

MEETING OF THE			
Patient Voice Annual Report (Patient Relations and Experience) 2021-2022			AGENDA ITEM: [PA insert number]
Report Author and Job Title:	Garry Perry Associate Director Patient Relations and Experience	Responsible Director:	Lisa Carroll Director of Nursing
Recommendation & Action Required	Members of the Trust Board are asked to: Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
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. This report provides details of complaints and concerns received by Walsall Healthcare NHS Trust between 1 April 2021 and 31 March 2022 and overall activity of the Patient Relations and Experience team.		
Advise	The report includes identified priorities for 2022/2023		
Alert	No issue of risk/concern this quarter		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Resource implications	There are no resource implications associated with this report.		
Legal and/or Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Safe, high-quality care <input checked="" type="checkbox"/>	Care at home <input type="checkbox"/>	
	Partners <input checked="" type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>	
	Resources <input type="checkbox"/>		

PATIENT VOICE ANNUAL REPORT 2021-2022

1. PURPOSE OF REPORT

Seeking and acting on patient feedback is key to improving the quality of healthcare services. This paper provides an annual report for 2021/22 of the Trust's activity in relation to patient experience, public engagement, concerns, and complaints and provides examples of learning and service improvement.

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. This report provides details of complaints and concerns received by Walsall Healthcare NHS Trust between 1 April 2021 and 31 March 2022 and activity of the Patient Relations and Experience team.

3. DETAILS

See enclosed report

4. RECOMMENDATIONS

Members of the Trust Board are asked to:

- To note contents and progress made.
- To approve 2022/2023 service priorities



Patient Relations
& Experience

Walsall Healthcare **NHS**
NHS Trust

2021/22



Patient Voice

Annual Report

Patient Relations & Experience

Contents

Introduction	Page 5
Section 1 Patient Relations	Pages 5-8 including. <ul style="list-style-type: none">• Activity• Complaints by division & type• Complaints by outcome• Responding to complaints• Assurance• Parliamentary Health Service Ombudsman• Concerns• Compliments• Learning Matters
Section 2 Patient Experience	Pages 8-11 including. <ul style="list-style-type: none">• Friends and Family Test• Mystery Patient• National Inpatient Survey• Compliments
Section 3 Engagement with Public and Patients	Pages 11-15 <ul style="list-style-type: none">• Patient Involvement Partners• Welcome Hub• Critical Care Rehabilitation Forum• Partnerships & Engagement• The Manor Lounge• Maternity Voices Partnership (MVP)• Public Health and Resilient Communities
Section 4 Voluntary Services Experience	Pages 15 - 16 <ul style="list-style-type: none">• Juniper - Enhancing Ward Experience Volunteers• Volunteering at the trust
Section 5 Equality Monitoring	Pages 16- 17 <ul style="list-style-type: none">• Patient Experience• Complaints and Concerns• Interpreting and Translation
Section 6 Achievements against priorities	Page 16 <ul style="list-style-type: none">• 2021-22 outcomes• 2022-23 Objectives

1.0 Introduction



The Annual Patient Voice report describes the progress we have made to ensure that patient feedback is a vehicle to improve services and how our patients feel in using them.

The Friends and Family Test remains an important part of our patient experience programme and we have strengthened this by introducing additional feedback methods to obtain point of care – near time feedback such as that provided by the mystery patient scheme. Along with FFT, from our observation, it is often an immediate and usually accurate indicator of patient experience in a particular service.

With complaints and concerns, compliments and both national and local surveys, the patient experience data is shared and welcomed by clinical and operational teams and this report describes some of the improvements we have made because of the feedback given.

Throughout the last year we have begun an exciting number of projects with the aim of enhancing the lived experiences of our patients as their journey through their time with us whether that be as an emergency, in-patient, planned admission or outpatient user.

Our volunteers and volunteer partners exemplify a decent, caring, selfless attitude to supporting others. We have built new partnerships and strengthened existing ones, we have sought to engage our communities through surveys and involvement, and we have responded compassionately to the call from family members, friends, and carers to visit loved ones taken ill in hospital.

With a strong and purposeful team, I am proud of the year's achievements. As we work more closely with our colleagues at the Royal Wolverhampton NHS Trust, we will in the coming year share all that is good, seeking to learn from each other as we pay as much attention to improvement matters as we do in measuring them.

