

Quality, Patient Experience and Safety Committee	
Meeting Date:	28 April 2023
Title of Report:	Patient Voice Annual Report
Action Requested:	Note the contents of the report
For the attention of the Board	
Assure	The NHS and Social Care Complaint regulations 2009 require NHS bodies to provide an annual report on complaint handling and consideration, a copy of which must be available to the public.
Advise	The report references the Patient Experience Enabling Strategy published in Autumn 2022
Alert	NIL
Author and Responsible Director Contact Details:	Tel 01922 656463 garry.perry1@nhs.net Lisa Carroll, Director of Nursing
Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care
<i>Support our Colleagues</i>	a) Improve overall staff engagement
<i>Improve the Healthcare of our Communities</i>	a) Develop a health inequalities strategy
<i>Effective Collaboration</i>	a) Implement technological solutions that improve patient experience
Resource Implications:	'none'
Report Data Caveats	This report uses 12 month's data with the year end of March 2023. It may be subject to minor cleansing and revision later
CQC Domains	Safe: you are protected from abuse and avoidable harm Effective: your care, treatment and support achieve good outcomes, helps you to maintain quality of life and is based on the best available evidence Caring: staff involve and treat you with compassion, kindness, dignity, and respect Responsive: services are organised so that they meet your needs
Equality and Diversity Impact	There are no legal or equality & diversity implications associated with this paper.
Risks: BAF/ TRR	None in this report
Risk: Appetite	None in this report
Public or Private:	Public
Other formal bodies involved:	Care Quality Commission
References	None in this report

NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none">• Equality of treatment and access to services• High standards of excellence and professionalism• Service user preferences• Cross community working• Best Value• Accountability through local influence and scrutiny
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1. Purpose of report

Seeking and acting on patient feedback is key to improving the quality of healthcare services. This paper provides the annual report for 2022/23 of the Trust's activity in response to the Patient Voice including concerns, complaints, and patient experience. The annual report also details significant patient involvement, engagement, and improvements to services as a result.

2. Background

The NHS and Social Care Complaint regulations 2009 require NHS bodies to provide an annual report on complaint handling and consideration, a copy of which must be available to the public.

3. Details

See enclosed report.

4. RECOMMENDATIONS

- To note the activity.
- To note the level of engagement and involvement taken place including the excellent support of our volunteer service.
- To note the service improvements made because of Patient Voice feedback.



Walsall Healthcare
NHS Trust



Patient Voice Annual Report

April 2022 - March 2023 -
Patient Relations, Experience &
Voluntary Services



Walsall
Manor Hospital
Welcome
This is a 24 hour Accident and Emergency
Hospital for Adults and Children
Main Entrance

Introduction

Garry Perry
Associate Director
Patient Relations and Experience



I am pleased to introduce the Patient Voice Annual Report 2022/2023 and in doing so reflecting on the diversity and depth of work undertaken by my teams supported by colleagues across the Trust. In the past year:

- We have produced and published the Patient experience Enabling Strategy in collaboration with our peers at the Royal Wolverhampton NHS Trust
- We have made great strides in embedding additional ways of providing feedback such as the 'mystery patient scheme' and initiating 'raise and praise' further capturing the views of those who use our services and are thankful for them.
- We launched 'It's OK to ask' promoting patient involvement in the care decisions about them.
- We have piloted the new National Complaints standards produced by the Parliamentary Health Service Ombudsman helping us provide consistency in approach to complaint handling.
- We increased voluntary opportunities for people from our communities to work with us resulting in a record breaking number of hours provided.
- We have formed new partnerships adding richness to our commitment to engage with others. Working with Walsall College, Walsall for All, NASHDOM, Walsall Black Sisters, Walsall Council, St Johns Ambulance, Birmingham and Solihull Mental Health Trust, MindKind CIC & Walsall Pride.
- We have supported staff and patient well-being at times of critical pressure delivered through our existing partnership with Manor Farm Community Association and Blessed 2 Bless.
- We delivered a safe and compassionate approach to visiting, reinforcing appropriate infection control practice whilst connecting patients with those closest to them.
- We introduced a new role seeking to ensure the voice of the unpaid carer is heard working closely with 'Forward Carers' and the Walsall Carers Hub.

To listen and value feedback is essential, ensuring that quality care is underpinned by clinical effectiveness, safety and experience. The outcomes listed are but a few examples that demonstrate what can be achieved when we take a collective approach to transform the feedback we receive into meaningful actions that improve the experiences of those who use our services.

A handwritten signature in black ink, appearing to read 'Garry Perry', written over a horizontal line.

Associate Director Patient Relations & Experience

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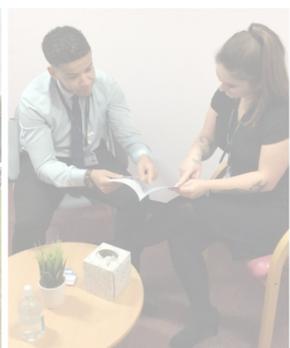
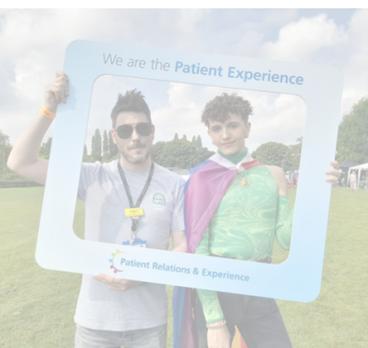
Section 1: About us

The Patient Relations & Experience Service is made up of the following teams.

- Patient Experience
- Voluntary Services
- Welcome Hub
- Family and Carers Support
- Patient Relations
- Spiritual, Pastoral and Religious Care inc. Bereavement (SPaRC)

The role of these teams is to support the organisation in the delivery, monitoring and improvement of the experience of our patients, families, and carers. The team ensures opportunity for patients, families, and carers to provide feedback, share their experiences and to have a voice in the care that they receive. The Patient Relations team focusses primarily on two key areas of feedback - concerns and complaints with the initial triage undertaken by the Patient Relations Support Officers (commonly known as PALS). Complaints are led by the Senior Patient Relations Officers.

Hospital Chaplains provide spiritual care to the hospital & community. They take their place alongside the multi-disciplinary team which seeks to provide holistic care for patients and those close to them. Spiritual care is that care which recognises and responds to the needs of the human spirit when faced with trauma, ill health or sadness and can include the need for meaning, for self-worth, to express oneself, for faith support, perhaps for rites or prayer or sacrament, or simply for a sensitive listener. SPaRC activity and engagement will be covered in their annual report due in the summer which will be a collaborative report with the Royal Wolverhampton NHS Trust.



