



Patient Feedback Policy

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The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals

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working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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1. Introduction

The NHS Plan (Department of Health, 2000) set out the government's ambition to create a patient centred NHS where the voice of the patient is heard through every level of service acting as a powerful lever for change and improvement.

"Our goal is to move away from a paternalistic model of decision making, towards a model of partnership where by citizens have a greater connection with their local services, and have a say on how they are designed, developed and delivered." (Department of Health, 2001)

The NHS Plan required each NHS Trust to obtain feedback from patients about their experience of care. Listening to patients' views is recognised as essential to delivering the commitments given in the NHS Plan to provide a patient centred health service.

Since 2000, NHS strategies and documents have supported this stance, including the Care Quality Commission's Essential Standards of Quality and Safety (CQC 2009).

The NHS Constitution (Department of Health 2009) describes the values and principles of the NHS and gives individuals legally binding entitlements to patients and others.

The NHS Plan 2010 (Department of Health 2010) uses the NHS Constitution and further demands that patients' views be taken into account and that the levels of satisfaction of patients be raised. *"Patients want to be treated with compassion, dignity and respect in a clean, safe and well-managed environment"* (Department of Health 2010), to ensure this happens, patient satisfaction should be measured and the results made public.

More recently, the implementation of the national Friends and Family Test (FFT) (NHS England, 2014) supports the principle of a continuous, 'real-time' feedback loop between patients and the providers providing the services, with patient

feedback becoming available much more quickly than traditional survey methods.

The Trust operates a well-established system of involving patients to ensure adequate standards are met and that the patient is satisfied with the service they have received. The system includes obtaining feedback from patients who have used the services provided by the Trust, with the intention being to highlight areas of good practice but to also identify potential areas for service development and ultimately improve the experience of the patients we serve.

2. Purpose

This policy sets out the key principles which should be applied when obtaining feedback from patients. The policy should be referred to when organising or undertaking any activity that involves obtaining feedback from patients.

The policy applies Trust wide, covering all services and departments. It applies to organisations and individuals working on behalf of the Trust.

The policy does not include policy statements on obtaining the views of the public nor does it include policy on direct involvement of patient representatives within the Trust such as membership of Trust groups. However, the principles within this policy may be applied to these circumstances and other similar activity

2.1 This policy is intended to:

- Make a clear statement of the Trust's intentions to feedback from patients throughout its clinical services
- Set guidance for those involved in obtaining feedback from patients to manage activity in a consistent manner and in accordance with best practice

2.2 Key points of the policy:

- Obtaining feedback from patients will be an integral part of clinical service delivery and clinical governance
- An annual patient survey programme will include projects to obtain feedback from patients
- Clinicians should actively seek feedback from the patients they treat whenever appropriate and act upon the feedback
- All patient experience projects should be registered with the Patient Experience Department (Patient Survey Team)
- Patient experience projects will be facilitated and monitored by the Patient Experience Department (Patient Survey Team)
- Department / function heads will be responsible for patient experience projects carried out by their departments

3. Duties

3.1 Responsible persons

The **Director accountable** for obtaining feedback from patients is the Director of Nursing and Clinical Quality, who is accountable for the monitoring of clinical standards.

Deputy Directors and Department / function heads will:

- Understand their responsibilities for specific projects within the patient survey programme
- Understand the Trust's and management responsibilities to obtain feedback from patients
- Ensure allocated topics from the Trust's patient survey programme are completed within deadlines
- Ensure that patient experience activity is carried out in a robust manner and of an appropriate quality
- Ensure that appropriate changes are made as a result of feedback from patients

Operational Managers will:

- Meet any personal objectives in relation to monitoring patient experience
- Encourage and support local and regional patient experience activity
- Disseminate and review patient experience reports and results
- Ensure that action plans are implemented at service level

The Patient Experience Lead will:

- Review the Trust's feedback
- Oversee the delivery of the Trust's patient survey programme, including patient experience projects
- Oversee the management of the Patient Experience Department

3.2 Responsible groups

The Trust's **Patient Experience Department** has responsibility for auditing this policy.

The Trust's Executive Team will:

- Review and approve policy

The Trust's Quality Governance Committee (QGC) will:

- Receive the minutes from the CQSG
- Receive a report of actions planned and taken from CQSG
- Report to the Trust Board on key audit outcomes and identified risk
- For full details see QGC Terms of Reference

The Trust's Clinical Quality & Safety Group (CQSG) will:

- Review reports from its sub-groups
- Monitor compliance against the patient survey programme
- Develop and agree the Trust's patient survey programme including patient experience projects

- For full details see CQSG Terms of Reference

The **Patient Survey Team** (within the Patient Experience Department) will:

- Provide expertise and support to staff and managers undertaking patient experience projects
- Create and provide patient experience templates and tools
- Collate patient survey results and manage a Trust-wide central patient survey project register
- Monitor patient experience projects to provide quality control
- Undertake patient experience projects

3.3 Consultation and Communication with stakeholders

This policy, and its previous versions, has been created with input from the various Trust staff with significant knowledge and experience of obtaining feedback from patients.

The Community Engagement Group (CEG) is used throughout the year to discuss particular matters related to obtaining patient feedback. This group also gives specific opinion on the policy during its review.

4. Definitions

A '**patient**' is a person who, is in contact with the Trust or a representative of the Trust and who, requires medical assessment, care, advice or assistance from a trained clinician. Throughout this document the term **patient** should be applied to mean both patient and patient representative.

A '**clinician**' is a suitably trained individual acting on behalf of the Trust with clinical responsibility for the patient. This includes: Doctors, Paramedics, Nurses, Emergency Ambulance Technicians, and Ambulance Support Workers.

‘Feedback’ is defined as any communication from a patient which has been actively initiated by the Trust for the purposes of monitoring the service provided and for making improvements to the service.

5.0 Development of policy

5.1 Prioritisation of work

There is significant requirement to obtain feedback from patients and to use that feedback to ensure the patient has a satisfactory experience of the service provided. The experience that the patient has of the service is paramount to ensuring that a high quality of service is provided. Significant credence is given to the patient’s experience by the Trust, those that purchase the Trust’s services and those that monitor the services provided.

There is therefore significant activity within the Trust in relation to obtaining feedback from patients and because of this it is sensible to have a written policy to guide the activity and ensure best practice.

The Trust has a specific team responsible for the management of obtaining patient feedback; the Patient Survey Team working within the Patient Experience Department, under the Clinical Quality Directorate. This team will have the responsibility and the necessary expertise to develop policy on obtaining feedback from patients.

The Trust’s patient survey programme will be prioritised as part of its design; local projects will be prioritised by the appropriate department / function head.

5.2 Identification of stakeholders

The Patient Survey Team staff, overseen by the Patient Experience Lead, facilitate activity and policy development.

