

Communication Walsall Manor Hospital Report



April 2021



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Abbreviations appearing in the report

WMH – Walsall Manor Hospital

GP – General Practitioner

CQC – Care Quality Commissioner

P.A.L.S. – Patients Advice & Liaison Service

Introduction

Healthwatch Walsall are the independent voice of the public in health and social care services in Walsall. We gather feedback from members of the public about their experiences of using health and social care services.

We use that feedback to work with service providers and commissioners to find ways of improving services for the public. One of the ways that we collect feedback is through carrying out a focused project around particular services, conditions or groups within the community.

Feedback that we received from members of the public about communication at Walsall Manor Hospital, formed the basis of this project. We wanted to take this opportunity to find out about people's experiences with communication at Walsall Manor Hospital, assess how patients feel about their experiences, and gather their ideas and concerns so that they can be represented to key stakeholders. [Part A](#)

In addition we looked back at our intelligence gathered and those service our service centre feedback website. Over the year from 1st April 2020 to 30th March 2021 to see what service user experiences were.

We also looked at our intelligence gathered over the year and other external sites for service user/relative feedback, including: NHS service user reviews, The Trusts own Facebook website [Part B](#)

WHO WE SPOKE TO



107 people completed our survey

30 people were involved in our focus groups

1% are 80 years +
25% are 65 - 79 years
40% are 50 - 64 years
28% are 25 - 49 years
3% are 18 - 24 years



71% Female

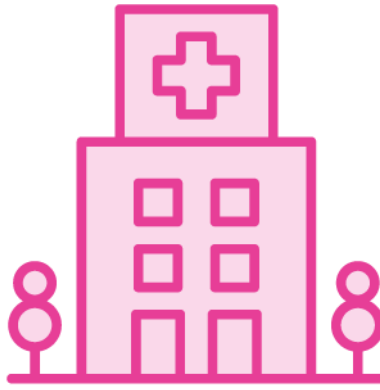
29% Male

5 people are carers

25% have a disability

57% have a long-term condition

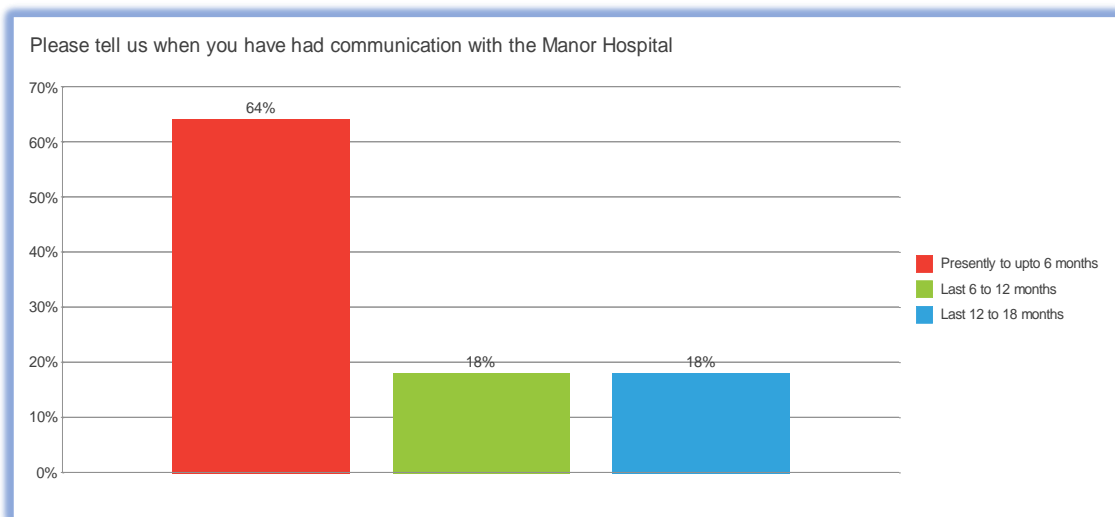




What we did part A

Due to the lockdown restrictions in place at the time of conducting this project we were not able to speak to people on a face-to-face basis, so the feedback was collected through 3 virtual focus groups using an online meeting platform, and an online survey.

Participants who were involved in the focus groups were asked 3 questions about their experiences of communication at Walsall Manor Hospital and allowed to speak freely. The survey was made up of 17 multiple-choice questions, and 12 open text questions that enabled respondents to expand on their responses.



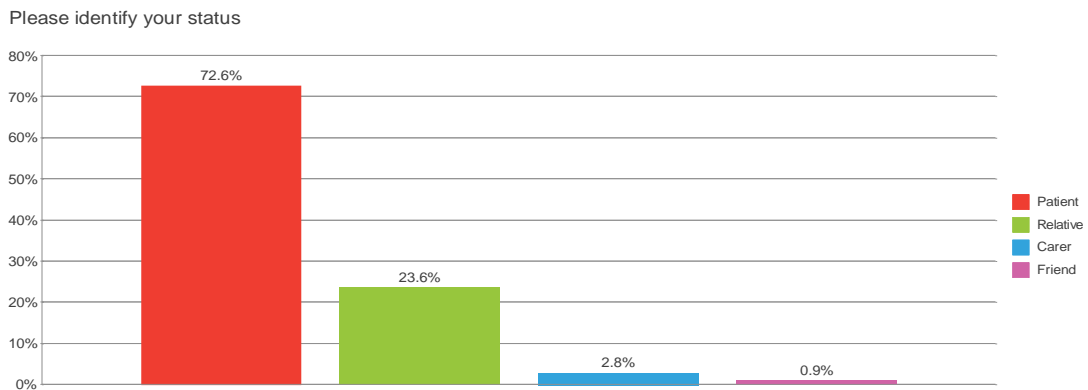
The feedback from the focus groups and the open text questions on the survey have been arranged into themes that identify commonalities from the range of participants.

Findings – Part A

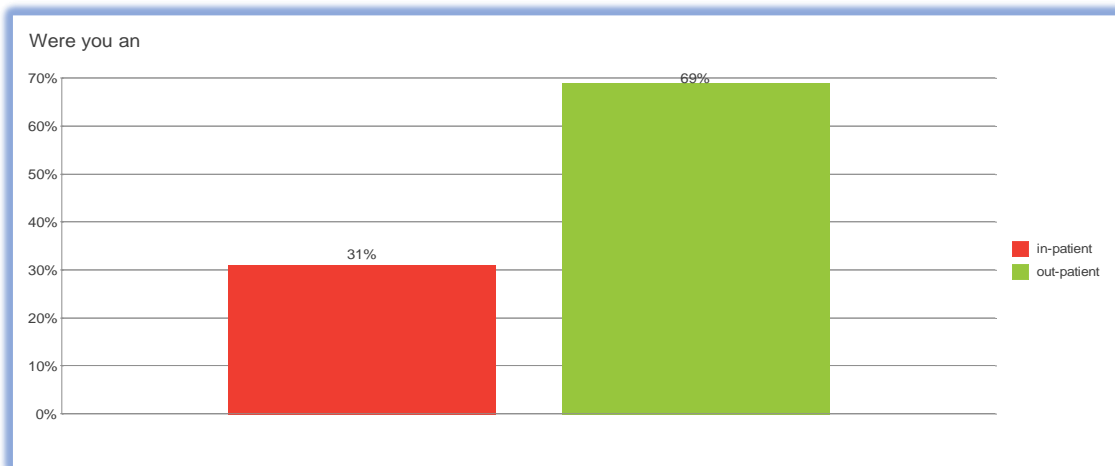
The online survey contained specific multiple-choice questions, many of which had an additional open text box to enable participants to clarify their responses, we received a total of 107 responses.

Participants were asked when they have had communication with WMH and 64% reported they have had communication with WMH within the last 6 months, 18% reported they have had communication in the last 6 – 12 months, and 18% reported they have had communication with WMH in the last 12 – 18 months.

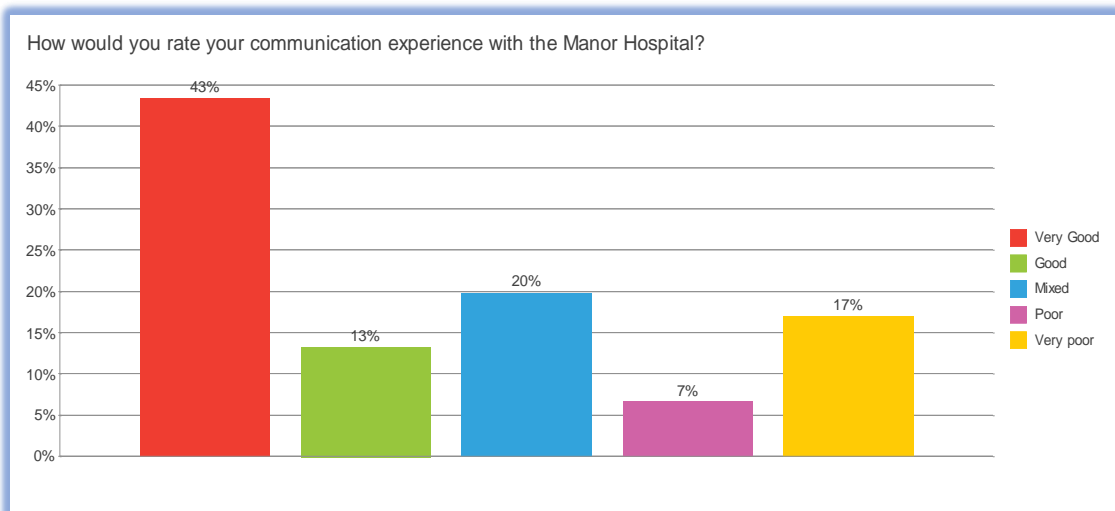
72.6% of participants identified themselves as a patient, 23.6% identified as a relative, 2.8% identified as a carer, and 0.9% identified as a friend.



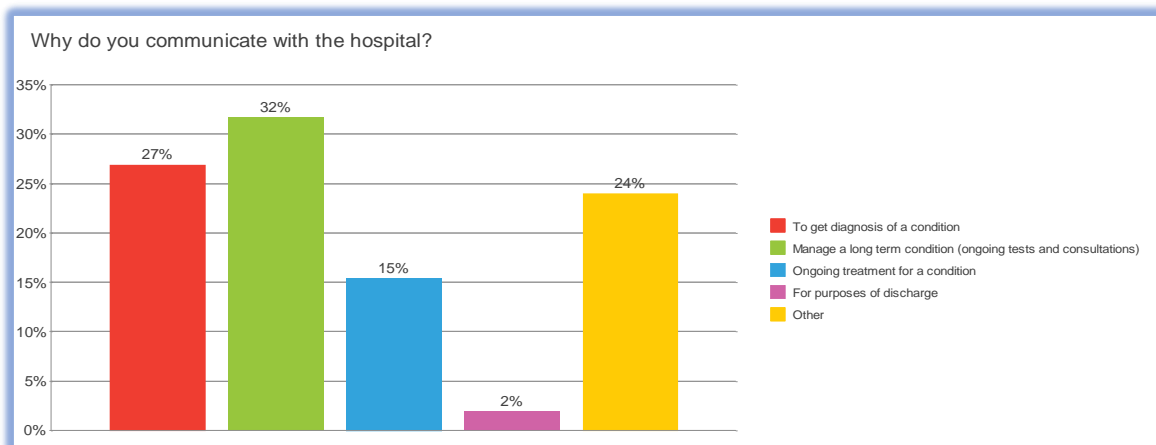
31% of participants stated they had been an inpatient, and 69% stated they had been an outpatient during this time.



When asked to rate their communication experience, 43% of participants reported it was very good, 13% reported it to have been good, 20% reported their communication experience to have been mixed, 7% reported their experience had been poor and 17% felt that their communication experience had been very poor.

