

Patient Experience & Customer Care Strategy 2009-2012

TRUST WIDE

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1 Introduction

Patient experience and customer care is integral to the United Lincolnshire Hospitals NHS Trust's core business and therefore all staff working within the Trust have a duty to ensure that all those who use our services receive an experience that meets or exceeds their physical and emotional needs and expectations.

2 Purpose

The aim of this strategy is to set out United Lincolnshire Hospitals NHS Trust commitment to ensure that all our patients' experiences are of a high standard.

The strategy is aimed at improving the experience of all patients in all specialities. This includes adults, children and maternity service users. It also acknowledges the impact of carers, visitors, friends, parents and family members on the patient experience so the scope of the strategy will include these as well.

The focus of the patient/service user within the NHS is becoming greater and with choice and flexibility of access it is of even more importance that we provide a high level of customer satisfaction. To do this the Trust needs to recognise the importance of a patient's positive experience and be fully aware of their expectations.

The purpose of this strategy is to identify the 'patient experience', what we mean by 'good customer service' and how we will achieve this within United Lincolnshire Hospitals NHS Trust. The Patient Experience and Customer Care Strategy will provide a tool in which to drive forward positive change, moving the focus to 'people' rather than 'processes'.

3 Vision

To be a patient focussed organisation that actively seeks the views of service users and engages them in the shaping and developing of our services, whilst consistently providing a high level of customer satisfaction.

4 A Good Patient Experience

The 5 key dimensions for a good experience are:

- Safe, high quality, co-ordinated care
- Building closer relationships
- Clean, comfortable, friendly places
- Improving access and waiting times
- Better information, more choice

A good patient experience will be influenced by the following factors:

- Being treated as individual with own needs and with compassion, dignity and respect. This should take into account culture, lifestyles and beliefs.
- Being listened to and to make informed decisions about care and treatment.
- Having their physical, emotional, psychological and spiritual needs met.
- Receiving information in an understandable and accessible way in a timely and sensitive manner and at an appropriate time and having the opportunity to ask questions.
- Knowing that no clinician will do anything without their full, informed consent.
- Knowing there will be effective communication between staff and patients and between staff and other staff, departments and agencies.
- Being able to access services that are co-ordinated and of high quality.
- Knowing that care will be evidence based, up to date and safe.
- Having their pain controlled.
- Receiving adequate nutrition for their dietary requirements and that their specific dietary needs will be met.
- Being able to die in the place of their choice.
- Knowing their identified carers and family will be involved in their care in accordance with their wishes.
- Being cared for with other patients of their own sex and not having to share toilet or bathroom facilities with the opposite sex.
- Having their call bells answered as soon as possible and with the minimum of delay.
- Receiving the medication they require at the right time.
- Knowing that the area they are cared for is kept clean.
- Knowing that all staff will wash their hands before dealing with the patient.
- Being addressed in a manner of the their choosing.

Patients' experience of hospital is intrinsically difficult to grasp. It is richly textured and complex. By definition subjective, the experience is such that no one else can know how it works from one moment to the next, how the different aspects of the experience (the process of care, the manner in which it is delivered, the environment in which it occurs, the physical sense of the place) come together, or what they mean for this particular person at this particular moment in their life.

The Kings Fund (2008)

Despite the Trust's commitment to ensuring that all patients have a good patient experience, it is clear from complaints, PALS contacts, surveys, focus groups and individual feedback, that a minority of patients have a less than ideal experience.

5 Values and Behaviours

In 2007, United Lincolnshire Hospitals NHS Trust published its 3 year Service and Financial Plan. This included some values and behaviours.

Our Values

Every employee will uphold the following values:

- To put the patient and public at the centre of our work
- To lead and take responsibility not blame others
- To work together not undermine each other
- To fully understand problems, their cause, and to find solutions and answers not excuses
- To be responsive and flexible to enhance the experience of all those who use our services

Behaviours

- We will treat patients, colleagues and visitors with respect, dignity and empathy
- We will recognise that patient care is improved by effective team work.
- We will recognise our individual responsibility to contribute to the success of the team
- We will involve team members as early as possible
- We will speak well of each other – inside and outside of work
- We will give authority to team members to act, we let them deliver
- We will raise concerns about safety, health or patient care promptly and appropriately without fear of victimisation
- We will respect the right of confidentiality

6 Why some patients may not have a good experience

There are many reasons why patients may not have an experience that meets their expectations. They might include:

- Patients expectations are too high and/or unreasonable
- Attitudes and behaviours of some members of staff
- Attitudes and behaviours of some patients and/or carers
- Lack of time
- Lack of, or inappropriate, resources
- Poor multidisciplinary working and/or communication
- Inappropriate skill mix
- Workload
- Pressures on service
- Lack of capacity in system
- Individual member of staff's well being at that time
- Lack of training, skills or knowledge
- Required service not provided on site or close to patient's home
- System constraints
- Old or outdated estate

7 Why is it important?

There is a strong moral and human imperative to protect people when they are weak and vulnerable and help them towards recovery or adaptation to their illness or condition. Most people working in the NHS that have contact with patients will be compassionate people and will want all users of their services to have a good patient experience. However, there is a daily balancing act going on with all of the pressures put upon the NHS to deliver quality and care, whilst increasing efficiency and working within a limited resources.

Patients have increasing choice and they will choose a care provider that not only provides high quality clinical expertise but also a provider that makes every effort to ensure that each patient has a positive experience. As patients begin to exercise choice, hospitals that do not focus on patients' experience will have poorer reputations, fewer patients and thus less income.

Improving patients' experience is central to *High Quality Care for All: NHS next stage review* (Department of Health 2008), and how patients view their experience is expected to affect the tariff that a Trust receives for providing care.

8 A Customer Focused Approach

Many NHS staff became anxious about using terminology such as customer to describe those who come into contact with the NHS. It is assumed that as money does not change hands at the point of service delivery, those that use our services cannot be described as customers.

The Oxford Dictionary definition of a customer is "a person with whom we have dealings" and has nothing to do with the exchanging of money. All staff will be familiar with being a customer and will know what frustrates them and what makes them pleased as a customer. Many of the issues that frustrate or please us as customers also applies to those who access our services.

This may include the following:

- Attitude of staff
- Communication
- Appearance
- Waiting
- Helpfulness
- Being kept informed
- Empowerment
- Choice

Many people use the phrase, treat others as you would wish to be treated, and this is a good philosophy for staff to use. If you see someone or you treat someone in a way you wouldn't want to be treated yourself, then what can be done about it?

However, whilst this is important, there may be some people who do not want to be treated in the way you would want to be treated and as such, each person must be treated as an individual and their own needs and wishes recognised and respected.

Trust staff need to be aware of patient's expectations and try to meet these wherever possible, whilst remaining conscious that some people will have unrealistic expectations which in itself will need to be managed appropriately.

Both our internal and external customers have expectations and as a Trust we need to exceed these. Many of our customers have different needs to those within a commercial setting, particularly patients who may feel vulnerable and heavily reliant on the care and treatment we provide.

Our customers expect to be treated consistently but as an individual, with their best interests at the forefront at all times.

Every single member of staff has a responsibility to sort and resolve problems, although they should liaise with their colleagues, supervisors or managers if they are unsure. However this should not absolve them of their responsibilities and remember at all times it is **my customer, my responsibility**.

There are key questions which each member of staff should ask:

- Who are my customers?
- What do they want from us?
- Do we give them what they want?
- How do they see us and our service?
- What are they telling us?
- Are we listening?

Despite the best efforts of staff, there will be occasions when things go wrong and a resolution is required. With patients as with customers in other environments, how a problem is resolved can lead to the customer reporting it as a positive or negative experience.

9 First Impressions

The very first point of contact a patient/service user has can impact heavily on the patient experience. Customers want to feel welcomed by the Trust and that we see them as an individual rather than a number. There are obviously a number of ways in which people can contact the organisation and the way in which we act and respond to these need to be consistent, efficient and effective. How our Trust is viewed by the patient at this early stage can have a great impact on the organisation's reputation.