The membership of the CEG consists of members of the public (which are not employed by the Trust) who have experience as a patient. The group is used during the development of policy to represent the patient's view.

The Trust's Caldicott Guardian has responsibilities for patient identifiable information. The Trust's Medical Director is the Trust's registered Caldicott Guardian and as Chair of the Trust's Clinical Quality and Safety Group reviews such policy during its development and as a member of the Trust's Executive Team will be involved in the final approval of policy.

Policy development is reviewed at various Trust group meetings with representation from most areas of Trust business allowing for a wide input to policy development.

5.3 Responsibility for document development

The Patient Experience Lead will be responsible for facilitating the development of the policy and the formal review and appropriate updating of the policy.

6.0 Principles

All patient feedback activity carried out on behalf of the Trust will be carried out in accordance with the following principles:

- 1. Abide by Trust policy and all relevant Laws and Regulations**
- 2. All activity should be conducted in a manner that is deemed as being ethical**
- 3. All activity will be conducted in a safe and competent manner**
- 4. Feedback should be gained in manner that ensures minimum disruption to patients**
- 5. No patient shall be excluded**
- 6. Be open with activity and results**

6.1 Principle 1: Abide by Trust policy and all relevant Laws and Regulations

The key regulations which need to be abided by when obtaining feedback from patients are:

- NHS Confidentiality: Code of Conduct 2003
- Caldicott Principles 1997 (See summary in Appendix G)
- Data Protection Act 1998
- General Data Protection regulations (see summary in Appendix B)
- Trust's Research Policy

6.1.1 Confidentiality

All possible steps should be taken to ensure that any communication with patients is kept confidential.

It should not be assumed that others in the patient's household, including relatives, are aware of the patient's dealings with the EEAST. Steps should be taken to avoid alerting others to the fact that the patient has used the services of the Trust. There are exceptions to this regarding children and patients who lack capacity; these exceptions are dealt with later in this policy.

All initial communication should be directly with the patient and all correspondence must be communicated personally to the patient. The only exception to this when the patient is a child under 18 years of age, in such cases the initial communication should be to the parent / guardian of the child. Subsequent communications may be directed differently at the request of the patient or their advocate.

Home addresses should always be used; do not use an incident location address. Use telephone numbers and email addresses only when they are known to be that of the patient. Do not use telephone numbers of 999 callers unless the caller is recorded as the patient.

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When using a postal system do not send out envelopes to patients marked with the EEAST logo; keep the appearance blank so as not to alert others in the household to the fact that the communication is from the Trust.

When telephoning patients, the person answering the telephone should not be initially informed that the call is from the Trust; the Trust staff member should introduce themselves by name and may add that they are phoning as part of a health survey or something similar. Ask to speak to the patient by name and confirm they are the patient; the patient should then have the details explained to them before asking whether they wish to take part.

When inviting patients to a group discussion it should be made clear to the patient that discussion will take place within a group of people but that anything discussed will remain confidential within the group and the Trust.

The activity is to obtain feedback from patients about the care they received. Those involved in the process should not disclose or discuss information about the treatment of the patient, even when asked by the patient. If a request for information is forthcoming it should be passed to the Trust's Patient Experience Team, if the patient requests information about their general condition they should be advised to speak with their General Practitioner (GP).

6.1.2 Patient identifiable data

All activity should be conducted within the General Data Protection regulations (Appendix B). Patient Identifiable (PI) data should be kept confidential at all times.

PI data will be collected as part of the process for obtaining feedback from patients; however patients should not be identified in any report or other publication without their specific written consent.

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PI data should only be used for the purposes for which collection was intended. PI data collected should not be passed onto any other person or organisation outside the Trust except through the NHS processes for the Patient Advice and Liaison Service (PALS), Complaints or Claims.

PI information should be kept secure, in accordance with national and local information policy. PI details should be destroyed from computer and paper files one month after publishing the final report. The exception to this is when a patient or advocate has requested not to be contacted in future; an electronic database will be held detailing such patients for this specific purpose.

Trust staff have limited access to Patient Care Records (PCRs) required to obtain personal details of patients to obtain their feedback. Increased access to PCRs would normally be granted for the purposes of obtaining patient feedback when required, but this should be limited for the period required to complete the project.

The names of clinicians involved in the treatment of the patient should not be disclosed as part of the obtaining feedback from patient's activity, instead any such request from a patient should be referred to the Trust's Patient Experience department (PALS).

Use of confidential information should remain strictly within the Trust policy on Use of Information which includes data security and communicating data. Confidential data should not be sent using email unless encrypted, such as when using NHS.net.

PI data may only be moved off Trust premises when electronically encrypted. Confidential paper documents in bulk (more than 50 cases) should be sealed in an envelope marked confidential and be delivered by hand using courier or private transport. Confidential paper documents not considered bulk (less than 50 cases) should be sealed in an

envelope, marked confidential; standard first class mail systems may be used.

In order to help assess that the Trust cares for all its patients with the same standard of care and dignity, data on the patient's age, gender, ethnicity, religion or belief, sexual orientation, disability, marriage/civil partnership, pregnancy/maternity and gender reassignment status is permitted and should be collected for analysis whenever possible.

6.1.3 Research

Research is encouraged within the Trust and there will be a need to recruit patients to research projects. Such communications with patients should be done so in accordance with the Trust's Research Policy which works within the NHS research governance framework and should take into consideration the principles set out in this policy.

6.1.4 Further guidance

Further guidance about the use of patient identifiable information should be sought from the Trust's Information Governance Manager and the Trust's Caldicott Guardian.

6.2 Principle 2: All activity should be conducted in a manner that is deemed as being ethical

6.2.1 Main ethics

The aim of obtaining feedback from patients for the purposes of monitoring and improving services delivered is generally deemed to be acceptable. However, care should be taken to ensure that the way in which such activity is carried out is done so in a manner which would be deemed, by patients and the general public, as proper and appropriate.

The application of this policy when performing any activity which seeks to obtain feedback from patients should ensure

that such activity is carried out in a way that will be deemed ethical.

All activity to obtain feedback from patients should be registered with the Patient Survey Team who will be available to advise on the principles and practices which need to be followed during each project. All activity should be reviewed by the Patient Survey Team before patients are contacted.

6.2.2 Stakeholder involvement

When designing a project, consideration should be given to seeking the view of the Trust's CEG. Other stakeholder individuals and groups should be considered and involved as deemed appropriate.

Appropriate management representing the particular service involved in the feedback being obtained should always be involved and will often lead on the project.

The CEG will be available to comment on the design of any project and may be used to pilot projects; they will be able to give a preliminary view from a patient perspective, this feedback may be useful to ensure patient understanding of any questions and such like.

For activity involving a specific or specialist area, consideration should be given to consulting with specialists or experts within the particular field. Other NHS Trusts may be used to give advice based upon appropriate experience. Charities and national bodies may be considered.

