

Board of Directors' Meeting: 10 August 2023

Agenda item		Within Information Pack	
Report Title		PALS, Complaints and Patient Experience Annual Report 2022/23	
Executive Lead		Director of Nursing	
Report Author		Head of PALS & Complaints and Lead for Patient Experience	
CQC Domain:		Link to Strategic Goal:	Link to BAF / risk:
Safe		Our patients and community	√
Effective		Our people	
Caring	√	Our service delivery	√
Responsive	√	Our governance	√
Well Led	√	Our partners	
Consultation Communication		Quality Operational Committee (18 July 2023) Quality & Safety Assurance Committee (26 th July 2023)	
Executive summary:		1. The report provides the Board of Directors with an overview of PALS, Complaints and Patient Experience during 2022/2023. The report outlines the Trust’s performance and includes the trends and themes arising from complaints and PALS contacts. 2. The Board’s attention is drawn to the following sections within this report: <ul style="list-style-type: none">ComplaintsPatient Involvement 3. This report provides an overview of performance indicators for 2022/2023, excerpts of which have previously been reported to operational and leadership committees through quarterly reports.	
Recommendations for the Board:		The Board is asked to note the information provided within the annual report.	
Appendices:		Appendix 1: PALS, Complaints and Patient Experience Annual Report 2022/2023	



PALS, Complaints and Patient Experience Annual Report 2022/23

The Shrewsbury and Telford Hospital NHS Trust
2022/23

The Trust listens and learns from feedback through a range 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, the compliments we receive, external stakeholders and daily contact with people accessing services within the hospital. This feedback provides a valuable insight into people's experiences of care and what matters to patients and the people important to them.

The Trust receives considerably more feedback of positive experiences of care, however, it is important that we listen and learn from all experiences, encouraging people to share insight into improvements that can be made to make a positive difference to people's experience and the care we provide. A priority for the Trust is to be responsive to the feedback we receive, enabling person centred improvements to be made. Feedback is fundamental in the delivery of the organisational vision and strategy.

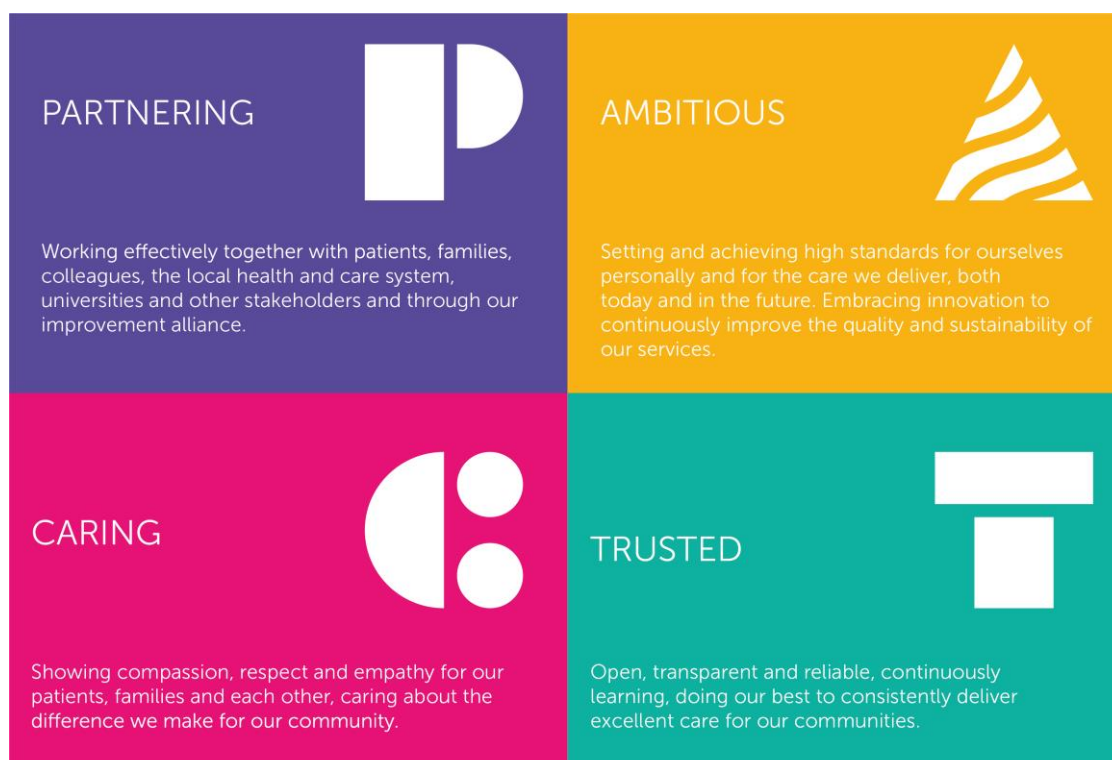
Patient experience is central in all that we do, and it is the responsibility of each individual working within the Trust to display the Trust values, placing the patient at the centre of all decision making.

The Trust is committed to delivering safe, effective, person centred high quality care. Through working in partnership with patient and carer representatives and realising our ambitions for the Patient and Carer Experience (PaCE) Panel and Speciality Patient Experience Groups in the year ahead, we will continue to build upon the accomplishments that have been made to improve patient experience.

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 provide compassionate care and improve the experience of our patients.



Hayley Flavell,
Director of Nursing



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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 recognises that every individual member of staff can impact upon the experience a patient, or someone important to them receives. By listening to what matters most, and empowering staff at all levels of the organisation to have the capability and knowledge in a range of improvement methodology, the Trust aims to deliver patients the best possible experience of care.

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 collaboratively with patient and carer groups, and stakeholders who provide a voice of their lived experiences. We actively listen to understand and learn from others, to help us to deliver the best possible 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 communicate barriers to change and work together to make improvements. We ensure that everyone feels safe to speak up, sharing feedback, views and ideas so we can do things differently.
Caring	Showing compassion, respect and empathy for our patients, families, and each other, caring about the difference we make for our community.	We value the views of patients and the people important to them, demonstrating inclusivity. People will be to be talked to and listened to as an equal and be treated with honesty, respect, and dignity, enabling each individual to feel valued.
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 encourage open and honest conversations, taking accountability for our actions and creating 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 (2022/2023).

2. Friends and Family Test

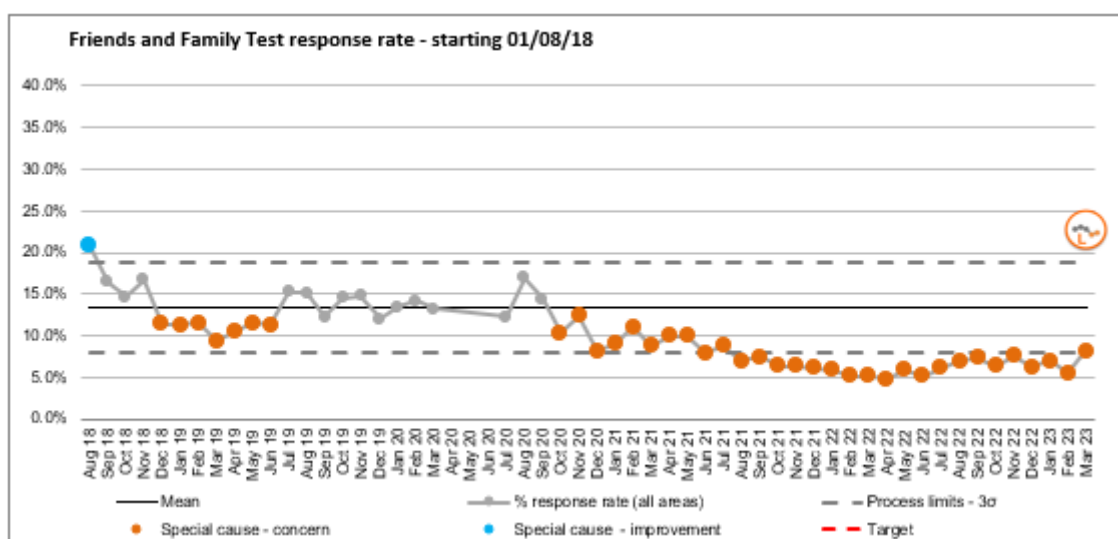
The Friends and Family Test (FFT) is a national survey, providing people who have accessed services within the Trust an opportunity to provide feedback on how satisfied they are with their experience of the service. FFT scores are available for each ward and department, by Division and for the Trust, 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 28,704 FFTs were completed and returned during 2022/2023. This is comparable with the previous year 2021/2022 (28,648), however, reflects a decrease in comparison to reporting pre COVID-19 when in 2019/2020, 43,094 Friends and Family Tests were completed.

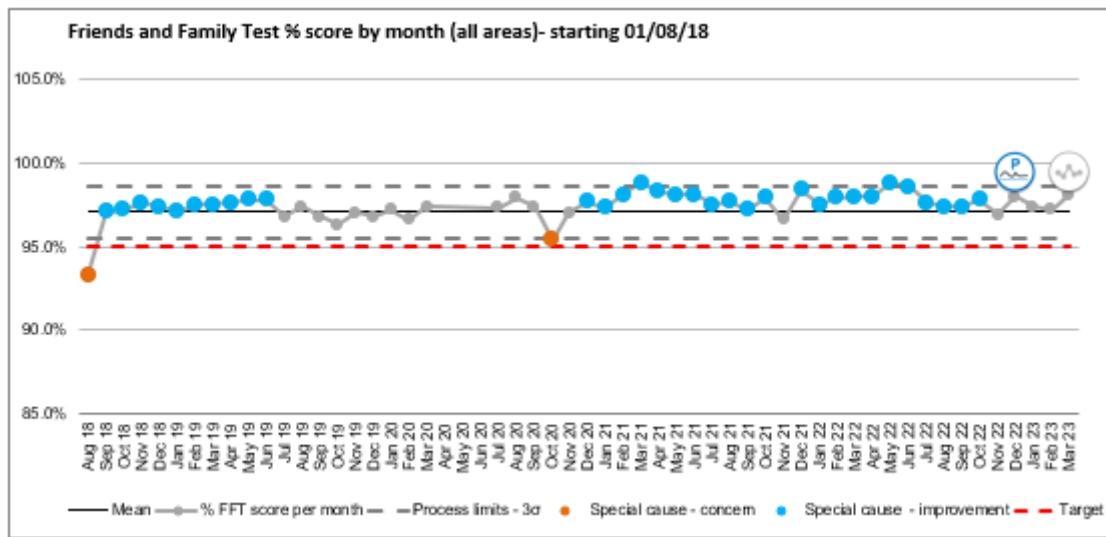
Friends and Family Test Overall % Response Rate (Inpatient and A&E) by month



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. The 6.5% response rate for 2022/2023 (inpatient and A&E) increased on the previous year (4.8%). 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 of care.

Friends and Family feedback can be provided through completion of paper cards, through volunteer collection, and feedback can also be provided via the Trust website, and accessible through QR codes encouraging feedback on posters and patient discharge summaries. The Trust does not have a text messaging facility to support FFT collection, however, there will be a pilot within the A&E Departments during 2023/2024 to explore increasing feedback received.

Friends and Family Test overall % Overall Score (all areas) by month



Of the FFTs completed, 97.7% of respondents rated their experience as very good and good (between April 2022 and March 2023), which is above the target, and comparable to 2021/22 (98%), 2020/2021 (97.2%) and 2019/2020 (97.1%). Currently, performance can be expected to vary between 96.9% and 98.8%, which falls within the usual range of variation.

Inpatient FFT

Total Responses

14,551

April 2022 – March 2023

Response Rate

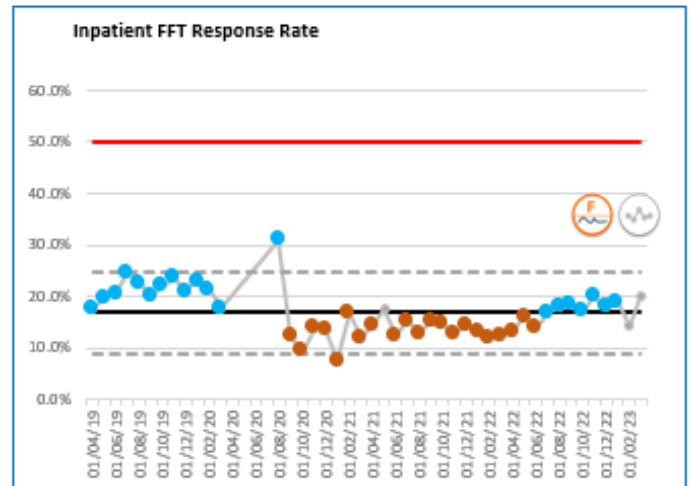
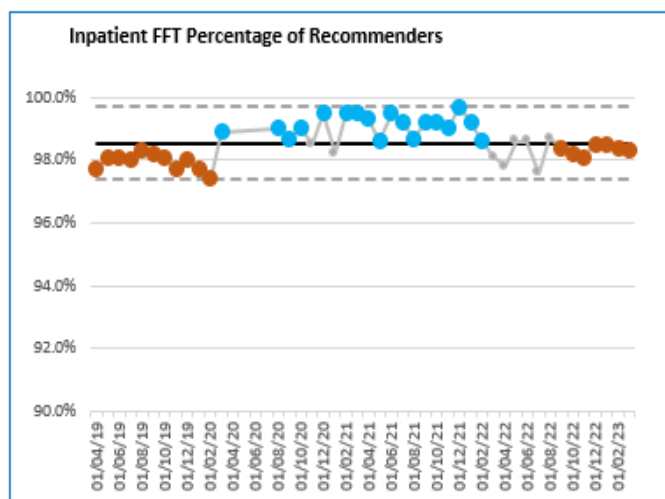
17%

April 2022 – March 2023

Likely to Recommend

98.3%

April 2022 – March 2023



Recommendation Rate: The recommendation rate of 98.3% has decreased slightly in comparison to the previous year 2021/2022 (99%) in the percentage of people who would rate the service good and very good. Currently, performance can be expected to vary between 97.6% and 98.7%.

Response Rate: The response rate for 2022/2023 (17%) has increased in comparison to the preceding year 2021/2022 (13.9%) and 2020/2021 (15%). Currently, monthly performance can be expected to vary between 13% and 20%, reflecting a low common cause variation and little assurance that the target will be met.

