Equality Impact Assessment Procedure

1. Initial Screening Process

1.1 Title of the policy/procedure/function/service **Proposals for new system of collating patient feedback**
1.2 Directorate/Department **Corporate Nursing**
1.3 Name of the person responsible for this Equality Impact Assessment **Jane Collier/Amanda Harrington/Andrew MacCallum/Amit Khutti**
1.4 Date of Completion **10 April 2008**
1.5 Aims and Purpose of this policy/procedure/function/service **To agree:** **1 An effective approach to reporting the mandatory national patient surveys.** **2 Real time methods of collecting specialty based information on the patient experience and feeding back to front line staff.** **3 Creating a 'patient panel' drawn from the Trust membership to provide regular detailed feedback focusing on key concerns emerging from the patient survey.**
1.6 Is this a new or existing policy/procedure/function/service **Revision/New**

1.7 Examination of Available Evidence – Tick evidence used	
Census Data for UK	
Census Data for London	
Census Data for Local Authority Area	
Trust Workforce Data	
Trust Patient Data	✓
National Patients Survey	
Trust Patients Survey	✓
Complaints Summaries	
Other Internal Research/Survey/Consultation/Audit (please list)	
Other External Research/Survey/Consultation/Audit (please list) ***Staff Survey National Results and/or demographic reports***	✓

Support: If you wish to discuss an EIA or require support with any part of the process, please contact Jane Collier jane.collier@chelwest.nhs.uk Tel: 0208 746 8926

What is the summary of the available evidence?

Patient surveys both internal and externally managed must be representative of our users according to the demographic groups using the service. Therefore the commissioning of any feedback system must consider its ability to reach all sectors.

Surveys from 2006 and 2007 benchmarked against Trust monitoring data indicate a significantly non-representative sample of patients have responded. (See additional information). In effect this disenfranchises patients based on demographic factors such as age and ethnicity.

The main concerns are:

- Are the samples provided for surveying by the Trust's performance team representative?
- If so, why are the research providers not obtaining a representative response?
- What effect does this have on the validity of Trust data?
- What measures can be taken to minimise this problem?

1.8 Does the evidence indicate that there is, or is the potential to be any significant impact on anyone or any group in relation to the following equality strands?

Strand	Yes/No/Insufficient Data	Justified Yes/No
Ethnicity/Race	YES	NO
Disability	YES	NO
Gender/Sex	YES	NO
Religion/Belief	YES	NO
Sexual Orientation	YES	NO
Age	YES	NO
Human Rights	Insufficient data	

If further evidence is required to complete this section, take steps to obtain to **before** proceeding with the assessment. If the review of evidence indicates that there is a significant unjustified impact, a Full Equality Impact Assessment must be carried out.

1.9 No further evidence Required. Skip to Section 5. ☐

1.10 Full Equality Impact Assessment required. Continue to Section 2 below. ✓

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2. Full Equality Impact Assessment

2.1 Describe the aims of the parts of the policy causing concern?

The aim of the work is to to obtain accurate feedback that has an impact on the development of our services. The two main concerns are

- ensuring that all groups of patients have equal opportunity to give this feedback and that their feedback is valued appropriately
- ensuring that the groups included in this feedback are accurately reflective of those using the Trust

With all of the equality strands, data is not used to provide benchmark reports on patient experience *according* to equality group (for example difference in experiences of disabled versus non-disabled patients).

2.2 Who is intended to be affected by the policy?

All patients and Trust management

2.3 How does this policy fit with the Trust's wider aims?

Fully.

2.4 Describe how is this policy, service or function put into practice?

The Trust has had a contract with a research provider to facilitate the national NHS patient survey programme on behalf of the Trust. The specification for this ranges from the mailing out of the surveys through to the analysis of data and publication of a report for the Trust. The data is also submitted by Picker to the Healthcare Commission.

In practice the survey is only accessible to those able and willing to complete a written response. As a result, in 2007:
2334 patients were sent a questionnaire. 2250 were eligible for the survey, of which 948 returned a completed questionnaire, giving a response rate of 42.1%. The average response rate in 2005 and 2006 was 50%. Of the 948 inpatients who responded to the survey:
• 47 % were male; 50% were female and 3% did not reply.
• 20% were aged 16-39, 27% were aged 40-59, 16% were aged 60-69 and 34% were aged 70+. 4% did not reply.
• 79% stated their ethnic background as White; 3% Mixed; 5% Asian/Asian British; 5% Black/Black, British; 2% Chinese or other ethnic group and 6% did not state their background.