Telephone contact can be made directly to many departments/areas throughout the organisation. If callers are unsure who to phone, the main hospital switchboard are likely to receive their call and redirect it as appropriate. The various internal systems that United Lincolnshire Hospitals

NHS Trust has can cause confusion to some, which can delay callers reaching the required area. In addition the impression a patient gets from entering one of our premises is of paramount importance in terms of their experience. Each hospital has reception points which are managed either by Facilities or the relevant departmental area.

As previously mentioned these areas should provide consistency across the organisation and work to specific customer service standards that are supported by specialised training for employees working in this 'first point of contact' roles. There should also be systems in place for these areas to learn from each other and to continuously develop their customer service skills.

A greater co-ordination of these areas would effectively manage the contact we have, ensure it is dealt with quickly and ensure all staff are working in a similar way, with the 'customer' at the forefront of the work they undertake. A centralised contact centre could prove beneficial in dealing with incoming calls with knowledgeable staff ready to help as well as transfer/re-direct calls if necessary.

External customer facing staff at reception points will be supervised by a central customer services manager to ensure a consistent approach. A well-informed volunteer service placed in various points across the organisation could provide a service that would be here solely to assist those that require it.

Appearance is crucial to people and patients will make judgements on people and the environment based on appearance. Staff working in healthcare will be expected to have a professional and smart image at all times, and the Trust Uniform Policy will be adhered to by all relevant staff.

5 Senses Survey

Introduced into United Lincolnshire Hospitals NHS Trust by Macmillan Cancer Care and the Mid Trent Cancer Network, the 5 Senses Survey focuses on using the 5 senses of touch, taste, sight, sound and smell to assess in a structured manner the first impressions of a service.

Patients and staff are trained to carry out the survey and as a mixed group will carry out a visit to a patient care area to assess it. It is crucial that the place they are assessing is one they have never been to before so that it truly is first impressions.

The results are presented to the service who are then expected to develop an action plan to address the findings.

Service improvements have been made as a result of this programme and it is intended that the programme will become more widespread including in non-cancer care areas.

10 Communication

First impressions influence patient's trust and confidence and professional appearance and attitude should support this. This should be reflected throughout all patient contact including standard of information sent to patients before or at admission, car parking facilities, courteous and helpful reception staff, a warm and welcoming environment and signposting, whilst maintaining a positive approach where visitors do not feel intimidated to ask for help for information and staff members who are aware of visitors to the organisation seek to attend to their needs if they appear uncertain or unaware.

When the public call the Trust, they should expect their call to be dealt with in a reasonable time and not experience problems in getting through. If appropriate, their call should be passed to the most relevant person and not passed from department to department.

Patients and carers should be able to expect staff to engage with them at all levels and ensure communication is at an appropriate level to their needs. Patients that have difficulty in communicating should be able to expect staff to make every attempt to meet their needs. This may be through the use of telephone or face to face interpreters, translated written material, sign language interpreters, provision of hearing loop facilities, large print information, and audio information. Staff must be aware that it is their responsibility to arrange aids to communicate and not be reliant on family members, friends or staff to interpret on their behalf.

People with learning difficulties will have their communication levels assessed and information provided appropriately. Staff should engage with family and carers to find out the best way to communicate. Written information should be provided in pictorial format if appropriate.

Patients should be able to expect their identified carers to be communicated with having given their consent to this and if appropriate to be involved in decisions about the patient's care and treatment. This includes young carers (aged 5-18).

Patients who have to have bad news broken to them will have this done in a sensitive and compassionate manner by a professional, who has undergone training to support them in this. This will be carried out in an appropriate environment at an appropriate time and in line with good practice standards.

11 Assistance Needed?

As detailed above those requiring assistance are likely to contact the departmental area. However if this is not possible as they either don't know who to phone or feel uncomfortable speaking directly to the staff involved, where would they turn to? We have clear protocols for the PALS service and complaints, but what about the customers who need some general help?

The organisation needs to ensure assistance is readily available through a variety of mediums and is easy to access, with customers knowing how to obtain this. With the number of services provided by the Trust this can prove difficult to customers and if we can assist effectively throughout their journey, customer satisfaction will improve.

12 Customer Dissatisfaction

The Trust have a centralised Patient Advice and Liaison Service (PALS) which is also utilised by NHS Lincolnshire and Lincolnshire Partnership Foundation Trust. Currently PALS take approximately 50 calls per month for our Trust alone and can be for a variety of reasons (signposting, resolving concerns).

If a complaint is raised in the departmental area the staff in that area should take ownership of this and resolve. If this is unsuccessful or initial contact is made with the complaints team, they will review the issues and determine the best way to resolve and respond to the patient/complainant.

The Department of Health (DoH) are driving an initiative to improve customer service within NHS organisations and want to see evidence that concerns and complaints are dealt with effectively and effectively. In order for the Trust to achieve the vision held by the DoH and to achieve a high standard of customer service our mechanisms need to be strengthened.

The Trust should provide the option for dissatisfied customers to approach those in the area they are concerned about or, if they do not feel comfortable doing so, they can refer to a local PALS type service to support them, without going through the formal complaints process. If we can resolve and expel concerns at the time, it will be better for the patient/service used as the action/resolution is immediate. With the legislation for handling complaints recently changing and pilot sites working in this way they have been proven benefits of organisations having a strong and integrated PALS and complaints service.

13 Feedback

To support the DoH vision in customer service and patient involvement there needs to be clear routes for feedback to be provided on service provision. Although work may be carried out in pockets within the organisation this should be collated and monitored centrally to ensure the data is captured and learnt from. The term 4 C's is being referred to more and more; Complaints, Concerns, Comments and Compliments and there is an expectation that by the end of 2010 the Trust can demonstrate we effectively obtain information in these ways.

This data will be collated centrally in a customer services department so it can be controlled in a consistent way and there would be clear assurances that all areas of the organisation are actively obtaining and using this information.

14 Changing the Culture

Cultural change involves changing the basic values, norms, beliefs, and systems in place within an organisation in order to improve organisational performance. Culture change has to reach every corner of the organisation, if it doesn't, poor performing areas will drag down the good performing areas. All staff are affected. One rogue member of staff can affect the reputation of the whole organisation. Staff that interface with the public on a day to day basis are crucial to the reputation of the organisation, but Senior Managers and Directors have a role to play to ensure that the structures and processes are in place to support a good patient experience.

In order to improve the patient experience a number of changes in values, behaviour and culture are required within United Lincolnshire Hospitals NHS Trust. Patient experience cannot be seen in isolation and co dependencies exists.

Ensuring a good patient experience requires all staff to take responsibility for this. This needs to be considered as everyone's business. ***Patients and the public will be put at centre of our work*** (ULHT Service and Financial Plan 2007).

Staff are our most valuable asset in the Trust. As an organisation we should treat staff as we expect them to treat patients. A philosophy of ***treating all patients, staff and visitors with respect, dignity and empathy*** (ULHT Service and Financial Plan 2007) should be embedded within the organisation.

Patient expectations are constantly increasing and meeting these expectations are central to improving the patient experience. However, there also needs to be an awareness of unrealistic expectations and managing expectations is also key to a good patient experience. Patients leaving the Trust with a negative perception can damage the reputation of the Trust, so there also needs to be a culture of all staff feeling empowered and equipped to resolve problems immediately or escalate as appropriate.

Staff need to have a sense of pride in the service they are delivering and ***take responsibility for and recognise the contribution they can make to the success of the team*** (ULHT Service and Financial Plan 2007-2010)

15 Dignity

Dignity can be defined as being worthy of respect. A service that does not respect dignity is a service which is not providing good patient care. Dignity is fundamental to high quality patient care and thus United Lincolnshire Hospitals NHS Trust believes that all patients should be treated with dignity at all stages in their journey.

