

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

This data helps us to show that we are paying due regards to advancing equality by highlighting that we collect equality data information from a range of different sources which includes complaints, 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 built 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.

Our local inpatient survey was completed by a total of 5,753 respondents, all of which had the opportunity to tell us about their status. 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 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 a previous 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 between 09:00-16:30hrs when they have a concern. 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 us 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 have been included to better understand the patient experience of the service we provide. The survey is undertaken in the autumn of each year and commenced in 2015. During the 2016/17 reporting period the survey went out to 300 people and 53 (18%) of the surveyed people responded.

Key non-disclosure concerns highlighted from the data include:

- 2% of responders chose not to disclose their age
- 19% of responders chose not to disclose their ethnic background
- 26% of respondents chose not to disclose their religious beliefs
- 26% of responders chose not to disclose their sexuality

The PALS survey 2016/17 did not show any respondents from ethnic backgrounds. Possible explanations for this include, the possibility that ethnic responders are amongst the 19% of responders that chose not to disclose their ethnicity. There is also the possibility that ethnic responders may be less likely to return a feedback survey due to concerns about repercussions on their healthcare.

Complaints

During 2016/17 the Trust received a total of 487 formal complaints this compares with 605 complaints received in the previous reporting period (2015/16). This figure represents formal written complaints and does not include PALS contacts.

For complaints equality monitoring a system has been implemented and during 2016/17 we received 52 equality monitoring responses from the surveys that were sent out, this is a 52% response rate.

We can now demonstrate that the complaints service is being accessed by a range of people from protected characteristics. Moving forward in 2017/18 the survey will be improved to be able to demonstrate equality in satisfaction with the complaints process.

Key non-disclosure concerns highlighted from the complaints data include:

- 4% of responders chose not to disclose their age
- 4% of responders chose not to disclose their ethnic background
- 4% of respondents chose not to disclose their religious beliefs
- 6% of responders chose not to disclose their sexuality

The complaints survey had a higher response rate from ethnic backgrounds and a lower non-disclosure rate. Possible explanations for this include the possibility that ethnic responders who have complained feel more engaged with the organisation and are less likely to feel that discrimination will occur. There is also the possibility that ethnic complaint responders may be more likely to return a feedback survey in the hope it will improve the complaints experience for other users of the service.

Patient Experience Surveys

Following the withdrawal of the patient experience trackers (PET) in October 2015 collection of the patient experience survey was piloted using Survey Monkey in the Trust from Quarter 4 2015/16. During the pilot period the Trust 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. By comparison there were 5,753 surveys collected in 2016/17.

The National Inpatient Survey 2016 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. All of the available PET devices and kiosks have been reprogrammed to provide a tool 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 are 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.

