

Meeting the general equality duty

Title: patient experience

Which of the three aims is this information relevant to?

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

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

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

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

We have systems in place (and are continuing to develop them to gather information on patient experience help us to identify where we are getting things right and where we need to improve. By improving our equality monitoring in these areas we can be better placed to understand the patient experience of those who share a protected characteristic compared to those who don't. We can then identify any disadvantages suffered by people who have a protected characteristic and take appropriate steps to meet their needs. Gaining a further understanding of our patients' experience enables us to improve the quality of care and deliver services that meet the needs of all our patients and which are personal, fair and diverse.

*** Equality objective achieved re improving the patient experience for accessing PALS and Complaints for those with a hearing loss ***

Any other comments / actions

Whilst we are working towards improvements, there are some limitations, some electronic and computer systems, are limited in what they can collect. Equally, there is work to do to help staff feel more comfortable about asking equality monitoring questions and education for our patients as to why this information is so important.

Patient Experience

The Patient Advice and Liaison Service (PALS) is a 'one-stop-shop' for patients, carers and relatives seeking advice and support on all aspects of healthcare. PALS deals with concerns and helps to signpost patients, carers and visitors. PALS aims to deal with concerns promptly and efficiently wherever possible preventing matters escalating into formal complaints.

When people wish to make formal complaints they can come direct to our Trust, or if they prefer they can access advocacy services through ICAS, the independent complaints advisory service. Both services provide special easy read formats and will assist people with a physical disability if writing a complaint is difficult.

ICAS can provide specialist support for those with disabilities such as a learning disability and a range of other needs.

We provide access to interpretation and translation services if required and audio tapes are made of meetings etc.

Equalities monitoring information has been recently re established for complaints but the data is not sufficient to demonstrate meaningful information yet. We aim to update this section when we have a reasonable quantity of data to demonstrate the results of equality monitoring.

PALS

The PALS service works on the principle that people can access their service immediately there is a concern and so at times of anxiety or distress it can sometimes be inappropriate to ask for information that the patient or service user may not see as relevant. It also works on the principle that people can contact anonymously which also make robust equality monitoring more difficult. There are some system limitations which have led to the following being implemented for this coming year.

On an annual basis the PALS service will undertake a retrospective survey of those who have contacted the PALS service and provided contact details. The audit will be no less than 200 as a sample group. The survey will be the equality monitoring questions, however, to aid responses we plan to include some service satisfaction questions therefore making the survey and use of resource even more beneficial and productive. This will be undertaken in the autumn of each year and will commence in 2013. This is a positive step to put in place something not previously achieved.

Complaints

For complaints equality monitoring, a system has been implemented but not long enough for the data to be meaningful. As stated above, the data will be published once a reasonable amount can enable some robust interpretation. The information is now including all equality groups.

However, the system via which the complaints are recorded does allow some minimal data on protected characteristics to be extracted and this is as follows

Complaints

During the Calendar year 1 January 2012 to 31 December 2012 the Trust received a total of 752 Complaints. These are the formal written complaints and does not include PALS contacts

Complaints by gender

Of the 752 complaints 432 were made by females and 261 by males

59 were not known / i.e. this was either not recorded or the individual didn't wish to make known or a major contributing factor is explained below.

It should be noted that approximately half the complaints received are made by persons other than the patient, therefore certain protected characteristics were not necessarily ascertained.

Age Group

Again it's important to note that complaints are not always made by the patient therefore the following information relates to the subject of the complaint and could be either patient or someone complaining on their behalf.

In some cases the age is not ascertained, when third party complainants are involved they do not always wish to disclose their age. The disparity in numbers received against those logged is largely explained by this.

Age Group	Numbers of complainants
Under 16	45
16-24	25
25-39	88
40-54	98
55-69	163
70-84	175
85 or over	60
Total	654

We aim to be able to improve the level and detail of equality monitoring for complaints and PALS this report next year following the implementation of the processes already put into place.

Equality Objective Achieved relating to PALS and Complaints and improving Patient Experience.

In March 2012 as part of our patient and service user assessment of our [equality delivery system grades](#), a patient panel, representative of most of the protected characteristics also helped us to identify patient centred priorities for us.

The problem identified

One of the priorities identified was put forward by those with a disability caused by hearing loss and deafness. It was highlighted that patients, relatives, carers who suffer with a hearing loss and rely heavily on sign language could not access out complaints and PALS service easily.

Despite our website information, email contact and leaflet information it transpired that many people who suffer with deafness or a severe hearing loss from a young age have British Sign Language as their first language. Understanding the literature is not always easy as it's different and so many may not clearly understand the process.

Secondly, if people with a hearing loss contacted our department by email or in writing they told us they had experienced people trying to phone them back which was not helpful and frustrating. Many said it had become complex and difficult and there was nothing on the website to indicate that the special needs of those who were deaf or had a hearing loss would be taken into account, therefore many told us they did not feel they would complain as it would be too difficult to work through the process.

The solution

We asked what might be a solution and we were told that a short video in British Sign Language explaining how to raise a concern, feedback an accolade or make a complaint on our website would really help.

Importantly, it would clarify understanding, send out a clear message that the needs of those with a hearing loss are taken into account and finally, it would describe how to make contact in a way that would ensure we did not try to respond at any time by the phone.