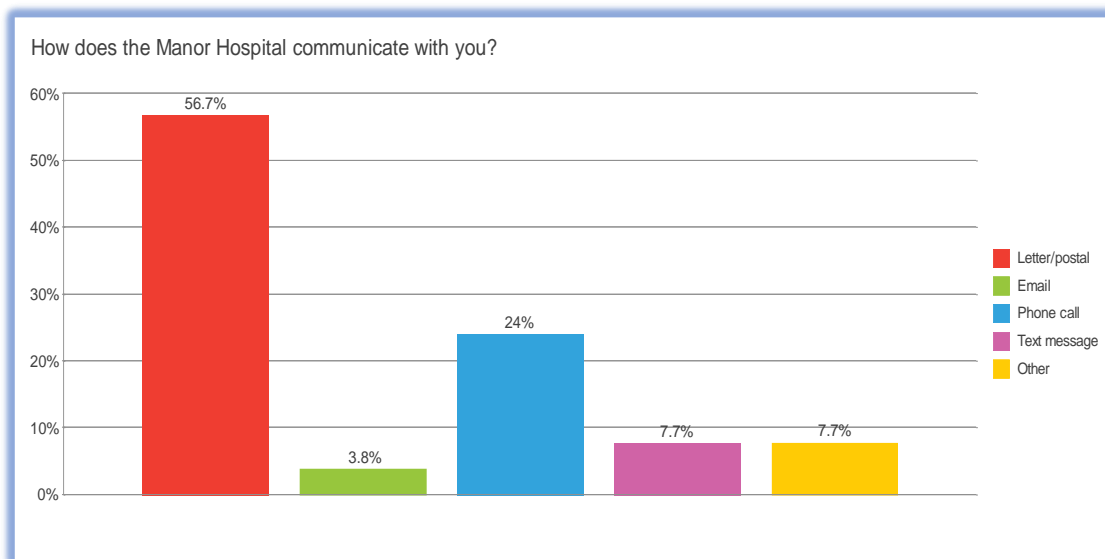


Participants were asked the reasons that they communicated with WMH and 27% stated it was to get diagnosis of a condition, 32% stated it was to manage a long-term condition, 15% stated it was for ongoing treatment for a condition, 2% reported it to be for purposes of discharge, and 24% stated it was for other reasons.



Participants who selected other to this question were asked to specify their reasons for communicating with WMH in an open text box, we received 44 comments in total that were grouped into 4 themes. 20.5% stated they had communicated about surgery, 6.7% reported they had communication for maternity purposes, 20.5% reported having contact for family support or information, and 52.3% stated they had communication with WMH for outpatient appointments.

When asked how WMH communicates with patients, 56.7% reported having contact by letter/post, 3.8% stated they had received an email, 34% reported having been contacted by phone, 7.7% stated they received a text message, and 7.7% reported they had been contacted by other means.



Respondents who selected other were asked to specify their response in an open text box. A total of 29 comments were received, these were analysed, and four themes emerged. 55.2% reported that they had been contacted by various methods, 24.1% reported they had to make the contact, 10.3% stated they had received no communication, and 10.3% stated they had face-to-face communication.

Respondents who indicated that they had been communicated with by various means reported only one method of communication that was not listed in the multiple-choice question, one respondent reported that they had been communicated with by 'online meeting'. Others who responded to this question wanted to

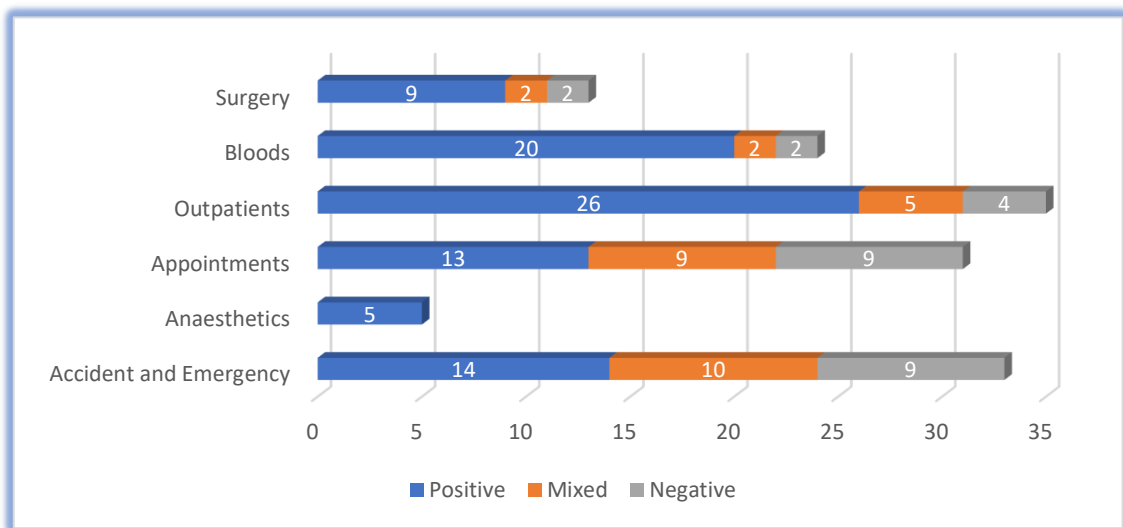
make it clear that WMH had used more than one method of communication. Participants reported that they had been contacted through a combination of methods including 'phone calls', 'text message', 'letters', and 'email'.

A number of respondents reported that they had not received the communication that they had expected from WMH and had therefore made contact with the relevant department themselves, one person stated that 'I have to contact them', another reported that they often 'end up ringing them for the promised follow up appointment' and another stated that in their experience 'they don't bother to contact you', and that 'you have to ring them and wait and wait to be answered'.

Other respondents stated that they had received no communication and had not followed this up themselves, one reported that they are 'still waiting for an urgent follow up consultation', and another saying simply that they are 'still waiting'.

Some participants reported having face-to-face communication with staff from WMH, one reported they had received communication from 'department staff face to face', and another said they had received information about a relative 'face to face from ward staff'.

Participants were asked to rate various departments at WMH in terms of the communication they had received from them, the results have been broken down into smaller data sets to ease interpretation and understanding.



33 respondents rated Accident and Emergency, 14 felt that communication was positive, 10 felt it was mixed, and 9 reported it to be negative.

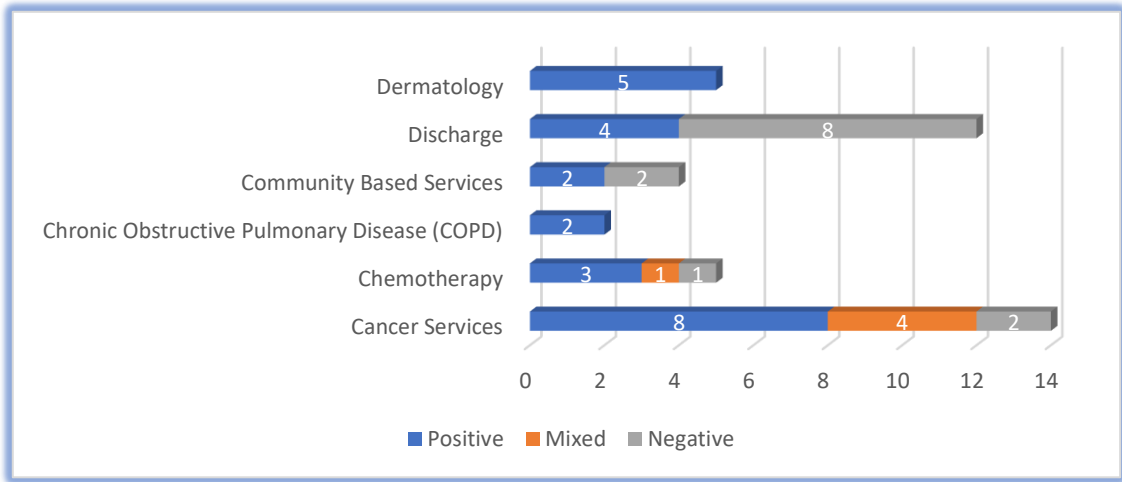
5 respondents rated anaesthetics and all of them found it to be positive in terms of communication.

31 people rated the communication around appointments, 13 found it to be positive, 9 had mixed views, and 9 found their experience to be negative.

35 patients rated the communication around outpatient services, 26 found them to have positive communication, 5 felt it was mixed, and 4 stated it was negative.

24 people rated communication around blood services, 20 people found it to have positive communication, 2 found it to be mixed, and 2 people found it to be negative.

13 people rated the communication around surgery, 9 people found it to have positive communication, 2 people stated it was mixed, and 2 people reported it to be negative.



14 people rated communication with cancer services, 8 people found it to be positive, 4 felt it was mixed, and 2 people stated it was negative.

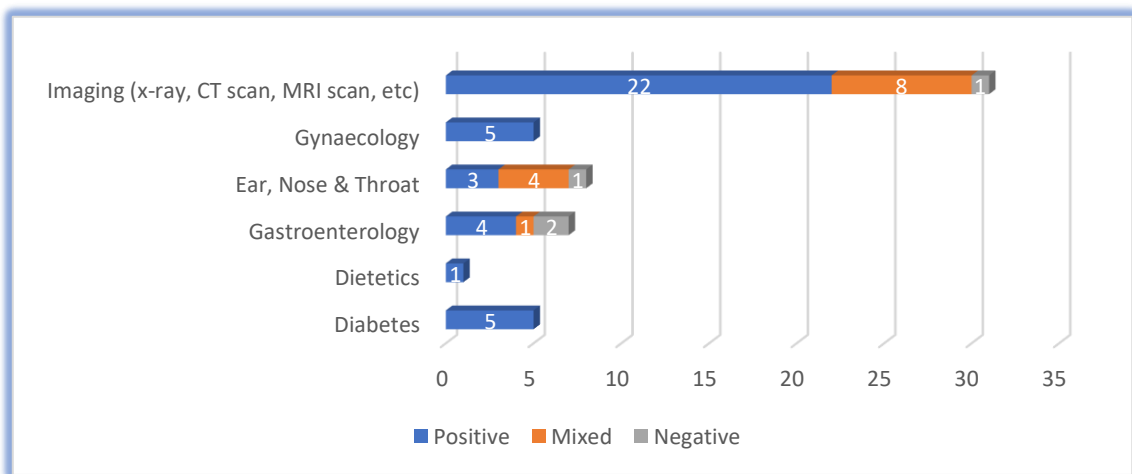
5 people rated the communication around chemotherapy, 3 people found it to be positive, 1 person felt it was mixed, and 1 person felt it was negative.

2 people rated communication around COPD services, and both of these found the communication to be positive.

4 people rated communication from community-based services, 2 people stated the communication was positive, and 2 people found it to be negative.

12 people rated communication around discharge, 4 people found the communication to be positive, and 8 people felt it was negative.

5 people rated communication around dermatology, and all of these found the communication to be positive.



5 people rated communication with diabetes services, and all of these found the communication to be positive.

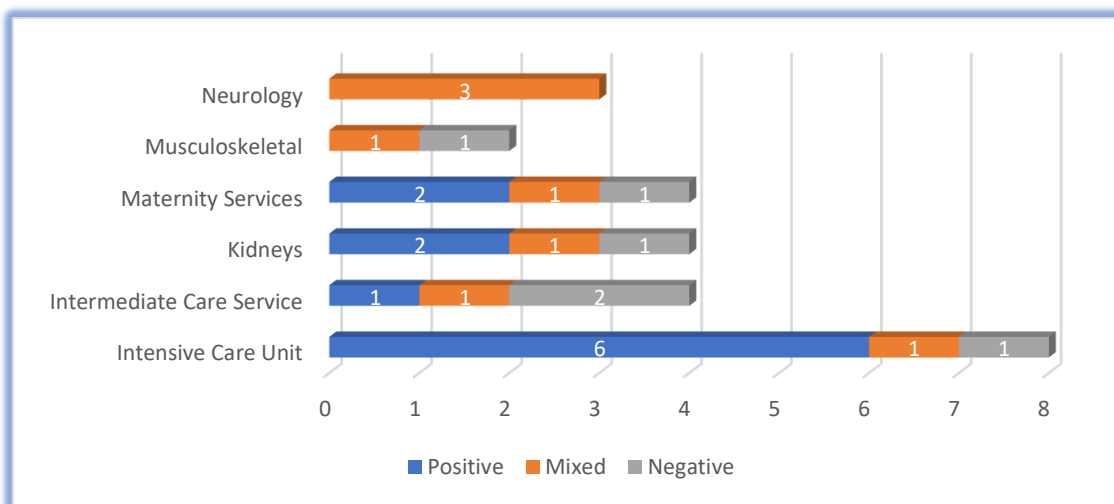
1 person rated communication with dietetic services, this person found the communication to be positive.

