



NHS

The Shrewsbury and
Telford Hospital
NHS Trust



PALS, Complaints and Patient Experience Annual Report

The Shrewsbury and Telford Hospital NHS Trust
2021/22

Executive Summary

Patient experience is fundamental in all that we do, and it is the responsibility of each individual working within the Trust to reflect the Trust values, ensuring that the patient is at the centre of all decision making.

Listening to patients experience of care and learning from their feedback is essential in enabling the Trust to deliver effective, safe, responsive, and kind care. The Trust learns from feedback through a number of sources, including engaging with people accessing services, surveys, patient stories, Friends and Family Test (FFT), the Patient Advice and Liaison (PALS) Team, through complaints, and the compliments we receive. Listening to what matters most to our patients and the people important to them.

The Trust is committed to patient experience, patient safety and clinical effectiveness to provide patients with high quality care. Through working with patient and carer representatives and realising our ambitions for the Patient and Carer Experience (PaCE) Panel in the year ahead, we will continue to build upon the achievements that have been made to improve patient experience, actively seeking and encouraging patients' feedback to identify opportunities for improvement and to continually endeavour to provide a good experience for everyone accessing services within the Trust.

I would like to thank the patient and carer representatives, and everyone who has taken the time to share feedback on their experience to enable us to listen, learn and respond. This is how we will continue to discover what is important to the community we serve and enable us together to shape services that will improve the experience of our patients.



Hayley Flavell, Director of Nursing

PARTNERING



Working effectively together with patients, families, colleagues, the local health and care system, universities and other stakeholders and through our improvement alliance.

AMBITIOUS



Setting and achieving high standards for ourselves personally and for the care we deliver, both today and in the future. Embracing innovation to continuously improve the quality and sustainability of our services.

CARING



Showing compassion, respect and empathy for our patients, families and each other, caring about the difference we make for our community.

TRUSTED



Open, transparent and reliable, continuously learning, doing our best to consistently deliver excellent care for our communities.

Contents

| | |
|-----------------|--------|
| 1. Introduction | Page 4 |
|-----------------|--------|

Trusted

| | |
|---------------------------------------|---------|
| 2. Friends and Family Test | Page 5 |
| 3. National Surveys | Page 8 |
| 4. Internal Feedback | Page 13 |
| 5. Patient Stories | Page 16 |
| 6. Third Party Feedback | Page 19 |
| 7. Patient Advice and Liaison Service | Page 20 |
| 8. Complaints | Page 22 |
| 9. Mixed Sex Accommodations | Page 29 |

Partnering

| | |
|----------------------------|---------|
| 10. Patient Involvement | Page 31 |
| 11. Equality and Diversity | Page 34 |

Caring

| | |
|-----------------|---------|
| 12. Compliments | Page 37 |
| 13. Chaplaincy | Page 39 |

Ambitious

| | |
|----------------|---------|
| 14. Next Steps | Page 41 |
| 15. Appendix | Page 43 |

1. Introduction

The Shrewsbury and Telford Hospital NHS Trust (the Trust) aims to provide excellent care for the communities we serve. To do this, we must provide care that is responsive to individual patient preferences, needs and values. The patient experience agenda within the Trust is underpinned by the four Trust values, which were developed in partnership with staff, patients, the people important to them and the wider community. The Trust welcomes feedback from patients and the people who are important to them to ensure a partnering, ambitious, caring, and trusted service is delivered upon every visit to our hospitals.

The Covid-19 pandemic has had a vast impact on the NHS, the effects continue to be experienced in services across the Trust and wider NHS. The Trust is working to recover activity in addition to new ways of working introduced during the pandemic to support patients such as virtual activity and patient initiated follow up to provide the appropriate care and support.

The Trust recognises that every individual member of staff can impact upon the experience a patient, or someone important to them receives. Gaining insight into patients' current experience and receiving feedback on both what was done well and what could be improved is critical to ensuring a high quality, person-centred service is provided to every patient who accesses services within the Trust.

| Value | What it means | How it underpins the patient experience agenda |
|------------|---|--|
| Partnering | Working effectively together with patients, families, colleagues, the local health and care system, universities and other stakeholders and through our improvement alliance. | We work with patient and carer representative groups, local partner organisations and protected characteristic groups who provide a voice of their lived experiences. Working in partnership to co-develop improvements and help us to deliver the best viable experience when accessing services. |
| Ambitious | Setting and achieving high standards for ourselves personally and for the care we deliver, both today and in the future. Embracing innovation to continuously improve the quality and sustainability of our services. | We implement new and innovative improvement activities based upon patient and community feedback. We measure the success of these activities, report on this, and listen to what people have to say about them to increase transparency. |
| Caring | Showing compassion, respect and empathy for our patients, families, and each other, caring about the difference we make for our community. | We have values-based conversations with our patients, the people who are important to them, and our colleagues to empower people to be talked to and listened to as an equal and be treated with honesty, respect, and dignity. |
| Trusted | Open, transparent, and reliable, continuously learning, doing our best to consistently deliver excellent care for our communities. | We seek feedback from patients and the people who are important to them to learn and improve. We share regular updates to demonstrate how feedback has been used to create positive changes within the hospitals. |

The PALS, Complaints and Patient Experience Annual Report will provide an overview of the work that has been carried out across the Trust to improve patient and carer experience over the last year (2021/2022).

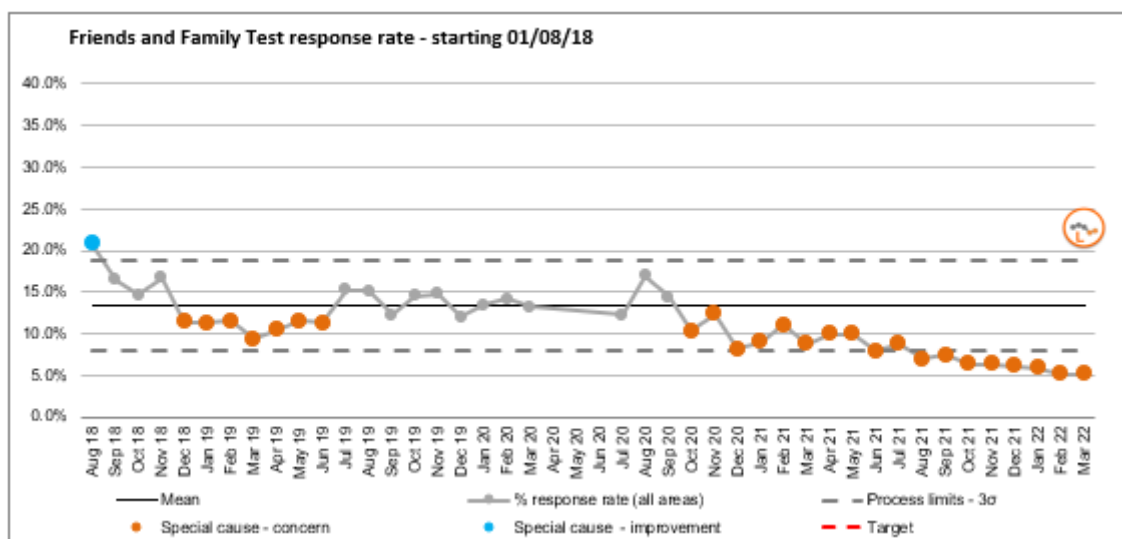
2. Friends and Family Test

The Friends and Family Test (FFT) is a national survey, introduced to provide an easy way for people accessing services to provide feedback. The feedback measures how satisfied the person was with their experience of the service. FFT scores are available for each ward and department, by Division and for the Trust, which allows for comparison to be made both locally and on a national scale. The FFT also includes a section for free text and this feedback can be used by managers to initiate improvement and share how feedback is used on 'You Said, We Did' posters.

A national standardised question is asked:

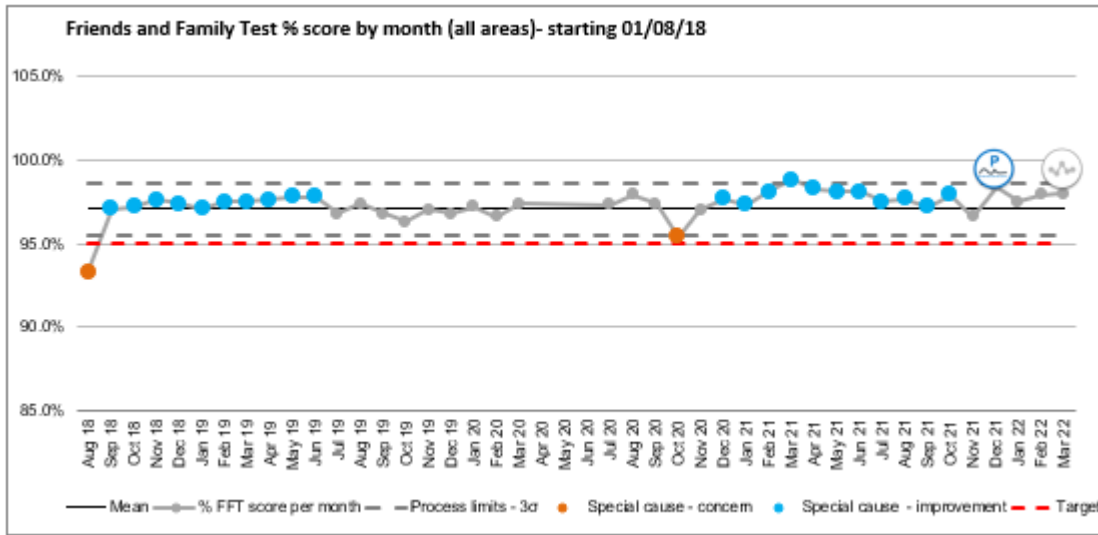
'Thinking about [the area accessed], overall how was your experience of our service?'

A total of 28,648 FFT cards were completed and returned during 2021/2022. This was a decrease from the previous year when reporting paused due to Covid-19 in 2020/2021 (29,359 responses), and in comparison to 2019/2020 when 43,094 Friends and Family Test cards were completed and returned.



Whilst national reporting of the response rate ceased from 1st April 2020, the Trust response rate continues to be monitored closely to provide assurance that patients are being provided with an opportunity to provide feedback on their experience. The 4.8% response rate for 2021/2022 (inpatient and A&E) decreased on the previous year. Improving the response rate remains a priority for the Trust to ensure that people accessing services are provided with an opportunity to feedback on their experience.

Friends and Family feedback can be provided through completion of paper cards, through volunteer collection by telephone within A&E, and feedback can also be provided via the Trust website. The Trust does not have a text messaging facility to support FFT collection. Seeking to increase Friends and Family response rates a QR code to the survey has been incorporated in patient discharge summaries from March 2022.



Of the FFTs completed, 98% of respondents rated their experience as very good and good (between April 2021 and March 2022), which is above the target, and demonstrates a slight increase in comparison to 2020/2021 (97.2%) and 2019/2020 (97.1%). Currently, performance can be expected to vary between 97.2% and 99.1%, which falls within the usual range of variation.

Inpatient FFT

Total Responses

11,912

April 2021 – March 2022

Response Rate

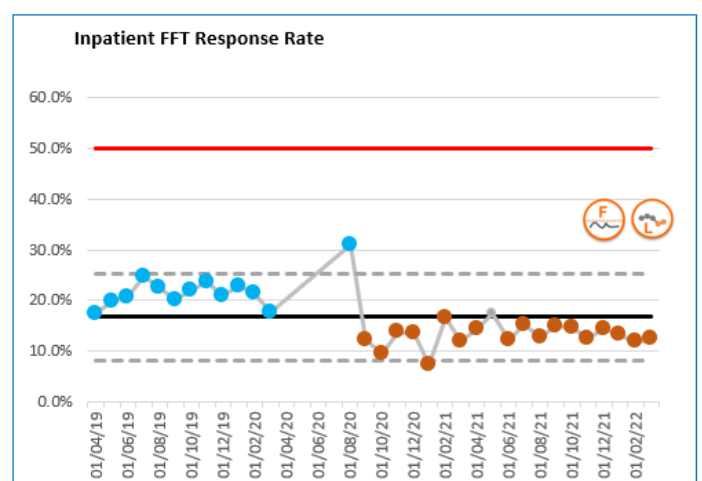
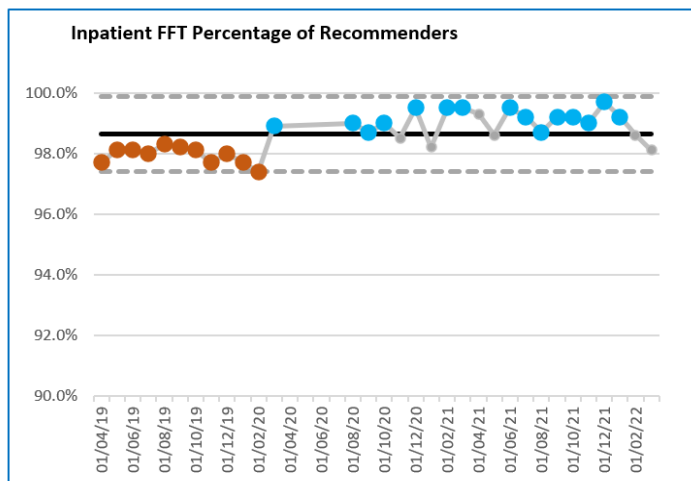
13.9%

April 2021 – March 2022

Likely to Recommend

99%

April 2021 – March 2022



Recommendation Rate: There has been an improvement in the percentage of people who would rate the service good and very good since March 2020. Currently, performance can be expected to vary between 98.1% and 99.7%, providing assurance that the target can consistently be achieved.

Response Rate: The response rate for 2021/2022 (13.9%) has decreased in comparison to the preceding year 2020/2021 (15%). Currently, monthly performance can be expected to vary between 11.8% and 17.5%, reflecting a low special cause concerning variation.

