

St George's Healthcare NHS Trust

Meeting our public sector equality duty 2012/13



www.stgeorges.nhs.uk

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Foreword by the director of corporate affairs

The St George's Healthcare NHS Trust Board is committed to providing services that designed around the needs of the communities we serve, and delivered by a strong, engaged and dedicated workforce that truly reflects south west London.

As we bid to become a Foundation Trust, we are also committed to ensuring that our membership and Council of Governors is as diverse as the area we serve. It is vital that the people who will hold us to account over the coming years speak for the people who use and deliver our services. We include a brief summary of our public membership in this report.

Over the last five years the trust has delivered increasingly strong performance in both clinical and financial terms, establishing St George's Healthcare as one of the country's principle healthcare institutions. The Board is determined that the trust does not become complacent and continues to progress over the coming years. The information outlined in this report is of great importance to that progression and to the trust achieving the goals outlined in its 10 year plan.

We are working hard to improve our understanding of the patient experience through our services. Without a detailed understanding of who uses our services and their experiences whilst under our care it would be impossible to plan for the future. Similarly, without a detailed understanding of who delivers our services and making sure we make every effort to involve them in the development of these plans, we would not be able to consider ourselves an excellent employer.

This report demonstrates that we are on track. As we continue to embed and live our values, the future for St George's Healthcare promises to be both bright and diverse.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Peter Jenkinson'. The signature is fluid and cursive, with a large initial 'P' and 'J'.

Peter Jenkinson
Director of corporate affairs

1.0 Introduction

St Georges Healthcare NHS Trust is the largest healthcare provider in south west London, with nearly 8,000 staff providing a full spectrum of acute and community services.

Our main site, St George's Hospital in Tooting - one of the country's principal teaching hospitals - is shared with St George's, University of London, which trains medical students and carries out advanced medical research. St George's Hospital also hosts the St George's, University of London and Kingston University Faculty of Health and Social Care Sciences, which is responsible for training a wide range of healthcare professionals from across the region.

As well as acute hospital services, we provide a wide variety of specialist care and a full range of community services to patients of all ages following integration with Community Services Wandsworth in 2010.

A number of our services are members of established clinical networks which bring together doctors, nurses and other clinicians from a range of healthcare providers working to improve the quality of services for patients. These include the South London Cardiac and Stoke Network and the South West London and Surrey Trauma Network, for which St George's Hospital is the designated heart attack centre, hyper-acute stroke unit and major trauma centre.

Our 10 year plan

The St George's Healthcare Board agreed a new 10 year strategy for the trust at the December 2012 public Board after a year of development with our staff and partners.

We have developed this strategy to ensure that we deliver:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well-supported staff
- Inclusive leadership at all levels

Our mission is to provide excellent clinical care, education and research to improve the health of the populations we serve.

Our vision is to become an excellent integrated care provider and a comprehensive specialist centre for south west London, Surrey and beyond with thriving programmes of education and research.

Our values

Excellent, Kind, Responsible, Respectful

Our values are designed to inspire our staff to achieve our vision and set out the standards of behaviour we expect from all our staff. Our values were developed with our staff, patients and partners.

1.01: Aspirant Foundation Trust membership and diversity

We are pleased to report that as of November 2013, 12,237 individuals have supported the Trust by joining us as members as we prepare to become a Foundation Trust. We have worked for over 4 years to recruit members from our diverse communities. We are required to collect baseline information on members' age, gender and ethnic group to ensure that we have a public membership that is broadly reflective of the communities we serve. The breakdown of this public membership is shown below:

Gender	
Male	39.40%
Female	59.53%

Age bands	
14-16	0.54%
17-21	8.78%
22-29	14.95%
30-39	16.44%
40-49	13.48%
50-59	12.32%
60-74	19.91%
75+	10.43%

Ethnic group	
White / White British	56.77%
Asian / Asian British	17.24%
Black / Black British	14.21%
Chinese / Other	3.01%
Mixed Race	4.69%
Not Stated	4.07%

Our first elections to a shadow Council of Governors (CoG) was held in November 2013. We had 91 members contesting 20 places on the CoG. The breakdown by gender and ethnic group of the elected shadow CoG is shown below.¹

Gender		Ethnic group	
Male	8	White/White British	17
Female	12	Black & Minority Ethnic	3

¹ This CoG profile excludes appointed Governors by our key stakeholders. Of the 20 elected Governors, 15 represent the public constituency, and 5 represent the staff constituency.

The legislative context

1.1 Equality Act 2010

A single Equality Act for the UK was passed by Parliament and came into force in October 2010. The Act consolidated, strengthened and clarified the existing anti-discrimination legislation and brought in new measures that had direct implications for St Georges Healthcare NHS Trust.

The new Public Sector Equality Duty (PSED) came into force on the 5th April 2011 and the ban on age discrimination, the provision of goods, services and public functions came into effect during April 2012.

1. 2 The General Duty

The PSED is supported by a General Duty. The trust must abide by the three principles of the General Duty:

- **Eliminate unlawful discrimination**, harassment, victimisation and any other conduct prohibited by the Act
- **Advance equality of opportunity** between people who share a protected characteristic and people who do not share it
- **Foster good relations** between people who share a protected characteristic and people who do not share it.

The Trust must do this by:

- Removing or minimising disadvantages suffered by people due to their protected characteristics
- Meeting the needs of people with protected characteristics
- Tackling prejudice and promoting understanding between people who share a protected characteristic and others

1.3 The Specific Duty

The PSED is also underpinned by a specific duty which requires us to publish equality information to demonstrate our compliance with the general duty. The PSED is a duty on Public Bodies and others carrying out public functions. It ensures that public bodies consider the needs of all individuals in their day to day work-in shaping policy, in delivering services and in relation to their own employees.

The new Equality Duty covers the following protected characteristics:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and maternity
- Race-this includes ethnic or national origins, colour or nationality
- Religion or belief (this includes lack of belief)
- Sex
- Sexual orientation

The Trust has also adopted the Department of Health's Equality Delivery System (EDS). We have used the EDS to agree our corporate equality objectives and report on these annually in a separate document.²

1.4 Meeting our Public Sector Duty Equality

To demonstrate we have met the PSED the monitoring of staff and patients is carried out in a number of ways across the relevant protected characteristics. This information forms the basis of this report. A key aim of our Equality Delivery System (³EDS) is to improve the collection of data across the trust so that we are better able to demonstrate the impact of the equality work and better identify areas of need.

1.5 Data collection period

All of the data used for this report was recorded between 1st November 2012 and 31st October 2013.

1.6 Patient service definitions

Did not attend (DNAs)

DNAs are when a patient has not attended their appointment. This report includes new and follow-up outpatient DNAs only.

Re-admissions within 30 days

This includes emergency readmissions within 30 days from elective procedures only. The following are excluded: maternity where the initial admission or readmission is in obstetric medicine; cancer, chemotherapy and radiotherapy and children under 4.

Patients waiting more than 18 weeks

² <https://www.stgeorges.nhs.uk/about/living-our-values/equality-and-human-rights/>

³ We will report on our annual progress with our EDS objectives by the 31st March 2014. More information on the national EDS programme can be found at <http://www.england.nhs.uk/ourwork/gov/edc/eds/>. The EDS was refreshed at a national level by NHS England in November 2013.