There are many ways where patients have reported that their dignity has been taken away from them and these include:

- Addressing patients in a manner that they would wish. Some patients will choose a more formal term of address, others may wish to be known by their first name or other given or nickname. Over familiar terms such as dear, sweetie, love, darling and duck should be avoided at all times unless a patient has identified one of these terms as being their preferred method of address.
- Gowns and clothing fit properly and are secured so they are not exposing parts of the body. During care, as much of the body should be kept covered as possible.
- Doors and curtains should be closed properly during care giving and notices displayed so that others do not enter, unless they have sought the consent of the patient.
- Call bells should be within easy reach of patient at all times and requests for help responded to in a timely manner.
- Patient's toileting needs should be met as soon as possible. If there are mobility problems, patients should be escorted to the toilet wherever possible. If commodes or bedpans are required, curtains should be fully closed and signs displayed so that patient is not disturbed. Patients should be given the opportunity to wash their hands following toileting.
- Keep patients informed in an understandable and accessible manner.
- Take into account any communication difficulties people may have.
- Discussions with patients about care and treatment should take place, wherever possible, away from areas where other patients can overhear them or voices kept low.
- Staff should be polite and courteous even under pressure.
- Disturbances at night should be kept to a minimum.
- Patients should be nursed on an appropriate ward as early as possible, and multiple ward moves should be avoided. Where ward moves are required, patients should be kept informed and their relatives informed. Ward moves should be avoided at night. Patients should be expected to be nursed in an area with members of the same sex.
- Each patient should be treated as an individual with their own personal needs.
- Each patient should be treated in a positive manner so they do not feel afraid to ask anything or raise concerns without fear of retribution.
- Treat others how you would wish to be treated yourself. If you are treating patients in a way that you wouldn't want to be treated, what can be done to change?

16 Compassion

In the NHS Constitution (Department of Health 2009) it describes compassion as: 'We respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked, because we care.'

The Trust believes that compassion is central to everything that the Trust does and everyone who comes into one of our hospitals should expect to be treated with compassion as a right.

17 Patient Information

Giving patients information about services, their conditions and procedures is key to ensuring that patients and their families/carers are able to make informed choices about their care and treatment.

All patients should be able to give informed consent for procedures and interventions and they should be presented with information outlining what the options are, what is involved, outlining the alternatives and the risks of the procedure.

Patient information should be high quality, credible, evidence based, up to date and accurate. It should be in plain language and avoid the use of jargon and unnecessary medical terminology.

Patient information should be available in other formats relevant to the local population. This includes in foreign languages, large print, pictorial, easy to read and audio formats. Consideration should be given to young carers and ensuring information is accessible to this group of people.

Wherever possible, nationally available information should be utilised from various organisations. If not available, or local information is required, services should wherever possible look to ensure that standard pan Trust information is used and avoid clinician or site based information.

Readers' Panel

All new and reviewed patient information produced internally by United Lincolnshire Hospitals NHS Trust are submitted to the Trust Readers' Panel. This is a group of approximately 70 volunteer public members who look at patient information from a lay person's perspective in the comfort of their own home.

These volunteers look at lay out, format, style, content, grammar and spelling. Feedback from leaflet authors is that the process is extremely helpful in ensuring their information is truly patient friendly. In some cases, Readers' Panel comments have led to a complete rewrite of the leaflet, usually with the help of the Reader's Panel to get it right.

18 Patient Environment

Many patients will judge the Trust's performance and their experience on the appearance, smell and cleanliness of the patient environment. If the hospital, ward or department is perceived by the patients to be dirty, untidy, cluttered and in poor repair, they will often make the assumption that their care will be poor.

Patients expect to be cared for in an environment with patients of the same sex and not share toilet and bathroom facilities with the opposite sex.

Patients will expect to have their dignity and privacy maintained and this includes ensuring that curtains are pulled around the bed when undergoing care or treatment. These curtains should fit properly and not have gaps in them or have staff entering without seeking permission. No entry signs will be used when curtains are pulled.

Patient Environment Assessment Teams provide reports on the patient environment and identify actions for improvement. The Auditrac system is also used for identifying areas for improvement.

19 Food and nutrition

Patients should have their nutritional needs met while in hospital. An assessment should take place in all at risk patients.

Patients should be offered a choice of food and given assistance where required to make a choice from the menu. Options should be provided for special dietary requirements such as gluten free, vegetarian, dairy free, soft diet, Halal, Kosher etc. Menus should be available in other languages and pictorial menus also provided on each ward.

Help should be offered to patients who have difficulty in feeding. This may range from help to reach food, open packets and cutting food up, to full help with feeding. The Trust have commenced a programme of Volunteer Mealtime Companions to provide patients with added support in feeding.

Mealtimes will be protected and will not be disturbed unless there is an immediate clinical need. Ward rounds, procedures and diagnostic investigations will not take place during mealtimes.

A swallowing assessment should be carried out on all patients that are at risk from dysphagia.

Patients will be referred to a dietician and/or a speech and language therapist if appropriate.

20 Infection Prevention and Control

Many patients are now anxious about contracting a hospital acquired infection when coming into hospital and in particular methicillin resistant staphylococcus aureus and clostridium difficile.

Patients should be able to expect all healthcare professionals to decontaminate their hands between each patient contact.

The Trust infection control policy will be available to staff as a resource and support for managing the prevention and control of infection.

We will be seeking to do all we can to reassure users of our services our commitment to reduce our infection rates and are pleased with the progress made in this area.

21 Tissue Viability

Patients that come into hospital should expect that they will be cared for in a way that ensures that they do not develop pressure ulcers and that any wounds will be cared for in an optimum way to encourage good healing.

All patients at risk from pressure sores should have a Waterlow Pressure Ulcer assessment carried out within 4 hours of admission. This should be reviewed at least weekly and whenever the patient's condition changes.

If existing pressure damage is identified undertake, a Wound Assessment and Management Chart should be completed and then completion of the Trust's Pressure Ulceration Notification Tool on the intranet should take place on the same day.

The Tissue Viability Team can be contacted for advice and support.

22 Safeguarding Children

Section 11 of the Children Act 2004 places a statutory duty on United Lincolnshire Hospitals NHS Trust to safeguard and promote the welfare of children that come into the service.

All staff that work with children must ensure that the needs of children are assessed and acted upon and that their views are obtained and acted upon.

Children will come into the service in the obvious places, e.g. accident and emergency, children's outpatients and children's inpatient and community services. However it is crucial that it is recognised children may access services in areas more usually considered adult areas and includes, but is not limited to, diagnostics, general wards, maternity and gynaecology, and outpatients.

Staff caring for adults who are parents or carers must also make an assessment of the needs of the children and the impact that hospital treatment may have on the child. Children may also attend the hospital with their parents, carers or siblings and consideration will need to be given to their needs as well.

Some adolescents may request to be cared for on an adult ward, and staff working in these areas must recognise the special needs that these individuals have. Parents and carers will need to be involved fully in their care whilst respecting the young person's own need for privacy and dignity. Communication and information will need to be tailored in a manner that can be understood by the young person.

All hospital staff must undertake training so that they have an awareness of the signs that a child may be at risk. Where children are deemed to be at risk, every member of staff has a duty of care to report their concerns and follow Trust policy.

All new hospital staff and volunteers that have contact with patients must undergo a Criminal Records Bureau check and must not start work unsupervised until clearance is given.

23 Safeguarding Vulnerable Adults

A vulnerable adult is a person aged 18 years or over who may be unable to take care of themselves, or protect themselves from harm or from being exploited. This may be because they have a mental health problem, a disability, a sensory impairment, are old and frail, or have some form of illness.

Vulnerable adults are more at risk of abuse. Abuse is a violation of a person's human rights or dignity by someone else. Abuse may be:

- Physical
- Sexual
- Psychological
- Financial or material
- Neglect or acts of omission
- Discriminatory
- Institutional

The abuser is often known to the person being abused and could be:

- Relatives and family members
- Professionals
- Paid carers
- Volunteers
- Neighbours
- Friends

Every individual has a right to a life free from fear, to be treated with dignity and respect and have their choices respected and not be forced to do anything against their will

Hospital staff should be trained to recognise the signs of abuse and challenge them when they are institutional. They should know how to escalate their concerns and report their suspicions in line with Trust policy.