Section 1: Patient Relations

1a: Activity



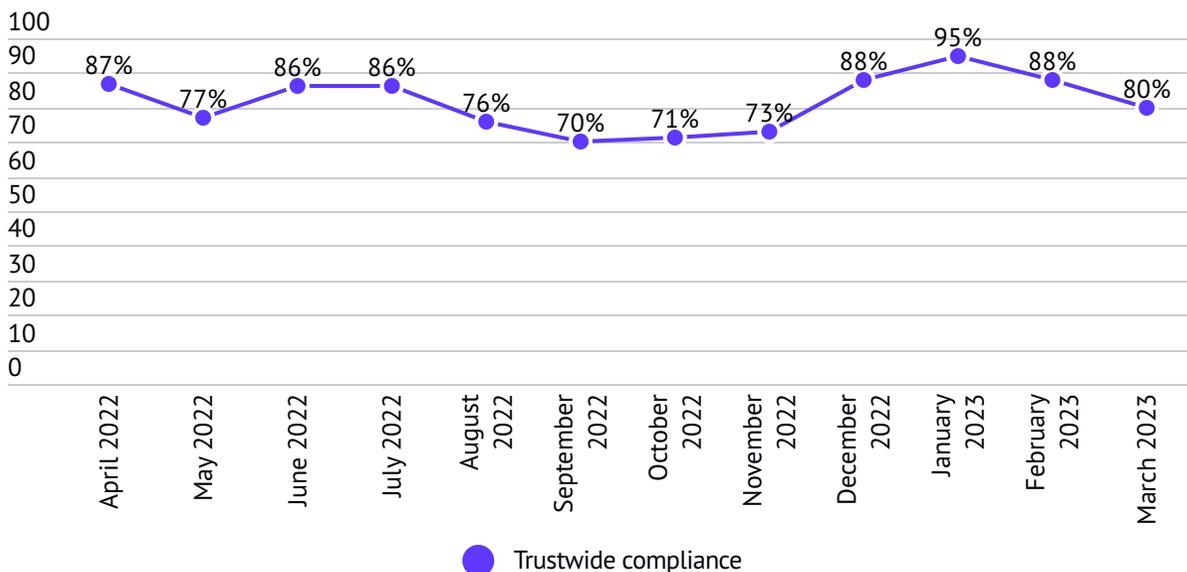
During 2022/2023 a total of 3532 contacts were received by the Patient Relations Team which included a total of 368 written complaints. In addition, the Trust received 6 informal to formal complaints and 13 MP letters. This is an increase of 6 complaints overall for the year compared to 2021-2022 and an average of 14.07 contacts per working day.

Contact Type	2020-2021	2021-2022	2022-2023
Complaint requiring a written response	280	361	368
Concern conversation to a complaint	7	7	6
Concern	2026	2420	2374
Complaint converted to a concern	16	33	64
Compliment	416	535	376
Website feedback - NHS Website/Healthwatch	967	721	331
MP letter	7	4	13
Total	3719	4082	3532

The total number of complaints resolved was during 2022/2023 was 360.

23 complaints were upheld with 63 not upheld and 226 partially upheld. 2 complaints were withdrawn within this period.

1b: Timeframe for responding



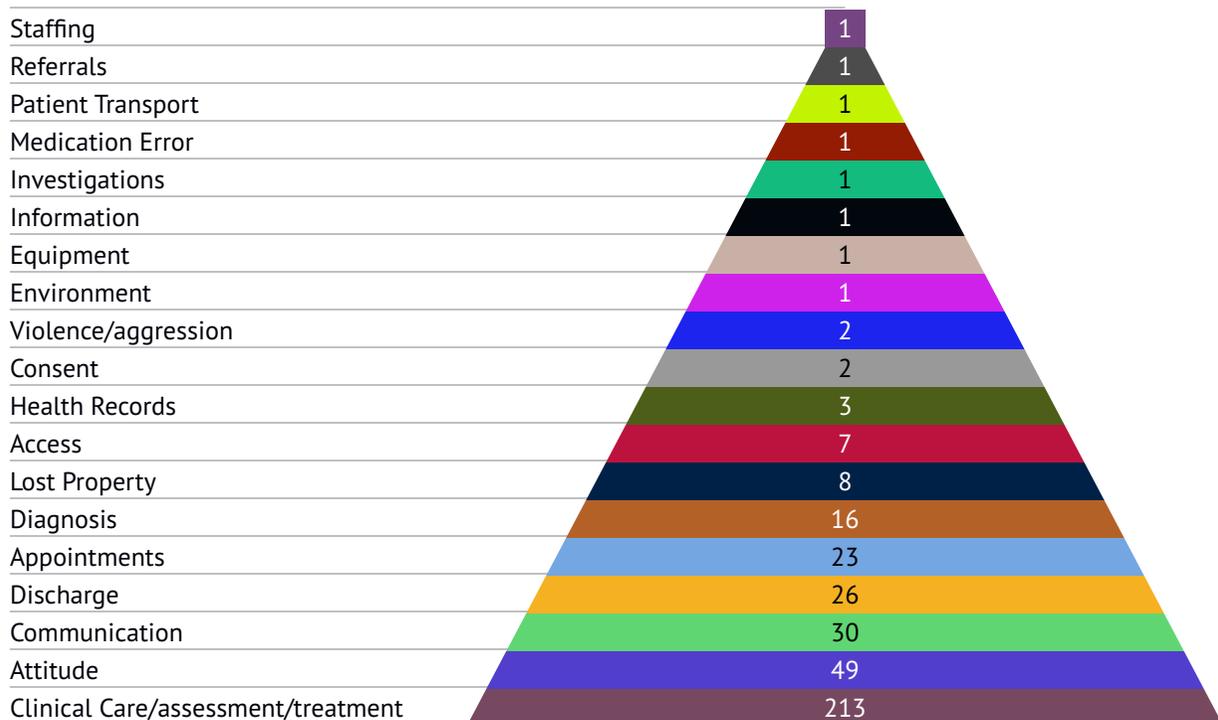
The average response rate during 2022/2023 was 81%. This is a slight increase in comparison to 2021/2022 (79.9%)