Outpatient FFT

Total Responses

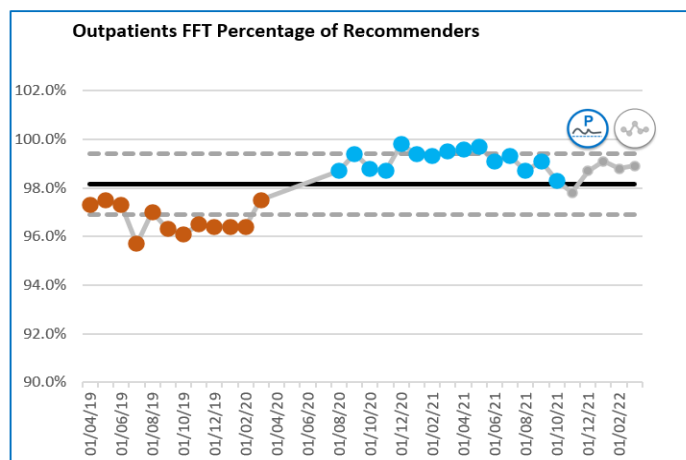
9,557

April 2021 – March 2022

Likely to Recommend

98.7%

April 2021 – March 2022



Recommendation Rate: The percentage of people who provided positive feedback on their experience when accessing the outpatient service in 2021/2022 (98.7%) remains consistent with the previous year (99.1%). Currently, performance can be expected to vary between 97.8% and 99.7%, providing assurance that the target can be consistently met.

A&E FFT

Total Responses

5,122

April 2021 – March 2022

Response Rate

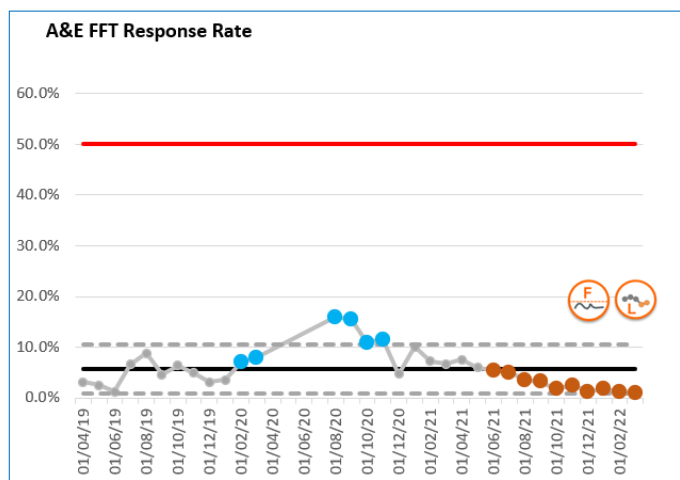
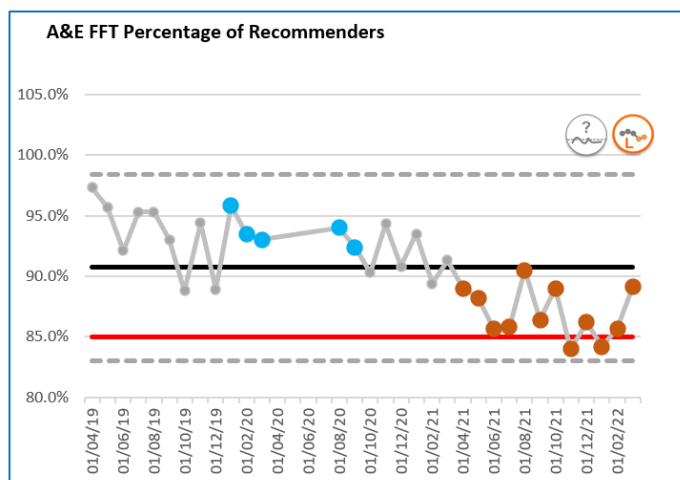
3%

April 2021 – March 2022

Likely to Recommend

87.3%

April 2021 – March 2022



Recommendation Rate: The percentage of patients who provided positive feedback on their experience when accessing the departments for treatment (87.3%) is lower when compared to the previous year (91.9%).

Response Rate: The response rate of 3% has significantly deteriorated in comparison to 2020/2021 (12.87%) and is slightly lower than 2019/2020 (4.87%). During 2020/2021 volunteers were introduced to support obtaining FFT responses following A&E treatment, the reduction in volunteers continuing to support this activity has potentially contributed to the reduction in response rate.

Maternity FFT

Total Responses

2,057

April 2021 – March 2022

Response Rate

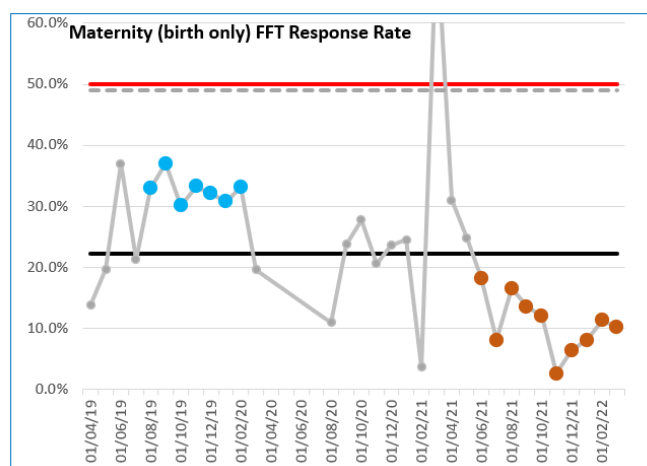
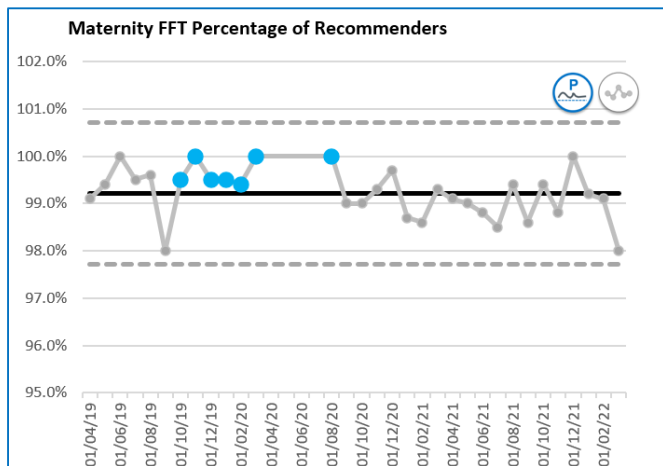
5.5%* Birth only

April 2021 – March 2022

Likely to Recommend

99.0%

April 2021 – March 2022



Recommendation Rate: The percentage of patients who would rate their experience of the maternity service as good and very good (99.0%) is comparable to the previous year (99.3%). Currently, monthly performance ranges between 98% and 100%.

Response Rate: The response rate of 5.5% has deteriorated in comparison to 2020/2021 (23.8%). Currently, monthly response rates can be expected to vary between 2.6% and 31%.

3. National Surveys

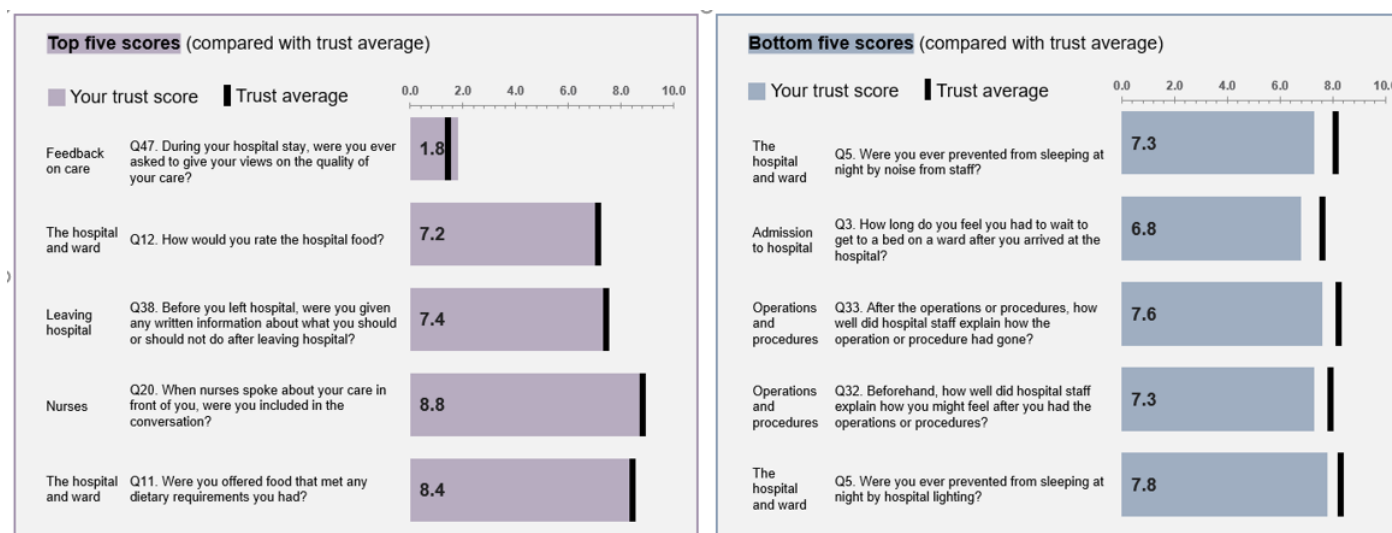
National Inpatient Survey

The National Adult Inpatient Survey was undertaken between January and May 2021 and included patients meeting the eligibility criteria and were discharged from the Trust during November 2020. The survey was significantly different to previous years due to methodology, the month of data collection, and questions used. The 2020 inpatient results are therefore not comparable with previous results.

The Trust had a response rate of 43%, which was 3% below the national average; and, performed 'about the same' as other Trusts for the majority (42) of questions. One question scored somewhat worse than expected and two questions scored worse than expected, no questions scored much worse than expected.

The questions in which the Trust scored higher and lower compared to the national average are listed in the table above. Whilst the data cannot be directly compared to the previous year, patients providing feedback on their experience in 2019 scored the Trust low in questions about

food, and in 2020 questions relating to food were in the higher scores, suggesting a positive impact in response to the improvement work undertaken in food provision across the Trust.



The questions relating to operations and procedures (Q. 32 and 33) are new to the inpatient survey and will provide direction for focused improvement work. Noise at night from staff and hospital lighting at night were identified as a barrier to sleep. The Trust is recruiting patient and carer representatives to establish Speciality Patient Experience Groups to support improvement work at a local level. Areas identified within the survey results will be a focus for initial improvement work.

National Maternity Survey

The National Maternity Survey was undertaken between April and August 2021 and included women meeting the eligibility criteria who gave birth in February 2021.

The Trust had a response rate of 62.22%, which was 10.22% above the national average. The Trust performed 'about the same' as other Trusts for the majority (40) of questions and no questions scored worse than expected. The Trust scored 'much better' than most Trusts for 1 question, 'better' than most Trusts for 6 questions and 'somewhat better' than most Trusts for 3 questions.

| | | 2021 | 2019 | 2021 Band |
|---|--|------|------|-----------------|
| Section 4: Your labour and birth | | | | |
| Q. C3 | At the start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital? | 9.2 | 9.2 | Better |
| Q. C4 | During your labour, did staff help to create a more comfortable atmosphere for you in a way you wanted? | 8.0 | 8.2 | Somewhat better |
| Q. C10 | Were you involved in the decision to be induced? | 9.0 | | Better |

| Section 5: Staff caring for you | | | | |
|---|--|-----|-----|-----------------|
| Q. C18 | Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you? | 8.5 | 7.6 | Somewhat better |
| Q. C19 | If you raised a concern during labour and birth, did you feel that it was taken seriously? | 9.1 | 9.2 | Better |
| Q. C20 | During labour and birth, were you able to get a member of staff to help you when you needed it? | 9.5 | 9.2 | Much better |
| Section 6: Care in hospital after birth | | | | |
| Q. D2 | On the day you left hospital, was your discharge delayed for any reason? | 7.8 | 6.8 | Better |
| Q. D4 | If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you when you needed it? | 8.4 | 8.3 | Somewhat better |
| Q. D8 | Thinking about your stay in hospital, how clean was the hospital room or ward you were in? | 9.6 | 9.4 | Better |
| Section 8: Care at home after the birth | | | | |
| Q. F3 | If you contacted a midwifery or health visiting team, were you given the help you needed? | 9.0 | 9.1 | Better |

A User Experience (UX) System has been developed and introduced in Maternity to support improvement work. The system is an engagement tool that captures ideas for improvement based on a specific theme through engagement to improve user experience. The approach was co-developed with Maternity Voice Partners (MVP) and has led to a number of improvements, examples of these are:



In response to feedback posters have been developed to remind service users that staff are always available to listen and support people with any questions they may have to help them make choices that are right for them.

In response to feedback birth preference cards have been developed, the cards are explained to women at 28 weeks to enable them to reflect and consider their preferences, cards are then completed with the Midwife at 32 weeks and reviewed as required. The card stays with women throughout the birthing process to ensure that preferences are known by staff.

National Cancer Patient Experience Survey

The National Cancer Patient Experience Survey was undertaken between April and June 2021 and included patients meeting the eligibility criteria who had an inpatient episode or day case attendance for cancer related treatment in the months of April, May, and June 2021. The survey was voluntary due to Covid-19 and only 55 Trusts took part.

The Trust had a response rate of 63%, which was 4% above the national average. Patients receiving care and treatment for cancer within the Trust during 2020 gave an overall score of 8.7 out of 10 for their experience of care, consistent with the previous year (8.8). In the Cancer Dashboard questions 6 of the 7 directly related to patient care within the Trust scored 79% or higher. There were 3 questions with a statistically significant difference between 2019 and 2020, these are identified in the table below.

| | | 2020 | 2019 |
|---------------------------------------|--|------|------|
| Support for people with cancer | | | |
| Q. 22 | Hospital staff gave information about support or self-help groups for people with cancer | 85% | 91% |
| Operations | | | |
| Q. 27 | Beforehand, patient had all the information needed about the operation | 93% | 97% |
| Your overall NHS care | | | |
| Q. 60 | Someone discussed with patient whether they would like to take part in cancer research | 19% | 27% |

With support of Macmillan, the Living With and Beyond Cancer Team created a programme of initiatives to enable and empower people affected by cancer throughout their treatment and beyond. Working with patients, to develop innovative tools to promote safe self-management, supporting recovery and survivorship. These innovations include developing 'My Passport to Living Well', regular Living Well Sessions and resources available through an online platform. The initiatives were designed with patients and, where appropriate, encourage patient volunteers to take an active role in the delivery. This work led to the team winning the Integration and Continuity of Care Award in the Patient Experience Network National Awards 2020-2021 for the support and resources provided for people affected by cancer.