For the same period, Trust data indicates that for inpatients and outpatients (survey follows in red):

aged 0-14	32.6%	(0%)
aged 15-39	26.6%	(20%)
aged 40-59	19.5%	(27%)
aged 60-69	8.2%	(16%)
aged 70+	13.3%	(34%)

2.5 Age: Testing of disproportionate or adverse impact

2.5a How are younger and older people reflected in the take-up of the service or in benefiting from the policy?

At present younger people are highly under-represented in the survey and older people are significantly over-represented.

2.5b Describe how the policy has a significant impact on younger and older people

This has the potential to significantly skew the results of the survey towards older patients and their interests and experiences. This may distort the whole concept of 'patient experience'.

2.5c Do any of the differences amount to an adverse impact or unlawful discrimination?

It potentially discriminates on the grounds of age, however is more clearly an adverse impact. Younger people are adversely impacted as their opinions are not proportionately counted or considered by the survey, ergo by the Trust.

2.6 Race: Testing of disproportionate or adverse impact

2.6a How are people reflected in the take-up of the service or in benefiting from the policy in relation to ethnicity, race nationality or national origin?

Ethnic monitoring of participants in the survey indicates a significant variance from overall patient monitoring at the Trust. Specifically, there is an over-representation of White British respondents, and a corresponding under-representation of minority ethnic groups.

2.6b Describe how the policy has a significant impact on people in relation to ethnicity, race nationality or national origin?

National survey ethnicity impact analysis ('*Variations in the Experiences of Patients using the NHS Services in England', Healthcare Commission November 2006)* clearly identifies trends in patient experience and preference according to ethnic background.

2.6c Do any of the differences amount to an adverse impact or unlawful discrimination?

This has a potential adverse impact as it may mean that the opinions of patients from BME groups on their experience at the Trust, may literally not be given the weight they deserve. This imbalance may contradict the Trusts obligations under the Race Relations Act to ensure equality of access to services and to promote good race relations.

Equally, the national benchmarks against which patient responses are judged by the Healthcare Commission do not take account of population differences, which means that the Trust's patient responses are measured against a much less diverse average.

2.7 Religion or Belief: Testing of disproportionate or adverse impact

2.7a How are people reflected in the take-up of the service or in benefiting from the policy or function in religion or belief? (including other philosophies, or those with no religious belief)

The survey provides data on patient religion which is, similar to ethnicity data, out of synch with the national picture. We do not have strong internal patient data with which to benchmark, but due to the under-representation of ethnic groups we can safely assume that religious diversity it under reported also.

Summary results on questions relating to religious belief are as follows:

	CW	All trusts	Variance
None	15	11.1	3.5
Christian	65	75	-9.7

Muslim	5.3	2.2	3.1
Hindu	1.1	1	0.1
Sikh	1.6	0.9	0.7
Jewish	0.1	0.1	0
Buddhist	1.2	0.2	1
Any other religion	1.4	0.9	0.5
Not answered	9.6	8.5	1.1

2.7b Describe how the policy has a significant impact on people in relation to religion or belief? (including other philosophies, or those with no religious belief)

Data collection methods which return under-representative results may put into question results (K8 and K9) on patient satisfaction with the Trust's staff respecting religious beliefs and ability to practice in hospital. Although the Trust has a slightly above average level of dissatisfaction in both areas, this is benchmarked against a more Christian average, and does not reflect that the Trust serves a more complex and diverse population than the average Trust. Equally, it may mask inequalities in access to pastoral care.

2.7c Do any of the differences amount to an adverse impact or unlawful discrimination?

It potentially discriminates on the grounds of religious belief if we take the view that patients views are not accurately reflected on this basis, however is more clearly an adverse impact. People of non-Christian faith are adversely impacted as their opinions are not proportionately counted or considered by the survey, ergo by the Trust.

2.8 Disability: Testing of disproportionate or adverse impact

2.8a How are disabled people reflected in the take-up of the service or in benefiting from the policy or function?

The survey applies to disabled patients and asks a range of detailed questions relating to long term health conditions and their impacts on patients (K4-K6). However, the results do not provide easily usable data to establish whether disabled people are proportionately included in results.

2.8b Describe how the policy has a significant impact on disabled people?

The definition of disability followed in the survey is unclear and the extent to which it is reaching disabled people and reflecting their views and opinions is unclear. The impact may therefore be to conceal differences between disabled and non-disabled service users.

2.8c Do any of the differences amount to an adverse impact or unlawful discrimination?

This has a potential adverse impact as it may mean that the opinions of patients with disabilities on their experience at the Trust may not be given the weight they deserve within the work. This imbalance may contradict the Trusts obligations under the Disability Discrimination Act to ensure equality of access to services.