Garry Perry
Associate Director Patient Relations and Experience

Section 1. Patient Relations

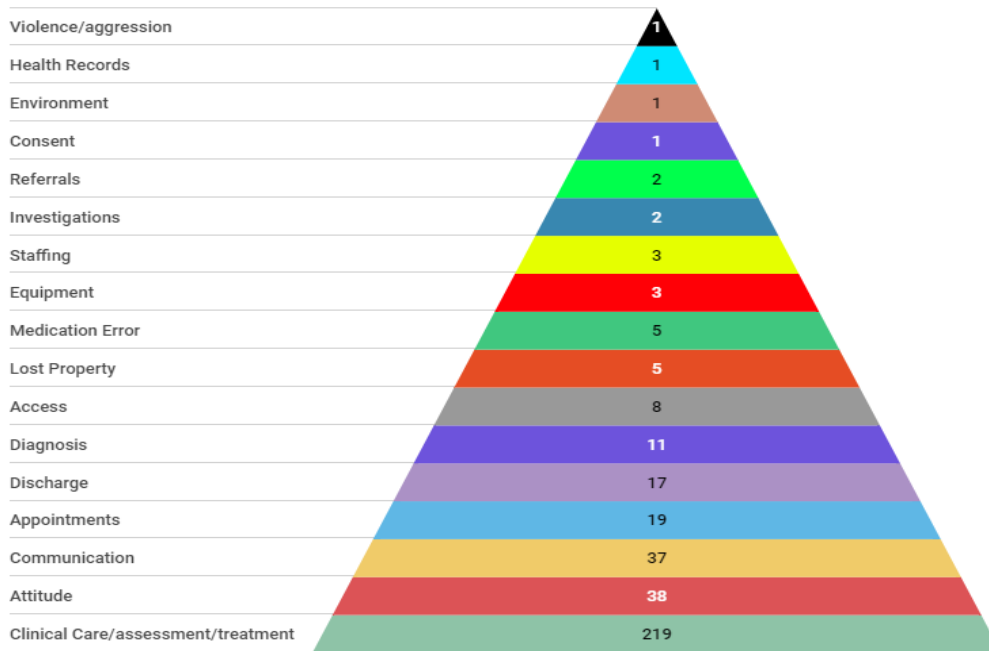
1.0 Patient Relations activity 2021/2022

During 2021/2022 a total of 4082 contacts were received by the Patient Relations Team which included a total of 361 written complaints which includes 9 informal to formal complaints and 4 MP letters (a increase of 81 complaints overall for the year compared to 2020-2021) and an average of 16 contacts per working day.

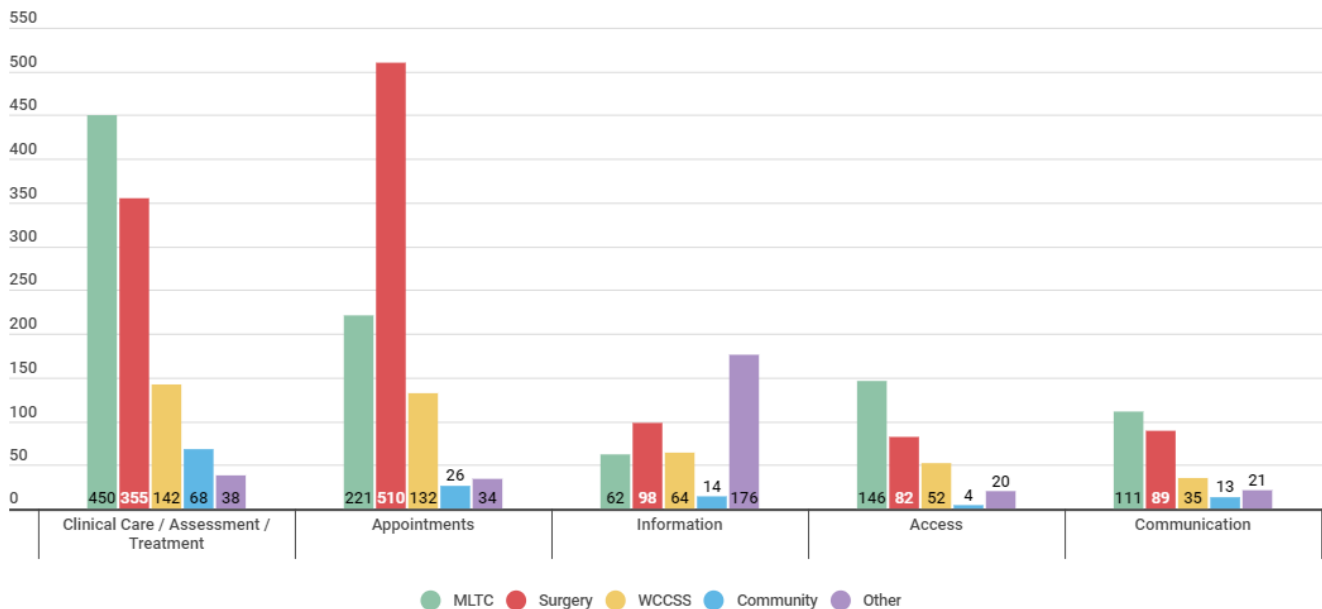
Contact Type	2019-2020	2020-2021	2021-2022
Complaint requiring a written response	309	280	361
Concern converted to a complaint	10	7	8
Concern	2306	2026	2420
Complaint converted to a concern	23	16	33
Compliment	536	416	535
Website feedback – NHS Website / Healthwatch	479	967	721
MP letter	6	7	4
Total	3660	3719	4082

1.1 Complaints by theme

During 2021/2022, there were 373 complaints raised (including Informal to Formal and MP letters) with the main theme emerging from formal complaints being Treatment care and supervision. This accounted for 58% of all complaint categories, 218 complaints fell within this domain.