7 people rated communication with gastroenterology, 4 people found the communication to be positive, 1 person found it to be mixed, and 2 people felt it was negative.

8 people rated communication with the ear, nose and throat department, 3 people felt the communication was positive, 4 people found it to be mixed, and 1 person felt it was negative.

5 people rated communication with gynaecology services, all of these stated that the communication was positive.

31 people rated communication with imaging services, 22 people found the communication to be positive, 8 people felt it was mixed, and 1 person found it to be negative.



8 people rated communication with intensive care services, 6 people found the communication to be positive, 1 person felt it was mixed, and 1 person found it to be negative.

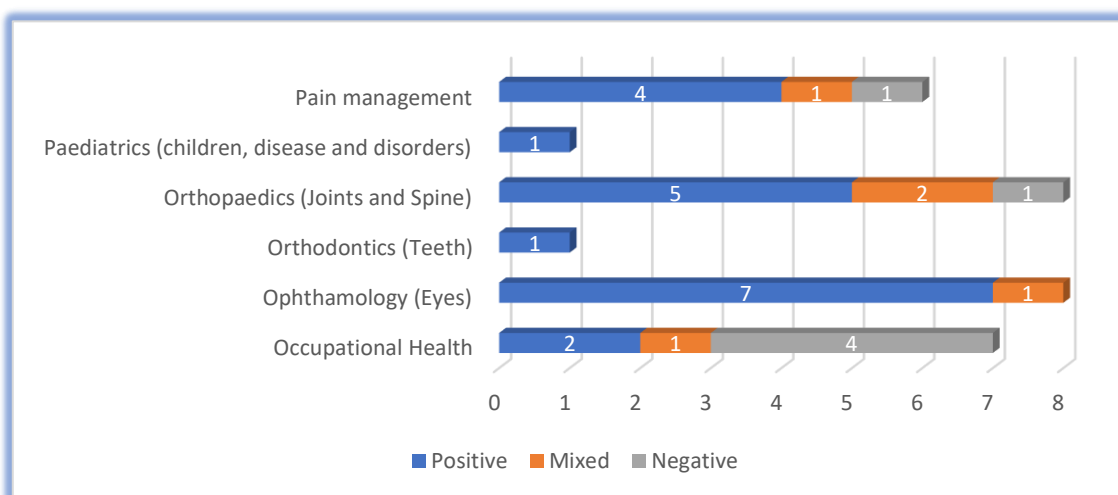
4 respondents rated communication with intermediate care services, 1 person found the communication to be positive, 1 person felt it was mixed, and 2 people felt it was negative.

4 people rated communication with kidney services, 2 people found the communication to be positive, 1 person found it to be mixed, and 1 person felt it was negative.

4 people rated communication with maternity services, 2 people found the communication to be positive, 1 person found it to be mixed, and 1 person felt it was negative.

2 respondents rated communication with musculoskeletal services, 1 person found the communication to be mixed, and 1 person felt it was negative.

3 people rated communication with neurology services, all of these found the communication to be mixed.



7 respondents rated communication with occupational health, 2 people felt the communication was positive, 1 person found it was mixed, and 4 people reported it to be negative.

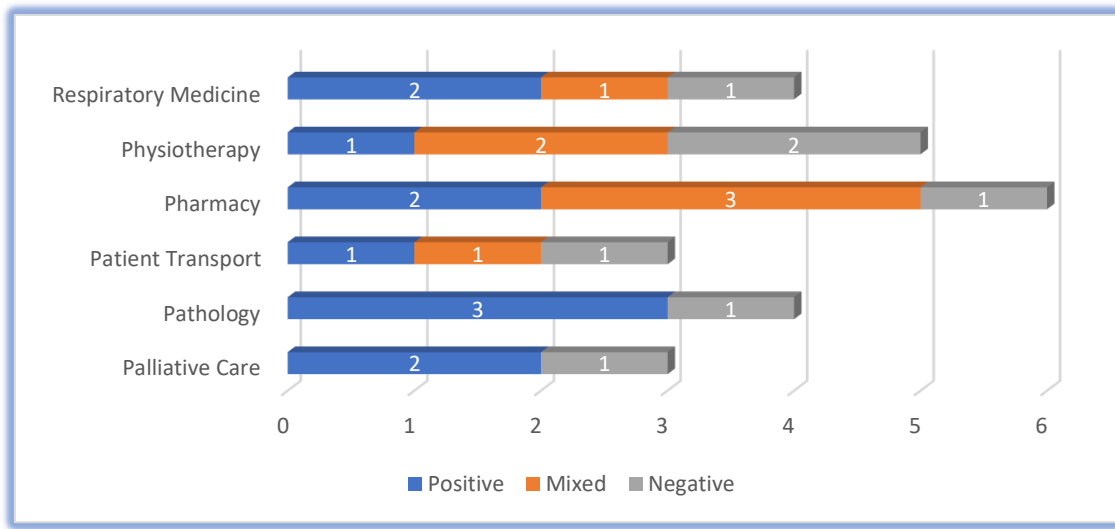
8 people rated communication with ophthalmology services, 7 people found the communication to be positive, and 1 person felt it was mixed.

1 person rated communication with orthodontics and this person found the communication positive.

8 respondents rated communication with orthopaedics, 5 people stated the communication was positive, 2 people felt it was mixed, and 1 person found it to be negative.

1 person rated communication with paediatrics who reported the communication as positive.

6 people rated communication with pain management, 4 people found the communication to be positive, 1 person felt it was mixed, and 1 person felt it was negative.



3 people rated communication with palliative care, 3 people found the communication to be positive, and 1 person felt it was negative.

4 respondents rated communication with pathology, 3 people found the communication to be positive, and 1 person felt that it was negative.

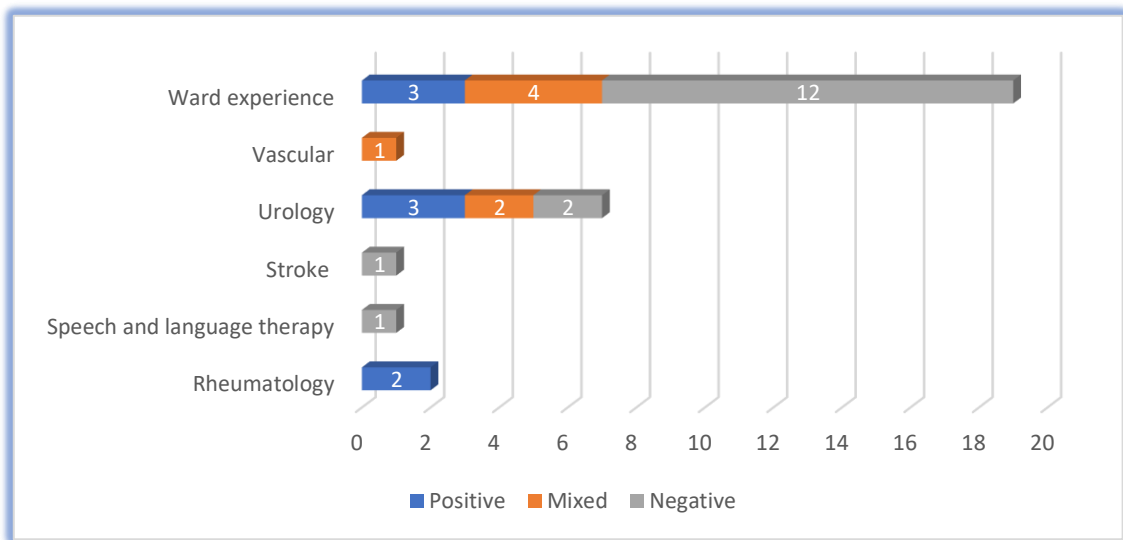
3 people rated communication with patient transport, 1 person stated the communication was positive, 1 person found it to be mixed, and 1 person felt it was negative.

6 people rated communication with pharmacy services, 2 people found the communication to be positive, 3 people felt it was mixed, and 1 person found it to be negative.

5 people rated communication with physiotherapy, 1 person found the communication to be positive, 2 people felt it was mixed, and 2 people stated it was negative.

4 people rated communication with respiratory medicine, 2 people found the communication to be positive, 1 person felt it was mixed, and 1 person felt it was negative.





2 people rated communication with rheumatology, and both of these reported it to be positive.

1 person rated communication with speech and language therapy, this person felt the communication was negative.

1 person rated communication with stroke services this person stated the communication was negative.

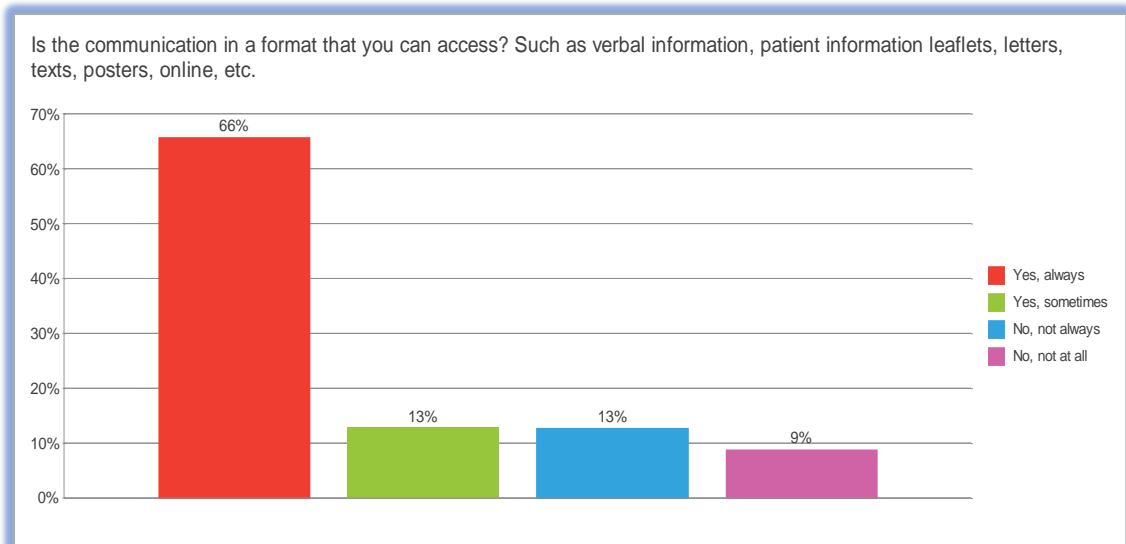
7 people rated communication with urology services, 3 people found the communication to be positive, 2 people found it to be mixed, and 2 people felt it was negative.

1 person rated communication with vascular services, this person felt the communication was good.

19 respondents rated communication with ward-based services, 3 people found communication to be positive, 4 people felt it was mixed, and 12 people reported it to be negative.

An open text box was added for respondents to add any services or conditions that are not listed in the rating question, respondents did not however rate the communication that they had with these departments or services. 10 different services were identified, these can be found in the word cloud below.





Participants were asked if the communication they receive, such as verbal information, leaflets, letters, patient information, texts, posters, online, etc, in a format that they can access. 66% selected always, 13% selected sometimes, 13% selected not always, and 9% selected not at all.

When asked to explain their response in an open text box, participants discussed various methods of communication and 6 themes emerged from the feedback.

