

This report provides an initial view which will be subject to further review and amendment by
March 2015

Leicestershire Partnership NHS Trust: Adult Mental Health
and Learning Disability Services, Community Health
Services, Families, Young People, and Children's
Services:

A quantitative equality analysis of complainants for the
period 1st April 2013 to 5th December 2014: Summary of
findings

ANONYMISED FOR PUBLICATION

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Introduction

The Equality Act (2010) describes a 'public sector equality duty' (section 149). The 'public sector equality duty' applies to listed public authorities (including NHS Trusts) and others who exercise public functions.

149 Public sector equality duty:

- (1) A public authority must, in the exercise of its functions, have due regard to the need to—
 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- (2) A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).
- (3) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—
 - (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
 - (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The public sector equality duty covers people across nine protected characteristics: age; disability; gender reassignment; marriage and civil partnership*; pregnancy and maternity; race; religion or belief; sex; sexual orientation. (Marriage or civil partnership status is only covered by the first aim of the public sector equality duty, to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.)

Listed public authorities must publish information to demonstrate compliance with the duty imposed by section 149(1) of the Act, at least annually. The information that a listed public authority publishes in compliance with paragraph (1) must include, in particular, information relating to persons who share a relevant protected characteristic who are—

- (a) its employees;
- (b) other persons affected by its policies and practices.

Although, only listed public authorities with 150 or more employees need publish information on their workforce.

Regarding other persons affected by its policies and practices, the types of information that listed authorities could publish to demonstrate compliance include¹:

- Records kept of how it has had due regard in making decisions, including any analysis undertaken and the evidence used.
- Relevant performance information, especially those relating to outcomes, for example information about levels of educational attainment for boys and girls, health outcomes for people from different ethnic minorities, and reported incidences of disability-related harassment.
- Access to and satisfaction with services, including complaints.
- Any quantitative and qualitative research undertaken, for example patient surveys and focus groups.
- Details of, and feedback from, any engagement exercises.

The present report considers complainants amongst Leicestershire Partnership NHS Trust's service users with respect to the observed and expected distribution of complaints across protected characteristic sub groups, clinical divisions, and types of complaint. The present analysis prioritises three of the nine protected characteristics: age, ethnicity, and gender, which are associated strongly with health inequalities^{2,3}. Data on the ethnicity of complainants are too incomplete to support a robust analysis; these data are included for analysis nonetheless to give an indication of equity by ethnicity and to screen for evidence of large discrepancies between ethnic groups, whilst noting that the data on ethnicity are unlikely to give an accurate picture of the ethnicity profile of complainants. Data on other protected characteristics are also too incomplete to support robust analyses, please refer to the notes on data quality (Data quality and Table 11). The numbers of people raising complaints were analysed and compared against the overall numbers of people accessing services, within LPT's clinical divisions: Adult Mental Health and Learning Disability Services, Community Health Services, and Families, Young People and Children's Services. One aim of the analysis was to assess whether the distribution of complaints across divisions and protected characteristic subgroups reflects each demographic group's representation in the Trust's overall service user base; or whether certain groups were overrepresented or underrepresented amongst complainants. The analysis also aimed to identify patterns in the types of complaint raised.

A note on the anonymisation of information about service users within this report

This version of the report has been redacted and edited to allow publication on a publically accessible website. The report contains counts of numbers of service users, analysed in several tables, by their protected characteristics (e.g., age group, gender) and a domain of interest relating to their care or treatment (e.g., clinical division). The use of these tables to produce aggregated summaries of service user counts has the effect of anonymising much of the information and protecting the identities of individual service users. However, some analyses contain very small counts of service users in some groups, especially when broken down by certain domains of interest. Such small counts could, potentially, be used to identify individual service users, even after aggregation. Consequently, these small counts might be considered personal information that is protected by the Data Protection Act 1998 and other legislation. Where there is a risk that individuals could be identified from a small count, these counts have been redacted from the contingency tables. Where the redacted count can be deduced from other counts in a contingency table, these other counts have been redacted as well. If a risk that individuals could be identified remains after redaction, or the contingency table is rendered uninformative by the redaction of the counts within it, then the entire table is redacted. In the present report, as a start point for the

¹ This guidance is taken from the technical guidance published by the Equality and Human Rights Commission: Equality Act 2010 Technical Guidance on the Public Sector Equality Duty England (August 2014), page 69