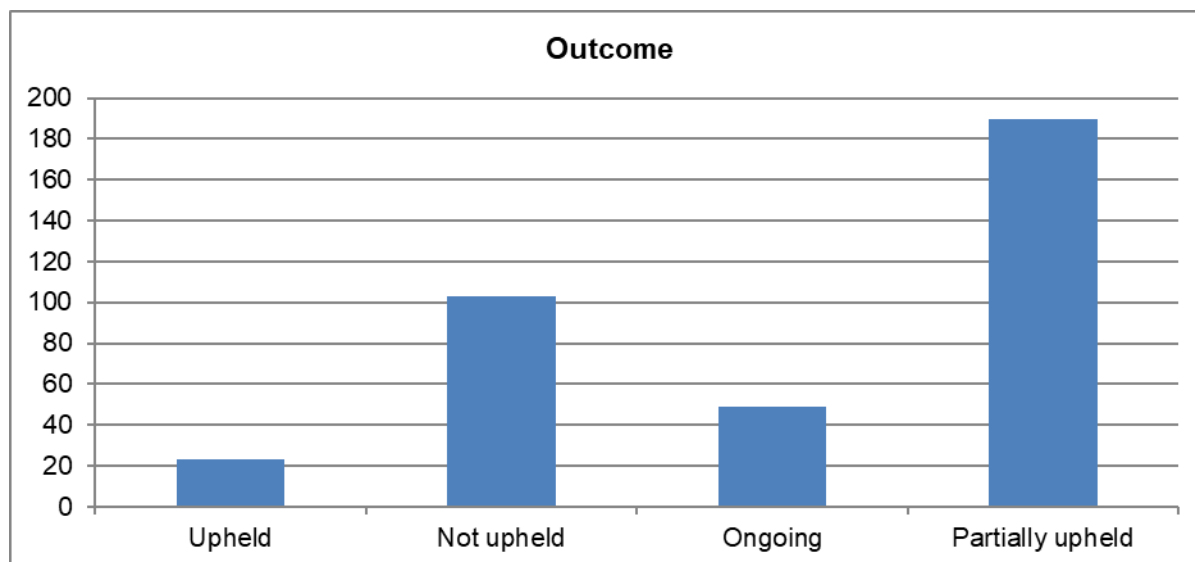


1.2 Themes by division (all types)



1.3. Complaints by outcome

At the time of completing this report, the total number of complaints resolved was 323. 23 complaints were upheld with 103 not upheld and 190 partially upheld. 7 complaints were withdrawn within this period.



1.4 Responding to complaints

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 5.7 days compared to 2020/2021.

Division	Average Days to respond 01/04/21 to 31/03/22
Adult Community	24.9
Corporate Function	40
Estates And Facilities	65
Medicine And Long Term Conditions	35.5
Surgery	33.9
Women's Children's and Clinical Support	26.07

1.5 Assurance

Based on the table above – the overall average score (number of days to complete) is 37.5 which is a slight improvement when compared to the previous year (40).

This equates to a year end aggregated position of **81%** of all complaints received completed within 30 days or agreed timeframe. An improvement of **30%** on the previous year.

1.6 Concerns

There was a total of 3141 concerns received during 2021/2022, an increase of 132 concerns from the previous year (3009). This figure includes concerns (2420), comments, suggestions and queries and referred on (705), Family Liaison (9), Losses and Compensation 1, Health watch referrals 3, other PALS 3.

MLTC equated for 33% (1361) of the total activity (including compliments), with Surgery 33% (1350), WCCSS 14% (589) and Community 10% (414).

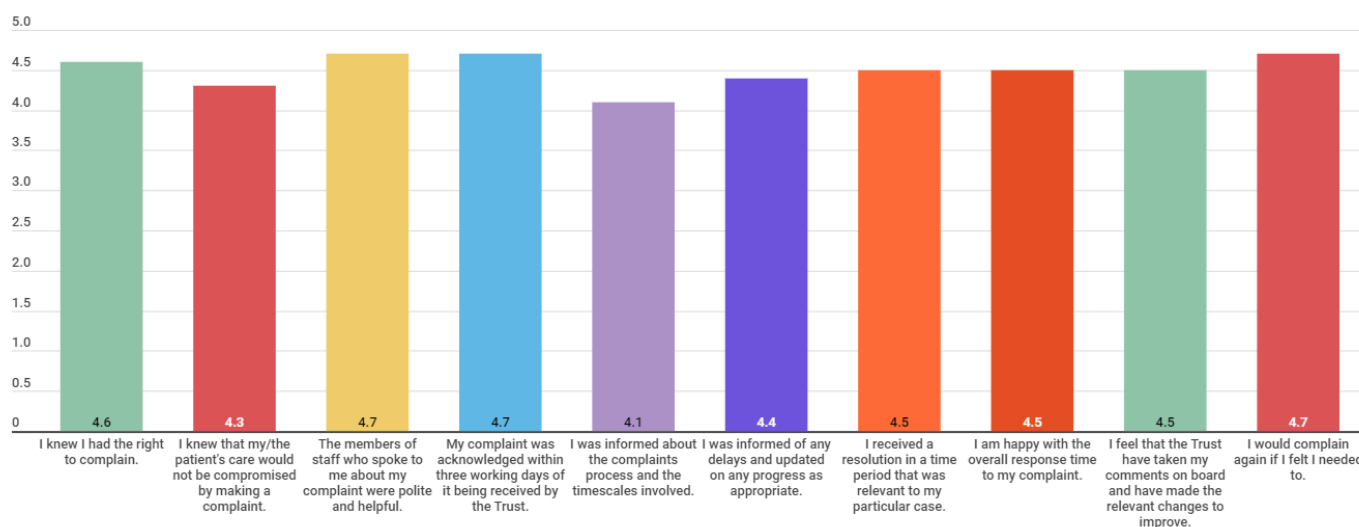
1.7 Parliamentary Health Service Ombudsman (PHSO)

In 2021/22 a total of 7 cases were accepted via the PHSO for investigation. This equates to 1.9% 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 2021/2022. 1 case was upheld, 1 case was partially upheld and 1 not upheld.