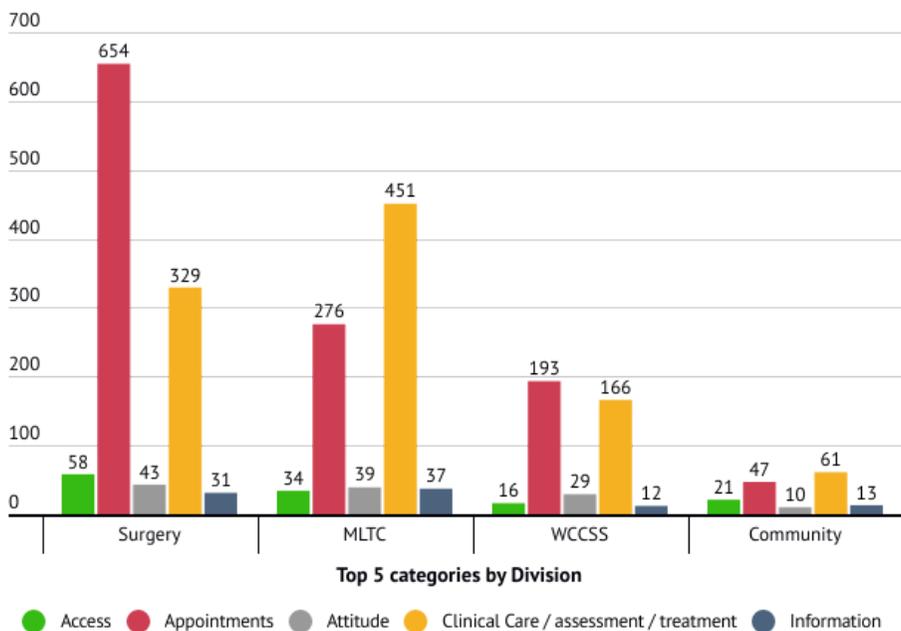
Based on the table below – the overall average score (number of days to complete) is 34.3 which given the current pressures this last year is an improvement of 2 days compared to 2021/2022.

Division	Average days to respond
Community	26.83
Corporate	18.75
Medicine & Long Term Conditions	33.29
Surgery	35.81
Women's Children's and Clinical Support Services	28.31

1c: Trend analysis

During 2022/2023, there were 373 complaints raised (including Formal complaints, Informal to Formal complaints and MP letters). The main theme emerging from formal complaints being Treatment, care and supervision. This accounted for 57.1% of all complaint categories, 213 complaints fell within this domain.





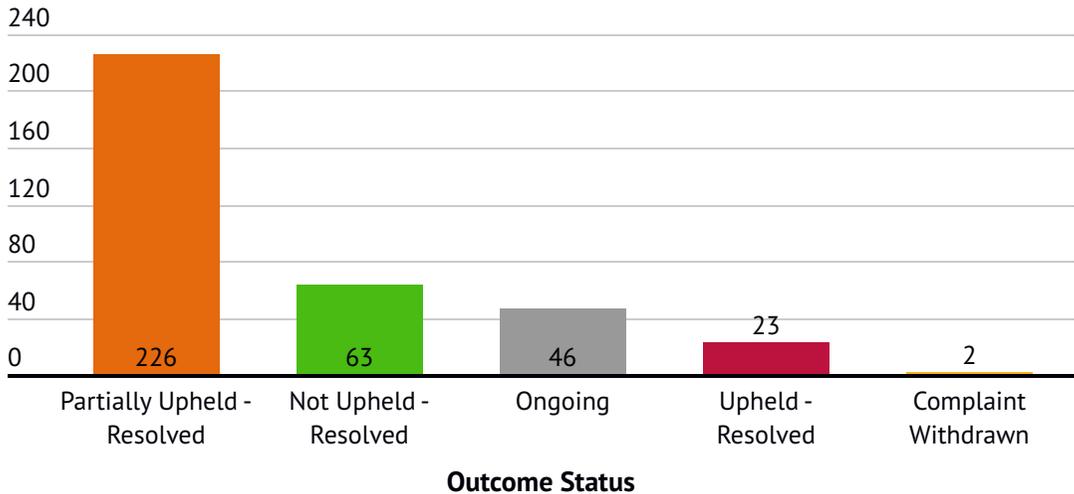
The highest number of contacts for Surgery Division were in relation to Appointments. The majority of the appointment related contacts were in relation to appointment queries with 240 contacts received. The second highest trend was in relation to delayed appointments with 213 contacts received. Urology received the most contacts overall in relation to appointments with 148, closely followed by T&O with 140.

The highest number of contacts for MLTC Division were in relation to Clinical Care / Assessment / Treatment. The majority of contacts were in relation to treatment advice / issues with 246 contacts received. Overall, the Emergency Department received the majority of the contacts received in relation to Clinical Care / assessment / Treatment with 125 contacts received.

The highest number of contacts for WCCSS Division were in relation to Appointments. The majority of the appointment related contacts were in relation to appointment queries with 91 contacts received. The second highest trend was in relation to delayed appointments with 59 contacts received. Imaging received the most contacts overall in relation to appointments with 61.

The highest number of contacts for Community Division were in relation to Clinical Care / Assessment / Treatment. The majority of contacts were in relation to treatment advice / issues with 40 contacts received. Overall, East District Nurses received the majority of the contacts received in relation to Clinical Care / assessment / Treatment with 11 contacts received.

The total number of complaints resolved was during 2022/2023 was 360. 23 complaints were upheld with 63 not upheld and 226 partially upheld. 2 complaints were withdrawn within this period.



1d: Parliamentary Health Service Ombudsman

In 2022/23 a total of 8 cases were accepted via the PHSO for investigation. This equates to 2.14% of all complaints received. Themes emerging include concerns highlighted about clinical care assessment and treatment, poor communication, inadequate pain management and poor nursing care. Of those closed in in 2022/2023. 2 cases were partially upheld and 1 not upheld.

1e: Concerns

Excluding formal complaints and compliments, a total of 2769 contacts were received during 2022/2023. This figure includes concerns (2374), formal to informal (64), comments, suggestions and queries and referred on (323), Losses and Compensation (4) and Health watch referrals (4).

Surgery equated for 36.97% (1306) of the total activity (including formal complaints and compliments), MLTC 32.19% (1137), WCCSS 14.89% (526) and Community 9.34% (330).



1f: Compliments

Compliments account for 11% of all contacts received in 2022/23, down by 2% on 2021/22. 375 compliments were received by the Trust.

Community		Medicine		Surgery		WCCSS*		Corporate Functions	
2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23
259	143 (-28.9%)	101	95 (-3.1%)	87	72 (-6.3%)	67	46 (-18.6%)	21	19 (-5%)

*Women's Children's Clinical Support Services

WCCSS

Thank you for looking after me during my second labour, I just can not thank you enough. You were calm, compassionate, professional, caring and amazing towards my partner and i. You listened to everything we wanted from our birth. You encouraged me every step of the way and listened to me when i felt i couldn't cope anymore. I feel utterly privileged to of had you look after us. thank you.

Medicine

To ward 16, there are no words to express our deep felt thanks. Your dedication, kindness, medical knowledge and skill have been a blessing to us. A big thank you to all the staff on ward 16.

Surgery

I would like to express my thanks to all the staff who helped me during the day surgery. Professional, polite and happy they made my stay very pleasant and i can only say thank you all for your help. 10 plus for a score

Community

I would like to express my sincere gratitude for the wonderful assistance, therapy and reassurance received from the Cannock Stroke Team. They have been brilliant and have helped massively in my rehabilitation since i had the stroke. My rock and guidance helping me to cope and get through this worrying ordeal and creativity assisted in my recovery. Thank you to all.