This refers to a target of patients waiting no more than 18 weeks from GP referral to the start of treatment.

2.0 St George's Healthcare as an employer

As of the end of October 2012 the Trust employed 7888 staff with a full time equivalent (FTE) of 7357.48 members of staff.

Figures 1 and 2 show the full time equivalent (FTE) and headcount by division and staff group.

Figure 1: FTE and headcount by division 2012-13

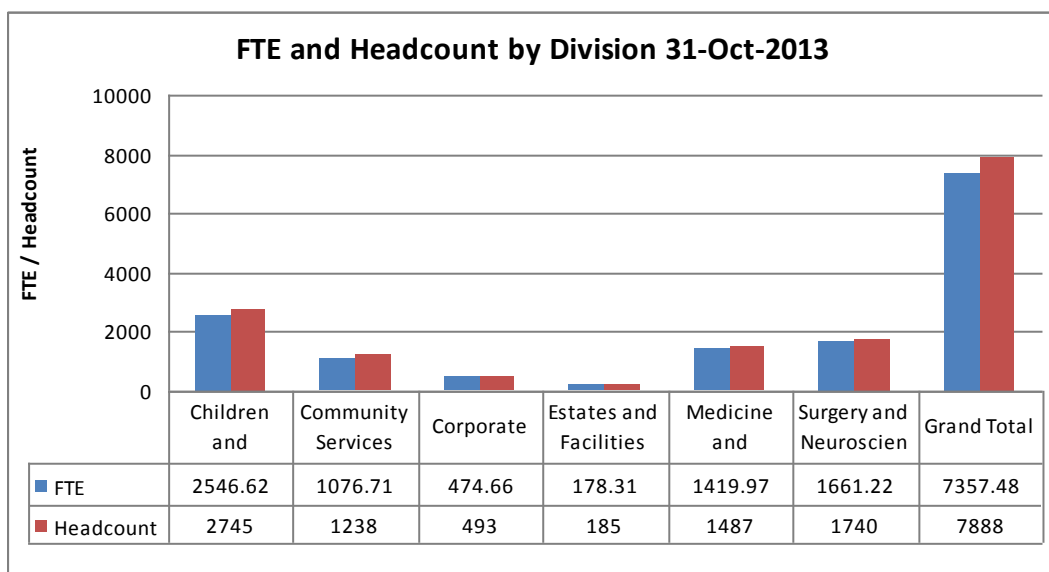
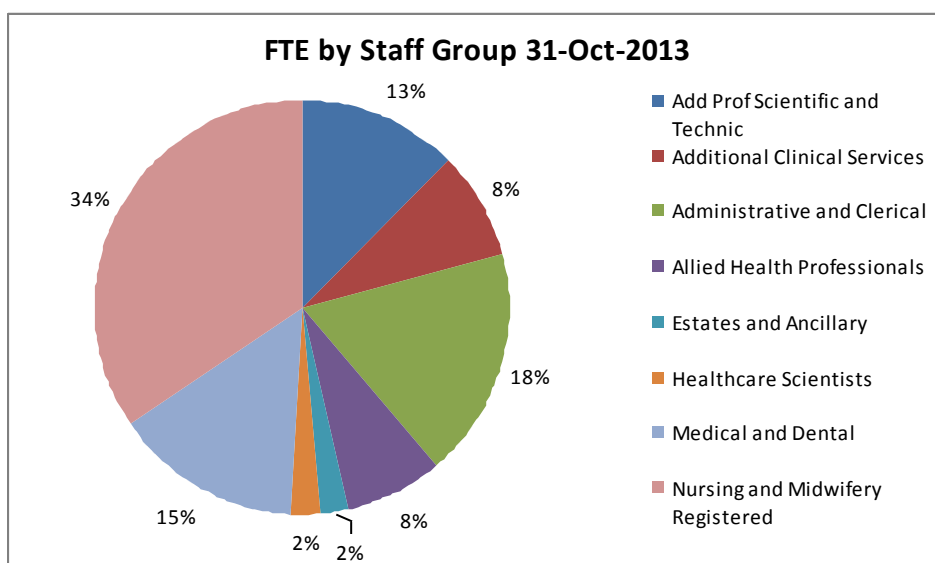


Figure 2: FTE by staff group 2012-13

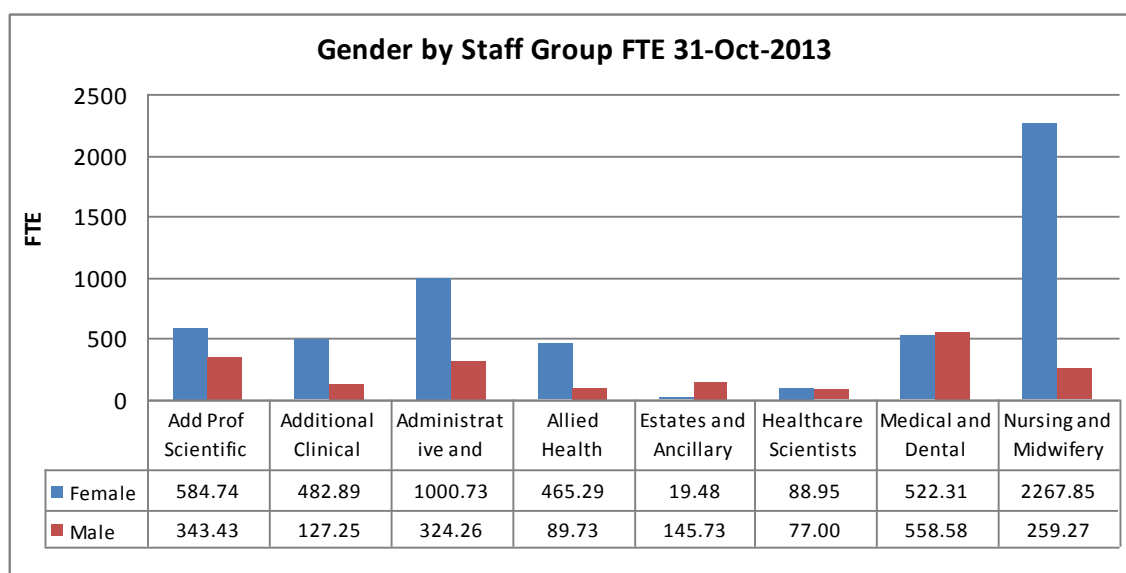


Comment:

- We note an increase of 134 FTE staff over the previous reporting period in 2011-12
- Around 80% (2714) of staff employed by the trust are clinical.
- The largest staff group is nursing and midwifery, comprising of 34% of staff.
- Medical staff account for 14,69% (1136) of the workforce.