² The Marmot Review (2010) Fair Society, Healthy Lives: strategic review of health inequalities in England post-2010. London: The Marmot Review

³ Commission on Social Determinants of Health (2008) Closing the gap in a generation: Health equity through action on the social determinants of health. Geneva: World Health Organization

anonymisation process, counts below 10 have been redacted to mitigate the risk that individuals might be identifiable. The anonymisation process has followed guidance issued by the Information Commissioner's Office⁴. The anonymisation process has been applied only to information that might contribute to identifying an individual (for instance, their gender or age); the anonymisation process has not been applied to information considered already anonymous (complaint category).

⁴ Information Commissioner's Office: Anonymisation: managing data protection risk code of practice (November 2012)

Summary of findings and recommendations

Below, the main findings of the analyses are summarised. In addition to these main findings, tables of analyses are presented for reference in the Appendix of analyses. These tables are colour coded to convey the findings of the statistical analyses to which the data have been subjected. Each table is hyperlinked to its reference in the summary or elsewhere in this document.

Data quality

- In data used for the present analyses, it is recognised that missing data are an issue amongst complainants for the protected characteristics of disability, ethnicity, gender reassignment, marital status, pregnancy and maternity, religion or belief, and sexual orientation (Table 11). There is also a possibility that those complainants with missing data will be concentrated in certain subgroups. As such, analyses of ethnicity should be regarded as flawed and should be interpreted with caution (analyses of the other protected characteristics highlighted for missing data were not undertaken).
- The Safeguard database, which stores details of complaints, can only store information on the protected characteristics of age, gender, and ethnicity; for these protected characteristics (especially for ethnicity) the missing data appear to be predominantly of the “NULL” or “not recorded” type.
- For the protected characteristics of disability, gender reassignment, marital status, pregnancy and maternity, religion or belief, and sexual orientation, equality monitoring is dependent on the complainant returning a paper equality monitoring form; in the period of interest, just 14.4% of the 597 complainants returned a paper equality monitoring form.
- It is recommended that steps are taken to improve the completeness of equality monitoring data; it may be necessary to revisit and redesign the process for, and means of, collecting and recording equality monitoring data on complainants. At the moment, the equality monitoring of complainants relies largely upon complainants returning a paper equality monitoring form.

Variations in the pattern of complaints across divisions, departments, and complaint types

- Complaints were more likely in Families, Young People and Children’s Services (Table 4).
- Complaints regarding “Nursing Care” were more likely in Community Health Services (Table 5).
- The pattern of complaint type also varied across departments/teams (Table 6):
 - complaints regarding “Appointment Cancellation (Out Patient)” were more likely in the Charnwood Community Mental Health Team;
 - complaints regarding “Medication Errors/Issues” were more likely in Gartree Prison;
 - complaints regarding “Attitude of Staff: Allied Health Professionals” were more likely in the IAPT City service;
 - complaints regarding “Issues: Standard Of Therapy” were more likely in SALT – Children’s (BPP – Bridge Park Plaza);
 - complaints regarding “Difficulty/Delay Contacting” were more likely in the SPA (Single Point of Access) team.

- It is recommended to use the above findings as starting points to investigate how to improve service user experiences in the identified areas, bearing in mind the need for “due regard” in respect of any investigations and resulting initiatives. (Please refer to the Introduction for a summary of “due regard” in relation to the public sector equality duty.)

Variations in the pattern of complaints across divisions, age, ethnicity, and gender

- The age profile of complainants varied within each division when compared to the overall age profile of service users within that division (Table 7):
 - in Adult Mental Health and Learning Disability Services, complaints were less likely from those aged 16 to 29 years old;
 - in Community Health Services, complaints were more likely from those aged 30 to 49 years old and those aged 50 to 74 years old, whilst complaints were less likely from those aged 75 years old and over;
 - in Families, Young People, and Children's Services, complaints were more likely from those aged 0 to 15 years old.
- These variations in the age profile of complainants may reflect differences by age group in the standard of treatment, outcomes, and experience, or differences in levels of engagement with the complaints process. It is recommended to investigate whether standards of treatment, outcomes, experience, and levels of engagement with the complaints process are equitable across age groups, within each division.
- Whilst each ethnic group was proportionately represented amongst complainants within each division (Table 8 and Table 9), ethnicity was unknown for the majority of complainants; the likelihood is that the data presented underestimated the contribution of minority ethnic groups to the cohort of complainants. The present analyses cannot give assurance of equity with respect to complaints across ethnic groups. It is recommended to regard the presented analyses of ethnicity as flawed and to take steps to improve data quality across all protected characteristics.

