

# Patient Experience and Inclusion Strategy

2025-2028



**We are  
KIND**



**We are  
OPEN**



**We are  
INCLUSIVE**

All of our patient information can be translated into various languages. Please speak to a member of staff or email [patientexperienceandedi@sthk.nhs.uk](mailto:patientexperienceandedi@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: [patientexperienceandedi@sthk.nhs.uk](mailto:patientexperienceandedi@sthk.nhs.uk)

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# Foreword

At Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL), we know that patient experience is more than just meeting our patients’ physical needs but also about treating each patient as an individual with dignity, compassion and respect whereas inclusive healthcare involves creating an environment where every individual irrespective of their background, identity or circumstances can access and benefit from healthcare service equitably. 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, carers, local communities including inclusion health communities and stakeholders to improve the quality of care that we provide. We commit to actively seeking, listening to and acting on feedback received from our patients, staff and other key stakeholder groups and involving them in the design and delivery of our services.

The purpose of the Patient Experience & Inclusion Strategy 2025-2028 is to set out the Trust's commitment to improving patient experience by meaningfully engaging with our patients, key stakeholders and local communities to remove any barriers to access. We will do this by building on our current engagement activities; and ensuring people from all our local communities are included and able to help shape our services.

The Trust acknowledges that a positive experience leads to better patient outcomes and improved morale for staff. The three commitments and associated objectives in this strategy will support a continuous cycle of engagement throughout every step of the patient journey and embody the Trust’s 5 Star patient care vision and our values. The Trust expects all staff to embrace this strategy and demonstrate the key principles through the care and services delivered while demonstrating the Trust’s values in all that we do. By creating a culture of continuous improvement that strives to provide excellent, quality, patient-driven services, we can achieve our ambition.

We thank our patients, local community and stakeholders who have been involved in developing this strategy and look forward to working with you all to deliver it.





# Developing our strategy

Our three year strategy (2025-2028) is designed around the Trust's values; We are Kind, We are Open and We are Inclusive. The strategy describes Mersey and West Lancashire Teaching Hospitals NHS Trust's ambition to improve patient experience and acknowledges that patient experience is fundamental to quality healthcare. Information that has informed this strategy has been taken from multiple routes of patient feedback, concerns/complaints, incidents, results of national patient experience surveys, national guidance and legislation and the need for further collaboration since the forming of Mersey and West Lancashire Teaching Hospitals NHS Trust.



**We:**

- Treat every individual with respect
- Are compassionate in our support of patients and colleagues
- Are friendly and welcoming and always introduce ourselves
- Care for each other as we care for our patients
- Are polite and value each other's thoughts and ideas



**We:**

- Are always listening and learning
- Encourage and support two-way communication
- Are honest, fair and open with others
- Take responsibility for our actions and always aim to improve
- Develop our services in the best interests of our communities



**We:**

- Value everyone's cultural, social and personal needs
- Celebrate our differences and support each other
- Listen to all voices
- Work as a team and learn from each other
- Challenge prejudice and promote acceptance





# Consultation with our partners

This strategy is aimed at MWL staff and volunteers, patients and the public, local service providers, commissioners and the voluntary sector. The development of this strategy was supported by several individuals and organisations from within MWL and across St Helens, Knowsley, Halton, Sefton and West Lancashire.

- Patients
- Families
- Carers
- Executive Team
- Quality Committee
- Patient Experience Council
- Patient Experience & Inclusion Champions
- Frontline staff
- Trust volunteers
- Patient Participation Group
- Lay Readers Group
- MWL staff networks
- Local Healthwatch organisations
- Local carers network
- Chaplaincy Champions
- St Helens Deafness Resource Centre
- The public via MWL social media pages and website
- Cheshire & Merseyside Integrated Care Board
- Maternity & Neonatal Voices Partnership Group
- West Lancashire Armed Forces Covenant Network
- St Helens Armed Forces Covenant Network





# Patient experience achievements

We developed our strategy in partnership with our patients, key stakeholders, local communities, and staff and built upon the successes of the St Helens and Knowsley Teaching Hospitals NHS Trust Patient Experience Strategy 2022-2025 and Southport and Ormskirk Hospital NHS Trust Patient Experience Strategy 2020-2024.