Consider informing the Trust's Patient Experience Department (PALS), switchboards and the Communications team as there may be occasions when patients contact the Trust by means other than the designated contact.

6.2.3 Patient contact periods

(See also section 6.4)

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Contact with patients to obtain feedback should not be sought until at least 10 days have lapsed since the incident. It has been considered by the Trust Ethics Group that this length of time will allow for the most delicate period of grieving if a patient has died unknown to the Trust and will allow for many patients to recover before they are asked for feedback.

This period of 10 days may be reduced in two particular situations:

- When there is a need for a particularly rapid response in order to manage the risk of a service delivery
- When feedback is being initiated by face to face contact and it has been deemed that the patient is of sufficient health and of a balanced state of mind
- When real-time patient feedback is required (within 48 hours following contact with the service). This can be seen with the national Friends and Family Test (FFT). The FFT is considered to be a continuous feedback loop, providing feedback much more quickly than traditional methods.

Any reduction of the 10 day period should be approved by the Patient Experience Department and should be explained in the methodology section of the project report.

Data collected should be valid; in order to ensure this the sample should be appropriate and of a statistically relevant size.

Memory loss and confusion is bound to be increased as time goes on; data should not normally be gathered from events more than 6 months from the date of the incident, the sooner after the 10 day period has past, the better.

6.2.4 Informing the patient

The Trust should be identified to each patient from whom feedback is being obtained. Trust headed paper should be used for postal communications.

Each patient should be made aware of the purpose of the activity.

Specific contact details of a person who can answer queries from patients about the activity being conducted should be made available to each patient from whom feedback is being obtained; this contact should be different from the general Trust enquiry contact details.

6.2.5 Further guidance

If further guidance on ethics is required, this should be sought from the Trust's Caldicott Guardian.

6.3 Principle 3: All activity should be conducted in a safe and competent manner

6.3.1 Patient experience projects

The Trust's patient survey programme will contain activity to obtain feedback from patients, as detailed in the 'Obtaining Patient Feedback Process' diagram (Appendix F). The programme contains the minimum set of patient experience projects to be completed during a particular financial year; other projects not making it onto the programme or not thought of at the time of designing the programme may still be completed as long as appropriate resources are available.

Projects may be completed by the Trust's Patient Survey Team or completed within other Trust departments; each project should have a named person as taking the lead responsibility for the project.

When activity is not being led by the Patient Survey Team, then the lead person responsible for the project should ensure to register the activity and take advice from the Patient Survey Team at the design stage of the project.

6.3.2 Project design

All activity should be undertaken in a professional manner with adequate consideration to each element of the activity such as: objectives, stakeholder involvement, sample, data

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collection, question design, patient access, results format, final report, publication and costs.

A cover letter should be included in postal survey packs to introduce the patient to the project; the letter should be from a senior Trust manager. The letter should contain:

- An introduction to the project
- The fact that the Trust value feedback from patients in order to help improve services provided
- The fact that the patient does not have to take part in the activity
- The fact that the final report containing results will be available on the Trust's website on completion of the project
- Contact details of someone who could answer questions about the project
- Contact details of the Trust's Patient Experience Department (Complaints and PALS)

An example of an acceptable cover letter can be found in the Appendix C.

When non postal activity is being carried out, the letter content should still be communicated in an appropriate manner, for example detailed on a displayed poster.

Sometimes it will be considered at design stage that the patient will require a fuller explanation about the project than is appropriate for an introductory letter, this can be done by the way of an information sheet which can contain all relevant information and can be in whatever format is believed best. Existing information leaflets may be appropriate for this.

Questions to the patient should be kept to the minimum and should be focused on gathering the data specifically required to meet the project objectives.

New projects should include a pilot to test the methodology planned. Results of the pilot should be used to fix any

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problems found and improve the effectiveness of the methodology. Pilot projects using between 1 and 10 patients is often acceptable.

Patients' responses should be reviewed as soon as possible and by the end of the next working day. Problems that patients report they have encountered should be reported within the results as part of the final report.

Any serious concerns considered should be acted upon immediately. Staff reviewing feedback from patients should report concerns to an appropriate manager. The manager should decide if immediate reporting and action is required. Negative 'comments' made by patients should be reported in the project report, but when the feedback goes beyond 'comment' and tells of a potentially serious matter which may cause harm to person or organisation, the manager should immediately report the matter to the Trust's Patient Experience Department (PALS) who should deal with the matter in accordance with relevant Trust policy.

At times patients will wish to feedback their thanks specifically to the clinician who treated them; such communications should be passed to the Patient Experience Department (PALS) which has a process in place to handle such communications.

Monies and other items of value received as gifts should be handled in accordance with Trust Standing Financial Instructions and local financial arrangements.

Analysis of the data obtained should aim to report on the objectives of the project and to discover the cause of any non-compliance to standards in order to focus any action required. Where possible and pertinent analysis should include: age, gender, ethnicity, religion or belief, sexual orientation, disability, marriage/civil partnership, pregnancy/maternity and gender reassignment status.

All projects should be written up using Microsoft Word. The standard report format (Appendix A) should normally be used.

Methodology should be clearly recorded in a way which would enable the project to be replicated with the same results. All patient survey reports should state a conclusion. Action plans may be included or documented separately.

Projects should be carried out in a way which will not hinder patient care or service delivery.

6.3.3 Conducting interviews

Patients should be informed that they may have a representative present during any interview. If a patient is considered as a child or a vulnerable adult, a patient representative must be present.

Measures should be in place before staff conduct interviews, which reduce risk to the staff member. A minimum of two staff members should be present at interviews to help protect both staff and patients. A mobile phone should normally be carried.

When conducting interviews staff must carry Trust identification and produce this to the interviewee.

All interviews and conversations with patients should be carried out in a secure environment; ensuring that patient identifiable data remains confidential. Patient consent should be obtained prior to recording conversations or filming.

6.3.4 Suitability of staff

Incidences from which the Trust is seeking feedback are often a time of crisis for patients. Staff regularly speaking with patients to acquire feedback should have received training in dealing with difficult and emotional conversations and people. Those obtaining feedback from patients should be employed by the Trust or have a contract with the trust agreeing to abide by Trust Policy including confidentiality.

All persons involved in obtaining feedback from patients should be Disclosure and Barring Service (DBS) checked and should have safeguarding training.

6.4 Principle 4: Feedback should be gained in manner which ensures minimum disruption to the patient

6.4.1 Minimising any burden

Many patients will welcome the opportunity to provide their feedback; some will give more than requested and document their feedback at length. However, most patients would not wish to be continuously asked for feedback and when they are asked they can be expected to prefer to spend only a short amount of time providing their feedback.

The patient should be considered when designing the project methodology, such consideration should include how to reduce the burden of giving feedback to as low as reasonably possible.

The patient can decide not to take part or to stop taking part at any time; their wishes should be accepted without question. If a patient declines to take part at any stage of a project they should not be pursued further for the length of that project.