When discussing telephone communication one person stated it is 'impossible to speak to staff because phones not answered', another reported that 'no one answered the ward phone on numerous occasions', and someone else felt that 'when they do answer they are not able to give clear updates on our family member'.

Feedback about text messages was positive, one person reported that they can 'access text messages easily', and the second person stated they had 'rearranged an appointment by text'.

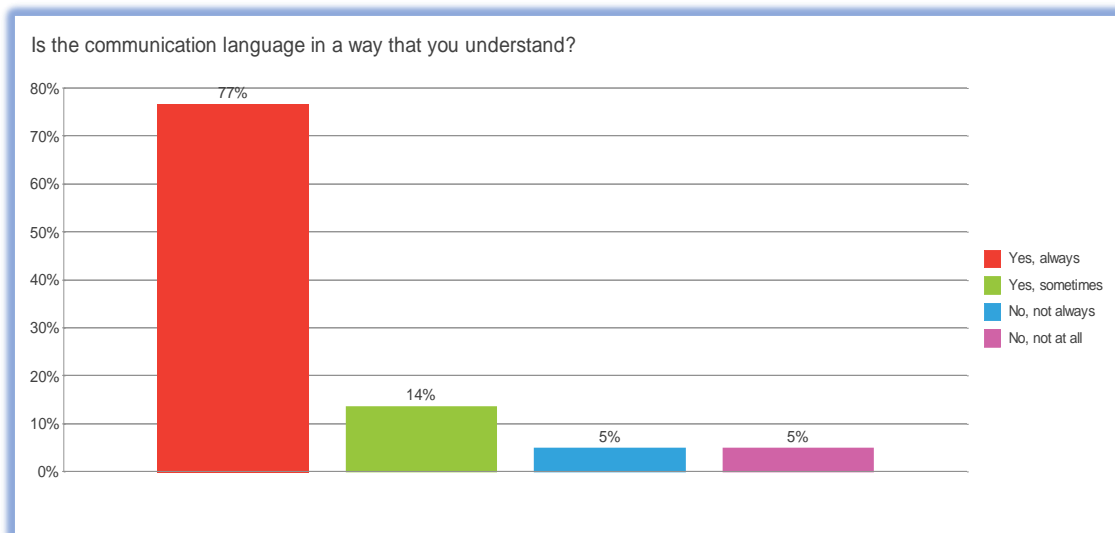
One participant who referenced staff communication reported they feel that 'the IT system has poorly trained staff managing it', another stated that they felt that they were 'treated like we didn't exist, lied to and never valued our opinions', while another stated they are 'profoundly deaf, and not a single member of staff made any effort to be non-verbal'.

When discussing email or apps, one participant stated that they 'cannot find relevant information on apps and not made aware when appointments have been made for me' and the second person reported 'I use email to access hearing aid support without any problem'.

Participants who discussed communication through letters reported that they had 'excellent written correspondence regarding appointment and diagnosis', that they 'always receive a letter for appointments', and have 'very good communication by letter'.

Those who discussed leaflets and documents stated they had 'good clear information given when at hospital appointment' that there is 'excellent information on notice boards throughout the hospital' and that they were 'given several leaflets explaining the condition'. One person however, reported that they are 'never able to get any leaflets'.

When asked if the communication that participants had received from WMH was in a language and format that could be understood, 77% reported that it always is, 14% felt that it sometimes is, 5% felt it is not always, and 5% reported that the communication was not at all understandable.



Respondents were asked to explain their responses in an open text box 6 themes emerged from the data.

When discussing clear and understandable communication, one person stated there was 'clear explanation of next steps, tests given and subsequent results', another stated that communication is 'straight and to the point', and another reported simply that communication is 'clear and understandable'.

The 2 people who discussed sensory impairment both referenced hearing impairments, one stated that 'staff can be very hard to understand as I am elderly and hard of hearing' and the second reported that verbal communication is difficult to access as they are 'deaf and I can't hear people talking'. There was some feedback from the focus groups in relation to communication with people who were hearing impaired with one participant speaking saying that 'adaptations need to be made to the standard written appointment letter for BSL communicators'. They also commented that there needed to be changes made for 'the visually impaired'; whilst another participant commented that 'communication about appointments should be in a number of formats- letters for speakers of other languages, sensory impairments, etc.'

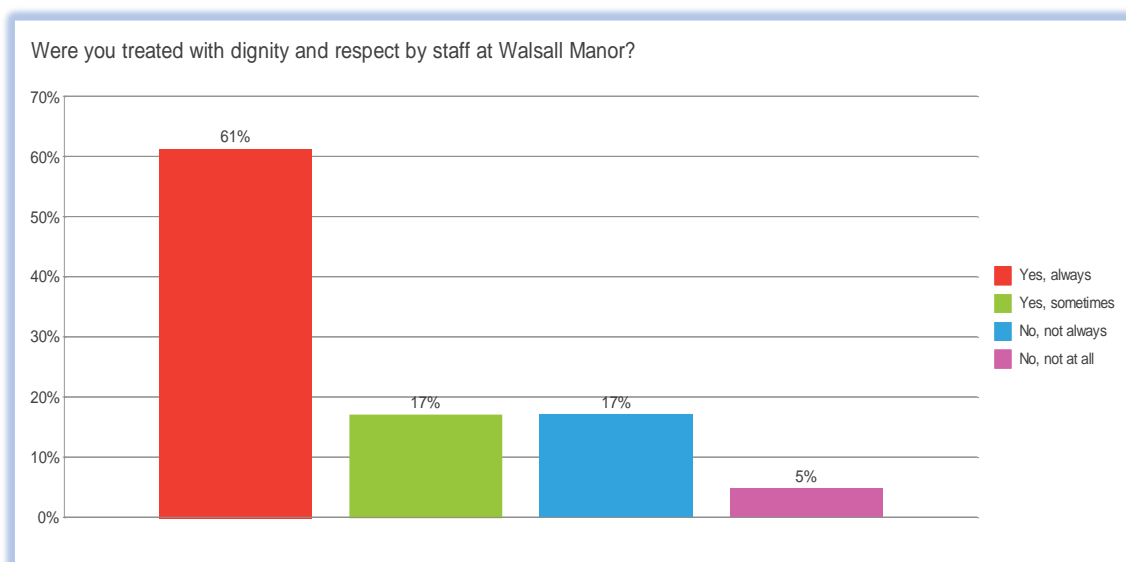
When discussing conflicting advice or information one person stated that they had received 'conflicting information from various staff members', and another reported that 'they sometimes send confusing letters saying it is a physical appointment with a sticker saying it is a telephone appointment'. Participants in the focus groups also commented on there being some confusion about outpatients' appointments since the Covid 19 restrictions were in place with one commenting that 'WMH are confusing patients as some appointments or clinics are running whilst others aren't.'

Medical terminology was referenced by some participants, one stated that 'sometimes they use initials or jargon so I have to google them', and another requested the use of 'plain English'. Participants in the focus groups also spoke about the use of medical terminology or jargon when staff were speaking to family or friends of patients. One participant commented that 'families don't understand the terminology used by staff at WMH, we should be communicated with in terms we understand'; whilst another said that 'staff on the wards should use less technicalities when speaking to patients and families, we don't know what a lot of the terms mean.'

When discussing written communication one person stated it is 'always clear and written well', but another stated they had received 'no information' in their written correspondence.

Feedback about verbal communication was mixed, one person reported it is 'always very good communication', whilst others stated that 'staff need to have listening skills improved', and that there was 'no one to speak to on numerous occasions'.

Participants were asked if they were treated with dignity and respect by staff at WMH and 61% of participants selected always, 17% of participants selected sometimes, 17% of participants selected not always, and 5% of participants selected not at all.



Respondents were asked to explain their response in an open text box, from these comments emerged themes.

Participants who referenced staff attitude were mixed in their sentiment, one person reported that they had experienced 'very helpful staff', another found the staff to have a 'pleasant manner', and another reported that the 'staff are unfailingly brilliant, even under very difficult circumstances'. Other participants felt that some staff have a 'rude attitude', one stated that the 'consultant was not friendly', another felt that staff 'made me feel unimportant and were very brusque', and one had experienced 'hostile receptionists'.

People who discussed treatment were again mixed in their sentiment, one reported that they were 'offered privacy and a safe place to wait upon arrival', another stated that they were 'treated with dignity when procedures were carried out to ensure I felt safe', and another reported that 'intensive care staff were wonderful'. Other participants reported that they were 'never communicated with properly didn't receive what I asked for during my treatment', that 'general wards are not so caring' and staff were 'not responsive to any of my needs' during their care.

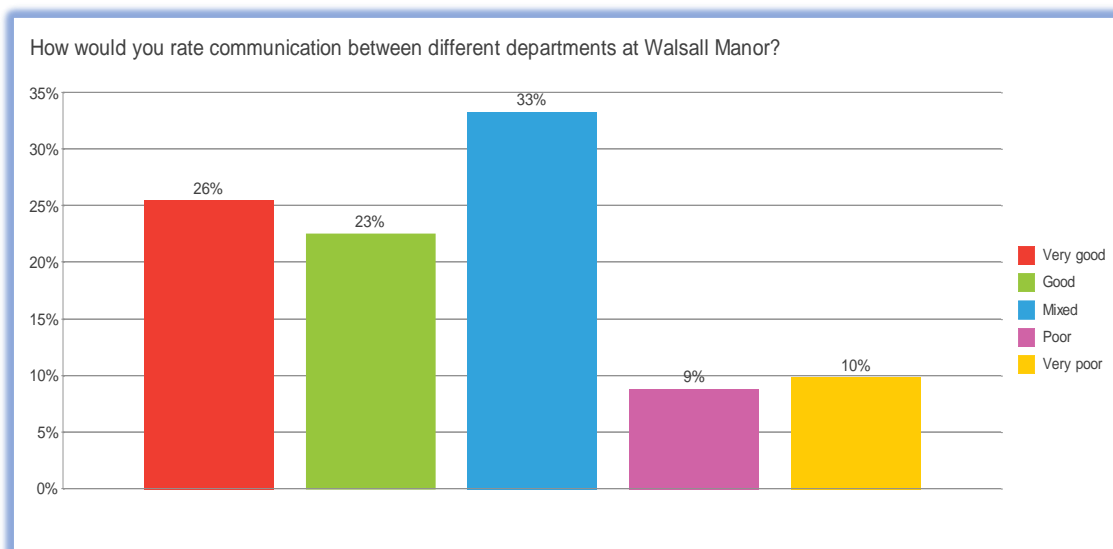
Comments about waiting times were both negative, one person reported that they were 'kept waiting for over an hour by consultant' and the other stated that they were 'in A&E 10 hrs waiting for a bed then taken to a ward to find no bed in the cubicle'.

When discussing empathy and understanding one participant reported that they are 'deaf, there is no dignity in staff just shouting at me', another felt that 'the ward said dementia friendly but staff didn't seem to understand mum's needs', and another stated that sometimes staff 'display no empathy'. In contrast one participant stated that they have 'very personal problems but I am always put at ease'.

People who discussed patient-centred care were mixed in their sentiment, one participant felt that 'my concerns were important to all those who treated me', whilst another stated that they 'sometimes feel that my symptoms aren't taken seriously'.

When discussing family support one participant stated that 'not everyone was as respectful as they should be towards relatives', and another reported that 'I was given a dismissive answer to my enquiry'.

When participants were asked to rate communication between departments at WMH 26% reported that it was very good, 23% reported that it was good, 33% reported that communication had been mixed, 9% reported that it was poor, and 10% stated it was very poor.



Participants were asked to explain their answers; comments were analysed to identify common topics and 4 themes arose from the data.

Some respondents who discussed care information reported that in their experience WMH 'departments do not effectively pass patient information across', that ward staff have 'either poor communication or they don't read the notes', or that they were 'sent to one department and have to wait 30 mins for details to be sent over'.

