

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?

The following report summarises a range of engagement and involvement activities that took place from April 1st 2014 to March 2015. The report demonstrates how patients and public have helped to shape what we do and shared views, ideas and suggestions as well as provided some really valuable feedback.

The paper represents more than 650 views and highlights just some of the key pieces of work and resulting actions.

Listening To Our Patient Voice April 2014 – March 2015

Introduction

This is a summary paper updating the Trust Board on how we have been listening to our patients, seeking their views and involving them in planning changes to our services over the past year.

The paper aims to provide key messages we have heard and actions we are taking to change services as a result.

Over the past year we have received the views of more than **650** patients, carers and members of the public. Feedback has been collated as a result of a range of engagement and involvement activities. Some are ongoing or have a fixed period and others are single events or workshops.

How have we listened?

What	When	Key messages	Action taken
<p>“Learning From You”</p> <p>Two patient sessions on clinical information for patients in orthopaedics, urology and colorectal pathways.</p> <ul style="list-style-type: none"> • Random sample of patients who had been through one of these pathways <12 months previously • Report cascaded widely • Action plan in place • Repeat sessions planned for April 2015 	<p>June</p> <p>July</p>	<p>-More information for the rehabilitation phase.</p> <p>-Past patients to be invited to the education class</p> <p>-More information on preparation to be fit for operation at GP referral stage.</p> <p>-A point of contact on discharge from within the ward.</p> <p>-More information about medication and pain relief when at home</p>	<p>-3 designated nurses now have an enhanced recovery remit</p> <p>- Participants volunteered to share their patient experience at future classes.</p> <p>- Colorectal patient information leaflet trialled</p> <p>- Discharge checklists implemented</p> <p>-Follow up telephone calls made from ward to patients 7 -10 days after discharge</p>

What	When	Key messages	Action taken
<p>Improving our Heart Health Programme</p> <p>Feedback from patients who have experience of the Cardiac for Care Programme (CRP).</p> <p>4 patient events countywide</p> <ul style="list-style-type: none"> Over 450 patients and carers, relatives were invited 	<p>August</p>	<ul style="list-style-type: none"> -Great team, -Individualised care approach works -A unanimous response as to why patients had not been using the important self monitoring website, ie registration info and process -The specific model of pedometer used received praise and has significant positive impact on patient exercise behaviours - Don't give patients too much information at once - Would like more visual aids to explain what has happened to their heart - Ensure we address patient's anxiety before attending exercise classes -Review referral processes and raise awareness on wards and with GPs. -Involve carers 	<ul style="list-style-type: none"> -10 point staged action plan developed -Review some of the processes and information for patients - Looking into how patients can purchase pedometers directly from us

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What	When	Key messages	Action taken
<p>Seeking your views – Your outpatient experience.</p> <p>Survey – People were asked to respond if they had attended our outpatients departments at any time within the last 6 months. We received a good response with three hundred and fifty people participating.</p> <p>Improving the outpatient experience is a key workstream reporting into the Reforming Elective Care Programme Board.</p> <p>This was identified as a key area of work as a result of our “Big Conversation” listening events that took place countywide.</p> <p>Report cascaded widely internally.</p>	<p>May – Aug</p>	<ul style="list-style-type: none"> - >90% patients said they want to be able to make their follow up appointment before they leave. -Only 4% of patients had received their appointment by choose and book - 13% of patients experienced cancellations - Only answering calls within 90 seconds for 50% of patients. - 53% said their usual experience of waits in clinics was within 30 minutes of their appointment whilst 32% said they usually wait more than 30 minutes 	<p>Action plan in place being monitored through the Reforming Elective Care Programme Board.</p> <ul style="list-style-type: none"> -Work to minimise clinic cancellations, -Implementation of pagers for patients as a pilot, -Environment and signage has been reviewed -Focus on start times of clinics -Bid for new texting service being developed

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What	When	Key messages	Action taken
<p>Improving Urgent Care</p> <p>Aim was to :</p> <p>a) inform the launch of our new Ambulatory Care Unit –</p> <p>b) Inform the development of a patient information leaflet</p> <p>One face to face session.</p> <p>A random sample of patients who had previously attended the A&E department within the last 6 months</p>	<p>October</p>	<p>- “Please rename it” Patients suggested “Same Day Service”</p> <p>Patients strongly supported the concept</p> <p>-See a consultant straight away</p> <p>-Less waiting</p> <p>-Therapy assessments at front door</p> <p>-Access to diagnostics and can return another day</p> <p>-No overnight stay in hospital</p> <p>-Main concern was that they could still be admitted if necessary plus clear explanatory information about what the Unit does.</p>	<p>-Service is launched</p> <p>- “Same day service” is being designed into signage.</p> <p>- All comments incorporated into patient information leaflet</p> <p>- A short patient satisfaction survey put into place.</p> <p>-Positive tweets from patients reporting positive experiences were seen in the first week.</p> <p>-FFT results positive</p> <p>-Follow up event planned for late Spring 2015</p>

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What	When	Key messages	Action taken
<p>“One Chance to Get it right”</p> <p>End of life Care Event</p> <p>One session face to face.</p> <p>Participants included patients, carers, public and representatives of other stakeholder organisations</p>	<p>December</p>	<ul style="list-style-type: none"> -Patients and relatives praised the Trust for holding such an event. -Participants welcome early conversations and good end of life care planning. Very supportive. -Some asked why is it not treated like a birth plan for each individual – why do we treat it any differently? Embed this approach in primary care - Needs an individualised approach, one size doesn't fit all - More information about what to do as a relative or carer in event of a death - Clear communication and information throughout - Clarity on the do not resuscitate is needed what it really means. - Showing compassion is essential - Negative impact on loved ones when not done well, can be long lasting and damaging. 	<ul style="list-style-type: none"> - Report of event developed. Includes record of feedback. - Quick reference key point slides developed for leads to share at team meetings - January - The Trust EOL steering group received the report - 13 participants signed up to form a patient reference panel - Feedback continues to inform actions monitored by Steering group.