Outpatient FFT

Total Responses

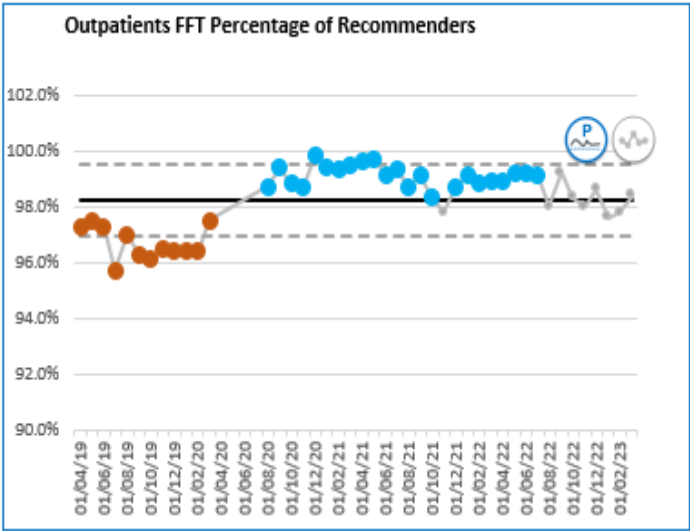
12,553

April 2022 – March 2023

Likely to Recommend

98.5%

April 2022 – March 2023



Recommendation Rate: The percentage of people who provided positive feedback on their experience when accessing the outpatient service in 2021/2022 (98.5%) remains consistent with the previous year (98.7%). Currently, performance can be expected to vary between 97.6% and 99.2%, providing assurance that the target can be consistently met.

A&E FFT

Total Responses

613

April 2022 – March 2023

Response Rate

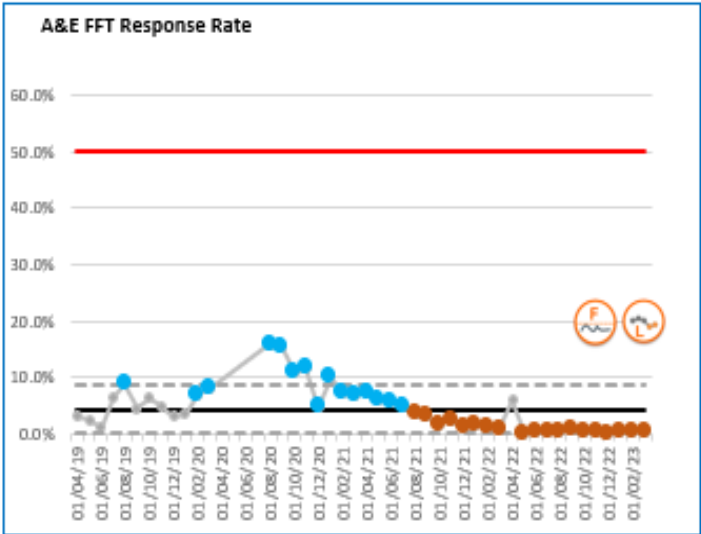
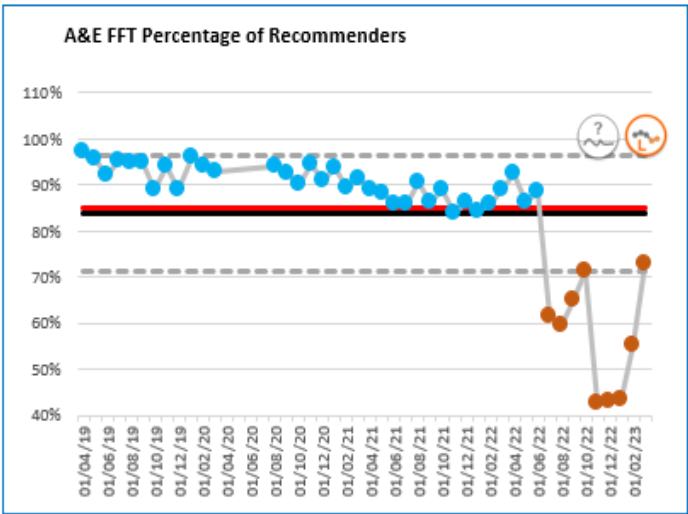
0.87%

April 2022 – March 2023

Likely to Recommend

65.1%

April 2022 – March 2023



Recommendation Rate: The percentage of patients who provided positive feedback on their experience when accessing the departments for treatment (65.1%) is lower when compared to previous years 2021/2022 (87.3%) and 2020/2021 (91.9%). The decrease in patient satisfaction was between November 2022 and February 2023, reflective of a period when the departments were under significant pressure. Patient satisfaction captured in March 2023 reflects a positive shift which will continue to be monitored.

Response Rate: The response rate of 0.87% has significantly deteriorated in comparison to previous years, 2021/2022 (3%), 2020/2021 (12.87%) and 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. Volunteers to capture FFT feedback have been introduced within A&E in 2022/2023, however, this has not significantly increased the response rate and feedback being captured.

A six month pilot to introduce a text messaging facility to support FFT collection within the A&E Departments during 2023/2024 to increase collection of patient feedback is being developed.

Maternity FFT

Total Responses

987

April 2022 – March 2023

Response Rate

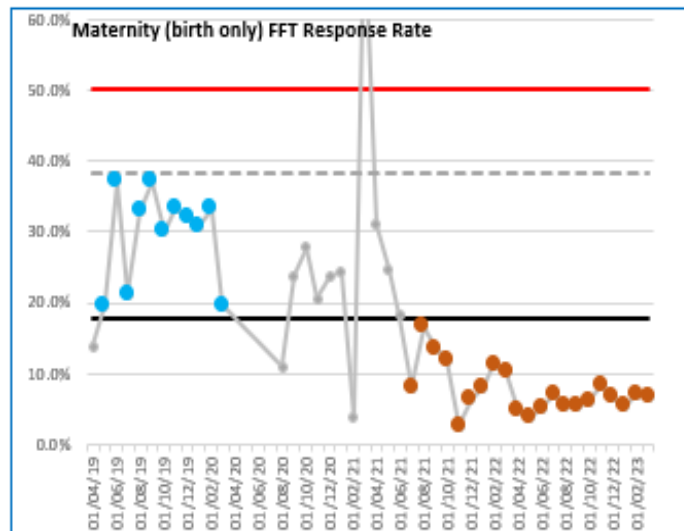
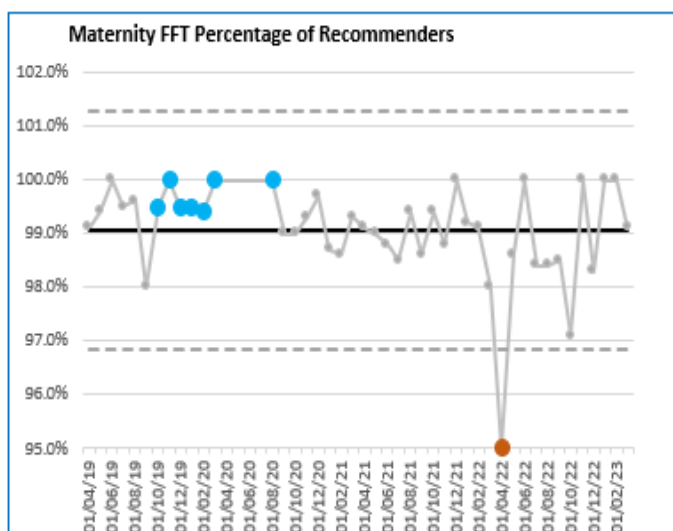
6%* Birth only

April 2022 – March 2023

Likely to Recommend

98.6%

April 2022 – March 2023



Recommendation Rate: The percentage of patients who would rate their experience of the maternity service as good and very good (98.6%) is comparable to the previous year (99.0%). Currently, monthly performance ranges between 95% and 100%.

Response Rate: The response rate of 6% has increased slightly in comparison to the previous year 2021/2022 (5.5%), however, remains lower than prior to COVID-19. Currently, monthly response rates can be expected to vary between 3.8% and 7.1%.

Qualitative Data Taken From FFT

All A&E and inpatient FFT data captured from the 1st November 2022 onwards has been loaded into Gather, a Quality, Safety and Patient Experience data reporting tool used across the Trust. This five month period provides a sample of FFT feedback from which qualitative data can be reviewed and analysed to provide greater insight into people's experiences of care.

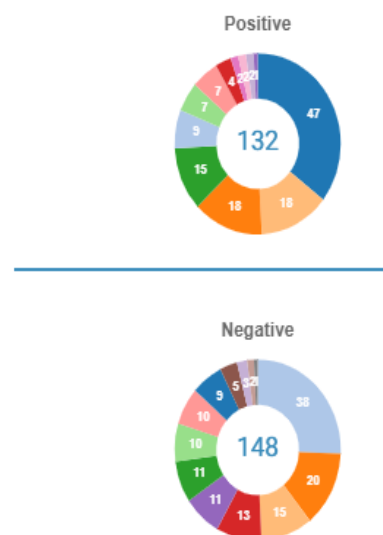
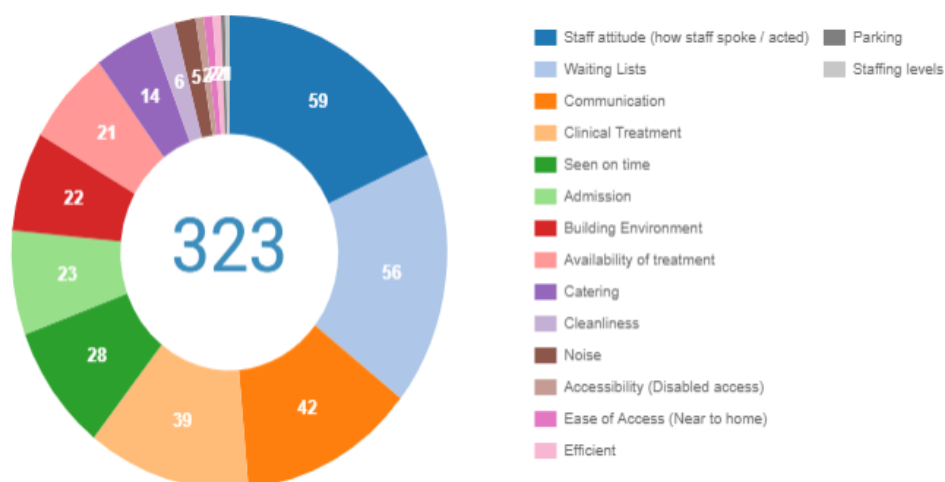
A&E FFT Themes

For the period of the sample FFT feedback was completed by 110 people accessing the service. Of the feedback submitted, 281 sections contained comments, and 323 comment themes were referenced in the feedback.

'Waiting' was an overarching theme within the A&E feedback and whilst some feedback shared was positive about the time taken to be seen (9), there was also mixed (9), and predominantly negative feedback received regarding delays (36). The relationship between wait times and staff attitudes was observed, with people viewing their experience as more positive when staff were supportive.

'Staff attitude' was highlighted as a theme on 59 occasions, reflecting the largest area of focus at 18% of the themes identified. The majority of feedback received was positive (47) with no single underlying themes recurring in the negative feedback.

'Catering' received a smaller number of comments in the feedback (14), and the majority were negative (11), however, the areas identified have the potential to improve future patient experience. Access to water in the waiting room at the Princess Royal Hospital (PRH) was highlighted in 5 of the pieces of feedback, this has subsequently been addressed with water jugs being made available whilst work is underway to fit a water cooler to provide free access to cold water.



Inpatient FFT Themes

For the period of the sample FFT feedback was completed by 6,364 people accessing the service. Of the feedback submitted, 4,864 sections contained comments, and 4,547 comment themes were referenced in the feedback. Of the qualitative feedback received, 3,921 (86%) were

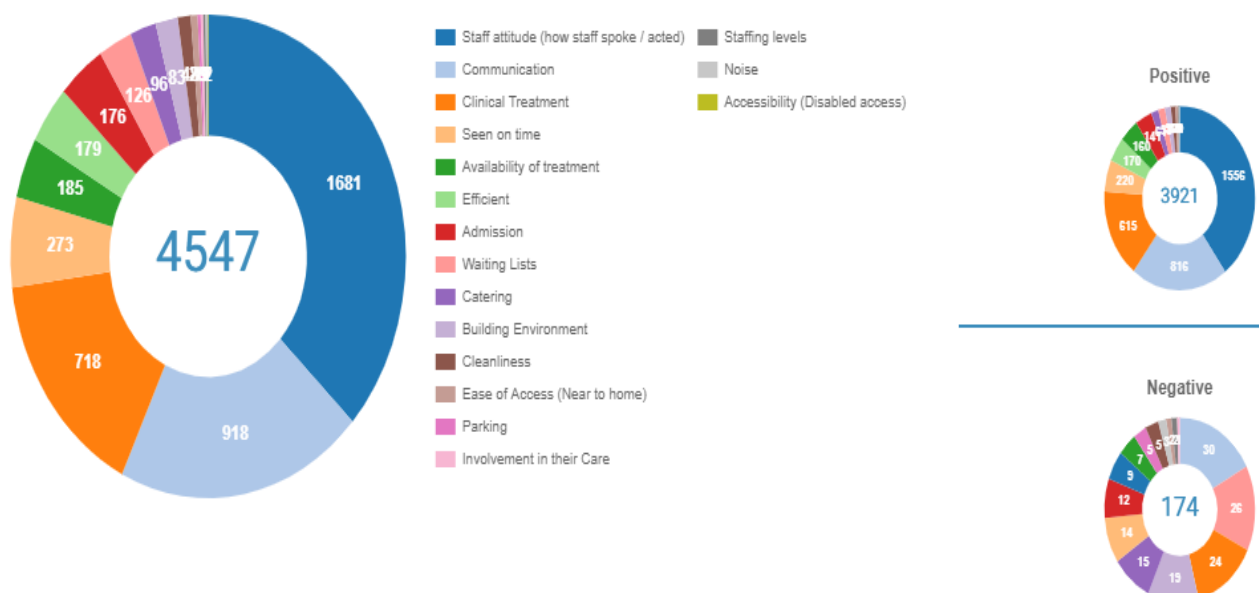
positive and 174 (3.8%) of comments were negative, with the remaining being neutral (47) or containing both positive and negative feedback (405).

'Staff attitude', 'communication' and 'clinical treatment' received the majority of positive comments through the feedback (76%).

'Waiting time' was referenced frequently, referring to admission and discharge waits, however, feedback was often combined with positive comments relating to staff attitudes resulting in a mixed response being captured.

'Catering' was referenced in 58 comments, the majority were positive 79% (46), with particular reference to the welcome hot drinks, biscuits and toast offered within clinical areas (18). There were 3 occasions where feedback highlighted that patients had received a long wait without food or drink due to their clinical treatment. Whilst the number of people providing feedback on catering was small, suggestions in the feedback to improve food options have been shared with the catering teams, these include more vegetables, salad, and improved vegetarian and vegan choices.

FFT



feedback and patient experience information is displayed with quality and safety data, supporting analysis and triangulation of key metrics. Information is displayed outside each Ward and Department to provide transparency to all people accessing the area.