Corporate

I attend each week for day care infusion. I have assistance from the kind and caring welcome hub team to get me to the day case unit where the care for many weeks has been exemplary. The staff are always lovely they communicate and involve and I cant thank them enough - my family know I am in safe hands

1g: Satisfaction Survey - Complaints



The Patient Relations Team Feedback Survey is purposed on feedback from those who use the complaint process. The purpose of the survey is to help us understand the feelings of services users throughout the different stages of the complaint process. This data allows us to see what we are doing well, but also where we need to improve.

Each question in the survey can be scored from 0 - 5, with 0 being completely disagree and 5 being completely agree.

This survey is anonymous and does not collect any sensitive data.

Contact Type	Average score
Making a complaint was straightforward	4.8
I knew I had the right to complain	4.8
I knew that my / the patient's care would not be compromised by making a complaint	4.5
The member of staff who spoke to me were polite and helpful	4.8
My complaint was acknowledged within three working days of it being received by the Trust	4.8
I was informed about the complaints process and the timescales involved	4.4
I was informed of any delays and updated on any progress as appropriate	4.4
I received a resolution in a timescale relevant to my particular case	4.4
I am happy with the overall response timeframe to my complaint	4.2
I feel the Trust have taken my comments on board and have made the relevant changes to improve	4.5
I would complaint again if I felt I needed to	4.9
Overall score	4.6



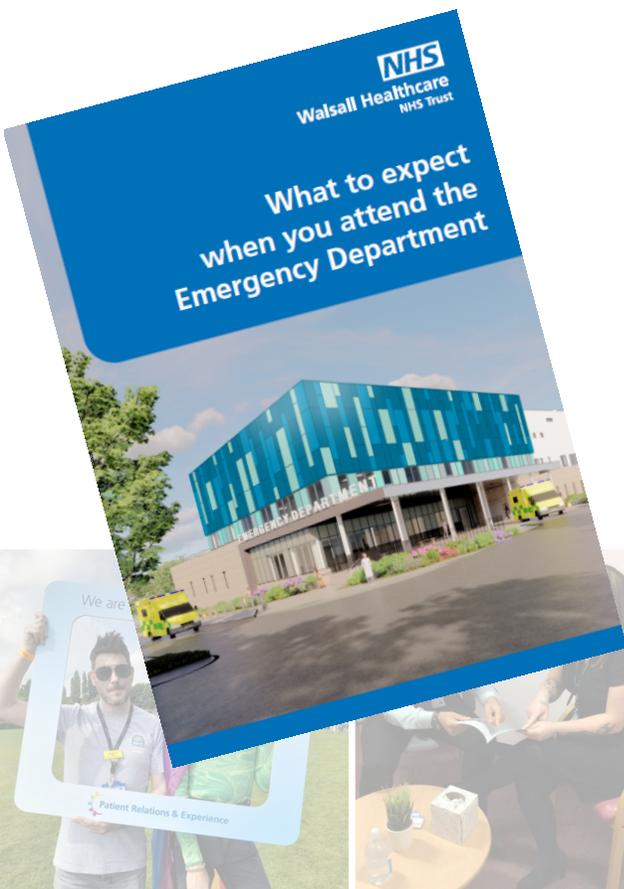
1h: Learning Matters



The team conducted a thematic review of the concerns received for ED over a 6 month period which involved a review of over 100 contacts (excluding compliments) ranging from formal complaints, to informal concerns and queries.

The overall theme in relation to the contacts received was in relation to communication, but at varying points throughout the patient journey. It is clear that patients do not have a clear understanding of the role of the Urgent Care Centre in comparison to ED. The feedback received also suggests that delays and waiting times are not always communicated in an effective way, and the offer of a beverage in the event of a delay does not always happen.

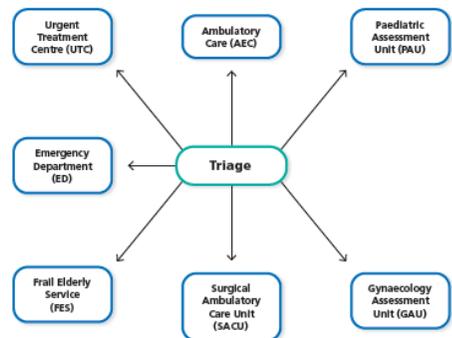
As a result, the team worked with the ED department to develop a leaflet around "what to expect when you attend the Emergency Department." This work was undertaken in collaboration with our Patient Involvement Partners who provided valuable feedback which helped to shape the final version of the leaflet.



On arrival to the Emergency Department (ED), you will need to register your presenting concern at the main reception desk.

Once you have been booked in, we will aim to triage you within approximately 15 minutes. This triage will be completed by a senior nurse and will take into account your presenting complaint as well as any clinical history which may be relevant. Any immediate pain relief you require will be prescribed at this point and a clinical decision will then be made regarding which triage destination best suits your clinical needs. If you however require pain relief whilst you are waiting, then please ask at triage and a member of staff will assist you.

These triage destinations include:



A complaint was received from the parents of a child who were unhappy with doctor who heel pricked their son for blood. They felt excessive force was used and their sons foot/ankle was bruised as a result. They were shocked to see this and questioned if too much force was used.

Following the findings of the complaint handler's investigation, there has been a formal training session on blood sampling by heel-prick for all postgraduate doctors including the member of staff concerned.

The member of staff concerned also undertook reflection on the incident and the importance of communication with parents before and after any procedure.

Following receiving their complaint response the family wrote back to the Trust to thank us for the detailed investigation and expressed their gratitude that their complaint was investigated thoroughly and that actions had been implemented to prevent a similar occurrence in future.



A formal complaint was received in relation to a patient receiving the discharge paperwork of another patient in the post. A clinical incident was raised at the time and the patient returned the document. During the investigation it was identified that the printer within the department had unfortunately malfunctioned at the time of printing. There was a recognised delay in printing which subsequently created duplicate copies of the reports being printed.

Unfortunately the nurses in the room did not follow the departmental procedure, and although they signed to say they had checked the reports they did not notice that they were for the same patient. As a result of the complaint, the team have purchased new printers to prevent a similar malfunction occurring in future and a teaching session around documentation and specifically, the signing of documentation was arranged for the department involved.

1i: The new NHS Complaint Standards



The NHS Complaint Standards, model complaint handling procedure and guidance set out how organisations providing NHS services should approach complaint handling. They apply to NHS organisations in England and independent healthcare providers who deliver NHS-funded care.

Walsall Healthcare NHS Trust participated in the pilot of the new standards with early adopter status for implementation and collaborated with colleagues at the Royal Wolverhampton NHS Trust.

