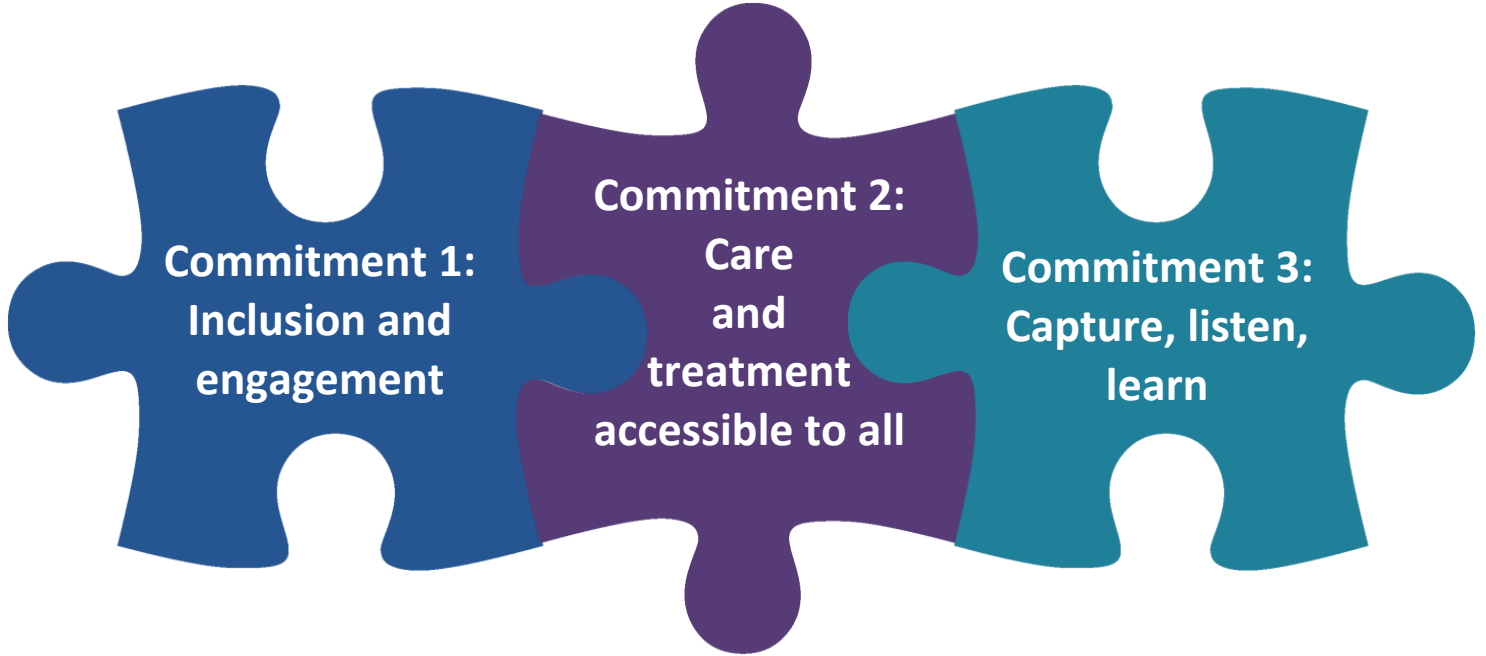


# Patient Experience & Inclusion Strategy

2022-2025



All of our patient information can be translated into a variety of different languages. Please speak to a member of staff or email [patientexperienceteam@sthk.nhs.uk](mailto:patientexperienceteam@sthk.nhs.uk) who can arrange for information to be translated for you.

Wszystkie nasze informacje dla pacjentów są tłumaczone na różne języki. Aby otrzymać przetłumaczone informacje, prosimy porozmawiać z członkiem personelu lub wysłać wiadomość e-mail na adres: [patientexperienceteam@sthk.nhs.uk](mailto:patientexperienceteam@sthk.nhs.uk)

كل المعلومات للمريض لدينا مترجمة إلى مجموعة متنوعة من اللغات المختلفة. يرجى التحدث إلى أحد الموظفين أو إرسال بريد إلكتروني إلى [patientexperienceteam@sthk.nhs.uk](mailto:patientexperienceteam@sthk.nhs.uk) الذي يمكنه ترتيب ترجمة المعلومات لك.

Toate informațiile destinate pacienților sunt traduse într-o varietate de limbi diferite. Vă rugăm să luați legătura cu un membru al personalului sau să ne trimiteți un e-mail la [patientexperienceteam@sthk.nhs.uk](mailto:patientexperienceteam@sthk.nhs.uk) dacă doriți ca aceste informații să fie traduse în limba dvs

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## Introduction

At the St Helens and Knowsley Teaching Hospitals NHS Trust, we know that patient experience is more than just meeting our patient's physical needs, but also about treating each patient as an individual with dignity, compassion and respect. Effective engagement enhances services and care, improves health outcomes, strengthens public accountability and supports the Trust's reputation.