The number of questions and pages for any patient feedback project should be kept to the minimum amount required to meet the project objectives. Keeping the number of questions to a minimum will decrease the time burden placed upon patients and may improve response rates. However, a greater number of questions may be required to achieve a high accuracy of results.

Patients should not be contacted by telephone or visited before 09:00 or after 20:00 hours, unless previous arrangements have been made gaining the patient's consent.

Patients should not be visited in their homes without prior arrangement with them.

6.4.2 Chasing responses

For most projects it would be unlikely that a patient makes more than one service contact with the Trust and with small sample sizes being used there is a relatively small chance (an approximately one in several hundred chance) of a patient receiving a request for feedback and a considerably less chance of receiving more than one request. An exception to this however may be seen for patients who have used the Trust's Patient Transport Service, with these patients more likely to use the service on a regular basis. If a patient requests not to be contacted for future projects this should be reported to the Patient Survey Team who keep a database of such requests and organise checks on patient lists prior to patient contact list being used.

If a high response rate is of particular importance then patients may be re-contacted to encourage a response; however, only one re-contact should be made as to repeatedly seek a response will be thought of by many to be too intrusive.

6.5 Principle 5: No patient should be excluded

6.5.1 Including everyone

The Trust believes that every patient has the right to give feedback on the service they receive and as such the Trust will actively seek such feedback in a way that does not exclude any patient.

All patients eligible for a project being conducted should be included in the population to be sampled. The only valid exception from inclusion is when the patient is known to the Trust to have died. All other patients should be included in the

sample to ensure they are given the opportunity to share their views.

Sometimes a patient that should be included in a survey sample may be difficult to contact due to inaccurate or incomplete contact details being available. This will include persons without a home address, in such circumstances it is appropriate to exclude them from the sample.

It is appropriate to exclude patients from a sample where they do not fall into the category of the project being conducted (e.g. For a survey of patients not conveyed to hospital, it is appropriate to include all patients attended by the Trust but not conveyed to hospital, and exclude all patients taken to hospital as not being eligible for the sample.)

Patients living abroad or in prison should be included in the sample.

Separate topic specific activity may be required in order to obtain feedback from patient groups with small numbers of people.

6.5.2 Deceased patients

Checks will normally be made to enable the removal of any patient that is deceased from the sample. With some data protection processes, initial contact will ascertain that the patient is not deceased, such as if a patient is handed 'real-time' feedback form at the end of their contact with the service. However, with a number of processes, such as postal surveys, the patient may have died since the incident.

Checking patients are not deceased should be carried out in two stages. During the first stage the Patient Care Record will be checked. The second stage will be to use NHS systems, such as the NHS Demographic Batch Service. Patients recorded as deceased should be excluded from the sample.

6.5.3 Involving with children

The Trust has carried out work on obtaining feedback from children and has decided that where possible children should be directly communicated with. Direct communication should therefore be made with patients over 18 years of age. However, an addition to the introductory letter should recommend to the child that they inform their parent of the communication. When the child is less than 18 years of age the communication should be directly with the child's parent or guardian. (See Appendix D for example letter)

6.5.4 Involving patients without capacity to consent

Although there may be occasions when a patient's Patient Care Record indicates that the patient 'does not have capacity to consent', the detail of the meaning of this will not be known by those seeking to obtain feedback from patients. It should therefore be assumed that any such patients will have their own system for dealing with communications and as such should be dealt with, for the purposes of obtaining their feedback, in the same way as other patients which are over 18 years of age.

6.5.5 Considering the patient

Although contact is made directly with the patient, occasionally a patient's advocate (carer, next of kin, parent etc.) may wish to respond in place of the patient, such as when the patient has died unknowingly to the Trust, or when the patient is a young child. Such responses should be treated as a valid response and included in the data analysis.

It will be assumed that every patient will understand the English language or will have their own system of interpretation; however, every effort should be made to comply with requests from patients for questions in a different language or format, including reading questionnaires and taking answers over the telephone.

Focus groups or interviews should be carried out in facilities with appropriate access so as not to exclude or cause embarrassment to any participant.

6.5.6 Reimbursing expenses

The Trust will reimburse patients with any reasonable expenses incurred while contributing to Trust patient feedback activity. Such costs should be outlined in the project design and be in accordance with Trust Financial Instructions.

6.6 Principle 6: Be open with activity and results

6.6.1 Project registration

All projects should be registered centrally with the Patient Survey Team before the project commences. Such involvement by the department should enable:

- Trust awareness of all patient feedback activity
- Prevention of patient sample duplication and patients receiving multiple surveys from different areas of the Trust
- Inclusion of all projects in the annual Trust patient survey programme
- Publication of the final report on Trust website for external viewing by patients and public
- Publication of the final report to the CEG
- Availability to give advice to those not familiar with undertaking such projects

6.6.2 Creating reports

Results of all patient experience projects should be made available through completed reports; reports should be written in Microsoft Word using a standard report format (See Appendix A)

All documents should be written in plain English and uncommon terminology should be avoided. Where uncommon terms are needed they should be clearly explained.

6.6.3 Publishing results

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At the end of each project, a copy of the final project report should be sent to the Patient Survey Team and to appropriate service managers and staff by the project lead.

Once approved, the Patient Survey Team will publish the final report on the Trust's intranet to enable access to all Trust staff, and will pass a copy to the CEG for information.

The Patient Survey Team will also publish the final report on the Trust's website to enable access to the patients whom have taken part. Publication on the Trust's website will also enable access to the general public, other care providers and researchers which is intended to help stimulate debate on the patient's experience and the benchmarking of performance.

All patient feedback must be published verbatim and as recorded by the patient or their representative to ensure it fully reflects the sentiments of the reporter.

6.6.4 Reviewing and acting upon results

The aim of projects should be to improve patient care or service delivery through ensuring clinical and professional standards are maintained. Where the results of a patient experience project show the patient's experience to be below the standard required, an action plan should be documented and implemented. Action plans may include a re-audit of the same topic after action has been implemented.

Action plans will be reviewed and monitored by CQSG, reporting status at each meeting.

All completed project reports should be submitted to the CQSG. CQSG should review results, agree any actions required and then monitor their implementation. The group should summarise results for the Trust's QGC.

The following questions should be included in every project. The format should remain as printed here to ensure compatibility when reporting each project's performance figures. The Key Performance Indicator (KPI) is used as a

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method of calculating the overall satisfaction of the patient in relation to the service they have received and is used as a benchmark across the Trust. The KPI result is calculated by dividing the proportion of 'very satisfactory' and 'satisfactory' responses (numerator) by the overall number of responses (denominator).

The Trust also collects data using the 'Friends and Family Test' (FFT) score. The FFT score is calculated by dividing the proportion of 'extremely likely' and 'likely' responses (numerator) by the overall number of responses (denominator). Alongside the KPI, the FFT score is used as a general performance marker and a means to benchmark across the Trust.

