

Meeting the general equality duty

Title: engagement and involvement

Which of the three aims is this information relevant to?

Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

Advance equality of opportunity between people who share a protected characteristic and those who do not.

Foster good relations between people who share a protected characteristic and those who do not.

How does this information help us to show we are paying due regard to advancing equality?

Following learning from last year's publication of data and the equality delivery system we have implemented equality monitoring into involvement events. Some examples of the type of information we have collected are demonstrated below.

"Better Healthcare in Buckinghamshire" - Public engagement and formal consultation. From September 2011 to April 2012 we worked closely with the local Primary Care Trust who led firstly a significant programme of local engagement and secondly a formal public consultation. The following evidence includes the equality impact assessment and shows how we have considered the impact of the changes on groups across the community which includes those who share a protected characteristic. Other reports help to evidence the engagement with groups across the community.

Any other comments / actions

Other engagement examples are included to demonstrate the work that we do. Implementation of the EDS last year also included engagement in and involvement of patients and staff. Involvement activities for the Trust membership and the patient experience group, specific service user groups, governor recruitment and service redesign etc are all examples.

Engagement and Involvement

Implementing equality monitoring into involvement and engagement activities.

As a result of learning from the publication of PSED data last year and delivery of the Equality Delivery System, we have implemented equality monitoring into involvement activities. Some examples of what we have done and the information that has been collected is below.

- A member event ran in July last year to celebrate the success of our stroke services attracted more than 70 people. [Click here for a copy of the evaluation and equality monitoring form information collected.](#)
- An involvement event to seek the views of dermatology service users was held in October. [Click here for the equality monitoring analysis.](#)

This is a positive step to improve the range of equality monitoring and is already showing benefits in improving our understanding about access to events from those who share a protected characteristic. Over time this will help us identify actions that can be taken to improve attendance / access for any group that is not being represented.

Membership form – Equality monitoring

The membership form is attached to demonstrate the equality monitoring that we include on our membership forms.

“Better Healthcare in Buckinghamshire” - Public engagement and formal consultation

From September 2011 to April 2012 we worked closely with the local Primary Care Trust who led firstly a significant programme of local engagement and secondly a formal public consultation where we endeavoured to reach a wide range of groups and engage the local service users in shaping our proposals. [Click here for more information.](#)

[For more information about the consultation please click here.](#)

Importantly, as part of this programme and in line with requirements an impact assessment was undertaken which contains an equality impact assessment and this is demonstrated as part of our commitment to making sure that not only our engagement but also our decision making processes takes into account the [impact on equality and diversity](#).

Engagement also took place with a range of staff in a range of different ways and this is also detailed across these reports.

Implementation of the changes proposed and agreed took place in Autumn of 2012.

Annual Review of involvement and patient engagement activities.

The following demonstrates a summary report for an annual review specific to the work involving patients, members carers etc This was submitted as part of a much larger annual report to our Healthcare Governance Committee which was submitted in April 2012, covering the previous year. This is repeated annually but also includes some further detail to support the activities listed above and contains a section on equality and diversity with information relating to our Equality delivery process.

Membership

Currently, the total membership is more than 12,000. We have utilised the public engagement and consultation events as an opportunity to publicise membership and circulate forms. This will also have helped to keep people aware.

Involvement

A significant engagement and consultation exercise was undertaken from September 2011 – April 2012 which involved a range of different activities.

September 2011 – Better Healthcare in Buckinghamshire (BHIB) Engagement Sessions

During this month five public meetings were held around the county which were part of a joint project but led by NHS Buckinghamshire to look at developing health services that better meet the needs of local people now and in the future. Over 200 people attended.

The aim of BHIB is to create services which are:

- high quality with excellent outcomes for patients
- can be sustained, despite future challenges
- are accessible, with care close to home for most people
- offer a good patient experience

The objective of involving members of the public and services users was to seek their views on some key principles of change to inform the development of proposals that would deliver sustainable change. These were successful events and the feedback was useful in helping to shape the current proposals which are currently out for public consultation. A summary and feedback event was held in October to feedback to the public what we'd heard.

In addition, a survey was developed for people to share their comments and views which received a good level of response with over 370 returned from the public and 590 staff responding to the staff survey. This information fed into the the full consultation that commenced in January 2012. A full report of this stage has been written please see link above.

January 2012

A transport summit was held as a result of some of the feedback received from the above. This summit aimed to bring partners together to look at feasible options to support patients with improved access to transport to and from hospital and healthcare appointments. This was a productive workshop with new initiatives being developed as a result. One of which involves working in partnership offering a more

centralised contact point for those seeking help with voluntary transport, making it easier for patients to know where to find that support and how to get the right transport. (This has now been put into place and is fully operational)

January 2012 - Better Healthcare in Buckinghamshire (BHIB)

Public consultation

A formal public consultation was launched on the 16th January and closed on the 16th April. NHS Buckinghamshire and Buckinghamshire Healthcare NHS Trust worked jointly to launch proposals which were developed by clinicians, resulting from clinical summits and multiple discussions and meetings with a wide variety of clinical professionals involved in the services.