Future action

In relation to the areas highlighted above, the following actions will be taken by the Equality and Human Rights Team:

- Presentation of the findings from the data analyses to divisions and teams; support to divisions and teams in developing and executing action plans to tackle the identified equality issues and gaps in provision; monitoring of the progress and efficacy of the action plans implemented.
- Collaboration with teams within the divisions to improve completeness and quality in the collection of equality monitoring data from service users, to include efforts to encourage service users to declare equality monitoring information against all of the equality monitoring characteristics.









Appendix of analyses

Key to interpreting the tables of analyses of overrepresentation and underrepresentation

Colour coding within the tables of overrepresentation and underrepresentation

Overrepresentation or underrepresentation in a group of interest is assessed relative to a reference group. The categorised degree of overrepresentation or underrepresentation (small, medium or large) follows conventions applied in the social sciences (Table 1). Only groups where overrepresentation or underrepresentation has been identified as statistically significant are highlighted, otherwise the group is considered proportionally represented.

Table 1: Key to interpreting the colour coding of overrepresentation and underrepresentation in the tables of analysis

	Reference benchmark against which overrepresentation or underrepresentation is evaluated
	A group that is overrepresented to a large degree when compared to its level of representation in the reference benchmark
	A group that is overrepresented to a medium degree when compared to its level of representation in the reference benchmark
	A group that is overrepresented to a small degree when compared to its level of representation in the reference benchmark
	A group that is proportionately represented when compared to its level of representation in the reference benchmark
	A group that is underrepresented to a small degree when compared to its level of representation in the reference benchmark
	A group that is underrepresented to a medium degree when compared to its level of representation in the reference benchmark
	A group that is underrepresented to a large degree when compared to its level of representation in the reference benchmark

Reading the tables of overrepresentation and underrepresentation

In the example given in Table 2 (using mock data), the colour coding in the table indicates that compared to the benchmark (the overall gender profile), in Group A women are underrepresented to a small degree and men are overrepresented to a small degree, whilst in Group B women are overrepresented to a medium degree and men are underrepresented to a medium degree. For instance, women comprise 67.80% of the overall sample (the benchmark), 60.00% of Group A (significantly lower than the benchmark to a small degree) and 95.24% of Group B (significantly higher than the benchmark to a medium degree).

Table 2: Example table involving overrepresentation and underrepresentation

Gender	Benchmark (overall figures or a population estimate)		Factor of interest			
			Group A		Group B	
Female	1158	67.80%	798	60.00%	360	95.24%
Male	550	32.20%	532	40.00%	18	4.76%
Total of known gender	1708	100.00%	1330	100.00%	378	100.00%

In the example given in Table 3 (using mock data), the colour coding in the table indicates that, compared to the benchmark (the overall gender profile), women and men are each proportionally represented, both in Group A and in Group B. For instance, women comprise 5.37% of the overall sample (the benchmark), 5.74% of the Group A (not significantly different from the benchmark) and 3.97% of the Group B (not significantly different from the benchmark).

Table 3: Example table involving proportional representation

Gender	Benchmark (overall figures or a population estimate)		Factor of interest			
			Group A		Group B	
Female	64	5.37%	54	5.74%	10	3.97%
Male	1128	94.63%	886	94.26%	242	96.03%
Total of known gender	1192	100.00%	940	100.00%	252	100.00%

Overview of complaints by division, department, and type of complaint

Division

Overall

Compared to the overall distribution of service users across Leicestershire Partnership NHS Trust's clinical divisions:

- complainants were overrepresented in Families, Young People and Children's Services.