Question: Overall, how would you describe the service you received?

Very satisfactory

Satisfactory

Fairly satisfactory

Unsatisfactory

Very unsatisfactory

Question: How likely are you to recommend the ambulance service to friends and family if they needed similar care of treatment?

Extremely likely

Likely

Neither likely or unlikely

Unlikely

Extremely unlikely

Don't know

Service managers are responsible for reviewing completed patient experience reports as soon as they are made available, implementing any agreed action and considering further local action aimed at improving the quality of service.

Where possible the Trust will benchmark its results with similar Trusts. A representative from the Trust will sit on the National Ambulance Services Clinical Quality Group (NASCOG)

7.0 Equality Impact Assessment

An Equality Impact Assessment has been undertaken; the results of which has concluded that implementation of this policy and the activity that is covered by the policy may have a slightly positive influence on patients from specific groups of society as feedback from patients is obtained for the purpose of improving the delivery of services.

Equality, Diversity, Inclusion and Human Rights encompass all our aims, objectives and actions addressing inequalities and promoting diversity in healthcare and employment. The key principle of Diversity and Inclusion is that it belongs to everyone and that every individual has the right to be treated with respect and dignity as aligned to our core values.

We will ensure that our services are anti-discriminatory enabling equality of access and provision and meeting the legal requirements under the Equality Act 2010 and the specific elements of the Public Sector Equality Duty. We will use the Equality Delivery System² (EDS²) to ensure that service priorities are influenced and set by the health needs of all our local and regional communities through consultation, equality monitoring and partnership working. We will demonstrate “Due Regard” in all aspects of our business to ensure we remain focused on equality of outcome and equality of

opportunity. We will aim to make the Trust a place where all who work and access our services are free from all forms of discrimination and where the diversity of our staff patients, visitors and service-users is recognised as a key driver of our success and is openly valued and celebrated.

8.0 Process for monitoring compliance and effectiveness

8.1 Compliance to this policy will be monitored in a number of ways:

- By day to day management activity
- By the use of the Trust's Patient Experience Department systems, monitored by the Patient Experience Lead
- By informal and formal internal auditing carried out by the Patient Experience Lead
- By formal auditing as part of the Trust's Internal Audit Programme carried out by independent auditors

8.2 Informal checking of compliance to the policy and to the quality of work should take place continually by managers and staff.

8.3 Reporting of formal auditing of this policy will be reported to the CQSG through the presentation of an annual Patient Experience Report.

8.4 Issues arising would normally be dealt with by the Patient Experience Lead; however, significant issues which cannot be resolved should be reported to the CQSG.

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What	How	Frequency	By Whom	Evidence
a. Duties	1. Review of group terms and conditions 2. Line management	3 years Annually	Group chairman Line manager	Minutes of group PDRs completed
b. Process for setting priorities for a Patient Survey Programme including participation in patient experience projects	1. Review by CQSG	Annually	Group meeting and Chairman	Minutes of group
c. Process for ensuring that project methodology reflects the standards set out in the organisations approved documents	1. Review of project methodology. 2. Review methodologies of projects	1. Spot checks throughout each year 2. Annually	1. Patient Experience Lead 2. Patient Experience Lead	1. Annual Patient Experience Report 2. Trust Annual Report
d. Process for disseminating results / reports	1. Review of Trust intranet site against reports seen by the CGSG	Spot checks throughout year	Patient Experience Lead	Annual Patient Experience Report
e. Format for all patient experience reports	1. Review of reports by Patient Experience Lead	Spot checks throughout year	Patient Experience Lead	Annual Patient Experience Report

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What	How	Frequency	By Whom	Evidence
f. Process for making improvements	Review by CQSG	Annually	Chairman of CQSG	Minutes of group
g. Process for monitoring action plans and carrying out re-audits	Review CQSG	Annually	Chairman of CQSG	Minutes of group

9.0 Standards / key performance Indicators

The detail of this policy will be used as the standard to which it will be monitored.

10.0 References and Abbreviations

Care Quality Commission December 2009 *Essential Standards of Quality and Safety*, CQC, London

Data Protection Act 1998

<http://www.legislation.gov.uk/ukpga/1998/29/contents>

Department of Health (2000) *The NHS Plan*, Department of Health Publications, London

Department of Health (2001) *Shifting the Balance of Power*, Department of Health Publications, London

Department of Health (2003) *NHS Confidentiality: Code of Practice 2003*, Department of Health Publications, London

Department of Health (2006) *Records Management: Code of Practice 2006* (updated 2009), Department of Health Publications, London

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Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

<http://www.legislation.gov.uk/ukxi/2009/660/contents/made>

Department of Health 2009, The NHS Constitution for England, Department of Health, London

www.dh.gov.uk/en/Healthcare/NHSConstitution/index.htm

Department of Health (2010) *The NHS Plan 2010*, Department of Health Publications, London

NHS England. (2014). *The Friends and Family Test*. NHS England.

<https://www.england.nhs.uk/fft/>

UK Council of Caldicott Guardians 2010, *Caldicott Guardian Manual*, Department of Health, London

Abbreviations

CQC	Care Quality Commission
CQSG	Clinical Quality & Safety Group
DBS	Disclosure and Barring Service
EEAST	East of England Ambulance Service NHS Trust
FFT	Friends and Family Test
GDPR	General Data Protection Regulations
KPI	Key Performance Indicator
NASCQG	National Ambulance Services Clinical Quality Group
NHS	National Health Service
PI	Patient Identifiable
QGC	Quality Governance Committee

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Appendix A: Standard Report Format

A report should be created for each patient experience project. Reports should be created electronically using Microsoft Word software to enable easy storage and sharing of information. The format should include the following headings and place in the following order.

Title page

To include the Trust name, project title which should include the audit topic, name of author, period of data collection and month of publication.

Executive Summary

If the report is more than 6 pages in length then a précis of the report containing paragraphs of introduction, methodology, results and conclusion is required.

Contents

Listing the pages and headings that follow.

Introduction

To include the rationale for the project and a link to relevant objectives and publications.

Methodology

To include the project objectives, the sample and sample selection criteria, process method and outcome of any pilot of the methodology.

Results

Clear outcome of any measures obtained.

Analysis

A detailed review of the results with other information to particularly determine root cause of any unsatisfactory compliance or negative feedback. Analysis may be combined with the results section.

Conclusion

Outcome of project. (Not a repeat of the results)

Acknowledgements & Glossary

List of acknowledgements and glossary if required.

References

List all references made, using Harvard style.

Appendix

Supporting information as required.

Action Plan / Recommendations

If results are not sufficiently compliant an action plan to develop improvements should be written up and presented as a separate document

Appendix B General Data Protection Regulation (GDPR) Principles

Under the GDPR, the data protection principles set out the main responsibilities for organisations..