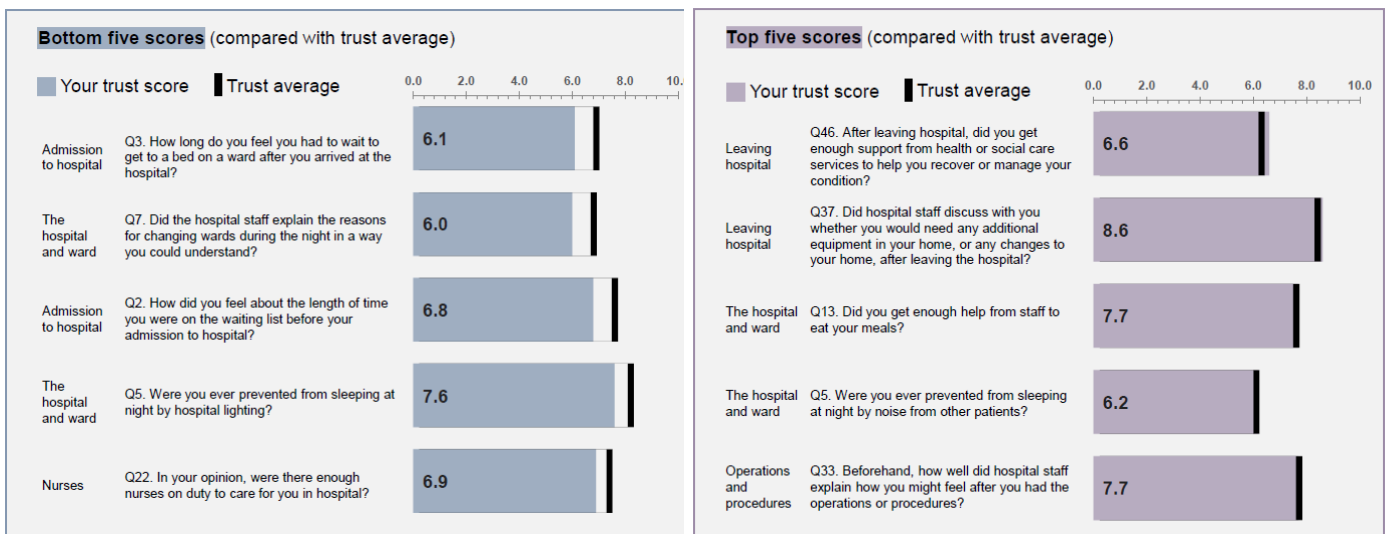
3. National Surveys

National Inpatient Survey

The National Adult Inpatient Survey was undertaken between January and May 2022 and included patients meeting the eligibility criteria and were discharged from the Trust during November 2021.

The Trust had a response rate of 39%, which was 4% below the 2020 Trust response rate however, comparable to the national average (39%). Of the completed responses, 84% related to urgent/emergency admissions and 16% to planned inpatient admissions. The best and worst

performance relative to the Trust average are calculated comparing the Trust results against the national average across England, identifying the bottom and top five scores. The bottom and top results for SaTH were:



The Trust performed 'somewhat worse' than other Trusts in 2 questions and 'about the same' as other Trusts in the remaining 45 questions. No questions scored 'worse' or 'much worse' than expected. The Trust scored somewhat worse than other Trusts in the following questions:

- Were you ever prevented from sleeping at night by hospital lighting?
- When you asked doctors questions, did you get answers you could understand?

In 2020 the Trust scored low in response to questions relating to noise at night, however, in the 2021 survey the Trust scored high compared with Trust average for disruption to sleep due to noise from other patients and demonstrated a statistically significant improvement in patients reporting being disturbed due to noise at night from staff. Whilst this suggests a positive impact in relation to increased emphasis across clinical teams, disturbed sleep due to lighting requires further focus.

Health literacy training is being delivered to a range of staff across the Trust, the training provides insight into potential barriers in understanding and incorporates a range of approaches that can be adopted to support communication and understanding. Health literacy training has additionally been introduced into a range of training programmes including junior doctors training.

Measures to reduce waiting times for a bed such as the Next Patient initiative, MADE events and establishment of an acute medical floor at RSH are a priority for the Trust and will be progressed through the ED Transformation Project.

Results have been reviewed with patient partners and used to inform questions used within the local inpatient survey. The survey has been updated to inform focused work and measure improvements at a local level and will be introduced from the 1st April 2023.

National Maternity Survey

The National NHS Maternity Survey (2022) was undertaken between April and August 2022 and included women meeting the eligibility criteria who had a live birth in February 2022. The Trust had a response rate of 46.2%, which was 20% below the 2021 Trust response rate however, comparable to the national average (45%).

The Trust performed 'about the same' as other Trusts for the majority (45) of questions and no questions scored worse than expected. The Trust scored 'better' than most Trusts for 2 questions, and 'somewhat better' than most Trusts for 4 questions.

The results of the survey provide the Trust with two important measures of how they have performed. Firstly a comparison of the Trust's score for each question compared to the previous year and secondly a comparison of how the Trust performed compared to other participating Trusts.

Comparing the eight sections in the survey the illustration below demonstrates the Trust's comparative position between 2022 and 2021, reflecting an improvement in the section relating to feeding.

	2021 (rating compared to 2019)								2022 (rating compared to 2021)						
	Much Worse	Worse	Somewhat Worse	About the same	Somewhat Better	Better	Much Better		Much Worse	Worse	Somewhat Worse	About the same	Somewhat Better	Better	Much Better
The start of your care during pregnancy															
Antenatal check ups															
During your pregnancy															
Your labour and birth															
Staff caring for you															
Care in hospital after birth															
Feeding your baby															
Care at home after birth															

When comparing the Trust 2022 results to the preceding 2021 results, there was a significant decline in 2 key areas; women's concerns during labour and birth being taken seriously and women given the help they needed after contacting a midwifery/health visiting team. It is important to note that neither of these questions were statistically worse than any other Trusts nationally however they will be a key area of focus for improvement which will be monitored by the maternity leadership team.

A User Experience (UX) System has been 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 UX Initiative was shortlisted at the Patient Experience Network National Awards 2022, under the award category 'Measuring, Reporting, Acting & Turning It Around'. The approach was co-developed with Maternity Voice Partners (MVP) and has led to a number of improvements, examples of these are:

- ✓ Introduction of fifteen steps in maternity
- ✓ Maternity web page including a video walkthrough from the carpark, through the atrium to the Delivery Suite
- ✓ Lights with Bluetooth speakers and soft glow in place on Delivery Suite
- ✓ Triage phonelines relocated to a private office
- ✓ Wall murals agreed, design produced and installed in the pool room and recovery area on Delivery Suite.
- ✓ Big Birth Preferences whiteboards installed in each birthing room, which include support people's names
- ✓ Noticeboards on Delivery Suite reviewed, and acronyms removed
- ✓ Awaiting delivery of wall posters to promote a range of different coping strategies and labour/birth positions

National Cancer Patient Experience Survey

The National Cancer Patient Experience Survey adopted a mixed mode methodology, 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 Trust had a response rate of 60%, which was above the national average at 55%. The majority of patients responded through completion of a paper survey (87%), rather than providing online feedback (13%).

The Trust performed 'below the expected range' for 2 questions, all remaining questions scored 'within the expected range'. The Trust scored 'below the expected range' in the following questions:

- Patient felt the length of time waiting for diagnostic test results was about right
- Patient received easily understandable information about what they should or should not do after leaving hospital

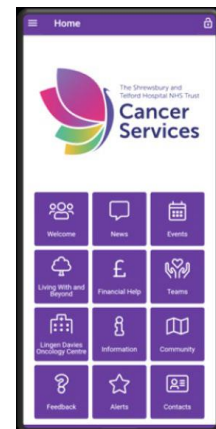
The impact of COVID on the diagnostic pathway is being closely monitored, and a range of measures are in place to resolve this. Outsourcing and insourcing scans and reporting, international recruitment, additional sessions and internal training and development have been introduced and enhanced.

Work is ongoing to inform patients about what to expect during, and after their treatment. End of treatment summaries are being embedded in cancer sites, Cancer Care Navigators are in place across all areas, and face to face Living Well sessions have resumed providing signposting and support from people with lived experience.

A Cancer Information, Support and Wellbeing App was shortlisted at the Patient Experience Network National Awards 2022, under three categories and received runner up recognition in the 'Personalisation of Care' category.

The app based service has moved away from the traditional model of information and support being provided in paper form into a digital healthcare solution. This ensures the help, support and information is available to anyone, at any time, in any location. The App brings together the Community and Acute Trust providers into one setting which can be easily updated. A push notification feature means that the delivery of information is an active process, and the feedback section allows a dialogue of communication between user and provider.

The app was co-produced with patients, providing a digital initiative demonstrating a positive step forward to ensuring people affected by cancer receive the help, information and support they need to empower them and give them control back whilst learning how to safely self-manage away from the hospital setting during the uncertain times following a cancer diagnosis.



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 feedback on their experience. 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.

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 2022/2023 a total of 4,575 feedback responses from patients were captured across the Trust.

Surgery, Anaesthetics and Cancer

There were a total of 1320 patients surveyed throughout the quality metrics process across 13 clinical areas within the Surgical Division, between April 2022 and March 2023. The majority of patients responded that the Nurses (99.6%) and Doctors (99.5%) were kind; and 99.1% were happy with the care they had received.

97.8% said the Nurses answered the call bell promptly when it was used; and 98% of respondents said their pain had been addressed. Patients reported when asked that Nurses (99.5%) and Doctors (98.1%) had washed their hands before caring for them. Respondents said the Nurses

had checked their wristband before administering any medication (99.2%), however a slightly lower proportion said their medication had been fully explained to them (95.6%).

When asked if they felt involved in decisions about their care, 97.9% said they did; although, 9.3% of respondents said that Doctors had talked in front of them about their care they did not include them in the conversation. 86.1% of respondents knew what the plans were in relation to discharge, or further investigation/treatment, reflecting a slight increase in comparison to the previous year (82.2%). In terms of hospital food, the majority of respondents said they were offered a choice of food (98.7%) and 93.9% were happy with the food they were provided.

Medicine

There were a total of 1649 responses across 15 clinical areas within the Medical Division, between April 2022 and March 2023. The majority of patients responded that the Nurses (99.8%) and Doctors (98.9%) were kind and, 99.5% were happy with the care they had received.

96.4% said the Nurses answered the call bell promptly when it was used, reflecting a small improvement on the previous year (93.3%), and 97.7% 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 (99.8%) and Doctors (99.5%) do this. 98.9% of respondents said the Nurses checked their wristband before administering any medication, however only 91% said the medication had been fully explained to them.

When asked if they felt involved in decisions about their care, 96.3% said they did, demonstrating a small improvement in comparison to the previous year (93.99%). 5.4% of respondents said that Doctors had talked in front of them as if they were not there, however, this reflects a slight improvement on the previous year (7.26%). 20.4% of respondents did not know what the plans were in relation to discharge, or further investigation/treatment. In terms of hospital food, 98.5% of respondents said they were offered a choice of food and a high proportion (95.7%) said they were happy with the food they were provided.

Urgent and Emergency Care

There were a total of 711 responses between April 2022 and March 2023. Respondents said the Nurses (99.8%) and Doctors (99.5%) were kind; and a similarly high proportion were happy with the care they had received (99%).

97.6% said the Nurses answered the call bell promptly when it was used; and 98.4% of respondents said their pain had been addressed. The majority of respondents observed the Nurses (99.5%), Doctors (98%) and Healthcare Professionals (99.4%) wash their hands before caring for them, and confirmed their wristband was checked before administering any medication (95.6%). Respondents also said their medication had been fully explained to them (94.8%).

When asked if they felt involved in decisions about their care, 94.8% of respondents said they did, reflecting a slight decline on the previous year (98.65%). Within A&E 94.2% of patients reported that they were included in discussions about them by Healthcare Professionals, however, within assessment units and short stay wards 13.1% felt Doctors talked in front of them as if they were not there.

82.5% of respondents knew what the plans were in relation to discharge, or further investigation/treatment, however, in A&E 26% of responders didn't know how to raise a concern if they were unhappy about their experience of care.

In terms of hospital food, 97.8% of patients in A&E reported that they had been offered refreshments, whilst in assessment units and short stay wards respondents said they were offered a choice of food (98.2%) and 96% were happy with the food they were given.

Neonates, Children and Young People

There were a total of 185 responses across neonates and the paediatric wards using Gather between April 2022 and March 2023. Respondents said the Nurses (100%) and Doctors (100%) were kind; and within paediatrics a similarly high proportion were happy with the care they had received (98.9%).

Within paediatrics 98.8% of responders said the Nurses answered the call bell promptly and 100% confirmed that their pain had been addressed. Respondents said the Nurses (96.6%) and Doctors (97.7%) washed their hands before caring for them, and 96.3% confirmed their medication had been fully explained to them.

When asked if they felt involved in decisions about their care, 98.9% of children and young people said they did, whilst 98% of parents in the neonate ward felt involved in decision making. 100% of parents in the neonate ward responded that staff introduced themselves and they felt involved in caring for their infant (100%).

In terms of hospital food, the majority of children and young people responding said they were offered a choice of food (97.4%) and 93.6% were happy with the food they were given.

Outpatient Departments

Across the Outpatient Departments, 710 responders participated, 99.6% reported that they were happy with the care that they had received at their appointment, 99.4% had been involved in decision making about their care, and 99.7% had confidence in the clinical team looking after them. Healthcare Professionals were observed washing their hands before caring for them (98.3%), and the majority described the nurses as being kind (99.9%).

Waiting times were displayed in the majority of clinics (97.3%), and most responders were seen within 30 minutes of their appointment time (92%). Of the patients participating that had been prescribed new medicine at their appointment (102), all of them reported that the medicine was explained to them.

By listening to patients share their experience, real time feedback can be obtained to evidence and support informed improvement work.

5. Digital Stories

Digital 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.

The Board recognise the importance of listening to people with lived experience share feedback on their experience of accessing services provided by the Trust. Digital stories are a medium to escalate the voices of patients and people important to them, enabling them to be listened to within Board meetings.

A number of digital stories, captured during 2022/2023, have been shared through the appropriate channels within the Trust. Next steps and actions are devised in response to digital stories to increase awareness and promote learning as a result of feedback. Examples of stories shared during 2022/2023 include:

Chance Encounters

The storyteller described her father's admission to hospital due to end stage heart failure and sepsis. The admission resulted in two chance encounters, the memories of which remain with her, as they had a significant impact upon the quality of his final days. The first encounter was with the Consultant on-call when her father was admitted to the Trust. The storyteller described how, when the time came, the Consultant assisted in facilitating her father's discharge to a nursing home, helping to enact his wish not to die in hospital.

The second encounter was with the Chaplain on site when she was having a particularly difficult day and sought support. The contact with the Chaplain visibly lifted her father's spirits, providing him and the family with a source of comfort. As her father's care transitioned from active treatment to palliative care, the Chaplain supported the family, providing pastoral and spiritual care. The storyteller highlighted the benefits of integrating Chaplaincy into the admission process, supporting people in accessing spiritual and pastoral support.