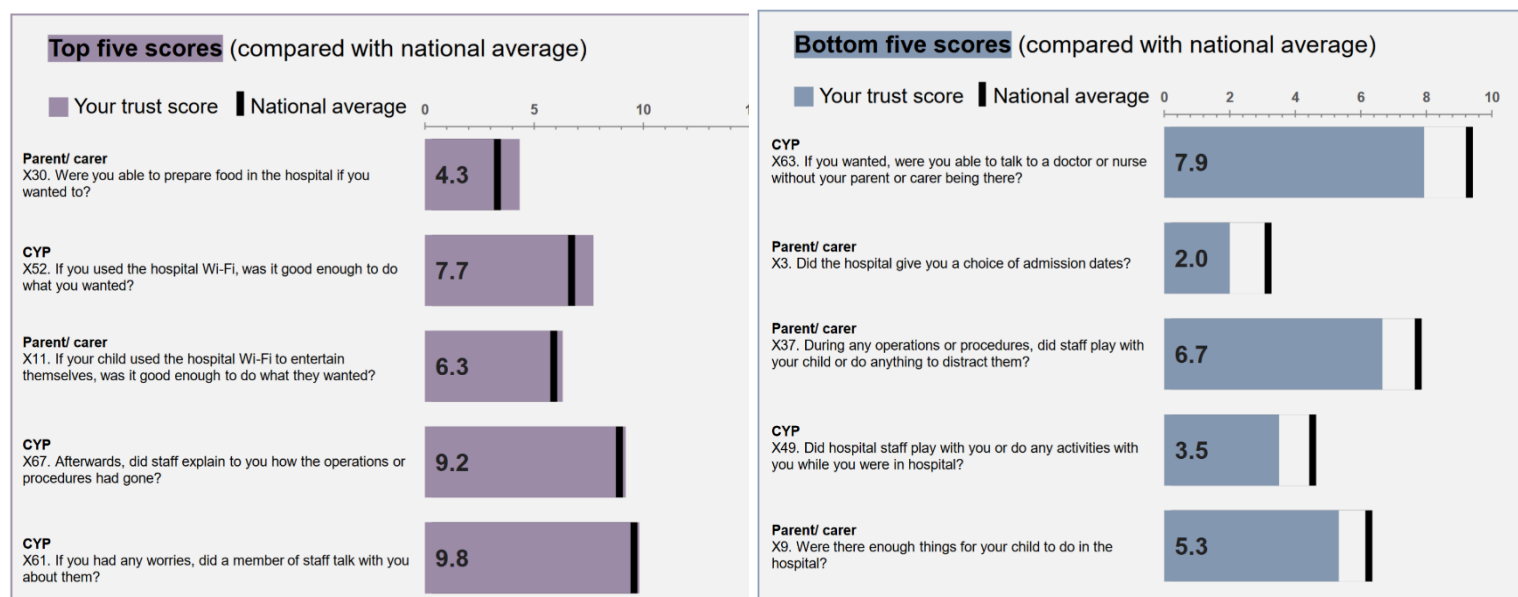
Comparing the Trust overall scores between 2016 to 2020 identified 3 questions that demonstrate a statistically significant difference in the table below. The one area identifying a decline relates to General Practice staff.

| | | 2016 | 2017 | 2018 | 2019 | 2020 | Change |
|--|---|------|------|------|------|------|--------|
| Clinical Nurse Specialist (CNS) | | | | | | | |
| Q. 19 | Patient given the name of a CNS who would support them through their treatment | 91% | 89% | 92% | 92% | 95% | Better |
| Care from your General Practice | | | | | | | |
| Q. 55 | General practice staff definitely did everything they could to support patient during treatment | 63% | 66% | 63% | 58% | 52% | Worse |
| Your overall NHS care | | | | | | | |
| Q. 59 | Patient felt length of time for attending clinics and appointments for cancer was about right | 68% | 80% | 74% | 76% | 81% | Better |

National Children and Young People's Survey

The National Children and Young People's Survey was undertaken between January and May 2021 and included patients meeting the eligibility criteria and were discharged from the Trust between the 1st November 2020 and 31st January 2021. The Trust had a response rate of 26%, which was 2% above the national average; and, performed 'about the same' as other Trusts for the majority (62) of questions. Three questions scored somewhat worse than expected, however no questions scored worse than expected, or much worse than expected. The Trust scored 'much better than expected' for 1 question, 'better than expected' for 1 question and 'somewhat better than expected' for 1 question.

The questions in which the Trust scored higher and lower compared to the national average are listed in the tables.



National Urgent and Emergency Care Survey

The National Urgent and Emergency Care Survey was undertaken between November 2020 and March 2021 and included patients meeting the eligibility criteria who were treated in Urgent and Emergency Care services during September 2020. The Trust had a response rate of 33.47%, which was 3% above the national average. The Trust performed 'about the same' as other Trusts for the majority (30) of questions, no questions scored better than most other Trusts, however 8 questions scored worse than most other Trusts.

| | | 2020 | 2018 | Band |
|---------------------------|--|------|------|-------|
| Arrival at A&E | | | | |
| Q.12 | Were you informed how long you would have to wait before being examined? | 3.1 | 3.1 | Worse |
| Doctors and Nurses | | | | |
| Q. 17 | Did the doctors and nurses listen to what you had to say? | 8.4 | 8.8 | Worse |
| Care and Treatment | | | | |
| Q. 31 | Do you think the hospital staff did everything they could to help control your pain? | 6.6 | | Worse |

| Tests | | | | |
|----------------------------|--|-----|-----|-------|
| Q. 29 | Did a member of staff explain the results of tests in a way you could understand? | 8.2 | 9.0 | Worse |
| Environment and Facilities | | | | |
| Q. 35 | Were you able to get suitable food or drinks when you were in A&E? | 5.7 | | Worse |
| Leaving A&E | | | | |
| Q. 41 | Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left A&E? | 6.7 | 7.2 | Worse |
| Respect and Dignity | | | | |
| Q. 46 | Overall, did you feel you were treated with respect and dignity while you were in A&E? | 8.7 | 8.8 | Worse |
| Experience Overall | | | | |
| Q. 47 | Overall... | 7.8 | 7.7 | Worse |

The Urgent and Emergency Care Team introduced Civility Saves Lives during 2021/2022 to improve communication and team performance. Sessions explore team culture, roles, communication and the vision of the team as it has been demonstrated that when a team values and respects members they achieve improved outcomes. Patient stories, captured from patients and people important to them, who have accessed the service have been captured to share examples of feedback with the team during workshops.

The Trust did demonstrate a statistically significant improvement in 3 questions when compared to the preceeding Urgent and Emergency Care Survey undertaken in 2018, these were:

| | | 2020 | 2018 |
|----------------|---|------|------|
| Arrival at A&E | | | |
| Q. 5 | Once you arrived at A&E, how long did you wait with the ambulance crew before your care was handed over to the A&E staff? | 8.6 | 7.8 |
| Waiting | | | |
| Q. 14 | Overall, how long did your visit to A&E last? | 6.9 | 6.2 |
| Tests | | | |
| Q. 30 | If you did not get the results of the tests when you were in A&E, did a member of staff explain how you would receive them? | 6.2 | 4.0 |

4. Internal Feedback

Feedback Hub

The Feedback Hub centralises all feedback-collection methods to increase accessibility and ease-of-access for users who wish to share their feedback. To improve visibility a link to the feedback hub is now available from the homepage on the Trust website. The Trust will continue to promote the webpage as a way of seeking patient, carer and visitor views. The number of interactions with the Feedback Hub totalled 1,193 in 2021/2022, reflecting common cause variation.

Feedback is shared anonymously with the relevant manager and Matron, to enable them to cascade to their team. Star cards are also sent to members of staff who are individually

recognised, to celebrate their achievements in creating a positive patient experience. If the person consents, feedback can also be shared on the Trust website, or on social media, to enable more staff within the Trust, and external members of the community, to hear examples of good practice.

Local Surveys

A local inpatient survey was developed, in response to the 2019 Adult Inpatient Survey (results published in 2020), in order to monitor and focus on the areas identified for improvement within the Trust. This gives an overall picture of how the Trust is performing throughout the year, in addition to providing a breakdown of the results at a Ward and Divisional level in order to give more detailed and meaningful data.

Surveys are sent monthly (via post) to a randomly-selected sample of 1000 patients, aged 18 or over, who had spent at least one night in hospital during the sample month. Data is analysed on a quarterly basis to ensure the response rate is sufficient in making the data meaningful.

Similarly a local A&E survey has been completed each month since March 2020, 500 surveys are posted to patients who have attended the A&E Departments. The latest local inpatient and A&E survey results have not yet been released to enable an overview of 2021/2022 to be included in the annual report.

Gather

The Trust uses an electronic survey and audit tool known as Gather. The tool enables staff and volunteers to use mobile devices to collect data at the point of care. This information is displayed within the ward quality dashboard and triangulated with quality, safety and workforce data. Data is gathered by the Ward Manager and Matron, with additional checks undertaken each month by a peer to provide additional validation. During 2021/2022 a total of 3,460 feedback responses from patients were captured across the Trust.

Surgery, Anaesthetics and Cancer

There were a total of 1204 patients surveyed throughout the quality metrics process across 11 clinical areas within the Surgical Division, between April 2021 and March 2022. The majority of patients responded that the Nurses (99.65%) and Doctors (99.51%) were kind; and 98.94% were happy with the care they had received.

96.95% said the Nurses answered the call bell promptly when it was used; and 97.94% of respondents said their pain had been addressed. Patients reported when asked that Nurses (99.92%) and Doctors (98.83%) had washed their hands before caring for them. Respondents said the Nurses had checked their wristband before administering any medication (99.57%), and a similarly high proportion said their medication had been fully explained to them (96.01%).

When asked if they felt involved in decisions about their care, 96.65% said they did; although, 6.91% of respondents said that Doctors had talked in front of them as if they were not there, this

demonstrates an improvement in comparison to the previous year (16.4%). 82.8% of respondents knew what the plans were in relation to discharge, or further investigation/treatment. In terms of hospital food, the majority of respondents said they were offered a choice of food (98.63%) and 95.19% were happy with the food they were given.

Medicine

There were a total of 1785 responses across 18 clinical areas within the Medical Division, between April 2021 and March 2022. The majority of patients responded that the Nurses (98.8%) and Doctors (99.4%) were kind and, 98.18% were happy with the care they had received.

93.27% said the Nurses answered the call bell promptly when it was used and, 97.28% of respondents said their pain had been addressed. When asked if the staff had washed their hands before caring for them, patients confirmed that they had seen the Nurses (99.3%) and Doctors (98.46%) do this. 98.42% of respondents said the Nurses checked their wristband before administering any medication, however only 89.07% said the medication had been fully explained to them.

When asked if they felt involved in decisions about their care, 93.99% said they did, 7.26% of respondents said that Doctors had talked in front of them as if they were not there, however, this reflects an improvement on the previous year (14.8%). 25.59% of respondents did not know what the plans were in relation to discharge, or further investigation/treatment. In terms of hospital food, 98.17% of respondents said they were offered a choice of food and a high proportion (94.42%) said they were happy with the food they were given.

Urgent and Emergency Care

There was a total of 350 responses between April 2021 and March 2022. Respondents said the Nurses (100%) and Doctors (99.75%) were kind; and a similarly high proportion were happy with the care they had received (99.45%).

99.13% said the Nurses answered the call bell promptly when it was used; and 99.2% of respondents said their pain had been addressed. The majority of respondents observed the Nurses (99.75%) and Doctors (99.18%) wash their hands before caring for them, and confirmed their wristband was checked before administering any medication (99.45%). Respondents also said their medication had been fully explained to them (95.83%).

When asked if they felt involved in decisions about their care, 98.65% of respondents said they did, reflecting an improvement on the previous year (90%), however, 8.1% of patients felt Doctors talked in front of them as if they were not there. 81.43% of respondents knew what the plans were in relation to discharge, or further investigation/treatment, reflecting a significant improvement in comparison to the previous year (47.5%). In terms of hospital food, respondents said they were offered a choice of food (99.43%) and 98.55% were happy with the food they were given.

Women and Children's

There was a total of 350 responses across 1 ward using Gather within the Women and Children's Division, between April 2021 and March 2022. Respondents said the Nurses (99.1%) and Doctors (100%) were kind; and a similarly high proportion were happy with the care they had received (100%).

100% said the Nurses answered the call bell promptly and 99.1% confirmed that their pain had been addressed. All respondents said the Nurses (100%) and Doctors (100%) washed their hands before caring for them, and 99.1% confirmed their wristband was checked before administering any medication. Respondents also said their medication had been fully explained to them (98.1%).

When asked if they felt involved in decisions about their care, 96.5% of respondents said they did. There were instances where patients felt Doctors talked in front of them as if they were not there (4.4%), and 7% of respondents did not know what the plans were in relation to discharge, or further investigation/treatment. In terms of hospital food, the majority of respondents said they were offered a choice of food (99.1%) and 100% were happy with the food they were given.

The questions used to capture patient experience feedback in Gather are being reviewed to support measuring key areas for focused improvement. By listening to patients share their experience, real time feedback can be obtained to evidence and support informed improvement work.

5. Patient Stories

Patient stories can be a powerful tool, providing insight of personal experiences of care within our Trust, which can help to improve understanding and learning.

The Trust recognises the power of storytelling through enabling the listener to experience the emotion with the person sharing their story. When someone shares their story and describes their experience, the audience can engage and connect with the image that is being described, enabling them to share the emotions and feelings of the storyteller at a given moment in time.

A number of patient and staff stories, captured during 2021/2022, have been shared through the appropriate channels within the Trust. Next steps and actions are devised in response to patient stories to increase awareness and promote learning as a result of patient feedback. Examples of stories shared during 2021/2022 include:

It's Within Our Gift to Make a Difference

The storyteller describes their experience in communicating to a patient using British Sign Language (BSL). A member of the charity Signal provided additional insight and feedback from a service user perspective.

A range of steps have been taken, including developing resources to support staff in addressing the needs of d-Deaf or hard of hearing patients. A BSL patient information library has additionally been developed on the Trust website, to communicate important information such as how to access an interpreter/translation.

Take a moment and listen to what I need

Following a visit to his GP a patient was referred to the Trust for treatment the following day. The patient contacted the department the evening before admission to inform them that due to an injury he would require a hoist to transfer. The experience is recounted highlighting points which stood out to him during his inpatient care, identifying aspects where his needs could have been better met and areas in which he received good care.