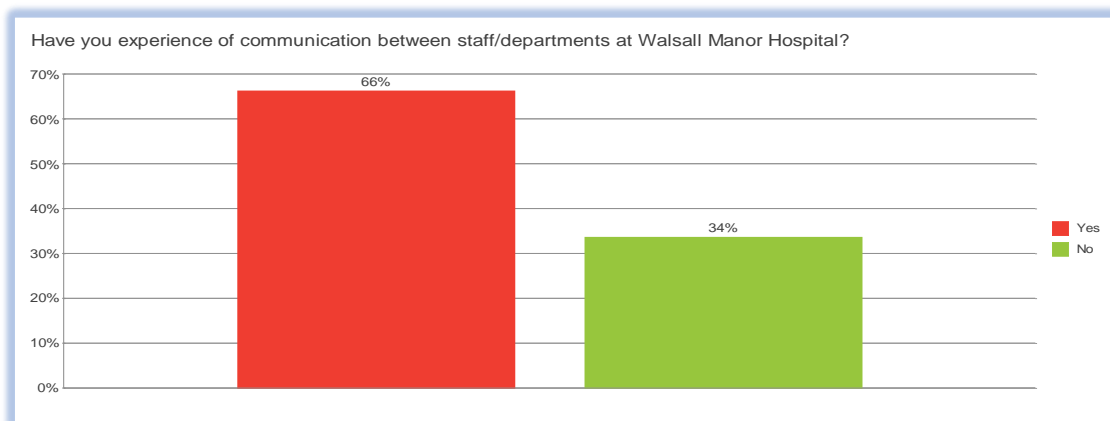
Other people stated that 'all communication was great', that 'there is an adequate exchange of communication and details' and that they 'knew exactly what was happening'.

Respondents who discussed appointments reported that they were sometimes 'a little bit confused to where you are going but get there in the end', or that communication is 'not always concise but get there eventually', others felt that the communication received ensured that they were 'directed very quickly' and that the 'paediatric diabetes team have gone above and beyond to continue their excellent communication through Covid restrictions'.

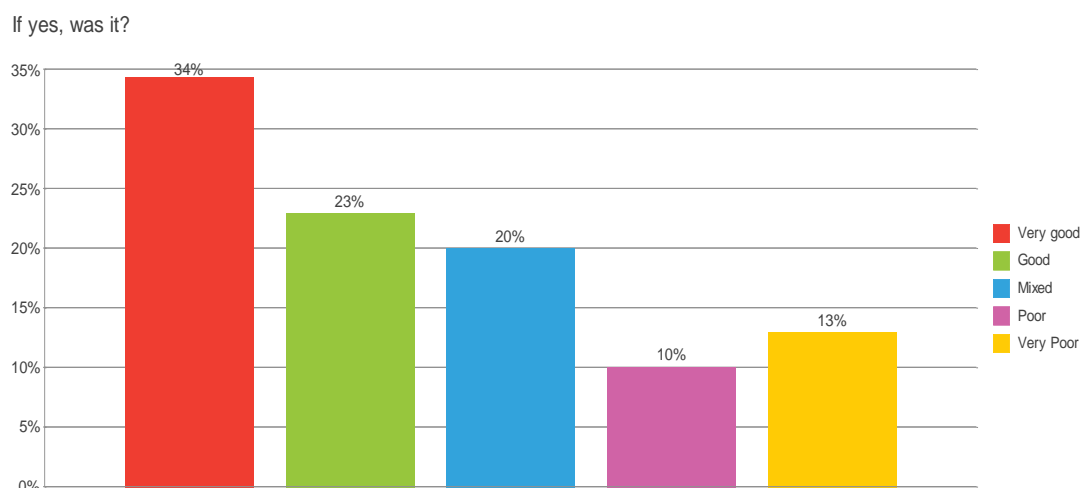
Respondents who discussed multi-disciplinary working had mixed views about the communication between departments, one person reported that they 'asked on numerous occasions while on a general ward to refer me to another department, not once did they help', another reported that 'mostly communication is very good, however occasionally it goes wrong' and another stated that 'when it goes wrong it's usually cleared up fairly easily, it's just a question of getting the right person'.

The respondents who discussed test results stated that 'upon discharge positive covid test information was not shared' whilst the second stated that 'once put into the system I have no problems getting blood test results etc'.

When asked if they have experience of communication between staff or departments, 66% of respondents selected **yes**, and 34% selected **no**.



When asked to rate their experience, 34% of respondents stated the communication between staff or departments was very good, 23% stated it was good, 20% reported it to be mixed, 10% felt it was poor, and 13% found it to be very poor.

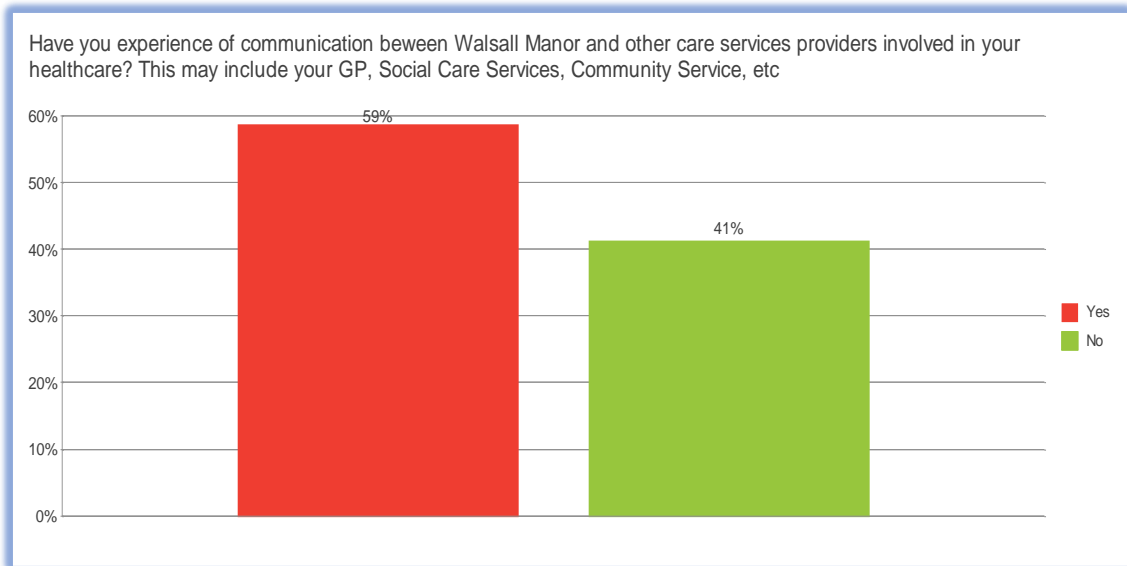


We received 13 comments when respondents were asked to explain their response to the previous 2 questions. There were no common themes between the participants due to the low number of responses, therefore comments have been grouped into positive and negative, 8 comments were negative, and 5 comments were positive about communication between staff or departments.

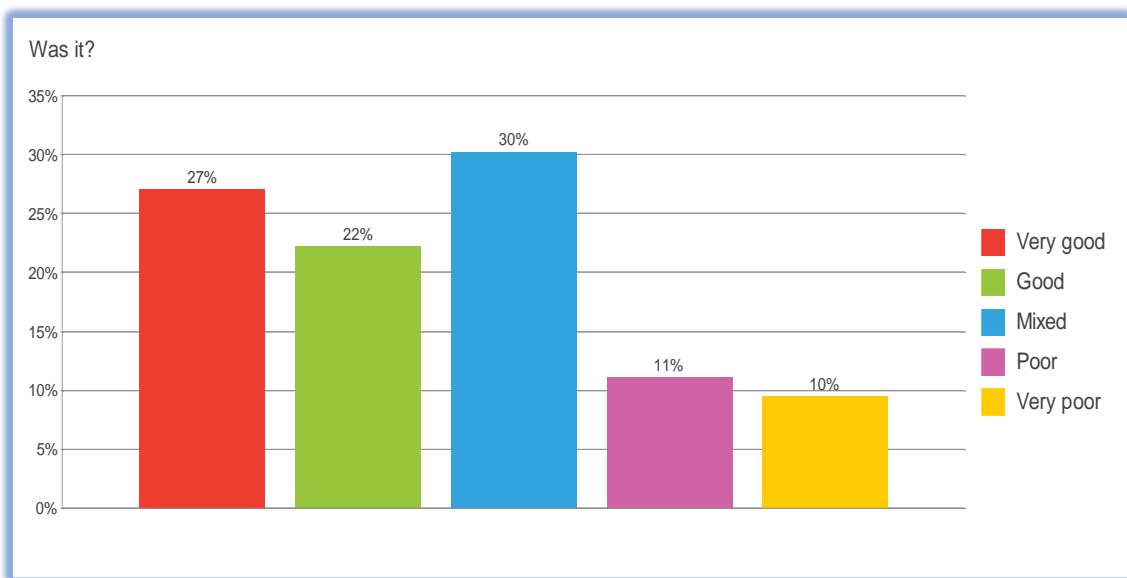
Respondents who discussed negative experiences reported that 'communication between departments is just not happening', that 'paperwork seemed to get lost in moving about', and 'very poor communication skills'.

Respondents who discussed positive experiences reported that 'departments liaised each other, this was done quickly and efficiently', that 'communication between staff is excellent', and one respondent stated that they 'cannot fault the care and compassion shown, it will never be forgotten'.

Participants were asked if they had experience of communication between WMH and other care service providers, 59% reported that they had, and 41% reported that they had not.



Those who indicated they had experience of communication between WMH and other care service providers were asked to rate their experience, 27% of respondents reported the communication to be very good, 22% reported it to be good, 30% stated their experience was mixed, 11% reported it to be poor, and 10% stated the communication was very poor.



Respondents were next asked to explain their responses to the previous question. We found 4 themes arising from the feedback. These related to maternity, primary care, referrals and aftercare.

One of the respondents who discussed maternity services reported that there was ‘[miscommunication on appointments and referrals by the midwife for additional urgent scans](#)’, another stated that ‘[communication between midwives and health visitors was poor](#)’, and another reported that the ‘[midwife couldn't get through to FAU on the phone when wanting to refer me due to complications](#)’.

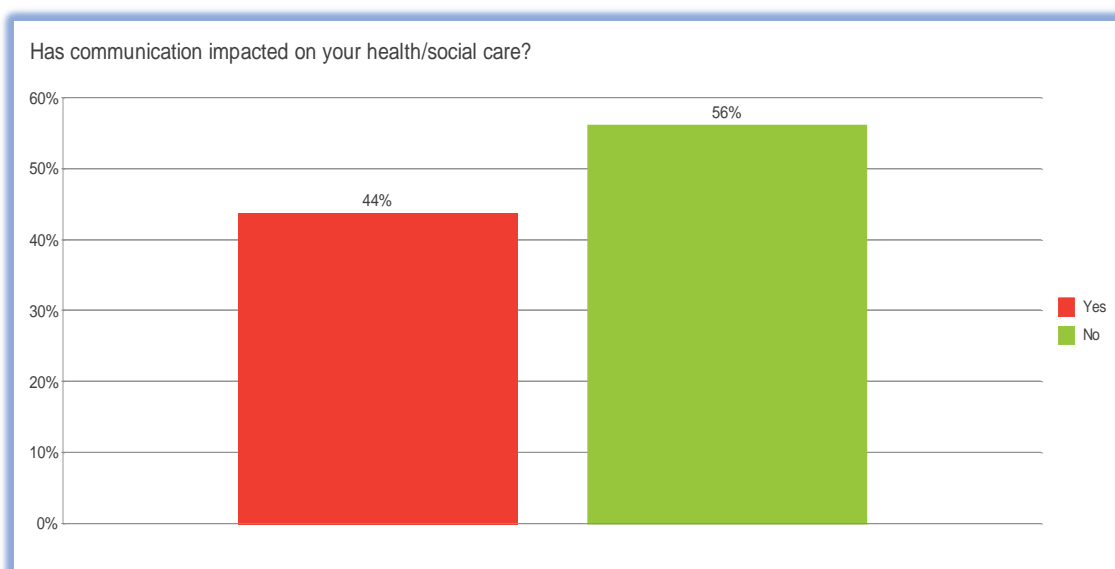
When discussing GP services one participant told us that that their ‘[GP was informed by WMH that we failed to attend despite us asking for a rescheduled appointment](#)’, and another reported that ‘[communication between WMH and my GP could be a lot better](#)’, in contrast another participant stated that ‘[a request for an appointment was requested by GP and this was quickly arranged](#)’. In addition to the comments from the survey respondents, communication with primary care was also discussed by participants in the focus groups. One participant said that ‘[A&E and Urgent Care do not feedback to primary care providers](#)’ and

another commented that ‘communication between GP’s and WMH is now very fractured, phone calls are often returned by a text message that doesn’t resolve the issue.’