24 Mental Capacity

Mental Capacity is the ability to make a decision. Capacity can vary over time and by the decision to be made. The inability to make a decision could be caused by a variety of permanent or temporary conditions, for example, a stroke or brain injury, dementia, a mental health problem, a learning disability,

confusion, drowsiness or unconsciousness because of an illness or the treatment for it or due to alcohol or drug use/ misuse.

The Mental Capacity Act 2005 is underpinned by five key principals. These are:

- Every adult has the right to make their own decisions if they have capacity to do so. A person must therefore always be assumed to have capacity unless it is established otherwise.
- Maximising decision making capacity. A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success.
- A person is not to be treated as unable to make a decision because he or she makes what others may consider to be an eccentric or unwise decision.
- Any act done, or decision made, under the Mental Capacity Act for or on behalf of a person who lacks capacity must be done or made in his/her best interests.
- Before an act is done, or a decision is made, regard must be had to whether the purpose for which it is needed can be effectively achieved in a way that is less restrictive for the persons rights and freedom of action.

All staff will receive training on the Mental Capacity Act (2005) and understand their role in assessing capacity. Staff should know what to do if a person is assessed as lacking capacity to make decisions about their care and treatment.

In accordance with the Mental Capacity Act, our staff will do all they can to ensure patients are as independent as possible and care is provided in the least restrictive way to avoid any deprivation of liberty.

25 Chaperones

All patients should be routinely offered a chaperone during any examination or procedure that could be defined as being intimate or potentially embarrassing.

The reason for a chaperone may be for one or more of the reasons given below:

- To provide emotional comfort and reassurance to patients
- To assist in explanation of what is happening during examination
- To assist in the examination, for example handing instruments to the clinician or helping access the area to be examined
- To assist with undressing patients
- To provide protection to healthcare professionals against unfounded allegations of improper behaviour
- To protect the clinician against an attack

Chaperones may be informal or formal. An informal chaperone is usually a friend or family member who accompanies a patient to offer comfort and

reassurance during an examination or procedure. It is crucial that the person carrying out the examination or procedure does not make assumptions that a person accompanying the patient would be either suitable or unsuitable to the patient as a chaperone and the patient's views should be sought. Equally, the person accompanying the patient may not wish to act as chaperone and as such should not be coerced into fulfilling this role.

A formal chaperone implies a clinical health professional and should be the same sex as the patient, especially if the clinician carrying out the procedure is of the opposite sex. When performing an intimate examination or procedure, it is strongly recommended that clinicians still seek the presence of a formal chaperone, and the presence of an informal chaperone should be in addition to a formal chaperone, not instead of.

26 Confidentiality

All employees working in the NHS are bound by a legal duty of confidence to protect personal information they may come into contact with during the course of their work.

Confidential information is any information that might be able to identify a person including name, address, and date of birth. It also includes details about their treatment and/or condition. In some cases it might actually be confidential that the person is actually in hospital undergoing treatment.

There are many potential areas where confidentiality of a patient can be put at risk. These may include:

- Giving information about a patient over the telephone to an unknown "friend or relative".
- Unsecured patient notes in public areas.
- Talking to a patient about their personal details in a public area.
- Talking to another member of staff about a patient's personal details in a public place.
- Reading out patient details aloud in a public area.
- Computers left "logged in" and unattended.
- Discussing patients or photos posted on social network sites.
- Ward rounds and bedside handovers.

What is considered confidential and sensitive to one person may not be considered so by another person. However it should be up to the patient themselves to share information with others should they choose and not down to the member of staff to decide.

Many relatives find it exceedingly frustrating not being able to get information about a patient over the phone. A common sense and individual approach is required where the relative can be pacified whilst maintaining confidentiality of the patient. Most patients will welcome vague information about their current clinical condition being shared with an identified relative or next of kin who can then disseminate that information to other relatives and well wishers. This should be discussed with the patient on an individual basis. If unsure, it is

best to tread cautiously and not share any information, but it should be done with empathy and caring.

27 Families and Carers

Admission to hospital and illness has an impact on the whole family not just the patient and true holistic care must take into account these people, as well as the individual patient. Carers and family members will often be the people who will be providing a level of care temporarily or permanently once the patient is discharged. In many cases this will be a new role and the patient and family member may have to adjust to a new dynamic in their as one party becomes dependent on the other for providing basic care. This may be especially pertinent for example when a son or daughter may have to take care of their mother or father. Sometimes this new carer/patient relationship will be welcomed and feel like a natural progression for both parties but equally for some people it might be an unwelcome role for one or both parties and resentment might exist.

Families and carers provide crucial support for patients, yet their importance can go unrecognised by professionals. They will often have their own particular needs, but can often find it difficult to express these.

Young carers have specific needs. Young carers are defined as aged between 5 and 18 and are the primary care giver for someone, usually a parent, sibling or grandparent. Young carers often find that due their caring responsibility they are unable to do the normal expected things that a person of their age would be able to do. Young carers report that often when they come into hospital as a carer, their role is often not recognised as staff find it hard to understand that such a young person has such a responsibility. As such, hospital staff do not engage with young carers appropriately potentially leading to problems on discharge.

28 Volunteers

United Lincolnshire Hospitals NHS Trust has a number of valued volunteers carrying out a wide range of roles. It is expected that volunteers are utilised to enhance and add value to the patient experience and should never be seen as replacing the role of a paid member of staff. The Volunteer Service Manager works alongside staff to identify and recruit to new roles and support their implementation.

Mealtime Companions

National reports and local survey results have shown that some patients do not get enough help with feeding when in hospital and in some cases even leave hospital malnourished.

Volunteer mealtime companions have been introduced to United Lincolnshire Hospitals NHS Trust in 2009. These volunteers are recruited specifically for this role and undergo training to carry out this role.

It is the role of these volunteers to support patients who may need some additional help and support at mealtimes. They are not there to actually feed patients, that is the role of the nursing staff. The mealtime companions help ensure that patients can reach their food and drink, help open packets or remove lids and cut up food where required. They are also there to provide companionship to patients recognising that for most people, mealtimes are indeed a social time when outside the hospital and as such patients may appreciate the social aspect to mealtimes when in hospital as well.

Reports from both patients and the volunteers themselves has been extremely positive.

29 Spiritual Care

Patients and families faced with illness will often have greater spiritual needs than at other times in their lives. It is important to realise that spirituality is separate to religion and people who do not regularly practice religious beliefs or have no religious faith at all, can often be the people that will have the greatest spiritual needs.

For some people, their admission to hospital can bring to them a junction in their life where they may question many areas of their life including their religious beliefs. This may cause people to affirm or abandon their religious beliefs or find a new religious belief or philosophy.

Spiritual needs of patients and carers may change over time in response to their treatment and condition. Personal factors, such as relationships with family and friends, awareness of self, pain, actual prognosis or perception of prognosis and previous experiences of own or others' illnesses will also affect spirituality.

The Trust has an experienced Chaplaincy Department who are experts in spiritual care. They are proficient in providing spiritual care to patients, families and staff no matter what their faith. Staff need to have an awareness of spiritual issues and training is provided to support this.

30 End of Life Care

The Marie Curie Delivering Choice Programme helps local providers and commissioners of care to develop the best possible local services for palliative care patients, regardless of diagnosis, so that they are cared for in the place of their choice. Lincolnshire is a pilot site for this programme.

Approximately 50% of people who die annually, die in the hospital. Some of these people may choose to die in hospital but most would prefer to die at home.

The discrepancy between the patient preference and what actually happens has a number of possible causes:

- Difficulty in diagnosing when patient is entering the end of life phase
- Rapid death without chance to make discharge arrangements
- Unexpected death
- Family or carers unwilling or unable to support patient choice.