Following this patient story being shared the subsequent actions have been taken:

- A process has been introduced to ensure that patients are greeted upon arrival to the area and updated as necessary in relation to waiting times.
- The Ward Sister and Ward Manager are completing quality checks to ensure that individual patient needs are assessed and incorporated into their care.
- The staff on duty overnight will check any equipment identified for patients being admitted the next day and ensure that it is made available in advance of their arrival.
- The Moving and Handling Team are providing additional hoist training within the area and training on supporting patients with a spinal injury.
- New patient hoists have been ordered as a replacement, the hoists are easier to manoeuvre and lift to a higher level.
- The storyteller has met with the Moving and Handling Team to discuss the impact of his experience with them, providing an opportunity for questioning and compassionate learning.
- The Moving and Handling Team are focusing the new patient handlers statutory training sessions on hoisting, in response to this experience which has been shared with the Trust.

Guidance for Blue Badge Holders

Whilst the storyteller was aware of the Trust concession for Blue Badge holders, when attending an appointment at a weekend there were no parking attendants on duty and no information available to provide advice. The storyteller searched the Trust website and found information on what to do in the event of visiting the Trust at a weekend. This led him to question what other Blue Badge holders would do if they found themselves in a similar situation and he contacted the Trust to provide feedback on his experience.

Following this patient story being shared the subsequent actions have been taken:

- A poster has been developed with the storyteller to provide guidance for Blue Badge holders visiting the Trust.
- The poster is displayed at the Parking Attendant's cabin at each hospital.
- Copies of the poster have been provided to all outpatient areas to display in waiting rooms.
- Guidance has been incorporated in the television screen show available in some waiting areas across the Trust.
- Information has been shared with the reception staff to ensure that they are able to advise visitors to the Trust on parking queries.
- An animated patient story has been captured and shared as one of a selection during Experience of Care Week in April 2021, demonstrating how the Trust responds to feedback.

First Impressions

The mother of a patient who attended the Emergency Department (ED) following advice from NHS 111 to access treatment for her 19 year old daughter. The storyteller shared her experience of the ED waiting room.

In response to the feedback a number of actions have been taken, examples of these are:

- The need to direct Head and Neck patients to the Princess Royal Hospital has been reinforced to NHS 111.
- A Trust values and behaviours workshop has been held with the ED Reception Team, facilitated by the Workforce Team.
- The Emergency Centre introduced Civility Saves Lives workshops in September 2021. The workshops highlight the importance of values and behaviours at work and the impact this has on others. The sessions are interactive and will include all staff within the Service.
- Patient stories are being used within the workshops to increase staff awareness of the impact values, behaviours and good communication has upon the experience a patient receives. This feedback has been incorporated in the workshops to reinforce the message and learning.
- A volunteer role has been introduced into the ED waiting rooms to provide visibility, assistance, and a point of contact for people waiting.

Steve's Story

The son of a patient shared his experience of struggling to maintain contact with his father, who struggled to use his mobile telephone. Outlining how opportunities for staff to explain the Swan symbol could have been better and tools such as the patient radio could be used more appropriately to benefit the patient if their needs are considered.

A number of actions have been taken in response to the feedback, some examples of this are:

- The digital story has been shared in a range of meetings across the Trust to share the feedback, raise awareness and enable learning to be taken
- 71 mobile telephones were obtained and allocated to all inpatient areas across the Trust to support improved communication
- Compassionate visiting has been reinforced across inpatient areas to provide clarity and ensure that support is in place for patients and those important to them
- A portfolio of resources to support communication with families has been developed on the Trust intranet
- The digital story has been incorporated into Championing End of Life Care training to raise awareness throughout the Trust.

An example of services working together to meet an individual's needs

Speciality leads worked together to identify the best approach to meet a young person's needs. Progress built gradually and small improvements were made, progressing to larger achievements. Steadily the young person regained more functional ability, developing methods of communication,

starting to eat, and eventually taking steps. When the stage in their recovery was right, the patient was supported in their transfer back to a partner organisation.

Two digital stories were captured to share different views of the experience, one from a staff member and one from the patient's mother. This provided greater insight and enabled learning to be taken from feedback of different perspectives.

Pam's experience of a same day discharge hysterectomy

The storyteller attended a gynaecology clinic appointment where she learned that she would require a hysteroscopy which was offered on the same day. She describes how she felt overwhelmed with the attention she received during the procedure. The storyteller shared how she felt that it would have been helpful to be informed that she would need to have daily injections prior to the procedure. Whilst she did not struggle with this and had a family network around her, she recognises that this may not be the case for everyone. The storyteller was pleased to be able to go home the same day and was provided with a list of contact numbers to access support if needed, which was important to her.

Following the feedback being shared, actions have been taken to improve the process, some examples of this are:

- The story has been shared at the Same Day Discharge Hysterectomy Focus Group and at the Gynaecology Clinical Governance Meeting, and plans put into place to address key areas identified for development.
- The storyteller's experience has been captured in a second video that will be used to help raise awareness with patients considering receiving the same procedure. Helping them to learn through the experience of a fellow patient, using her own words to describe the experience.
- Learning taken from the feedback has led to processes being reviewed to inform patients about anticoagulant treatment pre-operatively.

The patient stories have, and are continuing, to lead a number of improvements across the Trust.

6. Third Party Feedback

Feedback Sites

People accessing services within the Trust can record their experience on the Care Opinion and NHS Choices websites. During 2021/2022 there were 58 comments posted about the Trust. Of the feedback posted 33 posts were positive experiences and positive staff attitudes, more specifically about being treated with respect and a positive experience when accessing areas such as ED, Maternity, Phlebotomy, Endoscopy, Audiology, Gynaecology, Vascular and Radiotherapy Teams. The remaining 25 were negative comments relating to wait times in Telford and Shrewsbury Emergency Departments, the estate and facilities within the area, and wait times for elective procedures. All comments have been shared with the relevant Departments/Wards.

Healthwatch

Due to visiting restrictions, no Enter and View visits have taken place within the last quarter. As visiting is reinstated across the Trust in a risk-managed way, in recognition of local prevalence within the community, the reintroduction of Enter and View visits will continue to be reviewed in a planned approach.

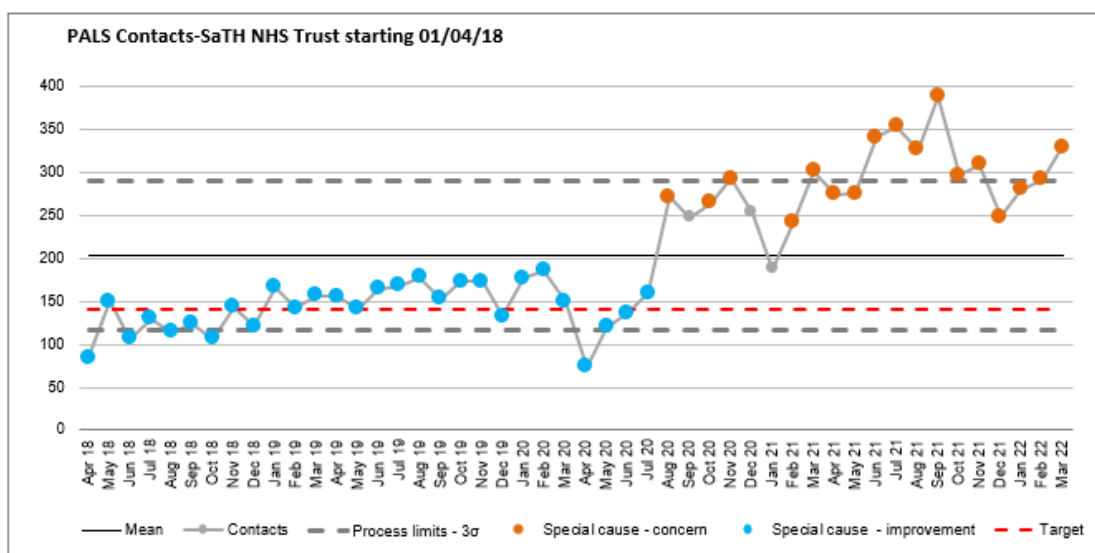
During 2021/2022 the Trust, Healthwatch and key stakeholders explored an approach to gather feedback from children and young people accessing mental health services, to learn from their experiences and how services can be developed to support them. The Healthwatch survey findings were published in quarter four. During quarter three Healthwatch and Powys CHC were invited to join the Patient and Carer Experience Panel.

7. Patient Advice and Liaison Service

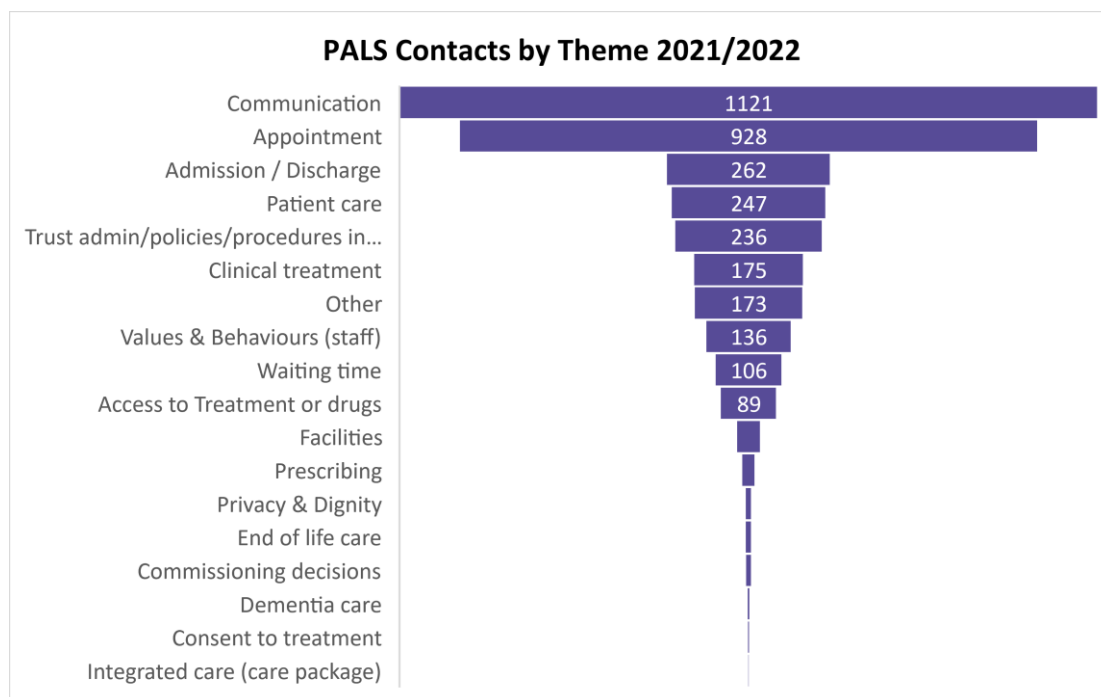
The Patient Advice and Liaison Service (PALS) are available to assist and support patients, service users and people important to patients, they can be the first point of contact for any concerns they wish to raise about their care or service they have received. With prompt action these concerns can often be resolved quickly and have positive outcomes. The PALS Team can be contacted by telephone, email or in person.

PALS Activity

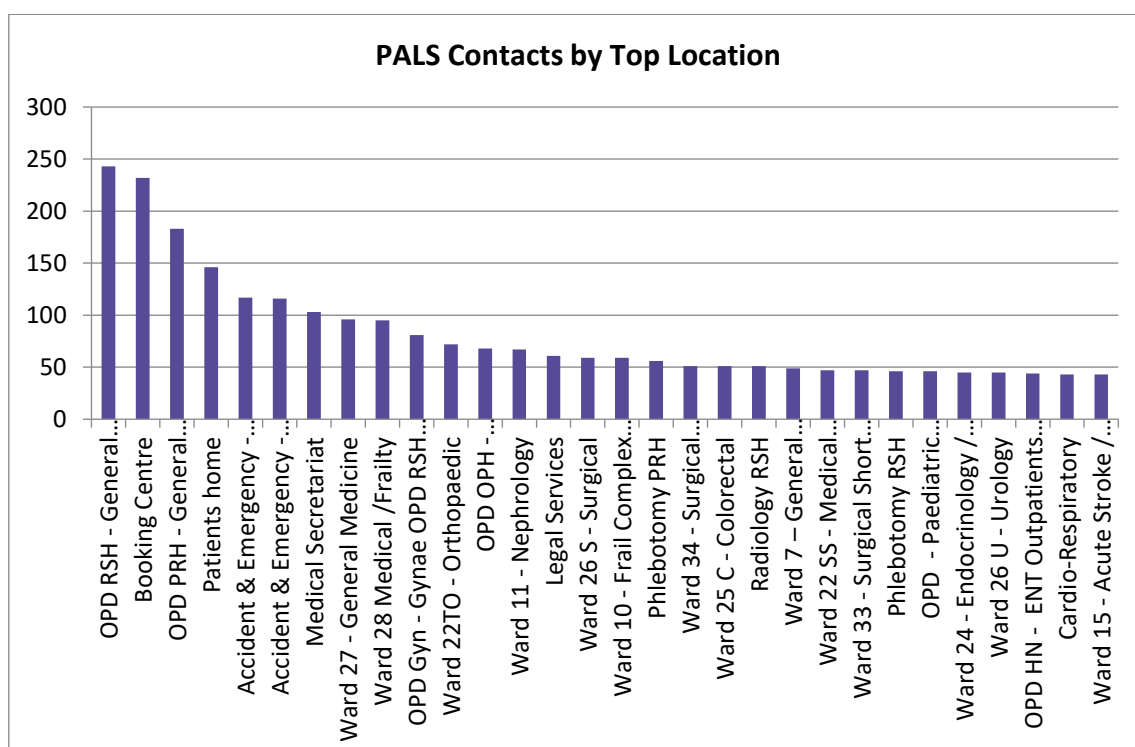
During 2021/2022, the PALS team received 3721 contacts from people wishing to receive support with raising a concern or obtain advice from PALS. The number of contacts reflects an increase of 1182 cases in comparison to the previous year, and an increase of 1769 contacts in comparison to 2019/2020.



The majority of concerns were connected to the Covid-19 pandemic, experiencing difficulty with communication whilst visitors has been restricted, and concerns relating to delayed appointments as a result of the backlog that has built during the pandemic.



