

# 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 regards to advancing equality?

#### **Patient Experience-Overview**

We collect information from a range of different sources which includes complaints, compliments, patient advice and liaison Services (PALS), friends and family survey and information and feedback direct from patients via our internal patient experience survey and the annual inpatient survey. Within these areas, apart from friends and family survey which is a national process. We have tried to build in equality monitoring and better understand if service users are representative of the communities that we serve. Interpretation and translation services are in place and a breakdown of use can be viewed via the interpretation and translation section. We continue to build our understanding by looking at the analysis of information we are collecting. The results of which will help to focus targeted work for the forthcoming period. The following report provides an overview.

#### **Patient Experience-PALS**

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. The service receives patient feedback and 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 feedback or raise concerns, we have the following access points and support:

- Access full information on how to feedback and complain via our web site [www.buckshealthcare.nhs.uk](http://www.buckshealthcare.nhs.uk) utilising the “Browsealoud” software to interpret or read aloud the text.
- Visit in person at our PALS service at Stoke Mandeville and Wycombe Hospitals
- Email our Chief Executive
- Email our PALS inbox [bhr.pals@nhs.net](mailto:bhr.pals@nhs.net) or formal complaints inbox [bht.complaints@nhs.net](mailto:bht.complaints@nhs.net)
- Submit a complaint in writing to the Chief Executive
- We provide access to interpretation and translation services if required for written complaint correspondence and/or complaint meetings
- We offer a digital audio recording of meetings to resolve concerns which can be made available on request.
- Access advocacy services through SEAP, the local independent complaints advisory service. SEAP can provide specialist support for those with disabilities such as a learning disability and a range of other needs

## **PALS**

The PALS service works on the basis that people can access the service between 09:00-16:30hrs when they have a concern. 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.

The service works on the principle that people can contact anonymously which also makes robust equality monitoring more difficult. There are some system limitations which led to the implementation of an annual retrospective survey of those who have contacted the PALS service and provided contact details. The audit is no less than 200 as a sample group. The survey is made up of the equality monitoring questions; however, to maximise the opportunity and benefits some service satisfaction questions are included to better understand the patient experience of the service we provide. This is undertaken annually and commenced in 2015. The survey for 2017/18 went out to 320 people and 100 (31%) people responded.

## **Complaints**

During 2017/18 the Trust received a total of 533 formal complaints. This figure represents does not include PALS contacts.

For complaints equality monitoring during 2017/18 we sent out forms with each final response and received 43 equality monitoring responses from the surveys that were sent out, this is a 0.09% response rate.

For 2018/19 will review moving to an annual complaints E&D/quality survey to increase the response rate rather than enclosing forms with final responses. This is in-line with the hypothesis that the forms are being side-lined at the time of receipt of the anticipated complaint response.