Article 5 of the GDPR requires that personal data shall be:

- “a) processed lawfully, fairly and in a transparent manner in relation to individuals;
- b) collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes; further processing for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes shall not be considered to be incompatible with the initial purposes;
- c) adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed;
- d) accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay;
- e) kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed; personal data may be stored for longer periods insofar as the personal data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes subject to implementation of the appropriate technical and organisational measures required by the GDPR in order to safeguard the rights and freedoms of individuals; and
- f) processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or

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unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.”

Article 5(2) requires that:

“the controller shall be responsible for, and be able to demonstrate, compliance with the principles.”

Appendix C: Standard Cover Letter (adult)



Patient Experience Department
Norwich Office
Hospital Lane
Hellesdon
Norwich
NR6 5NA

Tel: 01603 422757

Dear

I understand that the ambulance service was called to attend to you in **DATE**. We are keen to receive feedback about your experience when using the service. Your feedback will be used to assist the development of our staff and improve the service to better meet the needs of our patients.

However, we are anxious not to cause any distress to our patients and their relatives. If you feel you cannot or do not wish to take part in the survey we apologise for contacting you. In such a case please discard these documents and consider it no further. If you feel you are able to answer some questions about the service you received then please continue.

The enclosed questionnaire should take no more than 10 minutes to complete. All returned questionnaires will be treated in confidence and no personal information will be disclosed. Please return the questionnaire to us in the pre-paid envelope provided. We would appreciate hearing from you by the **DATE**.

In previous surveys we have received requests for us to pass on personal thanks to the staff involved. If you wish to write a separate letter of thanks, you may include this in the pre-paid envelope provided with the survey. We will ensure that such a letter is passed on to the appropriate people concerned. Should you have any concerns about the quality of service you received and wish to raise any concern or complaint, please complete the consent section on the patient survey and either enclose in the pre-paid envelope or alternatively contact the Patient Experience Department (PALS) at the address given on the following page.

Thank you very much for taking the time to assist us. We really value the feedback we receive from the patients and public we serve. If you have any queries about completing this questionnaire please contact the Trust's Patient Experience Team on 01603 422757.

Yours sincerely,

Tracy Nicholls
Interim Director of Clinical Quality and Improvement
East of England Ambulance Service NHS Trust

Chief Executive: Robert Morton
Chair: Sarah Boulton
www.eastamb.nhs.uk

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Appendix D: Standard Cover Letter (child under 18)



To the Parent or Guardian of

Patient Experience Department
Norwich Office
Hospital Lane
Hellesdon
Norwich
NR6 5NA

Tel: 01603 422757

DATE

Dear Parent / Guardian of

I understand that the ambulance service was called to attend to your child in DATE. It would be very helpful to receive your child's view about the quality of service they received from us on that occasion. Feedback received will be used to assist the development of our staff and improve the service to better meet the needs of our patients.

However, we are anxious not to cause any distress to our patients and their relatives. If you feel you or your child feel you cannot or do not wish to take part in the survey we apologise for contacting you. In such a case please discard these documents and consider it no further. If you or your child feel you are able to answer some questions about the service received then please continue.

The enclosed questionnaire should take no more than 10 minutes to complete. All returned questionnaires will be treated in confidence and no personal information will be disclosed. Please return the questionnaire to us in the pre-paid envelope provided. We would appreciate hearing from you by the DATE.

In previous surveys we have received requests for us to pass on personal thanks to the staff involved. If you or your child wishes to write a separate letter of thanks, this may be included in the pre-paid envelope provided with the survey. We will ensure that such a letter is passed on to the appropriate people concerned. Should you or your child have any concerns about the quality of service received and wish to raise any concern or complaint, please complete the consent section on the patient survey and either enclose in the pre-paid envelope or alternatively contact the Patient Experience Department (PALS) at the address given on the following page.

Thank you very much for taking the time to assist us. We really value the feedback we receive from the patients and public we serve. If you have any queries about completing this questionnaire please contact the Trust's Patient Experience Team on 01603 422757.

Yours sincerely,

Tracy Nicholls
Interim Director of Clinical Quality and Improvement
East of England Ambulance Service NHS Trust

Chief Executive: Robert Morton
Chair: Sarah Boulton
www.eastamb.nhs.uk

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Appendix E: Patient Information Sheet

Document format

You can contact the Patient Experience Department via telephone or email, and they will register your concerns and initiate the feedback process:

Free phone: 0800 028 3382 or email: eoasnt.feedback@nhs.net

If you would like any of these documents in large print, Braille, alternative format, or a different language, please contact the Patient Experience Department on: 0800 028 3382.

0800 028 3382 انگرآپ کو یہ کتابچہ بڑے پرنٹ، بریل، متبادل نمونے یا کسی دوسری زبان میں چلیبے تو براہ مہربانی پانزسے فون نمبر پر رابطہ کر دیں۔

دی نید وجہ وقت، ت کلیدیلہ دل، ش نیوازی ج یواز، یا خود زمت ڈیکٹی دی کھرب سورج دی تی گ تان دی بھرم نہہ دی لکھ ڈاگڈا ت ہی فونی: SLAP دیلڈتہ ر زمارہ سہ ن لہر کہ وہہ 08000283382

Se desejar obter este folheto impresso em letras maiores, em Braille, num formato diferente, ou noutra língua, por favor contacte 0800 028 3382.

Jeżeli chciałbyś otrzymać tę ulotkę w dużym druku, w Braille'u, w innym formacie lub w innym języku prosimy o kontakt pod numerem telefonu 0800 028 3382.

Если вы бы хотели получить эту брошюру в печати крупным шрифтом, шрифтом Брайля, в альтернативном формате или на другом языке, пожалуйста, обращайтесь в группу по телефону 0800 028 3382.

Use of patient information

A Patient Care Record is created every time a patient is assessed, either over the telephone or in person. The record will include information about the patient, the assessment, any treatments and advice given. A copy of the record will be handed over to the healthcare professional taking over the care of the patient and used to maintain safe and effective care. The data obtained will also be used to monitor and improve the quality of the services provided.

A copy of the record is retained by the Trust; all records are used and managed in accordance with strict NHS policy and English Law.