The majority of PALS contacts received relate to outpatient locations and the emergency departments, in line with levels of activity; the graph below shows the top locations for PALS contacts:

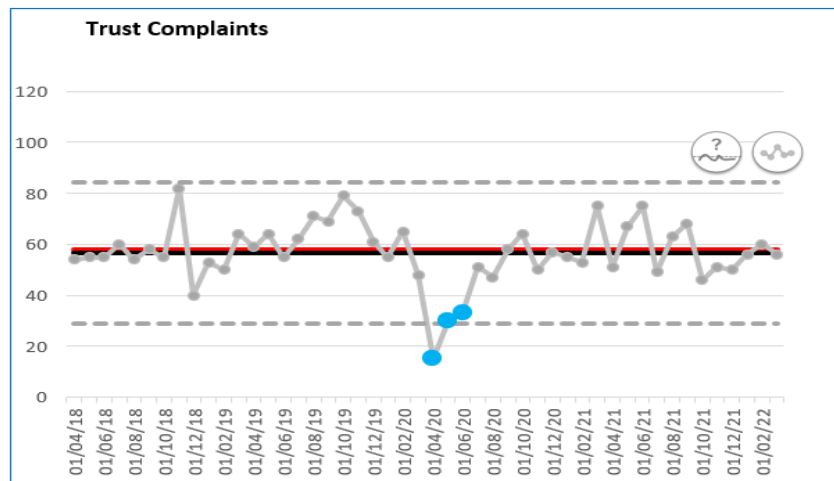


8. Complaints

The Trust endeavours to provide a good patient experience, however when this is not achieved complaints provide valuable feedback and learning which can help drive improvements.

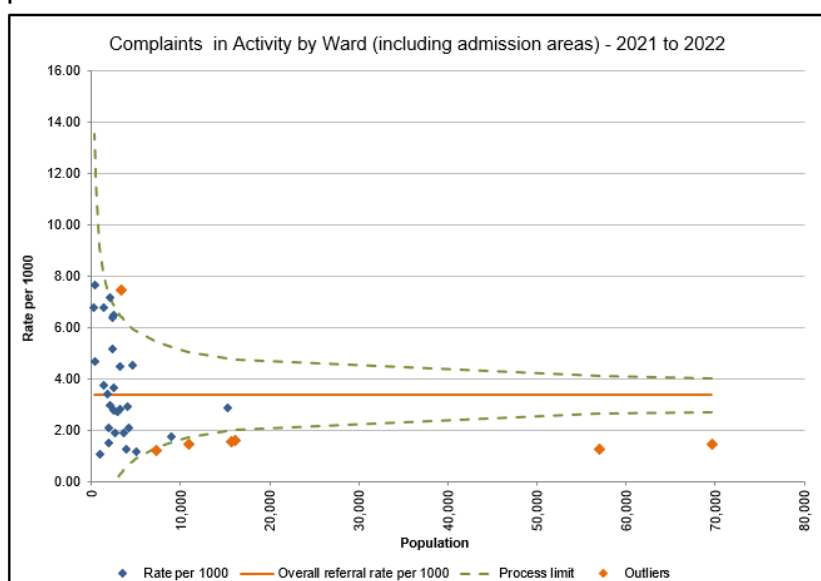
During 2021/2022 the Trust received a total of 688 formal complaints, an increase of 100 in comparison to the previous year. However, this equates to less than one in every 1000 patients complaining (0.72 complaints per 1000 patients) reflecting a slight decrease in comparison to the previous year when compared to activity (0.78 complaints per 1000 patients).

The graph below shows the number of complaints over the last four years which remain within common cause variation through 2021/2022.

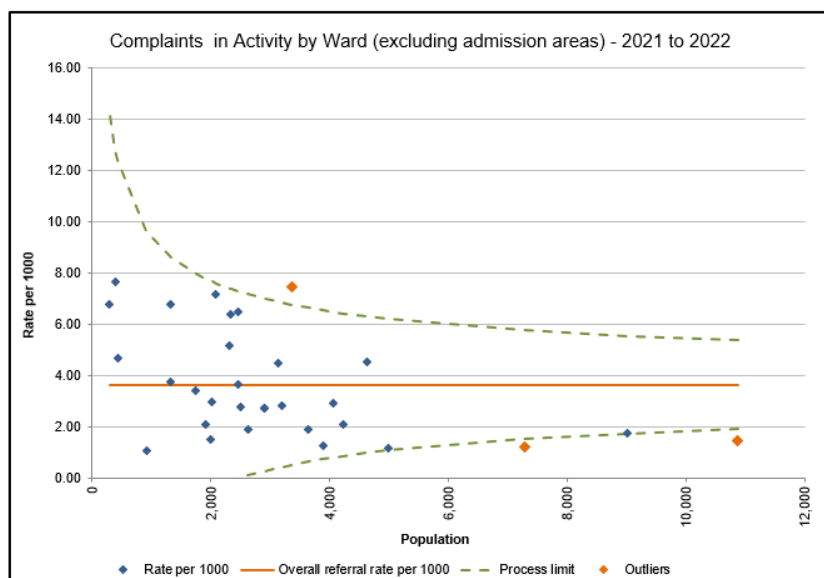


The number of complaints has remained overall in line with average numbers for a Trust this size, with some in-month variation. The breach of the lower control during 2020/2021 corresponded with a decrease in activity, linked with the Covid-19 pandemic.

Of the 740 complaints closed in 2021/2022, 18% (137) were upheld, 66% (487) were partially upheld and 16% (116) were not upheld. A complaint is deemed to be partially upheld if any aspect of it is upheld in the response and fully upheld if the main aspects of the complaint are deemed to be upheld.



Reviewing the number of complaints by area in comparison to activity enables comparison per 1000 patients.



Removing admission points from the data set provides greater clarity and transparency to support comparison between wards. Measuring the data in this way identifies three special cause variations (outside of the 99.7% process limits), one variation above the upper process limit and two variations below the lower process limit, identifying two areas with a low number of complaints compared to activity.

Performance

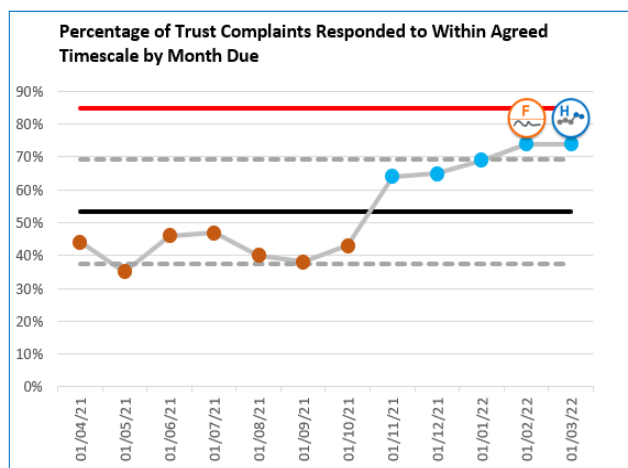
Acknowledgement

The Trust is required to acknowledge all complaints either verbally or in writing within three working days of receipt. This was achieved in 99% of cases in 2021/2022; in those cases where the written acknowledgement was late all patients had had a verbal acknowledgement within three working days. The Complaints Team have set a stretch target of sending a written acknowledgement within two working days, and 92% of complaints were acknowledged within two working days in 2021/2022.

The Case Manager handling the complaint will phone the complainant where possible to clarify the issues for investigation and the complainant's expectations and to act as a contact point throughout the complaint.

Response Times

Each complainant is given a timescale for response, which will vary depending on the complexity of the complaint and the level of investigation required. Where it is not possible to respond within the initial timescale agreed, the complainant is contacted and advised of the delay and given a new timescale. In 2021/2022, 53% of complaints were responded to within the initial agreed timescales, which is a decrease from the previous year by 7%. Delays were due to staff within Divisions not responding to the Complaints Team in time, or further information being required; this was due to a variety of reasons, the main ones being competing clinical priorities, staff availability, and access to patient records.



The table to the left reflects the percentage of complaints due each month that were responded to within the agreed timescale. Work is ongoing to improve response rates, this has been an area of focus during 2021/2022, with response rates in year increasing from 42% in the first quarter, to 71% in the final quarter of the year. Whilst the Trust target of 85% has failed to be achieved, a high special cause improving variation has been demonstrated.

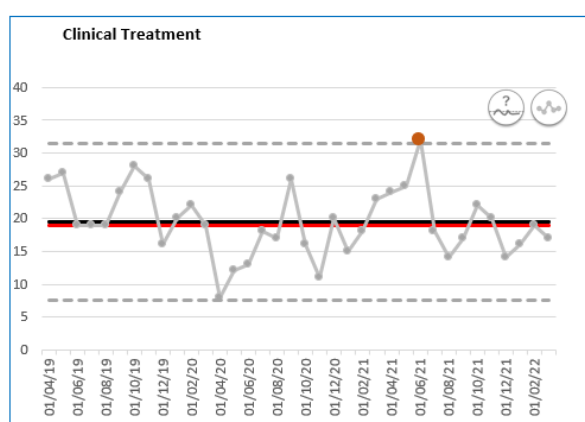
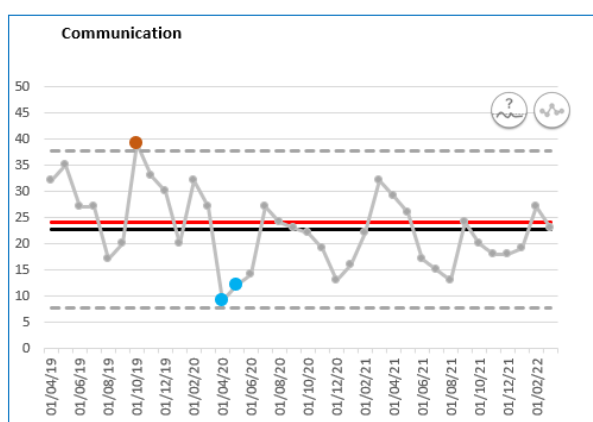
Work is ongoing to sustain and further improve response rates, including training for staff in responding to complaints, weekly meetings with senior managers within the Division, and a more robust sign-off process. There has additionally been a focus on reducing the number of overdue complaints, with the backlog being reduced from 171 to 33 at the end of 2021/2022.

Key Themes of Formal Complaints

Each complaint may be multi-faceted, particularly where the complaint relates to inpatient care that may involve the multidisciplinary team or events over an extended period of time. Each theme identified in the complaint is recorded which means that the total number of issues will exceed the number of formal complaints received. The graphs below show the number of concerns raised by theme across the Trust in 2021/2022.

a) Communication

This category covers all aspects of communication, written and verbal, with the patient, relatives, between staff, with the GP and in relation to test results. During 2021/2022, the Trust received 249 complaints where communication featured. One of the main areas of concern raised continues to be problems with relatives getting updates whilst visiting has been restricted, and areas have continued to work on improving this.



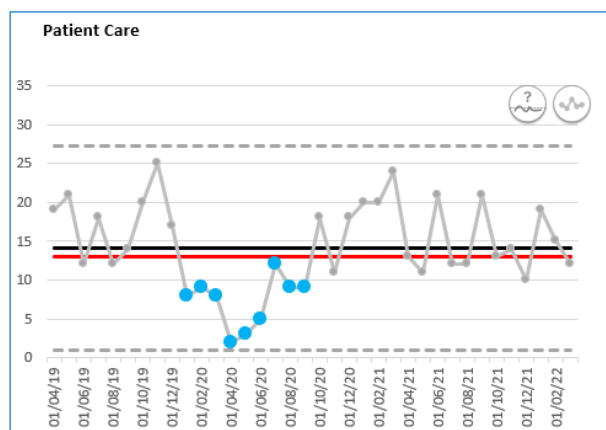
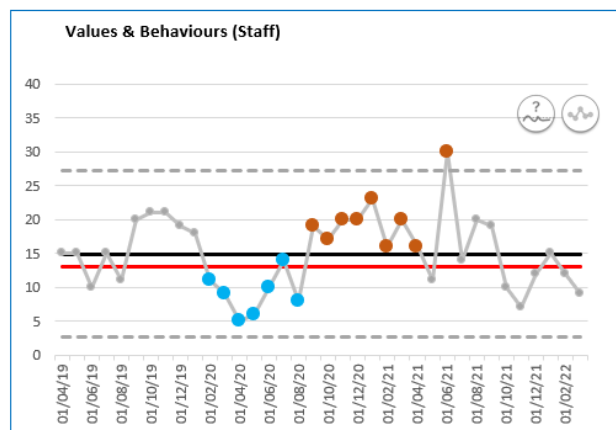
b) Clinical Treatment

Complaints within this category may involve aspects of the clinical care provided by health professions, as well as complaints about the patient's diagnosis and treatment, any complications,

and pain management. During 2021/2022, there were 238 complaints that fell into this category; there was one breach of the upper warning limit. Most of these complaints related to delays in diagnosis and misdiagnosis (including missed fractures) and delays in treatment.

c) Values and behaviours

This category includes complaints about staff attitude, professional behaviour, and breaches of confidentiality. There were 175 complaints within this category during 2021/2022, with one breach of the upper warning limit. In July 2021, the Trust held a range of activities to raise awareness of the Trust values and behaviours.

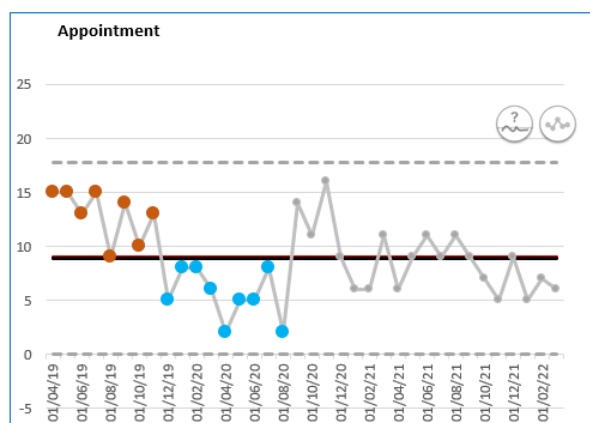
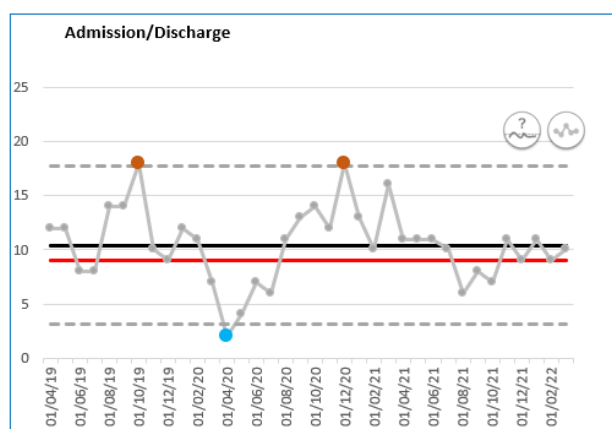


d) Patient care

Complaints within this category include complaints about patient falls, nutrition and hydration, infection control and pressure area care. The Trust received 173 complaints in 2021/2022 about this aspect of care; this has shown an increase from previous years, although numbers remain within expected variation. The majority of these complaints related to patients not having their care needs adequately met.

e) Admission / Discharge Arrangements

Complaints within this category relate to the patient's admission and subsequent discharge, as well as any transfers. During 2021/2022, there were 114 complaints within this category, a slight reduction in comparison to the previous year, and within expected variation.



f) Appointments

Complaints within this category include waiting times to receive an appointment and cancellations of appointments. During 2021/2022, the Trust received 94 complaints; there were no breaches of the upper warning and control limits. Most complaints are linked with waiting times and cancelled appointments.