## **Patient Experience Surveys**

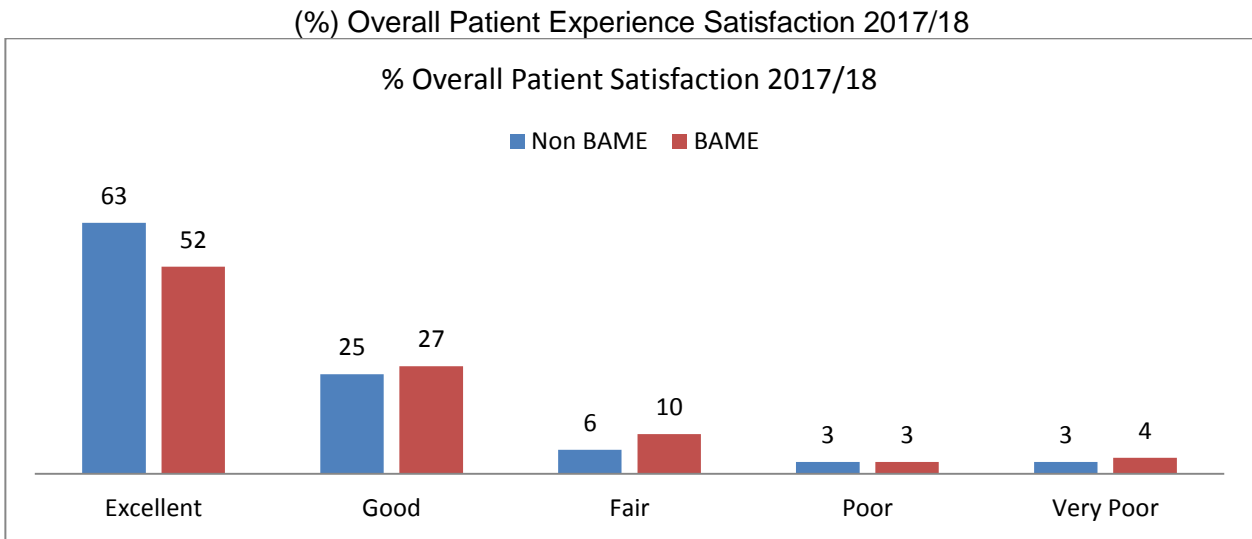
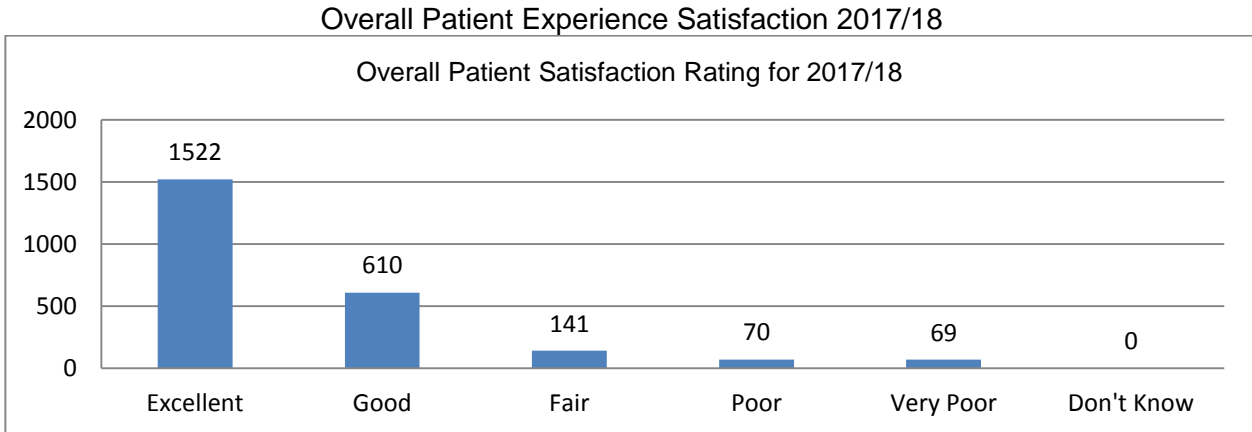
The in house patient experience survey program has been in operation since the withdrawal of the patient experience trackers (PET) in October 2015. Collection of the patient experience survey was piloted using another tool Survey Monkey in the Trust from Quarter 4 2015/16. In 2017/18 there were a total of 2412 patient experience surveys conducted across the organisation.

Furthermore, the National Inpatient Survey 2017 highlighted areas for improvement related to our discharge planning processes and information about medication provided to patients on discharge and when to seek support post discharge. There was a local increase in patients who stated that they have been treated with dignity and respect, although we are still below the national average score for this indicator.

In support of our patient experience strategy we have developed questions based on the 8 [promises that we are making to the public. We have ensured that equality monitoring has remained an essential component of the survey loaded onto the online platform and so we are able to look at information about patient experience across the protected characteristic groups where patients choose to give us this information.