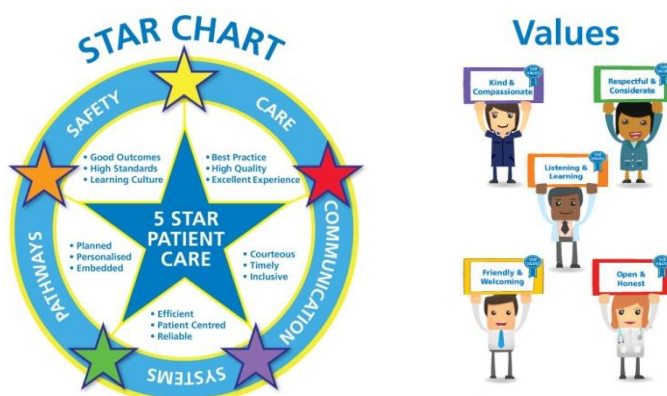
We do not want to just meet expectations, we want to exceed them. This means we are committed to working in partnership with our staff, patients and stakeholders to improve the quality of care that we provide and we commit to actively seek, listen and act on feedback received from our patients, staff, and other key stakeholder groups and involve them in the design and delivery of our services.

The purpose of the Patient Experience & Inclusion Strategy 2022-2025 is to set out the Trusts commitment to improving patient experience by meaningfully engaging with our patients, key stakeholders and local communities to remove any barriers to access; by building on our current engagement activities, and ensuring people from all our local communities are included and able to help shape our services and build upon the successes of the Patient Experience Strategy 2019-2022.

The Patient Experience Council (PEC) will monitor progress and performance against this strategy and provide assurance to the Quality Committee (QC).

The Trust acknowledges that patient experience is fundamental to quality healthcare and that a positive experience leads to better outcomes for patients, as well as improved morale for staff. The three commitments and associated objectives laid out in this strategy will support a continuous cycle of engagement throughout every step of the patient journey and embodies the Trust 5 Star patient care and Trust values. The Trust expects that all staff will embrace this strategy and demonstrate the key principles through the care and service that is delivered, whilst demonstrating trust values in all that we do. By creating a culture of continuous improvement that strives to deliver excellent, quality, patient driven services we are able to achieve our ambition.

We developed our strategy in partnership with our patients, key stakeholders, local communities and our staff.



## Looking back at what we have achieved 2019-2022

Improvement in positive responses in the national inpatient survey

Patient representation at meetings

Improvement in communication by allocating Patient Experience phones to adult inpatient areas

Regained veteran awareness accreditation

Launch of the new regional carers passport – created in collaboration with LUFT

Continued engagement with Healthwatch

Patient Participation Group initiated with new TOR

Increase in the number of volunteers recruited

Redesigned the patient experience staff intranet pages

Developed new patient experience website pages

Increase in the number of volunteers recruited

Maintained PLACE scores

Increase in referrals of patients with learning disabilities admitted to Trust Safeguarding Nurse Specialist

Patient experience dashboard created for inpatient areas

Improved access to interpreters by introducing virtual interpreting

Launch of PenPALS service

Family support team implemented during first lockdown

Attained NAVAJO accreditation

Every experience matters inpatient survey developed



**Objective 1** - Engage with communities who experience the greatest health inequalities to seek to understand their needs.

**Objective 2** - Work in collaboration with other NHS and private sector organisations to ensure consistent equality, diversity and inclusion practice across the region.

**Objective 3** - Work with all our local communities to understand their needs.

**Objective 4** – Improve and expand upon current Trust engagement ensuring that all our activities are inclusive to all who want to access them

## How we will demonstrate our achievement – Commitment 1 inclusion and engagement

Objective	Evidence
Objective 1 – Engage with communities who experience the greatest health inequalities to seek to understand their needs.	Evidence of engagement with members of protected community groups, feeding back findings to relevant committees and services to help address the inequalities
	Evidence of completion of the health equity assessment tool following feedback/issues identified during engagement activities. Evidence that this feedback is used to improve services and reduce inequalities
	Evidence that feedback given from engagement activities/ HEAT health equity assessment to be shared with relevant services
Objective 2 – Work in collaboration with other NHS and private sector organisations to ensure consistent equality, diversity and inclusion practice across the region.	Best practice equality, diversity and inclusion guidance developed by the collaborative is included in Trust policies and SOPs
	Relevant gaps/inequalities highlighted by the collaborative are included in the Trusts Equality Objectives following Equality Delivery System (EDS2/3) assessments
	Continue to work in collaboration with other Trusts on the EDS2
	Relevant gaps/inequalities highlighted by the collaborative are included in the Trusts Equality Objectives following EDS2 assessments
Objective 3 – Work with all our local communities to understand their needs.	Work together with other trusts across Cheshire & Merseyside to develop a shared approach to the new EDS3 once implemented
	Evidence of implementation of the ‘what matters to me’ engagement with members of protected groups, including inclusion health groups and those groups whose first language is not English
	Feedback from engagement with patients and service users who may have a LD, autism or acquired brain injury is used to improve services
	Specific ‘getting to know me’ information will be incorporated into the new electronic activities of daily living form
Objective 4 – Improve and expand upon current Trust engagement ensuring that all our activities are	Feedback from annual programme of engagement with carers groups is used to improve services and access to services for carers including children who are carers
	Evidence of the annual programme of Trust patient engagement groups and events
	The Trust Patient Participation Group membership has grown and is broadly representative of our local communities and evidence of active participation