1.8 Complaint Satisfaction Questionnaire

The Parliamentary Health Service Ombudsman (PHSO) user-led vision for raising concerns and complaints in health and social care forms part of our Complaints policy. The vision was developed by the PHSO working inclusively with patients and service users. It starts with the complaint journey: a map of the route a patient or service user will go through when they make a complaint about a service they have received, and a series of simple statements that reflect what a good outcome would look like for the patient and service user at each stage of that journey. Beneath these overarching statements there are further statements that illustrate the expectations that patients and service users expressed when asked about what a good complaint journey would look like to them.

Our Trust feedback survey is based on the 'I' statements outlined in the user-led vision. Answers are requested using a scale of 0-5 with 0 as completely disagree and 5 completely agree. Feedback received is outlined as follows based on 9.1% return rate (34 responses): Average score is 4.5 out of 5



Section 2. Patient Experience

2.1 Patient recommendation to friends and family (FFT)

The following data is the confirmed performance from 2021/22. We believe that patient recommendation to their friends and family is a key indicator of the quality of care we provide. We believe our performance reflects that the Trust has a process in place for collating data on the Friends and Family Test, data is collated internally and then submitted monthly to the Department of Health and Social Care. Data is compared to our own previous performance, as set out in the table below

The friends and family test recommendation scores are illustrated in the tables below. These include percentage changes on 2020/21 and the 2021/22 response rates. The Trusts average recommendation score for 2021/22 was 82%. When looking at the different touchpoints, there is a fluctuation of 24% with scores ranging between 97% and 73%.

Friends and Family Test	Inpatients				Outpatients				ED				Community			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2021/22	87%	84%	85%	85%	91%	92%	90%	92%	80%	76%	78%	77%	94%	94%	95%	97%
Change from 2020/21	-2%	-3%	-1%	-2%	+4%	+1%	-1%	+1%	-6%	-1%	=	-5%	**			+4%
Response Rate	22.3	23.6	19.4	19.6	16.3	15.2	16.8	15.6	15.6	15.2	14.6	14.6	7.7	8.6	7.0	13.9

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
2021/22	74%	68%	74%	84%	83%	87%	82%	78%	73%	86%	79%	84%	88%	30%	67%	79%
Change from 2020/21	**	-23%	+4%	+10%	**	+2%	-2%	-4%	-10%	+4%	+2%	+7%	**	-49%	-7%	-13%
Response Rate	7.3	5.5	4.4	8.7	16.3	12.6	12.5	15.7	8.9	8.9	6.9	11.3	5.3	4.3	6.2	6.9

** No comparable data reported during 2020/21 to enable a comparison

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

	Inpatients	Outpatients	ED	Community	Antenatal	Birth	Postnatal Ward	Postnatal Community
STP*	-2.4%	+0.7%	+6.6%	+2.8%	-2.6%	-5.8%	-3.1%	-14%
National	-8.8%	-1.8%	-0.8%	+0.8%	-15%	-11.4%	-14.7%	-24.9%

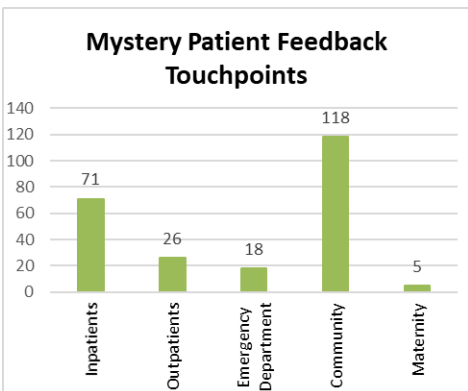
* The Black Country and West Birmingham STP



The Patient Relations and Experience team increased the opportunities for patients to provide feedback and for trust staff to respond to the 'near time feedback with real time action'. In addition to Friends and Family, Complaints, Concerns and Compliments, the 'mystery patient' scheme was initiated. The mystery patient feedback is collected via a bedside/departmental poster which also includes a link to provide friends and family feedback via a QR code linked to the area.

2.2 Mystery Patient

The Mystery Patient Scheme was introduced to the organisation in August 2021, this scheme provides patients with the opportunity to share their experience of their recent visit and support us to improve the services we provide.



The scheme is anonymous which enables the patients to provide honest feedback about all areas of their visit.

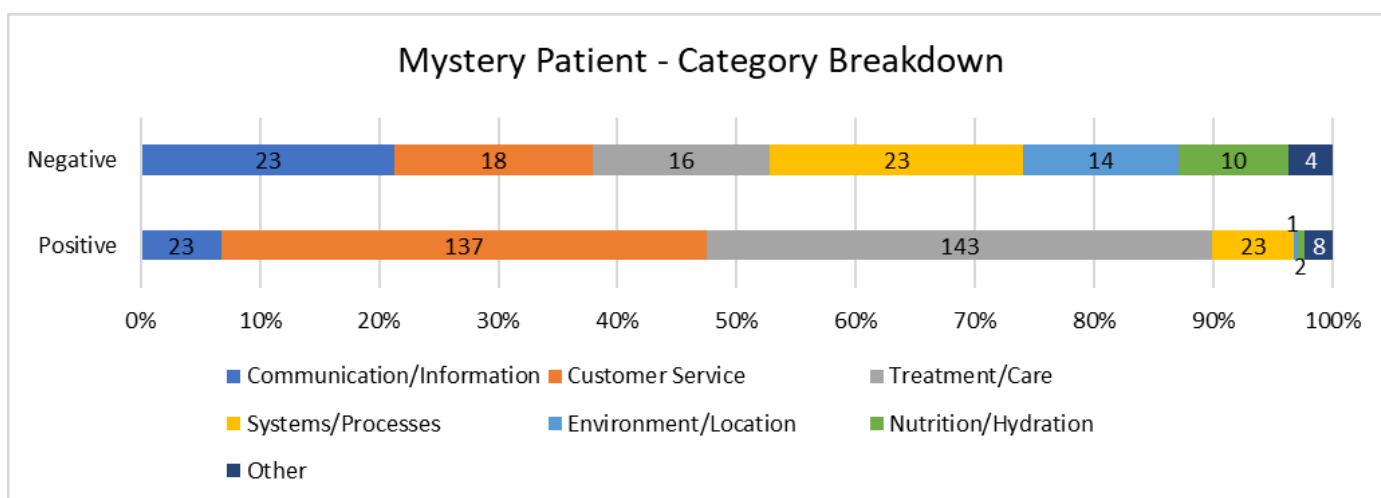
Since the Mystery Patient Scheme was launched in August 2021, we have received a total of 240 responses across the organisation, 2 of those responses did not have the area documented. Community received the most, with a total of 118 responses and Maternity received the least, with a total of 5 responses.