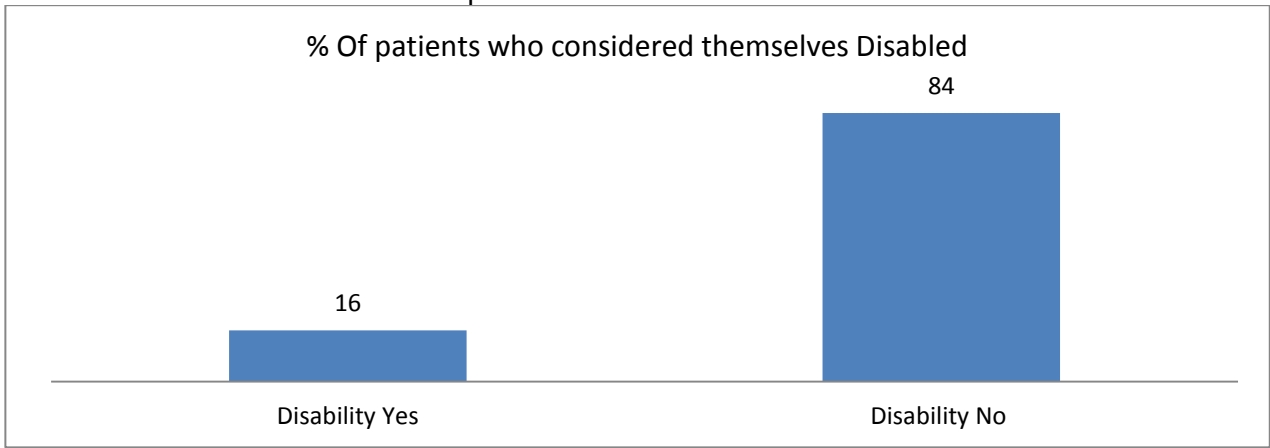
**Equality objective achieved.**

The Trust is very pleased to publish its achievement of a patient led equality objective which identified the need for improved equality monitoring of our patient experience. We can now look at experience by group and compare experience against our base cohort. The tables below show the results of the equality monitoring data between April 2017 and March 2018. The number of surveys received was 2412 and the information displayed below in the remaining tables below represents a percentage.



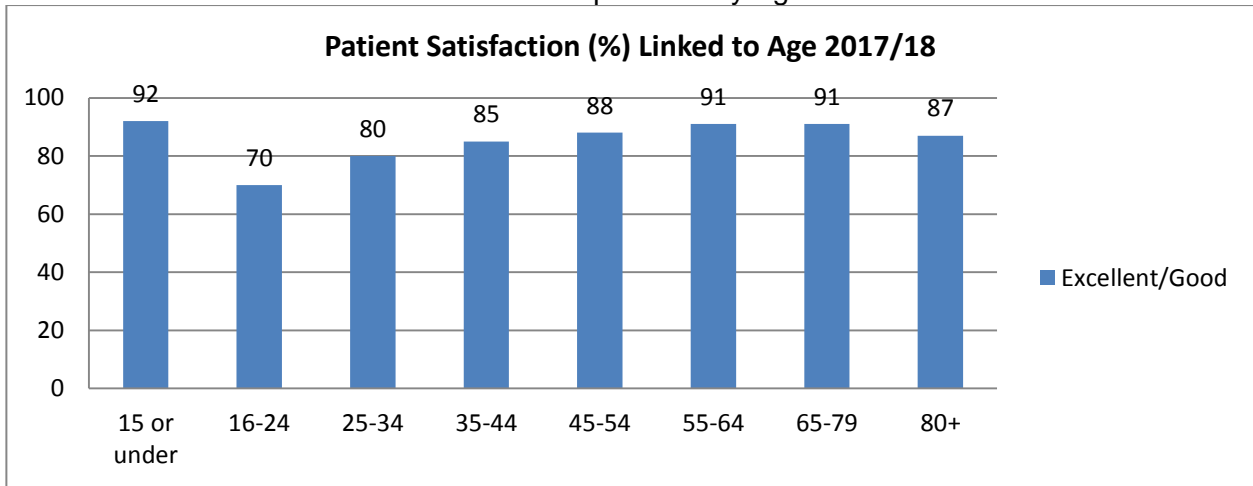
Our overall non black, asian & minority Ethnic patient experience over the reported period showed that 88% of our patients reported that their overall experience was either good or excellent. Whereas only 79% of our BAME community reported a good or excellent experience.

