The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

Patient & Carer Experience Strategy 2012 - 2015

Unique Reference / Version				
Primary Intranet Location	**Policy Name**	**Version Number**	**Next Review Month**	**Next Review Year**
Corporate	**Patient & Carer Experience Strategy 2012 - 2015**	**1.0**		
Secondary Intranet Location				
Trust wide				

Current Author	Fiona Cutts
Author's Job Title	Patient & Public Involvement Lead
Department	Patient Experience, Research and Innovation
Ratifying Committee	Board of Directors
Ratified Date	November 2012
Review Date	October 2015
Owner	Gwyneth Wilson
Owner's Job Title	Director of Patient Experience & Lead for Nursing & Non-Medical Professionals

It is the responsibility of the staff member accessing this document to ensure that they are always reading the most up to date version - this will always be the version on the intranet

Related Policies & Strategies	
Carer Policy Clinical Strategy Communications Strategy IMCA Policy and Procedure Information Prescription Service Policy Organisation Development Strategy Management of Violence and Aggression against Staff Policy Patient Documentation Guidance Patient Information Policy	Public Involvement Strategy & Policy Patient Safety & Risk Management Policy and Operational Guidance for the Management of Patients with a Learning Disability Policy for Staff when expressing concerns about standards of care or other Trust Activities ('Whistle-blowing' Policy) Privacy, Dignity and Equality Policy Quality Strategy & Framework Workforce Strategy and associated Policies for Recruitment and for Learning, Education and Support

Stakeholders	Patient Experience Steering Group Governors Patient Experience Committee Joint Staff Consultative Committee Nurses' Meeting External consultation

Version	Date	Author	Author's Job Title	Changes
V1				
V2				

Short Description

- Document describing how the Trust will ensure that what happens to the patient is at the heart of everything we do by involving patients and their carers (where appropriate) in making decisions about their care and treatment

Key words

Carer, Engagement, Involvement, Patient care, Patient experience, Policy, Procedures, Strategy

PATIENT & CARER EXPERIENCE STRATEGY 2012 - 2015

CONTENTS

		PAGE
DEFINITIONS: GLOSSARY OF ABBREVIATIONS AND TERMS USED		4
1.	**INTRODUCTION AND BACKGROUND**	5
2.	**PURPOSE**	6
3.	**OBJECTIVE**	6
4.	**RESPONSIBILITIES**	7
5.	**KEY PRINCIPLES OF PATIENT AND CARER EXPERIENCE**	8
6.	**KEY ELEMENTS OF THE STRATEGY:**	9
	6.1 CULTURE, VALUES AND EXPECTED BEHAVIOURS	9
	6.2 INDIVIDUAL PATIENT EXPERIENCE	9
	6.3 INDIVIDUAL CARER EXPERIENCE	10
	6.4 INVOLVING PATIENTS AND CARERS TO IMPROVE THEIR EXPERIENCE OF OUR SERVICES	10
	6.5 LEARNING, EDUCATION AND SUPPORT TO DELIVER THIS STRATEGY	11
7.	**SUCCESS CRITERIA**	13
8.	**REFERENCES**	13
9.	**ARRANGEMENTS FOR MONITORING PROGRESS WITH THIS STRATEGY AND COMPLIANCE WITH RELATED POLICIES AND PROCEDURES**	15
10.	**EQUALITY IMPACT ASSESSMENT**	17
11.	**DISSEMINATION OF THIS DOCUMENT**	20
	APPENDICES:	
	1 DIGNITY CODE	21
	2 NHS PATIENT EXPERIENCE FRAMEWORK	22
	3 LIST OF FURTHER GOVERNMENT GUIDANCE, LEGISLATION AND REGULATIONS ABOUT PATIENT AND CARER EXPERIENCE AND INVOLVEMENT.	23
	4 LIST OF PATIENT AND CARER EXPERIENCE GROUPS (HOSTED BY OR IN CONJUNCTION WITH THIS TRUST AS AT 25 JULY 2012)	24
	5 SUMMARY OF THINGS WHICH OUR PATIENTS HAVE TOLD US ARE THE ELEMENTS OF A GOOD PATIENT EXPERIENCE	25

Patient & Carer Experience Strategy 2012 - 2015

Definitions: Glossary of Abbreviations and Terms Used

Carer	Someone who provides informal unpaid practical and / or emotional support to a patient. The person is usually (but not always) a relative, close friend or neighbour.
PPI / PPE	Patient and Public Involvement / Patient and Public Engagement.
Clinical care	Interventions and treatments for patients in connection with their diagnosis. This is usually provided by staff with clinical qualifications but may also include interventions by social care staff, health information professionals and others working under the direction of qualified health professionals.
"Customer" care	The experience we provide for all those who come into contact with our services whether they are patients, carers, staff or contractors but for patients especially it is the "quality of caring, the personal aspect of care, the compassion, dignity and respect with which patients are treated" (Lord Darzi)[3.].
CQC	Care Quality Commission.
Majax	Abbreviation for a Major Accident which is declared when the hospital is required to take a high number of potential casualties from an accident or incident.