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

- The Chaplaincy Team has increased in size, enabling improved access to the service.
- Chaplaincy cards have been designed to inform people of the Chaplaincy Service. Cards are included in Swan boxes in addition to being available through the Chaplaincy Team.
- The role of the Chaplaincy Team has been promoted internally and externally to raise awareness of the services they provide.
- The storyteller's experience is being shared in training sessions to highlight the importance of discussing faith and belief with patients on admission and making patients and the people important to them aware of pastoral support the Chaplaincy Team can provide.
- The Chaplaincy Team are involved in the new Health Care Academy training programme across the Integrated Care System.
- The Palliative and End of Life Care Team are developing a system to flag patients being treated by the team. When the report goes live the Chaplaincy Team will receive a daily update of patients receiving end of life care, enabling them to reach out to the patient and people important to them.
- The digital story has been shared at the Nursing, Midwifery, AHP and Facilities Meeting.
- Consent has been given to share the digital story with the NHSE/I Chaplaincy Workgroup, sharing learning with other Trusts across the NHS and with the NHSE Steering Group reviewing the NHS Chaplaincy Guidelines (2015).

Living with Idiopathic Pulmonary Fibrosis

The storyteller describes how he was diagnosed with Idiopathic Pulmonary Fibrosis in 2016, a debilitating disease which causes irreversible lung damage. Initially he managed to maintain his usual level of activities, maintaining a career he enjoyed and active involvement in martial arts classes. In 2019, at the age of 48, maintaining usual activities had become increasingly difficult, culminating in termination of his job due to the level of physical activity involved. The storyteller started to struggle and became increasingly reliant upon oxygen therapy. In 2020 a double lung transplant was identified as the next level of treatment and he was placed on the waiting list.

In May 2022 a respiratory infection resulted in an emergency admission and treatment in the Emergency Department, the Respiratory Ward and subsequent transfer to ITU. The storyteller outlines how frightening it felt to experience such difficulty in breathing, and whilst his partner, nurses and doctors were there, he felt lonely and afraid.

Throughout the time in hospital, he shares how he felt recognised as an individual, rather than being seen as just a number. Both he and his partner felt supported by the teams looking after them, as though they were standing alongside fighting the difficulties with them.

Whilst in ITU, the storyteller asked to see a Chaplain as he wanted to be baptised, and to make peace with God at what he felt could have been the end of his life. The baptism was facilitated at the time of request and the storyteller shares how this offered a sense of relief and calmness. The storyteller also highlighted that he would like to be married to his partner, something that was facilitated by the ITU, Palliative Care and Chaplaincy Teams. The storytellers explain how staff went out of their way to support them in achieving his ambition to be married.

Following the patient story being captured the subsequent actions have been taken:

- The digital story has been shared in a range of areas across the Trust to raise awareness.
- Longer versions of the patient story have been captured to share with the Respiratory Team and ITU Team involved in his care and treatment.

Food for Thought

The storyteller was admitted to the Trust as an emergency admission in September 2020. On admission she made the team caring for her aware that she was vegetarian, however at the food service no vegetarian meals were available. Reflecting on her experience as a patient, she highlights that throughout her inpatient stay her vegetarian dietary requirements were overlooked, impacting upon her cumulative nutritional intake

Following the patient story being captured the subsequent actions have been taken:

- The digital story has been shared at the Trust's Food Focus Group, Nutritional Steering Group, Patient Experience Groups, Nursing, Midwifery and AHP Meeting, Trust Board and Housekeepers meetings for learning and improvement
- The Food Safety Advisor has incorporated the digital story in induction training delivered to all Health Care Assistants, Registered Nurses, Catering Staff and other food handlers
- A new Pre order sheet is to be standardised for all wards to use to record patients' meal choices, ensuring this information is captured for Food Allergies and Diets which will

include if they are Vegetarian, International Dysphagia Diet Standardisation Initiative (IDDSI) modified textured meal etc.

- The Quality Team has reviewed the nursing documentation and ward transfer checklist to incorporate the patient's dietary needs and use of red tray
- Protected meal times are being relaunched with renewed emphasis on the importance of the protected meal time co-ordinators
- The number of vegetarian options available at each meal has increased
- The Trust has a new sandwich supplier
- Sandwiches have been incorporated in the food sampling within the PLACE assessments to provide patient assessor feedback of the new supplier
- A food tasting session with patient representatives will be arranged in 2023 to secure wider feedback on menu options and quality

Improve the System

The storyteller outlined that her 68 year old husband was diagnosed with Leukaemia and is subsequently receiving palliative chemotherapy 7 days each month, with blood transfusions every two weeks. Combined with inpatient admissions for treatment when needed, both the storyteller and her husband have gained a range of experience in accessing services within the Trust.

The process in place out of hours is for patients to contact Ward 23 at the Royal Shrewsbury Hospital for advice on what to do. The advice is always for admission in the event of a high temperature for screening and intravenous antibiotics.

Whilst both the storyteller and her husband are happy with the interactions they receive from staff, when he becomes pyrexial and urgent treatment is required there can be difficulty in identifying an appropriate area in which to wait, and subsequently delays in accessing treatment.

The storyteller feeds back that, whilst the care they have received has been excellent, something needs to be done to improve the system.

Following the patient story being captured the subsequent actions have been taken:

- Building work has commenced to create an assessment bay on Ward 23
- The assessment bay will have capacity to hold three assessment trolley spaces
- The Haematology and Oncology Teams are identifying potential criteria for triaging patients suitable to be safely managed within the area
- The nursing team shadowed emergency nursing team staff in ED/AMU to develop transferable knowledge and skills
- When processes and pathways are in place it is anticipated that the assessment bay will initially take admissions within a set timeframe to develop the concept
- Nursing recruitment to support the area is underway
- Medical staffing for the area is presently being worked through

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 2022/2023 there were 66 comments posted about the Trust. Of the feedback posted 74.3% (49) posts were positive experiences and positive staff attitudes, more specifically about being treated with good staff attitudes and a positive experience when accessing areas such as Emergency Departments (ED), Same Day Emergency Care (SDEC), Day Surgery, Maternity, Outpatients Department, Endoscopy, Gynaecology and Radiotherapy Teams. 4.5% (3) comments were neutral, and the remaining 21.2% (14) 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. Feedback has been shared with the relevant areas.

Healthwatch

During 2022/2023 Enter and View visits have resumed, with Healthwatch visiting the Emergency Department (PRH), Ward 22 Short Stay (RSH), Acute Trauma Orthopaedic Unit (AOTU) (RSH) and Ward 28 (RSH).

The focus of the semi-announced visits were to speak to patients, visitors and staff about their experiences, with a focus upon communication, nutrition and hydration.

General patient feedback identified a number of positive experiences, with responses including 'I have been impressed with this ward. They are all really good at putting me at ease.' and 'Staff are brilliant, they listen to me. These guys listen even though they are busy, they go and help.'

Healthwatch identified that one ward felt calm, whilst two felt busy but well organised, looking and smelling clean on the day of the visit. Staff were observed talking with patients, and comforting a person living with dementia. Two meal services were in progress during the visits, providing Healthwatch with an opportunity to observe mealtime practice.

Feedback has been valuable in supporting improvements across the areas, examples of some improvements made include:

- Appointment of an additional Ward Clerk to further support communication and telephone response times.
- The Quality Team worked with the Ward Manager to introduce a focus on reconditioning, introducing activities to engage patients and encourage them to get up, dressed and moving.
- The introduction of a salad option, enabling patients who prefer this option to a hot meal, with a choice of ham, egg, tuna or cheese. Fresh fruit is sent to the wards daily, providing access to a selection of fruit including bananas, apples and easy peeler oranges.
- Promotion of timely patient discharges. The Trust and wider system are supporting a range of initiatives to improve discharges and reduce capacity pressures, examples of these include introduction of a Virtual Ward programme, Multi-Agency Discharge Events, and transformation programmes.
- Quality boards, incorporating how to identify the nurse in charge, Ward Manager and Matron have been piloted and are to be rolled out across the Trust.

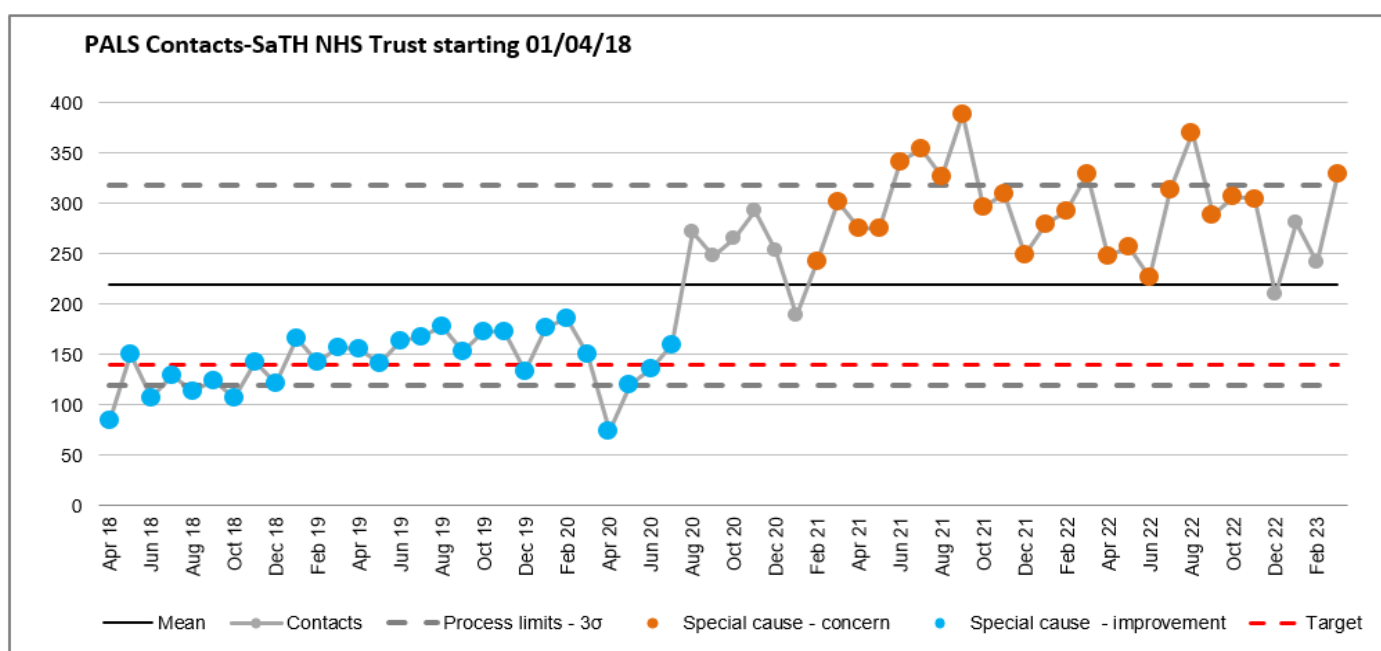
Action plans have been developed and shared with Healthwatch outlining steps that have been taken in response to their findings.

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 2022/2023, the PALS team received 3421 contacts from people wishing to receive support with raising a concern or obtain advice from PALS. The number of contacts reflects a decrease of 300 cases in comparison to the previous year, however, there has been a sustained increase in contacts since August 2020, potentially linked to changes during the Covid-19 pandemic.



The majority of concerns were connected to appointments (913), and communication (912), followed by admission/discharge procedure (268), clinical treatment (236), patient care (232), waiting times (149), access to treatment/medicine (109) and values and behaviours displayed by staff (89).

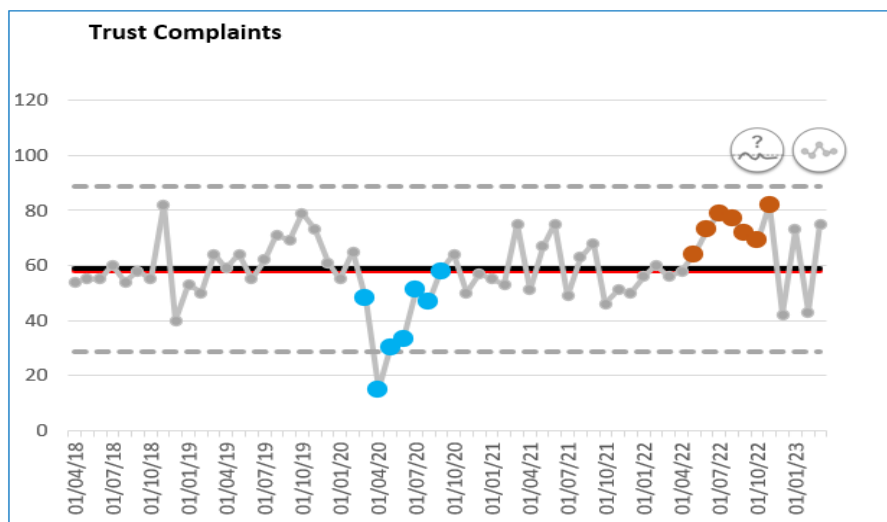
Whilst waiting times and concerns relating to clinical treatment have slightly increased in comparison to the previous year, the majority of themes remain within a comparable range. Notably, communication and concerns relating to values and behaviours displayed by staff have decreased in comparison to 2021/2022 which may correlate with the reintroduction of open visiting across the Trust following restrictions in place due to the Covid-19 pandemic, supporting improved communication between clinical teams and people important to the patients.

8. Complaints

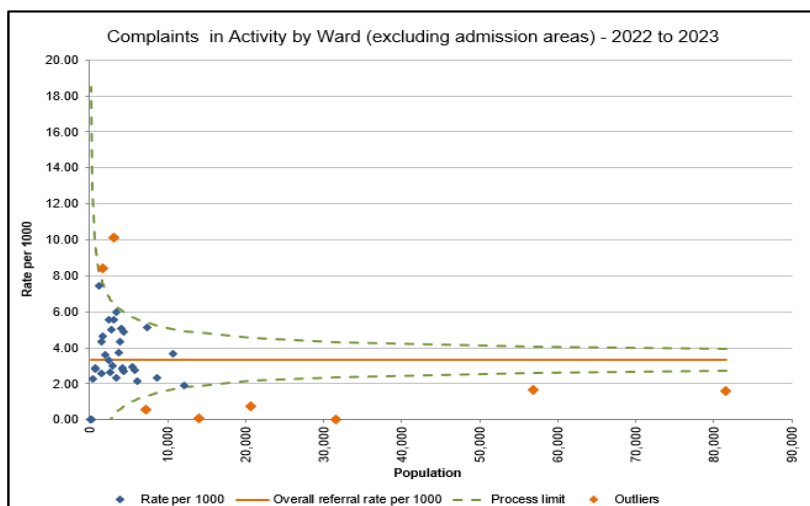
The Trust endeavours to provide a good patient experience, however when this is not achieved complaints provide valuable feedback, insight and learning which can help drive improvements.

During 2022/2023 the Trust received a total of 805 formal complaints, demonstrating an increase of 117 in comparison to the previous year (2021/2022) and an increase of 217 in comparison to 2020/2021. There has been an increase in activity across the Trust, when comparing the number of complaints against activity this equates to less than one in every 1000 patients complaining (0.82 complaints per 1000 patients). This reflects an increase in comparison to the previous year when comparing complaints to activity (0.72 complaints per 1000 patients).