They have a strong focus on:

- early resolution by empowered and well-trained people
- all staff, particularly senior staff, regularly reviewing what learning can be taken from complaints
- how all staff, particularly senior staff, should use this learning to improve services.

Implementing the standards at Walsall



The Complaint Standards will support organisations to provide a quicker, simpler and more streamlined complaint handling service.

NHS Complaint Standards: Summary of expectations



-
- Completed the NHS assessment matrix - this breaks down the core expectations of the standards and allowed us to identify gaps in practice.
 - Adopted the model complaint handling procedure - this describes how the standards will be put into practice and will replace the existing complaints and concerns policy.
 - Reviewed the guidance modules and downloaded updated versions for dissemination.
 - Undertaken a full review of our local templates to ensure compliance with the standards.
 - Produced training modules around resolving concerns at a local level, a guide to an impactful Local Resolution Meeting, with a further module around the formal complaint investigation process currently in development.
-

Section 2: Patient Experience

2a. The Friends and Family Test

The friends and family test recommendation scores are illustrated in the tables below, these include percentage changes on 2021/22. The Trusts average recommendation score for 2022/23 was 86% which is a 4% increase on the previous year. When looking at the different touchpoints, there is a fluctuation of 33% with scores ranging between 99% and 66%.

Friends and Family Test	Inpatients				Outpatients				ED				Community			
	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*
2022/23	85%	86%	85%	88%	91%	91%	91%	92%	74%	76%	74%	84%	98%	99%	98%	98%
Difference	- 2%	+ 2%	=	+ 3%	=	- 1%	+ 1%	=	- 6%	=	- 8%	+ 7%	+ 4%	+ 5%	+ 3%	+ 2%
2021/22	87%	84%	85%	85%	91%	92%	90%	92%	80%	76%	78%	77%	94%	94%	95%	96%
Response Rate (22/23)	24.6	25	25	28.9	19.3	20.2	20.3	20.4	16.7	18.8	20.6	22.6	7.7	4.9	3.3	84.1

Friends and Family Test	Antenatal				Birth				Postnatal Ward				Postnatal Community			
	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*
2022/23	89%	81%	88%	92%	83%	80%	82%	90%	84%	83%	82%	85%	84%	88%	86%	86%
Difference	+ 2%	- 3%	+ 3%	+ 7%	- 8%	- 12%	- 8%	- 2%	+ 4%	+ 7%	+ 4%	+ 8%	- 10%	- 6%	- 20%	- 10%
2021/22	87%	84%	85%	85%	91%	92%	90%	92%	80%	76%	78%	77%	94%	94%	95%	96%
Response Rate (22/23)	15.6	12.3	11.7	12.1	19.4	18	18.2	23.9	11.8	10.6	10.4	16.6	11.3	9.8	7.3	15.5

* Q4 data subject to change [inline](#) with March 2023 data submissions for FFT being after reporting date

The below table illustrates the percentage difference between the Trusts average recommendation score for each touchpoint and the local ICB and National results. Whilst some areas require improvement when compared locally and national, Outpatients, ED, Community, Antenatal and Postnatal Ward all perform better on average locally, with Community and ED also outperforming the national average also.

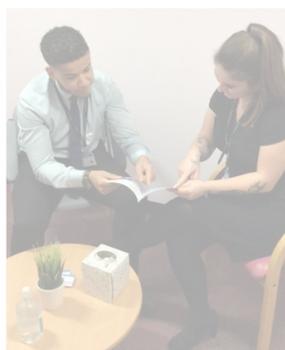
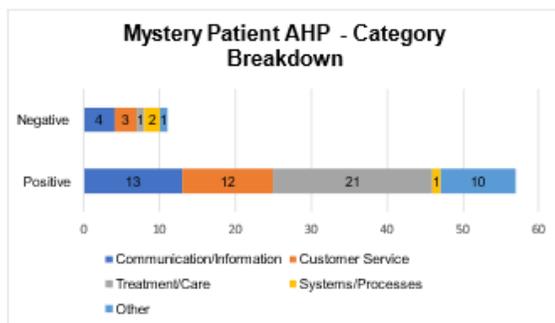
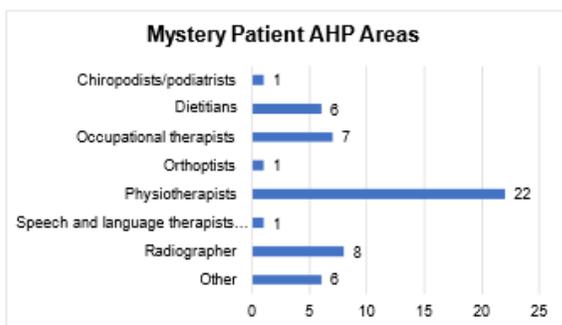
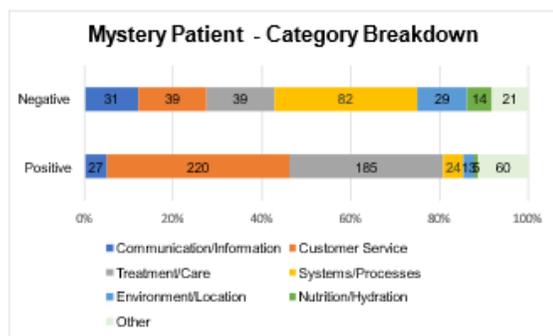
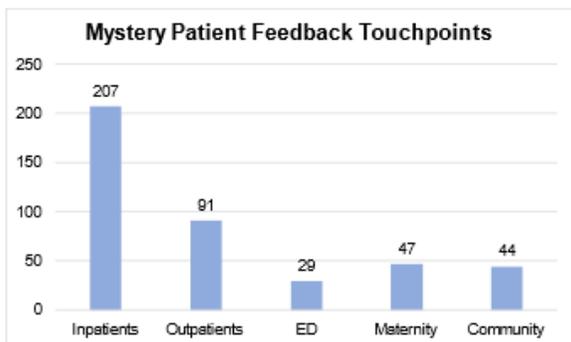
	Inpatients	Outpatients	ED	Community	Antenatal	Birth	Postnatal Ward	Postnatal Community
ICB*	- 2%	+ 1.4%	+ 6.7 %	+ 4.8%	+ 3.4%	- 2.7%	+ 5.4%	- 3.4%
National	- 8.5%	- 1.4%	+ 0.9 %	+ 6.9%	- 2.2%	- 9.1%	- 10%	- 11%

* The Black Country ICB

** The ICB and National data at time of reporting was taken over a 10-month period (April 2022 – January 2023).

2b. Mystery Patient

The Mystery Patient Scheme was first initiated in July 2021 as a feedback collection tool to support existing feedback methods such as the Friends and Family Test (FFT) and the national survey programme. It enables the trust to monitor different areas of experience, and for patients a way of providing feedback when they want, convenient to them and about what matters to them. The key performance indicators outlined in the table below are designed to support the trust in monitoring the improvement areas identified in the national patient survey. **418** patients provided feedback through the scheme in the last year.