The Liverpool Care Pathway provides a template of excellence in care of the dying patient, which is designed to support the expertise of the healthcare professionals using it. It looks at symptom control, comfort, anticipatory prescribing of medication, discontinuation of unnecessary interventions, psychological and spiritual care, and care of the family.

United Lincolnshire Hospitals NHS Trust is committed to ensuring the Liverpool Care Pathway is the accepted clinical tool to manage dying patients amongst all clinical teams and work to an uptake of the pathway for 100% of all patients receiving end of life care.

31 Bereavement Care

The Trust is committed to ensuring that the relatives of the deceased and dying are cared for sensitively and with empathy and which responds to and respects their basic needs.

Bereavement care will take into account values, culture, religion, beliefs, confidentiality and individual preferences. Communication will be sensitive and honest, with clarity and empathy, taking into account any communication difficulties or understanding that may present.

It is crucial to ensure that information is given at an appropriate time and at an appropriate level. Context of communication will be affected by many elements including bereavement and the approach used will need to be considered to reflect this.

Detailed thought needs to be given to environment and facilities. Communication should always take place in a private, quiet and sensitive room where distraction is unlikely.

It is essential that staff involved in caring for people who are dying and for people who are bereaved are kept well informed so they feel confident about the care and support they give. They should have adequate opportunities to develop their knowledge, understanding, self-awareness and skills.

32 Equality and Diversity

32.1 Equality is about creating a fairer society in which everyone has the opportunity to fulfil their potential. Diversity is about recognising and valuing difference in its broadest sense.

United Lincolnshire Hospitals NHS Trust is committed to promoting equality and challenging discrimination in all service provision, recognising and meeting the needs of the diverse communities we serve.

Whilst every single person has their own individual needs, in some cases, for some groups of people, the Trust needs to go further to ensure access is equitable. Training needs to be available to all relevant members of staff on the specific needs of diverse groups and how to support people who access Trust services.

32.2 Race – Lincolnshire does not have a long history of an ethnically diverse community like many other areas of the United Kingdom. However over recent years, many black and minority ethnic groups have made Lincolnshire their home and the picture has led to a rapid change. The extent of the racial diversity of Lincolnshire is not accurately known. The last census was carried out in 2001 and there has been widespread migration into the area since then. This is predominantly due to existing and new European Community nationals seeking employment in Lincolnshire in industries that struggle to recruit.

Anecdotal evidence exists that many of the black and minority ethnic groups may have difficulty accessing hospital services for a variety of reasons. These include:

- Lack of awareness on what is available and how to use NHS services due to differences in country of origin.
- Lack of language support where English is either not spoken or where knowledge of English is not extensive enough to be able to understand conversations about health.
- Mistrust of hospital services and people that work in positions of perceived authority.
- Discrimination (intentional and unintentional).
- Cultural barriers and differences of opinion between patients and NHS staff.

Language interpretation and translation provision is the responsibility of the Trust and not of the patient. Use of family, friends and members of staff from other departments is not acceptable except in extreme cases or in an emergency. Telephone interpretation services (Languageline) should be used as the first method of communication and face to face interpretation services where required. It is important to remember that humans crave social contact and discussion as well as the needs of discussing health issues. Therefore a patient who has no visitors or family and do not speak English may well benefit from regular provision of interpreters to be able to hold a social discussion with staff.

It is important to remember that some black and minority individuals and groups may have some misunderstanding or mistrust due to previous experiences or different health structures in other countries. If staff are not aware of this, it may lead to conflict.

Gypsies and Travellers

When talking to gypsies and travellers in Lincolnshire about their experiences of healthcare, a number of issues arose. These included:

- Mistrust of NHS staff as authority figures and suspicion of them.
- Misunderstanding of what hospitals do. Many believed it was a place where you go to die so hospitals were viewed as negative and a place to avoid.
- Misunderstanding of processes. If one person has a hospital appointment, many expected that the doctor would see other family members as well at the appointment.
- The importance of the extended family means that when patients are admitted to hospital, it would be expected that a large amount of visitors would come to the hospital, often together and expect access to their family member. Visiting restrictions may not be recognised, especially as many are written on signs and in leaflets, yet there is a high incidence of poor literacy in this community.
- Communication. Gypsies and travellers often believe that if they are not being listened to or heard, they need to raise their voice and even shout and with often more than one person speaking at once. This can lead to staff feeling intimidated and threatened and may respond with similar behaviour leading to a vicious cycle.

As a health community, representatives of health organisations (including ULHT) and of gypsies and travellers have been working together to raise awareness of both gypsies and travellers and of health staff. Better understanding from both sides has started to lead to less conflict and antagonism between staff and patients from these communities.

32.3 Disability – Patients may have a physical and/or a learning disability. Not all disabilities create difficulties in access to services for the patients, but it is often the environment that disables someone not the condition itself, which can be as much about staff attitude as it is physical access and facilities. Attitudes can help reduce the disabling effect or can intensify it.

It is important to see a disabled person as a person to be respected and valued, not in terms of their disability. Meeting a disabled person's needs should be seen as good practice, not a problem to overcome. Staff should ask how and if they may help and not make assumptions.

Access for people with disabilities should be considered with all new build projects and in any refurbishment work. Existing areas should be assessed to ensure they are accessible and changes incorporated when they are not.

Patient letters and information should be made available in alternative formats, such as large print, Braille, audio and easy read format for people with learning disabilities. Direction signs should be visible, clear and readable.

Death By Indifference (Mencap 2007) was a report into 6 patients with leaning disabilities that died in hospital care because staff did not recognise their signs and symptoms as being causes for concerns assuming they were caused by their learning disability. An independent enquiry *Healthcare for All* (2008) was ordered by the Secretary of State for Health and when this reported it made some key recommendations. These recommendations are being addressed within United Lincolnshire Hospitals NHS Trust in the form of an action plan with clear lines of responsibility.

32.4 Age - United Lincolnshire Hospitals NHS Trust looks after patients from birth to death and patients are of a wide age range. It is crucial that age is considered and care is tailored appropriately.

On the children's ward there will be babies, toddlers, children and adolescents cared for in the same area, all with very different physical, emotional and psychological needs. Great care must be taken in delivering care at an appropriate developmental age and children's nurses, nursery nurses and play leaders are very skilled in doing this. Adolescents must be given the opportunity to be cared for where they choose, so that might be an adult ward or a children's ward. If they are cared for on an adult ward, it is important that they are not seen as a young adult with the same needs as an adult. Family centred care must still be practiced even if outside the usual paediatric areas.

There have been many reports released on the experiences of older adults in hospital and many focus on some of the negative aspects of experiences. As in wider society it is crucial that older adults are treated with respect, dignity and compassion. They should be addressed in a manner of their choosing and should not be talked down to. Acknowledgement should be given to the person they are or have been and assumptions not made based on their frail and perhaps confused state now. Older adults have the same right to high quality care as all other age groups.

32.5 Gender – Male and female patients will often have different needs to each other and assumptions should not be made about what a person wants. Some patients will conform to the stereotypical view of what society expects a man to be and what a woman should be, but many others will not.

Sleeping and bathroom areas should be exclusive to one sex and not shared where at all possible. The Department of Health are having a big drive to ensure that single sex accommodation is available in all areas and a large amount of money has been invested to address any areas where it is perceived there are problems.

There are many misunderstanding about terminology associated with transgender individuals. Transexuals are individuals who desire to live their life as a member of the opposite sex to which they were born. Sometimes they seek to have gender realignment surgery so that they have all the physical characteristics of the gender they wish to adopt. Cross-dressers are individuals that choose to dress as a member of the opposite sex to which they were born. Cross-dressers may not identify with, or want to be the opposite gender, nor adopt the behaviors or practices of the opposite gender, and generally do not want to change their bodies medically. Cross-dressers are usually heterosexual.

When admitting a person who is identified as transgender, it is crucial to find out how they want to be addressed and which sex they identify themselves as. For example, it could be that a transexual person will want to be cared for with patients of their adopted gender and be recognised as being of that gender whereas a cross dresser may want to be cared for with patients of the gender of their birth. Whilst the transgender patient may be happy with the decision they have made it may conflict with the views of the other patients. In this situation, a compassionate and sensitive approach should be used. If possible a side room could provide a satisfactory resolution. There have been examples of negative language being used by staff about transgender patients in earshot of the patient. This is an infringement of the patient's dignity and is not acceptable.

