







Patient EDI (Equality, Diversity and Inclusion) Objectives 2018-2021

No	Equality objective	Actions	Measures	Time Scale	Expected outcomes	Responsible	Quality Contract	EDS2 Metric
							 Copy of Equality Reporting Requirements	 eds-nov131.pdf
<h3>1. Improve the health outcomes of patients from protected groups</h3>								
1.	Implement Transition planning to all patients with complex neuro-disabilities (<i>all patients with long term conditions</i>) supported by the Trust Transition to Adult Services Policy	1. Central data base completed for all patients with complex neuro-disability 2. To endeavour to develop a unique Patient identifier for patients with complex neuro disabilities 3. Identified Clinical SRO at Board Level- Transition	1.Data base to be updated monthly 2. This is not achievable with current system, however IMO to be launched in January 2019, this will only be successful if clinicians engage and complete IMO for their patients. This will take one year to be realised 3. The Transition exec lead & MD is the SRO at	1. Ongoing 2. January 2020 3.March 2019	Trust-Wide transition planning 3.Transition to be reported at board level	Trust Transition Lead	Quality Contract Responses for Transition	Goals 1&2 1.3 (Transition) All PC's



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		<p>exec lead & MD</p> <p>4. For all patients on the complex patient database over 14 years (from the original cohort identified) to start non clinical transition planning</p> <p>4a. For all patients on the complex patient database over 14 years (from the original cohort identified) to start</p>	<p>Trust Board</p> <p>4. Patients with complex neuro disabilities should have had at least one non clinical transition planning appointment and have developed a Transition 10 steps preparation; a Health Information Passport (HIP); a route into urgent care and a Transition care plan.</p> <p>4a. For all patients over the age of 14 to have commenced transition planning with their</p>	<p>4a.30 March 2019</p>				



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		<p>transition planning (clinical) (Where transition training and implantation has been delivered)</p> <p>5. Management of patients with complex neuro-disabilities on the Transition Exception Register (TER).</p> <p>6. The current 14-16 year old complex patients to be assigned a Key worker/care coordinator</p>	<p>consultants/specialist nurses</p> <p>5. Numbers of patients on the TER: Patients removed after 6 months if no re-application submitted to the MD for an extension on the TER by clinician'</p> <p>6. Number of patients with a key worker/care coordinator</p>	<p>5.The TER is reported on monthly by the BI team to the Transition team</p> <p>6. 30 March 2019</p>	<p>5.To ensure all patients with complex neuro-disabilities are cared for in the most appropriate setting (until an adult service is developed)</p> <p>6. Deliver coordinated transition, to all patient's with complex neuro-disabilities to ensure a holistic and seamless transition to adult services (when a</p>			



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		<p>6a. The current 14-16 year old complex patients need to be identified, allocated a lead consultant and commence transition preparation</p> <p>7. Utilise the intelligence from the EDS2 regional framework to support this objective</p>	<p>6a. All patients from the original cohort have an identified lead consultant</p>	<p>6a. The previous cohort of patients aged now 17 years plus have a lead consultant</p>	<p>service is developed)</p> <p>6a. Deliver coordinated transition, to all patient's with complex neuro-disabilities to ensure a holistic and seamless transition to adult services (when a service is developed)</p>		 Copy of Equality Reporting Requirements	 eds-nov131.pdf
2.	Support the needs of children and their families with LD/ ASC when coming into hospital	<p>1.Increase the number of children and YP with a special indicator within the current patient system</p> <p>2.Increase the number of reasonable</p>	<p>1.Compare baseline data to total numbers</p> <p>2.Compare baseline data to total numbers</p>	<p>1.Ongoing</p> <p>2.On-going</p>	<p>1.Improve patient experience through the provision of patient and family centred pathways-improved patient experience</p> <p>2.Improve patient experience through the provision of</p>	Consultant Learning Disability Nurse	Quality Contract Responses for Learning Disability	Goals 1&2 Disability, Age 4.3 (training)



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		<p>adjustments applied for children and young people with an LD/ASC</p> <p>3. Increase the number of risk assessments completed for children and young people with an LD/ASC</p> <p>4. Identify complaints directly related for C/YP who have and LD or ASC condition within current systems</p> <p>5. Utilise the intelligence from the EDS2 regional framework to</p>	<p>3. Compare baseline data to total numbers</p> <p>4. Develop clear patterns of data collection for the characteristic of LD/ASC within current Ulysses complaint reporting mechanism</p>	<p>3. On-going</p> <p>March 2019</p>	<p>patient and family centred reasonable adjustments- improved patient experience</p> <p>3. Improve patient experience through the provision of patient and family centred risk assessments to ensure safe access to care</p> <p>4. Improve availability of organisation to collect LD/ASC specific data re this population of patients to support appropriate patient centred responses</p>	<p>Clinical Risk Manager</p>	<p> Copy of Equality Reporting Requirements</p>	<p> eds-nov131.pdf</p>