	Inpatients & Day Case	Outpatients	ED	Maternity	Community
The courtesy of the staff	7.9	7.8	6.1	5	9.7
The environment and hospital facilities	6.5	7	6	6.5	9.2
Were they treated with respect and dignity	8.9	8.7	7.5	7	9.9
Involvement in decisions about their care and treatment	7.4	8	7.9	6	9.6

Scores calculated using the national survey scoring process. Scores are out of 10.

When comparing the figures across each touchpoint, Community areas scored highest with scores above 9 for each of the areas. ED and Maternity received the lowest scores across the areas with scores sitting between 6 and 7.9. Inpatients and Outpatients were mostly stable across the 4 areas with scores between 6.5 and 8.9.

Free text



*Please note, number of category's does not equate to pieces of feedback as feedback may be assigned more than 1 category depending on the content.

76% of mystery patient free text is positive. The most positive free text comments were about *treatment & care* and *customer service*. 24% of comments were negative with 43% of negative comments being about *communication & information* and *Systems & processes*.

Near time action: food temperature, access to refreshments in the Emergency Department and signposting to carers support are examples of response outcome

2.3 National In-patient survey

Our score for the five questions in the national inpatient survey relating to responsiveness and personal care is 60.2% based on the data for the sample year this shows the Trust as an outlier against the national average score of 67.5%. Results for the Adult Inpatient 2020 survey are not comparable with results from previous years. This is because of a change in survey methodology, extensive redevelopment of the questionnaire, and a different sampling month. The Adult Inpatient 2021 benchmark reports (due in October 2022) will include an overview of the number of questions at which the trust’s performance has significantly improved, significantly declined, or not significantly changed compared with the result from the previous year.

2.4 Compliments

Compliments account for 13% of all contacts received in 2021/22, up 3% on 2020/21. 535 compliments were received by the trust.

Community		Medicine		Surgery		WCCSS*		Corporate Functions	
2020/21	2021/22	2020/21	2021/22	2020/21	2021/22	2020/21	2021/22	2020/21	2021/22
153	259 (+69%)	90	101 (+12%)	48	87 (+81%)	84	67 (-20%)	41	21 (-49%)

*Women’s Children’s Clinical Support Services

3.0 Engagement with Public and Patients

3.1 Patient Involvement Partners



The Patient Partner programme was introduced in 2021 and continues to evolve. Workstreams where partners have expressed interest in involvement include End of Life Steering Group, the AMU Improvement plan, the Oncology Nurse Specialist out of hours survey and the Patient Experience Group.

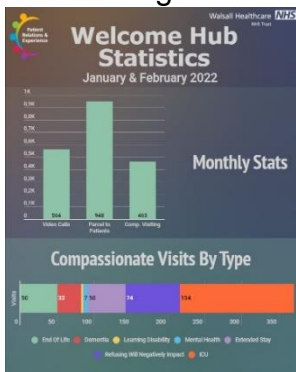
Patient partners have been involved in the development and co-design of new ward Information Boards to be completed in 2022.

- **A patient partner** was actively involved in a faith-based improvement arising from a poor patient experience. This resulted in the purchase and distribution of 30 hand-held, pocket-sized devices with pre-enabled microchips that are programmed to play a range of Sikh prayers and hymns. They assist with daily worship at a time when patients are unable to visit their normal place of worship and might find it difficult to attend the Trust Chaplaincy Sacred Spaces, or when visiting is restricted.

- The Chaplaincy team also introduced an encounter form to capture the type and frequency of support provided. The SPaRC (Spiritual, Pastoral and Religious Care) form was introduced alongside faith profiles and was initiated following a patient story regarding access to chaplaincy particularly from the Sikh faith. Vacant posts were also recruited to.
- The **patient readers panel** reviewed the learning matters newsletter, combined VTE leaflet, the Goscote Hospice leaflet, Patient Initiated Follow – Up leaflet, lymphoedema, 3rd primary dose of vaccine, post picc line insertion information leaflet

3.2 Welcome Hub

Listening to families and carers affected by visiting restrictions the ‘welcome hub’ was established to manage the visiting process following a period of restricted visiting. **15,048** visits were arranged between May and July 2021 and 16-31 March 2022.