2c. National Surveys

All eligible NHS trusts in England participate in the NHS CQC Patient Survey Programme, asking patients their views on their recent health care experiences. The findings from these surveys provide organisations with detailed patient feedback on standards of service and care and can be used to help set priorities for delivering a better service for patients.

Three National Surveys were published during 2022/2023, The Adult Inpatient Survey 2021, The Maternity Survey and the National Cancer Survey 2021. Surveys are analysed and benchmarked against national data, action planning is then undertaken and monitored by the Patient Experience Group and the Trust Quality, Safety and Experience Committee.

The Adult Inpatient Survey 2021

Compared to the 2020 results the Trust slightly improved its average score by 0.3%. Change from 2020-2021 – we scored better by 5% or more for 4 questions. Indicative National Comparisons place the Trust in the middle tier (same as band) for 38 questions and bottom 20% for 7 questions. (Improvement on 14 questions and by one for the somewhat worse band). The following questions saw a 5% improvement score – support at mealtimes, staff explaining how well an op/procedure had gone, hospital staff considering the family/home situation when planning to leave hospital, and information about what to do when a patient has left hospital. In response actions include:

- Distribution of sleep packs to all in-patient areas to accompany a re-launch of the noise at night protocol. (Re-audit of use currently underway given some recent FFT feedback).
- The Division of MLTC held a Ward Round Standards Workshop including a SWOT analysis of existing practice and an audit tool to assess and fine tune practice so ward rounds are more effective to patient discharge, involvement, and improved communication.
- Healthwatch Walsall have provided some early insight from their discharge survey. However, much is in place focussing on the Walsall Together collaboration response to the National Discharge Taskforce. The discharge lounge produced and shared guidance on planning for an effective discharge 'Get AKTING, Think HOME'.
- Implementation of 'Thank you for your patience' card for delayed patients, focus on emergency admissions. Card designed and printed, to be used through ED and AMU.

- Sorry to disturb' you, cards printed - visual prompt to staff and an apology to patient to help reinforce communication when patients are transferred at night – being used on AMU/ED.



We are sorry that due to extreme demands on Emergency Care you may experience a wait that is much longer than we would like.

Please bear with us and be assured that our staff are doing all they can to minimise the wait and treat patients in order of clinical priority.

You are important to us and your patience and understanding is very much appreciated - please do not hesitate to speak with a member of staff if your condition worsens or you need access to refreshments.

NHS
Walsall Healthcare
NHS Trust



Maternity Survey 2022

The 2022 Maternity survey report was published on 11th January 2023 and shared with the senior team on 16th January 2023. The maternity survey is split into three sections that ask questions about antenatal care, labour and birth, postnatal care.

- 98 Walsall Healthcare NHS Trust patients responded to the survey with the response rate for Walsall Healthcare NHS Trust at 33.11% against a national response rate of 46.5%.
- 49% of respondents had given birth to their first baby.
- 66% of respondents were white.
- 23% Asian or Asian British.
- 7% Black or Black British.

It is worth acknowledging that within the final data set and with the national weighting applied – our response rate was 15% lower than the average and this will have also affected any meaningful comparison even with weighting. The Maternity team have disseminated the survey findings to all maternity staff groups and have carried out an experience of care survey to track the results against the retrospect survey findings. There is a Divisional Patient Experience template in place which supports the Trust wide enabling strategy – this has been completed with commitments against the three improvement pillars of Involvement, Engagement and Experience.

National Cancer Survey 2021

Tumour group action plans are in place led by the Cancer Nurse Specialists. The Trust has 3 questions below the expected range as a focus for improvement, and 6 questions reported above the expected range. Given the time lag in reporting, actions have been provided for preparation of the 2022 results and will be mapped to together as a continued action plan.

2d. Welcome Hub

This year saw the reintroduction of controlled visiting, after a temporary lifting in May and June 2021. Since its launch on 17th May 2021, The Welcome Hub has consistently operated a 7 day service and continues to do so, adapting to the changing environment we see today. Whilst visiting restrictions have now been lifted at the Trust, it is because of the dedication and commitment of the Welcome Hub team that we have been able to support our patients, staff and communities. We were also highlighted by NHSE for 'compassionate' approaches that was followed by many other Trusts when visiting restrictions began to be lifted.

2022/23 Review

Parcels to
Patients
5,040

Video Calls
7,545

Compassionate
Visits
1,209

Welcome Hub Booked Visits
94,887



Section 3: Involvement and Engagement

3a. Enabling Strategy

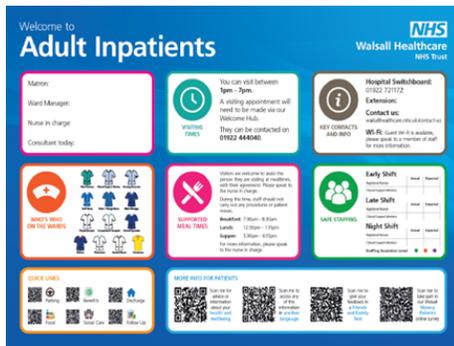


We published our Patient Experience Enabling Strategy in collaboration with the Royal Wolverhampton NHS Trust. The strategy sets out our priorities for improving patient experience in the next 3 years. Three pillars of improvement have been identified. These are Involvement, Engagement and Experience. These pillars have been guided and informed by the patient voice – using feedback and insight gained from our patients, families, and carers who either completed a national or local survey, took part in the Friends and Family Test, provided positive feedback, or raised a concern or complaint. We have set ourselves several priorities which will underpin each of the three pillars of improvement.

3b. Patient Involvement Partners (PIPS)

The purpose of our Patient involvement Partners (PIPS) is to support inclusive patient and carer engagement across the Trust. Seeking to ensure that patients and carers are actively involved in shaping and developing services and to review Trust performance addressing issues identified as important by patients, carers, and relevant stakeholders.

The Patient Partner programme was introduced in 2021 and continues to evolve.



Patient partners have been involved in the development and co-design of new ward Information Boards completed in October 2022.

A patient partner and our new chaplaincy volunteers were actively involved in a faith-based improvement that has seen us provide faith resource boxes available in key locations across acute and community.

The resource boxes include religious books, icons and key information to support staff and patients to access religious care by request.



The patient readers panel reviewed a combined VTE leaflet, the Goscote Hospice leaflet, Patient Initiated Follow-Up leaflet, lymphoedema, 3rd primary dose of vaccine, post picc line insertion information leaflet.