Patient demographic data is collected for each complaint which enables feedback to be analysed to ensure that there are no groups of patients reporting a worse experience of care when accessing services or treatment within the Trust.

Actions and Learning from Complaints

The Trust is committed to becoming the safest and kindest Trust and as part of that, it is important that each complaint is seen as an opportunity to reflect, learn and make improvements in the areas that matter most to our patients, and the people important to them.

Examples of learning and changes in practice that have arisen in response to complaints are set out below:

- Following several concerns raised about a number of elements of nursing care, including skin care, communication and discharge, the ward used the complaint to make improvements in these areas. They are developing a process for supporting patients who are non-concordant with pressure care and using repositioning clocks for patients at high risk of developing pressure sores. New handover documentation has been developed and educational resources are available for staff on pressure care. The ward has also improved their forward-planning for weekends, to prevent patients being moved inappropriately.
- A patient raised concerns about the new tourniquets in Radiology, which she found were painful and resulting in blood blisters developing. As a result of this complaint, the team have sought advice and support from the Phlebotomy Department in how to fasten the tourniquets without pinching and have introduced additional checks when placing these. All staff have been assessed in fastening the new tourniquets.
- As a result of feedback about the Phlebotomy Department, more signs have been added, inside and outside to remind patients about social distancing when attending for appointments.
- There have been a number of concerns about issues with patient property. There are now specific bags in use for the property of Covid positive patients who have passed away, to help prevent property being lost. In addition, all wards and departments have leaflets on handling property and hand hygiene requirements that are given to relatives when collecting property.
- As a result of a complaint about the way in which a patient's discharge was managed, changes have been made to ensure that discharge bloods are reviewed in a timely manner. Nursing staff also now ensure that they confirm with patients how they are getting home and explore options for transport with them.

- Following a case in which there was confusion about the impact of self-discharging before all tests could be done, additional information is now included in the regular induction of junior doctors on AMU to ensure that they are familiar with the correct process.
- A woman raised concerns about the lack of support and communication following a miscarriage. A patient information leaflet has been developed and introduced in addition to advice from Tommy's and the Miscarriage Association which are now provided to all women having a miscarriage. A digital patient story has been captured to increase staff awareness and learning from feedback and staff are receiving training in sensitive communication. The area is being visited by the Chaplaincy Team daily to provide additional pastoral support to people experiencing a loss.
- The misinterpretation of a letter from a patient enquiring about their forthcoming appointment led to the appointment being cancelled unnecessarily. This case has been shared with the team, to highlight the need to read correspondence thoroughly before acting. Staff have also been given support in using the different systems to identify patients seen in the community.
- As a result of incorrect information being recorded at pre-operative assessment, a patient's surgery was cancelled. The case was shared with staff so that they were aware of the implication of incorrect information, and the importance of correct documentation. In response to learning, the team have developed an induction form and a leaflet for temporary staff, providing them with the information they need to correctly complete tasks.
- A patient raised concerns that his surgery was cancelled as the correct pre-op arrangements were not in place. As a result of his complaint, the pre-operative assessment and Bookings Teams now work more closely, to identify patients who require additional resources. One of the pre-operative assessment rooms has been adapted to better accommodate patients arriving on stretchers, and the pre-operative template now includes a section to check which Covid-19 pathway the patient is on.
- Concerns were raised about delays in the patient being discharged, and the family not being involved in the discharge planning. Staff have been asked to ensure that they clarify with the patient and their families who the best main contact is for discussions regarding discharge planning. They have also been advised to seek social worker advice and support in terms of discharge planning, particularly when the case is complex or there are conflicting views. Where a concern or resource constraint lies beyond the scope of the Department, staff will provide contact details to help the patient or relative find out the information they need from the appropriate department.
- As a result of a complaint from the family about care and treatment of two patients, and the poor communication with the family, a number of changes have been introduced. There are now clear communication plans in place to ensure that families are updated. The Tissue Viability Team and Falls Specialist Nurse have worked with the ward staff to provide additional training. The importance of the discharge checklist and transfer letter, which

incorporates a body map and telephone handover when discharging to care homes has been reinforced to the clinical teams.

- Concerns about the care and support a patient received led to discussions with staff about personal and individualised care. Staff are aware that personal care includes hair, nails, and shaving for men, and additional training has been given to reinforce this and the importance of supporting patients in maintaining their dignity.

The Ward Manager has contacted the company that supply continence products and training has taken place with regard to choosing the correct continence product with a focus on the individual. This is ongoing to support staff and the Ward has been identified as a pilot area for trial for continence products and learning.

Parliamentary and Health Services Ombudsman (PHSO)

During 2021/2022, four cases were referred to the PHSO:

- Concerns relating to care of a patient on ITU with Covid-19; during 2022/2023, the Trust has had confirmation that this case was not upheld.
- Concerns relating to care of a patient attending ED with known heart problems; during 2022/2023, the Trust has had confirmation that this case was partially upheld, with recommendations about waiting times in ED, documentation, and referrals to specialty teams.
- Concerns regarding management of infection, and end of life care; this case is still under review.
- Concerns regarding management of a fungal infection; this case is still under investigation.

During 2021/2022, the PHSO concluded four investigations. Three of these were partially upheld:

- Concerns regarding treatment in ED and management of complaint; this case was partially upheld with recommendations about documentation.
- Concerns regarding boarding of a patient, assessments, and communication with families; this case was partially upheld with a recommendation for compensatory payment.
- Concerns regarding management of low potassium levels; this case was not upheld.
- Concerns regarding cardiology care; this case was partially upheld, with a recommendation for a further letter of explanation to be sent to the complainant.

PALS and Complaints Key Achievements

PALS and Complaints key achievements in 2020/2021:

- A reduction in the backlog of overdue complaint cases to 30 at the end of 2021/2022
- Improvement in response rates, achieving 71% in quarter four
- The introduction of a PALS Officer role within the Women and Children's Division, providing a more proactive service to families using services

9. Mixed Sex Accommodation

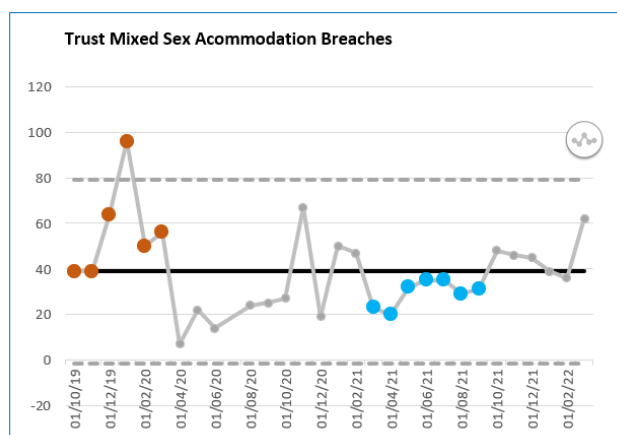
The Trust has a mixed sex accommodation policy in place outlining monitoring and reporting through Datix. Assurance measures are in place to manage breaches in general wards, if every alternative has been explored, proposals to breach are escalated to a Director through the Divisional management team or to the Executive on-call out of hours to gain approval.

Mixed sex accommodation breaches are displayed on local quality dashboards and reported to the Quality and Safety Assurance Committee and the Board of Directors each month in the integrated performance report.

Patient feedback has not identified any concerns or complaints during 2021/2022 which relate to mixed sex accommodation.

Trust Overview of Mixed Sex Accommodation Breaches

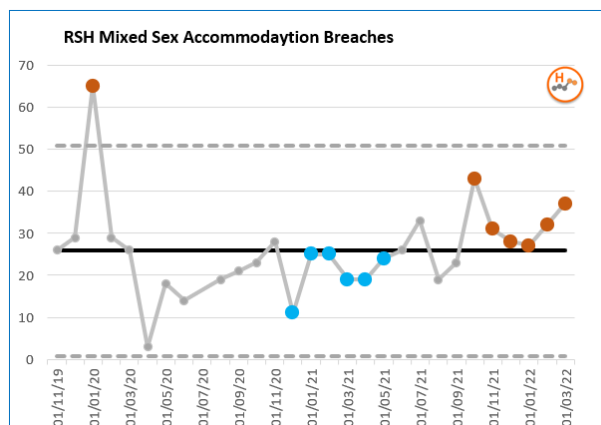
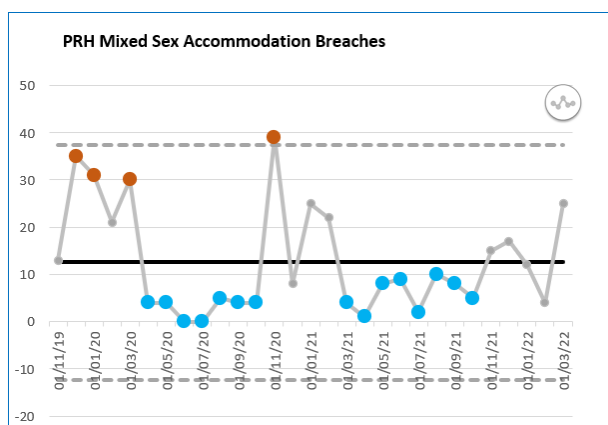
Mixed sex accommodation breaches across the Trust increased in January 2020, reflective of the increase in ITU/HDU reporting. Further increases in reporting were reflected in November 2020, January/February 2021, and February 2022 reflecting an increase in breaches due to Covid-19 measures in place to maintain site safety.



Recent mixed sex breaches reflect an increased demand and the requirement to cohort patients to maintain good infection prevention and control practice creating an additional challenge.

Mixed Sex Accommodation breaches at the Royal Shrewsbury Hospital (RSH) reflect a high special cause concerning variation, this is due to pressure transferring patients out of ITU and cohorting Covid-19 patients.

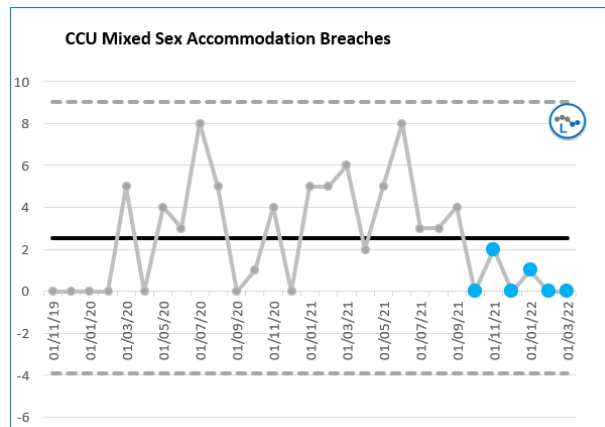
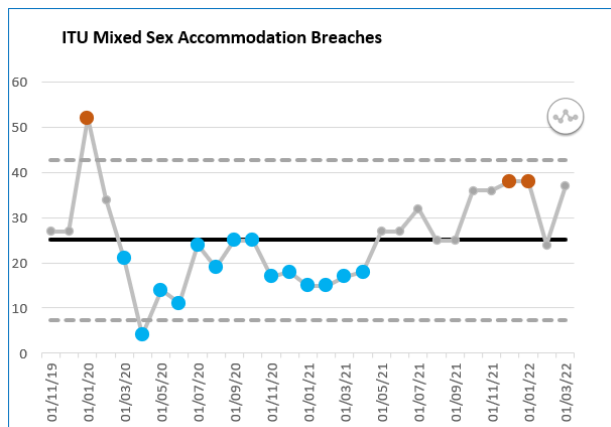
The number of mixed sex breaches at the Princess Royal Hospital (PRH) declined in April 2020 following a reconfiguration of the Hyper Acute Stroke Unit (HASU).



Speciality Mixed Sex Accommodation Breaches

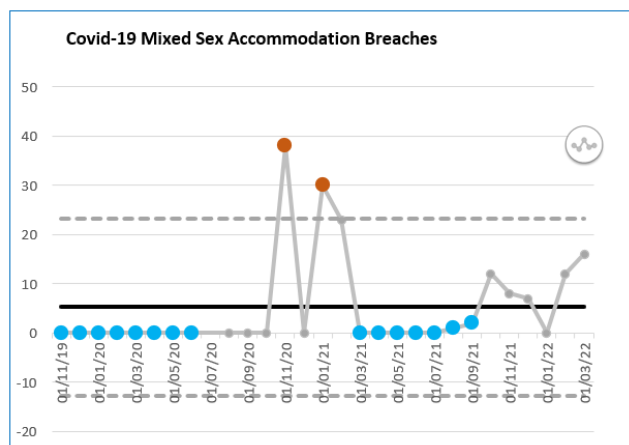
In January 2020, the ITU and HDU mixed sex breach reporting changed to capture all patients who exceeded a 4 hour transfer to a stepdown bed. Prior to this point a local agreement was in place and breaches exceeding 12 hours were captured and reported. The Trust aligned reporting to reflect national guidance and provide greater transparency. The change in reporting is likely to account for the high variation in ITU/HDU reported in January 2020, and subsequent increase in Trust reporting.

Cardiology moved to PRH in February 2022, since the reconfiguration there have been no mixed sex breaches due to CCU patients being fit to transfer to a stepdown bed.



Covid-19 Mixed Sex Accommodation Breaches

In response to the Covid-19 pandemic, national mixed sex breach data collection paused in April 2020 and resumed for October 2021 data. Whilst national data collection paused, local reporting remained in place to maintain operational intelligence and an understanding of pressure within the system.



To deliver effective infection control patients have been cohorted in accordance with their Covid-19 status, recognising the challenges on mixed sex accommodation to provide a proportionate response to the immediate risk posed by Covid-19. As a measure to reduce risk ready rooms were utilised across the Trust during the pandemic to isolate patients. The use of ready rooms and systems to minimise infection risk do not negate the requirement for single sex accommodation, to provide transparency use has been reported as a mixed sex breach if mixing of sexes occurs.