Patient & Carer Experience Strategy 2012 – 2015

1 INTRODUCTION AND BACKGROUND

1.1 It is the vision of this Trust to be the Preferred Hospital for Local People[1, 2]

1.2 Our Trust has adopted a Dignity Code and is committed to upholding patients' rights and maintaining the dignity of all patients (appendix 1)

1.3 Patients and their carers should not be expected to be passive recipients of care; they want to be seen by health and social care professionals as equal partners in their care delivery. This Trust will encourage and support its staff to enable this to happen through a process of shared decision-making (SDM)[3]. Whilst inpatients may find it harder than they usually do to deal with complex information, there is evidence that involving them (and their carers where appropriate) in decisions about their care helps to improve their overall experience of the care provided[3].

1.4 The professional regulatory bodies agree that involving patients in decisions about their care is the right thing to do and that it should be the norm for most clinical decisions [4,5,6].

1.5 Research has shown that patients who understand about their condition and who feel more involved in their care and treatment plans make better and faster recoveries[3] (or if they have long-term conditions, have fewer readmissions) so improving the quality of their lives and also reducing NHS costs[7,8].

1.6 Contrary to the popular assumption that well-informed patients will choose the most expensive option, studies show that patients are often more risk-averse than clinicians and, when given all the facts, will tend to opt for the least-invasive treatment or even for self-management[3,7].

1.7 The importance of involving carers (as appropriate and with the patient's permission) in treatment decisions has been highlighted by research which shows that carers who are better informed and supported are better able to support the patient and manage their own stress levels and physical health[9]. This improves both their own and the patient's quality of life and also reduces costs to the NHS.

1.8 The East of England Strategic Health Authority (now NHS Midlands and East) has actively supported the development of patients' decision aids which can be used by patients to help them in the shared decision making-process.

1.9 It is government policy that patients and their carers should be involved in making decisions about care and treatment at an individual level **and** at strategic level where there is a statutory duty for NHS organisations to consult and involve patients (and the public) in:

- Planning of the provision of services
- The development and consideration of proposals for changes in the way those services are provided
- Decisions to be made by the NHS organisation affecting the operation of services.

1.10 At national level this is enshrined in the phrase "No decision about me, without me"[10]. Together with choice about social care and support and greater personalisation of both health and social care services, shared decision making about healthcare and treatment is a key component in enabling people to make informed decisions about what will help them recover and stay as well as possible in a way that suits their own lifestyle.

1.11 When accessing health care patients and their carers have a responsibility to treat staff fairly

1.12 The Department of Health published the NHS Patient Experience Framework in February 2012[12]. It is the aim of this strategy to ensure that the Trust meets all the elements of this (appendix 2). A list of further Government guidance relating to patient experience is given in appendix 3.

2 PURPOSE OF THIS STRATEGY

2.1 To establish a culture that ensures that what is happening to the patient as an individual whilst in our care is the most important thing to our staff at that point, no matter how busy they are.

2.2 To ensure that patients' and carers' views directly influence the way services are provided so that the Trust moves to a position whereby the experience which patients and their carers have of our services is the best that is possible from a publicly-funded service.

2.3 Using the positive experience that our patients and carers receive to enhance the reputation of The Queen Elizabeth Hospital NHS Foundation Trust so that it becomes the "Preferred Hospital for Local People"[1].

2.4 Information about the patient experience of this Trust is shared with the Board of Directors on a regular basis through regular "Complaints, Litigation, Incidents and PALS" reports. As a Trust we want to move from being a reactive organisation to one which is proactive and preventative. This Strategy is an early step towards this.

2.5 The Darzi Report[11] identified patient experience as one of the three components of high quality care (together with patient care and the effectiveness of clinical interventions). He defined patient experience as the "…quality of caring, the personal aspect of care, the compassion, dignity and respect with which patients are treated". This strategy is the way in which we intend to achieve this for all our patients and their carers.

3 OBJECTIVE

3.1 To provide a framework which supports the development and implementation of strategies, policies and procedures which, if followed, will result in patients and their carers receiving a good experience of our services in which their individual needs are met and their views respected.

3.2 Specific, measurable goals are given in section 7 to help us measure our progress towards this objective.

4 RESPONSIBILITIES

4.1 Board of Directors

The Trust Board is responsible for setting the strategic direction for the Trust and thus for ratifying this strategy. The Board is also responsible for receiving and considering assurance reports that the strategy is being implemented.

4.2 Chief Executive

The Chief Executive has ultimate accountability for the development and delivery of this strategy.