## Achievements:

- We improved our engagement with members of protected community groups. Feeding back findings to relevant committees and services to help address any inequalities and developed best practice equality, diversity and inclusion guidance.
- Continued to work in collaboration with other Trusts on the Equality Delivery System (EDS22)
- Implemented the 'what matters to me' engagement events with members of protected groups, including inclusion health groups and those groups whose first language is not English and engaged with the relevant groups to identify any barriers they may face when accessing Trust services.
- Developed feedback from engagement with patients and service users who may have a learning disability, autism or acquired brain injury.
- Increased membership for the Trust Patient Participation Group (PPG) and the Patient Experience and Inclusion Champions Group (PEICG).
- The complaints service and Patient Advice and Liaison Service (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. We developed a satisfaction survey to inform, develop and demonstrate an effective PALS service. PALS is now fully embedded at Southport and Ormskirk sites.
- We have seen a reduction in the number of concerns raised by St Helens Deafness Resource Centre (DRC) regarding patients whose communication needs are not met.
- We developed a library of digital stories that are accessible electronically and ensure shared learning throughout the Trust and patient stories are delivered monthly to Trust Board. We created a robust process for areas to share stories with the Patient Experience & Inclusion Team.
- We expanded digital feedback mechanisms within the Trust, redesigned the 5 a day programme and developed a carers satisfaction survey.
- We revamped the ward patient experience boards and incorporated auditing boards
- Digital audit tool now includes patient feedback.
- Substantive Specialist Learning Disability Nurse in place across Southport and Ormskirk sites.
- 'Keep me here' initiative in place to reduce the number of bed moves for those patients with enhanced care needs.
- New way finding signage in place.
- Launched the new Carers' Passport.
- Discharge booklet reviewed to incorporate all hospital site information and the discharge support volunteer role embedded at Southport and Ormskirk sites.



# Commitment 1 - We are Kind



We:

- ▶▶ Treat every individual with respect
- ▶▶ Are compassionate in our support of patients and colleagues
- ▶▶ Are friendly and welcoming and always introduce ourselves
- ▶▶ Care for each other as we care for our patients
- ▶▶ Are polite and value each other's thoughts and ideas

**Objective 1 -**  
Patients, families,  
and carers report  
that they have  
received kind and  
compassionate  
care.

## Actions

- ▶▶ Support the Emergency Department (ED) with the implementation of a quality measurement (audit) tool which will incorporate measuring care and comfort in ED corridors. Results of which will be monitored quarterly.
- ▶▶ Include the question 'Do staff introduce themselves?' into local surveys across all divisions. Results of which will be monitored quarterly.
- ▶▶ Include the question 'Are staff kind and compassionate?' into local surveys across all divisions. Results of which will be monitored quarterly.
- ▶▶ Utilise existing methods of feedback to celebrate staff /teams who deliver kind and compassionate care.

**Objective 2 -**  
Demonstrate  
improvement where  
we have listened to  
and learned from  
patients.

## Actions

- ▶▶ Include the question 'Do you feel safe and cared for?' into local surveys across all divisions. Results of which will be monitored quarterly.
- ▶▶ Examples of patient stories shared widely across the organisation within relevant committees and made accessible to staff via divisional leads.

**Objective 3 –**  
Patient Experience and  
Inclusion Team (PEI) at  
MWL to provide an  
equitable service across  
all Trust sites.

## Action

- ▶▶ Merge databases and team processes to ensure consistency across the Trust.