2.1 Gender

Figure 3: Gender by staff group 2012-13



Comment:

- The high proportion of female workers is typical of NHS organisations and reflects the historic gender split of people entering health care professions and other caring roles.
- Medical and dental staff group has the most even gender split, Nursing and midwifery is the most female dominated staff group, followed by administrative and clerical
- Estates and ancillary is the only staff group which is male dominated

2.2 : Age

Figure 4: Age profile of the Trust 2012- 13

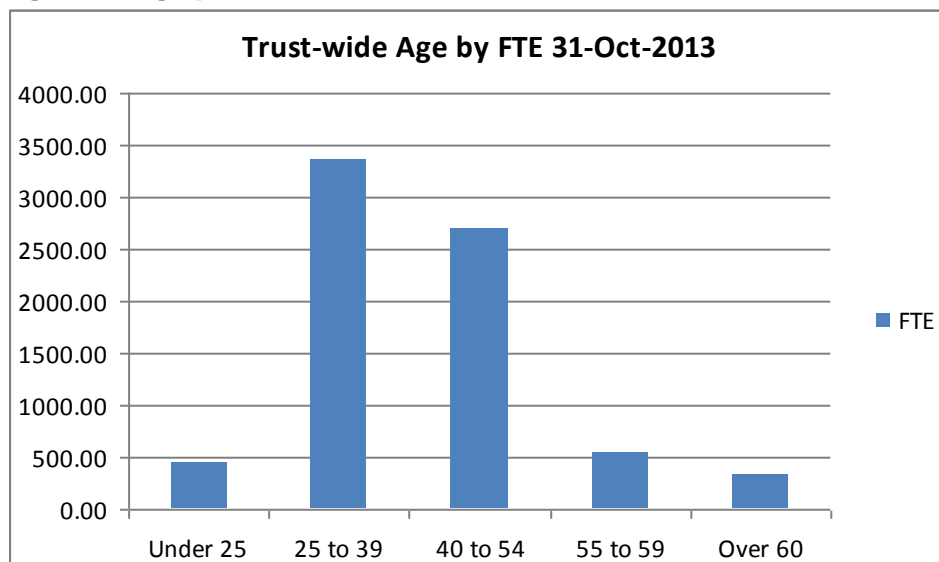
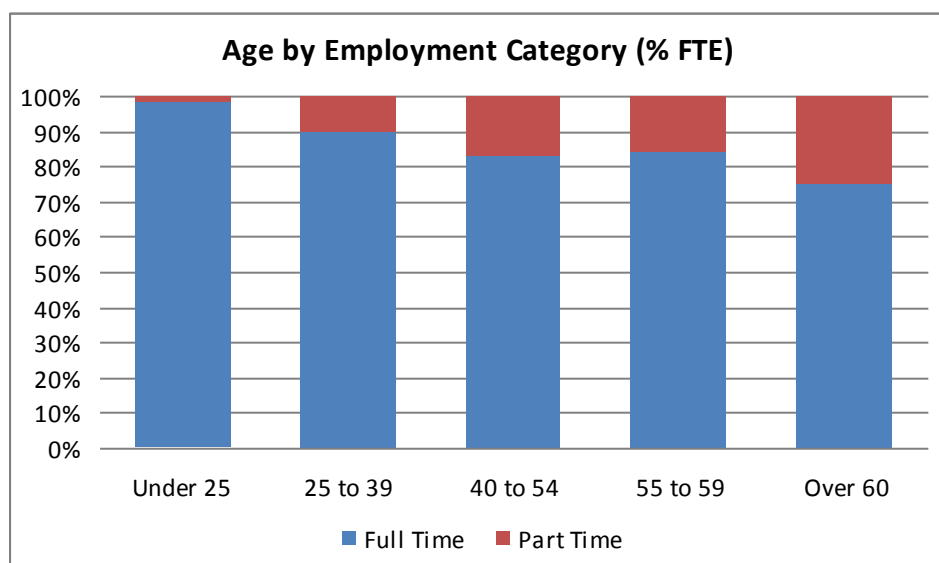


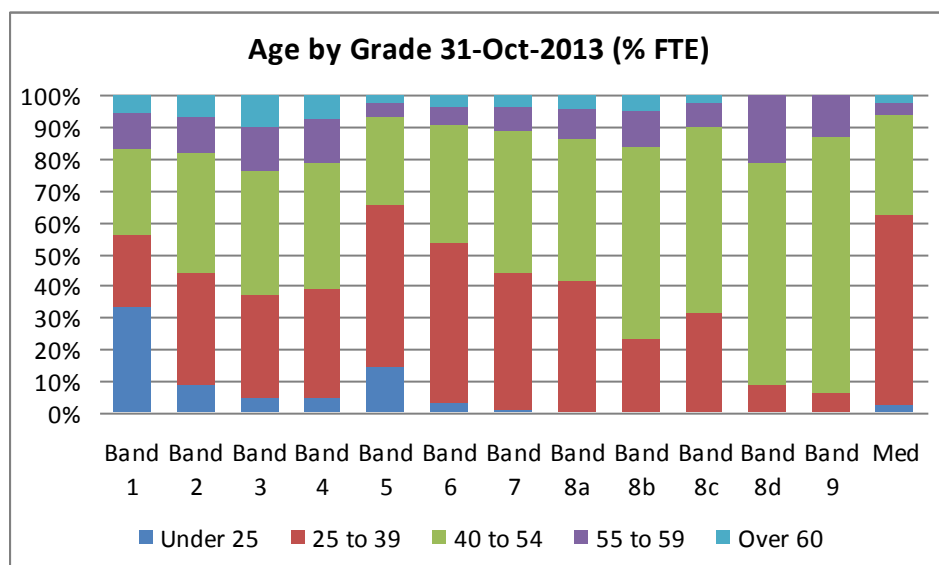
Fig 5: Age by employment category 2012-13



Comment:

- 45.7% of our staff are in the 25-39 age category with 36.5% in the 40-54 age category. This reflects national trends and the requirement for graduate and post-graduate entry requirements.
- 4.48% of our staff are currently over 60.
- As staff get older, there is an increasing flexibility in full-time working. 13.29% (1514) of our staff work on a part-time basis.

Figure 6: Age by Grade (% FTE) 2012-13

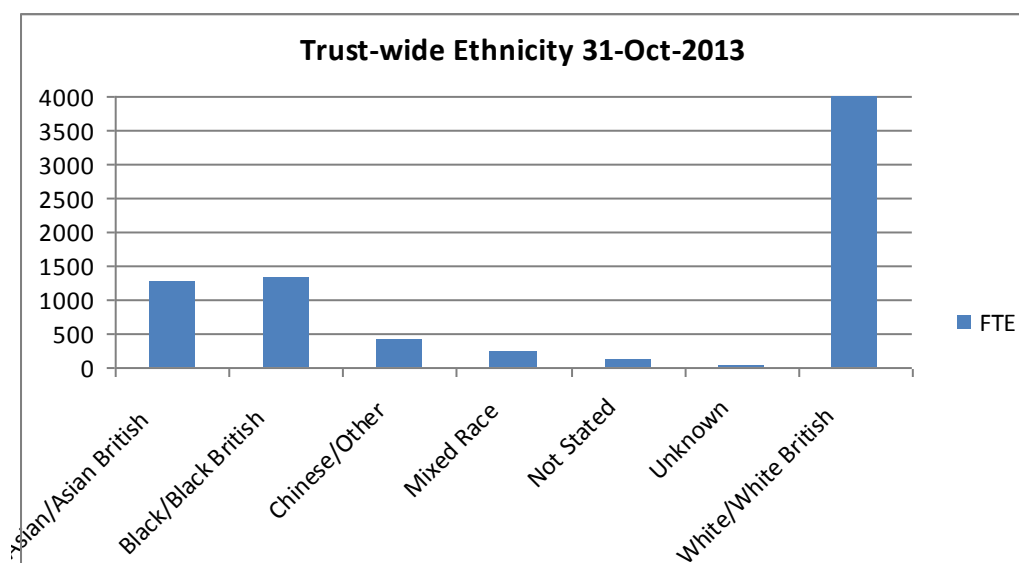


Comment:

Agenda for Change bands 1 to 5 have the lowest age structure. The age structure gets older as band increases and all staff in bands 8 and above are aged over 24. Medicine has the oldest age structure which is expected given its training requirements.