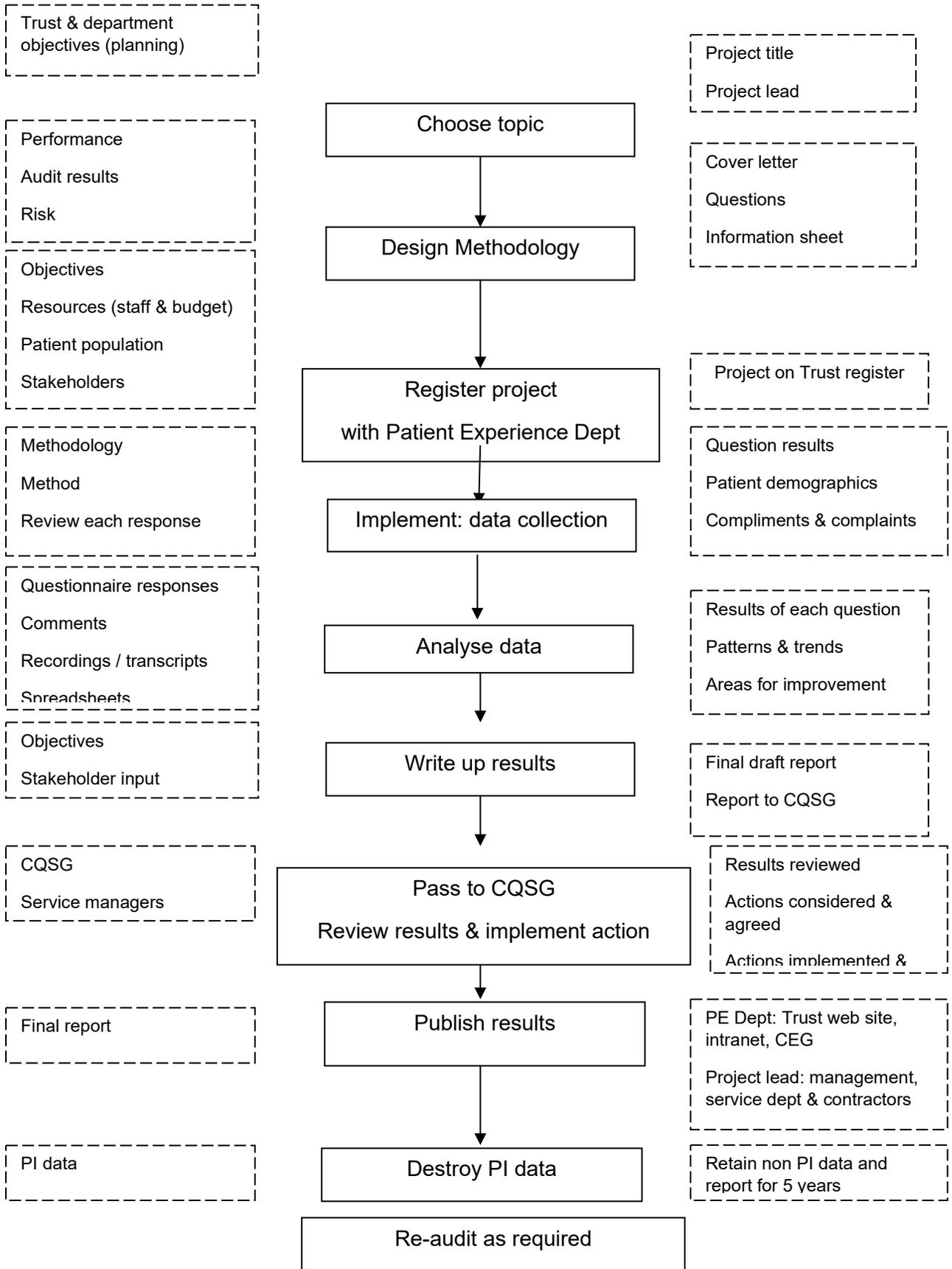
If you have any further queries or would like to request a copy of your record, more information is available via the Trust web site www.eastamb.nhs.uk or from the Trust's Patient Experience Department, East of England Ambulance Service NHS Trust, Hammond Road, Bedford, MK41 0RG

A copy of the report of this survey and any others completed by the Trust will be available online after completion at www.eastamb.nhs.uk.

Chief Executive: Robert Morton
Chair: Sarah Boulton
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Appendix F: Obtaining Patient Feedback Process diagram



Appendix G: Caldicott Principles

The 1997 report of the Review of Patient-Identifiable Information, chaired by Dame Fiona Caldicott (the Caldicott Report), made a number of recommendations for regulating the use and transfer of person identifiable information between NHS organisations in England and to non-NHS bodies. The Caldicott Committee's remit included all patient-identifiable information passing between organisations for purposes other than direct care, medical research, or where there was a statutory requirement for information. The aim was to ensure that patient-identifiable information was shared only for justified purposes and that only the minimum necessary information was shared in each case.

A key recommendation of the Caldicott Committee was that every use or flow of patient-identifiable information should be regularly justified and routinely tested against the principles developed in the Caldicott Report. Those Principles are:

Principle 1 – Justify the purpose(s) for using confidential information

Principle 2 – Only use it when absolutely necessary

Principle 3 – Use the minimum that is required

Principle 4 – Access should be on a strict need-to-know basis

Principle 5 – Everyone must understand his or her responsibilities

Principle 6 – Understand and comply with the law

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_114506.pdf

Appendix H - Equality analysis

Title: Patient Feedback Policy

What are the intended outcomes of this work? *Include outline of objectives and function aims*

- To set out to the trusts rules and arrangements for the management of obtaining feedback from patients
- To have a trust wide standard for patient experience activity
- To ensure patient confidentiality is maintained
- To help ensure that patient experience activity is carried out in a competent manner
- To help ensure that results from patient experience activity is used to make improvements in practice where necessary.
- Patient Experience reports of sufficient quality will be available and patient's positive experience is maintained and improved.

Who will be affected? *e.g. staff, patients, service users, general population etc*

The Patient Feedback policy affects the overall Trust, staff, patients, their relatives, other healthcare professionals, advocacy services, MPs and other NHS organisations. The policy also affects the Patient Experience Team who co-ordinate all feedback.

Evidence *The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results.* ¹

¹ [EEAST Being Open Policy](#)

What evidence have you considered? *List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.*

- Previous patient feedback and survey data
- Equality and Diversity Annual Report (patient satisfaction surveys)
- Information received from the Equal Opportunity forms sent out to enquirers

Disability *Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers this may include safeguarding adults ²*

The Equality and Diversity Report completed shows that the Trust does not receive a high level of feedback from patients with disabilities. This may be because the patient may lack confidence or ability to raise concerns about the Trust alone so they may be more likely to require the use of an advocacy service. Physical access to the policy may be restricted if the patient has sight or hearing difficulties.

Every person who provides feedback to the Trust receives an acknowledgement letter or e-mail which includes details about the advocacy services available in their area. The Trust has also produced an Easy Read leaflet about the complaints process.

² [EEAST Safeguarding Vulnerable Adults Policy](#)

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The Patient Experience Department is able to produce correspondence in larger font size to aid those patients with sight difficulties, this includes the leaflet, policy and any letters that are sent. The Trust's website's text size can be easily increased and the website also allows patients to highlight the text required so this can be read out (using the BrowseAloud software).

The Patient Experience Department does not usually require patients to visit Trust sites however consideration would be given to the appropriateness of a meeting location if the patient had physical disabilities.