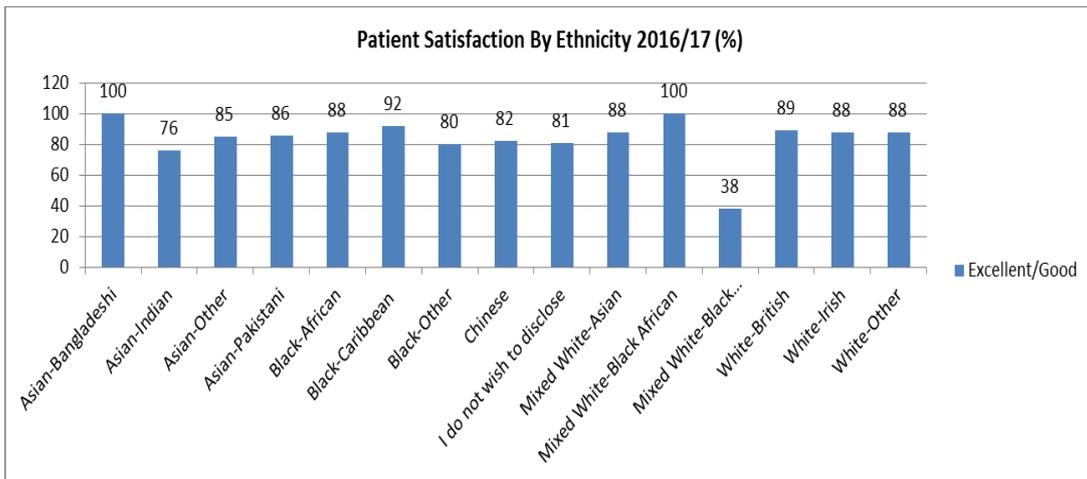
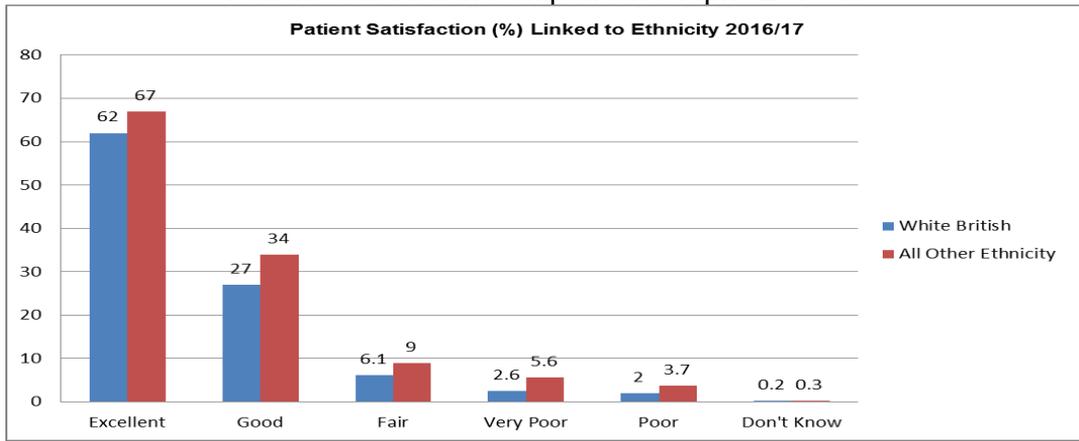
Our questions are based on the principles of the “6Cs” to establish how well we are delivering against these national expectations. We have ensured that equality monitoring has remained an essential component of the survey loaded onto survey monkey and so we are able to look at information about patient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

Equality objective.

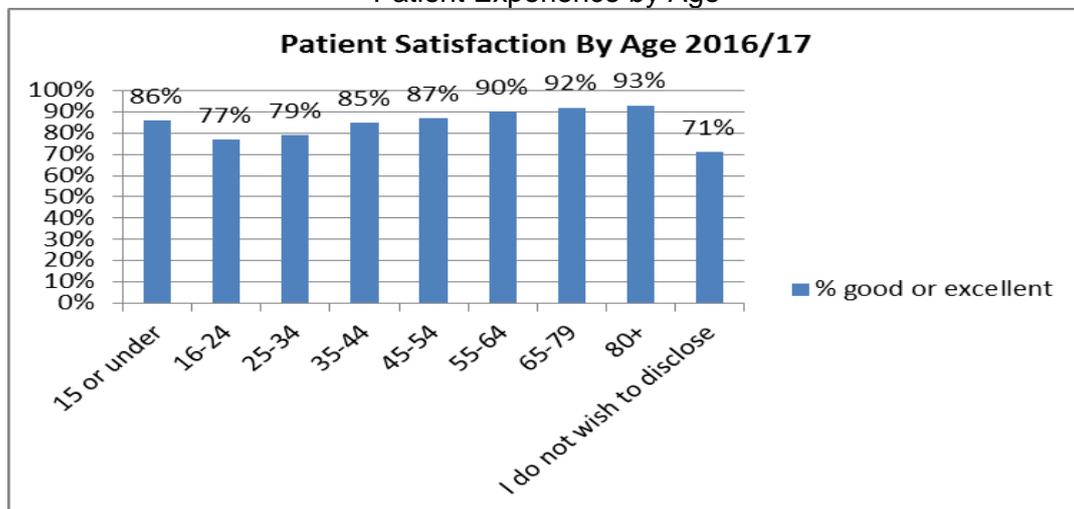
The Trust is very pleased to publish its achievement of a patient led equality objective which identified the need for improved equality monitoring of our patient experience. We can now look at experience by group and compare experience against our base cohort. The tables below show the results of the equality monitoring data between April 2016 and March 2017. During the reporting period we received 5,753 surveys, this compares with 2,200 surveys during the previous reporting period.