2.3 Ethnicity

Figure 7: Trust-wide Ethnicity 2012-13

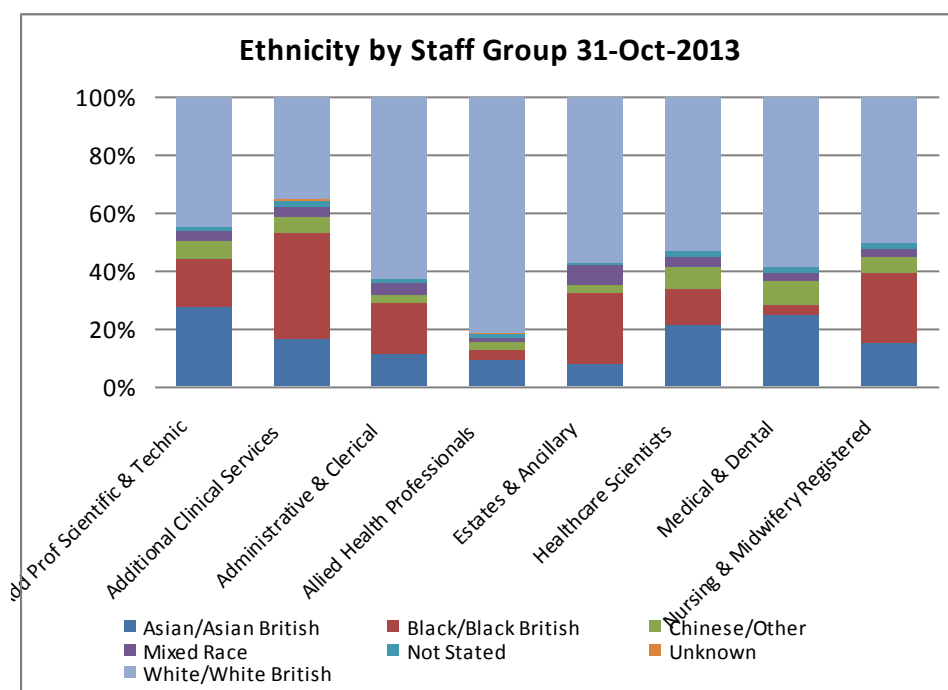


Ethnic Group	Number of staff-FTE	% of staff FTE
Asian / Asian British	1257.46	17.09%
Black / Black British	1333.19	18.12%
Chinese / Other	398.23	5.41%
Mixed Race	234.75	3.19%
Not stated	118.45	1.61%
Unknown	18.00	0.24%
White / White British	3997.40	54.33%

Comment:

- The trust has good data quality (98.15%) for reporting on ethnicity.
- 45.43% of staff come from black and ethnic minority (BME) groups, an increase of 1.47% over last years figures.

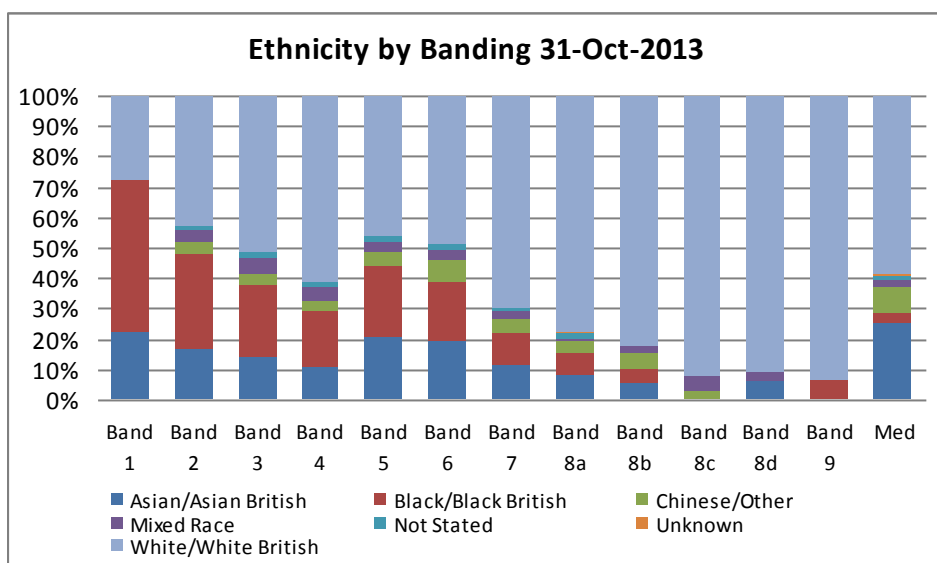
Figure 8: Ethnicity by staff group (2012-13)



Comment:

- There are variations between the staff group to the diversity of ethnic groups.
- There is a national programme to increase the diversity of the profession at undergraduate level for Allied Health Professionals.
- In line with other major NHS Trusts in Inner London, BME staff account for nearly 50% of the Nursing and Midwifery workforce.

Figure 9: Ethnicity by staff grade 2012-13

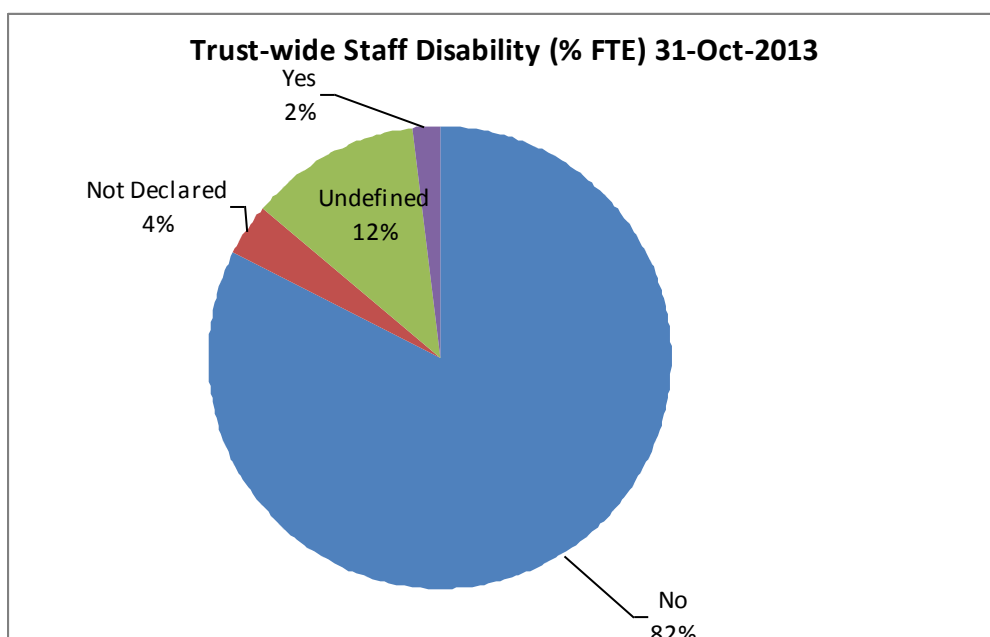


Comment:

- These are clear differences in the ethnic profile of staff through the salary bands.
- There is a long-standing national recognition that there is a clear need to increase diverse leadership and to develop an inclusive talent pipeline within the NHS.
- Historically and currently, the Medical profession has evidenced success in attracting minority ethnic groups into its career structure.