4.3 Director of Patient Experience and Lead for Nursing and Non-Medical Professionals

The Director of Patient Experience and Lead for Nursing and Non-Medical Professionals reports directly to the Chief Executive and the Board. S/he is accountable to the Chief Executive Officer for leading the implementation of this strategy and is the Responsible Officer for this document.

4.4 Patient & Public Involvement Lead

The Patient and Public Involvement Lead reports to the Director of Patient Experience and Lead for Nursing and Non-Medical Professionals and is responsible for facilitating the Divisions in establishing and maintaining their Patient and Carer Experience Groups and for providing the support to enable the Governors' Patient Experience Committee and the Patient Experience Steering Group to drive and monitor the implementation of this Strategy.

4.5 Executive Directors, Divisional Chief Nurses, Managers, Matrons, Ward and Department Sisters/Charge-Nurses, Clinical Directors and other senior staff

All senior staff are responsible for ensuring that patient and carer experience within their areas of responsibility is of a high standard. They will lead on developing and implementing actions to ensure high standards and should take account of this strategy to embed its principles into practice within their departments/areas.

4.6 All other Staff including Students, Contractors and Volunteers

All staff are responsible for ensuring that their behaviour and communications with patients, the public and each other enhance the patient and carer experience.

4.7 Governors' Patient Experience Committee (PEC)

The Governors' Patient Experience Committee (PEC) is a sub-committee of the Governors' Council. It will work with the Patient Experience Steering Group (PESG) on patient and carer experience initiatives. The Chairman of the PEC will be a member of the PESG.

4.8 Patient Experience Steering Group (PESG)

The Patient Experience Steering Group (PESG) is accountable to the Trust Executive Committee (TEC) for driving and monitoring the delivery of the Trust's Strategic 'Quality' objectives relating to understanding and improving the Patient Experience under the Strategic Key Theme of: 'Clinical Quality and Patient Care'.

It will prepare and present the Chair's Key Issues reports to the TEC as appropriate. The Steering Group will also send six-monthly reports to the Trust's Quality and

Risk Committee, a sub-committee of the Board of Directors.

4.9 **Quality and Risk Committee**
The Quality and Risk Committee will receive six monthly reports on delivering this strategy. It will scrutinise the contents of these reports, assuring itself of progress made and any residual risks to achievement.

4.10 **Trust Executive Committee (TEC)**
The Trust Executive Committee will receive Chair's Key Issues Reports and will ensure that action is taken as appropriate.

4.11 **Patients and Carers**
Patients and their carers have a responsibility to treat staff fairly when accessing health care.

5 KEY PRINCIPLES OF PATIENT AND CARER EXPERIENCE

5.1 All staff have a responsibility for creating an environment where the most important thing is what is happening to the patient so that patients receive a good patient experience. All patients and visitors will feel welcomed, informed and treated with dignity and respect throughout their journey with us. The following list is drawn from a range of sources (summarised in appendix 5). **How these principles relate to the NHS Patient Experience Framework (appendix 2) is shown in the brackets below**.

5.2 Staff will use the form of address which the patient has requested and will use the contact method(s) of the patient's choice wherever practical (a)

5.3 The environment will be clean, welcoming and appropriately furnished (d)

5.4 Patients will feel safe (d and e)

5.5 Patients will receive excellent basic nursing care, including help with personal care, appropriate environment and good food.

5.6 Information about their clinical circumstances and general information to enable patients to feel comfortable and knowledgeable about both the environment and the services they will be accessing will be available for patients and their carers throughout their journey in appropriate formats and with access to support to help them understand it (c, e, f and g)

5.7 There will be access to spiritual, pastoral and religious support (e)

5.8 Carers' needs will be considered and access to support will be available (f)

5.9 Patients and their carers will receive high quality 'end of life' care and support. Bereaved carers will be signposted to support as required (a, b, c, d, e and f)

5.10 Patients and their carers will be included in the planning and evaluation of services. The feedback that they provide (via user groups, surveys, PALS, compliments and complaints) will be actioned appropriately and information about what has been done as a result of their feedback (or reasons given why action cannot be taken) will be available to them.

5.11 Equality and diversity will be respected at all times (a)

5.12 Patients will receive timely access to care (h).

6 KEY ELEMENTS OF THE STRATEGY

6.1 Culture, Values and Expected Behaviours

6.1.1 The Trust will adopt an organisational culture comprising a set of values and behaviours to be expected from directly employed staff and contractors in their interaction with patients, carers and each other. The Trust is involving patients, carers and staff to identify these core values for the Trust and the work is expected to be completed this autumn (2012).

6.1.2 Selection and recruitment processes for new staff will make explicit the behaviours and values that we shall expect from staff and training in customer care will be part of the induction process.

6.1.3 All existing staff will receive customer care training to reflect the new values and expected behaviours within twelve months of the Trust adopting these.