The information displayed below in the tables represents patient satisfaction when looked at from the perspective of the protected characteristics.

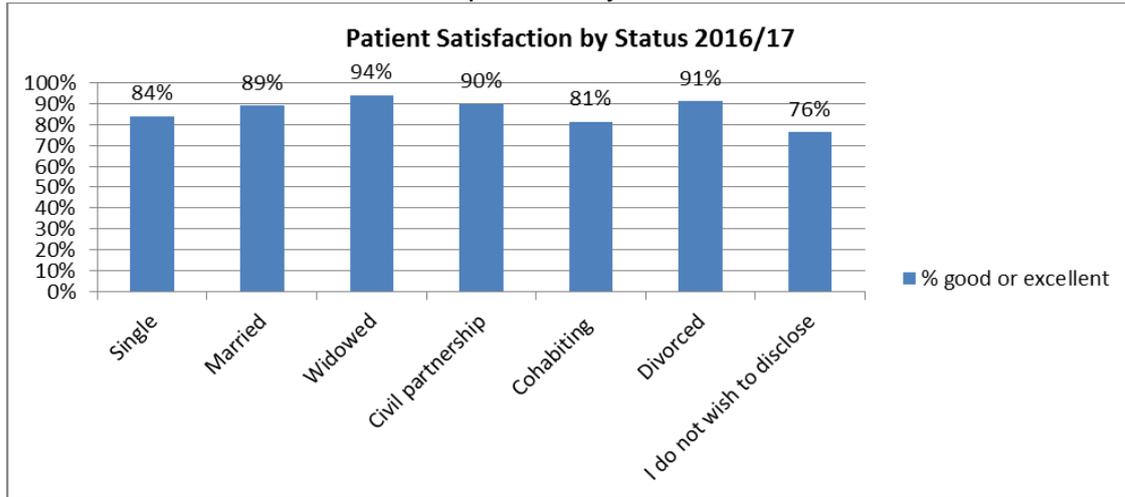
Patient Satisfaction Comparison Graphs 2016/17