# Commitment 2 - We are Open



**We are  
OPEN**

**We:**

- ▶▶ Are always listening and learning
- ▶▶ Encourage and support two-way communication
- ▶▶ Are honest, fair and open with others
- ▶▶ Take responsibility for our actions and always aim to improve
- ▶▶ Develop our services in the best interest of our communities

**Objective 1** – To work in partnership with other staff groups to improve the patient experience.

## Actions

- ▶▶ Work closely with MWL Voluntary Service managers to support generating feedback from patients, carers and relatives.
- ▶▶ Work closely with Estates and Facilities matron to provide adequate information to patients regarding food options and availability of food out of hours and outside of mealtimes.
- ▶▶ Improve usage of the harmonised MWL discharge booklet across relevant clinical areas.

**Objective 2** - Maintain and develop our knowledge regarding regional and national initiatives.

## Actions

- ▶▶ Increase and widen attendance at external groups and network meetings to keep updated on any changes in legislative requirements or new patient experience initiatives.
- ▶▶ Patient Experience & Inclusion team to continue collaborative working with EDI leads at ICB, other C&M Trusts and nationally and to continue working in partnership with Cheshire and Merseyside Heads of Patient Experience Network.

**Objective 3** - Review, harmonise and improve patient survey usage. This will allow services to gain feedback on areas of best practice and learning whilst allowing benchmarking against any national surveys.

## Action

- ▶▶ Review and harmonise existing Trust wide patient surveys. Improve ‘You Said We Did’ and service level survey usage across MWL. Evidenced through a central database and internal reporting.

**Objective 4** – Continue to improve collaborative working across MWL via the Patient Experience and Inclusion Team Champions.

## Action

- ▶▶ Increase in membership and evidence of collaborative working with Patient Experience & Inclusion Champions.

**Objective 5** – The Patient Experience and Inclusion Team are to continue to provide prompt responses to any feedback received.

## Action

- ▶▶ Evidence of Patient Experience and Inclusion Team response rates to feedback.



# Commitment 3 - We are Inclusive



We:

- ▶ Value everyone’s cultural, social and personal needs
- ▶ Celebrate our differences and support each other
- ▶ Listen to all voices
- ▶ Work as a team and learn from each other
- ▶ Challenge the prejudice and promote acceptance

**Objective 1** – Expand our engagement with local communities to ensure they are consulted promptly when changes to Trust services or estate are planned.

## Actions

- ▶ Consult with members of all protected and inclusion health groups so they can be part of any decisions made involving changes to the Trust.
- ▶ 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. Identify any barriers to access.
- ▶ Harmonise the approach and compliance with EIAs by engaging with service leads and project managers to ensure the assessments are carried out from the planning stages to identify/remove or justify any discriminatory practices.
- ▶ Expand the diversity of patient groups across MWL.
- ▶ Communicate changes in EDI guidance and legislation throughout the organisation.

**Objective 2** – Improve accessibility across all areas of all sites of MWL.

## Actions

- ▶ Whole Trust accessibility review to identify any areas, processes and practices that are not fully inclusive of all our patients and to ensure we meet our statutory Equality Duties.
- ▶ Evidence of improvements to the Trust interpreter service via video interpreting and increase in training.

**Objective 3** – Implementation of the NHS reasonable adjustments flag.

## Actions

- ▶ Ensure that changes are made to facilitate the NHS reasonable adjustments flag in line with NHS Digitals guidance.
- ▶ Review patient information processes across MWL and increase the provision of Easy Read leaflets, particularly for core leaflets.

**Objective 4** – Participate in Equality Delivery System 22.  
A toolkit to make services more accessible and inclusive for all patients.

## Action

- ▶ Evidence to demonstrate EDS22 compliance and outcome to be reported to Equality, Diversity & Inclusion Committee and Executive Team.

**Objective 5** – Maintain/improve on relevant accreditations.

## Action

- ▶ Evidence of achievements and actions to demonstrate improvements made with Trust accreditations.



# Monitoring of the strategy

This strategy is applicable to all areas of the organisation. The Trust expects that all staff will embrace the strategy and demonstrate the key objectives and Trust values through the care and services that are delivered.