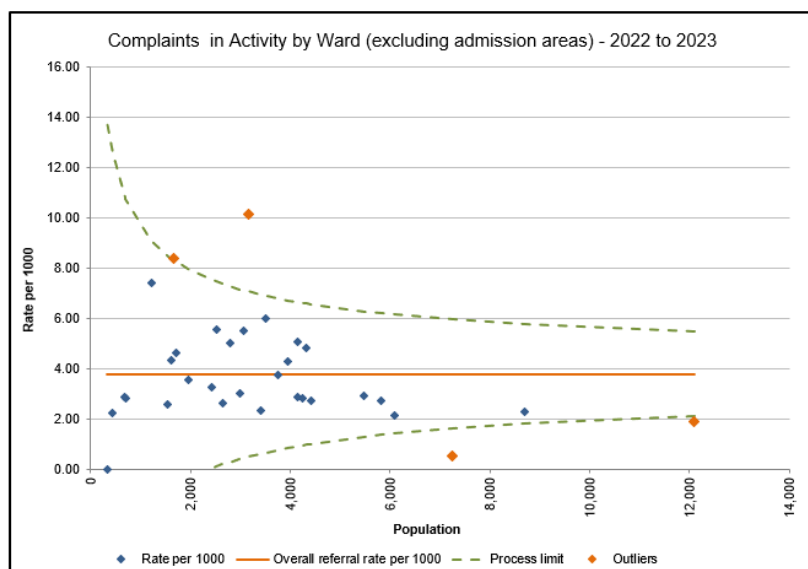
The graph below shows the number of complaints over the last five years, the number of complaints received by the Trust demonstrate an increase between May and November 2022, reflecting a high special cause concerning variation. From December 2022 onwards the number of complaints reduced demonstrating a common cause variation. Data will continue to be monitored and is discussed at a local Ward and Department level where complaints feedback is triangulated with quality and safety data.



Of the 699 complaints closed in 2022/2023, 32% (137) were upheld, 57% (395) were partially upheld and 11% (80) 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 four special cause variations (outside of the 99.7% process limits), two variations above the upper process limit and two variations below the lower process limit, identifying areas with a high and low number of complaints compared to activity.

Performance

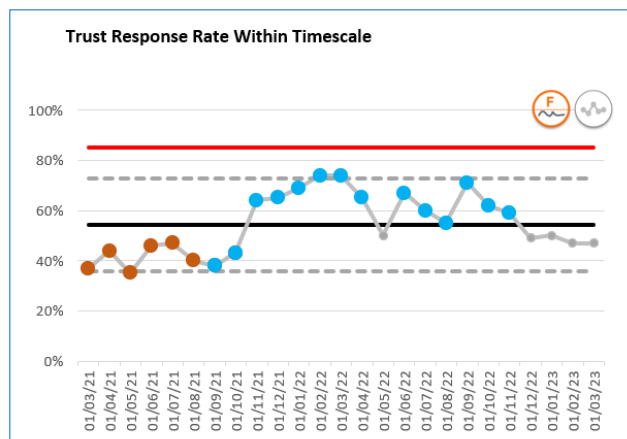
Acknowledgement

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 during 2022/2023; in the two cases where the written acknowledgement was late, both patients had received a verbal acknowledgement within three working days and a written acknowledgement within four working days. The Complaints Team have set a stretch target of sending a written acknowledgement within two working days, this was achieved in 98% of complaints, with 86% of written acknowledgements being sent within one working day during 2022/2023.

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

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 2022/2023, 57% of complaints were responded to within the initial agreed timescales, whilst this reflects a slight increase from the previous year by 4%, response rates within the agreed timescale remains significantly below the Trust target. 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.

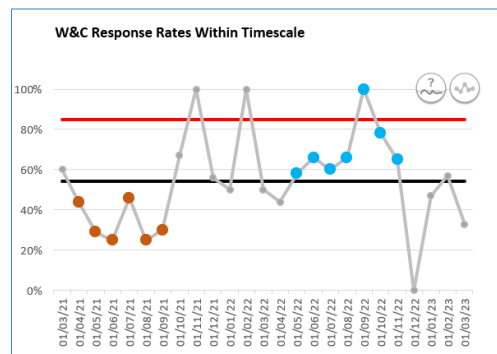
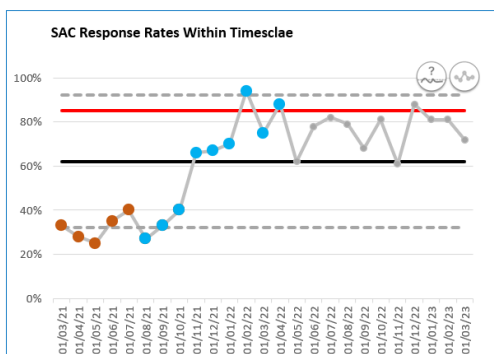
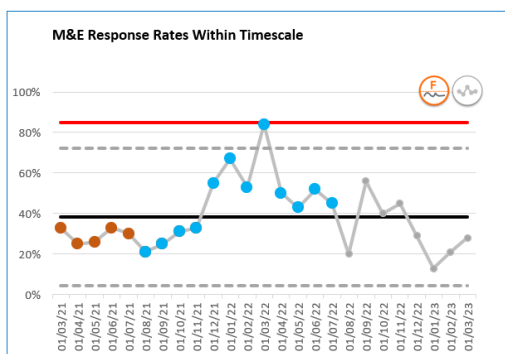


The table to the left reflects the percentage of complaints due each month that were responded to within the agreed timescale.

Current Position: The Trust target of 85% has failed to be achieved.

Action taken: Work is ongoing to improve response rates, the Complaints Team are meeting with the Divisions weekly to track progress and enable action to be taken to address potential delays. Progress is reported at a Divisional level and at the Quality Operational Committee.

Although complaints response rates for the Trust overall remain below the expected standard, within three of the divisions the standard timescale for response has been reduced from 60 to 45 working days. This response rate has been achieved in 96% of complaints for Clinical Support Services, 77% of complaints for Surgery, Anaesthetics, and Cancer and in 56% of responses in the Women and Children's Division during 2022/2023.

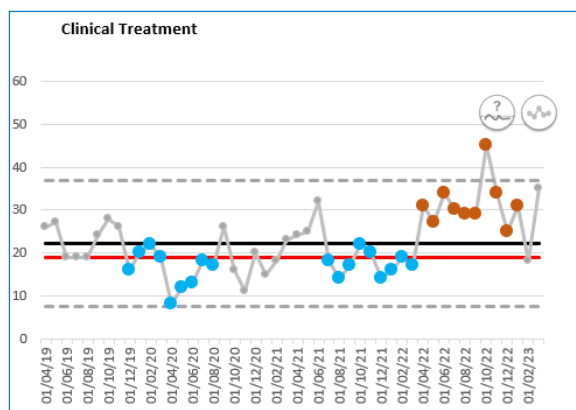
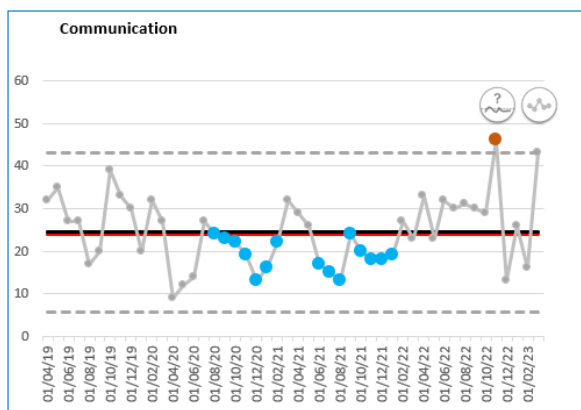


Key Themes of Formal Complaints

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 concerns identified will exceed the number of formal complaints received. The graphs below show the number of concerns raised by theme across the Trust in 2022/2023.

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 2022/2023, the Trust received 352 complaints where communication featured, and there was one breach of the upper warning limit. One of the main areas of concern raised continues to be problems with relatives getting updates prior to the reintroduction of open visiting.

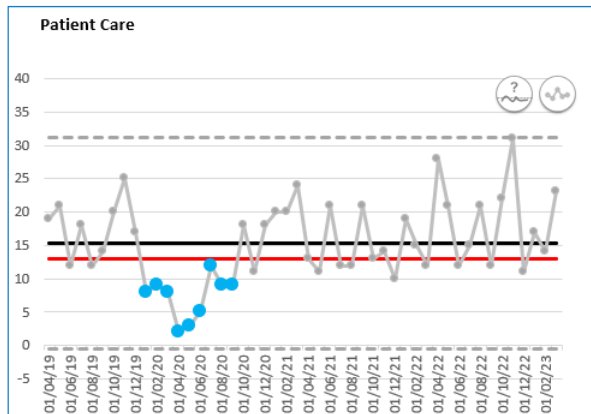
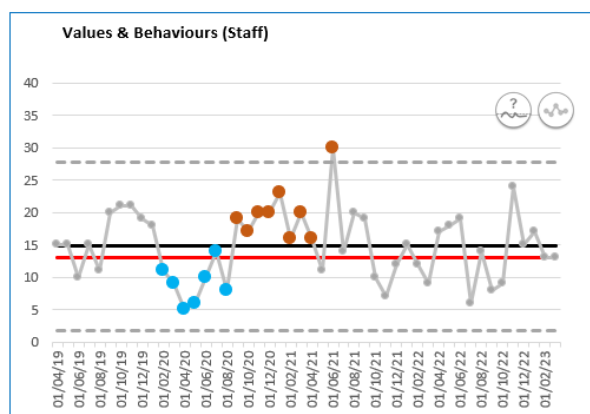


b) Clinical Treatment

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 2022/2023, there were 368 complaints that fell into this category. Most of these complaints related to delays in diagnosis and misdiagnosis and delays in treatment.

c) Values and behaviours

This category includes complaints about staff attitude, professional behaviour, and breaches of confidentiality. There were 173 complaints within this category during 2022/2023, with data reflecting a common cause variation. During 2022/2023 the Trust has held a range of activities raising awareness of the Trust values and behaviours and how these are demonstrated in practice.

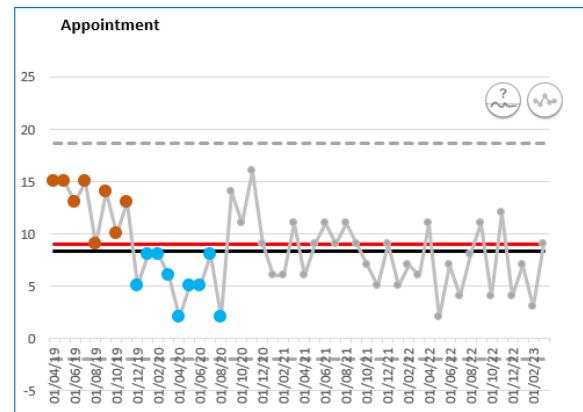
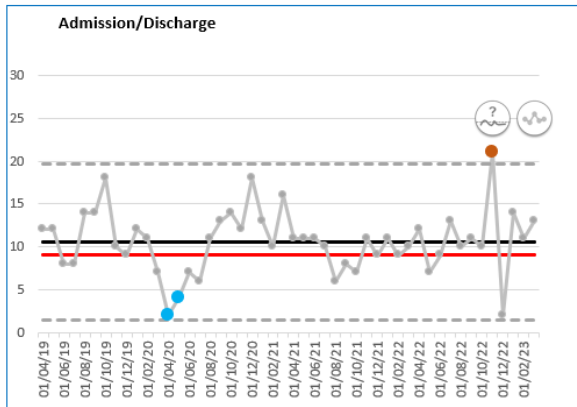


d) Patient care

Complaints within this category include complaints about patient falls, nutrition and hydration, infection control and pressure area care. The Trust received 227 complaints in 2022/2023 about this aspect of care, numbers remain within expected variation. The majority of these complaints related to patients not having their care needs sufficiently met.

e) Admission / Discharge Arrangements

Complaints within this category relate to the patient's admission, subsequent discharge, and any transfers. During 2022/2023, there were 133 complaints within this category, there was one breach of the upper warning limit in November 2022, however, the number of complaints received remains within a range of expected variation.



f) Appointments

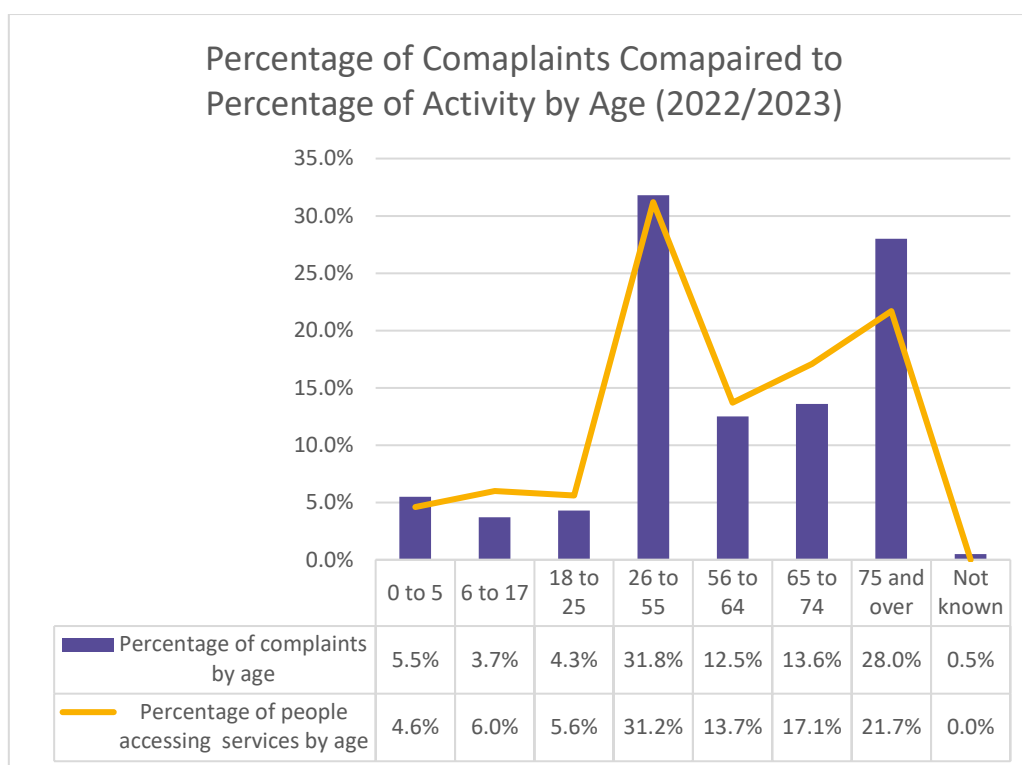
Complaints within this category include waiting times to receive an appointment and cancellations of appointments. During 2021/2022, the Trust received 82 complaints, a slight reduction in comparison to the previous year, and within expected variation. Most complaints are linked with waiting times and cancelled appointments.

Complaint Demographic

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.