**% of All patients who identified as Disabled**

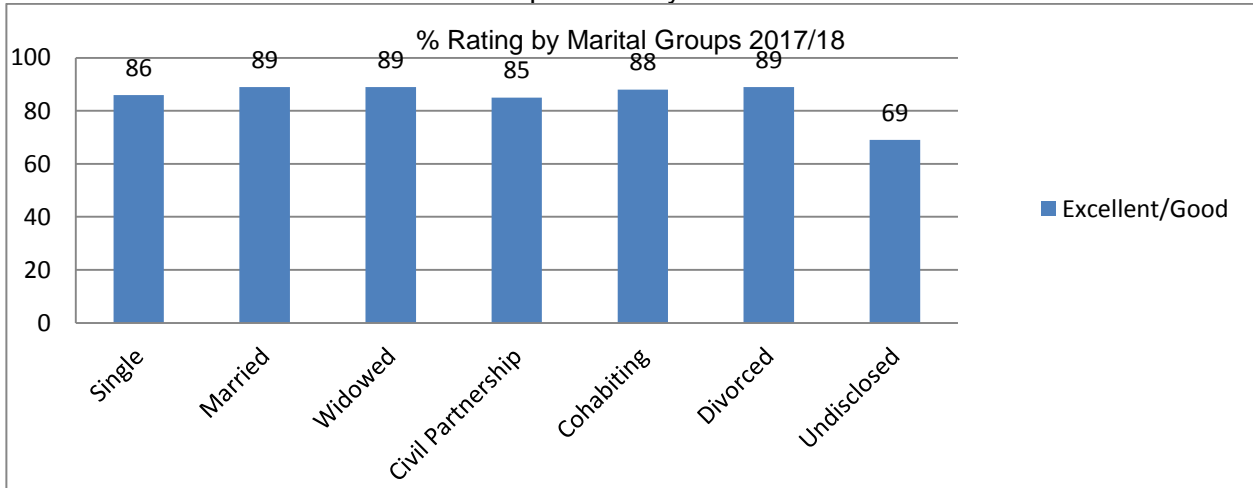


detailed analysis of ethnicity data informing quality improvement plans.