2.9 Gender: Testing of disproportionate or adverse impact

2.9a How are women/men/transgender people reflected in the take-up of the service or in benefiting from the policy or function?

The survey respondents for the Trust are more balanced in relation to gender than for the survey as a national average. This may be related to the over-representation of older patients in the Trust's response. There is slight deviation from the actual gender balance of patients (see table below).

	C&W Survey	Survey All	Trust	Variance
Male	47.2	43.9	49.4	-2.2
Female	50.1	53.9	50.6	-0.5
No answer	2.7	2.2		2.7

2.9b Describe how the policy has a significant impact on people because of their gender, sex (including gender reassignment) or because they are married or civil partners?

Gender re-assignment and/or transgender people, marital status or civil partnerships are not factored into the survey at all at present. Therefore the survey does not contribute to ensuring/measuring equality of access to services based on these factors.

2.9c Do any of the differences amount to an adverse impact or unlawful discrimination?

Neither adverse or positive impact is assessed in the survey – gender data is not used other than to identify the gender of respondees.

2.10 Sexual Orientation: Testing of disproportionate or adverse impact

2.10a How are Lesbian, Gay and Bisexual people reflected in the take-up of the service or in benefiting from the policy or function?

Unknown – this is not measured/asked.

2.10b Describe how the policy has a significant impact on Lesbian, Gay and Bisexual people

The interests and experiences of lesbian, gay and bisexual patients are not included and so impact cannot be assessed.

2.10c Do any of the differences amount to an adverse impact or unlawful discrimination?

There may be an adverse impact as any problem areas for LGB patients are overlooked.

2.11 Human Rights: testing of disproportionate or adverse impact

2.11a Describe how the policy has a significant impact on Human Rights?

Not applicable

2.11b Do any of the differences amount to an adverse impact or unlawful discrimination?

Not applicable

2.12 Equality of Opportunity

Describe how the policy will promote equality of opportunity between different groups; including taking account of disabled people's disabilities, even where that involves treating disabled people more favourably than other persons.

The policy of surveying inpatients using the same questionnaire should promote equality of opportunity as it offers all groups to contribute their experiences and interests. The limited information available is still preferable to none at all.

It is proposed to make more explicit reference to the need for the survey returns to be demographically representative when re-tendering for a service provider.

2.13 Eliminating Discrimination

Describe how the policy will eliminate unlawful discrimination – both direct and indirect.

N/A
2.14 Eliminating Harassment
Describe how the policy will eliminate harassment of people for any reason.
The survey highlights areas of patient concern in relation to interactions with staff and others and so may identify any negative trends.
2.15 Promoting Positive Attitudes
Describe how the policy will promote positive attitudes towards others.
The survey encourages staff to see the patient 'as a whole' and to acknowledge the many factors of inpatient visits which affect someone's experience and dignity.
2.16 Promoting Participation
Describe how the policy will encourage participation in public life.
The policy is a form of outreach to ensure that NHS patients' views can be included in the review, planning and development of services. It encourages participation as it approaches people who may otherwise not contribute their opinions.

3. Action Plan

3.1 **Summary of recommendations for improvement** *(Recommendations should be SMART – specific, measurable, achievable, realistic and timely).*
ACTION: Explicit clauses relating to ensuring that the response rate for the survey is proportionate to the actual demographics of patients will be included in the new contract. **ACTION: Companies tendering for the new contract shall be asked to validate how they will ensure that the survey is inclusive, including questions relating to how they promote equality of opportunity and understandings of under-representation within their own work.** Under-representation of equality groups is compounded by a lack of meaningful of analysis of data relating to these groups. Meaningful analysis would tell us what differing priorities exist for different patient groups, whether we deliver equitable and satisfactory services to all, and whether the key priorities we draw from the results are appropriate to our diverse patient base. **ACTION: Results of this assessment to be forwarded to related organisations for comments and discussion.**

4. Stakeholder Involvement and Consultation

4.1 Describe stakeholder involvement and consultation in the Equality Impact Assessment.

Individuals involved in assessment include:
Equality and Diversity Manager, Patient Affairs Manager, Director of Nursing, Director of Procurement, PPI Liaison Officer.

Sent for consultation to:
Equality and Diversity Steering Group
Other groups?

5. Monitoring Arrangements

5.1 Describe how the actions put into place to eliminate or reduce any unjustified negative impact will be monitored, including timeframes and accountability.
Director of Nursing to review by 30 June

6. Completion

You should now:

- Undertake formal consultation on your findings
- Make any amendments in response to the results of the consultation
- Publish your results (see guidance) and submit a copy to the Equality and Diversity Manager.