In addition, our partners have been involved in PLACE assessments, quality improvement work and action monitoring in response to National Surveys. The Patient Partners received a presentation on Duty of Candour explaining that the template followed is considered to not be user friendly. The partners attended a Duty of Candour workshop to co-design changes to the current process, to improve documentation and help with the production of a new leaflet.

3c. Blessed 2 Bless



Our partnership with the 'Blessed to Bless', charity that helps feed the homeless and those that are struggling financially has been extended to support staff through the running of a staff foodbank.

Blessed to Bless also continues to support us with our 'Hospital to Home' Discharge programme based on the discharge lounge - where a food parcel is provided to vulnerable patients leaving hospital with no means of accessing shops or no support network in place.

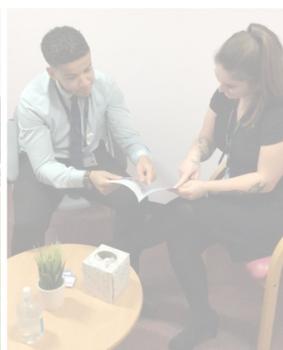
The food parcel supplies an initial provision of long-life milk, sugar, tea/coffee/, juice, biscuits, cereal, pasta, soup, and sauce. Those who agree are also referred to a local network hub for ongoing support such as be-friending and assistance with welfare and benefit maximisation. We are grateful for all that Blessed 2 Bless deliver for and on behalf of the people of Walsall.

3d. Walsall Pride



In August the team attended Walsall Pride, armed with a 'We are the Patient Experience' selfie frame, the team sought to consult on the Patient Experience Enabling Strategy and advertise involvement roles at the Trust.

Walsall Pride is an event for the whole community, Pride inspires everyone to embrace equality and demonstrates that people from all walks of life can join and celebrate diversity.



3e. 'It's OK to ask'



In November we introduced 'It's OK to ask' which helps patients find out more about their care so they can better understand what is being recommended to them. It prompts three main questions for patients to consider:

- What is my main problem?
- What do I need to do?
- Why is it important I do this?



Each patient accessing Trust services were offered a bookmark telling them 'It's OK to ask' and explaining why it's so important they understand their care and are involved in the process. The campaign continues to be promoted and additional staff groups engaged in the reason for doing this and how they can make small changes to ensure patient involvement in decisions about their care are considered at every level.

Monitored against the survey score for 2021 (6.5) our score for mystery patients for the involvement question puts us currently at 9 averaging 8.0 since publication of the in-patient survey.

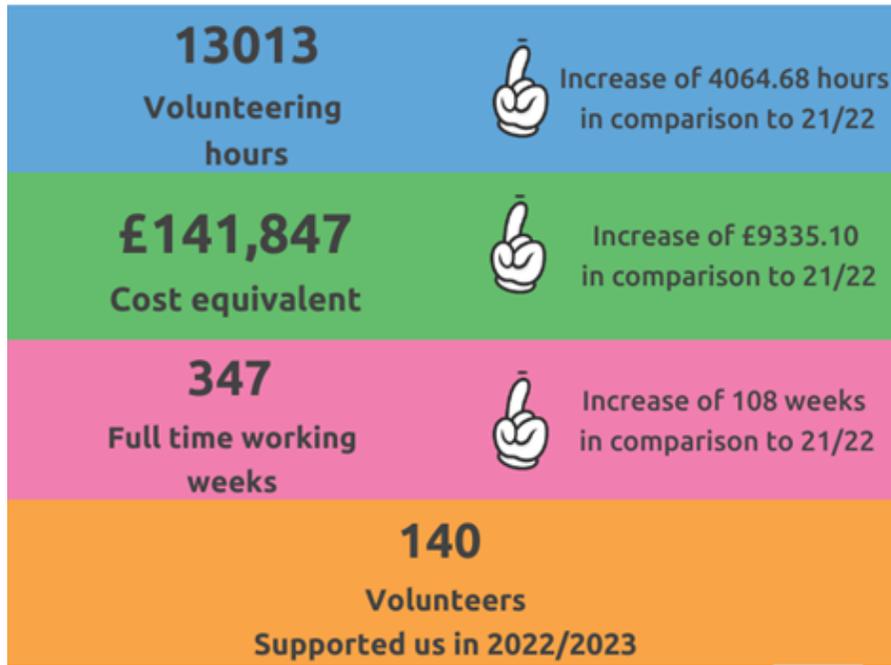
Scored Questions	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Involvement in decisions about your care and treatment	8.9	7.5	6.4	6.8	9	9	9



Section 4: Voluntary Services



4a. The year of the volunteer



4b. Partnerships



Throughout the year the trust has strengthened existing partnerships with Juniper Training, through the EWE programme, and Manor Farm CA, through the Manor Wellbeing Support lounge. A new partnership for 2022/23 is with St John Ambulance and the NHS Cadets, a year long advanced programme supporting young people across the black country in the early stages of their career choices.



As we move into 2023, foundations have been laid for a new partnership with Walsall College, and we look forward to welcoming students to the hospital in the coming year.

4c. Volunteer Awards

This year saw the return of the Volunteer Awards held at Calderfields Golf and Country Club. Over 100 guests, including volunteers and staff supporters, were in attendance alongside Mayor of Walsall Councillor Rose Martin and Group Chief Executive Professor David Loughton.

The award categories included:

- Bronze award for one year of service.
- Silver award for five years of service.
- Gold award for 10 years of service.
- Special recognition for over 15 years of service.

We look forward to celebrating our amazing volunteers at the next Awards being held June 16th 2023 at Pelsall Community Centre



VOLUNTEER AWARDS
Celebrating our volunteer heroes



Section 5. Family and Carer Support

5a. Commitment to carers

This year the Trust launched its Commitment To Carers, outlining key priorities the Trust will take to **Identify, Recognise, Support** and **Collaborate** with Carers.

This new service will support staff working with patients who have existing unpaid carers, or due to the reasons they are in hospital will rely on the support of an unpaid carer following discharge.

The services is supported by the Family and Carer Support Officer and will see growth as we move through 2023.



2023 Commitment To Carers

Families and carers play an integral role in the treatment and care provided to our patients. They are often the people with the understanding and insight into the care needs of a patient. Walsall Healthcare NHS Trust is committed to ensuring the future of unpaid carers is a supported one, for the carers of our patients and those staff who identify as carers. We are working towards a supportive relationship with our carers where they are partners in the care we provide.

This commitment outlines the 2023 priorities for the trust as we work to better **Identify, Recognise, Support** and **Collaborate** with carers.