(Table 4)

Table 4: Complainants amongst Leicestershire Partnership NHS Trust's service users compared to the Trust's overall service user base, by division

Division	Service users overall*		Complainants**	
	n	%	n	%
Adult Mental Health and Learning Disabilities	4308	54.98%	290	50.26%
Community Health Services	2635	33.63%	168	29.12%
Families, Young People, and Children	893	11.40%	119	20.62%
Total known	7836	100.00%	577	100.00%
Not known / not related to a division†	7	0.09%	2	0.35%
Grand total	7843	100.00%	579	100.00%

† Two complaints were not related to a division: one of these was related to "Corporate" and the other to "Chief Information Officer."

* 1st April to 31st July 2014

** 1st April 2013 to 5th December 2014

Type of complaint by division

Compared to the overall distribution of complainants by complaint type, across Leicestershire Partnership NHS Trust's clinical divisions:

- there was an overrepresentation of complaints regarding "Nursing Care" in Community Health Services.

(Table 5)

Table 5: Complainants amongst Leicestershire Partnership NHS Trust's service users, analysed by division and complaint type

Complaint Category	Overall*		Adult Mental Health and Learning Disabilities		Community Health Services		Families, Young People, and Children	
	n	%	n	%	n	%	n	%
Admission Arrangements	3	0.52%	3	1.03%	0	0.00%	0	0.00%
Aids & Appliances	4	0.69%	1	0.34%	2	1.19%	1	0.84%
Appointment: Cancellation(OP)	24	4.16%	15	5.17%	4	2.38%	5	4.20%
Appointment: Delay (IP)	2	0.35%	2	0.69%	0	0.00%	0	0.00%
Appointment: Delay (OP)	35	6.07%	14	4.83%	13	7.74%	8	6.72%
Appointment: Time (OP)	3	0.52%	2	0.69%	0	0.00%	1	0.84%
Attitude Staff: Admin	2	0.35%	1	0.34%	0	0.00%	1	0.84%
Attitude Staff: Allied Health Prof	15	2.60%	5	1.72%	7	4.17%	3	2.52%
Attitude Staff: Medical	37	6.41%	27	9.31%	4	2.38%	6	5.04%
Attitude Staff: Nursing	52	9.01%	23	7.93%	16	9.52%	13	10.92%
Bed Moves / Transfers	1	0.17%	1	0.34%	0	0.00%	0	0.00%
Clinical Advice/Treatment	66	11.44%	35	12.07%	14	8.33%	17	14.29%
Communication/Info To Carers	23	3.99%	6	2.07%	8	4.76%	9	7.56%
Communication/Info to Patients	29	5.03%	16	5.52%	10	5.95%	3	2.52%
Complaints Handling	1	0.17%	1	0.34%	0	0.00%	0	0.00%
Condition - Waiting Room	1	0.17%	1	0.34%	0	0.00%	0	0.00%
Confidentiality	6	1.04%	5	1.72%	0	0.00%	1	0.84%
Consent to Treatment	2	0.35%	0	0.00%	0	0.00%	2	1.68%
Diagnosis Problems	9	1.56%	3	1.03%	1	0.60%	5	4.20%
Difficulty Obtaining Results	1	0.17%	1	0.34%	0	0.00%	0	0.00%
Difficulty/Delay In Being Accepted	31	5.37%	15	5.17%	6	3.57%	10	8.40%
Difficulty/Delay Contacting	14	2.43%	5	1.72%	7	4.17%	2	1.68%
Discharge Arrangements	27	4.68%	11	3.79%	10	5.95%	6	5.04%
Equipment	1	0.17%	0	0.00%	1	0.60%	0	0.00%
Failure to Follow Procedures	5	0.87%	2	0.69%	3	1.79%	0	0.00%
Failure/Difficulty With Tests/	2	0.35%	0	0.00%	1	0.60%	1	0.84%
Inadequate/Incomplete Assessment	14	2.43%	8	2.76%	2	1.19%	4	3.36%
Incorrect Information in notes	11	1.91%	6	2.07%	4	2.38%	1	0.84%
Information	2	0.35%	2	0.69%	0	0.00%	0	0.00%
Issues: Standard Of Therapy	8	1.39%	3	1.03%	1	0.60%	4	3.36%
Issues: Management of Service	2	0.35%	1	0.34%	0	0.00%	1	0.84%
Loss of Personal Property	3	0.52%	3	1.03%	0	0.00%	0	0.00%
Medication Error/Issues	33	5.72%	21	7.24%	9	5.36%	3	2.52%
Nursing Care	47	8.15%	13	4.48%	30	17.86%	4	3.36%
Other Environmental Issues	2	0.35%	2	0.69%	0	0.00%	0	0.00%
Patient Expectations And Service	27	4.68%	17	5.86%	7	4.17%	3	2.52%
Patient Safety	17	2.95%	8	2.76%	6	3.57%	3	2.52%
Patient's Privacy & Dignity	8	1.39%	7	2.41%	0	0.00%	1	0.84%
Policy & Commercial Decisions	2	0.35%	2	0.69%	0	0.00%	0	0.00%
Transfer Arrangements	5	0.87%	2	0.69%	2	1.19%	1	0.84%
Total	577	100.00%	290	100.00%	168	100.00%	119	100.00%