Following patient feedback and survey engagement during periods of restricted visiting, Compassionate Visiting Guidance was introduced to enable a supportive visiting approach for vulnerable patients including the launch of the patient carer passport. **1209** compassionate visits were arranged. **4,737** video calls took place and **3341** parcels to patients were delivered. We surveyed visitors as part of the introduction with 82 respondents, **91%** rated their experience of booking online as Good, very good or Excellent. **73%** rated their experience of using the email or

telephone visitor booking systems as Good, very good or Excellent. **96%** of respondents said that visiting had a positive impact on the patient’s wellbeing. **89%** said that visiting had a positive impact on their personal wellbeing. **96%** of respondents rated their visiting hub experience as Good, very good or Excellent.



3.3 Critical Care Rehabilitation Forum

The intensive care rehabilitation service was set up to aid patients with their recovery throughout the whole of their inpatient journey, from ICU to the ward, to discharge home. The patients are then invited back to follow up clinics to ensure continuity of care when in the community. In these clinics, ran by senior nurses and a senior physiotherapist, a holistic assessment is completed looking at both physical and psychological wellbeing. Patients and relatives are also invited back to visit ICU if they wish to help aid recovery but also many just like to visit and thank staff. Patient diaries have been introduced on ICU to allow staff members to provide daily account of the patient treatment including photos, which are then given to patients when they return to clinic. These have been found to help fill in the gaps for patients and increases their understanding of what happened to them during their stay. Snack rounds have been recently introduced on ICU with positive reviews from patients. These look to help increase protein intake which is a key factor in aiding rehab and thus increasing recovery in this patient group. Rocking R’s are available for patients to watch TV or play video games, these have been made available by fundraising the team has carried out. When discharged to the ward the same team continue to support patients both physically and psychologically carrying out holistic assessments.



When visiting was restricted in hospital, outdoor visits were arranged where possible so that the long-term patients were able to see relatives and given them that much needed psychological boost. The team have more recently set up post-intensive care rehabilitation classes for patients with the aim of establishing clear peer support links and enabling continuity of care throughout the multidisciplinary team to enhance patient experience. These classes look at combining exercise and education to allow rehab to continue even whilst discharged home we involve other members of the MDT and patients that have previously been discharged from our care to provide a personal account of their recovery to help motivate and provide positive reinforcement to aid recoveries. We have previously conducted forums similarly that have involved patient's relatives also as we have seen the impact the ICU stay has on them too and the benefits that they can have from peer support. We have had positive feedback from patients from these classes and all stating it has really helped in their recovery. Bereavement cards are also currently sent out to the families of patients we have sadly lost which include forget-me-not seeds, moving forward the team look to fully establish a bereavement service to ensure that families also require the support they may need throughout a difficult period.

3.4 Partnerships & Engagement

Healthwatch Walsall have regular contact with the organisation and in 2021/2022 provided feedback report on patient views regarding communication and end of life care.



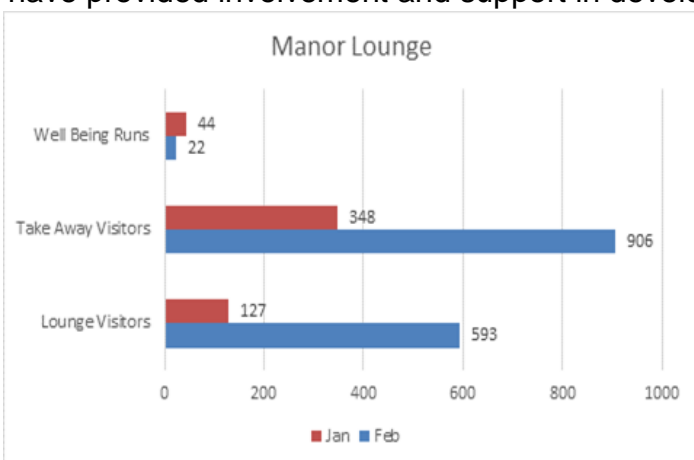
The report on communication was shared with the Patient Experience team and changes made to the telephone system within the PALS office to accommodate concerns regarding call handling.

A member of the Healthwatch team sat on the Trust Learning Matters Editorial group throughout 2021/2022 and contributed via independent scrutiny to the inclusion of articles that shared learning from feedback and actions arising from complaints, incidents and mortality reviews.



3.5 The Manor Lounge

In November 2021 we were successful in being awarded £25,000 from the NHSE/I Voluntary Services Fund. We partnered with Manor Farm Community Association who have provided involvement and support in developing



new volunteer roles and overseeing the transfer of the former Wingman Lounge to the new Manor Staff Well-being Lounge now open next to Ward 29. The funding was granted on the basis that we support staff well-being through volunteer roles and involvement. The NHSE/I team reviewed the range of projects funded and have selected the volunteering projects at Walsall Healthcare NHS Trust as an area to celebrate and highlight.

- 66 well-being runs undertaken (hydration/snacks taken to staff/wards/departments)
- 2449 staff took refreshments away from the Manor Lounge
- 1351 staff visited the lounge for a 'break'
- 416 staff completed an experience survey with 4.98 out of 5 the average rating

The Manor Lounge has had significant impact on trust staff. Below are some highlights from a satisfaction survey completed at the lounge by over 400 staff members.



It's always a warm welcome. It helps with my mental health at work as we do not have a rest room to take a break or eat lunch in. We must eat and drink at our desks, so we never switch off	Relaxing space whether it be for 2 minutes or a full half hour
It's saved my sanity at times and Zoey is so kind and caring	This service makes more of a difference than you can even imagine to staff who can't get to the shop, and who only have five minutes spare, please keep it going!