## Assurance monitoring:

The strategy will be implemented and measured on an incremental basis over the next three years. The Trust’s Patient Experience Council (PEC) will provide formal monitoring and evaluation throughout this time and report upwards to the Trust Quality Committee (QC) and Trust Board.

## Trust Board

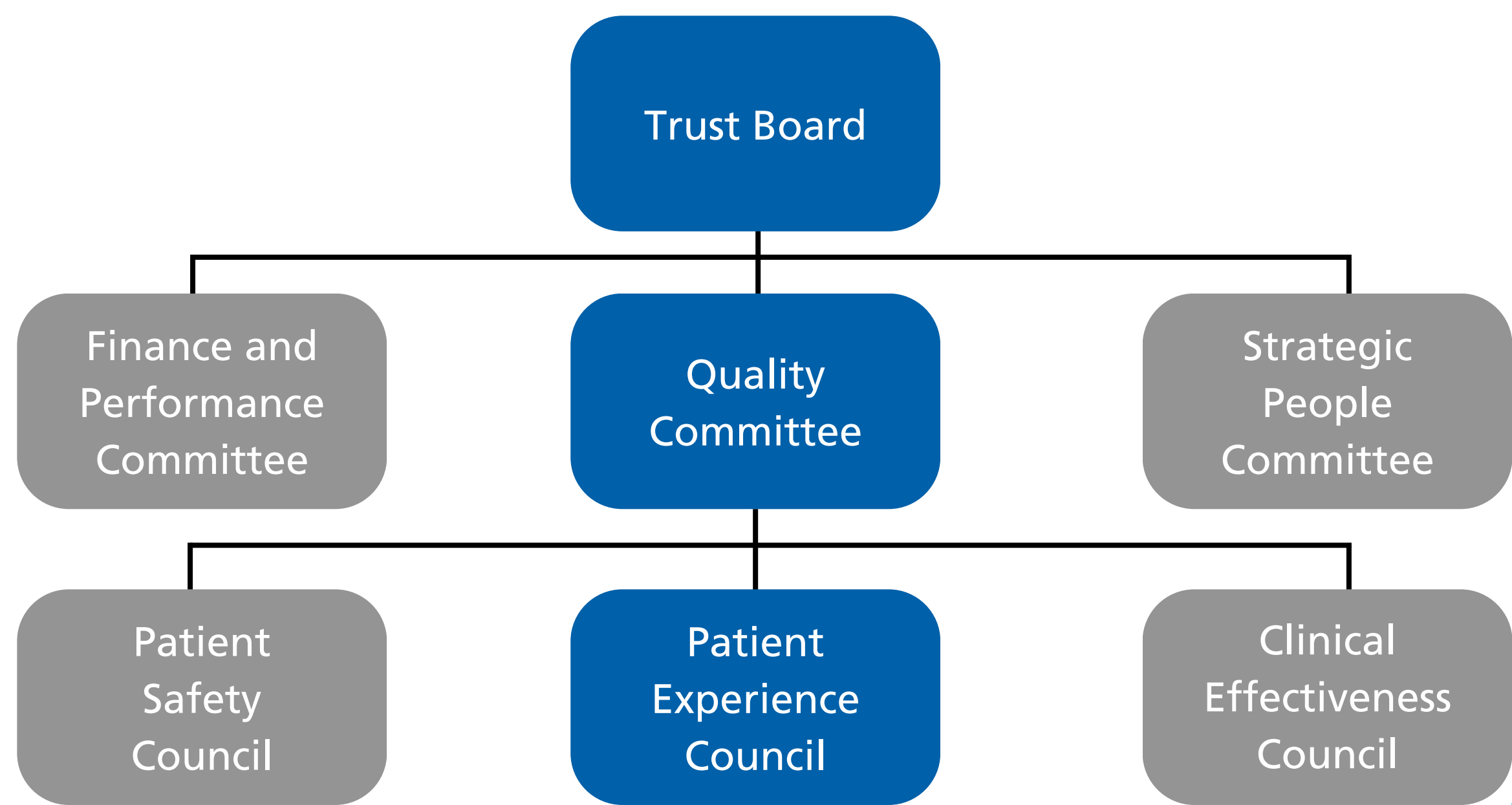
The Board is collectively responsible for establishing a system of internal control and for putting in place arrangements for gaining assurance about the effectiveness of that system. The governance structure in the Trust is based on procedures from Trust Board level and below to ensure the quality of our services and systems to monitor and assure the Trust Board of Directors.