* 1st April 2013 to 5th December 2014

Type of complaint by department

The distribution of complaint types was analysed across departments with at least one complaint: Ashby Ward; Aston Ward; Beaumont Ward; Belvoir Ward (PICU); Bosworth Ward; Charnwood CMHT; City West CMHT; Clarendon Ward; District Nursing (CHC); Francis Dixon Lodge; Gartree Prison; Griffin Ward; Heather Ward; Home Treatment; IAPT City; Langley Ward; SALT - Childrens (BPP – Bridge Park Plaza); South Leicestershire CMHT; SPA; SPA And Assessment; Valentine Centre; Watermead Ward; Welford Ward; West Leics CMHT; Westcotes House.

Compared to the overall distribution of complainants by complaint type, across Leicestershire Partnership NHS Trust's clinical departments (all departments with at least one complaint were considered, but only those with overrepresentations relating to clusters of three or more complaints are presented):

- there was an overrepresentation of complaints regarding "Appointment Cancellation (Out Patient)" for the Charnwood Community Mental Health Team;
- there was an overrepresentation of complaints regarding "Medication Errors/Issues" for Gartree Prison;
- there was an overrepresentation of complaints regarding "Attitude of Staff: Allied Health Professionals" for the IAPT City service;
- there was an overrepresentation of complaints regarding "Issues: Standard Of Therapy" for SALT – Children's (BPP – Bridge Park Plaza);
- there was an overrepresentation of complaints regarding "Difficulty/Delay Contacting" for the SPA (Single Point of Access) team.

(Table 6)

Table 6: Complainants amongst Leicestershire Partnership NHS Trust's service users, analysed by department and complaint type