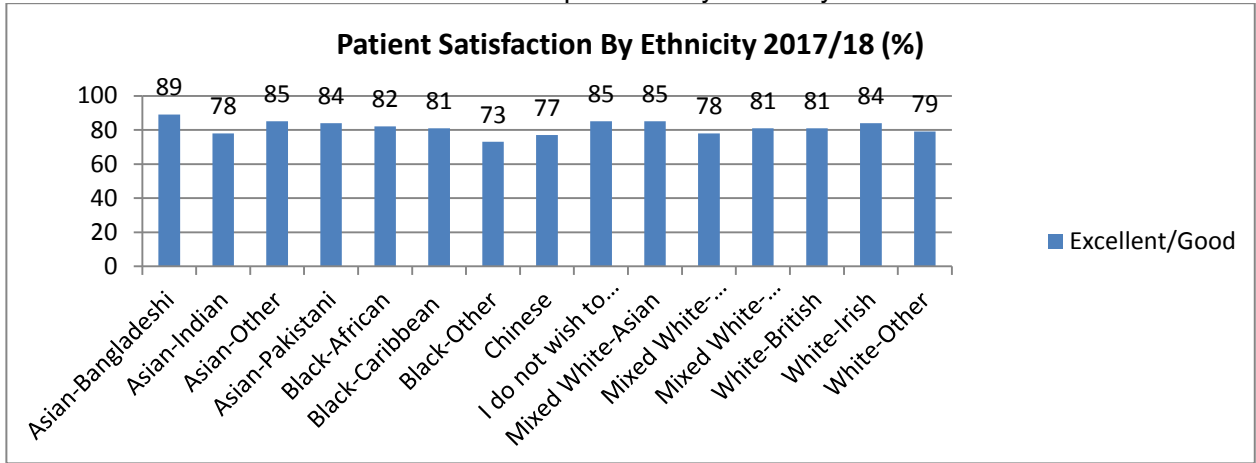
**Patient Experience by Age**



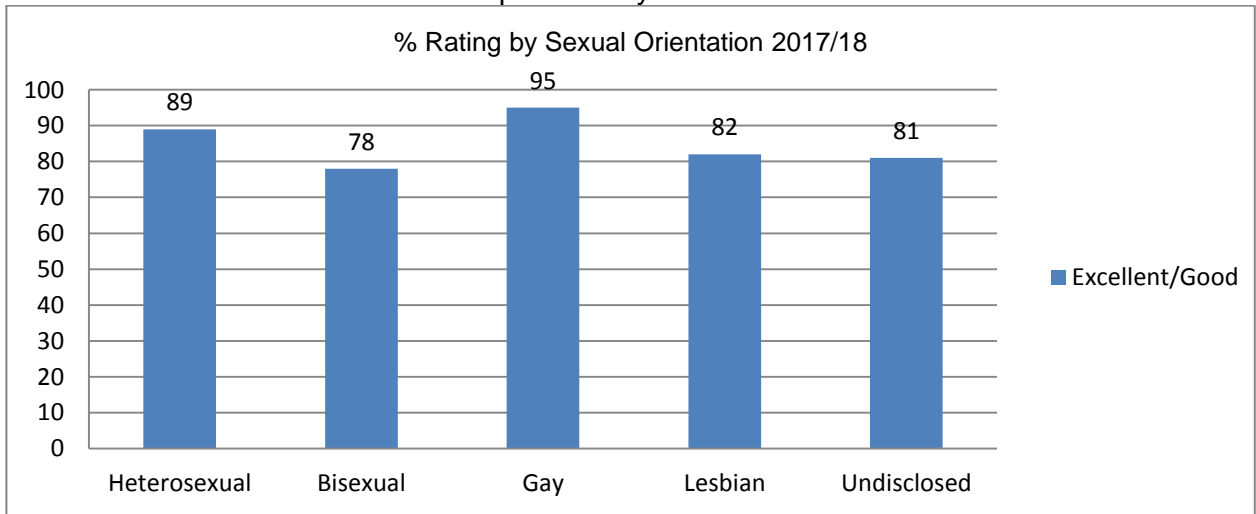
**Patient Experience by Marital Status**