6.1.4 Staff will be expected to demonstrate these values and behaviours in their interactions with each other. A respectful working environment is as important to staff as it is to patients and carers: it influences the standard of care given and patients' perception of their own care is affected by how well they see staff working together.

6.1.5 The Trust's culture, values and expected behaviours will be included in specifications and tender documents for services to be provided by external contractors.

6.1.6 Opportunities will be provided to encourage staff feedback such as surveys, the Joint Staff Consultative Committee, the "whistle-blowing" helpline, Staff Briefing and Question and Answer sessions with senior managers.

6.2 Individual Patient Experience

6.2.1 Patients will receive timely access to care; at the time of writing this is:

- 18 weeks Referral-to-Treatment (2 weeks if cancer is suspected)
- 4 hours Arrival-to-Admission (or discharge) in A&E
- To be given an explanation and an estimate of the likely waiting time when outpatient clinics or diagnostic test sessions are running late.
-

6.2.2 Patients (together with their carers if permission is given and the circumstances appropriate) will be involved in shared decision-making about their care and treatment where they have mental capacity to do so. This means they will be given appropriate and adequate information about :

- Their diagnosis (or possible diagnosis if there are clinical investigations to be done)

- The options for their care and treatment with the advantages and disadvantages (including possible side effects) given.
- Information and support including Patient Decision Aids where available to help patients make the right decision for them based on the knowledge of their own lifestyles and values.
- Clinicians will respect the decision of patients even where they have opted for what they consider professionally is less than the optimal treatment, confident that the patient has made their decision in the light of available clinical information and their self knowledge of their own lifestyles and values.

6.2.3 Staff will respect each patient's culture, values, preferences, dignity, privacy, independence and expressed needs. The environment where patients are cared for and non-clinical services such as catering, will be provided in a way which reflects these principles.

6.2.4 Patients will receive timely information, education and communication on their diagnosis, prognosis, progress and the processes of their care in order to facilitate autonomy, self care and health promotion

6.2.5 We aim to eliminate the need for in-patients to be moved between wards out-of-hours other than for clinical reasons and to ensure that we comply with the requirements for single sex accommodation.

6.2.6 Carers will be informed at the earliest reasonable time when patients are moved or discharged (with the patient's permission).

6.2.7 Discharge from in-patient care will be planned in a timely and co-ordinated manner (unless a Majax has been declared) with adequate information for the patient and carers (as appropriate) and suitable support. Patients will not normally be discharged from a ward after 21.30 unless s/he has requested this.

6.3 **Individual Carer Experience**

6.3.1 Wherever possible and appropriate, and with the patient's permission, carers will be involved in the shared decision making process about the patient's care.

6.3.2 Day-to-day operational guidance is provided in the Trust's Carer Policy.

6.3.3 The Trust will consult with local Carer Support organisations such as West Norfolk Carers to ensure that the Trust's Carer Policy and related procedures are regularly reviewed and implemented.

6.4 **Involving Patients and Carers to Improve Their Experience of Our Services**

6.4.1 Real-time Patient Experience Monitoring will be introduced across all service areas in the Trust. The purpose of this is to enable the Trust to capture patients' views about our services as soon as possible after they have recorded them. This enables action to be taken promptly to remedy any problems which are highlighted by patients' feedback.

6.4.2 The Trust will also make use of the feedback received from the national patient

surveys, internal surveys and audits which are carried out.

6.4.3 A key source of feedback for the Trust is its membership. Individual members have agreed to be approached to inform us about how we can improve the patient and carer experience. Their views are collected from meetings with Governors and from surveys, workshops and focus groups. The Governors' Council has created a Patient Experience Committee whose members take a particular interest by helping to facilitate members' events and by participating in activities such as mock CQC visits.

6.4.4 A baseline level of current patient and carer experience groups in the local area has been identified (appendix 4). These are either hosted directly by the Trust or they are hosted by external organisations with support from Trust staff. Such groups provide valuable feedback about how patient and carer experience can be improved. It is expected that each Services Group in the Trust will have at least three Patient and Carer Experience Groups in place by the end of March 2013. Guidance on establishing these (including model terms of reference and the arrangements for paying expenses to patient and carer participants to ensure that they are not out of pocket) will be issued. Support for staff establishing these groups will be provided by the PPI Lead. Most patient and carer experience groups will be condition-specific or be about particular departments (appendix 4 gives examples). Involvement in these groups from relevant voluntary organisations will be actively encouraged.

6.5 **Learning, Education and Support to Deliver this Strategy**

6.5.1 The Trust is currently refreshing three of its key strategies:

- The Clinical Strategy
- The Organisation Development Strategy
- The Learning and Development Strategy

Each of these is closely related to the Patient and Carer Experience Strategy and will include patient experience as a key theme.