2.4 Disability

Figure 10: Trust-wide Staff Disability (% FTE) 2012-13

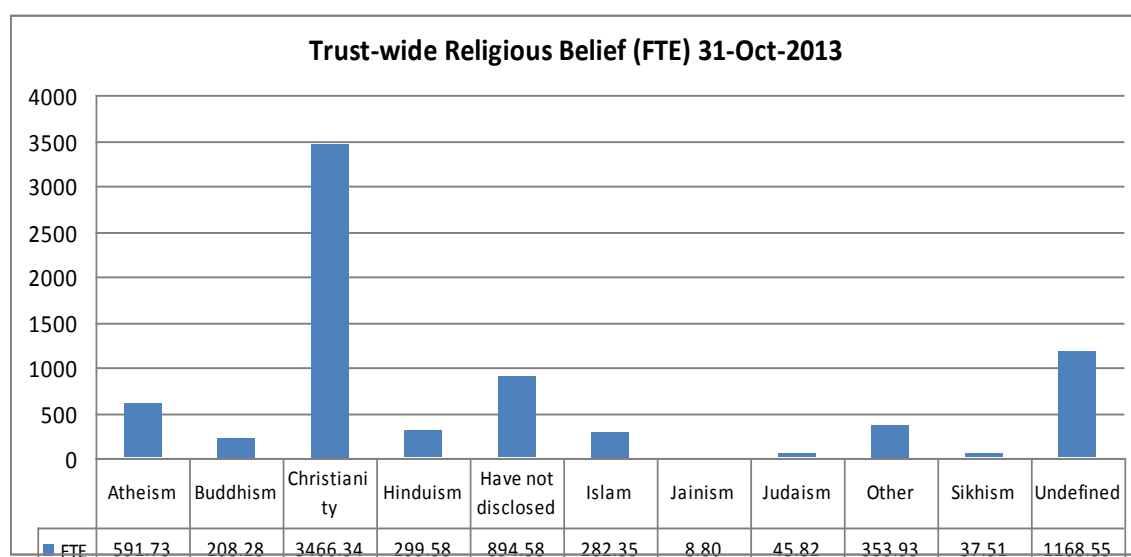


Comment:

- 2% of staff have disclosed themselves as having a disability.
- Disability is defined under Section 6 of the Equality Act as a physical or mental impairment that has a substantial and long-term adverse affect on a person’s ability to carry out normal day-to-day activities⁴. . In the 2011 Census, 8.5% of the population in England reported that their daily activities were limited a ‘lot’.⁵ National research and other information has identified that under-reporting of disability to employers is a widespread challenge throughout public sector organisations and in the wider community.

2.5 Religious Belief

Figure 11: Trust-wide Religious Belief (FTE)2012-13



Comment:

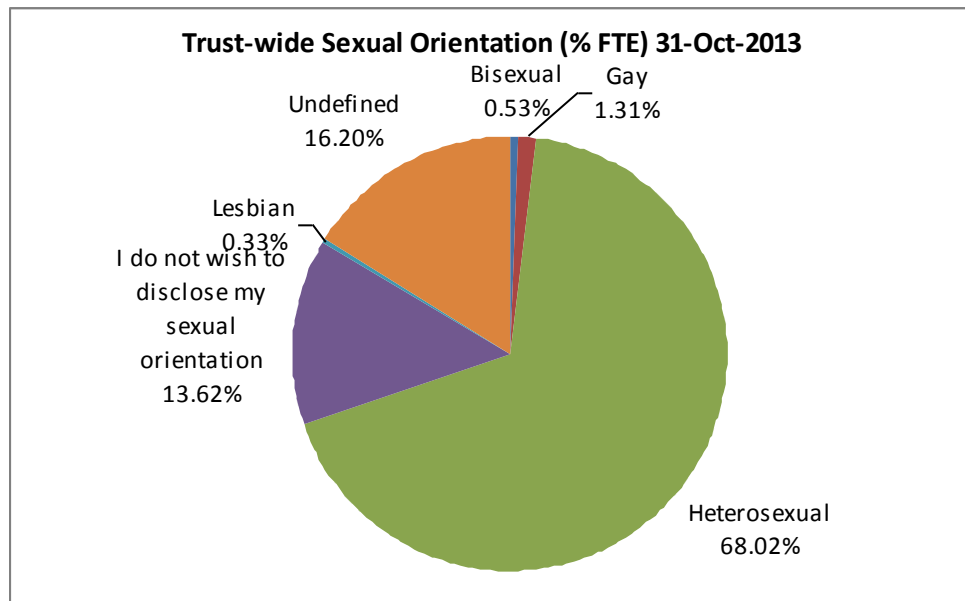
- The trust’s largest declared faith groups include Christians, Hindus, Buddhists and Muslims.
- We note that a significant number of staff have declared themselves as Atheists
- A very large group of staff are undefined by these belief categories and / or do not wish to disclose any religious or faith / no faith belief .

⁴ <https://www.gov.uk/rights-disabled-person/overview>

⁵ http://www.ons.gov.uk/ons/dcp171776_296743.pdf

2.6 Sexual orientation

Figure 12: Trust-wide Sexual Orientation (% FTE) 2012-13



Comment:

- Monitoring staff sexual orientation remains underdeveloped due to under-reporting – a third of staff either do not declare their sexuality or refuse to disclose.
- The 2011 and previous census reports have not include this question, so accurate estimates of the distribution of sexual orientation in the UK are not available for a comparative analysis.

