

Equality Objectives 2023/27 Action Plan – Patients

Blue	Complete
Green	On Track
Amber	At risk of missing deadline
Red	Overdue

Objective 1 – improve all methods of communication with patients, ensuring they are inclusive and accessible to all

Description	Action	Lead	Timescale	Progress Update	RAG
GPs provide information to the Trust when a patient's first language is not English and they require the use of an interpreter.	Work with CCGs and other Trusts to encourage them to tell us if a patient's first language is not English	ICB lead / Head of Patient Experience and Inclusion	Q3 2025		G
	Training to staff to demonstrate the impact of communicating with patients	DRC / Head of Patient Experience and Inclusion	Q3 2023 -24	Deaf awareness training dates arranged throughout 2022-23	B

Reduction in the number of concerns raised by St Helens Deafness Resource Centre (DRC) regarding patients whose communication needs are not met.	without a BSL interpreter to be delivered to all areas				
	Training video uploaded to the intranet for staff to access showing the difficulties a Deaf patient encounters when not given the correct communication support	Head of Patient Experience and Inclusion	Q1 2024/25		G
Changes to IT systems to support patient communications	Review appointment letter templates to ensure they include information on access requirements.	Head of Patient Experience and Inclusion Project Manager	Ongoing 2023	2023 – currently piloting new templates (therapies) which will include details of who to contact in the Trust if they want to update their records to include details of additional support needed, To be rolled out in 2023 – date tbc	G
	Review communication methods with patients	Project Managers	Ongoing 2023	This is part of the above work with project managers addressing the ways in which patients can be contacted – phone, letter or email with several options for printing the letters: Clear read Easy read Non reflective background Braille	G

				<p>Test to speech</p> <p>Variable print size</p> <p>Work is continuing on the patient portal where patients can access letter etc via the portal.</p> <p>Alerts for accessible information requirements will pull through to the portal</p> <p>Workstream will look at contacting patients by email (IG/confidentiality concerns)</p>	
	<p>Who is responsible for checking if the patient has additional communication needs? Due to;</p> <ul style="list-style-type: none"> - Disability - First language not English <p>Whose responsibility is it to meet the patients needs?</p>	<p>Head of Patient Experience and Inclusion</p> <p>Patient Experience Manager</p>	<p>Q4 2024/5</p>		<p>G</p>
	<p>Review discharge letter templates to support information sharing with other healthcare professionals in the event a patient's need is</p>	<p>Head of Patient Experience and Inclusion</p>	<p>Q2 2023/2024</p>	<p>Information is shared with other providers for ST Helens patients via the shared care record.</p> <p>Work is being carried out to share internally for areas who send</p>	<p>G</p>

	identified whilst under the Providers Care			<p>appointments via a different system (eg PACS) where the Medway alert doesn't automatically pull through.</p> <p>This work is part of the work plan from the Patient Information Project Board</p> <p>Working group set up to review discharge letters</p>	
	Ensure systems are in place to ensure the Trust is compliant with all 5 steps of the AIS	Head of Patient Experience and Inclusion	ongoing	<p>Careflow is compliant with the AIS but work still needs to be done around sharing a patients additional communication needs, this work is part of the Patient Communication Project Board</p> <p>Implementation of the NHS flag by 2024</p> <p>Able to share information for St Helens patients via St Helens shared care records, work is ongoing externally on shared care records for patients outside St Helens</p>	G
	Access to healthcare information in other languages	Head of Patient Experience and Inclusion	ongoing	Available on request – we can get any of the Trusts information/letters/reports	

				<p>translated into alternative languages and formats</p> <p>All patient information is now to be reviewed and streamlined where possible prior to merging with S&O</p>	B
	Deliver staff training re AIS	Head of Patient Experience and Inclusion	Q2 2023/24	<p>We will also be reviewing</p> <ul style="list-style-type: none"> • who has access to place the alert (ie which staff members) • including it as part of all quality ward rounds to check if staff know how to action an alert <p>look for AIS video to put on intranet</p>	G
	Appointment calling system	<p>Estates manager</p> <p>Head of Patient Experience and Inclusion/Patient Experience Manager</p> <p>Service managers</p>	Q3 2023/4	Not in routine use in all areas of the Trust, review of all areas to be carried out with an EIA completed to demonstrate where the issues are	G
	Monitor suitability of AIS alerts on Careflow	Head of Patient Experience and Inclusion	Ongoing monthly review	Ongoing monthly review of alerts placed on Careflow – issues found are the inappropriate use of the AIS alerts by staff completing them for other reasons eg. As a notification that someone has a	

		Patient Experience Manager		LD but not mentioning any additional communication needs Review/restrict the access to small group of staff who will be able to add an alert dependant on patient need	
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Objective 2 – Review accessibility of Trust areas/estate/services all sites to ensure they are both inclusive and accessible to all patients, particularly those with sensory disabilities

It is important to remember that our patients should be able to access our services independently (where possible eg a physically disabled patient may need help getting to the dept but should be able to manage from there as the Trust has a duty to make all its services accessible