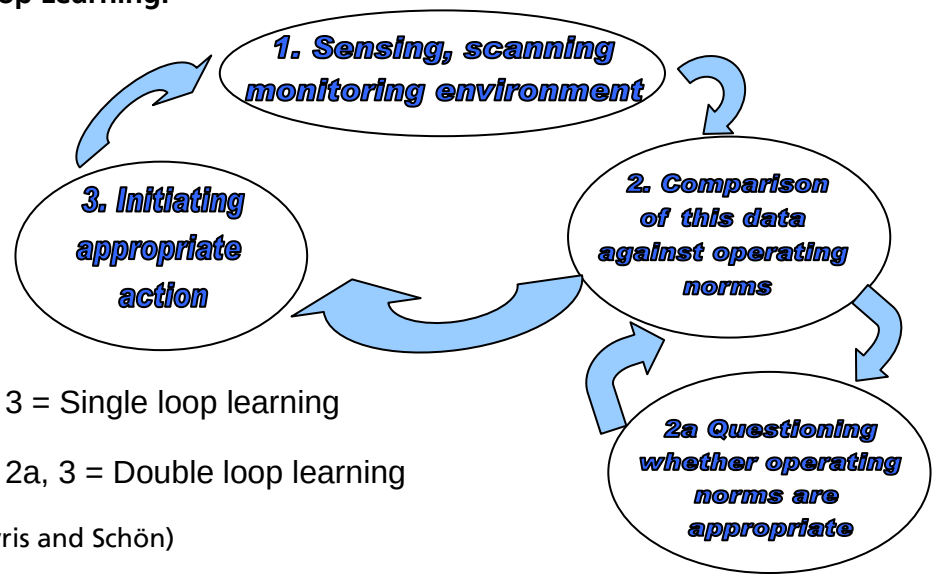
6.5.2 The Trust's 'Developing our Staff – our Policy and Approach' aims to encourage and support the link between quality management and staff development and quality service delivery in order to enhance patients' experience.

6.5.3 All staff have a responsibility to identify and challenge comments made which may have an adverse impact on the Trust's reputation and to deal with any issues raised in an appropriate manner. The Trust has a "Whistle-blowing" Policy (for staff to express concerns about standards of care or other Trust activities) which should be followed by staff with concerns which they wish to raise confidentially.

6.5.4 The Organisation Development Strategy is being refreshed and recognises that the Trust's transformation in terms of culture, confidence and capability needs to be underpinned by the development of our learning capacity and the ability to release the potential of all staff within the Trust.

6.5.5 We need to create a learning culture where we create new ways of looking at what we do and how we do it:

Double Loop Learning:



1, 2, 3 = Single loop learning

1, 2, 2a, 3 = Double loop learning

(Argyris and Schön)

In this model we consider to what extent our norms/strategy were correct in the first place.

6.5.6 The Workforce Strategy is key to enabling the Trust to fulfil its vision to be the Preferred Hospital for Local People. The way in which vacant posts are advertised and new staff recruited will be reviewed following the adoption of the new values and expected behaviours and with the purpose of the Patient and Carer Experience Strategy firmly in mind. This will ensure that we recruit people with the right attitude and aptitude as well as the necessary skills and experience to do their jobs in accordance with the expectation that what is happening to the patient as an individual in our care is the most important thing to our staff at that point no matter how busy they are.

6.5.7 The induction of staff, identification of their learning and development needs and performance management will focus on the patient being at the heart of everything we do. This includes staff working in 'back office' roles having a part to play by helping to create a patient-focussed culture of respect and dignity across the Trust such as by holding a door open for a patient or by following good 'customer care' practices in responding to a colleague's queries.

6.5.8 Training will be provided for all patient-facing staff in communicating with patients and their carers and in shared decision-making. All staff will receive training in 'customer care' and communication.

6.5.9 The Strategy also requires a change in the way in which the Trust is supported by information technologies. Subject to the requirements of information

governance, the Trust is investing in updating its electronic patient administration system, technologies to capture real-time patient experience and looking at how it can harness new technologies to contact patients and their General Practitioners and to provide information for patients tailored to meet their individual needs.

7 SUCCESS CRITERIA

7.1 The overall goal of this Strategy is to improve the experience which patients and their carers have when they receive services from this Trust. This Strategy will be delivered through action plans monitored by the Patient Experience Steering Group. The following measurable performance indicators have been identified as a means of identifying our progress with the implementation of this Strategy.

Indicator	2012-13 Target	2 013-14 Target	2014-15 Target
Net Promoter Score (Friends and Family Test) obtained from at least 10% of patients (CQUINS national target)	At least 10% (SHA target)	Expected to be increased to 15% (national guidance awaited)	National guidance awaited
Improvement in the National Inpatient Survey score based on five* survey questions (Baseline: 60.1 in 2011 Survey results) (CQUINS)	65 (CQUINS)	To be advised (CQUINS)	To be advised (CQUINS)

* The questions in 2011 were E2, E5, E7, G10 and G16.