During 2022/2023 the Trust received more complaints from female patients (485) than male patients (321). When compared to activity data by gender, female patients accessing the Trust are more likely (0.086%) to make a complaint about their experience of care than a male patient (0.075%).

The age of the patient to which a complaint is regarding is captured and compared with activity by age group across the Trust. The likelihood of a complaint being received fluctuates slightly between age groups ranging between 0.05 to 0.1 per 1000 patients, with slightly more complaints received relating to patients of 75 years and older, or aged 0 to 5 years, than from other age groups during 2022/2023.



The ethnicity of the patient to which a complaint is involving is captured and compared with activity to enable any potential discrepancies between experience of care to be identified.

In 2022/2023 the likelihood of making a formal a complaint fluctuated between different patient ethnic groups, ranging between 1.71 and 0 per 1000 patients. The Trust received a higher proportion of complaints from patients who identified as Pakistani, and from other Asian backgrounds. There are no themes linking the complaints received by this patient

Patient Demographic by Ethnicity	Number of complaints per 1000 patients (2022/2023)
Pakistani	1.71
Any other Asian background	1.02
White and Asian	0.95
Any other ethnic group	0.87
British	0.83
Any other mixed background	0.81
White and Black Caribbean	0.76
White and Black African	0.71
Caribbean	0.71
Any other White background	0.59
Indian	0.38
Irish	0.24
Bangladeshi	0
African	0
Any other Black background	0
Chinese	0

demographic, however, complaints will continue to be monitored to identify potential trends. The Engagement Team have been made aware of the variation and potential under reporting within some demographic groups, enabling a focus upon how to raise a concern or complaint to be highlighted at relevant community engagement events.

Complaints relating to a patient with a physical disability, learning disability or person living with dementia are captured to identify potential underlying themes. Where appropriate, complaints are shared with the relevant specialist nurse leads to provide oversight and visibility of feedback and concerns.

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:

- The parents of a child raised concerns about the management of their child's rare condition. Following investigation into their concerns actions were taken to reinforce to the clinical team that parents of children with chronic conditions are experts in their care and management. Training was delivered by the metabolic dietitians on the care and management of children with metabolic disorders and a policy was updated in response to learning.
- A patient raised concerns that, when her procedure was cancelled, she was not notified that her pre-op PCR had come back positive. As a result, there was a change in process to ensure that a standardised proforma was received, and staff were made aware that the process in relation to tracking swab results should go ahead even in the case of cancelled procedures.
- Following concerns being raised about the ward environment, noise at night, and lack of care from the staff, a number of changes have been made within the area. Staff have been reminded to ensure that ventilation checks are completed and that temperatures are appropriate. There is now a senior nurse on at night regularly to role model appropriate behaviours and address any poor behaviour. The ward has reinforced the use of the good night charter. The Ward is establishing an ongoing rolling training programme, to address specific specialty knowledge and reinforce the Trust values and behaviours.
- There have been occasions when staff have not identified that a patient is a veteran or serving member of the forces, resulting in the patients not accessing the support available to them. The Trust is a member of the Veterans Covenant Hospital Alliance, with veteran aware champions who can help people access support within the Trust and community. Work is ongoing to raise awareness of the Veteran Aware scheme.
- A complaint highlighted a concern in the way a patient with a hearing loss was supported. The importance of highlighting barriers to communication on patient bed boards was reinforced to the ward team as this provides information to healthcare workers at a glance to enable them to support a patients specific communication needs. Pink boxes are available for the storage of hearing aids, providing improved visibility when not in use. The importance of supporting patients with the boxes and checking them was highlighted to the team in response to the feedback.
- There was significant delay in informing a patient and her parents of test results, and, as a result of this, the team now have a new pathway to review and send out letters regarding all results, as well as developing a database system to keep track of outstanding actions.

Parliamentary and Health Services Ombudsman (PHSO)

During 2022/2023, eight cases were referred to the PHSO dating between 2019 and 2022, and four of the cases have been opened for formal investigation:

- In one case the PHSO arranged a local resolution meeting with the complainant and the Trust rather than complete a formal investigation.
- In one case the complaint was not upheld.
- In two cases the complaints were partially upheld with recommendations that the Trust send a further apology letter in both cases. The PHSO advised in one case that the Trust carry out a further review, which is in progress currently.
- The PHSO closed six other cases in 2022/2023, four of which were not upheld and two of which were partially upheld, with recommendations that were implemented by the Trust.

The PHSO published their new complaints standards at the end of 2022/2023. The Trust is already compliant with a number of the standards and will be looking at what further work is required in 2023/2024.

PALS and Complaints Key Achievements

During 2022/2023, significant recruitment took place in the Complaints and PALS Teams, creating a new structure incorporating succession planning and potential opportunities for future leaders. This has provided an opportunity to review and improve processes, to ensure that they are working as effectively as possible.

A new approach has been adopted within the PALS Service to increase visibility of PALS Officers across clinical areas, strengthen relationships with clinical teams and increase awareness of the support that they offer. The team have spent time visiting clinical areas to deliver education sessions to staff to help raise awareness and visit the areas to speak with patients and people important to them about any concerns they may have.

Although complaints response rates for the Trust overall remain far below the expected standard, within three of the divisions (Surgery, Anaesthetics and Cancer, Women & Children's, and Clinical Support Services) the standard timescale for response has been reduced from 60 to 45 working days.

9. Mixed Sex Accommodation

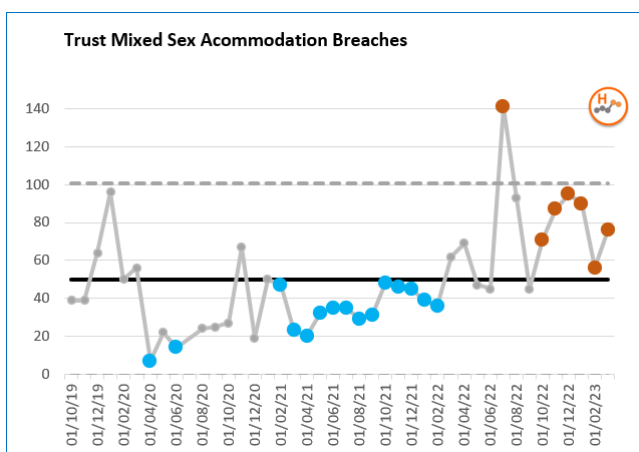
The Trust has a mixed sex accommodation policy in place outlining monitoring and reporting through Datix. Assurance measures are in place to manage breaches in general wards, if every alternative has been explored, proposals to breach are escalated to a Director through the Divisional management team 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.

During 2022/2023 there has been one complaint received by the Trust referencing mixed sex accommodation, relating to an inpatient stay in April 2020 at the beginning of the COVID-19 pandemic.

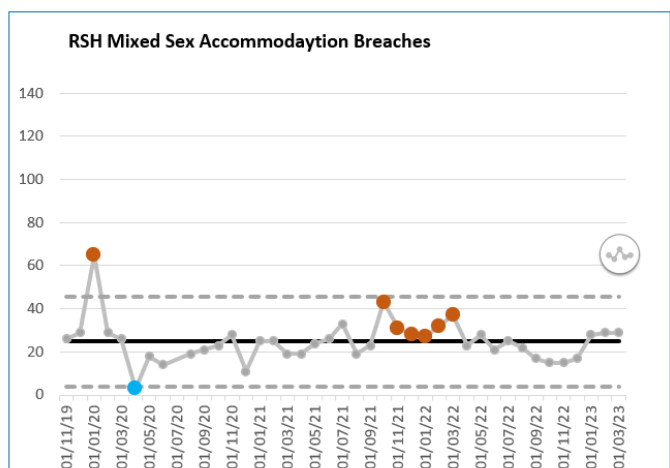
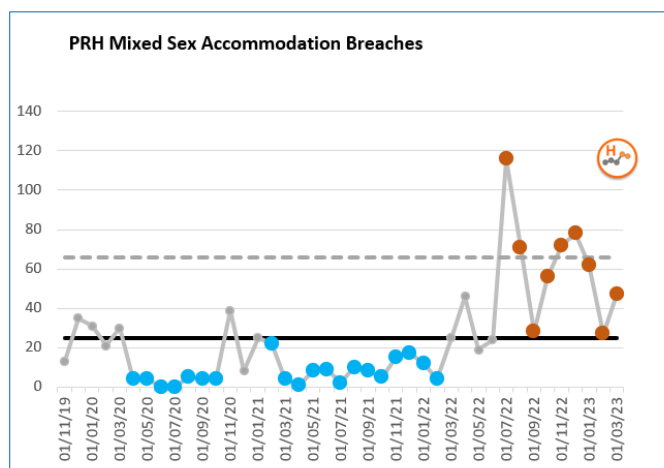
Trust Overview of Mixed Sex Accommodation Breaches

Mixed sex accommodation breaches across the Trust increased in January 2020, reflective of the increase in ITU/HDU reporting. Further increases in reporting in 2022 demonstrate a high special cause concerning variation during quarter two, three and four.



Mixed sex breaches during 2022/2023 display an increased demand and capacity pressures across the Trust, revealing a high special cause concerning variation.

During quarter 1 and 2 mixed sex breaches reflect an increased demand and the requirement to cohort Covid-19 patients to maintain good infection prevention and control practice creating an additional challenge.

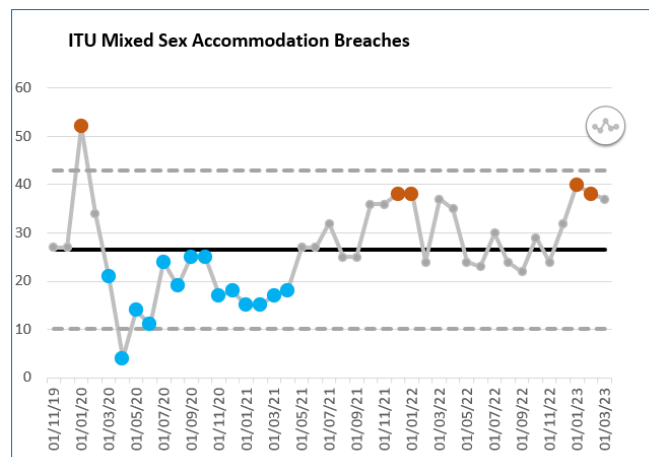


The number of mixed sex breaches at the Princess Royal Hospital (PRH) demonstrate capacity pressures across the site have resulted in delayed transfers out of the Intensive Therapy Unit (ITU), however, the increase in mixed sex breaches is chiefly due to patients being placed on beds in the Acute Medical Assessment (AMA) area to create additional capacity.

Mixed Sex Accommodation breaches at the Royal Shrewsbury Hospital (RSH) reflect a common cause variation, with breaches predominantly occurring due to pressure transferring patients out of ITU.

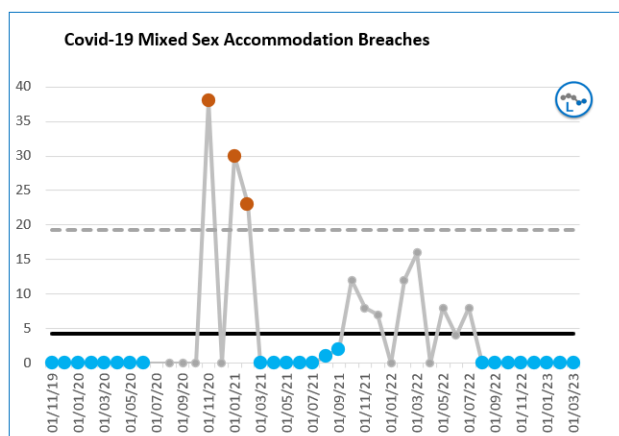
Speciality Mixed Sex Accommodation Breaches

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. Mixed sex breaches due to delayed transfers from ITU during quarter four increased, with January and February 2023 reflecting a high special cause concerning variation.



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.



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. During quarters three and four there have been no breaches reported directly due to Covid-19, reflecting a low special cause improving variation.

National reporting is undertaken through monthly submissions by the Trust to NHS Digital. Data submitted during 2022/23 was within the national reporting timeframe.

Partnering

10. Patient Involvement

SaTH established a small patient panel four years ago to contribute a patient perspective to the work of the various divisions in the two hospitals - the Patient and Carer Experience (PaCE) Panel. This has met quarterly (on Microsoft Teams during the pandemic), is attended by relevant senior clinical and support service staff, and is chaired by the Director of Nursing. I am the Patient Co-Chair.

I think that the desirability of getting patient feedback is slowly becoming embedded in the way that hospital services are being delivered. The PaCE Panel is still improving its method of working, and this has included the establishment of eight specialist sub-groups. These allow patient representatives to contribute at a more granular level to the way that patient feedback is helping services to develop. In particular, patient representatives get the chance to drill down and focus on specific aspects, and it opens up opportunities for more patients to become involved.

Whilst there is yet some way to go, hospital staff seem genuinely open to reflecting on how they work, so as to deliver more patient-friendly support. The hospital trust is a big organisation and takes time to change culture and direction. But I believe that it is achieving this, and that PaCE is playing a part in this process. I would like to take this opportunity to thank all teams across SaTH for the work they do to improve the experience of care delivered to people accessing services across the Trust.

By Greg Smith

(Patient and Carer Experience Panel Co-Chair)



The Patient and Carer Experience (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 meet quarterly, chaired by the Director of Nursing, and co-chaired by a patient representative, reflecting a partnering approach and strengthening the patient voice. The panel incorporates patient representatives, Divisional representation together with Public Participation, PALS and Complaints, Service Improvement, and Communications Leads, and external partners from the Maternity Voice Partnership, Healthwatch and Powys Community Health Council (CHC). The PaCE Panel reports to the Board's Quality, Safety and Assurance Committee.

Speciality patient experience groups report into the PaCE Panel, and lead on patient experience improvement initiatives at a local level. Patient representatives are being actively recruited to strengthen the patient voice and involvement at the heart of improvement work.

The PaCE Panel has received updates on a range of priority projects concerning patient experience, examples of these are: the Getting to Good programme, Freedom to Speak Up, Mental Health and Learning Disabilities, Hospital Transformation Programme (HTP), Emergency Transformation Programme, national survey results, staff health and wellbeing, the UX System, and feedback from Healthwatch Enter and View visits.

During 2022/2023 PaCE Panel patient representatives have supported a range of activities, including:

- Speciality Patient Experience Groups
- Patient Information Panel
- Food Focus Group
- Exemplar visits and accreditations
- Establishing an Independent Complaints Review Group
- Letters Workshops
- Letters Task and Finish Group
- Procurement review
- Providing feedback in the form of a digital story
- Equality, Diversity and Inclusion Advocate Group
- Patient Led Assessments of the Care Environment (PLACE) Assessments
- Volunteer work within the Trust
- Recruitment through participating in stakeholder groups.

Speciality Patient Experience Groups



Surgery, Anaesthetics and Cancer

In response to patient feedback, priorities identified by the group are patient information and elective recovery. The patient experience of pre-operative preparation, journey to, and experience in theatres being the initial area of focus.