3.6 Maternity Voices Partnership (MVP)



As part of enhancing the women's and families experience at Walsall Healthcare NHS Trust, we have an MVP lead that is very active and involved in trying to support maternity services within the Trust. The MVP lead has recently appointed a deputy to support the role and the Trust to develop initiatives to ensure that the women have an experience that is second to none. The maternity service hosts a monthly meeting whereby service users, MVP members and maternity staff can get together to look at the service as a whole. During these meetings the friends and family test results are discussed we have also shared the Trust CQC Patient Experience results with them and proposed actions. Developments and conversations about the service are also

highlighted such as changes to the MLU service, home birth rates and visiting arrangements. The MVP actively supports the unit in attaining its goals as demonstrated when the MVP lead attended our recent recruitment drive to support the team and meet potential new recruit's

3.7 Public Health and Resilient Communities



Throughout 2021 we worked in partnership with public health to deliver free on-site lateral flow testing to provide a safe visiting process including arrangements for parents with children in hospital, partners accompanying women to antenatal appointments and enabling testing ahead of ward visiting where visitors had no access to lateral flow tests.

5472 lateral flow tests were undertaken with just **36** asymptomatic positive results. The partnership received positive recognition from NHSE seeing this as robust infection control practice measurements to prevent covid-19 outbreaks linked to visiting.

4.0 Voluntary Services

4.1 Juniper - Enhancing Ward Experience Volunteers

The Enhancing Ward Experience (EWE) volunteer has been introduced by Walsall Healthcare NHS Trust to not only support the organisation but to provide an opportunity



for those who are interested in an NHS career to find out more about what is required.



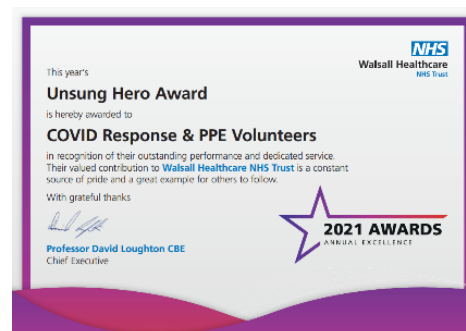
In partnership with Juniper training during 2021/2022 **54** EWE volunteers worked at the trust and involved in a host of tasks which include:

- Answering the ward phone and taking messages
- Supporting the Patient Experience Team to carry out video calls
- Answering the ward door and assisting visitors and healthcare colleagues
- Collecting items for staff such as medical records
- Befriending: sitting and talking to patients and/or playing games with them to help reduce their boredom whilst in hospital

Aged between 16-21, the number of volunteer EWE hours completed was **1431hrs**.

4.2 Volunteering at the trust

2021-22 has been a successful year for volunteers at the trust. Our COVID response and PPE volunteers were awarded with the unsung hero award at the 2021 annual excellence awards. A great achievement for all volunteers who have supported the Trust throughout the pandemic, we thank them for their hard work and commitment. We also welcomed back many returning volunteers who were not able to attend during the pandemic.



2021/22 Volunteer Statistics

Total Volunteer Hours 2021-22

8948.32hrs

Equal to

£48,496

Band 2 AfC equivalent

Top volunteer hours



909



428



427

Recruited

82

new volunteers

133

Volunteers supported us in 2021/22

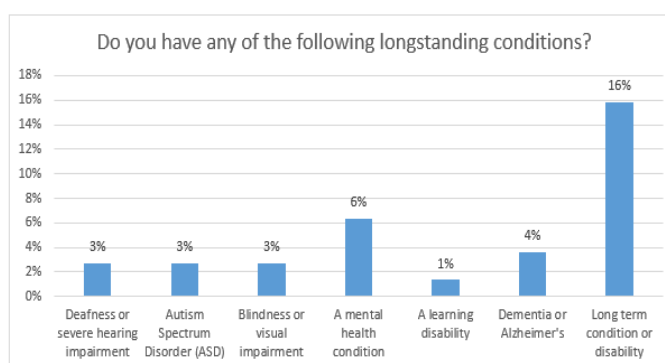
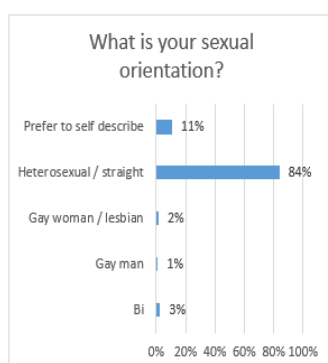
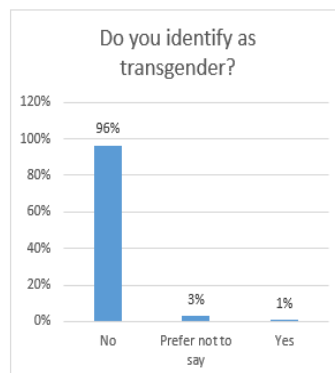
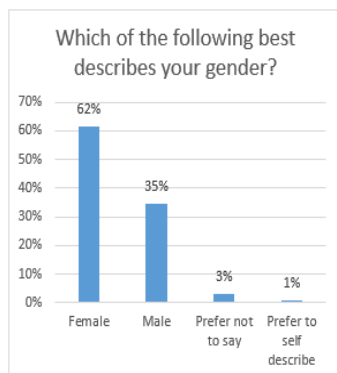
239

Full time working weeks

5.0 Equality Monitoring

5.1 Patient Experience

Patient experience feedback methods, including FFT and Mystery patients, collect optional demographic information. The below charts illustrate the received equality monitoring from those opting to participate.