When discussing referrals one respondent told us that they had a ‘referral made despite situation with Covid’, another told us their referral was processed in way that was ‘fast and friendly’, another told us ‘111 and WMH do not communicate with each other well’, and someone else reported that it can ‘sometimes take a couple of days for different services to catch up with each other’.

One person who discussed aftercare reported that ‘some services failed to follow up as promised’, another told us they had ‘no physio provided after a hip replacement’, and another reported ‘no information passed between agencies successfully’.

Participants were asked if communication had impacted on their health or social care and 44% of respondents reported that it had, and 56% reported it had not.



Participants were asked to explain their response to the previous question and 5 themes arose from the data.

One participant who discussed mental health told us that they ‘have experienced very high levels of stress and anxiety because of repeated failures to pass information on’, another reported that they were ‘allowed to be severely stressed by the misinformation given to me’, and another told us ‘our mental health has been

When discussing referrals one person told us of dealing with the ‘frustration of being passed from one section to another and not getting anywhere’, and another told us ‘the community midwives referred me for an urgent growth scan but the hospital didn’t contact me’.

One participant who discussed appointments told us they had received no communication about an upcoming ‘podiatry appointment’, and another told us they had to spend ‘added time to chase things up due to lack of communication’.

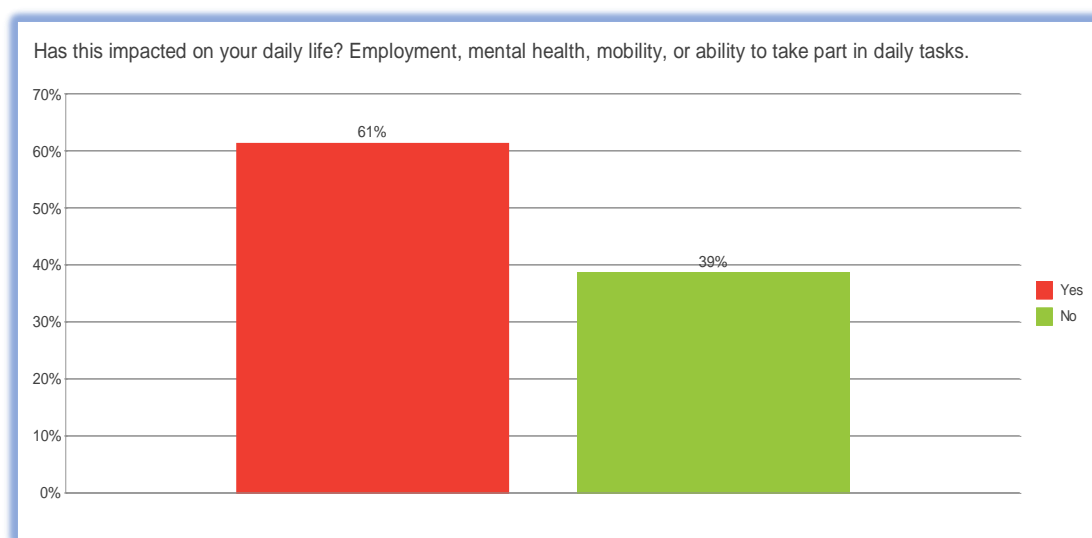
When discussing discharge or aftercare one person told us that there was ‘no care in place for family member on discharge’, another told us their ‘reablement back to independence was delayed due to no medical support or physiotherapy’, and another reported they were given ‘no information on injuries or care on discharge’.

Communication around discharge was also raised by participants in the focus groups with one person saying that ‘there is a breakdown of communication with relatives who are for someone at home, the family are not communicated with about the discharge or about how to care for them best when they are discharged.’

Another said that ‘when patients are discharged to a care home, we often have to involve the GP to get all of the missing information to provide care to the resident’ and another felt that ‘patients are often discharged without the information that they need e.g. medication, aftercare, etc.’

When discussing treatment one respondent told us that they were ‘late in receiving treatment’ due to problems with communication, another told us they were ‘left unsure of how/what treatment would be delivered and by whom’, and another reported that staff at WMH ‘just did not look after me as I thought they would’. In contrast other respondents told us that staff ‘always let me know that they were there to help and what was happening’, that during treatment staff ‘put my mind at rest as was all clear’, and that ‘symptoms were quickly diagnosed and remedied’.

Of those that reported there had been an impact on their health and social care, 61% reported this had an impact on their daily life, 39% reported it had not.



Participants were asked to explain their responses to the previous question in an open text box and 4 themes emerged.

One participant who discussed mental health told us that their ‘mental health has really deteriorated’, someone else told us they had experienced ‘stress’ as they ‘have had to spend hours on the phone’ and another told us that ‘it has caused mental distress’. In contrast, one participant reported that ‘good access to the paediatric diabetes team has helped and impacts positively on our mental health’.

When discussing physical health one respondent reported that they suffer ‘physical pain’, and another told us that their ‘physical wellbeing’ has been affected.

When discussing mobility or independence one participant told us that they are ‘no longer able to function independently and have to live downstairs at my home’, another told us they ‘have mobility problems and have found that home aftercare is non-existent’, and another told us they have ‘not been able to get physio for 3 months’.

One participant who discussed employment told us that they had been ‘signed off from work’ and the other reported that they are ‘unable to work’.

The final question asked participants what, if anything they would change about communication at WMH that would make the patient experience more effective, and 6 themes emerged from the analysis.

When discussing patient notes one respondent suggested 'that all patient information is linked so all depts and hospitals can access them', another felt that it would help if 'people read the notes and doctors' advice', a third thought there should be 'quicker communications with GP', and someone else felt that it is important to 'put it in the patient notes if the person has language or communication issues'.

There were also comments about patient notes and information sharing between departments in the focus groups. One

participant said that they 'care for my disabled son and have a health passport for him, the hospital staff are ignoring these or using them inconsistently, this is vital information that is being ignored.'

Another also commented on health passports saying that 'the hospital passport has been in place for years, but staff don't take notice of it.' Another participant commented that they have been 'thinking about getting my Mum a t-shirt with all of her information on it so that she can wear it on the ward and maybe it wouldn't be ignored.' Another suggested that 'a patient factsheet on the bed would fill a lot of gaps in information that aren't met by any process at the moment.'

When discussing email or digital communication one respondent told us that they would like to receive regular 'digital updates' about their care and treatment, another felt that 'email would speed things up', and another respondent suggested that 'a WMH app' could be 'a go to for information for smart phones'.

One participant who discussed phone or text communication told us that an 'improved access to appointments department' would be beneficial as there are 'some lengthy telephone waits to change inconvenient appointment times', another felt it would help families if there was 'one point of contact to answer phone calls so the family get some continuity', another felt that 'a text the day before with the time and room number of the appointment' would help patients to attend their appointments on time, and several people suggested that it would be much better for patients if staff 'answer the phone quicker'.

When discussing letters one participant stated that 'all the letters received should be in the same format' as this would help patients to 'find the information without reading over several times', and another person stated 'it would be so helpful if they got letter sent out in a timely manner' so as 'to avoid missed appointments'.

When discussing face-to-face appointments one person stressed the importance of 'listening to the patient' and having 'awareness and understanding of how important it is a patient understands your questions, so they give the correct answers', another person emphasised the need for 'doctors with the time to communicate with patients'.

Families were discussed in terms of the need for staff to have an understanding of the 'holistic nature of care including family and their wishes', another felt that 'staff need to be more open and honest and trust what relatives are telling them', and another suggested it would be of great benefit to patients and families if staff 'include relatives of dementia patients as far as possible in the treatment and care' of their loved one.

Volunteers

There was some discussion at the focus groups amongst participants who were hospital (WMH) volunteers or members of patients' groups about how they were communicated with rather than in relation to patient care and that communication.

One participant said that 'WMH have not communicated fully with the volunteers about the new changes that are coming into effect'. There was a comment that 'communication with the various patient groups has gone by the wayside now, we used to meet every 6 weeks but we don't meet any more.'

Conclusions – Part A

- Feedback between WMH and other care service providers majority mixed
- Feedback between WMH and GP majority mixed
- Patient information cards or health passports are not being regarded/used by staff
- Clarity around what services are operating and what aren't is needed
- Communication for people with sensory impairments can be improved
- Discharge plans are not always communicated with families or care providers
- Care needs not specified, medication and aftercare not available
- Communication with volunteer and patient groups not happening
- Multiple methods of communication used but not consistent across departments
- Phone calls not always answered
- Appointment letters not always sent
- Information around appointments can be conflicting
- Patient information on discharge to care home such as medication and aftercare can be missing
- Cancelled appointments not always communicated with patients, some turn up for appointments
- Lack of follow up or response to referrals (still waiting)
- Communication and information in an accessible format, the majority found yes
- Communication around appointments is not always clear
- Communication on wards were reported majority as negative
- Service users mental and physical health is being affected
- Experiences and comments varied when asked if departments liaised with each other
- Communication from A&E department to primary care providers could be improved
- Almost half the participants felt that communication affected their health and social care.

Recommendations – Part A

- Standardise multiple methods of communication across departments
- Standardised format for letters across all departments
- Reduce or explain medical terminology more fully to public
- Patient information cards or health passports be regarded/used by hospital staff
- Cancelled appointments are communicated with patients in a timely manner to reduce/cease patients turning up for cancelled appointments
- Update website and other platforms around what services are open available, which are closed or have delivery restrictions
- Ensure departments have facility to respond to phone calls whether that be by person or a message and service user voicemail recording system
- Improve methods or formats of communicating with people with sensory impairments
- Ensure follow up response or referrals are happening
- More use of digital communication or apps for information
- Ensure patient discharge information such as aftercare and medication is passed on to those that need it
- Ensure there is a standardised communication liaison process between departments that works and is adhered
- Improve communication on wards with service users, relatives and carers
- Improve communication from the A&E department with primary care providers such as GPs
- WMH Volunteers are updated and kept informed

What we did - Part B

We collate service user experiences on a daily basis. From our service feedback centre, or by contact forms on our website, emails and telephone calls.

From the period of the 1st April 2020 to the 30th March 2021 we received a total of 33 Walsall Manor Hospital related experiences and they were broken down into the following themes.

Issues identified:

- MRI scan results not passed to GP. Patient had to chase
- Cancelled hospital appointments, but patients not informed in timely manner so turned up to the hospital for appointments
- Patient, parent who was deaf was not flagged as needing a BSL interpreter on patient records so child patient had to translate to parent what was happening
- Conflicting information around visiting dying relative in Hospital. Relative told could visit but when arrived turned away
- Service users have tried to get through on the telephone to various wards and departments but calls remain unanswered
- Patient appointments repeatedly cancelled; no explanation given to patients
- Service user observed poor attitude of nursing staff towards patient and visitors
- Relative felt that Dr was speaking aggressively to patient and relative/carer
- Result(s) held on different hospital system not Fusion so result(s) could not be located
- Relatives in waiting areas remained uninformed of relatives condition and treatment for a period of time
- Service user information/records mislaid, and appointment cancelled day before without patient being notified in time
- Patient relative informed patient end of life by Dr/ staff but another staff Dr disagreed and patient later sent home
- Some Hospital departments do not communicate with each effectively, regarding internal referrals and bookings

The sentiment across those issues were:

Mixed	5
Less Positive	28
Positive	0

From our contact with service users/relatives who have shared their service experience, we have highlighted 3 case studies outlining their experience and feedback around communication experiences at Walsall Manor Hospital.

