

# We Said - We Did

## Age - Patients

| Finding from 2014/15   | Key Actions  | We have...  |
|--|--|---|
| The younger the individual the more likely an appointment is not attended and they are not treated within an 18 week period from the point of referral. In addition, younger individuals are less likely to provide information when asked whether or not they would recommend the service to a family member or friend. | Continue to take steps to ensure the overall patient experience and rate of outpatient do not attends, referral to treatment breaches and accident and emergency breaches do not show difference according to age by 2020 by providing targeted, bespoke data and support to Clinical Service Units (CSUs) in identifying specific, relevant actions as necessary in 2016. | <ul style="list-style-type: none"> <li>Increased community awareness of the Patient Advice and Liaison Service (PALS) to encourage the raising of concerns by attending community meetings, which have included people of a broad range of ages.</li> <li>Renewed and improved through a change in contract, the way in which CSUs can access and understand equality-related results taken from the Friends and Family Test returns, including in relation to age.</li> <li>Developed and rolled out a package of support to CSUs to ensure meaningful engagement and involvement of patients and carers, including the necessity to consciously consider the differing age ranges of people.</li> <li>Began improvement projects to reduce outpatient do not attends, including revisiting of patients letters and leaflets to ensure they are accessible.</li> <li>Collated CSU data in relation to age ranges and set up a plan for 2017 to provide to CSUs for effective use in day-to-day service planning. 10 of 19 CSUs have been provided support to date in readiness for implementation of plan.</li> <li>Continue to consciously consider the impact of all policies and service changes on differing age ranges through equality impact assessment processes.</li> </ul> |
| The older the patient the more likely they are to be readmitted as an inpatient and the more likely they are not to be treated within 4 hours within Accident and Emergency.   | Continue to put steps in place to ensure ready access to hospital services and information from the first point of contact for patients and carers by implementing the NHS Accessible Information Standard in 2016.  | <ul style="list-style-type: none"> <li>Set up and rolled out a new process through which information and communication support needs of all patients and carers are regularly and consistently requested, recorded and met.</li> <li>Implemented plans to meet the needs of patients with complex needs as efficiently as possible within the Emergency Department and ensure robust and safe discharge and admission of older patients by working closely with the Trust's Multi-disciplinary Team and Adult Social Services.</li> <li>Developed the Emergency Department Patient Reference Group, continually monitoring and working towards it being representative of the relevant age bands with the support of the Patient Experience Team.</li> </ul>  |

## Gender - Patients

| Finding from 2014/15   | Key Actions  | We have...  |
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| Patient activity in respect of gender is relatively proportionate, but slight differences do exist in the data. Whether more significant differences exist is difficult to state due to the high percentage of males providing less information than females when asked whether or not they would recommend the service received to a family member or friend. | Continue to take steps to ensure the overall patient experience and rate of outpatient do not attends, referral to treatment breaches and accident and emergency breaches do not show difference according to gender by 2020 by providing targeted, bespoke data and support to CSUs in identifying specific, relevant actions as necessary in 2016. | <ul style="list-style-type: none"> <li>Collated CSU data in relation to sex and set up a plan for 2017 to provide to CSUs for effective use in day-to-day service planning. 10 of 19 CSUs have been provided support to date in readiness for implementation of plan.</li> <li>Increased community awareness of the Patient Advice and Liaison Service (PALS) to encourage the raising of concerns by attending community meetings, which have included different male and female groups.</li> <li>Renewed and improved through a change in contract, the way in which CSUs can access and understand equality-related results taken from the Friends and Family Test returns, including in relation to sex.</li> <li>Developed and rolled out a package of support to CSUs to ensure meaningful engagement and involvement of patients and carers, including the necessity to consciously consider the sex and gender split.</li> <li>Continue to consciously consider the impact of all policies and service changes on sex and gender through equality impact assessment processes.</li> </ul> |