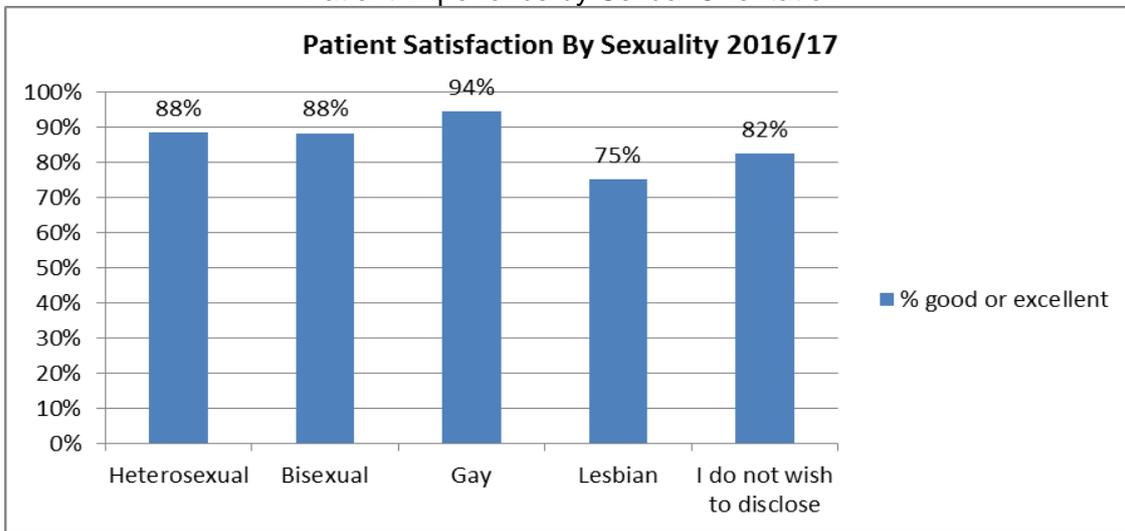
Patient Experience by Age



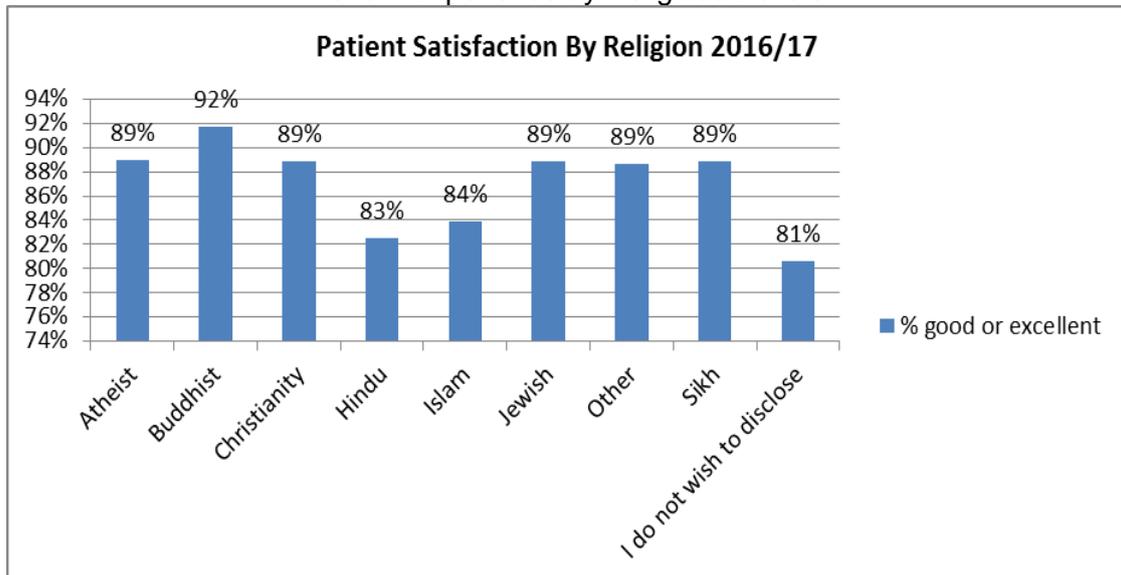
Patient Experience by Marital Status



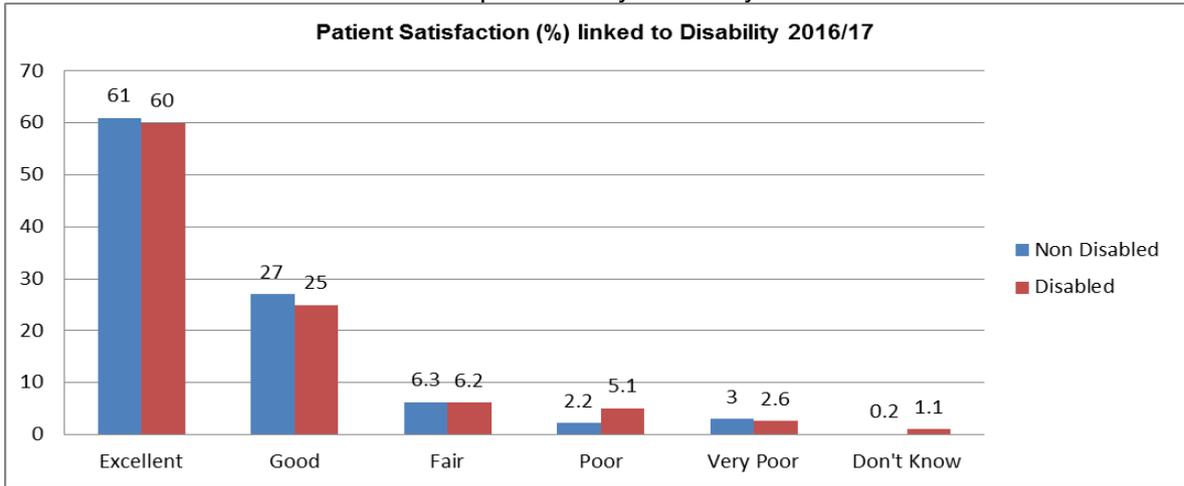
Patient Experience by Sexual Orientation