32.6 Religion and Belief – On admission each patient should have the opportunity to express their religious belief and the requirements they have related to this belief. Some patients will have little or no faith and have no specific requirements where other patients will require a good deal of consideration and adaptation. Some patients will find their faith changes when ill, and a person who usually has little or no faith may develop a stronger faith in hospital and again this should be catered for.

For advice on religious practices and wishes, then speak to the patient or their families. Advice can also be sought from the chaplaincy department.

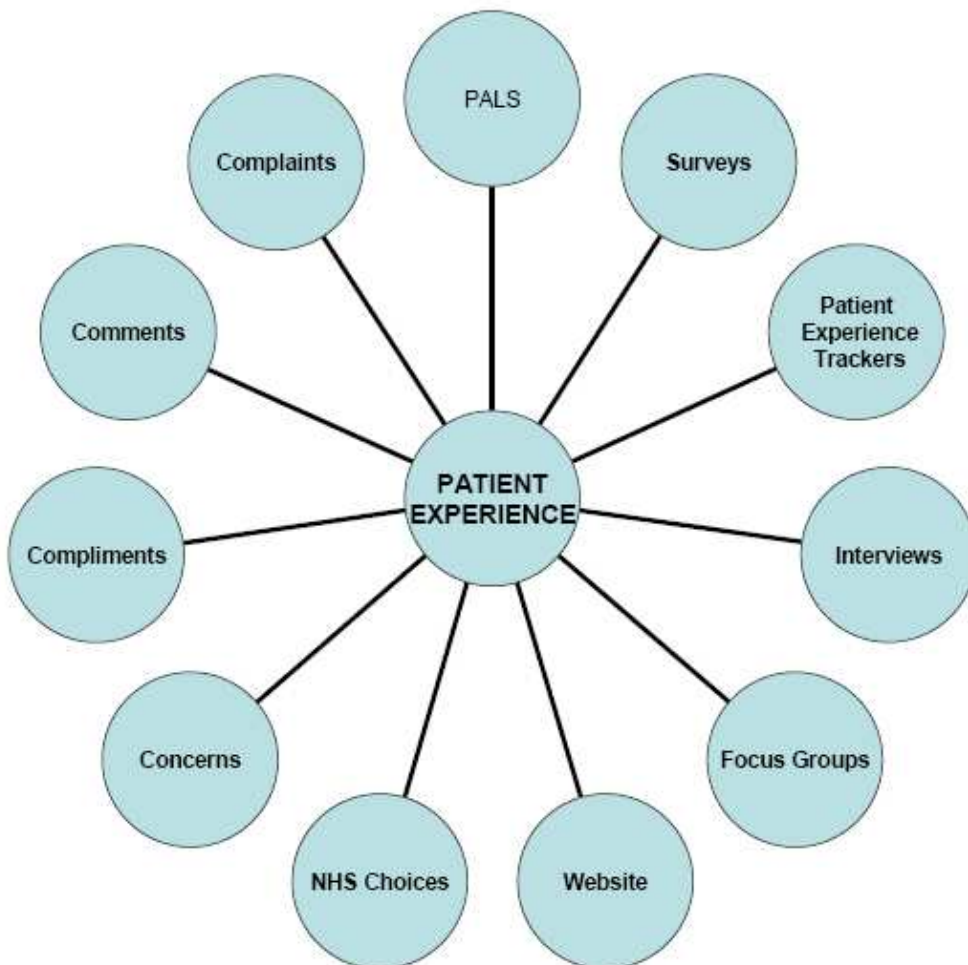
Sometimes the patients' views and beliefs may conflict with the staff's own and this should not be allowed to affect the care given. However in some cases advice may need to be sought for specific situations and cases. For example, a Jehovah Witness child who may be assessed as requiring a blood transfusion but their parents may not give consent due to their religious beliefs.

32.7 Sexuality – Patients should be given the opportunity to express their sexuality within reason in line with expected social norms. Many female nurses will be able to think of at least one incidence of when a male patient made an inappropriate comment about them and would therefore not be considered to be an acceptable way for the male patient to express their sexuality just as it would not be acceptable outside of the hospital environment.

Patients in same sex relationships will usually want their partner to be identified as their next of kin and this should be respected and recognised in the same way as it would for a partner of the opposite sex despite the views and beliefs of the staff member. There have been circumstances where a family member have refused to recognise a same sex relationship but the patient’s wishes should take precedent. Again sensitivity will be required in such circumstances.

33 Measuring Patient Experiences

There are many ways to measure patient experiences some of which are set out in the diagram below.



Gathering patient experiences can be divided into 2 broad types. These are where the patient has to be proactive to give their views (e.g. complaints, PALS, website, NHS Choices etc) or where the Trust has to actively gather patient experiences (surveys, focus groups, interviews etc).

Patients must be reassured that they can be honest about their experiences without it affecting their care in the future. Their views must be taken seriously and even if staff feel that their views are incorrect, it is important to realise that it is still the patient's perspective and as such that might be the case for others as well.

If asking patients to give up their own time and attend a meeting or travel to a venue, they must be reimbursed for travel and other out of pocket expenses. Refreshments should also be considered, especially if held at a time which would normally be considered a mealtime.

Whilst it is important to listen to patient experiences and take them into account, some patients may give conflicting views and therefore any changes made would mean that one view is being discounted. If this is the case it must be explained to the patient why. If possible, all patients that give their views must be told how their views have been used.

Advice on obtaining patient views can be sought by contacting the Trust Patient and Public Involvement Manager.

34 Recruitment and Selection

The purpose of recruitment and selection is to attract the best applicants for the post and appoint accordingly. Using the knowledge and skills framework (KSF) helps to identify the characteristics, knowledge and skills required for a post, but recruitment panels may also like to consider the use of patient representatives in some key posts to recruit the most appropriate person. This is something that has been used very successfully and provide a different perspective to using healthcare professionals alone.

35 Training

Training is essential to support staff to deliver a high level of care to patients in order to ensure they have a good patient experience. Every single member of staff can make an impact on the patient experience, clinical and non clinical. Even staff that have no direct patient contact will find that the work they do will impact on the patient experience at some point.

Induction training ensures that staff are aware of the expectations and their responsibilities from the moment new staff enter employment with the Trust. Mandatory training builds upon that and reinforces the message. Other training opportunities both internally and externally to the Trust, also focus on giving staff the knowledge and skills that impact on the patient experience.

36 The NHS Duty to Involve

Section 242 of the NHS Act (2006) outlines the duties of all NHS organisations to involve and consult with people who are service users or likely to become service users in:

- The planning and provision of services
- The development and consideration of proposals for changes in the way services are provided
- Decisions to be made affecting the provision of services.

This means that any changes in service and any planned new developments in services must be subject to meaningful and effective engagement with patients and the public, to ensure their views are taken into consideration.

Boston Breast Unit

When it was decided to build a new Breast Care Unit and Pilgrim Hospital, patients were involved from the earliest possible stage. Initially a group of patients were invited to a focus group and asked to talk about their experiences of the original service and to make recommendations how they would like a new service to look.

Patient representatives were then involved in the planning and designing of the new service.

When the new unit was almost finished, further patient involvement took place to look at the furnishings and décor of the new unit.

This was a good example of service users being involved right from the very start of the process before design had even been considered, with the emphasis on the new service as being truly patient focused thus ensuring patient experiences would be positive.

37 Conclusion

Improving the patient experience is essential if the United Lincolnshire Hospitals NHS Trust is to realise its vision of being:

- First choice for local people
- A centre of excellence with a good reputation
- A provider that treats people with dignity and compassion.