2.7 Pregnancy and Maternity

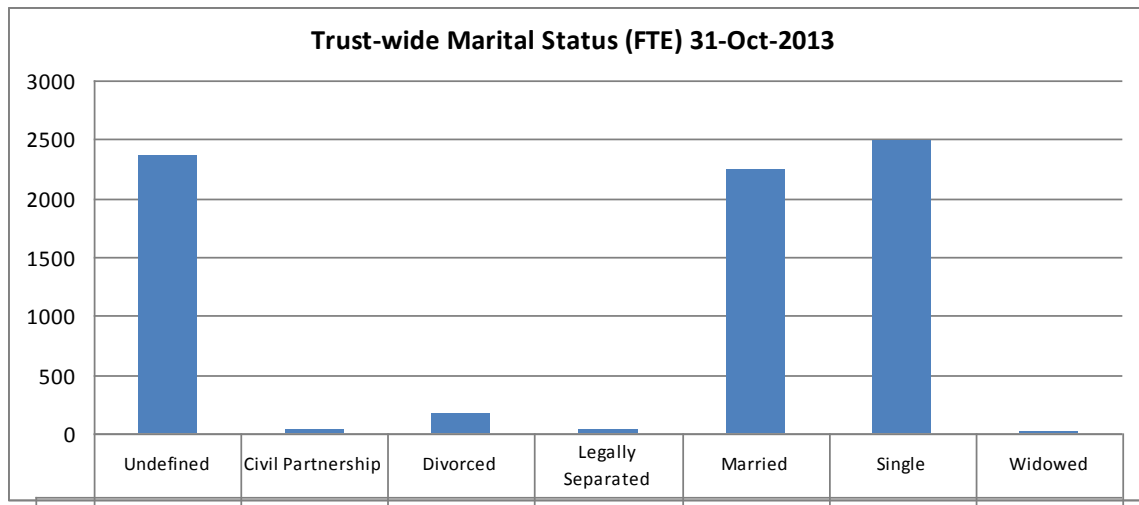
The trust has a number of policies in place to support pregnant staff at work, in taking maternity leave and returning to work.

Comment:

214.41 FTE staff were on maternity and adoption leave as of 31st October 2012. This was a reduction of 20 FTE staff over last year's figures.

2.8 Marriage and civil partnership

Figure 13: Trust-wide Marriage and Civil Partnership (2012-13)

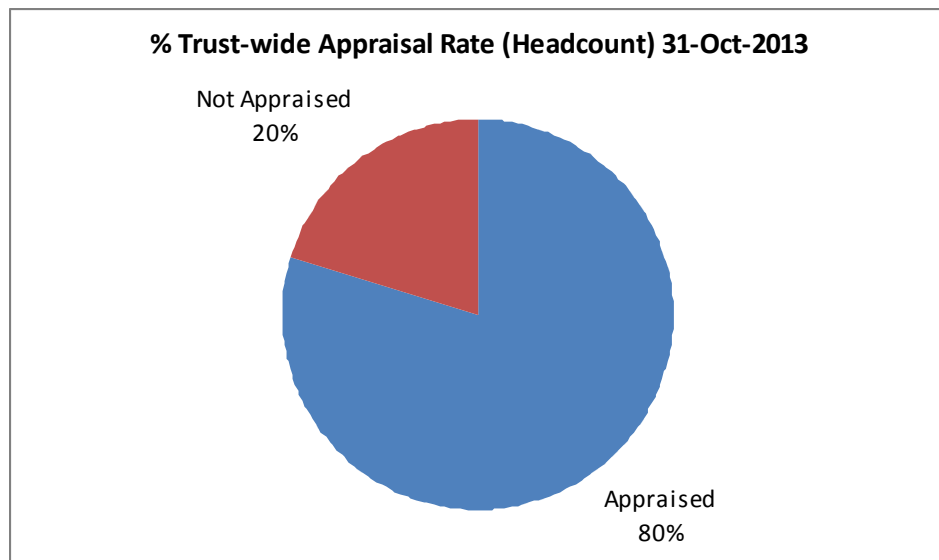


Comment:

- The trust collects information on a voluntary basis to the status of marriage and civil partnership. 40% of staff do not answer this question.

2.9 Appraisal

Figure 14: Trust-wide Appraisal- Trust wide 2012-13

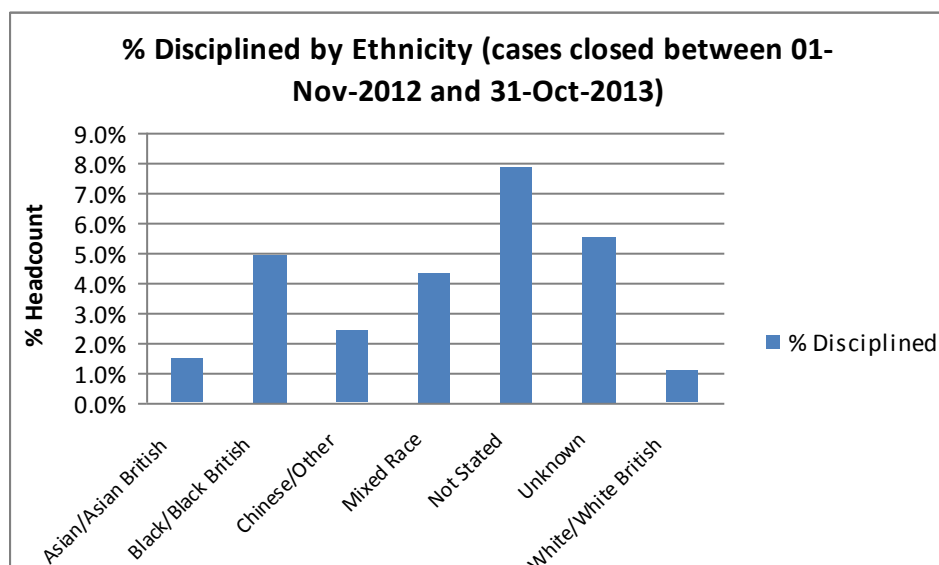


Comment:

- 80% of staff had received an appraisal by the end of October 2013.
- This was a 20% increase over the previous reporting period.
- There are no differences in appraisal rates between men and women.

2.10 Disciplinary and Dismissals

Figure 15: Percentage of staff disciplined by ethnic group 2012-13



Comment:

- 168 staff received a disciplinary last year. This was a reduction of 38 staff over the previous reporting period.
- 27 staff were dismissed. This was the same figure as previously reported.
- More staff from black and black British groups (4.95%) were disciplined than white and white British groups (1.06%). There has been a reduction in these ratios since 2006, when we first began publishing equality related information.
- A programme of work is being undertaken by the trust in relation to improving the staff experience and to educate managers in effective people management.

2.11 Grievance

8 staff raised a formal grievance in this reporting period. This was a reduction of 2 grievances over the last reporting period. Due to the small number of staff raising a grievance it is not possible to analyse grievances by protected group.

3.0 St George's Healthcare as a service provider

3.1 Maternity Services

Comment: 5,816 women attended maternity services between November 2012 and October 2013. This was a reduction of 348 women over last years reporting period.

Figure 16: Ethnicity of women using maternity services (2012-13)

Ethnic Group	Number of women	% of women
White British, White Irish, White Other	3062	52.6%
Mixed	28	2.2%
Asian / Asian British- Indian, Pakistani, Bangladeshi, Other Asian.	978	16.7%
Black / Black British, Caribbean, African, Other Black	656	11.3%
Other / Chinese	74	1.3%
Any other ethnic group	918	15.8%
Total	5,816	100%

Fig 17: Age of women using maternity services (2012-2013)

Age range	Number of women	% of women
Under 25	761	13.1%
25-34	3474	59.7%
35-44	1563	26.9%
44-54	18	0.3%

Disability status of women using maternity status (2012-2013)

Comment: 432 (7.4%) of women attending maternity services said they had a disability; this was an increase of 1.2% over the previous reporting figures. 1.1% did not respond and 91.5% said they did not have a disability.