Covid-19 has had an impact on the number of mixed sex accommodation breaches across the Trust. Whilst breaches within general ward areas have been captured and reported as an impact of Covid-19, the impact is likely to have affected reporting from Level 2 speciality beds due to the pressures placed upon the system.

10. Patient Involvement

When I first volunteered to join the Patient and Carer Experience (PaCE) group back in 2018, I really had no idea of the opportunities that would come my way to be more proactive by getting involved in various projects. At first I was nervous as I thought how I could influence decisions, how could I make a difference, who would listen to me. Afterall, I was working with medical staff who had far more experience.

I soon discovered that I could contribute by making comments on the impact of change from a patient point of view. Meeting staff from SaTH gave me a real understanding and an excellent insight into the work that they were involved in. Also, to appreciate the pressures they were under, but at the same time see individuals drive and determination to make changes to improve the patient experience as well as look to make improvements in their own work areas.

In addition to continuing to attend PaCE meetings, I volunteered to get involved with Quality Walks / inspections on various wards, in food tasting as the contract for a new supplier was going to be awarded. Last year I was invited to help shape the new Public Assurance Forum (an advisory group who ensure that decisions on services and the delivery of care are developed), I joined a group formed from members of the public and healthcare professionals to look at Women's Health, (Screening programmes, Menopause), producing a survey to help us look at what works well, barriers for women coming forward for treatment etc.

I also attended many virtual meetings to comment on proposed service changes within our hospitals, looking particularly on how changes may have an impact on patients but at the same time understand from SaTH's perspective why the change was required.

Another fabulous opportunity was to get involved with the Patient Information Panel, this involves reviewing patient literature and gosh was I surprised at the enormous amount of paperwork / leaflets, instruction booklets etc there was for a patient. The role involves reading the draft material, looking at the language used and ensuring the final product can be easily understood by members of the public.

I have learned so much since volunteering and have enjoyed working with some great people really building up good working relationships.

By Lynn Pickavance



The PaCE Panel consists of public and staff representatives who work together in a collaborative approach towards quality improvement and patient experience within the Trust. The panel includes representation from each of the Divisions together with Facilities, Estates, Engagement, PALS, and Complaints. Following a workshop that incorporated PaCE panel members, internal and external stakeholders a new structure for PaCE has been co-developed, the changes include:

- The panel is now chaired by the Director of Nursing.
- A patient representative has been appointed as co-chair to reflect the partnership approach of the PaCE Panel and strengthen the patient voice
- The name of the strategic group will remain as the 'Patient and Carer Experience (PaCE) Panel'.
- Speciality Patient Experience Groups will be established to provide a framework to drive patient experience initiatives at a local level.
- Representatives from Maternity Voices Partnership, Powys Community Health Council and Healthwatch have been invited to join the PaCE Panel, in addition to the Trust's Deputy Director of Education and Improvement, and a Communication Lead.
- The PaCE Panel Terms of Reference have been reviewed to strengthen the duties and ensure that the panel is a decision-making committee with the authority to support the patient experience agenda.
- Terms of Reference for the Speciality Patient Experience Groups have been developed and approved.
- A communication plan has been developed to support recruitment into the PaCE Panel and Speciality Patient Experience Groups. The Panel is seeking to reach patients and carers with recent experience of accessing services within the Trust during 2021/2022.

Involvement of patient and carer representatives provides an opportunity to review processes from a different perspective, providing insight that may not be considered by professionals. Involving patient and carer representatives in this way helps to ensure that the interest and needs of patients are considered at the heart of improvement work.

During 2021/2022 PaCE Panel representatives have supported:

- The Patient Safety Team to review report template paperwork used to investigate serious incidents. Providing feedback to ensure reporting provides clarity and can be easily understood from a patient and carer perspective.
- Patient Discharge Improvement Group.
- Mental Health and Learning Disability Operational Group.
- Patient Information Panel.
- A working group looking at the complaints process.
- Recruitment through participating in stakeholder groups.

In 2014, I was a cancer patient at the Shrewsbury and Telford Hospital (SaTH) Trust. My treatment involved two initial surgical operations, followed by a course of chemotherapy and then a further three operations which were as a consequence of but not related to the cancer. All of this took just four years and at the five year point from initial diagnosis, I was discharged from the care of the hospital. My treatment had been fairly intense at times but every time I was in the hospital I was looked after thoroughly. I did however struggle with life away from the hospital. At that time, support services were very sparse and the closest external support group for me was in Oswestry. I struggled with a wide range of thoughts and emotions which left me with many unanswered questions. My only source of recognised information was from the vast Macmillan library of books and leaflets. I did however manage to regain a fair amount of fitness and individual confidence, slowly, throughout the five years.

In Dec 2018, I answered an advert for people to join a joint venture between SaTH and Macmillan. The programme was titled Living With and Beyond Cancer (LWBC) and was asking for people with real experience of cancer to tell their story during the programme. It was hoped that this would support the theoretical content of the programme by giving a human element. I was selected to join the programme and gave my first presentation in Feb 2019. During the programme I listened to the main presentation and was amazed at how closely the information matched what I had done throughout my recovery. The only difference was that the programme wasn't around when I went through treatment. I could see the relief of some of the patients attending, as they realised that help was available to enable them to help themselves. I had been through recovery by myself but this programme would have such a positive impact on all involved, I was hooked. Nobody should be alone through any illness and being a volunteer on this programme would be really worthwhile. I now help to present on many of the sessions, have been involved with the background of the programme and have started developing support courses for any volunteer who would like to join the programme. I have found the last three years really worthwhile and would recommend the experience to anybody who wants to join us. Since the start, we have helped over 500 people through face to face and online sessions and the feedback has been fantastic.

By Colin Stockton

11. Equality and Diversity

Equality, Diversity and Inclusion (EDI) Advocates Group

The EDI Advocates Group consists of patient representatives, carers and members of the community who volunteer their time to work collaboratively with staff members. With a shared interest and understanding of areas such as: disability, mental health, sexual orientation, sex and gender, pregnancy and maternity, and nationality/ethnicity, the group are able to provide a voice of their lived experiences.

The group is chaired by the Equality, Diversity and inclusion Lead; and includes representation from Patient Experience and Community Engagement Teams. By working collaboratively with staff, the EDI Advocates support and challenge the Trust in identifying existing health inequalities and develop action plans to tackle and eliminate such issues.

During 2021/2022, meetings have taken place virtually, until a recent pause whilst the EDI Lead vacancy was being appointed into. Examples of projects which have taken place include:

- Received updates on Pathway Zero and International Nurse Recruitment
- Received an update on the Chaplaincy Team, work undertaken and future planned objectives.
- Had input into the new Trust Equality Impact Assessment template.
- Explored approaches to expand and promote the group
- Explored how EDI can work closer with organisations across the Integrated Care System (ICS) to establish a system approach.
- The Trust Delivering Same Sex Accommodation Policy was updated during the COVID-19 pandemic and the equality impact assessment has been reviewed by the group to ensure that consideration has been given to the potential impact on patients from a range of demographics.
- The EDI Advocate Group co-chair patient representative has been invited to join the PaCE Panel.

During 2021/2022 the EDI Advocates Group representatives have supported:

- Members took part in a focus group reviewing the Trusts recruitment process to ensure it is accessible for applicants and how best to progress Level 2 of the Disability Confident Scheme
- Mental Health and Learning Disability Operational Group
- Recruitment through participating in stakeholder groups



Equality and Diversity

Cultural Diversity Day (21st May 2021) an event to celebrate diversity was held across the Shropshire, Telford & Wrekin Integrated Care System. The day incorporated a variety of online events, including staff stories, cook-a-long, poetry and Bhangra dancing, as well as presentations from Yvonne Coghill CBE (Director of Excellence in Action) and Dr Michael Brady (National Advisor for LGBT+ Health, NHS England).

Feedback from the event was positive with a number of requests to establish an annual event. The keynote speakers attracted the largest attendance followed by the staff stories which were described as; 'SaTH stories: the international nurses were inspirational', 'true experiences and very touching' and 'it was thought provoking and real and a real privilege to witness the stories that were presented.'

Carers Week (7th to 13th June 2021) is an annual campaign to raise awareness of unpaid carers. Many carers see themselves as husband, wife, parent, child sibling or friend and do not recognise themselves as a carer. Becoming a carer can start gradually through taking on small roles or tasks, however this can often extend and incorporate a wide range of roles such as housework, assistance with washing and dressing, cooking, taking medicines and providing physical and emotional support. The theme of Carers Week this year was 'making carers visible and valued'. This was supported through raising awareness of recording unpaid carers in admission documentation, signposting to the website carers pages for advice, referring carers to the Carers Hospital Link Workers and booking a place on the 'unpaid carers awareness' training sessions.

Learning Disabilities Week (14th to 20th June 2021) the theme of this year's Learning Disability Week was art and creativity. Prior to the Covid-19 pandemic, the Patient Experience Team partnered with Derwen College in Oswestry, to promote the Treat Me Well campaign via Craftivism (craft activism). Treat Me Well is a campaign run by Mencap that seeks to improve the way that the NHS treats patients with a learning disability in hospitals – this includes providing better communication, more time and clearer information.



To raise awareness and support the initiative completion of the Trust learning disability competency workbook was promoted in addition to eLearning and learning disability workshops being held across the Trust. The resources available to support patients were similarly promoted, examples of these include: patient passports, easy read patient information, Acute Liaison Nurses, reasonable adjustments, compassionate visiting, and the Trust intranet page.








Health Screening: In response to feedback additional patient information leaflets have been sourced in a wider range of languages and easy read to provide improved access and points of reference. The information has been made available on the Trust website to support people in the community for whom English is not their first language and for people requiring easy read literature.

A stakeholder group is presently exploring women's health and how information can be made more accessible.

British Sign Language Information: The British Sign Language (BSL) library has been added to, providing further information to members of the community seeking to access services within the Trust.

A link from the Trust Website home page has been introduced to improve ease of accessibility for people using British Sign Language who are accessing the website.

Hospital Information

-  Coronavirus
-  Getting to us
-  Parking
-  Maternity Review
-  Visiting Times
-  Advice & Support
-  British Sign Language



Women's Health: The Gynaecology and Patient Experience Team linked in with the Target Ovarian Cancer charity to help to raise awareness through Ovarian Cancer Awareness Month during March 2022. An online training toolkit for cervical screening to help practitioners improve the experience for LGBT women developed by the LGBT Foundation has been shared with the Trust Lead Colposcopy Nurse and disseminated throughout the team to increase awareness and enhance support offered to patients.

Interpretation: To help increase awareness of the interpreter service, how this can be accessed to support patients in accessing healthcare and understanding their diagnosis, treatment options and be involved in making choices about their care, posters have been developed and provided to departments to display in waiting areas.

QR codes incorporated into the posters take people to information on interpreting in the main four languages requested through the Trust, in addition to support for patients with a learning disability or autism and support for people who are deaf or hard of hearing.

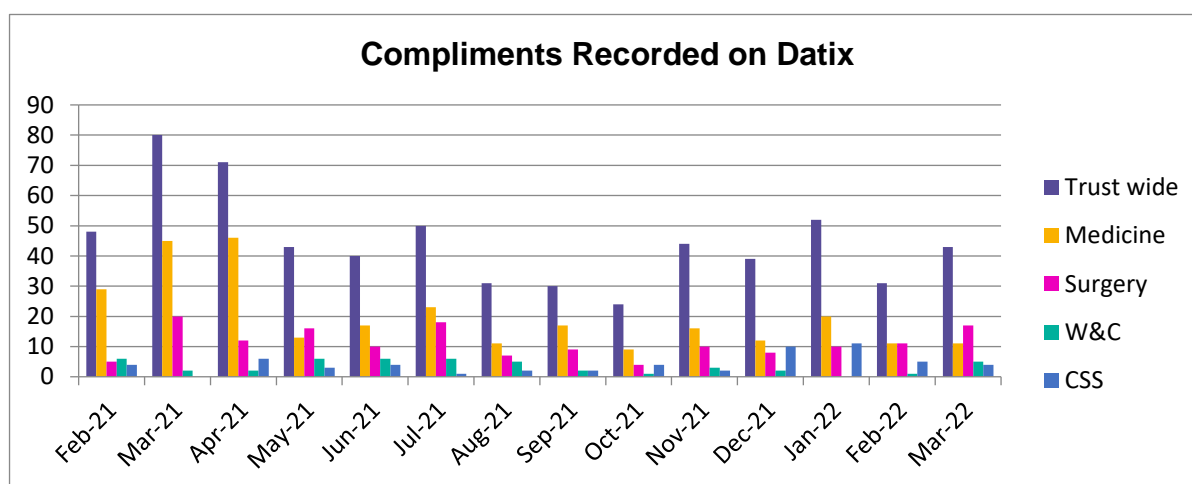


Access to Information: To help increase accessibility to information for patients and people important to them posters have been developed for all clinical areas. QR codes provide easily access relevant information on the Trust website that includes: patient and visitor information, information for carers, information about the NHS rainbow badge initiative, the feedback hub, the Chaplaincy Service, car parking, PALS and how to raise a concern.

12. Compliments

A system for areas to record positive feedback received from patients, carers and visitors was introduced during quarter four 2020/21. This allows the Trust to measure and report on compliments, in addition to concerns and complaints.

Positive feedback can sometimes be overlooked however it is important to capture positive patient experiences to identify what went well and learn from this. Positive feedback given to a team recognises and appreciates the service they delivered, boosting morale.



A total of 498 compliments were captured and reported on Datix during 2021/2022. The Trust receive substantially more compliments than are presently captured and plan to raise awareness of recording compliments to improve on this figure in 2022/2023.

The main themes mentioned in compliments are around; nursing care (178), support for the patient (162), friendliness of staff (138), meeting the patient's needs (117), clinical care (96), support for family (87), keeping the patient comfortable (81), end of life care (34), emergency care (26), prompt treatment (25), the outcome of treatment (20), the Chaplaincy Team (6) and other themes (55).

The following areas across the Trust recorded the highest number of compliments on Datix during 2021/2022:



1st: ED (RSH)



2nd: Ward 32 (RSH)



3rd Ward 16 (PRH)

A sample of compliments which have been received during 2021/2022 are:

I usually get my injections delivered to my home address, but the company were awaiting a prescription from the hospital. I had no injections as my last injection pen was faulty and I was due to inject within the next few days.