Successful implementation of the Patient Experience Strategy should result in the following outcomes:

- Trust compliance with the Care Quality Commission Core Standards
- Responsive to patient feedback, early detection of poor performing areas and subsequent avoidance of poor care.
- A high level of patient satisfaction.
- Service planning and service delivery that has taken full account of patients' views and is reflective of patients' needs.
- A high level of staff satisfaction.

The Strategy offers an opportunity to link to a number of existing key Trust documents and workstreams that are outlined in Appendix 1.

38 References

Department of Health (2008). High quality care for all: NHS Next Stage Review. DoH, London.

Department of Health (2009). NHS Constitution for England. DoH, London.

Kings Fund (2008). Seeing the Person in the Patient. The Kings Fund, London.

Mencap (2007). Death by Indifference. Mencap, London.

United Lincolnshire Hospitals NHS Trust (2007). Service and Financial Plan 2007-2010

Appendix 1

There is much work going on in United Lincolnshire Hospitals NHS Trust at present all looking at how the patient experience can be improved.

Releasing the Time to Care

The National Inpatient Survey and National Staff Surveys show that for many patients and staff, there is a perception nationally that there is a shortage of nursing staff on the wards. However in most cases, staffing levels are appropriate, but nursing staff are tied up doing tasks that do not add value to the patient experience.

The Productive Ward uses a lean approach to identify waste and areas that don't add value to the patient experience. By removing this waste it "releases the time to care".

The productive Ward is being rolled out throughout each ward in the Trust and signs so far are that it is making a big difference on each of the wards where it has been implemented where time is being saved through removing waste.

The Trust are also introducing the **Productive Theatre** and the **Productive Doctor**.

Same Sex Accommodation

United Lincolnshire Hospitals NHS Trust have been awarded almost £1 million to make further improvements to privacy and dignity for patients.

This is part of a £100 million Department of Health fund which has been made available to hospitals across the country to pay for improvements to ensure they provide suitable single sex accommodation for patients. The work is part of the Government's pledge to ensure that men and women will not have to share sleeping areas, bathrooms or toilets when admitted to hospital and that their privacy and dignity is upheld whenever possible.

In Lincolnshire the £972,540 grant will be used for a range of projects, including building and renovation works in hospital buildings, staff training and information for patients.

The majority of the money will be used to provide additional bathroom facilities on wards at Lincoln County Hospital, Pilgrim Hospital, Boston and Grantham and District Hospital, to ensure that every ward has the correct number of toilets and showers so that there are enough available for both sexes to have separate facilities.

Patient Well Being Champions

Individuals nominated as Patient Well Being Champions undergo a programme of training and support to equip them to address issues in their own areas that are linked to improving the patient experience. They are able to act as a resource or point of contact in their areas on addressing issues that impact on the patient experience. Financial resources have been allocated to this programme so that Patient Well Being Champions can look at projects in their areas and apply for the money to fund the project.

Essence of Care

This helps staff to take a structured approach to enabling them to identify best practice and develop action plans to address areas of less than ideal practice.

Essence of Care Benchmarking takes place in the Trust in 10 key areas of care:

- continence and bladder and bowel care.
- personal and oral hygiene.
- food and nutrition.
- pressure ulcers.
- privacy and dignity.
- record keeping.
- safety of clients with mental health needs in acute mental health and general hospital settings.
- principles of self-care.
- communication.
- physical comfort and pain relief.

The stages involved in the benchmarking process are:

- I. Stage 1 – agree best practice.
- II. Stage 2 – assess clinical care against best practice.
- III. Stage 3 – produce and implement action plan aimed at achieving best practice.
- IV. Stage 4 – review achievements towards best practice.
- V. Stage 5 – disseminate improvements and/or review action plan.
- VI. Stage 6 – agree best practice.

Dignity in care committee

The Dignity in Care Committee is responsible for the direction of the Trust in addressing issues of dignity for patients and staff. This group have produced the **Dignity in Care Policy**, a document that outlines the responsibility of staff to ensure that all patients and colleagues are treated with respect and dignity.

Practice and Quality

A forum for senior nurses and allied health professionals to explore and address issues relating to quality in patient care and improving the patient experience.

Diversity Group

Trust wide group that looks at issues for patients and staff related to the 6 strands of diversity (race, religion, gender, sexual orientation, age and disability). This group looks to identify poor practice and rectify it, and highlight good practice. The group are responsible for driving the **Single Equality Scheme**.

The Trust are committed to ensuring that they do everything to ensure that access to healthcare is not denied to patients, families and carers due to their race, religion, gender, sexual orientation, age and disability.

Patient and Public Involvement Steering Group

Drives the Trust's **Patient and Public Involvement Strategy** and shares good practice related to engagement and involvement.

Sharing the Lessons Learnt Committee

The Sharing the Lessons Learnt Committee are responsible for ensuring that messages from incidents, complaints, PALS and other intelligence are used across the Trust to ensure that good patient experiences are replicated and poor practices addressed.

Clinical Governance

Each Directorate has a **Directorate Clinical Governance Group** that addresses issues related to quality in their areas. These groups report into the Trust **Integrated Governance Committee**. Each Directorate has performance indicators related to clinical governance issues and are expected to report their progress against these in their performance management meetings.

Existing Trust Documents

- Strategy for Patient and Public Involvement
- Communication Strategy
- Dignity in Care Policy
- Policy for the Production of Patient Information
- Policy for the Prevention and Control of Infection
- Tissue Viability Policy
- Training Strategy
- Patient Access Policy

Patient Experience Strategy

- Single Equality Scheme
- Chaperone Policy
- Policy for the Engagement of Volunteers
- Policy for Safeguarding Children, Young People & Vulnerable Adults
- Complains Procedure
- Service and Financial Plan 2007-2010
- Uniform Policy

Appendix 2 – Implementation Plan

Following approval of the Patient Experience and Customer Care Strategy by the Trust Board implementation will be through the following:

1 Communication

Once approved, this strategy will be shared within the organisation and other external stakeholders through the following routes:

- Published on the Trust Intranet and the external website
- Circulation to all Directorates and Corporate Departments for consideration (see review section below)
- Circulation to key external stakeholder groups
- Strategy introduced at Mandatory Essential Skills Training and Induction Training
- Cascade by managers via team briefings and meetings
- Details published through internal communication networks to raise awareness with staff
- Media release

2 Training

A Mandatory Essential Skills Training programme has been introduced into the Trust from June 2009. The focus of this programme is equipping staff with the knowledge and the skills to improve patient experience and as such this training is the ideal vehicle to introduce the strategy to all staff and reaffirm the principles contained within.

3 Review

Each Directorate and Corporate Department will be expected to examine the strategy and to review where they believe they are currently using the intelligence available to them, and identify where they want to be in regards to patient experience. Action plans will be produced by each Directorate and progress reported against these quarterly. Directorates are currently expected to produce action plans for the national patient survey programme and it is suggested that this work is combined rather than creating separate action plans.

4 Consultation

It is expected that the Patient Experience and Customer Care Strategy will be a “live document” and will be updated regularly on the basis of customer feedback, staff views and the development of national and local policy affecting patient experience (e.g. publication of patient experience metrics). Once approved by the Trust Board, this document will be sent to key groups and individuals and made available for any staff or public member to read and comment.

5 Development of a Customer Service Department

One of the keys to the success of this strategy and thus the improvement of the patient experience is the development of a customer services department.

4 Performance management of strategy

Performance will be measured against a set of key performance indicators that are set out in appendix 3.

5 Review of the strategy

In view of the strategy being a “live document”, review will be continuous although formal review will take place annually led by the Deputy Chief Nurse (Governance and Risk) .

Appendix 3

Each directorate and corporate department will be expected to ensure patient experience is central to the planning of service delivery and performance monitoring. Corporate and directorate developments.

Effectiveness of the implementation of strategy will be against 17 key performance indicators.