## Quality Committee

Quality Committee provides assurance to the Board on quality governance. Quality performance within the Trust is measured against a range of parameters, including patient safety, patient experience and clinical effectiveness.

## Patient Experience Council

The Patient Experience Council is established to ensure that the Trust has a robust process for patient experience and investigation of any potential patient experience issues. It supports the aim to embed a positive patient experience culture throughout the organisation.





# Glossary of terms

**Accessible** – able to be reached or entered

**Accreditation** - the action or process of officially recognising someone as having a particular status or being qualified to perform a particular activity

**Audit** – An internal inspection of processes and systems to ensure compliance

**Champion** – a person who vigorously supports or defends a person or cause

**Collaborative** – Two or more people or groups working together

**Commitment** – an agreement or pledge to do something in the future

**Communities** – a group of people that have a particular characteristic in common

**Digital** - Electronic technology

**Diversity** – is about taking account of the differences between people and groups of people, and placing a positive value on those differences

**Equality** – is about ensuring everybody has an equal opportunity and is not treated differently or discriminated against because of their characteristics

**Equality Delivery System (EDS) 22 assessments** – a toolkit that can help NHS organisations improve the services they provide for their patients and service users to ensure that they are accessible and inclusive as possible

**Equality Duties** - duty on public authorities to consider or think about how their policies or decisions affect people who are protected under the Equality Act

**Equality Impact Assessment (EIA)** – a tool to help ensure that services, policies, practices and decisions are fair, meet the needs of their staff and patients and that they are not inadvertently discriminating against any protected group

**Equitable** – Recognising that we do not all start from the same place and must acknowledge and make adjustments to imbalances

**Evidence** – the available body of facts or information indicating whether a belief or proposition is true or valid

**Feedback** – the transmission of evaluative or corrective information about an action, event, or process to the original or controlling source

**Friends and Family Test (FFT)** – created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It's a quick and anonymous way to give views after receiving NHS care or treatment

**Healthwatch** – an independent body, they have the power to make sure NHS leaders and other decision makers listen to patient and carer feedback and improve standards of care

**Health inequalities** – are the unjust and avoidable differences in people's health across the population and between specific population groups

**Implementation plan** – outlines the steps to take when accomplishing a shared goal or objective

**Inclusion** – the action or state of including or of being included within a group or structure



**Integrated Care Board (ICB)** – a statutory body with responsibility for NHS functions and budgets

**Interpreter** – a person who interprets, especially one who translates speech orally or into sign language

**Objective** – a thing aimed at or sought, a goal

**Patient engagement** – the facilitation and strengthening of the role of those using services as co-producers of health, and health care policy and practice

**Patient Experience** – is what the process of receiving care feels like for the patient, their family and carers. It is a key element of quality, alongside providing clinical excellence and safer care

**Protected Characteristic** - in the Equality Act 2010, nine characteristics were identified as 'protected characteristics'. These are the characteristics where evidence shows there is still significant discrimination in employment, provision of goods and services and access to services such as education and health

**Reasonable Adjustment** - changes made to remove or reduce a disadvantage related to someone's disability

**Stakeholder** – a person with an interest or is affected by something, an employee, patient, customer, supplier or investor


**Strategy** – a plan of action designed to achieve a long-term or overall aim

**Survey** – a method of gathering information using relevant questions

**You Said We Did (YSWD)** – a poster that displays feedback and the Trust's action in response to it







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