Patient Experience by Ethnicity

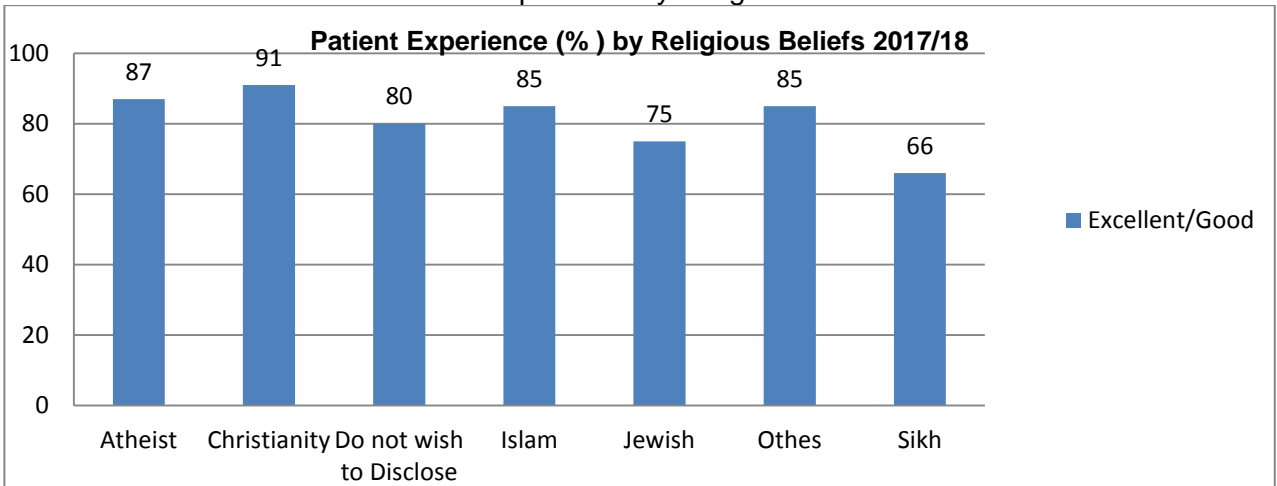


Patient Experience by Sexual Orientation

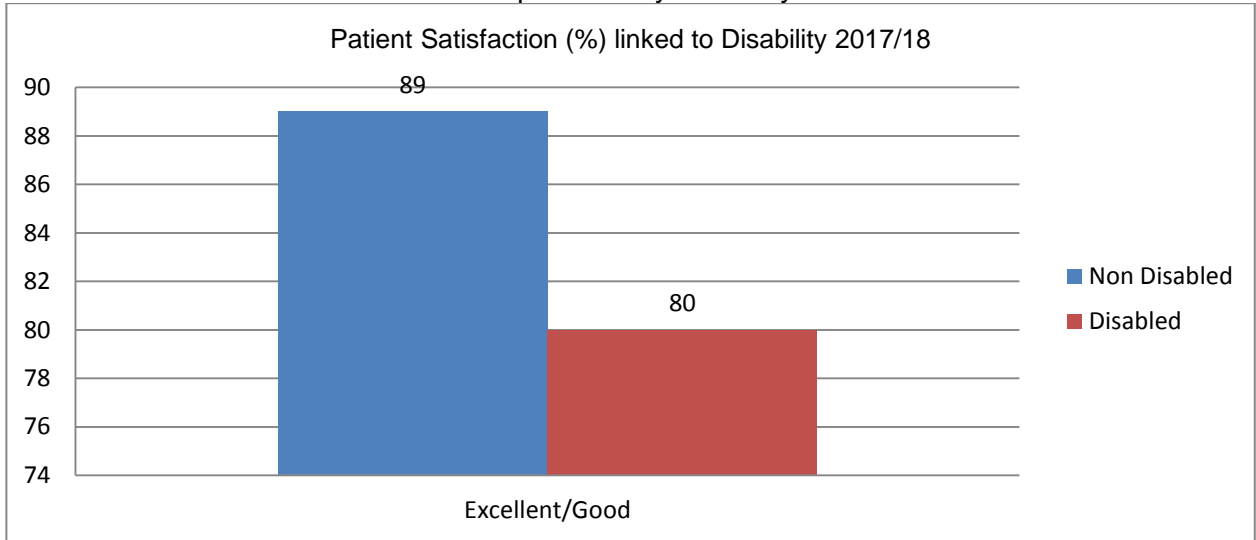


10% of the respondents to this question chose not to disclose their sexual orientation.