5.2 Complaints and Concerns

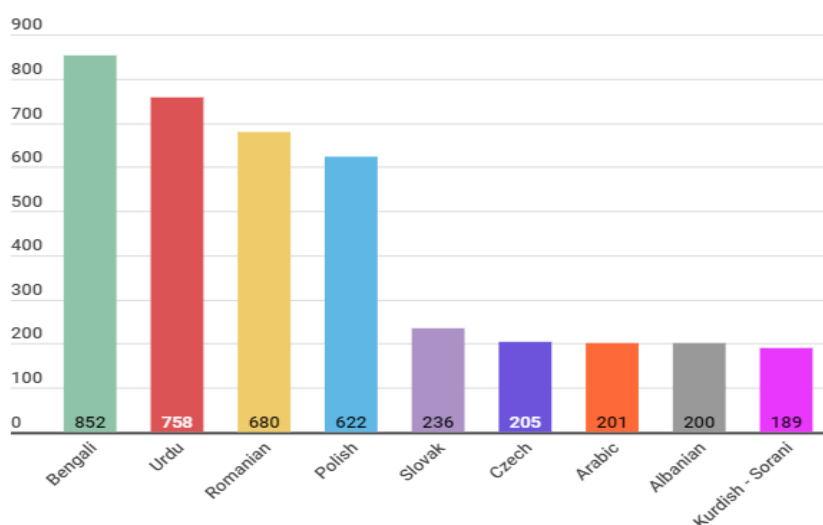
An equality monitoring form is in place and is issued at the point of acknowledgement of a written complaint with 6% (22) returned in 2021/2022.

- Ethnicity: 50% of respondents identified themselves as White British, 13.6% Bangladeshi, 9% Caribbean, 9% Irish, 4.5% African, 4.5% Pakistani, 4.5% Other Mixed and 4.5% White and Black African.
- Age: 41% were aged 25-49, 22.7% 18-24, 18.1% 50 to 64, 9% 65-74, 4.5% 75-84 and 4.5% 85 years or over.
- Religion or belief: 40.9% Christianity, 36.3% no-religion, 9% Islam, 9% prefer not to say and 4.5% Buddhism.
- Sexual Orientation: 77.2% Heterosexual, 9% Homosexual/Gay Woman, 4.5% Bisexual, 4.5% Prefer to self-describe, 4.5% Prefer not to say.
- Gender: Male 54.5%, Female 36.3%, 9% prefer not to say.
- Gender re-assignment: 95.4% No, 4.5% prefer not to say
- Relationship status: 36.3% Married, 18.18% Single, 18.18% Living with partner, 13.6% Widowed, 9% Divorced and 4.5% Separated.
- Pregnancy: 95.4% were not pregnant at time of making a complaint, 4.5% were.
- 95.4% of patients do not consider themselves to have a longstanding condition, 18.1% of patients do and 13.6% prefer not to say.

5.2 Interpreting and Translation

Our usage of the interpreting and translation services provided by Word 360 has increased. In 2021/2022, 8432 bookings were confirmed, which is an increase of 2226 in comparison to 2020/2021 (6206). When comparing the total number of bookings (including cancellations), 50.6% of bookings were for telephone interpreters, with 48.9% being face to face bookings and 0.6% taking place via video. The number of video bookings is expected to increase with the introduction on the updated Wordskii app, which is expected by June 2022.

Top Languages



6.0 Achievements against priorities

6.1 Key achievements against the 2021/2022 priorities are:

Priority	Progress
Pilot the implementation of the National Complaints Framework	Early adopter status confirmed. The Model Complaints Handling procedure has been adopted. Self-assessment has been completed and actions against identified gaps progressed. E-learning module produced in collaboration with RWT. Timeframe compliance matched against new standards and response templates updated and in place.
Complete the Patient experience self-assessment framework. Delayed in 2020-2021 due to the pandemic.	Partial completion. Outstanding areas of assessment picked up as priority improvement areas for the 2022/2023 year including the production of a Patient Experience Strategy with RWT.
Raising the profile of unpaid carers.	Carer's passport soft launched and in place. Business case for carers coordinator submitted.
Volunteering recovery plan	Volunteer Policy refreshed updated and approved. New volunteer role profiles in place. Partnerships developed including Manor Farm CA, Ryecroft, Juniper and ReACT. Volunteer base opened and business case for coordinator submitted.
Friends and Family Test (FFT) refresh	Reporting structure and hierarchy reviewed and amended. FFT in focus resulting in improved response rates. FFT dashboard initiated and shared with divisional leads. Patient Voice reporting in place and utilised by teams.

6.2 2022/2023 Priorities

Overview of key objectives for the forthcoming year 2022/23

- With our colleagues at RWT we will publish a Patient Experience Strategy for the years **2022-2025**
- As early adopters, with our colleagues at RWT we will continue to develop and implement the new PHSO Complaints Standards including e-learning training modules and tracking progress against each Trust's self-assessment
- We will introduce a PALS Chatbot – as a virtual web assistance for key queries
- Improvement Matters – we will shift some emphasis from measurement matters to improvement matters
- Patient Involvement – we will continue to recruit, engage, and involve patient partners in organisational decision making.
- We will provide new and varying voluntary opportunities for the public hosting community recruitment events and developing a process leading to employment for those who want it.