Complaint Sub-category	Overall*		Charnwood CMHT		Gartree Prison		IAPT City		SALT - Childrens (BPP)		SPA	
	n	%	n	%	n	%	n	%	n	%	n	%
Admission Arrangements	3	0.52%	0	0.00%	0	0.00%			0	0.00%		
Aids & Appliances	4	0.69%	0	0.00%	1	7.69%			0	0.00%		
Appointment: Cancellation(OP)	24	4.16%	5	29.41%	0	0.00%			0	0.00%		
Appointment: Delay (IP)	2	0.35%	0	0.00%	1	7.69%			0	0.00%		
Appointment: Delay (OP)	35	6.07%	3	17.65%	1	7.69%			0	0.00%		
Appointment: Time (OP)	3	0.52%	0	0.00%	0	0.00%			0	0.00%		
Attitude Staff: Admin	2	0.35%	0	0.00%	0	0.00%			1	6.25%		
Attitude Staff: Allied Health Prof	15	2.60%	0	0.00%	0	0.00%			1	6.25%		
Attitude Staff - Medical	37	6.41%	2	11.76%	0	0.00%			0	0.00%		
Attitude Staff - Nursing	52	9.01%	0	0.00%	0	0.00%			0	0.00%		
Bed Moves / Transfers	1	0.17%	0	0.00%	0	0.00%			0	0.00%		
Clinical Advice/Treatment	66	11.44%	0	0.00%	2	15.38%			3	18.75%		
Communication/Info to Carers	23	3.99%	0	0.00%	0	0.00%			2	12.50%		
Communication/Info to Patients	29	5.03%	2	11.76%	0	0.00%			0	0.00%		
Complaints Handling	1	0.17%	0	0.00%	1	7.69%			0	0.00%		
Condition - Waiting Room	1	0.17%	0	0.00%	0	0.00%			0	0.00%		
Confidentiality	6	1.04%	0	0.00%	0	0.00%	REDACTED		0	0.00%	REDACTED	
Consent to Treatment	2	0.35%	0	0.00%	0	0.00%			0	0.00%		
Diagnosis Problems	9	1.56%	0	0.00%	0	0.00%			0	0.00%		
Difficulty Obtaining Test Results	1	0.17%	0	0.00%	1	7.69%			0	0.00%		
Difficulty/Delay Acceptance	31	5.37%	0	0.00%	0	0.00%			1	6.25%		
Difficulty/Delay Contacting	14	2.43%	0	0.00%	0	0.00%			0	0.00%		
Discharge Arrangements	27	4.68%	0	0.00%	0	0.00%			0	0.00%		
Equipment	1	0.17%	0	0.00%	0	0.00%			0	0.00%		
Failure to Follow Procedures	5	0.87%	0	0.00%	0	0.00%			0	0.00%		
Failure/Difficulty With Tests	2	0.35%	0	0.00%	0	0.00%			0	0.00%		
Inadequate/Incomplete Asses	14	2.43%	0	0.00%	0	0.00%			3	18.75%		
Incorrect Information in Notes	11	1.91%	0	0.00%	1	7.69%			0	0.00%		
Information	2	0.35%	1	5.88%	0	0.00%			0	0.00%		
Issues: Standard Of Therapy	8	1.39%	0	0.00%	0	0.00%			4	25.00%		
Issues: Management of Service	2	0.35%	0	0.00%	0	0.00%			0	0.00%		
Loss of Personal Property	3	0.52%	0	0.00%	0	0.00%			0	0.00%		
Medication Error/Issues	33	5.72%	2	11.76%	5	38.46%			0	0.00%		
Nursing Care	47	8.15%	0	0.00%	0	0.00%			0	0.00%		
Other Environmental Issues	2	0.35%	0	0.00%	0	0.00%			0	0.00%		
Patient Expectations and Service	27	4.68%	1	5.88%	0	0.00%			1	6.25%		
Patient Safety	17	2.95%	1	5.88%	0	0.00%			0	0.00%		
Patient's Privacy & Dignity	8	1.39%	0	0.00%	0	0.00%			0	0.00%		
Policy & Commercial Decisions	2	0.35%	0	0.00%	0	0.00%			0	0.00%		
Transfer Arrangements	5	0.87%	0	0.00%	0	0.00%			0	0.00%		
Total	577	100.00%	17	100.00%	13	100.00%			16	100.00%		

* 1st April 2013 to 5th December 2014

Age Band

Compared to the overall age profile of service users of the relevant age ranges within each division:

- in Adult Mental Health and Learning Disability Services
 - those aged 16 to 29 years old were underrepresented amongst complainants;
- in Community Health Services
 - those aged 30 to 49 years old and those aged 50 to 74 years old were overrepresented amongst complainants, whilst those aged 75 years old and over were underrepresented amongst complainants;
- in Families, Young People and Children's Services
 - those aged 0 to 15 years old were overrepresented amongst complainants.

(Table 7)

Table 7: The age profile of complainants compared to the overall age profile of service users within each division

Age Band (years)	Adult Mental Health and Learning Disability Services				Community Health Services				Families, Young People, and Children's Services			
	Service users overall*		Complaints**		Service users overall*		Complaints**		Service users overall*		Complaints**	
	n	%	n	%	n	%	n	%	n	%	n	%
0 to 15	REDACTED		0	-	REDACTED		REDACTED		312	34.94%	56	52.83%
16 to 29	1312	30.52%	49	18.63%	REDACTED		REDACTED		337	37.74%	26	24.53%
30 to 49	1857	43.20%	134	50.95%	30	1.14%	15	10.49%	186	20.83%	REDACTED	
50 to 74	1064	24.75%	REDACTED		716	27.19%	53	37.06%	58	6.49%	REDACTED	
75 and over	66	1.54%	REDACTED		1887	71.67%	75	52.45%	0	-	0 -	
Total known	4299	100.00%	263	100.00%	2633	100.00%	143	100.00%	893	100.00%	106	100.00%
Not known	2	0.05%	27	9.31%	0	0.00%	22	13.33%	0	0.00%	13	10.92%
Grand total	4301	100.00%	290	100.00%	2633	100.00%	165	100.00%	893	100.00%	119	100.00%

* 1st April to 31st July 2014

** 1st April 2013 to 5th December 2014

Ethnicity

Compared to the overall ethnicity profile of service users within each division:

- for each division
 - each ethnic group was proportionately represented amongst complainants, both in terms of a detailed look at ethnicity and in terms of a simplistic look at ethnicity;
 - however, ethnicity was unknown for the vast majority of complainants, with the likelihood that the data present underestimated the contribution of minority ethnic groups to the cohort of complainants; the analyses of ethnicity should be regarded as flawed.