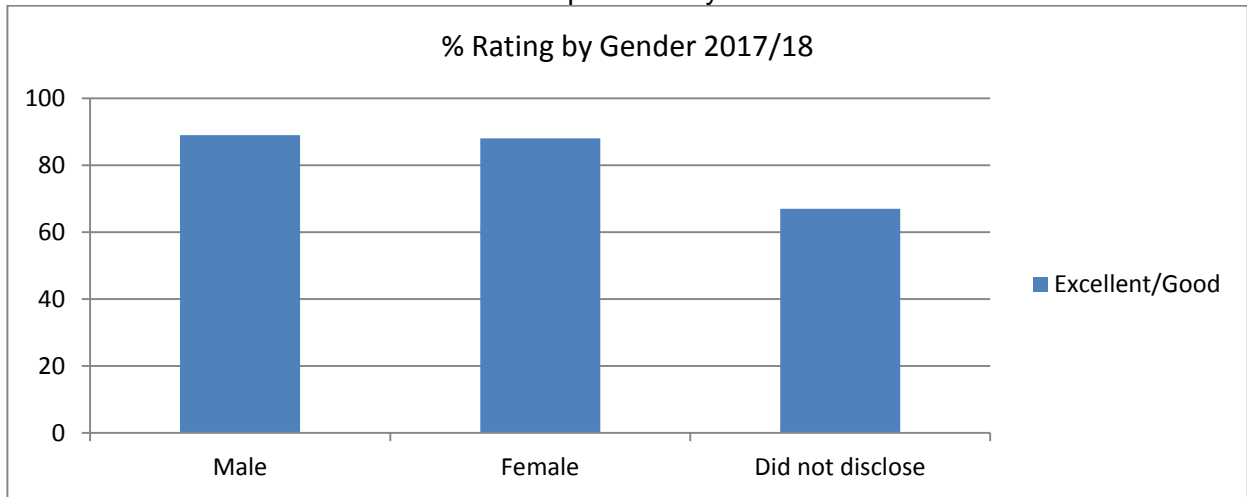
Patient Experience by Religious Beliefs



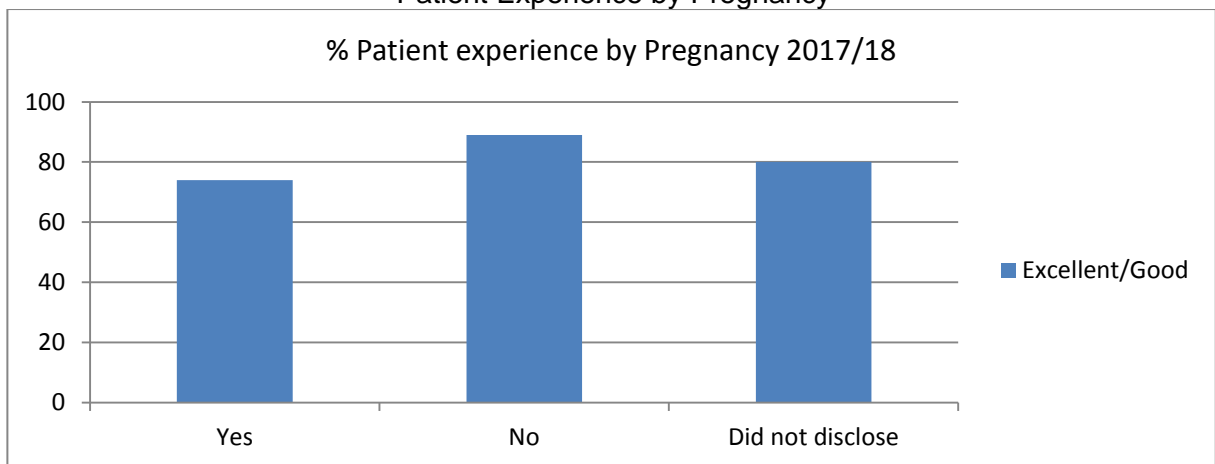
### Patient Experience by Disability status



### Patient Experience by Gender



### Patient Experience by Pregnancy



## **Friends and Family Test**

This is a national initiative that we have implemented locally. It is a simple, comparable test which, when combined with a follow up question, 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 our staff from “board to wards” are informed and empowered to tackle areas of weak performance and celebrate and build on what is working well, using the results from this test and other sources of intelligence. Patients can use the information to make decisions about their care and the Trusts uses 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 e.g ward/ or A/E or 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 Question**

“Please can you tell us the main reason for the answer that you have given”?

**What is expected of the Trust?** The Trust collects and publishes FFT data on a monthly basis (locally and nationally) and quickly responds to patient feedback in real time.

### **Areas tested?**

The friends and family test has now been introduced to all areas of NHS care. All Adult and child 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, maternity, and all outpatient services including day case services. 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.

**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. People with a disability that means they are unable to access these methods can be provided with help or information on accessing other formats if requested. Our latest friends and family data can be viewed via the link below link.

### **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 in patient survey can be viewed via this link. Inpatient 2017 Survey