Identify

- Embed the existing Carers ID Card (Carers passport)
- Family and Carer Support Officer referral process
- Develop training resources that support frontline staff to identify unpaid carers and how to refer them to the Family and Carer Support Officer
- Use existing flags (Dementia Butterfly) to identify patients likely to have an unpaid carer
- Support front door identification of carers in ED, Outpatients and Elective Procedures

Recognise

- Caring Carers Documentation
- Develop a Caring Carers document to outline the support a carer will provide the patient when they are in hospital
- Identify the carers level of involvement enabling carers to work alongside staff supporting the patient
- Shared decision making with carers and recognising the knowledge they bring of the patient

Support

Identify support requirements as outlined in The Care Act 2014 / Supporting Adult Carers NICE Guidelines 2020 and action plan against these requirements.

- Put carers on the same footing as those they care for
- Focus on support in the community
- Understand responsibilities for a carers assessment / what is it / who does it

Commit to ensure carers have access to essentials whilst they are in hospital including:

- access to hot and cold drinks
- access to snack boxes
- access to toilet and washing facilities for carers spending longer periods on the ward
- free or discounted parking
- discounted meals
- Comfortable chair for carers / access to guest bed if needed to stay over night

Carers pack to include local trust support information and Community Carers support information / Services

Collaborate

- Development of a Community Partner Engagement Hub. A central, visible hub located at Manor Site, with outreach to community services. Identify local partners supporting patients and carers and establish continued supportive relationship.
- Manor Farm
- Walsall Connected
- Walsall Carers Hub
- Carers Forum / Carer Café

5b. Family and Carer Support Officer

Since the service was introduced in December 2022 support has been provided in the following ways.

71 Encounters

Support provided to

Unpaid carer	33
Family members	27
Patient	9
Staff	0
Visitor	2

Type of encounter

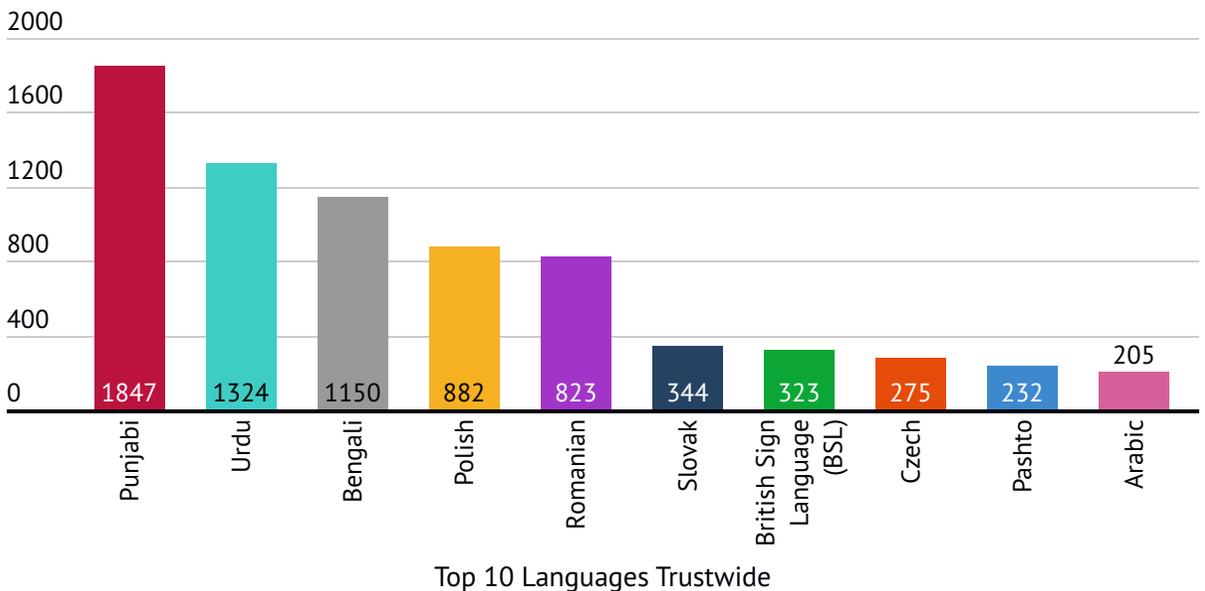
Pastoral	64
Signposting internal	5
Signposting external	3
Care update	10
Support caring - in hospital	47
Support caring - discharge/at h...	12
Patient Relations	6

Section 6: Equality and Accessibility Monitoring

6a. Interpreting & Translation



9371 bookings were arranged during 2022/2023. This is a slight decrease in comparison to 2021/2022 (9445) 33% (3094 sessions) of these have been telephone, 66% (6267 sessions) face to face and 0.4% (40 sessions) video on demand calls. 492 patients/users completed feedback. This is an increase of 261 in comparison to the previous year (231). the average score was 4.75 out of a maximum score of 5.



- The Trust took part in the filming of a instructional video with Word 360 2022, which showcases the benefits of using the service whilst also showcasing our staff using the various methods of translation available to us.

- Inbound call interpreting (Wordskii connect) is being trialled in Antenatal - currently awaiting a "go live" date.

- Work currently ongoing with the Imaging team to reduce the number of face bookings by using a mobile device for interpreting.



6c. Equality Monitoring - Complaints & Concerns

With the Equality Monitoring survey, the aim is to understand who we are reaching out to from local protected groups, to help the Trust monitor who accesses our complaints service in line with the nine protected characteristics under the Equality Act 2010. This is a multiple-choice survey.

- **Ethnicity:** 56.67% of respondents identified themselves as White British, 10% Bangladeshi, 6.67% Caribbean, 3.3% African, Indian 3.3%, 3.3% Pakistani and 16.75% of respondents declined to complete.
- **Age:** 32.35% were aged 18 to 24, 17.65% were aged 25 to 49, 17.65% were aged 50 to 64, 14.71% were 65 to 74, 2.94% were aged 75 to 84 and 14.71% of respondents declined to complete.
- **Religion or belief:** 36.67% Christianity, 30% no religion, 6.67% Islam, 6.67% Sikhism, 3.3% Church of England. 16.67% of respondents declined to complete.
- **Sexual Orientation:** 80% Heterosexual, 3.3% Homosexual/Gay man and 16.67% of respondents declined to complete.
- **Gender:** Male 46.67%, Female 36.67%, 16.67% of respondents declined to complete.
- **Gender re-assignment:** 80% No, 3.3% prefer not to say and 16.67% of respondents declined to complete.
- **Relationship status:** 51.72% Married, 13.79% Single, 10.34% Living with partner, 3.45% Widowed, 3.45% Divorced and 17.24% of respondents declined to complete.
- **Pregnancy:** 3.3% were pregnant at the time of making a complaint, 56.67% were not. 26.67 of respondents felt the question was not applicable and 13.3% declined to complete.
- 46.6% of patients do not consider themselves to have a longstanding condition, 23.3% of patients do and 6.67% prefer not to say and 23.3% declined to complete.

