patients liked the concept of having joint specialist care and greater access to senior clinicians early on.</li> <li>• Green card system – with a caveat that monitoring of this and criteria for access to this was made clear and consistently implemented.</li> <li>• People liked the self referral system very much but shared some concerns over understanding how this could work without causing problems with access ultimately.</li> </ul> <p>What was less liked:-</p> <ul style="list-style-type: none"> <li>• Communication too generic and needs to be simpler. Needs to be more individualised to the patient.</li> <li>• Some concerns over the reality of these changes materialising and within a reasonable timescale.</li> </ul>	<p>Clinicians have continued to further refine developing pathways taking what we heard into account.</p> <p>Patient feedback has helped to inform the development of new processes, such as a 'green card' system, whereby patients with chronic conditions can, refer themselves back to the service directly without having to be re-referred from a GP. The feedback has contributed to a better understanding of the value of these elements informing the final service design. The majority of proposed changes, such as this and also the care navigator role, were strongly supported by patients and their carers. The feedback will be taken into account when finalizing the specification and consequently development of the contract.</p>

What	When	Key messages	Action taken
<p><b>Gastroenterology - Improving pre-operative information.</b></p> <p>Our SDU lead and consultant for Gastroenterology asked to come to our Patient Experience Group (PEG) meeting to seek input, ideas and to discuss improving pre-operative information and processes for patients.</p> <p>The PEG provided helpful input on which our consultant personally acted. Addressing issues for practice, process and accessibility the feedback inspired the idea for the team to make two films.</p> <p>These were mock processes but with real patients in the film both with experience of these two procedures and one of the films demonstrates real involvement as it stars a member of the PEG.</p> <p>This is an excellent example of Consultant leadership and motivation, working in partnership with patients demonstrating a real commitment to continually strengthen the quality of patient experience and care.</p>	<p>Throughout the past year to February 2017</p> <p>When the consultant was invited back to PEG to show the films to the group of people who helped to inspire the idea.</p> <p>Group members were very impressed and representatives of groups and in particular Talkback welcomed the films as a <i>“really useful and helpful resource for us to use with our clients before they come in, this will decrease their anxiety a lot and make the experience much easier for them.</i></p>	<p>Key messages from PEG discussions which resulted in the idea of a film being a solution:</p> <ul style="list-style-type: none"> <li>• “Pre operative checks and discussions could they be done in groups so we might learn from others who may have had it done”?</li> <li>• “Pre operative information needs to be given in a format patients can refer to when back at home it’s difficult to take it all in”.</li> <li>• “Even though you assure us it won’t be bad – it would be good to be able to see what we will be facing could we do a pre op tour”?</li> <li>• Whatever you do</li> <li>• Please provide something visual or in pictures for those with a learning disability</li> <li>• Languages are important too something that can be translated easily if necessarily.</li> </ul>	<p>Film one is about having an endoscopy and film 2 is for a colonoscopy.</p> <p>These are high quality films which are now freely accessible on the internet for patients to view in the comfort of their own home as many times as they wish and at a time that suits them via Facebook.</p> <p>They are also excellent resources for people who may have a learning disability or who may absorb visual information better than verbal explanations or who cannot read.</p> <p>The films provide an excellent walk through the whole process and procedure showing what your treatment will involve decreasing anxiety and fear for new patients.</p> <p>Listening to the real experience of the two patients in each film is very helpful in offering genuine assurance about what a patient may or may not experience and how to prepare well for such a procedure and things to consider afterwards.</p> <p>Feedback has been</p>

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What	When	Key messages	Action taken
			<p>excellent and we are aware other organisations are already using them.</p> <p>Translation / Language needs are the final element being addressed including subtitles for those who can't hear.</p>

What	When	Key messages	Action taken
<p><b>Improving our offer – We'd like to know what you think.</b></p> <p>The Trust Commercial Development Group asked for a piece of patient, staff and public engagement to be undertaken to seek the views of those who use café facilities and the immediate surrounding area in our national spinal centre.</p>	<p>The survey was undertaken in January with the final report reflecting just under 50 people's views being presented to the CDG on 21<sup>st</sup> February.</p>	<p>Key messages were clear:</p> <ul style="list-style-type: none"> <li>• Almost unanimous feedback showed that the current space "must" continue to provide food and drink as well as offer a social and communal space.</li> <li>• There is very high value placed on the need for this communal and social space both from NSIC patients general staff, and NSIC staff. Visitors were also included.</li> </ul> <p>Feedback shows we can improve the offer, consensus of opinion centred on improving speed of service, providing healthier eating options and more freshly home cooked meals, a strong preference for not having a chain and cost must be considered. The survey also demonstrated the space is utilised in multiple ways which are of value to patients as part of their treatment and recovery.</p>	<p>The CDG has considered the feedback.</p> <p>In light of the findings and other considerations early thoughts for some potential changes will not now go ahead.</p> <p>Areas of particular importance to NSIC patients who have a much longer length of stay and different needs as part of their recovery have been noted. Statements made by staff concerning areas for lunch breaks are also important.</p> <p>Any future alternatives that may arise will take account of this feedback in developing any future plans to improve our offer.</p>

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What	When	Key messages	Action taken
<b>Patient Experience Group (PEG)</b> A well-established group of patient representatives who have outreach to their local groups. PEG provides a two way dialogue and local engagement as well as service user approval of all new patient information.	Ongoing throughout the year, meetings are every two months.	Ongoing meetings	Multiple actions result from meetings throughout the year raised by PEG members Actions resulting from meetings and feedback are minuted (evidence) and followed through for reporting back at each meeting. 69 new patient information leaflets reviewed this year.

Other ongoing patient /carer/public engagement activities not reported above	
<b>In service development sessions</b>	There have been a number of services who have shown leadership in engaging and involving patients in their service development plans. A current example is Rheumatology who are holding a joint staff and partner event and have invited patients to be part of their session to ensure the patient perspective is at the heart of what they do and that any improvements are patient centred.
<b>Patient chairing Consultant appointment panels and on other non medical interviews</b>	Three patients are trained and have chaired our consultant appointment panels regularly throughout the year  Patient representatives have sat on non-medical workforce interviews the most recent with the Director of Nursing for an Associate Nurse post.
<b>PLACE National Programme of patient led assessments of the clinical environment</b>	More patients have been recruited and trained to become PLACE patient assessors this year. Recruitment for this process is ongoing. Current pool has now increased to more than 30. PLACE assessments were completed in early May this year Governance processes are in place.
<b>Nurse training</b>	Patients continue to tell stories and share experiences to inform nurse development and learning via preceptorship and student nurse courses. This has started to expand this year with patients talking at various modules of additional courses.
<b>Patient representation on committees</b>	Existing incl: -Infection Prevention Control -Resuscitation -New Clinical procedures
<b>Other ongoing engagement activity</b>	Initiated a programme of GP engagement with consultants and members of their teams. Healthwatch – we have continued to engage and work with Healthwatch throughout the year with regular senior meetings.

As I take up my new role as Head of Membership, Engagement, Equality and Diversity (*operational*), I would like to formally and publically thank all members of the Trust Board for

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their support and commitment to this important agenda over the years.  
**Tracey Underhill – May 2017**

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