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		support this objective.					 Copy of Equality Reporting Requirement	 eds-nov131.pdf
<h3>2. Improve the experience of patients from protected groups</h3>								
3a	Improve the completion of equality demographic data relating to ethnicity and religion and belief	1.Information Team to provide speciality managers with data to monitor improvement in asking and recording data 2.Mandate religion and belief categories on patient system so staff have to ask	Improvement in previous year % of not stated/not specified 2017/18 not specified Ethnicity Inpatient Not stated 18% (7,855) Outpatient Not stated 23% (43,445)	1.April 2019 2.January 2019	Improve quality of annual patient profile report on:	1.Head of Clinical Coding 2.Head of Clinical Systems (IM&T) 3.Equality and Diversity Manager	-	Goals 1&2 Age, Race, Religion and Belief 4.3 (training)



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		<p>3.Scope existing process for asking and recording info via clerks and report back findings to agree next steps with Director of Nursing</p> <p>3.Inform staff of importance of asking and recording information linking to improved patient experience</p> <p>4. Utilise the intelligence from the EDS2 regional framework to support this objective</p>	<p>Religion or Belief Inpatient Not Specified 35% (15,056) Outpatient Not specified 34% (63,511)</p>	<p>3.May 2019</p> <p>4.May 2019</p>		4. Ward Managers/Operational Management	 Copy of Equality Reporting Requirement	 eds-nov131.pdf
3b	Implement a SOP to accurately record the gender identity and name	1.Join adoption leave task and finish group	SOP implemented	February 2019	Implement a SOP to accurately record the gender identity and name change	1.Equality and Diversity Manager	-	Goals 1&2 Gender Re-assignment Age



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	change of trans patients and encourage the patient to share this information on a need to know basis	<p>2. Consider how this information can be sensitively recorded/flagged.</p> <p>3.Consider next steps, seek legal advice if necessary, engage with trans patients via internal networks and 3rd parties</p> <p>4.Train staff in transgender prioritising where patient safety and dignity is at high risk</p> <p>5. Utilise the intelligence from the EDS2 regional framework to support this objective</p> <p>Refer to EDS2 Panel Notes 24.09.18 under</p>			of trans patients and encourage the patient to share this information on a need to know basis	<p>2.Head of Clinical Systems (IM&T)</p> <p>Information Governance Manager</p> <p>3.Director of Nursing and Equality and Diversity Manager</p> <p>4.Equality and Diversity Manager</p>	 Copy of Equality Reporting Requirements	 eds-nov131.pdf 4.3 (training)



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		TRANSGENDER					 Copy of Equality Reporting Requirements	 eds-nov131.pdf
3c	Implement the Sexual Orientation Monitoring (SOM) Standard	Task and Finish Group to implement standard to include: 1.Ensure patient system broken down into correct sexual orientation categories 2.Scope process in ED/Outpatients/Inpatients/Pre-Admissions for asking/recording info on patient system 3.LGBTIQ+ training for staff 4. Utilise the intelligence from the EDS2 regional framework to support this objective	100% children and young people aged 16+ record sexual orientation that can be reported on by Head of Clinical Coding in EDI Annual Report	December 2019	Sexual Orientation Collected for young people aged 16+	1.Head of Clinical Systems (IM&T) 2.Equality and Diversity Manager 3.Equality and Diversity Manager	-	Goals 1&2 Age Sexual Orientation 4.3 (training)



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		intelligence from the EDS2 regional framework to support this objective Refer to EDS2 Panel Notes 24.09.18 under DISABILITY					 Copy of Equality Reporting Requirements	 eds-nov131.pdf
4.	Improve the provision of interpretation and translation services	Contribute to a task and finish group to agree minimum quality standards for interpreting services Review policy Utilise the intelligence from the EDS2 regional framework to support this objective	Implement direct booking portal for BSL interpreters Implement new booking system for translation services Look at high areas of usage and explore options of using video interpreting Review policy to reflect changes –	January 2019 January 2019 End of Q4 January 2019	Appropriate reporting of non-clinical incidents relating to interpreting concerns Monitor incident report numbers and trends in CQSG report Quarterly Also patient safety meeting on weekly basis	Head of Quality (Corporate Services)	Annual Report Q4 Responsive 03	Goals 1&2 2.1 (Patient access) Race 4.3 (training)