Description	Action	Lead	Timescale	Progress Update	RAG
Poor patient experience when accessing services					
Review Trust processes to ensure they are accessible and inclusive	NHS Reasonable Adjustments Flag	Head of Patient Experience and Inclusion Information Team	Q4 2023/24	Contacted information team for more info	G
	Review organisation's process for handling complaints/PALS, to ensure all stages are accessible	Head of Patient Experience and Inclusion Complaints Manager	Q2 2023/24	Action in patient experience and inclusion strategy to review complaints and PALS to ensure they are fully accessible Both services are accessible to some extent but plan to review and improve on what is available currently	G
How are patients contacted/asked to	Identify what methods that services use to contact	Head of Patient Experience and Inclusion	Q2 2024/5		

<p>contact the Trust in each service</p>	<p>patients and are they accessible to all patients.</p> <p>How are patients asked to contact the Trust what alternatives are available/used</p>	<p>Patient Experience Manager</p>			<p>G</p>
<p>How are patients called from the waiting area into their appointment, are the method(s) used accessible to all patients?</p> <p>Who may be excluded?</p> <p>How can we 'fix' this?</p>	<p>What methods are used to call patients into consulting room?</p> <p>Staff calling them</p> <p>Visual display</p> <p>Voice calling system</p> <p>By ticket/visual display</p> <p>Other</p>	<p>Head of Patient Experience and Inclusion</p> <p>Patient Experience Manager</p>	<p>Q2 2024/5</p>		<p>G</p>
<p>Are conversations between clinical staff/reception staff and patients confidential?</p>	<p>Are there any areas in your service where your patients have to ask for assistance and can be overheard by other patients or visitors?</p> <p>What is the rationale for this?</p>	<p>Head of Patient Experience and Inclusion</p> <p>Patient Experience Manager</p>	<p>Q4 2023/4</p>		<p>G</p>

	How can it be changed to provide confidentiality for the patient?				
Work directly with patients from all protected groups to better understand what barriers they face when accessing hospital services	<p>Contact local groups to engage with people from our local communities.</p> <p>Roll out the 'What matters to me' engagement with trans patients</p> <p>Review policies and practices to ensure that services are as inclusive as possible</p>	<p>Head of Patient Experience and Inclusion</p> <p>Patient Experience Manager</p>	Q4 2023/4		G
Ensure that LGBTGQ+ patients are not disadvantaged when accessing Trust services	Progress patient related actions on the Rainbow Badge scheme action plan	<p>Head of Patient Experience and Inclusion</p> <p>Patient Experience Manager</p>	Q4 2023/4		G
Ensure patients with disabilities are not disadvantaged	Continue to show progress actions on reasonable adjustments and deafness action plans	Head of Patient Experience and Inclusion	Ongoing		G

when accessing Trust services		Patient Experience Manager			
Access to service and poor outcomes linked to sex.	<p>Men in particular are less likely to access healthcare services and have poorer outcomes than women.</p> <p>Identify what we already do in the Trust to support male patients, visitors and members of staff.</p> <p>Raise awareness of screening services both in local communities and within the Trust</p>	<p>Head of Patient Experience and Inclusion</p> <p>Patient Experience Manager</p>	Q4 2023/4		G

Objective 3 – Change the way interpreting services are delivered in the Trust, aiming for the 20% face to face, 40% telephone, 40% video model our current provider has suggested (based on current market forces)

Description	Action	Lead	Timescale	Progress Update	RAG
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<p>Ensure the DA languages app is launched/working before introducing it in all areas</p>	<p>Check the app is up and running with no issues, and ascertain if it is an 'on demand' or dial in service</p>	<p>Head of Patient Experience and Inclusion</p> <p>Patient Experience Manager</p>	<p>Q4 2023/24</p>		<p>G</p>
	<p>Identify which wards, clinics have either an ipad or phone to enable access the video interpreting service</p>	<p>Head of Patient Experience and Inclusion</p> <p>Patient Experience Manager</p>	<p>Q4 2023/24</p>		<p>G</p>
	<p>Identify which areas have a speakerphone in a private area to access the telephone interpreting service</p>	<p>Head of Patient Experience and Inclusion</p> <p>Patient Experience Manager</p>	<p>Q4 2023/24</p>		<p>G</p>

	<p>How will video interpreting take place in each different area?</p> <p>In an office</p> <p>At the bedside</p> <p>Will ipad need to be on a stand (wheels)</p> <p>What other accessories may be needed?</p>	<p>Head of Patient Experience and Inclusion</p> <p>Patient Experience Manager</p>	<p>Q3 2023/24</p>		<p>G</p>
	<p>Identify how any new equipment will be provided:</p> <ul style="list-style-type: none"> - charitable funds - department budget - other 	<p>Head of Patient Experience and Inclusion</p> <p>Patient Experience Manager</p>	<p>Q2 2023/24</p>		<p>G</p>
<p>Audit performance of these expanded services</p>	<p>Audit:</p> <p>Complaints re the services</p> <p>Fill rates</p> <p>Satisfaction</p> <p>Ease of use for staff/patients</p>	<p>Head of Patient Experience and Inclusion</p> <p>Patient Experience Manager</p>	<p>End of each quarter</p>		<p>G</p>