Case Study 1

July 2020 to December 2020

The patient was taken by Ambulance to the Accident & Emergency department at Walsall Manor Hospital, where they were diagnosed as having a suspected blood clot. The Patient was given an injection and told to come back to hospital, to the Ambulatory Care Ward the following day (am) where they would have another injection.

Six weeks prior to this the Patient had broken a vertebra in their back this had been diagnosed at another hospital.

The next day the Patient attended their appointment on the Ambulatory Care Ward. Overnight their condition had deteriorated. The Patient was very weak and was struggling to breathe. An injection was administered, and the Patient was told to go home. The Patient's next of kin said they were very worried normally the Patient was fit and active and clearly was very unwell and could she stay in hospital for further investigation. The hospital refused and sent the Patient home.

Later that day the Patient's relative telephoned the Ambulatory Care Ward and spoke to the ward Secretary about the Patient's deterioration. The Secretary told them to bring the Patient back to Ambulatory Care Ward in the next hour.

On entering the Ambulatory Care Ward, the Patient was helped by her relative. A Nurse shouted the Patient's name loudly across the Ward and said, 'What are you doing back?' The Patient was too weak to talk so the relative replied to the Nurse. The Nurse was clearly not happy the Patient had arrived back on the Ward. The Patient was asked to take a seat in a bay on the ward. The Patient's partner then arrived on the ward; they had been parking the car. On their arrival in the ward, they were shouted out by the same nurse 'Out, out' with their arm out pointing to the exit. The family did not understand what was happening so asked politely what they should do. The Nurse shouted '1 visitor only with the Patient'

Later that day the Patient had an upper body CT Scan. It was confirmed by a Doctor the Patient had got Pneumonia they also confirmed the Patient had not got a blood clot. The Patient was given medication and told to go home and come back to the Ambulatory Care Ward the next day for further tests.

The Patient attended the Ambulatory Care Ward and was given a full body scan. A Doctor explained the results to the Patient the same day. The Doctor said nothing new had shown up on the scan only what they already knew and that was the patient had pneumonia. The Patient's relative was pleased but also surprised at hearing this news as her parent's health had deteriorated so rapidly, including losing a significant amount of weight in a matter of weeks, something the hospital were aware of.

The relative double checked with the Doctor and said, 'You have checked both scans?' The Doctor replied 'Yes' The Patient was discharged. Having just had time to get to the Car Park and in the car the Patient's mobile phone rang, it was the Doctor who had discharged the Patient a few minutes ago. The Doctor asked the Patient to come back to the ward he needed to discuss something with them.

On arrival at the Ambulatory Care Ward the Doctor apologised to the Patient, they had only looked at the half body scan from the day before, they were unaware the patient had a full body scan until they double checked the Patient's records after they had left the Ward. The full body scan did show an area of concern. The Doctor said the Patient needed an ultrasound in the next 24 hours. The Patient was told to go home and someone from the Ultrasound Department would phone them in the morning with an appointment time. The Patient was told to return to the Ambulatory Care Ward after she had the scan.

The next day, 12:00 midday, the Ultrasound Department at Walsall Manor Hospital had not phoned. The Patient's partner telephoned Walsall Manor Hospital and spoke to the Secretary in the Ultrasound Department. The Secretary confirmed they had booked the Patient in for an Ultrasound Scan in 6 weeks' time. The Patient's partner explained the Doctor in the Ambulatory Care Ward, August 2020, said the Patient needed the scan today it was urgent.

The Secretary said they were busy but could offer the Patient an appointment in 4 weeks. After much persistence by the Patient's partner, the Secretary booked the Patient for an Ultrasound Scan at 17:00 that day.

The Patient attended the appointment and had their ultrasound scan. Whilst leaving the Ultrasound Department the Secretary told the Patient they would receive her results in the post in 2-3 weeks' time, this was different to what the family had been told by the Doctor on the Ambulatory Care Ward i.e. return to us when you have had your scan. The Patient returned to the Ambulatory Care Ward. It was confirmed she would be referred to another department for further investigation. The Patient was sent home and had to wait for a referral letter from the hospital.

At approximately 17:00 hours, August 2020, the Patient received a telephone call from their own GP. The GP said they had received the results of the Patient's recent blood tests at Walsall Manor Hospital and they were indicating the Patient had a blood clot. The GP said the Patient must go to hospital immediately.

The Patient's partner explained to the GP that Walsall Manor Hospital had confirmed it was not a blood clot because of the further tests that had been undertaken at the hospital earlier in the week. The GP said Walsall Manor Hospital had only sent them the blood test results and had not sent any discharge letter. The GP said I must act upon what I can see, and you need to go the hospital.

The Patient went to the Ambulatory Care Ward at Walsall Manor Hospital. The Doctor confirmed again the Patient did not have a blood clot. The Doctor confirmed the blood tests would have been sent directly to the GP as these are on a separate system but the follow up discharge notes had not been sent. The Doctor printed out the discharge notes and asked the Patient to take them to her GP Surgery.

The Patient had an appointment with the Oncologist and was asked to attend 1 hour before their appointment so they could have a blood test. The Patient did arrive 1 hour early and the department where you have the blood test, but they had got no record of patient. In the height of COVID the Patient's family member had to run around the hospital to sort it out. They found the Oncologist Nurse who said, *'Oh yes I forgot to send the request through'*. They did the request, and the Patient did have her blood test. However, when the Patient saw the Oncologist, they said we have not got the results as it should have been done 1 hour prior to the appointment.

The Patient was taken by Ambulance to Walsall Manor Hospital. The Patient had a rapid heartbeat. It was agreed the Patient would need a 24 Heart Monitor and this could be done as an Outpatient. After having the heart monitor, the results confirmed the Patient would be referred to the Cardiology Department at Walsall Manor Hospital.

After 2 weeks the Patient's partner telephoned the Cardiology Department as the Patient had not heard anything. The Secretary confirmed the Patient had not been referred. The Patient's partner made numerous telephone calls between the Assessment Medical Unit, who kept telling them the patient had been referred and Cardiology who were saying they did not have a referral. After 4 weeks of the Patient having the Heart Monitor and another telephone call to Cardiology from the Patient's partner a Secretary checked the files and did find a file for the Patient, she referred it immediately to the Cardiologist.

The Cardiologist phoned the Patient and apologised. They said they had seen the letter and had read it, but they did not turn over the page and see the results and therefore filed the notes thinking there was no action needed. They continued to say they are so busy, and 'they do not give me a secretary to help me'.

The Cardiologist proceeded with the conversation by informing the patient that they were at a high risk of having a stroke. Medication was needed and they prescribed, advising that they would contact the Pharmacy in Walsall Manor Hospital.

Pharmacy Walsall Manor Hospital

Later the same day the Patient received a telephone call from a Pharmacy operative saying their medication was ready and that a taxi would bring the medication to their house. An hour later the Patient received a further telephone call from another Pharmacy operative at Walsall Manor Hospital who said the medication was ready to be collected. Confused the Patient's partner said that the medication was being delivered. The operative replied saying 'no it is not, I am telling you, you need to collect, I don't know what you have been told before'.

The Patient's relative went to the Pharmacy at Walsall Manor Hospital to collect the medication. Whilst waiting for the medication a Pharmacy operative approached them and said they were really sorry what had happened and could you apologise to your relatives.

The Patient had been an inpatient at Walsall Manor Hospital in November 2020. The Patient's medication was reviewed.

In December 2020 the Patient tried to order their medication from their GP. The GP could not write a prescription for the updated medication prescribed previously from Walsall Manor Hospital as he had not received a discharge note from Walsall Manor Hospital detailing the changes in medication.

A phone call was made to PALS at the Hospital. It was confirmed the discharge letter had not been sent to the GP as the GP Practice was out of the Walsall area. PALS offered to fax the discharge letter to the GP Surgery.

Between July – December 2020 the Patient had been referred to several departments in Walsall Manor Hospital, but no diagnosis had been made, the severity of the patient's condition was not understood, and no treatment was offered.

The family felt the ineffective communication led to non-diagnosis and hence no treatment. The Patient and their family approached their GP and asked to refer the Patient to another hospital, to which they did.

January 2021 Local Acute Trust (not Walsall Manor Hospital)

Within 3 weeks of the patient being referred to another hospital, the Patient received the following:

- Consultation with a Doctor
- Pain Management Consultation and treatment (slow-release morphine)
- Meeting with Dietician
- MRI Scan
- Endoscopy (Walsall Manor Hospital refused an Endoscopy on the grounds it was too invasive)
- Referral to Oncologist
- Diagnosis

The Patient said they feel more relaxed with the alternative hospital. They had a diagnosis and is getting the support to manage her symptoms i.e. Pain Management and Diet advice. The continuity of care at the Staffordshire Trust helped.

At Walsall Manor Hospital the patient was confused about their condition. She was referred to several departments and each time a department kept telling her it was not their department and referred her on to somewhere else in the hospital.

Case Study 2

The Service User contacted Healthwatch Walsall as it had been confirmed by Walsall Manor Hospital, they needed a knee operation. Seven months on from a diagnosis and a treatment plan the patient had not had a date for the operation or any updated information from Walsall Manor Hospital.

As a result of contact by Healthwatch Walsall to Walsall P.A.L.S, with the service user's agreement, the service user was contacted and advised there was a backlog due to COVID-19. The Trust confirmed the service user was on the waiting list and would be appointed an operation date as soon as possible.

Seven weeks later the service user had a telephone consultation with a Doctor from Walsall Manor Hospital (9 months after the diagnosis) The Doctor was unable to confirm the service user required an operation, and booked an Xray to explore the need. The Doctor told the service user that they needed to make their mind up if they needed an operation or not?

10 months after the service user's original diagnosis it was confirmed, again, that there was still a need for an operation to address the condition.

The service user asked staff at Walsall Manor Hospital if they could supply him with a letter to give to his employers outlining his condition. The service user had a very manual job which involved working outside and moving items to load onto a refuse lorry. Their medical condition was making it difficult for him to be fully mobile. The Trust supplied a letter, but the service users job title was wrong. The letter stated he worked for a Music Corporation when in fact they worked for a Local Government Department.

Case study 3

Healthwatch Walsall were contacted by a service user who had a Prostate Check, which involved an MRI Scan, Urology Department, at Walsall Manor Hospital February 2020.

Over a period of 6 months the service user did not receive any information or contact from Walsall Manor Hospital about the scans. So they contacted P.A.L.S. to help them. In September 2020, The service user was due to receive a telephone consultation with a Doctor at the hospital. This did not take place due to the service users notes/file being sent to the wrong department. It was sent to the Respiratory Department instead of Urology Department. The hospital did phone him and apologise.

The service user was concerned about the results, contacting their own GP in August who confirmed an area was showing up as a hotspot. The GP could not confirm anything as they needed the Consultant/Doctor at the hospital to interpret the results.

After a further three calls to P.A.L.S. the service user received a telephone call from a nurse to book an appointment for a consultation regarding a biopsy, it was now early October 2020. The service user informed the staff member that they were due to go abroad and would not be back till mid October. The staff member sought for an early appointment but one could not be found until the day after the service user returned into the UK.

That appointment was kept by the service user, whom attended the Walsall Manor Hospital to be told that the appointment had been cancelled and a letter sent. The service user got that letter the day after the cancelled appointment.

Another appointment was made with a consultant in November 2020, who discussed the next steps and again asked for a new scan to be carried. This was done a biopsy date was set.

The service arrived at 8.00 am at the Walsall Manor Hospital as did a number of other service users having the same procedure. There did not seem to be scheduling system in place. The service user had their biopsy at 4.00pm and returned home at 7.00pm the same day.