What	When	Key messages	Action taken
<p>End of Life patient reference panel</p> <p>As a result of the EOL event “One Chance to get it right”, we wanted to create a patient /carer reference panel, to help shape and advise on our improvement work as we progress</p>	<p>March</p>	<p>Inaugural meeting 9th March.</p> <ul style="list-style-type: none"> - Agreed terms of reference - Agreed programme of work <p>With focus on input around</p> <ul style="list-style-type: none"> - Care Plan - Strategy - Facilities - Reviewing eg. developing patient information <p>As a first task, the panel were asked to review five patient /carer leaflets about what to do as a relative or carer in event of a death.</p> <p>One good example of helpful feedback was that the leaflets had missed an important opportunity to remind people about the opportunity for organ donation.</p>	<ul style="list-style-type: none"> - Panel members have reviewed early drafts of information leaflets for patients and carers. - The panel have agreed to provide input to the development of our new EOL care plan - Matters around facilities will also be brought to the panel for their views, e.g better privacy and dignity for patients and family members

What	When	Key messages	Action taken
<p>Heart Failure – Introducing new service IV diuretics at home.</p> <p>Face to face session to inform IV diuretics at home service.</p> <p>One Face to face session</p> <p>Participants were patients with heart failure currently under our care.</p> <p>Inform development of a patient information leaflet if service launched.</p>	November	<p>Patients fed back that they welcomed the idea and would support the service.</p> <ul style="list-style-type: none"> - They know their nurses well. --Liked the idea of not coming into hospital - Received very positively because they would be able to get on with their life by receiving care at home. - Trust keeps beds free for others in need. 	<ul style="list-style-type: none"> -Nurses progressing with plan to implement -Leaflet finished and progressing to PEG - Nurses gained a lot of useful information from patients at this session - Implementation will result in reduction of bed days.
<p>Equality Delivery System 2 (EDS2) -Patient grading panel.</p> <p>A panel of patients who share a protected characteristic were invited to participate to grade our Trust against the EDS2 national framework.</p> <p>Results of grades are published and combine with staff feedback to inform and shape our equality objectives.</p>	March	<ul style="list-style-type: none"> - Key overall message <p>Sensory impairment – feedback reflected that those with a sensory impairment did not feel our environments reflect their needs well. This can have an impact on access to information and in some cases treatment. Possible cost efficiency savings highlighted by the panel, if issues addressed.</p> <ul style="list-style-type: none"> - Use of BSL interpreters is not felt to be as proactively offered as needs to be. 	<ul style="list-style-type: none"> - EDS2 patient panel results report to Trust Board - Combine with staff feedback - Agree staff side union representatives - Both inform and shape equality objectives – to Trust Board - Publish overall grades by April 6th in public domain. - Action plan to address matters raised across patient and staff goals.

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What	When	Key messages	Action taken
<p>Patient Experience Group (PEG)</p> <p>An ongoing well established group of patients that also have outreach to other local groups. Meets every two months</p> <p>Service user approval of all new patient information leaflets.</p>		<p>This year have focussed on:-</p> <ul style="list-style-type: none"> - our supporting processes and administration - experience of both good and not so good care - easy and close drop off points for access to A&E – better signage -more designated spaces for disabled car parking and the wider issue of car parking capacity - communication - Individual service related issues 	<p>The PEG has a system of follow up for each action raised which is reported back at the following meeting or if urgent before. If action or explanation is not satisfactory for the group senior leads are invited to explain further the actions we are taking.</p> <p>PEG was successful in recruiting several new members in 2014 either to broaden representation or to replace those who are unable to continue in their role.</p>
<p>Activities listed below are for information and more detail can be provided if required.</p>			
<p>NEW - Chairing Consultant appointment panels.</p> <p>Four patients are now trained to chair our consultant appointment panels</p>	<p>August</p>	<p>Relevant training given – now implemented and has commenced.</p>	

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<p>PLACE</p> <p>More patients have been trained for PLACE assessments helpfully expanding our pool.</p>	On-going	Recruitment for this process is ongoing. Current pool 35 - 40 patients.	
<p>NEW - Nurse training</p> <p>Patients are now telling stories and sharing experiences to inform nurse development and learning. Preceptorship and student nurse courses.</p>	On-going	<p>Feedback to date has been positive.</p> <p>Following one patient story a student nurse said:</p> <p>“ I went back to the ward with different eyes in”</p>	
<p>Interviews</p> <p>Patient representative sat on the panel for the Deputy Chief Nurse interviews and Deputy Medical Director post HR looking to build on this positive experience</p>	<p>November</p> <p>February</p>	Patient representative identified with appropriate experience and background.	
<p>NEW patient representation on committees</p> <ul style="list-style-type: none"> - Infection Prevention Control - Resuscitation New Clinical procedures <p>& Mortality Reduction Group</p>	April	Patients have been requested by Chairs or clinical leads on the committees.	

Evaluations and equality monitoring analysis is undertaken so we can further understand our outreach as well as trying to make sure we hear from a representative sample of the community we serve.

Tracey Underhill

March 2015

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