I contacted the pharmacy department at Shrewsbury and spoke to XXXX who dealt with the matter efficiently and professionally. She obtained an emergency script from the IBD team and went above and beyond by offering to meet me to hand over the medication on her way home from work as I lived on her route home. She is a true asset to the pharmacy department and NHS.

(Received via the Trust Feedback Hub)

I had a procedure today and, from the moment I arrived with my husband, we were treated with the level of care the NHS should be proud of, I was made to feel at ease and fully informed all the way through my procedure. I had spent the prior 2 weeks hearing different stories of other people's experiences of the procedure itself, but the staff soon put my mind at ease. It is really nice to see a team so dedicated to their job ♥

The ward itself is very well laid out and all my needs were met from staff that made my time the least stressful as possible.

I would like to thank all staff involved in my care today from a lady with a husband in a wheelchair



(Received via Care Opinion)

Our little girl was in for 2 nights, and all the staff were brilliant, so friendly, and helpful. Loved the fact there was a parents' lounge to help yourselves to tea and coffee, no one wants to ask staff for a drink when they are so busy. Special mention to the advanced practitioner, she was fab. She saw our daughter in RSH A&E on Sunday and again on Monday night in PRH. She was brilliant! And great with me as I was understandably distressed and alone. The staff were brilliant and make me grateful to have the NHS! Thank you to everyone that looked after our little girl.

(Received via the Trust Feedback Hub)

I would sincerely like to thank every single member of staff who assisted my elderly neighbour, brought in 26.09.2021 approximately 19.30 hours, we stayed with her to approximately 22.30 hours assisting her sitting/holding, calming her etc. On arrival a kind passing porter offered and found a wheelchair for us to assist the patient to the ward. Another kind member of staff took us onto the AMU ward whilst waiting for the buzzer to be answered. Despite being incredibly busy lots of different members of staff asked if we were being seen to. I was so impressed with the kindness and efficiency of staff from nurses of all grades and doctors. The patient was in immense extreme pain, and she was treated with such kindness and care to quickly get on top of her excruciating pain. I was so impressed with the care and consideration given to her and also to myself and family member assisting with her during this time. I thanked the staff on leaving but really really wanted to express in writing my thanks also. The team was under enormous pressure and so incredibly busy and I was impressed beyond words and hope that they realise that they might just think they are doing their very busy job, but they were absolutely amazing, and I am so grateful for their kindness and expertise. Please pass on my thanks to all the staff, they are so appreciated and wonderful.

(Received via Feedback Hub)



Partnering · Ambitious
Caring · Trusted

13. Chaplaincy

The Chaplaincy Team has been through a period of recruitment to increase the chaplaincy provision and services offered across the Trust. In quarter one the team consisted of a Team Leader and a Chaplain totalling 1.6 whole time equivalent (WTE) chaplaincy staff. The Trust recognises that the growing diversity and different religions, faiths and beliefs need to be taken into account across the healthcare sector in developing and delivering services. Following the posts being advertised openly for applicants of any faith, religion, belief, or none to apply, the Trust recruited an additional 2.5 WTE Chaplaincy staff.

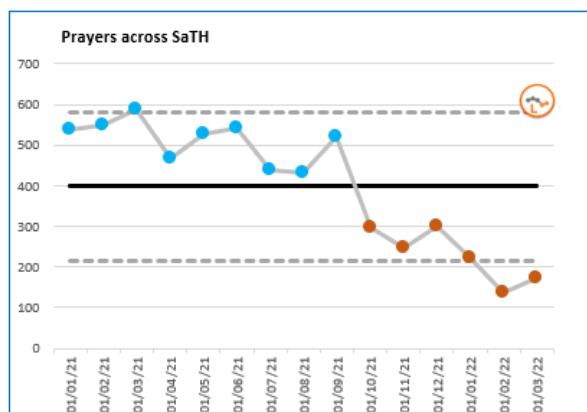
A priority for quarter three and four was to increase visibility of the Chaplaincy Team across the Trust to enhance staff awareness of the support and services they offer, the following examples are actions that have been taken to support this:

Chaplaincy pages have been published on the Trust website, providing information about the Chaplaincy Team, Chapels, and quiet places for reflection across the Trust. The webpages provide information about services the Chaplaincy Team provide, how to contact the team, enables people to leave feedback and highlights pastoral, spiritual and religious events and festivals taking place throughout the year.

Prayer trees have been established by each Chapel entrance, inviting people to write a prayer or message for someone important to them and hang it on the tree. The messages are pruned at the end of each month, leaves gathered, dedicated, and then disposed of in a confidential way. Within the first month of use the prayer trees collected 132 prayers and messages.



Services were held in both Chapels on Armistice Day and Remembrance Sunday, to remember and honour service men and women. Whilst the Chapels remain restricted to 6 people at any one time, in line with the Covid-19 risk assessment, three of the four services were at full capacity with additional staff participating in the corridor to maintain social distancing. In honour of Armistice Day, the Chaplaincy Team asked veterans working within the Trust what the day meant to them. This was shared across the Trust and on the Trust website to raise awareness of veterans and our commitment to the Armed Forces Covenant: [Remembrance Day 2021 - SaTH](#)

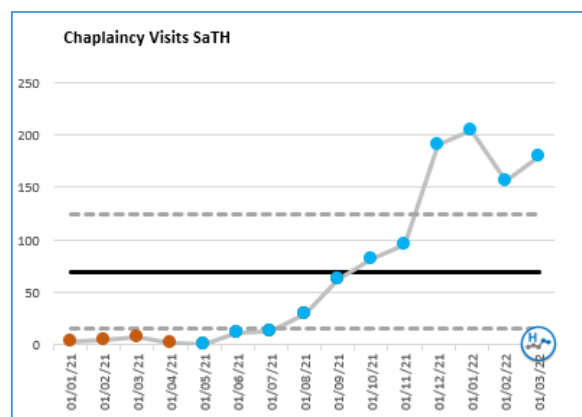
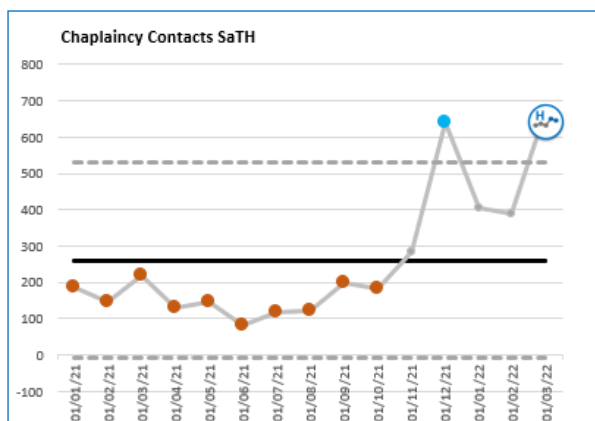


The number of prayers recorded across the Trust include prayer requests, pebble pool requests and messages left on the message / prayer trees. The total recorded has decreased, however, this is due to improvements in processes across the Chaplaincy Team and governance around recording and measuring data.

In 2021/2022 there were a total of 4304 prayer requests, 4,765 pebble pool requests and 380 messages on the prayer/ message trees over the five months following introduction.

The Chaplaincy Team have continued to visit clinical areas throughout the Covid-19 pandemic, providing pastoral, spiritual and religious support to patients, people important to them and staff. During 2021/2022 the Chaplains recorded 1246 visits, which can range between minutes to hours dependent upon need.

Chaplaincy visits and contacts demonstrate increases in activity in September and December 2021 and March 2022, directly comparable with dates when new members joined the Chaplaincy Team.



Further examples of activities and work undertaken are:

- The Chaplaincy Team have been building relationships with staff across the Trust, visiting Wards and Departments
- Attending the End of Life Steering Group
- Attending the Race, Equality & Inclusion staff network
- Visiting Chaplaincy Teams within the Region to share practice
- Established a Pastoral, Spiritual and Religious Care Group with members of the local community
- In November 2021, the Chapels were lit up to celebrate Diwali, also known as the festival of lights
- Developed relationships with Play Leaders and Teachers in Paediatrics, to work together to recognise festivals and events throughout the year
- The Chaplaincy Team are involved in the new Health Care Academy training programme across the Integrated Care System, highlighting the pastoral support offered by the team to support patients, people important to them, volunteers and staff.
- A local Chaplaincy network has been established by the SaTH Chaplaincy Team, the meeting was well received by chaplaincy colleagues across the system and wider, presenting an opportunity to network and share best practice. Quarterly meetings are planned throughout 2022/2023, to build upon the initial work.
- The Chaplaincy Team seek to recognise and celebrate events and festivals, for a range of faiths and beliefs. In February 2022 the team recognised Parinirvana, a Buddhist festival of remembrance, and staff were invited to add a heart with the name of a family member or friend who has passed away, in order to remember them. A total of 48 messages of remembrance were shared.









14. Next Steps







The Trust recognises that to create a patient-centred organisation there needs to be meaningful engagement and involvement with patients, carers, the community, and stakeholders. The importance of obtaining feedback using a range of methods is critical and can provide information which can be used to influence change and improve services.

The Trust aims to provide patients and their carers with the best possible experience whilst accessing services within the hospital. There are a range of positive improvements which have been introduced over the last year, however it is recognised that there is still work to do and the Trust is on a journey of improvement. Over the next year the Trust will continue to make further improvements which include:

- Investment into the Complaints Team to incorporate development opportunities for staff within the departments, providing succession planning to develop talent and potential future leaders to fill business-critical roles.
- Focused work to further improve complaint response rates to provide an improved experience to people accessing the service.
- Development of improved governance and monitoring of actions arising from complaints to track improvements.
- Prior to Covid-19 a small number of volunteers supported the patient experience team through gathering patient experience surveys and feedback. This work stopped during the pandemic, however, as volunteers are resuming their roles within the Trust, re-establishing a volunteer team to support and enhance the work previously undertaken will be a priority.
- Maximising use of the 'you said – we did' functionality in Gather, will provide greater visibility of actions being taken in response to feedback. Displaying improvements will encourage patients, and people important to them to share feedback as they will have assurance that the Trust is actively listening and responding.
- The Chaplaincy Team were unable to provide baby remembrance services due to restrictions in place throughout Covid-19. In 2022/2023 the Chaplaincy Team and Bereavement Specialist Midwives plan to relaunch biannual remembrance services within the local community, working with local faith and belief leaders to support families that have experienced a bereavement.
- The Chaplaincy Team will develop wider links with faith and belief leaders across the community, seeking to recruit a diverse team of volunteers and honorary Chaplains.
- Develop a new patient experience strategy, through engagement and involvement of patient and carer representatives
- Recruit patient and carer representatives to become active members of the Speciality Patient Experience Groups and Patient and Carer Experience Panel.
- Establish an Independent Complaint Review Group to review and improve the quality of complaint responses, providing greater assurance to stakeholders and regulators.
- A customer care and complaints training programme will be made available to staff, to develop knowledge and skills to ensure that they are better equipped to communicate effectively to support early resolution of concerns.

Patient Experience 2021/2022

| | 2021 |
|---|---|
| <p>April</p>  <p>Experience of Care Week</p> | <p>Experience of Care Week</p> <p>The Trust celebrated experience of care week, reflecting upon work undertaken across health and social care to keep improving the experiences of our patients, families, and carers.</p> |
| <p>May</p>  <p>Cultural Diversity Day Friday 21 May 2021</p> <p>Shropshire, Telford & Wrekin Integrated Care System</p> | <p>Cultural Diversity Day</p> <p>A cultural diversity event was held in partnership with the Integrated Care System to celebrate diversity within the workforce and across the local community.</p> |
| <p>June</p>  <p>Partnering · Ambitious Caring · Trusted</p> | <p>Corporate Welcome Launch</p> <p>Corporate welcome sessions launch, providing all new staff joining the Trust an oversight on a range of corporate functions. A session on patient experience is now delivered to all starters.</p> |
| <p>July</p>  <p>THE TRUST ANNUAL AWARDS 2021</p> | <p>Behaviours and Values Month</p> <p>The Trust held a range of activities to raise awareness of the Trust values and behaviours, activities included: drop in sessions, capturing staff stories, identifying what the values mean to staff and celebrating staff nominated as demonstrating the Trust values in the Trust awards.</p> |
| <p>August</p>  | <p>Swan Room</p> <p>A new SWAN Room opened on Ward 35, to provide privacy and dignity for patients and the people important to them. Helping to provide a calm and peaceful environment at the end of life. There are now over 20 Swan Rooms across the Trust.</p> |
| <p>September</p>  <p>PEN National Awards 20-21 Celebrating best practice in Patient Experience</p> | <p>PENNA Award</p> <p>The Trust won the Integration and Continuity of Care Award in the Patient Experience Network National Awards 2020-2021 for the support and resources provided for people affected by cancer.</p> |

| | |
|--|--|
| <p>October</p>  | <p>Living with Dementia</p> <p>Mandatory Dementia training updates become mandatory for consultants to reinforce best practice and improve the experience for people living with dementia receiving treatment in the Trust.</p> |
| <p>November</p>  | <p>Inter Faith Week</p> <p>To celebrate Inter Faith Week the Chaplaincy Team hosted 'Coffee and Convo' sessions in the Chapels, inviting staff to join them for a coffee, biscuit, and chat about how the service is developing to meet the needs of the diverse community served by the Trust.</p> |
| <p>December</p>  | <p>Chaplaincy Team</p> <p>Throughout advent the Chaplaincy Team engaged in a Trust wide campaign to market the service and promote staff engagement, highlighting the range of services offered by the Chaplaincy Team.</p> |
| 2022 | |
| <p>January</p>  | <p>UNICEF Accreditation</p> <p>The Neonatal Team received UNICEF Baby Friendly stage one accreditation for putting parents' voices at the heart of care, minimising separation, and empowering parents to participate in delivering their baby's care.</p> |
| <p>February</p>  | <p>LGBT+ History Month</p> <p>The Trust librarian team promoted an LGBT+ game to raise awareness of the barriers people experience to support a more inclusive culture.</p> |
| <p>March</p>  | <p>Supporting people in A&E</p> <p>The Serenity Suite has been created at the Princess Royal Hospital to provide a calm and sensory stimulating space within the A&E, providing a dedicated space for people living with dementia, a learning disability or autism.</p> |

This report can be made available in a range of languages and formats such as large print, audio, BSL film and Braille through contacting the Patient Experience Team:

Address: Patient Experience Team
Flat 1, Stretton House
Royal Shrewsbury Hospital
Mytton Oak Road
Shrewsbury
SY3 8XQ

Email: sath.patientexperience@nhs.net
Telephone: 01743 261000 extension 3032