8 REFERENCES

[1] The Trust website: www.qehkl.nhs.uk

[2] Annual Business Plan 2012 – 3 (QEHKL v 2.4 May 2012)

[3] Coulter, A & Collins, A: making Shared Decision-making a Reality (King's Fund, London, 2011 – downloadable from the King's Fund Website)

[4] General Medical Council: Good Medical Practice (GMC, London, 2009)

[5] Nursing and Midwifery Council: The Code: standards of Conduct, Performance and Ethics for Nurses and Midwives (NMC, London, 2008)

[6] Health Professions Council (now Health and Care Professions Council): Standards of Conduct, Performance and Ethics (HCPC, London, 2008)

[7] Mulley, A, Trimble, C and Elwyn, G: Patients' Preferences Matter: Stop the Silent Misdiagnosis (citing Wennburg and Marr) (King's Fund, London, 2012 - downloadable from the King's Fund Website)

[8] Royal Liverpool and Broadgreen University Hospital Angina Trial (www.angina.org) (cited in reference 7)

[9] Elizabeth Victor: A Systematic Review of Interventions for Carers in the UK: Outcomes and Explanatory Evidence (Princess Royal Trust for Carers, London, 2009)

[10] Department of Health: Equity & Excellence: Liberating the NHS (DH, London, White Paper 2010)

[11] Lord Darzi: High Quality care for All (DH, London, 2008)

[12] Department of Health: The Patient Experience Framework (DH, London, 2012)

9 ARRANGEMENTS FOR MONITORING PROGRESS WITH THIS STRATEGY AND COMPLIANCE WITH RELATED POLICIES AND PROCEDURES

MONITORING COMPLIANCE

Key elements (Minimum Requirements)	Process for Monitoring (e.g. audit)	By Whom (Individual / group /committee)	Frequency of monitoring	Responsible individual / group / committee (plus timescales(for		
				Review of Results	Development of Action Plan	Monitoring of action plan and implementation
Selection & recruitment process making explicit the values and behaviours expected (section 6.1.2)	Review process for advertising, selection and recruitment	Assistant Director of HR report to Patient Experience Steering Group	Annual	Patient Experience Steering Group	Patient Experience Steering Group	Quality & Risk Committee
Customer care training provided to all existing staff by Dec 2013 (sections 6.1.3 & 6.5.7)	Review existing Customer Care training and the Customer care part of induction training to check it is still fit for purpose	Mandatory Training Manager report to Patient Experience Steering Group	Six monthly	Patient Experience Steering Group	Patient Experience Steering Group	Quality & Risk Committee

Specification and tender documents to include the culture, values and expected behaviours (section 6.1.5) by Dec 2013	Inclusion in the standard Trust documentation for procurement	Head of Procureme-nt report to Patient Experience Steering Group	Six monthly	Patient Experience Steering Group	Patient Experience Steering Group	Quality & Risk Committee
Evidence in case notes that patients are being given appropriate and adequate information about their conditions and treatment (section 6.2.2)	Case note audit	Clinical Audit Manager report to Clinical Audit Committee	Annual	Clinical Audit Committee Clinical Audit Committee	Clinical Audit Committee	Quality & Risk Committee

10 EQUALITY IMPACT ASSESSMENT

Equality Impact Assessment Tool (To be completed and attached to any policy document when submitted to the appropriate committee for ratification.)

STAGE 1 - SCREENING

Name & Job Title of Assessor:			**Date of Initial Screening:**
Policy or Function to be assessed:			
		Yes/No	**Comments**
1.	**Does the policy, function, service or project affect one group more or less favourably than another on the basis of:**		
	• Race & Ethnic background	Yes	Positive impact by ensuring access to appropriate assistance eg: interpreters
	• Gender including transgender	No	
	• Disability:- This will include consideration in terms of impact to persons with learning disabilities, autism or on individuals who may have a cognitive impairment or lack capacity to make decisions about their care	Yes	Positive impact by ensuring access to appropriate assistance, equipment and support
	• Religion or belief	No	
	• Sexual orientation	No	
	• Age	Yes	Positive impact by ensuring access to appropriate assistance and support where needed
2.	**Does the public have a perception/concern regarding the potential for discrimination?**	No	

If the answer to any of the questions above is yes, please complete a full Stage 2 Equality Impact Assessment.