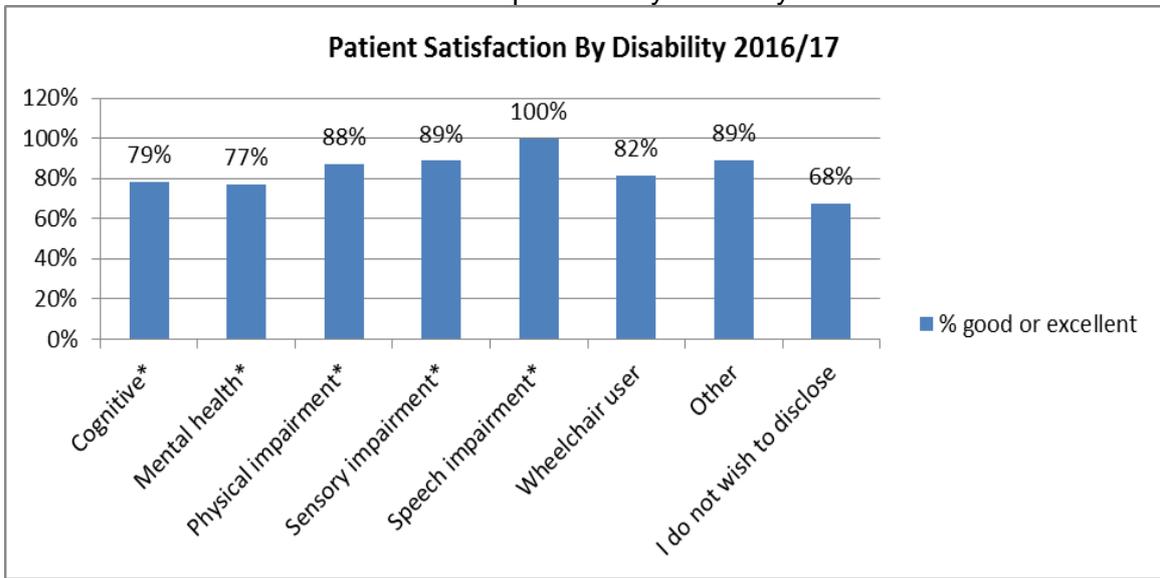
Patient Experience by Religious Beliefs



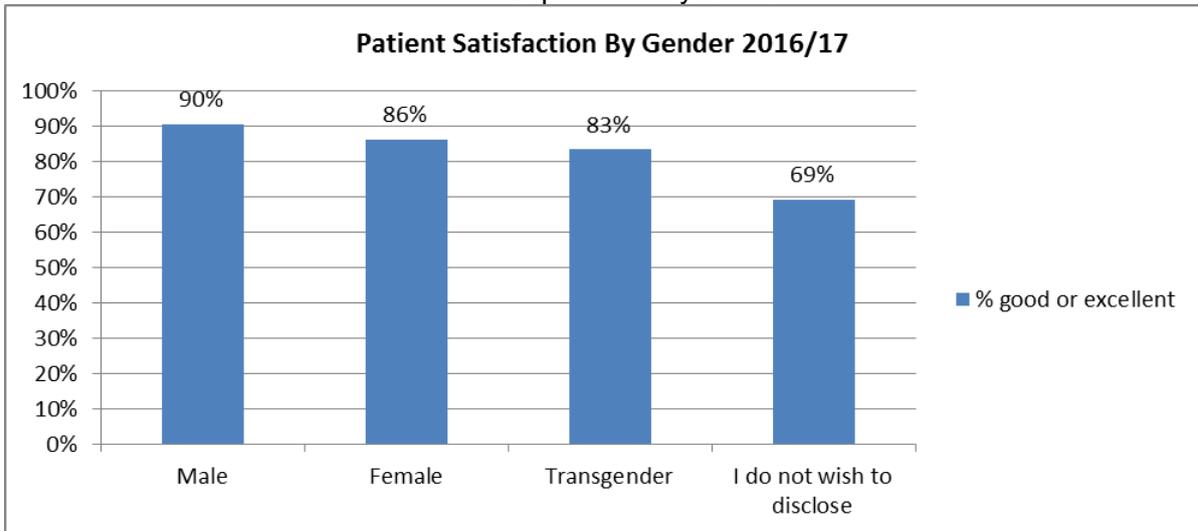
Patient Experience by Disability status



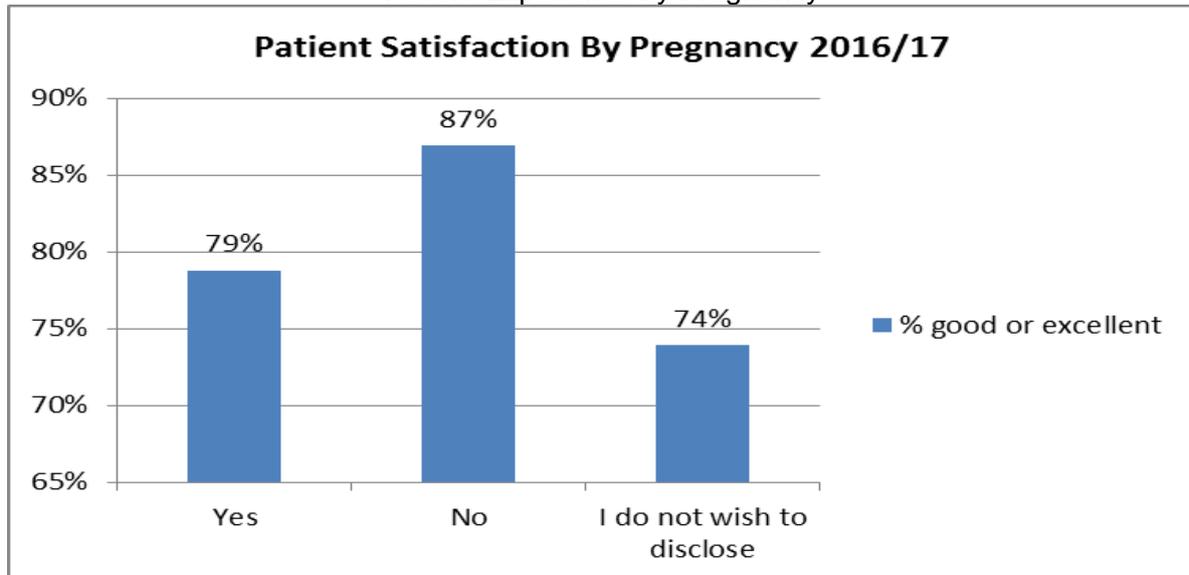
Patient Experience by Disability



Patient Experience by Gender



Patient Experience by Pregnancy



Patient Experience- Summary

This year there has been an increase of 3,553 inpatient surveys over the last reporting period. This means the data is even more rich than last year in giving a more granular view of patient satisfaction when contrasted against protected characteristics. Key messages include:

- An improved representation of local inpatient survey respondents year on year
- Overall ethnic respondents report a slightly better patient experience to the white British group.
- Our 16-24 yr age band reports the lowest patient satisfaction
- 11% of respondents chose not to disclose their sexuality & 13% chose not to disclose their religious beliefs.
- Cognitive and mental health responders reported the lowest levels of satisfaction and a 10% of respondents chose not to answer questions relating to mental health.
- The satisfaction rate of the respondents that chose not to answer questions about their mental health was 68%, the lowest score of the entire survey

Friends and Family Test

There have been 38,845 tests carried out in 2016/17; however, our test does not currently capture equality data. Our latest friends and family data can be viewed via the link below link. 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 utilises postcards, with a focus on the patient experience trackers and an independent provider in the near future.

Please click on the link below to see our latest FFT data.

<http://www.buckshealthcare.nhs.uk/feedback/your-feedback/reports.htm>

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.

What is coming next? Friends and Family Test

The friends and family test has been extended to all NHS areas. 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 2017/18.

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.