Our action

Involving those who had raised this issue, we asked for their help in developing a short video for our website. We developed this in house and with their help shaped the format and content making sure it addressed the needs they had raised.

Outcome

The video was published on our website in December and has been highlighted to all members of a local hearing support group.

[Please click here to view the outcome.](#)

Has it made a difference?

We are currently collecting information from those who access it regarding satisfaction and use having promoted it to local members of a hearing group.

Patient Experience Trackers (PET)

The patient trackers were piloted in the Trust in Oct/November 2012 with a full roll out across the organisation in Dec/Jan. Our aim is to capture real time patient experience across the organisation with the primary questionnaire focusing on areas that the organisation felt that they needed to improve upon or to monitor effectiveness.

The Department of Health Chief Nurse has implemented the 6 C's across the UK and 2 of these measures are about care and compassion, so a good example is that we have developed a question based on this to add into the tracker to establish how well we are delivering against these.

Patients concerns that were raised in the National Outpatient and Inpatient survey were around information provided to patients on discharge, respect and dignity, hand hygiene, cleanliness and food, and all of these have been captured in the questionnaire. The Tracker has the potential to become a tool for the Matron's and Ward Managers to capture Audits centrally and to prevent duplication of process, this is something that the Trust are hoping to implement later this year.

Capturing patient experience is a powerful tool as it aids the wards/departments and the organisation as a whole to develop, implement change and to celebrate success. It also provides information from Board to Ward that is tangible and transparent.

Whilst equality monitoring is included in the tracker and we can extract information it is only at a basic level and this is being revisited currently. The Equality Monitoring is something that the organisation is currently developing with the company to ensure that it meets the Trusts exacting standards. The pilot questionnaire obtained basic headline equality monitoring information but doesn't yet provide the full range of what is required.

National inpatient Surveys

This is a national inpatient survey which is carried out across all NHS Trusts in the Country that provide in patient services. It is carried out to improve the quality of services that the NHS delivers, it is important to understand what patients think about their care and treatment. One way of doing this is by asking patients who have recently used their local health services to tell us about their experiences.

Our latest [inpatient survey can be viewed via this link](#). Part of the results is to publish the equality monitoring information of the respondents where they have provided this.

Internal clinical effectiveness and audit

Furthermore, improvements have been progressed with our internal clinical effectiveness and audit team who have adopted equality monitoring across the surveys they undertake. This has only recently been achieved and next year we'll be able to provide a more comprehensive report on this. However, this is another area that we have progressed equality monitoring and it also helps to raise awareness and familiarise people with it.

Our team carry out quite a number of these each year so we hope to see some positive progress with the forthcoming data analysis.

What is coming next?

Friends and Family Test

This is a national initiative that we are required to implement. It is a simple, comparable test which, when combined with follow up questions, provides a mechanism to identify poor performance and encourage staff to make improvements where services do not live up to the expectations of our patients.

It will mean that staff from 'boards to wards' will be informed and empowered to tackle areas of weak performance and celebrate and build on what's working well, using the results from this test and other sources of intelligence.

Patients will be able to use the information to make decisions about their care and Trusts can utilise the responses to drive cultural change and continuous improvements in the quality of care received by the NHS patients.

What is the Standard Friends and Family Test Question?

Question: 'How likely are you to recommend our ward/A&E Department to friends and family if they need similar care or treatment?'

What is the response scale?

- 1) Extremely Likely, 2) Likely, 3) Neither Likely nor unlikely, 4) Unlikely, 5) Extremely Unlikely and 6) Don't know.

Follow Up Questions

It has been agreed with the PCT that we will ask a follow up free text question of, 'please can you tell us the main reason for the score that you have given?'

When?

Buckinghamshire Healthcare NHS Trust are expected to fully implement the test in February 2013 and be reporting on the results in March 2013.

Why?

This is a key priority in the Governments white paper; 'equity and excellence'. The 2012/13 Operating Framework identified that patients needed to be centre stage and to have a focus on improving patient experience. NHS Constitution sets out the rights of patients to expect high-quality care that is safe, effective and focused on patient experience.

What is expected of the Trust?

The Trust will be expected to demonstrate that it is collecting, publishing (locally and nationally) and quickly responding to patient feedback.

What areas and who is to be tested?

All Adult acute inpatients (who have stayed at least one night in hospital), adult patients who have attended A&E and left without being admitted to hospital or were transferred to a Medical Assessment Unit and then discharged. All patients in these groups should be given an opportunity to respond. The Friends and Family Test should be asked of all patients within the target groups, every day of the year. The patient responses need to

be anonymous. Patients should be surveyed on the day of discharge or within 48hours of discharge.

Exceptions

The test does not currently apply to day cases, maternity service users, outpatients and patients under 16 years old. Nor does it currently apply to primary or community care services.

How?

The Trust has initially chosen to utilise Postcards, Posters and a Kiosk for the A&E Department with a focus on the patient experience trackers in the near future.

******* It is important to note that whilst we have highlighted this initiative there is no ability to include the collection of equality monitoring information on this test by the very nature of the brevity of the tool used. This is not something that has been addressed at a national level.