Religion Belief / No belief

Figure 20: Religious beliefs of women attending maternity services (2012-2013)

Religion & belief / no belief	Number of women	% of women
Atheist	4	0.1%
Buddhist	20	0.3%
Christian	1500	25.8%
Hindu	134	2.3%
Islam	551	9.5%,
Jewish	5	0.1%
Sikh	10	0.2%
Other belief or religion	2162	44.9%
Not disclosed	980	16.9%

3.2 Accident and Emergency, inpatient and out-patient Services

144,094 people attended Accident and Emergency (A&E) at the St Georges Hospital site between November 2012 and October 2013. 134,795 people were admitted as inpatients and 634,106 attended as outpatient services.

Comment

- There was an increase of 10,628 A&E attendances over the previous reporting period.
- There was an increase of 4,427 admissions, and an increase of 58,235 outpatient attendances.
- We fully merged Tooting Walk-In Centre within the Emergency Service pathway in 2012 within a single location.

Fig 21: Gender of people attending A&E, Inpatient and outpatient services by %

	Female	Male
A&E	50.10%	49.89%
Inpatient	52.42%	47.57%
Outpatient	59.42%	40.58%

Comment:

- We had data recording of over 99.99% to patients' gender in this data set. This was a vast improvement over the previous recording period where there was significant missing data in this field.

Fig 22: Age of people attending A&E, Inpatient and outpatient services (main acute site) by %

Age range	A&E	Inpatient	Outpatient
Under 25	32.38%	18.64%	14.62%
25-34	18.70%	12.06%	17.39%
35-44	12.75%	11.32%	14.56%
45-54	10.65%	12.00%	13.05%
55-64	7.55%	12.89%	13.12%
65-74	6.96%	14.51%	13.80%
75-84	6.59%	13.44%	10.36%
85+	4.42	5.13%	3.09%

Comment:

- 32.38% of people attending A&E are under 25, reflecting national trends in A&E utilisation and the age profile of our local populations. This was a reduction of 2.62% over the last reporting period.
- Admissions for those aged 65+ were at 17.97% of A&E attendances, 33.08% of inpatient activity and 27.25% of outpatient activity.
- Those aged 25-44 accounted for 31.95% of outpatient activity.

Fig 29: Ethnic Group of people attending A&E, Inpatient and outpatient services (main acute site) by %

Major ethnic groups (compressed using 2011 census classifications) ⁶	A&E	Inpatient	Outpatient
White British	22.41%,	37.19%	32.42%
White Other	11.76%	14.13%	12.43%
Mixed	1.94%	2.36%,	1.43%
Asian	8.87%	13.67%	10.82%
Black	8.53	13.79%	10.05%
Other	5.49%	7.30%	4.46%
No data	40.99%	11.56%	28.09%

⁶ Broad ethnic groups as used by Greater London Authority 2013.
<http://data.london.gov.uk/datastorefiles/documents/2011-census-diversity-in-london.pdf>

Comment:

- The White other population group has seen a marked growth in the past decade. The populations are mainly, but not exclusively drawn from East European Accession countries and we are beginning to see higher utilisation by this resident ethnic group across health services.
- We additionally note these trends within maternity and interpreting services
- Comprehensive ethnic data on local resident populations is available through the 2011 Census and Local Government sources.

Fig 30: Religious belief of people attending A&E, inpatients and outpatients by %

	A&E	Inpatient	Outpatient
Buddhist	0.8%	0.19%	0.10%
Christian	13.15%	23.23%	0.62%
Hindu	0.97%	2.18%	1.05%
Islam	2.42%	4.15%	2.7%
Jewish	0.09%	0.16%	0.0%
Sikh	0.7%	0.18%	0.9%
Other	24.51%	34.88%	17.21%
Not disclosed	58.71%	34.21%	78.23%

3.3 Patients who did not attend their appointments (DNAs)

80,961 people did not attend their outpatient appointment between November 2012 and October 2013. This was an increase of 9,243 appointments over last year's figures.

Gender

Women were slightly more likely to not attend compared to men and 55.34% of DNAs were amongst women. This reflects national trends.

Age

There is a positive correlation between age and likelihood of not attending an appointment. 39.75% of people who did not attend were aged under 35 and only 23.37% of people aged over 65 did not attend.

Ethnic groups

We noted a slightly higher level of DNA attendances in proportion to outpatient appointments among some minority ethnic groups. There was missing ethnic data for 28.60% of this DNA cohort.

3.4 Four hour A&E breach

There were 7,762 records of four hour A&E breaches. This was an increase of 705 records over the previous recording period.

Gender

No differences between men and women were found in regard to four hour A&E breach.

Age

Our data shows that those under 25 (14.30%) and older people over 65 (41.44%) are more likely to wait over four hours in A&E to be seen. Shortage of appropriate beds for older people and the fact that they are more likely to have both complex health and social care needs is likely to contribute to this figure.

3.5 Readmissions

4,489 patients were readmitted within 30 days following an elective procedure between November 2012 and October 2013. This was an increase of 1,572 patients over the previous recording period. Readmissions may not be clinically linked to the previous admission.

Gender

There were no differences in trends between men and women for readmissions.

Age

48.29% of people readmitted within 30 days are over the age of 65. The higher incidence amongst older people is most likely a reflection of their multiple and more complex health and social care needs.

3.6 Patients waiting over 18 weeks

4,194 patients waited over 18 weeks between November 2012 and October 2013. This was a reduction of 1,715 patients over the previous recording period.

3:7 Community services

St George's Healthcare provides community services to the population of Wandsworth. These are a wide range of services, including district and community nursing, school health visitors, rehabilitation services, and services in partnership with social services. We report below on the main systems used within Community Services.

All of these services below use different IT systems for recording individual patient level information. Additionally, there are specialist services providing out-patient services which are not included in this report. As we improve and update our information systems, we hope to include a fuller range of Community Services activity within this report in the future.

It should be noted that for community services provided in people's homes and other sites, patients are recorded separately as an individual appointment for each visit. Our Community Services Wandsworth division also manages and provides a range of services at Queen Mary's Hospital, Roehampton and St Johns Therapy Centre, Battersea. Additionally, we provide health services to offenders at HM Prison, Wandsworth, the largest prison in the country.

Understanding the different Community IT recording systems

System code	What the system records (service level)	Contact with patients (an individual patient could have multiple contacts)
QMH	Queen Mary's Hospital, Roehampton. In-patient(IP) and Outpatient Services(OPP)	IP: 732 OP: 97, 510
MIU	Minor Injuries Unit at Queen Mary's Hospital	16,338
Frameworki	Older person and neuro-rehabilitation services. Many of the patients in this system require on-going care as they could have several long term conditions.	155,425
RiO	Children's services and adult therapies	467,108
SystemOne	HMP Wandsworth	51,860
Total contacts		788,973

Note: Timelines - Frameworki services moved over to RiO on 01/04/2013 hence the Frameworki data in this report is from November 2012 to March 2013. The RiO data will thus include patient activity from Frameworki from March 2013 onwards

QMH outpatients (QMH OP)

There were 97,501 appointments at QMH OP services in this reporting period. There was a 1,999 reduction over last year's figures. 54.8% of these appointments were by women, with 74% of the patients from a white ethnic background. The highest age groups attending this site were in the 65+ age bands who accounted for 45.1% of patient appointments.