Working groups are being developed to review patient experience data and support in developing an experience of care improvement plan.

Patient representatives of the group have been invited to be part of the Surgical Hub project.



Maternity

The Division works closely with the Maternity Voice Partnership (MVP), meeting monthly to review feedback and concerns shared by people accessing the service. The patient experience group aims to supplement and enhance this work.

A 15 step challenge has been completed with a number of stakeholders including MVP and Healthwatch.

The MVP, Director of Midwifery, and complaint lead have co-developed a complaint response template to improve requirements identified in the Ockenden report.



Clinical Support Services

Initial priorities for the group are to focus upon: increasing patient representative members, introducing PLACE in appropriate patient facing areas, and exploring methods of capturing real time patient feedback.

The group has reviewed feedback gathered from the initial Clinical Support Services HTP focus group. Further focus groups and engagement are being explored to support the development of the Community Diagnostic Hub.

Patient and public engagement has additionally been sought in the work undertaken to review musculoskeletal pathways.



Medicine

The Medicine patient experience group identified three key areas of focus: nutrition, discharge planning in preparing to leave hospital, and communication.

Meetings have focused upon each of the priorities, with staff and patient stories being shared to support the work.



Urgent and Emergency Care

The Urgent and Emergency Care patient experience group have identified three key areas for focus: communication, complaint management, and culture.

The group is seeking to increase the number of patient representatives involved in the group and is exploring the involvement of Emergency Department volunteers to provide greater insight.

A priority for the group was to support the acute floor pathway which opened in December 2022.



Women's Health

The women's health patient experience group initial focus is to introduce images in picture rooms to improve the environment and provide a focal point for women during procedures.

An analysis of complaints by patient demographic is being undertaken to identify if there are any patient group reporting a worse experience of care.



Corporate

The Corporate patient experience group identified a focus upon how patient feedback is captured, collated, and used within the Trust to support improvements.

Feedback incorporates a range of sources, including PALS and complaints, PLACE assessments, learning from digital stories, and how learning and improvements from wider feedback such as FFT and local surveys is shared.

Local inpatient survey questions have been reviewed in response to the national adult inpatient survey 2021 results, and questions being asked in the 2022 survey.



My name is Lynn and I have been a patient volunteer at SaTH since 2018 as a member of the Patient and Carer Experience (PaCE) Panel. During the last couple of years I have been particularly busy as my interest in getting involved has increased.

At present I am a member of two speciality groups (Medicine and Corporate), the food focus group, I chair the Independent Complaints Review group, help on the Patient Information Panel and participate in recruitment for new patient representatives.

Playing an active part in the above roles gives me the opportunity to make a real difference to a patient's experience. I may not be "hands on" e.g. by helping on a ward or supporting patients in A&E but the "behind the scenes" roles are just as important for helping to make improvements. To give just one example of how I make a difference is the work I do on the Patient Information Panel. This involves looking closely at a variety of patient information leaflets to see if the language used can easily be understood by members of the public. I can help identify medical terms that may need explaining in more simple words. Ensuring that Patients have clear instructions and clear information is so important to help with their care and wellbeing.

I enjoy working with staff from a variety of departments who willingly share their knowledge and an infectious enthusiasm for making improvements in their work area. Working with other patient representatives is always great as you can hear and appreciate different points of view and differing needs.

The first meeting I attended was a little unnerving because I was unsure of what I had to offer. But as I soon found out, I was quickly welcomed and encouraged to give my thoughts, opinions and ideas. You really do become and are accepted as a key member to the working group. The patient voice is respected and listened to, and it is very clear that patients and staff working together can make a difference.

The wonderful thing about volunteering is you can decide how much time you want to give and how much you want to get involved. I certainly recommend patients of all age groups to come forward and get involved to help the Trust continue to improve the patients experience and shape the future of our hospitals.

By Lynn Pickavance
(Independent Complaints Review Group Chair)

Independent Complaint Review Group

An Independent Complaints Review Group was established in 2022/2023. The purpose of the group is to review and improve the quality of complaint responses, providing greater assurance to the Trust, stakeholders and regulators. The group consists of three external reviewers, two patient representatives and an independent representative from another Trust. A patient partner chairs the group, which is additionally attended by members of the Complaints and Patient Experience Teams. The group meet quarterly and report into the Corporate Patient Experience Group.

Complaints responded to during the quarter are all put forward with the potential to review, with only cases relating to a safeguarding concern excluded. The complaint numbers are shared with the chair, who selects the cases to be reviewed from the case numbers, in an open and transparent process.

The complaint, investigation, and all correspondence are anonymised and shared with the independent member undertaking the case review. Each member reviews two cases prior to each meeting, completing a review template document, which supports them in providing a structured overview of findings at the meeting.

A range of opportunities to improve complaint responses have been identified through the reviews, identifying, and documenting the preferred method of communication, and establishing and documenting the complaints desired outcome are two themes identified. In response to feedback, a new telephone checklist has been introduced by the Complaints Team to address this gap and improve the process.

Consideration of the terminology used within complaint response letters has been identified, to ensure that information can be easily understood. Correspondingly, the use of vocabulary can on occasion diminish an apology. Feedback has been shared with the wider Complaints Team, with health literacy training being scheduled during 2023/2024.

The structure provided through use of the complaint checklist was highlighted. Reviewers found that the complaint checklist was not utilised consistently in all complaint investigations, however, it provided improved rigor and assurance when in place. Feedback has been shared with the Complaints Team and completion of the complaint checklist will continue to be monitored in future reviews to observe progress.

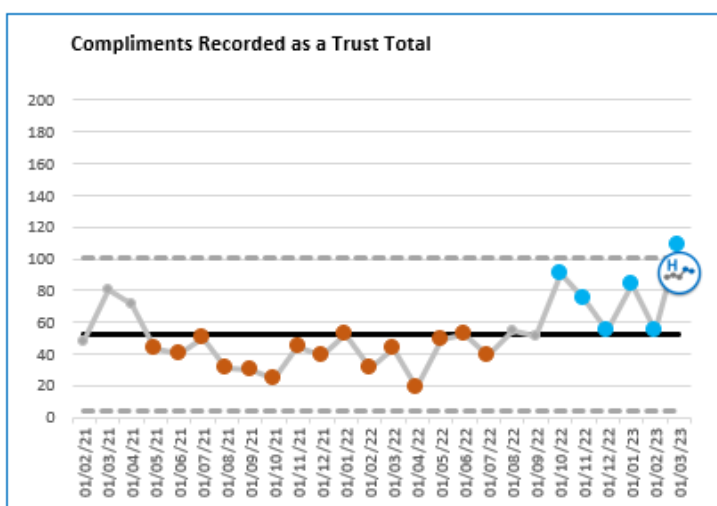
The reviewers identified that whilst learning is identified and improvements made in response to the complaint and investigation findings, response letters need to clearly identify learning being taken in response to the feedback.

While opportunities for improvement have been identified, the independent reviewers recognised that the majority of complaint investigations and responses reviewed provided assurance that the Trust had investigated the concerns appropriately, with learning and action being taken in response to the feedback. Recommendations from the group have supported improvements being made, providing greater assurance and confidence in the process.

Caring

11. 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.



A total of 729 compliments were captured and reported on Datix during 2022/2023, reflecting an improvement on the previous year (498). The Trust receive substantially more compliments than are presently captured and will continue to raise awareness of recording compliments to improve on this figure in 2023/2024.

Positive feedback can sometimes be overlooked however it is important to capture positive patient experiences to identify what went well and learn from this.

The main themes mentioned in compliments are around; nursing care (291), friendliness of staff (286), support for the patient (240), meeting the patient's needs (221), keeping the patient comfortable (186), support for family (176), clinical care (132), emergency care (107), prompt treatment (95), end of life care (71), the outcome of treatment (70) and other themes (74).

A sample of compliments which have been received during 2022/2023 are:

I have quite a strong phobia of needles particularly when it comes to blood tests. I hate having them done. On 12/01/2023 I went for a blood test. The phlebotomist was very welcoming and kind and immediately put me to ease. She made sure I was feeling okay at all times and was very reassuring. She informed me of what she was doing (I couldn't look). She held a conversation with me throughout the process (not for one minute detracting from her work) and seemed genuinely interested in what I had to say. I was made to feel as calm and relaxed as I possibly could. She did her job very well and I don't have any bruising at all. Her colleague was also very friendly before my test was done.

I really appreciate the care and consideration I was given. I was worried that as an adult they would think me stupid for being scared of needles, but I couldn't have been more wrong. People are always so quick to complain about something but rarely speak up when they've had a good experience so please know I am very grateful and pleased with the service I received.

(Received via the Trust Feedback Hub)

Have to say that the staff at the CT(1) scan department were all very good. I am a tetraplegic full time wheelchair user, and they coped very well with my needs. A working hoist was quickly found, and all the staff were well organised. Overall the process did not take long at all. The staff are a credit to the X-ray department. Thank you

(Received via the Trust Feedback Hub)

I visited A&E with my teenage son on [date], as you can imagine the thought of A&E is normally a dreading thought, however the new children's area is fabulous. He was seen quickly and had great treatment from the minute we got in there making it a lot less stressful than anticipated.

The play assistant was also great and brilliant with all children of all ages and saved us from pepper pig on repeat. I have to say I do believe that due to the excellent care, great attitudes and staff moral this helped all the children in the waiting room to relax.

Thank you for a great service and a quick turnaround
(Received via the Trust Feedback Hub)

I may have been unfortunate to use @sathNHS services following multiple admissions the last 2 months. But I wanted to shout out & Thank PRH food services for some excellent meals from tasty veg lasagne to today's chicken casserole 🍲 @SaTH_patientexp
#loveNHS
#ImOnTheMend



(Received via Twitter)

We attended via your maternity triage very early morning and were greeted warmly and seen quickly. Even my panicked phone call to your helpline from home was dealt with calmly by your staff and this made the 45 minute drive more manageable, knowing that your team were prepped to help us.

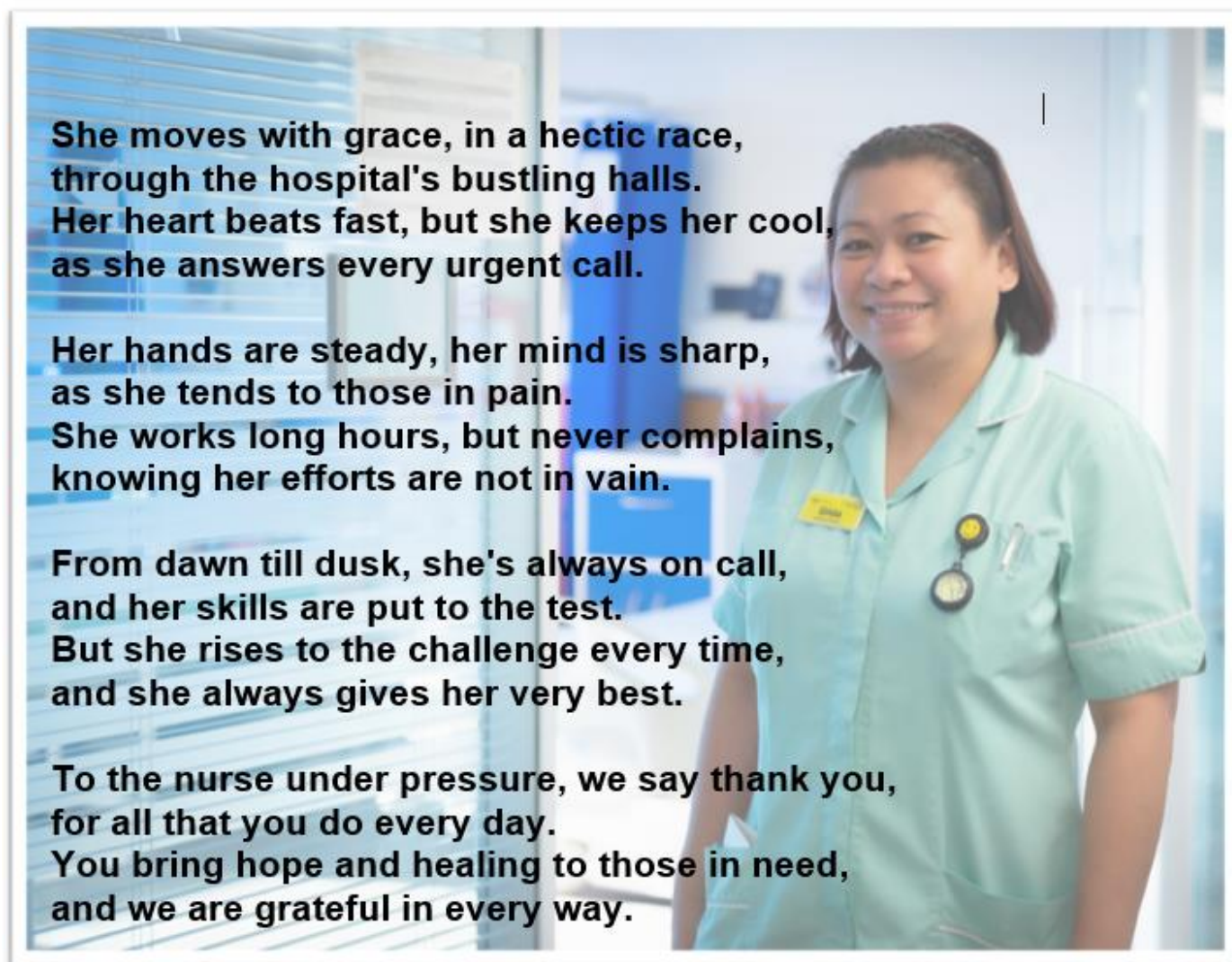
Unfortunately for us, we were not local to the area/hospital, which added an extra layer of stress to the situation. However, your staff did not seem phased by this hurdle and treated us promptly and reassured us at every stage. This included your triage team, the labour ward staff and those in the antenatal area also.

Each staff member we met was friendly and helpful and communication of plans was clear. We felt the unit was spotlessly clean and very comfortable for my overnight stay. One extra kindness was that my husband was given a pullout bed for a few hours sleep after the initial consultant review - this was very much appreciated and an example of your compassion and commitment to your patients and families, so thank you.

We just wanted to thank you all for making this unexpected hospital trip a positive experience (despite it being Boxing Day!) and we can only hope for our forward care at our local hospital to meet your high standards.

(Received via Email to the Patient Experience Team)

Feedback can be shared in a diverse range of approaches, providing insight into a patient's experience of care. The following poem has been shared by a patient following a time when they received care within the Trust.



Experience of Care Week

During Experience of Care Week examples of patient feedback were shared with a wide range of Wards and Departments. Pets as Therapy dogs visited patients across the Trust, engaging patients and staff alike. Two patient representatives helped mark the week through sharing reflections on their experiences of working with the Trust to support patient experience improvement work.