EEAST has previously disseminated a poster across the region to community centres, libraries, GP surgeries, A&E Departments, religious centres and specific patient groups (e.g. Mencap, MIND).

All feedback received is triaged by a responsible person and any potential safeguarding or vulnerable patient issues are highlighted to the Safeguarding Team, with appropriate Safeguarding referrals made to the Local Authority via the Trust's Single Point of Contact (SPOC).

Gender *Consider and detail (including the source of any evidence) on men and women*

The Trust does receive a slightly higher number of complaints from women compared to men; however, there is no evidence to suggest why.

Race *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, including travellers and language barriers.*

The Equality and Diversity Report shows that feedback is predominantly received from White British patients.

The Trust's website can be translated into different languages and the policy and leaflet are also available in different languages. The Patient Services Department has access to Language Line, which is a telephone interpreting service.

EEAST has previously disseminated a poster across the region to community centres, libraries, GP surgeries, A&E Departments, religious centres and specific patient groups. This poster can be made available in different languages if required.

Age Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding³, consent and child welfare.

The Trust receives a higher proportion of feedback from patients over 61 years old compared to younger patients and this is evidenced in the Equality and Diversity Report.

EEAST has previously disseminated a poster across the region to community centres, libraries, GP surgeries, A&E Departments, religious centres and specific patient groups (e.g. Age Concern).

Recently we have changed our processes to accept feedback through a number of different methods, including social networking sites (such as Twitter and Facebook) along with patient forums (NHS Choices and Patient Opinion). This is to encourage the younger population to provide feedback to the Trust about the care they received via a forum accessible and relevant to them.

The Trust has a rigorous consent process to ensure we are complying with the Data Protection Act 2018; however, this does not adversely impact on any particular age group. If a third party is complaining on behalf of a patient, we always require a consent form to be completed unless the patient does not have capacity, has passed away or is a child.

³ [Safeguarding Children & Young People Policy.pdf](#)

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All feedback received is triaged by a responsible person and any potential safeguarding or vulnerable patient issues are highlighted to the Safeguarding Team, with appropriate Safeguarding referrals made to the Local Authority via the Trust's Single Point of Contact (SPOC).

Gender reassignment (including transgender) *Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.*

There is no indication that patients who are considering or who have undergone gender reassignment are treated differently through the complaints process, although feedback from this patient group is low.

Sexual orientation *Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.*

There is no indication that patients are treated differently through the complaints process based on their sexual orientation, although feedback from lesbian, gay and bisexual patients is low.

EEAST has previously disseminated a poster across the region to community centres, libraries, GP surgeries, A&E Departments, religious centres and specific patient groups. This poster can be made available in different languages if required, including LGBT groups.

Religion or belief *Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.*

The Equality and Diversity Report shows that the Trust receives low levels of feedback from Hindu and Muslim patients.

EEAST has previously disseminated a poster across the region to community centres, libraries, GP surgeries, A&E Departments, religious centres and specific patient groups. This poster can be made available in different languages if required. The religious centres will include both Christian and non-Christian religious centres and the poster can be available in a different language if required.

Pregnancy and maternity *Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.*⁴

Feedback from patients who are pregnant or breastfeeding is low, however, it is unclear why at this point.

EEAST has previously disseminated a poster across the region to community centres, libraries, GP surgeries, A&E Departments, religious centres and specific patient groups. This poster can be made available in different languages if required. Many parent-toddler groups take place at community centres and village halls so we are trying to increase the accessibility of the service to parents.

Carers *Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.*

There is no indication that patients who are considering or who have undergone gender reassignment are treated differently through the complaints process, although feedback from this patient group is low.

⁴ [Pregnancy & Maternity Policy](#)

Other identified groups *Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.*

Feedback is received from patients and members of the public from all different socio-economic groups and residential statuses. However the Trust has not surveyed this area so further work may be required around this.

Engagement and involvement

Was this work subject to the requirements for public engagement/consultation?

Yes.

How have you engaged stakeholders in gathering evidence or testing the evidence available?

Stakeholders were engaged through the request for completion of the Equal Opportunity Forms that are disseminated on receipt of any negative feedback. Feedback reports are shared and further work is being carried out with the Trust User Group about the appropriate use of this Form.

How have you engaged stakeholders in testing the policy/strategy or programme proposals?

Patient Experience Team has an annual program for patient surveys and feedback reports are shared with our stakeholders.

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Patient Surveys are sent to patients as part of the contract with the Trust. The survey results are then analysed and a report is produced (including recommendations), which is passed to the relevant commissioners for the contract and internally to the relevant governance meetings for further progress if relevant and necessary.

Summary of Analysis *Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.*

Has been covered above.

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

Eliminate discrimination, harassment and victimisation *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

From steps already taken, the Trust aims to eliminate discrimination, harassment and victimisation from the feedback processes. The Patient Feedback policy will be applied fairly to all patients and members of the public and additional support will be offered to the patient and / or complainant where required to ensure they are able to provide feedback to the Trust. The Patient Experience Department have all been trained in Equality, Diversity

and Inclusion and all complete the mandatory workbook on an annual basis in relation to the equality and diversity principles.

Advance equality of opportunity *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

As stated above, the Patient Experience Department will not treat everyone the same but tailor the complaints handling process to ensure the patient and the Trust get the most out of the feedback. However, in terms of the investigation, this will be completed objectively, regardless of the patient group involved.

Promote good relations between groups *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

Not applicable.

What is the overall impact? *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?*

The limited evidence the Trust has available does show that certain patient groups are less likely to provide feedback, although action is being taken to address this. The current Equal Opportunities Monitoring Form will also be reviewed by the Trust User Group to ensure it is suitable and that the Patient Experience Department send out the form at an appropriate point in the process.

Addressing the impact on equalities *Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.*

The Trust is committed to addressing any inequalities within the feedback process and this is also enshrined within the Patient Experience Department's Francis Report Action Plan.

Action planning for improvement *Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.*

No gaps or negative impacts identified, all elements of the Patient Feedback policy are non-discriminatory and support the aims of the Equality Act 2010.

Please give an outline of your next steps based on the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*

- *Plans already under way or in development to address the **challenges** and **priorities** identified.*
- *Arrangements for continued engagement of stakeholders.*
- *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*
- *Arrangements for embedding findings of the assessment within the wider system*
- *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*

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- *Arrangements for making information accessible to staff, patients, service users and the public*
 - *Arrangements to make sure the assessment contributes to reviews of EEAST strategic equality objectives.*
- No gaps or negative impacts identified, all elements of the Complaints policy are non-discriminatory and support the aims of the Equality Act 2010.

For the record

Name of person who carried out this assessment:

Patient Experience Lead

Date assessment completed:

March 2018

Name of responsible Director:

Director of Clinical Quality and Improvement

Date assessment was signed:

Mr A Brown