QMH Inpatients: There were 732 admissions in-patients recorded for this period. Most of the patients were in the 65-84 age groups, reflecting the specialty older person wards provided at this site.

MIU-QMH. There were a total of 16,338 attendances recorded on this system. There was a reduction of 939 attendances over last year's figures. The highest attending group was aged under 25, making up 35.8% of overall activity. 84.1% of these attendances were from people from white ethnic background, reflecting the local resident population

Frameworki – A total of 155,425 patient contacts were recorded. As indicated in the guidance notes above, patient contacts in this system moved over to RiO from April 2013, and therefore provides a restricted picture of activity to this patient group. The system records individual service contacts and there could be multiple visits over a short-or long term to individual patients. The highest activity, reflecting the patient group for these services were in the 65-74 age group (36.2%), and 75-84 age group (32.35%). Those under 24 accounted for 0.5% of activity within this service. The white ethnic group accounted for 67.7% of overall activity.

RiO- A total of 467,108 contacts were recorded in this system. This included patient contacts which would have previously been recoded on the Frameworki system (April 2013 onwards). From a gender perspective, 61.2% of activity was recorded as female. From an age perspective, 38.8% of contacts were under 25, and 27.9% of contacts were in the 75+ age group reflecting the patients groupings of young children and older patients in their home setting.. The white ethnic group were recorded as 56.3% of activity.

SystemOne - A total of 51,860 contacts were registered on this system. All those attending were male. There was an increase of 23,501 contacts on the previous recording year. From an ethnic perspective, 69.9% were from a white ethnic group. Most patients recorded were in the 25-34 age group (35.2%), and in the 35-44 age group (28.8%).

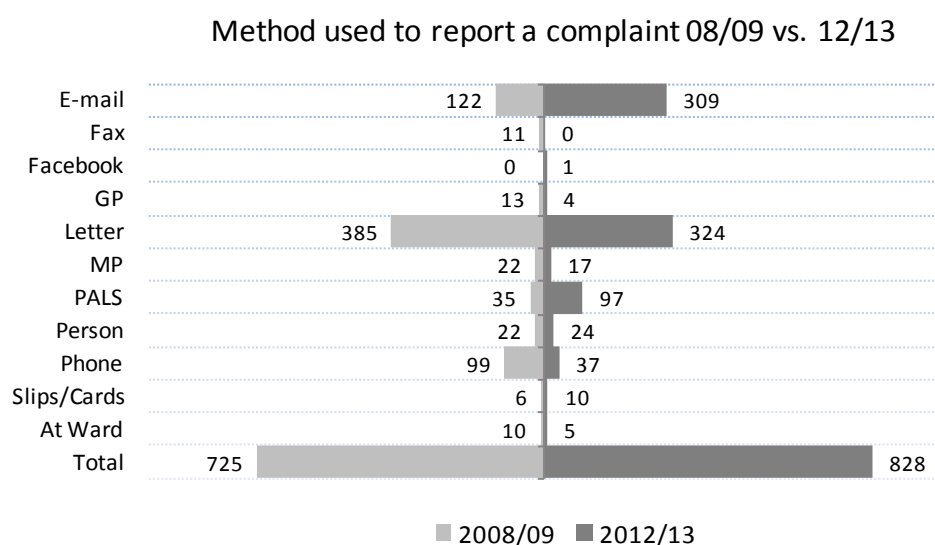
3:8 Trust-wide patient experience and feedback

We are increasing the range and variety of methods by which patients and carers give us feedback on our services. We have developed software on our Friends and Family (F&F) hand-held tablets that allow us to record baseline demographics in relation to age, gender and key ethnic groups of those responding. The F&F initiative is a national programme and as the uptake and technology develops, we are able to use this information to analyse feedback by key demographics. We will aim to report on F&F by key demographics in future reports. Additional feedback mechanisms to patients, relatives and carers are also available through open public websites such as NHS Choices.

Key figures from Complaints, PALS and Interpreting report (1st April 2012-31st March 2013)

There is a well-established process for responses and improvements to patient and carer feedback through our Complaints and PALS services. There are national targets for responses to formal complaints, and all formal feedback through these above services is recorded.

We are increasing the access routes for patients, carers and advocates to contact us; the general trends for formal complaints are illustrated below. We encourage all in-patients to give us feedback on their episode of care during their stay on our wards and before they are discharged. The use of technology is playing a greater role by which we get feedback through the Trust sites, although we make extensive use of other methods at a local and service level.



Comment:

In 2012/2013 the trust saw a decrease in the number of complaints received. There were 828 formal complaints received which represents a decrease of 20% on the previous year when 1031 complaints were received. The PALS department was contacted on 6,753 occasions for help and assistance during 2012/2013. There was an overall increase in contacts but a decrease in the number of concerns.

Face to face interpreting

Face-to-Face interpreting (top 5 languages)	
Language	Occasions
Polish	2,037
Urdu	1,692
Tamil	1,197
Somali	890
Portuguese	517

Comment:

- Interpreters were used on a total of 11,748 occasions in 2012/2013
- This was an increase of 14% when compared to 2011/2012.
- In 2009, we provided 4647 interpreting sessions
- Interpreters were provided for 52 languages in 2012/2013.

Telephone Interpreting.

All staff have access to a 24 hour / 7day telephone interpreting service. However, consideration of a patient's privacy, the use of technology and equipment required for a 3 way call limits this type of interpreting support to be used only when a face-to-face interpreter was not booked.

Comment:

We provided this service on 828 occasions in the 2012-13 reporting period. (In 2009, we provided 477 telephone interpreting sessions). The top 5 languages used within this service were Polish, Urdu, Tamil, Romanian and Somali.

British Sign Language

The trust used 356 British Sign Language interpreters in 2012/2013 compared to 351 in 2011/2012.

4.0 Conclusion

This report demonstrates that St George's Healthcare is monitoring, reporting and publishing workforce equality data in line with our statutory employment duties.

The trust is increasing its recoding and reporting of equality information in relation to patient activity. The trust recognises that there is always room for improving both the collection of information related to protected groups, as well as in understanding what this information means and how it can be used to review and improve services, processes and systems.

The trust's equality and human rights committee will continue to review and monitor the issues raised in this report and take action where necessary. This information will be shared throughout the trust and with the trust's partners and stakeholders.

In the years ahead the trust will continue to build on work already done to deliver personal, fair and diverse health services that meet the needs of our patients. The trust is also committed to developing a workforce which reflects the communities we serve, and to support an environment in which staff are supported to deliver excellent patient care.

Contact us

If you would like to discuss any aspect of this report or would like to find out more about the trust's equality and human rights committee, please contact Wilfred Carneiro on 020 8725 4175 or at wilfred.carneiro@stgeorges.nhs.uk