Signature of Assessor:_____ Date:_____

Signature of Line Manager:_____ Date:_____

STAGE 2 – EQUALITY IMPACT ASSESSMENT

If you have indicated that there is a negative impact on any group, is that impact:

		Yes/No	Comments
1.	**Legal/Lawful under current equality legislation?**	Yes	
2.	**Can the negative impact be avoided?**	Yes	There is no negative impact
3.	**Are there alternatives to achieving the policy/guidance without the impact?**	No	The purpose of the Strategy is to make a positive impact by making sure patients are treated as individuals
4.	**Have you consulted with relevant stakeholders of potentially affected groups?**	Yes	The draft Strategy was circulated to internal and external stakeholders and presentations made at specific meetings by invitation including West Norfolk Older People's Forum and Swaffham Dementia Cafe
5.	**Is action required to address the issues?**	No	Any actions required

It is essential that this Assessment is discussed by your management team and remains readily available for inspection. A copy including completed action plan, if appropriate, should also be forwarded to the Equality & Diversity Lead, c/o Human Resources Department**This page intentionally blank**

11. DISSEMINATION OF THIS DOCUMENT

Plan for Dissemination of Procedural Documents

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Acknowledgement: University Hospitals of Leicester NHS Trust

Title of document:	**Patient and Carer Experience Strategy**		
Date finalised:	**November 2012**	**Dissemination lead: Print name and contact details**	**Director of Patient Experience & Lead for Nursing and Non-medical Professionals** Gwyneth.wilson@qehkl.nhs.uk
Previous document already being used?	**No (Please delete as appropriate)**		
If yes, in what format and where?	**Not applicable**		
Proposed action to retrieve out of date copies of the document:	**Not applicable**		

To be disseminated to:	**How will it be disseminated, who will do it and when?**	**Format (i.e. paper or electronic)**	**Comments:**
All staff	**On Trust intranet**	**Electronic**	**Staff will be made aware of the document via "Quest", team briefings and induction training**

Dissemination Record – to be used once document is approved

Date put on register / library of procedural documents:		**Date due to be reviewed:**	

Disseminated to: (either directly or via meetings, etc.)	**Format (i.e. paper or electronic)**	**Date Disseminated:**	**No. of Copies Sent:**	**Contact Details / Comments:**

12. APPENDICES

APPENDIX 1

DIGNITY CODE

The Queen Elizabeth Hospital King's Lynn is committed to uphold the rights and maintain the dignity of all patients using our services.

The Trust will:

- Respect all individual's decisions and ensure that their personal wishes are implemented including those persons who can no longer express themselves clearly
- Respect individual's habits, values, cultural backgrounds and any needs, linguistic or otherwise
- Use formal spoken terms of address unless invited to do otherwise
- Use appropriate language and tone when speaking to individuals
- Maintain comfort, consideration, inclusion, participation and a sense of purpose in all aspects of care
- Will not undertake any activity that directly affects the individual without their consent
- Ensure that care is adapted to the needs of the individual
- Assist individuals to maintain confidence and positive self esteem
- Support individuals to maintain their hygiene and personal appearance
- Respect individual's personal space and privacy
- Ensure that concerns will be dealt with thoroughly and any right to complain will not include fear of retribution
- Provide advocacy services where appropriate

The Trust does not accept:

- Individuals being abused or not respected in any way
- Individuals being treated as "objects" or being spoken about as if they were not present
- Privacy being breached
- Not informing individuals of what is happening in a way they can understand
- Not allowing a person to speak for themselves either directly or through family, friends or advocates
- Using unnecessary medication or restraints
- Failure to maintain an individual's personal appearance
- Refusing to treat anyone on the grounds of discrimination

Acknowledgement to NPC 2011

APPENDIX 2

NHS PATIENT EXPERIENCE FRAMEWORK

In October 2011 the **NHS National Quality Board (NQB)** agreed on a working definition of patient experience to guide the measurement of patient experience across the NHS. This framework outlines those elements which are critical to the patients' experience of NHS services.

a) **Respect for patient-centred values, preferences, and expressed needs,** including: cultural issues; the dignity, privacy and independence of patients and service users; an awareness of quality-of-life issues; and shared decision making;

b) **Coordination and integration of care** across the health and social care system;

c) **Information, communication, and education** on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care and health promotion;

d) **Physical comfort** including pain management, help with activities of daily living, and clean and comfortable surroundings;

e) **Emotional support** and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances;

f) **Welcoming the involvement of family and friends,** on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as care-givers;

g) **Transition and continuity** as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions;

h) **Access to care** with attention for example, to time spent waiting for admission or time between admission and placement in a room in an in-patient setting, and waiting time for an appointment or visit in the out-patient, primary care or social care setting.

This framework is based on a modified version of the Picker Institute Principles of Patient-Centred Care, an evidence based definition of a good patient experience. When using this framework the NHS is required under the Equality Act 2010 to take account of its Public Sector Equality Duty including eliminating discrimination, harassment and victimisation, promoting equality and fostering good relations between people.
Gateway reference number 17273

APPENDIX 3

LIST OF FURTHER GOVERNMENT GUIDANCE, LEGISLATION AND REGULATIONS ABOUT PATIENT AND CARER EXPERIENCE AND INVOLVEMENT

NHS Act 2006: section 242

CQC Regulation 17 outcome 1: Respecting and involving people who use services

CQC (2010): Essential Standards of Quality and Safety

DH (as updated 2010): Essence of care Benchmarks

DH (2009): Making Experiences Count

DH (2010): Recognised, Valued and Supported: Next Steps for the Carers Strategy

DH: The NHS Constitution (DH 2010; revised 2012)