With seven public meetings, a survey and a range of open and drop in sessions there were a range of ways for people to feedback their comments. For both this stage and the first, there were a lot of presentations made to a wide variety of groups and councils. Websites and social media routes were also used. Attendance was good at the public events with more than 200 people attending one of the Wycombe events.

Other ways we have involved patients over the past year.

We have also involved patients and members in a variety of our projects, groups and committees recently and currently. This helps to ensure the perspective of our patients and their experience are held central to what we do. Some key examples are:-

- Patient Environmental Assessment Teams – Peat Assessment earlier this year.
- Equality and Diversity grading panel
- The development of early supported discharge for stroke services
- A regional stroke learning event to celebrate the “Stroke Portfolio” the result of a joint project with other key stakeholders. The portfolio has been highlighted for this event as good practice.
- Monitored dose project
- Transport summit
- Staff and volunteer awards- following a successful nomination one individual who joined as a member and has become very involved is also a member of our Patient Experience Group was successfully nominated for the staff and volunteer awards and came runner up.
- There is ongoing patient representation on our research governance and our infection control committee meetings.
- Workshop with the PCT and ourselves to respond to themes arising from the feedback from the consultation around patient information to help raise awareness and signpost people to the right services on the right site when whatever changes are made.

Patient Experience Group (PEG)

One of the vital roles our PEG members undertake is in making sure all new patient information leaflets are patient friendly and appropriate. Over the past year the PEG members assessed 79 different leaflets. This contribution is really helping to drive up the standards of our patient information.

Other positive news to report are some new initiatives and improvements for 2012:-

- The Chief Nurse as Chair, has agreed that the minutes of the PEG are now received by the Nursing, Midwifery and Therapies Advisory Board.
- We have introduced a “Meet The Director” slot onto the agenda so that the PEG members can meet all the directors in the Trust and further their understanding about the individual’s role.

Amongst others, views from the group this year have influenced changes to improve:

- Awareness for ladies on the maternity ward that extra snacks are available for breast feeding mums, to help meet increased calorie needs .
- Half day study days have been introduced to train staff on how to care for people with disabilities.
- Improve awareness for male patients about the support available from the Chiltern prostate cancer group
- Care of those with dementia – this was raised as a concern by the PEG at the same time national and local drivers resulted in developments which have led to the implementation of the Butterfly Project which has been presented back to the PEG and very well received.
- The call system in the podiatry service and bookings system
- Automated letters being sent out – to help reduce costs.
- Numbers of disabled parking spaces.
- Door adjustments to make it easier for wheelchair users to access one of our restaurants at Stoke.
- Signage outside the Aylesbury birth centre
- Getting pay costs to match on parking screens where a few small problems had arisen.

Equality and Diversity.

Important progression with meeting our statutory duties and our Equality and Diversity agenda is listed below

- We have achieved a timely publication of the information required to demonstrate our compliance with the Public Sector Equality Duty
- This is divided into two parts, one to meet the requirements of the general duty and demonstrate compliance as part of the Equality Act (2010). The first publication took place by 31st January 2012 and the duty now requires annual review and publication.
- The other is to meet the specific duties which involves publishing our equality objectives by April 6th
- To support the delivery of the above we have implemented the Equality Delivery System which is a national outcomes focused framework. It consists of 4 goals and 18 outcomes and requires evidence against each of these. Grades are based on the level of evidence provided. The EDS is underpinned by engagement with those who share a protected characteristic and this engagement was vital to informing our equality objectives as well as helping us to identify priority areas.
- The EDS requires organisations to ask interested parties i.e those with a protected characteristic of both staff and service user groups as well as groups such as the LINK etc to decide the appropriate grade based on evidence and experience. A public patient panel was set up to grade us on the patient goals and staff have fed back anonymously via an E&D staff survey and also through the BME network, staff side and other routes.

- The [equality objectives are published on our new E&D web pages](#). There are two for staff and two for patients and our EDS Grades are all amber or greens. Results are reported to Trust Board.

This process has required a significant amount of evidence collection, data analysis and information gathering. It has been time consuming and resource rich however, it has delivered something meaningful and valuable for our understanding. It has not been tokenistic and has been undertaken with a real commitment to try to effect real improvements for patients and staff in the areas highlighted by these groups as priorities. [See EDS grading results by clicking here](#).

N.B The EDS process is to be repeated for April 2013 so further updated results and progress will be reported on our web pages.