Objective	Evidence
inclusive to all who want to access them	The Trust's Patient Experience and Dignity Champions Group includes members from every area of the Trust



**Objective 1** – Gather feedback from patients from protected groups and inclusion health groups to identify any barriers to accessing services.

**Objective 2** – Build on the implementation of the Accessible Information Standard and further develop patient information to ensure it clear, age appropriate and accessible

**Objective 3** – Every patient requiring interpretation support will be identified and the relevant face to face interpreter booked in advance of their appointment or, virtual appointment booked



## How we will demonstrate our achievement – Commitment 2 Care and treatment accessible to all

Objective	Evidence
Objective 1 – Gather feedback from patients from protected groups and inclusion health groups to identify any barriers to accessing services.	<p>Engage with the relevant groups to identify any barriers they may face when accessing Trust services</p> <p>The complaints service and PALS are accessible to all patients/relatives with monitoring methods in place to ensure that the complaints and concerns relating to a patients protected characteristic can be identified. Identify any issues raised regarding access to services due to a patient having one or more protected characteristics.</p>
Objective 2 – Build on the implementation of the Accessible Information Standard and further develop patient information to ensure it clear, age appropriate and accessible	Develop more ‘accessible’ leaflets as standard i.e. more easy read and British Sign Language signed leaflets for ‘core’ Trust and service information
Objective 3 – Every patient requiring interpretation support will be identified and the relevant face to face interpreter booked in advance of their appointment or, virtual appointment booked	<p>An increase in the number of patients whose language requirements are recorded on Careflow</p> <p>GPs provide information to the Trust when a patient’s first language is not English and they require the use of an interpreter</p> <p>Reduction in the number of concerns raised by St Helens Resource Centre regarding patients whose communication needs are not met</p>



**Objective 1** – Develop the Trust patient story programme

**Objective 2** – Develop new and improve on existing systems for capturing feedback

**Objective 3** – Utilise systems to triangulate themes and trends

**Objective 4** – Use feedback received to improve and celebrate services

**Objective 5** – Increase awareness of the patient experience and inclusion agenda

## How we will demonstrate our achievement – Commitment 3 Capture, listen, learn

Objective	Evidence
Objective 1 – Develop the Trust patient story programme	Develop a library of digital stories that are accessible electronically and ensure shared learning throughout the Trust.
	Ensure there is a robust process for areas to share stories with the Patient Experience & Inclusion team
Objective 2 – Develop new and improve on existing systems for capturing feedback	Further development of the patient experience dashboard
	Expand digital feedback mechanisms within the Trust
	PALS satisfaction survey to inform, develop and demonstrate an effective PALS service
Objective 3 – Utilise systems to triangulate themes and trends	Feedback data and themes are being actioned by relevant leads
	Data and themes to be shared at ward governance meetings
	Revamp of the ward patient experience boards and incorporate auditing boards into Tenable
	Redesign/improve the Trust 5 a day programme
Objective 4 – Use feedback received to improve and celebrate services	Develop patient experience volunteer role
	Develop a carers satisfaction survey
	“Hello my name is” campaign being applied in clinical areas
	Capture actions and lessons learned from PALS informal concerns
	Maintain those above target and improved FFT recommended care rates for any areas below target
	Review the process of YSWD posters across the Trust
	Prompt response to comments posted on NHS website
	Capture the voice of the child – continue to develop innovative ways to obtain feedback from children following care and treatment in the Trust
	Work to maintain the Trust PLACE scores
	Continue to respond to local Healthwatch concerns in a timely manner and maintain good relationships with local Healthwatch groups

Objective	Evidence
Objective 5 – Increase awareness of the patient experience and inclusion agenda	Engagement with Care Group leads regarding patient experience agenda
	Patient experience and inclusion agenda to be developed and shared Trust wide

**Authors:** Patient Experience Manager / Head of Patient Inclusion & Experience / Quality Matron, Patient Experience

**Accountable Director:** Director of Nursing, Midwifery & Governance

**Approving body:** Patient Experience Council

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**Date approved:**

**Review:** March 2025

## Patient Experience & Inclusion Team

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🌐 <https://www.sthk.nhs.uk/patient-experience-and-inclusion>