## Clinical Audit and Effectiveness

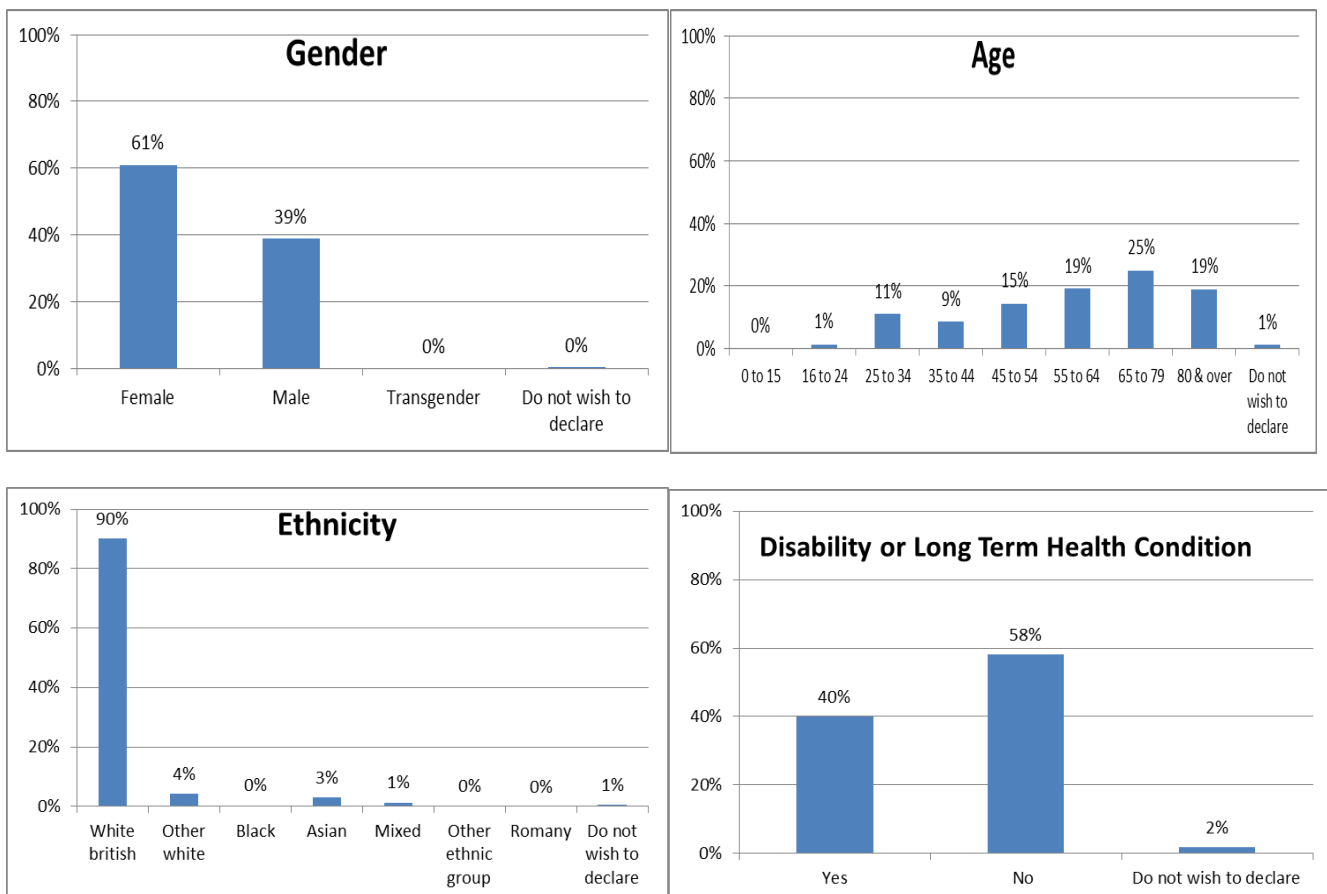
Each year the Clinical Audit and Effectiveness Team support a number of local patient experience surveys designed to obtain feedback on specific services from patients, parents and carers who use these services. These surveys may just focus on one particular aspect of a service e.g. the quality of verbal and written information provided or the whole care pathway from diagnosis to discharge.

In 2017/18 16 of these local patient experience surveys were completed. Services surveyed included:

- Cancer services
- Palliative Care
- Endoscopy
- Dermatology
- Anticoagulation Services
- Child Health Clinics
- Cardiology
- Sexual Health
- Speech and Language Therapy
- Maternity Services

Where appropriate these surveys collect data regarding the gender, age, ethnicity and long term health of respondents.

The data from the surveys for 2017/18 is displayed in the charts below.





## **Friends and Family Test**

From November 2018 the Trust launched a pilot for the FFT using an existing provider, Healthcare Communications.

The Trust has continued to meet the 95% FFT targets relating to the approval rating scores we achieve month to month through 2017/18. The Trust has set an internal target that 95% of respondents to the FFT question would be likely or extremely likely to recommend the services we provide. The average approval rating since April 2018 has been 93.3%. this is slightly below our Trust target and is the result of lower than expected maternity and A&E approval rating scores during the 3rd quarter of the 2018/19 cycle. The Dec- March 2018/19 data is on target to lift the average to above 95% by the end of the reporting period.

The overall Trust response rate for FFT made up by combining the A&E, Maternity and Inpatient figures. It should be noted that the response rate has remained flat at an average of 16.8% from April 2018 to date. There have been fluctuations as high as 23.7% and as low as 12.1%. our A&E service experiences some of the most acute fluctuations and has varied between 18.7% and 1% across the period.

Overall there has not been an upward trend in the FFT response rates since April this year. However, it should be noted that as of December 2018 the Trust has embarked on a 6 month FFT pilot program including A&E, Maternity and our community services. It is hoped that this pilot will demonstrate a dramatic upturn in our response rate as the model uses automated FFT requests that have been proven to produce higher response rates to those we have achieved with the in house system we currently use. It is also hoped that the quality and analysis of the free text will greatly improve, along with easier access to patient feedback through an online accessible portal.

## **Staff FFT Test**

There are two questions to the staff survey:

1. How likely are you to recommend this organisation to friends and family if they needed care and treatment?
2. How likely are you to recommend this organisation to friends and family as a place to work.

It is important to note that whilst we have highlighted this initiative there is currently 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.