After the biopsy the service user again received a consultation at the Walsall Manor Hospital and was offered the choice of surgery or radiotherapy. With no prior in-depth conversation about the pros and cons of either and the possible side effects and the quality of life effects of either treatment.

After a brief conversation it was agreed that radiotherapy would be the treatment pathway and it would be delivered over 5 days a week over 5 weeks attending the Queen Elizabeth Hospital in Birmingham. Knowing that a friend of the service user had treatment nearer home at New Cross Hospital, the service user asked if it could be delivered there as it was more accessible and easier to get too.

The service user has had good support from the Urologist nurses and McMillan nurses and been able to ask questions which have been answered.

The service user is currently scheduled for radiotherapy over fourteen months after their initial involvement with Walsall Manor Hospital.

Other service user/ relative review or feedback platforms

In addition to the above we looked at other sources of service user/relative experience and feedback that is available publicly.

NOTE that spelling, punctuation and grammar have not been amended in service user review/feedback as it is in their words.

Healthwatch Walsall feedback platform, is our own services feedback centre on our webpage

Link: <https://healthwatchwalsall.co.uk/services/>

There are in total 23 service user/ relative reviews about Walsall Manor Hospital on our website. Currently their review rating is: three out of five stars. (at the 10/05/21).

Link to our service feedback centre section on Walsall Manor Hospital is:

<https://healthwatchwalsall.co.uk/services/manor-hospital-walsall-ws2-9ps-1/#latest-feedback-anchor>

Three service user reviews/ feedback was left on our Service feedback centre web page on our website that fall within the project time frame 1st April 2020 till 31st March 2021. **Comments marked in light blue.**

Positive review:

'Visit to A&E dept was quick and we'll organized compared to previous visits. Visits to clinics were a little slow but efficient considering the vast number of patients seen'.

Visited August 2020

And less positive review:

'After having CT scans and tests almost 3 months ago i still await to be officially diagnosed and every appointment has been cancelled'.

Visited October 2020

And

'My nan went into the manor A&E Tuesday at 7am struggling to breathe. She cannot walk and is dependant on others for support at 4pm I found they had placed her on oxygen, had an xray and given antibiotics and told to self isolate at home. I was then made aware she had not been offered any food nor did she recieve any insulin for diabetes. I called to explain she cannot do this for herself and they instantly got her a sandwich.

She was unable to leave the hospital until 2am as she needed an ambulance and not once did she recieve her insulin. The hospital did not communicate to her care home to explain she needed to self isolate (although they told us they had).

Usually the home will not accept residents back after 8pm due to reduced staff but they wasnt given a choice and at this time this was the best option, the ambulance did not tell them she needed to isolate. The home was not using extra PPE for 2 days due to lack of communication as my nan was not aware. I will say my nan said the hospital is extremely busy, scary and under immense pressure if it wasnt for the ambulance she would have been in xrayed and allowed to go in a few hours which if there wasnt the risk of covid it is the most efficient I have known it to be. However, they did not test her covid as they instantly decided she was not staying and sent her to her care home with antibiotics to self isolate. She has since needed another ambulance for the same reason but told them she didnt want to go'.

Visited April 2020.

In addition we have in the past completed a project looking at patient discharge at Walsall Manor Hospital. The report for that project can be found on our website titled 'Healthwatch Walsall's Report into Walsall Manor Hospital Discharge Process' issued May 2019. Whilst out of this project time frame some of the communication issues still appear to be occurring.

Report Link: <https://healthwatchwalsall.co.uk/wp-content/uploads/2019/10/Walsall-Manor-Hospital-Discharge-Report-2019-2.pdf>

Supplementary Evidence Link: <https://healthwatchwalsall.co.uk/wp-content/uploads/2019/10/PDF-Supplementary-evidence-for-discharge-report-1-1.pdf>

Trust response Link: <https://healthwatchwalsall.co.uk/wp-content/uploads/2019/10/Response-received-from-Trust-representative-23rd-June-2019.pdf>

Other service user/ relative experience feedback platforms

We also checked on other service user platforms such as the NHS Review website. Locating service users/ relative reviews/ experiences.

Link: <https://www.nhs.uk/services/nhs-trust/walsall-healthcare-nhs-trust/X654/ratings-and-reviews>

We have selected examples of two types of reviews positive and less positive reviews.

Positive examples:

'Saw my GP on Monday, fast tracked and seen same week on the Friday in a female gynaecologist one stop clinic . Yes the clinic was running 1hour behind. I was kept informed, offered a drink . Also my referral was a fast track ..but how quick I was seen was fantastic . The consultant was very nice indeed she explained everything she planned to do as well as sincerely apologise for my delay ,also asked if I'd any questions. She and the nurse chatted away with me to help me relax . I had 2 scans and another procedure. I cannot name names which is a shame as this consultant really is a credit to the hospital.

I was cared-for, respected reassured and well looked after. (My appt was 12.00pm fri 12th March, last pt for this consultant I think ...so this I hope you can identify her without me naming her) I would NOT of got any better care privately. Thank you 😊'.

Visited March 2021

'Attended ward 12 today 29th August 2020 for abscess drainage under general anaesthetic what fantastic staff they are everyone I came into contact with were lovely they made what could have been a stressful time very relaxed and if I had been told I needed to stay in overnight I would have been quite happy to do so I couldn't fault a thing and any nervousness disappeared thanks to the wonderful senses of humour of everyone I encountered so thank you so much everyone on Ward 12 what a fab team and what a credit to Walsall Manor you are'.

And

'Visited August 2020 I brought my 5 year old daughter today who is very nervous and shy. The nurses and pediatrician we saw were amazing with her. I really cant recommend them enough'.

Visited August 2020

Less positive reviews

'First, I would say that my mother did get good treatment from a doctor and people shouldn't avoid going if they need to go to the hospital. However, several people working there, on reception and a nurse were rude, patronising and showed no care or understanding during a scary and upsetting time for my mom following complications with Covid. It's clearly a busy and stressful time for staff, but telling her she was an hour late for an appointment when it was them who moved her to another department and kept her waiting for an hour, talking over her when she was explaining the background of her symptoms but saying "yeah but why are you here? What's wrong with you then?" is completely unacceptable.

Also ignoring her questions about being seen especially when she is diabetic and her blood sugar was dropping because she'd been waiting 3 hours after her allocated appointment time was unhelpful. While we should remember how tough it is working in the NHS right now, they should also appreciate it's also a very upsetting and vulnerable time for patients, made so much worse when the people who chose to take jobs to care for people speak to you in such an unkind and unempathetic way. Just be kind!'

Visited March 2021

Another review

'My mom was told to sit back in waiting area A and E after having an ECG following a fall when the doctor realised he asked why she had been sat out in waiting room when her ECG was showing something dangerous the sister on A E started shouting back at the doctor the doctor was about my mom. Nurses complaint out loud about this ha I front of patients who are clearly already distressed. Staff don't want to make eye contact as they can't be bothered if you ask a question communication extremely bad between patients and staff.

AMU generally ok as has good nurses in the bay looking after mom but they are over run under staffed and this shows very clearly in the attitude displayed ALL Doctors extremely good they just can't get the support from arrogant nurses and CSWS in order to give best care. Ward 15 staff are mostly very rude if you telephone they speak to you I. A very arrogant way my mom was very distressed during her stay on ward 15

there was a language barrier and she was in considerable pain but could not get help to sit up while I was on phone to mom on her mobile I heard a nurse speak very rudely to my mom what a shame she's an elderly patient got mom home as soon as possible.

I have had very good care at this hospital but I think if you are elderly and can't stick up for yourself you will get some problems with the rude abrupt staff It's always the nurses and CSW STAFF that are rude Porters, doctors X-ray staff have always been very kind and gone out of their way. It's very difficult to leave your elderly loved ones in the care of some of the staff who spoil it for the rest'.

Visited August 2020

Another review

'I am 34 weeks pregnant I went into the hospital on Saturday with bleeding. I was checked and was loosing blood and clots. Had test and was positive for labour. Was admitted to the ward to be observed. Was just left all the time with nobody even checking. Was telling them my problems and wasn't listening.

Had to ask for bed to be changed and fresh water all the time, had monitors on baby some she wasn't okay on. Had to always be kept waiting around was told Tuesday they was delivering my baby via section but because no beds and no cot was free they wasn't able to do it.... not a very good service at all went from bad to worse'.

Visited June 2020

Walsall Healthcare NHS Trust have a Facebook page which also has the option to allow service users to rate and also leave reviews/experiences. We located ones that fell within this project dates of 1st April 2020 to 31st March 2021.

Walsall Manor Hospital and Community Health Facebook reviews

Link: <https://www.facebook.com/WalsallHcareNHS/reviews/>

Positive review

'Had my first baby in 2017 and received amazing care. Had my second last Thursday and I have to say I think it's improved. Part of me didn't want to come home! Every single member of staff in both the theatre and the ward were lovely. The staff on the ward, including the students, were incredible. Kind, caring, supportive, like friends whilst I was there. I cannot thank them enough...it makes the world of difference. What you do for mums is amazing!! Thank you!'

Visited January 2021

Less positive review

'I had to have a scan at the MRI centre and I found the staff to be so disgusting rude. I was genuinely in shock at how rude they were. We're so unhelpful, didn't explain anything to, was literally shocking!'

Visited December 2020

Conclusions – Part B

- Experiences found on other platforms generally reflect those captured in our survey and focus groups
- The way that service users/relatives have been spoken to is mixed and been in cases stated as rude.
- Service users/ relatives in some cases felt that they were not being listened to
- Some hospital staff were recognised as caring and helpful whilst others were noted as far from
- In maternity, equipment and bed availability was noted as an issue
- Communication between staff and patients can be mixed reducing information being shared with service users/relatives in a timely manner or not at all
- Staff communication to the public vary across different departments. So were noted as being very caring and kind and some as rude
- Service users/relatives recognise good communication, caring and attentive attitudes

- Key information relating to service users COVID-19 status is not always shared with other professionals
- Booking/appointment staff not always adhering to clinical staff requests to book scan(s) appointments identified as urgent
- Staff attitudes and communication tones not always empathetic to service users/relatives
- Discharge letters are not always given or sent out to other clinical professionals especially if the service users GP is out of Borough
- Information that would offer choice to service users is not always given i.e. venues for treatment
- Internal department referrals do not always happen
- Medication can be sent by taxi to service users or not. This can lead to conflicting information on receipt of medication passed to service user or their relatives
- Receiving a diagnosis can take time or may happen at another hospital
- Information communicated by the Trust to parties such as an employer, relating to service users are not always accurate

Recommendations

- Cancelled appointments are communicated with patients in a timely manner to reduce/cease patients turning up for cancelled appointments
- Ensure there is a standardised communication/liaison process between departments that works and is adhered to
- Consider other styles of cancellation formats if not already in use such as: text messaging, Emails, telephone calls. Not just patient letters which may take days or may not arrive to the service user at all
- Improve communication on wards from staff with service users, relatives and carers
- Ensure follow up response or referrals are happening
- Identify and ensure that patient relatives, who are responsible parent or carer who are deaf or non-English speaking are flagged on patient records so that the appropriate interpreter can be sourced
- Ensure department or reception telephone lines have an answering system in place
- Monitor staff communication with patients/relatives around information given, style of communication and understanding of what has been communicated to them
- Reduce conflicting information given by staff to service users and relatives
- Appointments should be booked as per patient medical need and clinical staff directive not on appointment staff convenience

Other public access information:

CQC

CQC reports of Walsall Manor Hospital. Inspected 8th & 9th September, report published 17th November 2020.

Overall rating: Requires Improvement.

Link: <https://www.cqc.org.uk/location/RBK02>

Note: Community services are rated from good to outstanding.

Other CQC survey results

Inpatient survey July 2020

Link: <https://www.cqc.org.uk/provider/RBK/survey/3>

Maternity survey 28th January 2020

Link: <https://www.cqc.org.uk/provider/RBK/survey/5>

healthwatch Walsall

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