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		<p>Refer to EDS2 Panel Notes 24.09.18 under RACE.</p>	<p>consultation start of January</p> <p>Explore interpreting services in community and if can safely use video interpreting in community</p> <p>Implement use of confirmation text for BSL interpreting appointments (need to get a mobile phone with designated number)</p> <p>Explore feasibility of employing an Arabic Interpreter (top language used)</p> <p>Scope admin support to provide</p>	<p>End of Q4</p> <p>January 2019</p> <p>End of Q4</p>				



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			better support and service for families				 Copy of Equality Reporting Requirements	 eds-nov131.pdf
5.	Include diversity in the Alder Hey branding	Review of all of our marketing and communications collateral to ensure it reflects a diverse workforce, families and patients	Evidence in marketing and communications reflecting people with protected characteristics	February 2019	Increased diversity in staff numbers Hospital environment that is welcoming to everyone	Director of Communications	-	4.1 (Board Leadership) All PC's
6.	Implement NHS Employers Chaplaincy Guidelines to include provision for out of area minority faith users	Create a patient information leaflet for out of area minority faith groups Utilise the intelligence from the EDS2 regional framework to support this objective Refer to EDS2 panel notes 24.09.18 under RACE.	Patient Information Leaflets available and distributed to minority faith groups in wards/clinics Staff have a better understanding of spiritual care provision available	July 2019 and ongoing	Better patient experience for minority faith groups	Director of Nursing	-	2.3 (Patient Experience) Religion & Belief



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7a	Take steps to make improvements in response to data collated by Patient Experience Manager	Make improvements in responses to action log monitored by DIG (E&D related only) Make improvements to the <i>action plan</i> (E&D related only) monitored by CQSG (Exceptions section from action log)	Using real time response which will see a reduction in complaints, You said we did	April 2019 April 2019	Improved patient experience and health outcomes for patients.	Patient Experience Manager	-	2.4 (Complaints) All PC's
7b	Set up a patient experience group and ensure as far as possible that the views are representative of the community we serve.	Meet with Trusts that already have a patient experience group and work with Health Watch First Meeting, TOR and Action Plan Find patients and families from minority groups (through various existing and appropriate sources) and	A more demographically diverse Patient Experience Group established	30 March 2019 and ongoing	Representative Patient Experience Group that prioritises the main areas of improvements for patients	Patient Experience Manager Equality and Diversity Manager	-	2.2 (Patients involved in decisions) All PC's

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		consider how we can involve them in our decision making so their views are represented e.g. EQIA's project groups, EDI Steering Group and/or Patient Experience Group, virtual feedback etc					 Copy of Equality Reporting Requirements	 eds-nov131.pdf
7c	Develop and extend the scope of the Children and Young People's (CYP) forum and ensure as far as possible that the views are representative of the community we serve	Undertake an equality monitoring assessment of current members Rebrand the group New terms of reference Recruitment campaign Funding full time band 5	An equality monitoring assessment compared to current figures suggests not only an increase in the diversity of members but the right calibre of members	January 2019 March 2019 March 2019 March 2019	Engagement with the children young people and their families within the community and the Trust. Evidence projects that the forum have been involved with	Patient Experience Manager	-	2.2 (Patient involved in decisions) All PC's
7d	To develop a calendar of events on wards and in the atrium that as far as possible	Liaise with: Arts Therapy, Music Therapy, Play, School, 3 rd party volunteers.	Full calendar of events for the year	March 2019	Corporate report metrics around involvement in play to increase to 85%	Patient Experience Manager	-	2.3 (Patient Experience) All PC's

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	reflects the diversity of the community we serve	Design activity calendar for inpatients Continue to use the what's on calendar in the Atrium Liaise with Commas to communicate and advertise						
8	Improve the completion and quality of equality analysis	E&D Lead to support completion of EA's when requested. E&D Lead to set up an equality analysis folder on the K Drive to help leads carry out EA's. E&D lead to scope train the trainer sessions for authors/leads	All relevant staff trained in EA's	July 2019	Quality Contract Graded Compliant (Green)	Deputy Director of Risk and Governance – Quality E&D Manager	Q1 & Q3 Responsive 01	4.2 (EIA's) 4.3 (Training) All PC's