Patient Experience Key Performance Indicators

INDICATOR	METHOD	FREQUENCY
Communication	Complaints PALS National Inpatient Survey Essence of Care Benchmarking	Quarterly Quarterly Annually Quarterly
Infection Control and Prevention	Infection Control Reports Saving Lives Action Plan Progress	Monthly Monthly
Dignity	Complaints PALS National Inpatient Survey Patient Experience Tracker Dignity Audit Reports	Quarterly Quarterly Annually Quarterly Monthly
Patient information	Database Report	Quarterly
Patient environment	Complaints PALS Auditrac Scoring PEAT Inspections Patient Council/LINKs Inspections Patient Experience Tracker	Quarterly Quarterly Monthly Quarterly Ad Hoc Quarterly
Food and nutrition	Complaints PALS National Inpatient Survey Essence of Care Benchmarking	Quarterly Quarterly Annually Quarterly
Tissue viability	Pressure Sore Incidence Reporting	Quarterly
Safeguarding children	Section 11 Audit Action Plan Progress	Quarterly
Safeguarding vulnerable adults	Complaints PALS	Quarterly Quarterly
Mental capacity	Complaints PALS	Quarterly Quarterly

Patient Experience Strategy

Chaperones	Complaints PALS	Quarterly Quarterly
Confidentiality	Complaints PALS	Quarterly Quarterly
Families and carers	Complaints PALS	Quarterly Quarterly
Spiritual care	Complaints PALS	Quarterly Quarterly
End of life care	Complaints PALS Liverpool Care Pathway Audit	Quarterly Quarterly Annually
Bereavement care	Complaints PALS	Quarterly Quarterly
Patient & Public Involvement Initiatives	Patient and Public Involvement Database review at PPI Steering Group	Quarterly



EQUALITY IMPACT ASSESSMENT

Name of the policy, service or function being assessed:	Patient Experience and Customer Care Strategy
Aim of the policy	The strategy is aimed at improving the experience of all patients in all specialities.
Which population or groups the policy (or section) is intended to benefit and how	This is intended to impact on all patients and service users
Related policy areas that may be affected by changes in this policy	Impacts on all patient care and patient experience policy areas
Directorate	Trust
Date Impact Assessment completed	19 June 2009
Is this a policy, service or function?	Strategy
Is this a new or existing policy, service or function?	New
Names and roles of the people carrying out the Impact Assessment	Terry Vine Patient and Public Involvement Manager

Manager:

Signature:

Date:

Step 1 Screening

	Race	Disability	Gender	Age	Sexual Orientation	Religion or Belief
Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy	Yes	Yes	Yes	Yes	Yes	Yes
Is there potential for or evidence that the proposed policy will promote equality of opportunity for all and promote good relations between different groups	Yes	Yes	Yes	Yes	Yes	Yes
Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against different groups)	Yes	Yes	Yes	Yes	Yes	Yes
If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	N/A	N/A	N/A	N/A	N/A
What alternatives are there to achieving the policy/guidance without the impact? Can we reduce the impact by taking different action?	Policy is intended to have a positive impact	Policy is intended to have a positive impact	Policy is intended to have a positive impact	Policy is intended to have a positive impact	Policy is intended to have a positive impact	Policy is intended to have a positive impact

Impact: Low/Medium/High (*delete as appropriate)

Low - go to step 4

Medium - go to step 2

High - go to step 2

Step 2 – Partial Equality Impact Assessment

2. In carrying out a partial impact assessment you may need to consult with any relevant groups (e.g. representative groups, staff groups).

Write short notes to explain why you have drawn your conclusions including any evidence (of whatever type) that you have to support your assessment:

Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy:

Race: **Have different needs which is being addressed by strategy**

Religion or belief: **Have different needs which is being addressed by strategy**

Age: **Have different needs which is being addressed by strategy**

Gender **Have different needs which is being addressed by strategy**

Disability: **Have different needs which is being addressed by strategy**

Sexual orientation: **Have different needs which is being addressed by strategy**

Is there potential for or evidence that the proposed policy will promote equality of opportunity for all, eliminate discrimination and promote good relations between different groups:

Race: **Yes. Strategy is intended to promote equality and eliminate discrimination.**

Religion or belief: **Yes. Strategy is intended to promote equality and eliminate discrimination**

Age: **Yes. Strategy is intended to promote equality and eliminate discrimination**

Gender: **Yes. Strategy is intended to promote equality and eliminate discrimination**

Disability: **Yes. Strategy is intended to promote equality and eliminate discrimination**

Sexual orientation: **Yes. Strategy is intended to promote equality and eliminate discrimination**

Is there potential for, or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against different groups)

Race: **May affect different groups differently but expected to be positive**

Religion or belief: **May affect different groups differently but expected to be positive**

Age: **May affect different groups differently but expected to be positive**

Gender: **May affect different groups differently but expected to be positive**

Disability: **May affect different groups differently but expected to be positive**

Sexual orientation: **May affect different groups differently but expected to be positive**

If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?

Race: **N/A**

Religion or belief: **N/A**

Age: **N/A**

Gender: **N/A**

Disability: **N/A**

Sexual orientation: **N/A**

What alternatives are there to achieving the policy/guidance without the impact? Can we reduce the impact by taking different action?

Race: **Policy is intended to have a positive impact**

Religion or belief: **Policy is intended to have a positive impact.**

Age: **Policy is intended to have a positive impact**

Gender: **Policy is intended to have a positive impact**

Disability: **Policy is intended to have a positive impact**

Sexual orientation: **Policy is intended to have a positive impact**

At this stage are there people who may be affected by the policy area whose views and experiences should be sought? (e.g. staff groups, representative groups):

Consultation hasn't taken place in development of strategy but will be required widely with the implementation of the strategy.

Race:

Religion or belief:

Age:

Gender:

Disability:

Sexual orientation:

Indicate whether you believe the policy requires a full impact assessment. If you still have concerns about the impact of the policy, continue to a full impact assessment.

Full Impact Assessment required: *Yes/**No** (*delete as appropriate)

Yes – go to Step 3

No - go to Step 4

Step 3 – Full Impact Assessment

Using the information you have gathered so far in the screening and partial equality impact assessment stages, consider the aims of the policy and the evidence you have gathered on the impact of the policy on different groups.

Consultation

Consult internally with all staff, including trade unions and staff associations. Consult externally with relevant stakeholders who are interested in promoting equality from individuals to community groups. **You need to ensure that you make your consultation accessible to all groups.**

Who will be affected by the policy?	
Who will you consult with?	
How do we ensure that those affected are consulted effectively?	
What methods of consultation will be used?	
How will information be made available to those consulted?	

Consider policy alternatives

The decision on whether to implement the policy should be based on the following key factors:

- The aims and objectives of the policy.
- The results of the impact assessment.
- The relative merits of other policies.
- The results of your consultation

Can changes be made to the policy?	
Can the policy be implemented in a different way?	
If so, could the alternative lead to adverse impact for other equality groups?	
Would a different policy still achieve the aims and objectives of the original policy, but avoid any adverse impact on equality.	

Go to step 4

Step 4 - Monitoring and publishing

The policy should be monitored regularly. It is a requirement to monitor existing policies for any adverse impact.

The impact assessment process is not a one off exercise. The actual impact of the proposed policy will only be evident when it is put into practice, so it is advised that you plan to review the policy within 6 months.

Where a policy has high impact, address the identified actions within a year. You should consider the following questions when planning how to monitor the new policy:

<p>How will the policy be monitored after full implementation?</p>	<p>Strategy has its own monitoring plan.</p>
<p>Have you planned reviews of the policy? If so, how often and who will be responsible?</p>	<p>Document is to be “live” but will be formally reviewed annually.</p>
<p>Will you carry out a further impact assessment and consultation to check if the policy is not resulting in adverse impact? If so, when is this likely?</p>	<p>Yes, along with annual review.</p>

The Trust will publish the results of the assessments, consultations and monitoring carried out to meet the duty and make these available to the public.

Summaries of the impact assessments will be published annually in the Annual Diversity Report and will be published on the Trust Internet site.

For advice in respect of completing this process please contact the Diversity Manager, Rachel Taylor on Rachel.Taylor2@ulh.nhs.uk or telephone on 01476 464483.