(Table 8 and Table 9)

Table 8: The ethnicity profile of complainants compared to the overall ethnicity profile of service users within each division (detailed version)

Ethnicity (detailed)	Adult Mental Health and Learning Disability Services				Community Health Services				Families, Young People, and Children's Services			
	Service users overall*		Complaints**		Service users overall*		Complaints**		Service users overall*		Complaints**	
	n	%	n	%	n	%	n	%	n	%	n	%
White British	2613	78.87%	64	82.05%	1732	89.42%			513	78.80%		
Other White	89	2.69%			57	2.94%			21	3.23%		
Asian or Asian British	375	11.32%			120	6.20%			67	10.29%		
Black or Black British	92	2.78%	REDACTED		14	0.72%	REDACTED		REDACTED		REDACTED	
Mixed	121	3.65%							22	3.38%		
Other	23	0.69%			REDACTED				REDACTED			
Total known	3313	100.00%	78	100.00%	1937	100.00%	27	100.00%	651	100.00%	16	100.00%
Not known	995	23.10%	212	73.10%	698	26.49%	141	83.93%	242	27.10%	103	86.55%
Grand total	4308	100.00%	290	100.00%	2635	100.00%	168	100.00%	893	100.00%	119	100.00%

* 1st April to 31st July 2014

** 1st April 2013 to 5th December 2014

Table 9: The ethnicity profile of complainants compared to the overall ethnicity profile of service users within each division (simplistic version)

Ethnicity (simplistic)	Adult Mental Health and Learning Disability Services				Community Health Services				Families, Young People, and Children's Services			
	Service users overall*		Complaints**		Service users overall*		Complaints**		Service users overall*		Complaints**	
	n	%	n	%	n	%	n	%	n	%	n	%
White British	2613	78.87%	64	82.05%	1732	89.42%	REDACTED		513	78.80%	REDACTED	
BME	700	21.13%	14	17.95%	205	10.58%	REDACTED		138	21.20%	REDACTED	
Total known	3313	100.00%	78	100.00%	1937	100.00%	27	100.00%	651	100.00%	16	100.00%
Not known	995	23.10%	212	73.10%	698	26.49%	141	83.93%	242	27.10%	103	86.55%
Grand total	4308	100.00%	290	100.00%	2635	100.00%	168	100.00%	893	100.00%	119	100.00%

* 1st April to 31st July 2014

** 1st April 2013 to 5th December 2014

Gender

Compared to the overall gender profile of service users within each division:

- for each division
 - men and women were each proportionately represented amongst complainants.

(Table 10)

Table 10: The gender profile of complainants compared to the overall ethnicity profile of service users within each division

Gender	Adult Mental Health and Learning Disability Services				Community Health Services				Families, Young People, and Children's Services			
	Service users overall*		Complaints**		Service users overall*		Complaints**		Service users overall*		Complaints**	
	n	%	n	%	n	%	n	%	n	%	n	%
Female	2249	52.22%	148	54.81%	1592	60.44%	88	57.52%	466	52.18%	60	54.05%
Male	2058	47.78%	122	45.19%	1042	39.56%	65	42.48%	427	47.82%	51	45.95%
Total known	4307	100.00%	270	100.00%	2634	100.00%	153	100.00%	893	100.00%	111	100.00%
Not known	1	0.02%	20	6.90%	1	0.04%	15	8.93%	1	0.11%	8	6.72%
Grand total	4308	100.00%	290	100.00%	2635	100.00%	168	100.00%	894	100.00%	119	100.00%

* 1st April to 31st July 2014

** 1st April 2013 to 5th December 2014

Appendices of methodology and data quality

Data quality

The Safeguard database, which holds information on complaints for the Trust, only holds protected characteristic information on age, gender, and ethnicity. Consequently, a parallel system for collecting equality monitoring data was put in place; this system involves sending out paper equality monitoring forms to complainants and recording the data on returned forms in a spreadsheet. For the 597 complaints recorded between 1st April 2013 and 5th December 2014, 86 equality monitoring forms were returned (14.41% of all complainants in the period).