NHS Midland and East (2012): Creating a Revolution in Patient and Customer Experience: Implementation Guidance – The Friends and Family Test

National Institute for Health and Clinical Excellence (NICE) (2012): Patient Experience in Adult NHS Services: Improving the experience of care for people using adult NHS Services – NICE Clinical Guideline 138

APPENDIX 4

LIST OF PATIENT AND CARER EXPERIENCE GROUPS

(HOSTED BY OR IN CONJUNCTION WITH THIS TRUST AS AT 25 JULY 2012)

Group Name	Division	Host / Co-host Organisation	Frequency and Usual Location of Meetings	Contact for Further Details
Keeping Abreast		Keeping Abreast (Local breast reconstruction support group)		Angela Holford, Lead Breast Care Nurse, QEHKL
Life After Breast Cancer		Life After Breast Cancer (Local self-help and support group)		Angela Holford, Lead Breast Care Nurse, QEHKL
Breathe Easy Group (King's Lynn)	Med	Support network arm of the British Lung Foundation	Last Monday each month at Reffley Community Hall 1.30 – 3.30pm	Jules Barfoot, CNS, QEHKL / Mandy Rye, Respiratory Nurse, QEHKL
Inflammatory Bowel Disease Patient Panel	Med	QEHKL	2 – 3 times p.a. at QEHKL	Fran Bredin, IBD Specialist Nurse, QEHKL
Cancer Patients and Carers Experience Group	Med	QEHKL	3 – 4 times p.a at QEHKL	Bev Perryman, Lead Cancer Nurse, QEHKL
Dermatology Virtual Patient Panel	Med	QEHKL	Contact by email as required	Tina Green, Consultant Dermatologist, QEHKL / Nicola Ennis, PA & Senior Medical Secretary in Dermatology, QEHKL
Diabetes UK (King's Lynn & Wisbech branch)	Med	King's Lynn & Wisbech branch of Diabetes UK		Sarah Jordan, Specialist Diabetes Nurse, QEHKL

Epilepsy Support Volunteers	Med	QEHKL	1st Monday each month in the Outpatient department, QEHKL	Sue Holman, OPD Sister, QEHKL
Lynn Heart Support Group		Lynn Heart Support Group (patient-led support group)		Kate Siddell, Cardiac Rehabilitation sister, QEHKL
Learning Disabilities Steering Group	Trust-wide	QEHKL + links with West Norfolk parent carers association, West Norfolk Advocacy Group and Opening Doors (advocacy group for people with LD)	Monthly	Maria Cox, LD Liaison Nurse, QEHKL
Parkinson's Disease Support Volunteers	Med	QEHKL	1st Monday each month in the Outpatient department, QEHKL	Sue Holman, OPD Sister, QEHKL
Stoma Support Group		Patient-led	3 times p.a. at Reffley Village Hall	Via Jeanette Fake, Stoma Care Sister, QEHKL
Stroke Support Group		West Norfolk branch of the Stroke Association (volunteer and member organised)		Gemma Smith, Community Support and Long-Term Support Co-ordinator, West Norfolk branch of the Stroke Association: Tel. 01366 377803

APPENDIX 5

SUMMARY OF THINGS WHICH OUR PATIENTS HAVE TOLD US ARE THE ELEMENTS OF A GOOD PATIENT EXPERIENCE

1. Letter properly addressed giving clear information about when and where to attend with single phone number for queries
2. Able to park in the hospital car park
3. Clear signs outside & inside (colour coded)
4. Volunteers & staff acknowledge & welcome you & offer help with a smile
5. Clean, safe & quiet ward (place for belongings / call bell answered)
6. Choice of date of admission; at a time when bed will definitely be available
7. Attractive & nice food & drink, served at correct temperature with help to eat & drink if needed
8. Face-to-face & written/printed information about condition & treatments including side effects, what to expect, what to do/not do afterwards, likely time until you can resume normal activities inc. driving, sex, work etc (as appropriate) with time to talk about concerns & ask questions. This information should also to be available to family and other carers if patient wishes.
9. Dignity: correct use of bed curtains; patient to be offered choices and these preferences to be observed (eg preferred form of address, whether to use toilet or commode; bath or shower)
10. Adherence to agreed discharge date/time with no delays & with a follow-up phone call to ask how patient is, answer questions and ask for feedback about quality of care (using questionnaires or Patient Opinion for example)

Sources: National and local survey results, analysis of complaints, compliments and PALS enquiries, Foundation Trust Members' Focus Groups, Benchmarking, patients' stories, informal face-to-face feedback, PEAT reports, views from the Board of Directors and the Governors' Patient Experience Committee and from external stakeholders.