# We Said - We Did

## Ethnicity - Patients

| Finding from 2014/15   | Key Actions  | We have...  |
|--|--|---|
| BAME were 50% more likely than White to not attend an outpatient appointment and twice more likely than White to not recommend the service to a family member or friend.                                 | Continue to reduce the gap by at least 50% between BAME and White Outpatient DNAs by 2020 by implementing the NHS Accessible Information Standard that ensures practical steps are put in place to ensure ready access to hospital services and information from the first point of contact for patients and carers in 2016.   | <ul style="list-style-type: none"> <li>Set up and rolled out a new process through which information and communication support needs of all patients and carers are regularly and consistently requested, recorded and met.</li> <li>Produced and launched a new Translation and Interpreting Policy and accompanying guidance.</li> <li>Commissioned Pearl Linguistics to provide an improved Interpreting Service providing an increased number of languages and dialects and greater fill rates for appointments.</li> <li>Began improvement projects to reduce outpatient do not attends, including revisiting of patients letters and leaflets to ensure they are accessible.</li> <li>Collated CSU data across Outpatients DNAs in relation to ethnic groups and set up a plan for 2017 to provide to CSUs for effective use in day-to-day service planning. 10 of 19 CSUs have been provided support to date in readiness for implementation of plan.</li> </ul> |
| White were 50% more likely than BAME to not be treated within 4 hours within Accident and Emergency, but BAME were twice as likely than White to not recommend the service to a family member or friend. | Continue to reduce the gap by at least 50% between BAME and White in relation to Accident and Emergency Breaches and FFT rates by 2020 by analysing the additional comments section of the Friends and Family Test Patient Survey and by reviewing all available intelligence on the patient experience within A&E and developing specific targets and actions as necessary by 2017. | <ul style="list-style-type: none"> <li>Renewed and improved through a change in contract, the way in which Urgent Care can access and understand equality-related results taken from the Friends and Family Test returns, including in relation to ethnicity.</li> <li>Developed the Emergency Department Patient Reference Group, continually monitoring and working towards it being representative of the relevant ethnic groups with the support of the Patient Experience Team.</li> <li>Increased community awareness of the Patient Advice and Liaison Service (PALS) to encourage the raising of concerns by attending community meetings, which have included people of different ethnic groups.</li> </ul>  |

## Religion or Belief - Patients

| Finding from 2014/15  | Key Actions  | We have...  |
|---|--|---|
| Muslims and individuals with no religion were more likely than those of other religions to not attend an outpatient appointment and be treated outside an 18 week period from the point of referral | Continue to improve the experience of patients that do not have a religion or belief in the delivery of our care by 2020 by the Equality and Diversity and Chaplaincy Departments working collaboratively together to produce a range of information and training opportunities for CSUs in 2016.  | <ul style="list-style-type: none"> <li>Developed Religion and Belief Training, which is scheduled to take place in May, June and November 2017 in conjunction with NHS Equalities and Human Rights Week, Interfaith Week and Interfaith Day.</li> <li>Increased community awareness of the Patient Advice and Liaison Service (PALS) to encourage the raising of concerns by attending community meetings, which have included different religion and belief groups.</li> <li>Provided monthly staff updates on religious events.</li> <li>Developed and rolled out a package of support to CSUs to ensure meaningful engagement and involvement of patients and carers, including the necessity to consciously consider the differing religion and belief groups.</li> </ul> |
| Christians and Jews were more likely than those of other religions to not be treated within 4 hours within Accident and Emergency.  | Continue to take steps to ensure the rate of outpatient do not attends, referral to treatment breaches and accident and emergency breaches are broadly representative of the patients we serve in relation to religion or belief by 2020 by providing targeted, bespoke data and support to CSUs in identifying specific, relevant actions as necessary in 2016. | <ul style="list-style-type: none"> <li>Collated CSU data in relation to religion and belief and set up a plan for 2017 to provide to CSUs for effective use in day-to-day service planning. 10 of 19 CSUs have been provided support to date in readiness for implementation of plan.</li> <li>Renewed and improved through a change in contract, the way in which CSUs can access and understand equality-related results taken from the Friends and Family Test returns, including in relation to religion and belief.</li> </ul>   |