Data on age and gender were almost complete (89.29% and 92.75% complete, respectively), whilst data on ethnicity was far from complete (21.07% complete), with the missing values being predominantly of the NULL type (where the complainant does not return the equality monitoring form, they are not asked for the information, or the information is not recorded, rather than where the complainant chooses to withhold the information). Despite being largely incomplete, the protected characteristic of ethnicity has been included in the present analyses due to its strong association with health inequalities alongside age and gender^{5,6}. However, it should be noted that the present data are likely to be unreliable with respect to ethnicity (ethnicity is unknown for 78.93% of complainants), and that the contributions of minority ethnic groups to complainants amongst Leicestershire Partnership NHS Trust's service user base is likely to be underestimated.

Safeguard is unable to record information on the protected characteristics of disability, gender reassignment, marital status, pregnancy and maternity, religion or belief, and sexual orientation. The collection and recording of this equality monitoring data is reliant upon the complainant returning a paper equality monitoring form; given that the return rate was very low (14.41%), data on these protected characteristics are largely incomplete. Please refer to Table 11. Due to the incompleteness of the data, analyses of disability, gender reassignment, marital status, pregnancy and maternity, religion or belief, and sexual orientation have not been undertaken.

⁵ The Marmot Review (2010) Fair Society, Healthy Lives: strategic review of health inequalities in England post-2010. London: The Marmot Review

⁶ Commission on Social Determinants of Health (2008) Closing the gap in a generation: Health equity through action on the social determinants of health. Geneva: World Health Organization

Table 11: Data quality for the equality monitoring of complaints: 1st April 2013 to 5th December 2014

Data quality		Age		Disability		Gender	
		n	%	n	%	n	%
Valid Data		517	89.29%	78	13.47%	537	92.75%
Missing	Not disclosed/Not stated	0	0.00%	8	1.38%	1	0.17%
Data	NULL or not in Safeguard/form not returned	62	10.71%	493	85.15%	41	7.08%
Grand total		579	100.00%	579	100.00%	579	100.00%

Data quality		Gender Reassignment		Ethnicity		Marital Status	
		n	%	n	%	n	%
Valid Data		79	13.64%	122	21.07%	84	14.51%
Missing	Not disclosed/Not stated	7	1.21%	7	1.21%	2	0.35%
Data	NULL or not in Safeguard/form not returned	493	85.15%	450	77.72%	493	85.15%
Grand total		579	100.00%	579	100.00%	579	100.00%

Data quality		Pregnancy and Maternity		Religion or Belief		Sexual Orientation	
		n	%	n	%	n	%
Valid Data		0	0.00%	80	13.82%	82	14.16%
Missing	Not disclosed/Not stated	86	14.85%	6	1.04%	4	0.69%
Data	NULL or not in Safeguard/form not returned	493	85.15%	493	85.15%	493	85.15%
Grand total		579	100.00%	579	100.00%	579	100.00%

Methodology

The datasets

Data on complaints were taken from Safeguard for the period 1st April 2013 to 5th December 2014 and combined with data from the paper equality monitoring forms returned by complainants for the same period (linked to records in Safeguard by a unique case number). Data covering the period 1st April 2014 to 31st July 2014 were obtained from the MARACIS and RiO databases to cover overall service use within the Adult Mental Health and Learning Disabilities, Community Health Services, and Families, Young People and Children's Services divisions, for the benchmarking reference groups.

Analytical techniques

Broadly, overrepresentation or underrepresentation in a group of interest is assessed relative to a reference group using a Chi-Squared Test or Fisher's Exact Test. Where a statistically significant difference is indicated ($\alpha = .05$), this is followed by a *post-hoc* analysis of standardised residuals with the Bonferroni correction applied. The categorised degree of overrepresentation or underrepresentation (small, medium or large, Table 1) follows conventions applied in the social sciences, and is based on the size of the standardised residual. Examples of how these analyses are presented are given in Table 2 and Table 3, using mock data.