In recognition of Experience of Care Week Wards and Departments were recognised for their achievements in gathering and receiving positive feedback. Certificates were awarded under the following categories:



Endoscopy (PRH) Team

The Wards / Departments with the highest Friends and Family (FFT) response rates during 2022/2023:

- 1st: Endoscopy (PRH) with a response rate of 66.9%
- 2nd: Fertility (RSH) with a response rate of 51.8%
- 3rd: Day Surgery (PRH) with a response rate of 42.9%
- 4th: Day Surgery/Short Stay (RSH) with a response rate of 37.8%



Ward 35 (RSH) Team

The following areas across the Trust recorded the highest number of compliments on Datix during 2022/2023:

- 1st: Ward 35 (RSH)
- 2nd: Ward 19 (PRH)
- 3rd: ITU (RSH)
- 4th: ED (RSH)



Ward 34 / SAU (RSH) Team

In local inpatient surveys completed during 2022 the following areas received the highest responses for overall patient satisfaction:

- 1st: Ward 34 / SAU (RSH)
- 2nd: Ward 23O (RSH)
- 3rd: Day Surgery/Short Stay (RSH)
- 4th Ward 24R (RSH)



Day Surgery/Short Stay (RSH) Team

Whilst not receiving first place, special recognition was given to the Day Surgery/Short Stay (RSH) Team who were runners up in two of the three categories.

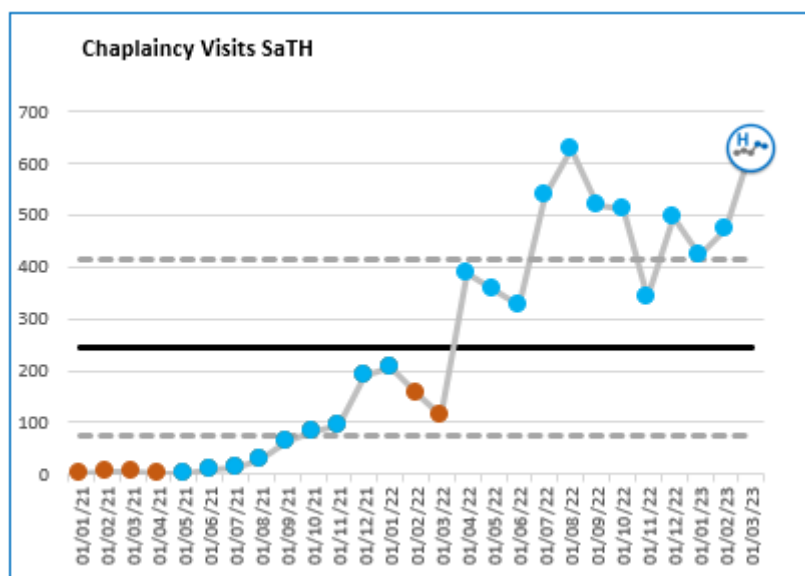
12. Chaplaincy

The Chaplaincy Team has been through a period of transition to increase the chaplaincy provision and services offered across the Trust. The Trust recognises the growing diversity and different religions, faiths and beliefs need to be taken into account, and aims to provide a model of pastoral care to meet the needs of the community.

As the Chaplaincy Team has transitioned, there has been an increase in collaborative working between services and multi-disciplinary teams across the Trust. The team is delivering training at the Health Care Support Worker Academy supporting new recruits across the Integrated Care System (ICS), International Recruitment Induction, and from April 2023 the Chaplaincy Team will be incorporated in the Corporate Welcome delivered to all new Trust staff.

The Chaplaincy Team are involved in each of the staff networks across the Trust and will have designated links supporting each of the Speciality Patient Experience Groups in 2023/2024, further enhancing collaborative working between the Chaplaincy Team and colleagues across a diverse range of specialities.

The number of visits made to Wards and Departments across the Trust have increased significantly and reflect a high special cause improving variation. During 2022/2023 the Chaplaincy Team made 5,273 visits to patients, which can range from minutes to hours in duration dependent upon need. In quarter four, the majority of requests for a Chaplain to visit were made by someone important to the patient, such as a partner, family member or friend (26%), followed by referrals from staff members (25%).

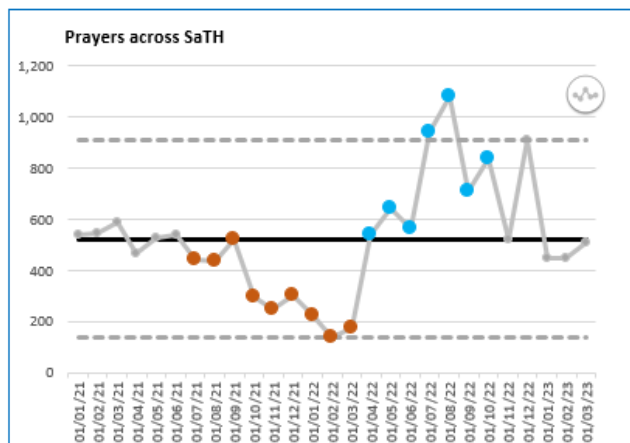


During 2022/2023 the Chaplaincy Team supported 2 weddings, and provided 6 baptisms, 695 blessings within the children and young people clinical areas, 1,273 general adult blessings, and 405 communions.

During 2022/2023 the Chaplaincy Team facilitated 83 last rites and end of life care visits, 15 occasions when a member of the team has been asked to officiate at a funeral, and 1 occasion for a staff memorial. This pastoral care forms part of the end of life care and bereavement support provided to patients, and the people important to them. The Chaplaincy Team works closely with

the Palliative, and End of Life Care Team, receiving referrals to provide support for patients receiving end of life care. The Chaplaincy Team will support the Palliative, and End of Life Care Team in the delivery of end of life training for staff in 2023/2024.

1,976 visitors have had contact with the Chaplaincy Team, with 120 being supported through requested visits during quarter four, reflecting a significant increase following the reintroduction of visiting across the Trust.



In 2022/2023 there were a total of 8,158 prayer requests, demonstrating an increase on the number of requests received in the previous year 2021/2022 (4,304).

There were a further 4,366 pebble pool contacts, 1,091 messages on the prayer/ message trees and 97 on the Advent trees during 2022/2023.

The Chaplaincy Team is continuing to enhance the data collected across the service to provide improved insight into activities undertaken by the team. Changes made in January 2023 will support a more comprehensive insight and better reflect the valuable work undertaken by the Chaplaincy Team in supporting patients, the people important to them, volunteers and staff.

In 2022/2023 the Chaplaincy Team were shadowed by a third year student nurse who shared the following reflection on her time spent with the team:



Whilst I was in my final year of my nursing degree I felt it might be beneficial to spend some time with the Chaplaincy at SaTH Hospital - I was right. As soon as I entered the office I was greeted with a welcoming warmth and truly felt that it was a 'safe space' where anybody could stop by at any time.

I spent some time interrogating the staff on what the role of the Chaplain in the hospital is, I found this incredibly informative not just from a professional point of view, but from a personal one too.

I feel thrilled at the prospect of working in a trust where spiritual care is so highly valued for service users, family members, and staff. As a newly qualified nurse in the near future I can definitely see myself referring people to the chaplaincy team, using it myself for pastoral care and telling others about it.

Recognising Festivals and Events

The Chaplaincy Team supported people accessing the Trust in recognising a range of festivals and events from a diverse range of faith, belief, and world view perspectives. Examples of some dates supported during 2022/2023 are:

April 2022 <ul style="list-style-type: none"> • Easter 84 Easter eggs and gifts were collected and distributed to local foodbanks in Telford and Shropshire • Ramadan Additional space to support Jumma prayer was identified, and Quran cubes were made available to Muslim patients across the Trust 	May 2022 <ul style="list-style-type: none"> • Exercise Rainbow The Chaplaincy Team participated in the Trust response to a large scale incident test., providing pastoral care and support to all involved. • One Chance Event The Chaplaincy Team had a stand at Healthwatch's One Chance event, highlighting pastoral support available in the hospital. 	June 2022 <ul style="list-style-type: none"> • Shavuot Children and young people from the Children's Ward helped to create and colour flowers to decorate the Chapels to mark the Jewish festival of Shavuot.
July 2022 <ul style="list-style-type: none"> • Khordad Sal In recognition of the festival and giving thanks, staff were encouraged to identify what they were thankful for on displays in each Chapel. 	August 2022 <ul style="list-style-type: none"> • Harvest Collection A total of 111 items were donated and shared between local foodbanks to support members of the community. 	September 2022 <ul style="list-style-type: none"> • Queen's Memorial Books of condolence were available to staff in each Chapel, enabling them to pay their respect and commemorate the Queen. The Queen's funeral was broadcast in each Chapel and additional Chaplaincy cover was made available to support patients, visitors, and staff.
October 2022 <ul style="list-style-type: none"> • Diwali Children and young people in the hospital painted rangoli patterns to decorate the Chapels. Staff were encouraged to visit, participate in colouring a section of a larger rangoli pattern and take away a tea light to honour the festival of lights. • Gathering of Remembrance A gathering of remembrance was held for families who had experienced loss of an infant. 	November 2022 <ul style="list-style-type: none"> • Guru Nanak Dev Ji's Birthday The UK Sikh Healthcare Chaplaincy Group visited the Chapels and shared prayers of wellbeing and recovery. • Interfaith Week Daily sessions with a range of faith, belief and world view speakers helped raise awareness of steps that can be taken to support people in hospital. 	December 2022 <ul style="list-style-type: none"> • Advent A range of activities took place throughout Advent, these included: Advent wreaths, Christmas carolling across the Trust, Christmas card design competition, and Trust Christmas cards being sent to every inpatient across the hospital on Christmas day.
January 2023 <ul style="list-style-type: none"> • Lunar New Year Calligraphies were made available as is traditional to bring good luck for the year ahead. • Holocaust Memorial Day Chapels participated in the national lighting the darkness initiative, burning candles to remember, reflect and stand against prejudice. 	February 2023 <ul style="list-style-type: none"> • World Interfaith Harmony Week The Chaplaincy Team raised awareness of the service and multifaith provision across the Trust. • Ash Wednesday Ash Wednesday services were held at 07:30 and 19:30, enabling clinical staff to attend before or after their shifts. 	March 2023 <ul style="list-style-type: none"> • Gathering of Remembrance A gathering of remembrance was held in remembrance of sacrifices made by staff and those lost directly, or indirectly in response to the COVID-19 pandemic.

13. 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:

- Work will continue to raise the visibility of the PALS team, to develop a proactive and agile service.
- Establish a complaints task and finish group incorporating key stakeholders and patient partners to review the new PHSO standards, undertake a gap analysis and co-develop an action plan to implement the changes required to comply with these.
- Work collaboratively with the Quality Governance Team to ensure that complaints processes are aligned with the new Patient Safety Incident Response Framework.
- New quality boards will be introduced across all Wards, incorporating 'you said – we did', displaying improvements made within clinical areas in response to feedback. This will demonstrate how feedback is actively listened and responded to across Wards and Departments.
- Recruit additional patient and carer representatives to become active members of the Speciality Patient Experience Groups and Patient and Carer Experience Panel.
- Recruit further patient partners to support the Independent Complaint Review Group to increase the number of complaints reviewed and provide greater assurance.
- Undertake a six month pilot of text (SMS) Friends and Family Test (FFT) feedback within the Emergency Departments.
- Further integrate Chaplaincy into hospital activity and improvement work across the Trust.
- Continue to support work being undertaken to review Outpatient letters sent to patients by the Trust, working with patient partners to improve accessibility and understanding. This work will continue to support the Letters Task and Finish Group and Electronic Patient Record Programme.

Patient Experience 2022/2023

	2022
April #ExpOfCare Week...  24th - 28th April, 2023	Experience of Care Week <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. In recognition of Experience of Care Week Wards and Departments gathering and receiving the highest positive feedback were recognised for their achievements.</p>
May 	Cultural Diversity Day <p>Following the success of the inaugural event last year, The Trust worked in partnership with Shropshire Community Healthcare Trust to host a second Cultural Diversity Day event in May 2022. The event celebrated diversity within the workforce and across the local community, incorporating staff and patient stories.</p>
June 	Volunteers' Week <p>The Trust celebrated the number of people who volunteer across the organisation to support our patients. There are a wide range of volunteer roles which include Meet and Greet roles in ED, Response Volunteer roles to support across the Trust, and Ward based Volunteers, improving peoples experience when they attend our hospital.</p>
July 	Falls Awareness <p>A request to local knitters resulted in enough yellow blankets being donated to the Trust to establish a trial to support patients at higher risk of falls, improving their safety and experience of care.</p>
August 	Sunflower Suite <p>A Sunflower Suite has been created in the ED at RSH, providing sensory tools to create a calm environment and support people with additional cognitive needs such as people living with Autism, a Learning Disability or Dementia.</p>
September 	PENNA Awards <p>The Trust had two entries that were shortlisted and received recognition in the Patient Experience Network National Awards 2021-2022. The UX Initiative was shortlisted under the award category 'Measuring, Reporting, Acting & Turning It Around'. The Cancer Information, Support and Wellbeing App was shortlisted under three categories and received runner up recognition in the 'Personalisation of Care' category.</p>

<p>October</p> 	<p>BBC Shropshire Make a Difference Awards</p> <p>A patient representative who volunteers with the Trust Living With and Beyond Cancer programme, to present and facilitate sessions to support patients, was highly commended at the BBC Make a Difference Awards.</p>
<p>November</p> 	<p>Trust Awards</p> <p>The Trust awards recognised the Maternity Voices Partnership as going above and beyond in their work with the Trust to improve the experience of care for people accessing maternity services. In appreciation, The Maternity Voices Partnership was awarded the Partner of the Year Award.</p>
<p>December</p> 	<p>Wellbeing Boxes Introduced to Support Bereaved Parents</p> <p>Wellbeing boxes named 'Love from George' have been introduced in the maternity bereavement suite to support bereaved parents. The boxes have been funded by a couple who lost their son George at 21 weeks gestation, as they recognised the impact having access to some items had upon their experience. The boxes contain a range of items to provide comfort, in addition to a grief book, notebook and pen, and a voucher for a refreshment at the hospital café.</p>
2023	
<p>January</p> 	<p>New Look Macmillan Cancer Support Centre (PRH)</p> <p>The Macmillan Cancer Support Centre work to extend the area was completed in February 2023, creating an improved space for visitors. The area provides specialist information and financial support to people affected by cancer.</p>
<p>February</p> 	<p>Maternity Voice Partnership (MVP) Staff Recognition</p> <p>The MVP awarded special contribution certificates to a diverse range of staff in response to 150 nominations submitted by members of the public who had accessed maternity services in 2022.</p> <p>The MVP Service User Chair highlighted that staff kindness and compassion were frequently referenced throughout the nominations.</p>
<p>March</p> 	<p>Gathering of Remembrance</p> <p>The 10th March 2023 marked the date that the World Health Organisation officially declared COVID-19 a pandemic. A gathering was held to remember the sacrifices made by staff, and those lost directly or indirectly from the pandemic. Recognition was also given to the sacrifices staff make every day to ensure the safety and wellbeing of our population.</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:

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