

## Board of Directors' Meeting: 12 September 2024

<b>Agenda item</b>	<b>Included in Board Information Pack</b>		
<b>Report Title</b>	PALS, Complaints and Patient Experience Annual Report 2023/24		
<b>Executive Lead</b>	Director of Nursing		
<b>Report Author</b>	Head of PALS & Complaints and Lead for Patient Experience		
<b>CQC Domain:</b>	<b>Link to Strategic Goal:</b>		<b>Link to BAF / risk:</b>
Safe	Our patients and community	√	BAF1, BAF2
Effective	Our people		
Caring	Our service delivery	√	<b>Trust Risk Register id:</b>
Responsive	Our governance	√	
Well Led	Our partners		
<b>Consultation Communication</b>			
<b>Executive summary:</b>	<p>1. This report provides the Board of Directors with an overview of PALS, Complaints and Patient Experience during 2023/2024. The report outlines the Trust's performance and includes the trends and themes arising from complaints and PALS contacts.</p> <p>2. The Board's attention is drawn to the following sections within the report:</p> <ul style="list-style-type: none"> <li>• Complaints</li> <li>• Patient Involvement</li> </ul> <p>3. The report provides an overview of performance indicators for 2023/2024, excerpts of which have previously been reported to operational and leadership committees through quarterly reports.</p>		
<b>Recommendations for the Board:</b>	This report is provided <b>for information only</b> .		
<b>Appendices:</b>	Appendix 1: PALS, Complaints and Patient Experience Annual Report 2023/2024		



# PALS, Complaints and Patient Experience Annual Report 2023/2024

The Shrewsbury and Telford Hospital NHS Trust

## Executive Summary

The Trust actively gathers and learns from a variety of feedback sources and methodologies. These include direct engagement with service users, surveys, patient stories, the Friends and Family Test, the Patient Advice and Liaison Service (PALS) Team, compliments, and daily interactions within the hospital environment. Feedback also comes through formal channels such as complaints, and input from external stakeholders. This comprehensive feedback mechanism provides crucial insights into experiences of care and highlights what is central to patients, and the people important to them.

While the Trust receives predominantly positive feedback regarding experiences of care, it remains crucial to consider all types of feedback. Every piece of feedback, whether positive or negative, offers valuable insights into potential improvements that can enhance patient experiences and the quality of care provided.

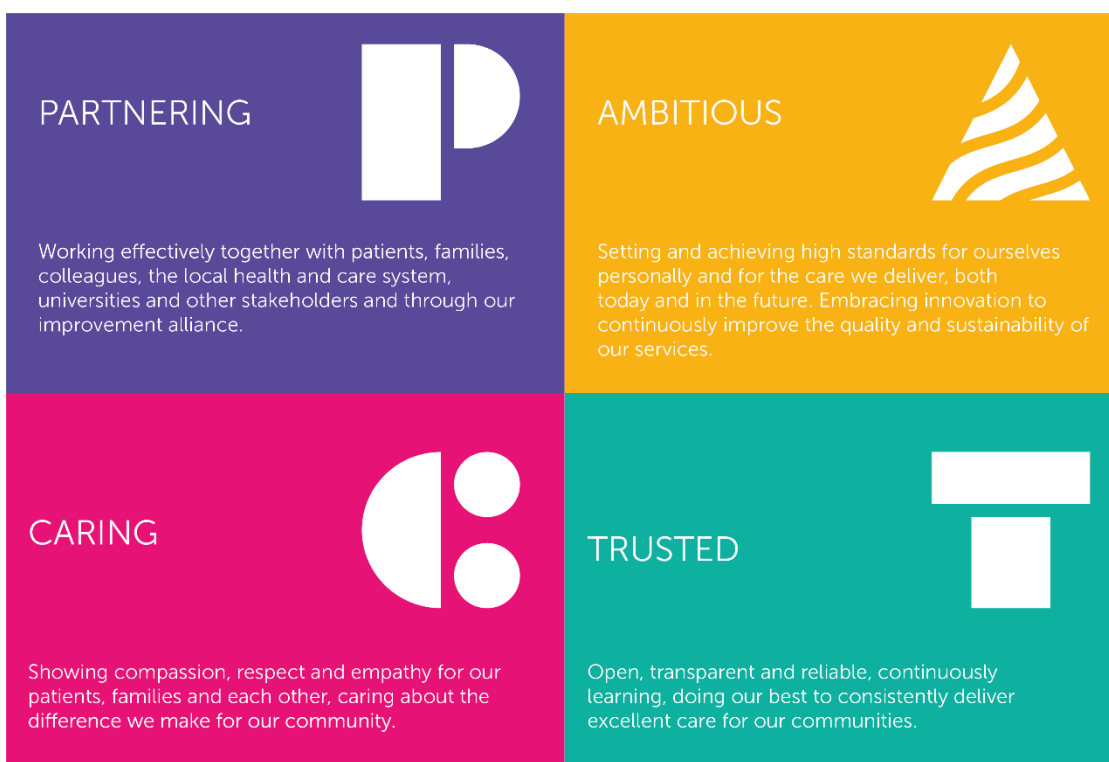
A fundamental priority for the Trust is to be responsive to the feedback received, facilitating person-centred improvements. Feedback is integral to the Trust's vision and strategic objectives. Ensuring patient experience is at the core of our processes is a collective responsibility, with every staff member upholding the Trust's values and placing patients at the centre of decision-making processes.

The Trust is dedicated to delivering safe, effective, and high-quality care that is catered around patients. By collaborating with patient and carer representatives and advancing initiatives like the Patient and Carer Experience (PaCE) Panel and Speciality Patient Experience Groups, we aim to further enhance patient experiences in the coming year. Building on past achievements, the Trust is committed to continuous improvement in patient care.

I extend my gratitude to the patient and carer representatives, and all individuals who have shared their experiences with us. Your feedback enables the Trust to listen, learn, and respond effectively. Together, we will continue to identify what matters most to our community and shape services that provide compassionate and high-quality care, thereby enhancing the overall patient experience of care.



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 influences the experience a patient, or someone important to them receives. By actively 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 strives to deliver patients the best possible experience of care.

Gaining insight into patients' current experiences and receiving feedback on both what was done well and what could be improved are essential to delivering high quality, person-centred care to every patient and carer accessing our services.

The PALS, Complaints and Patient Experience Annual Report for 2023/2024 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.

## Trust Values

Values	How it underpins the patient experience agenda
<b>Partnering</b> 	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
<b>Ambitious</b> 	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.
<b>Caring</b> 	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.
<b>Trusted</b> 	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

In 2023/2024, we delivered

1,067,018



episodes of care and received

42,648

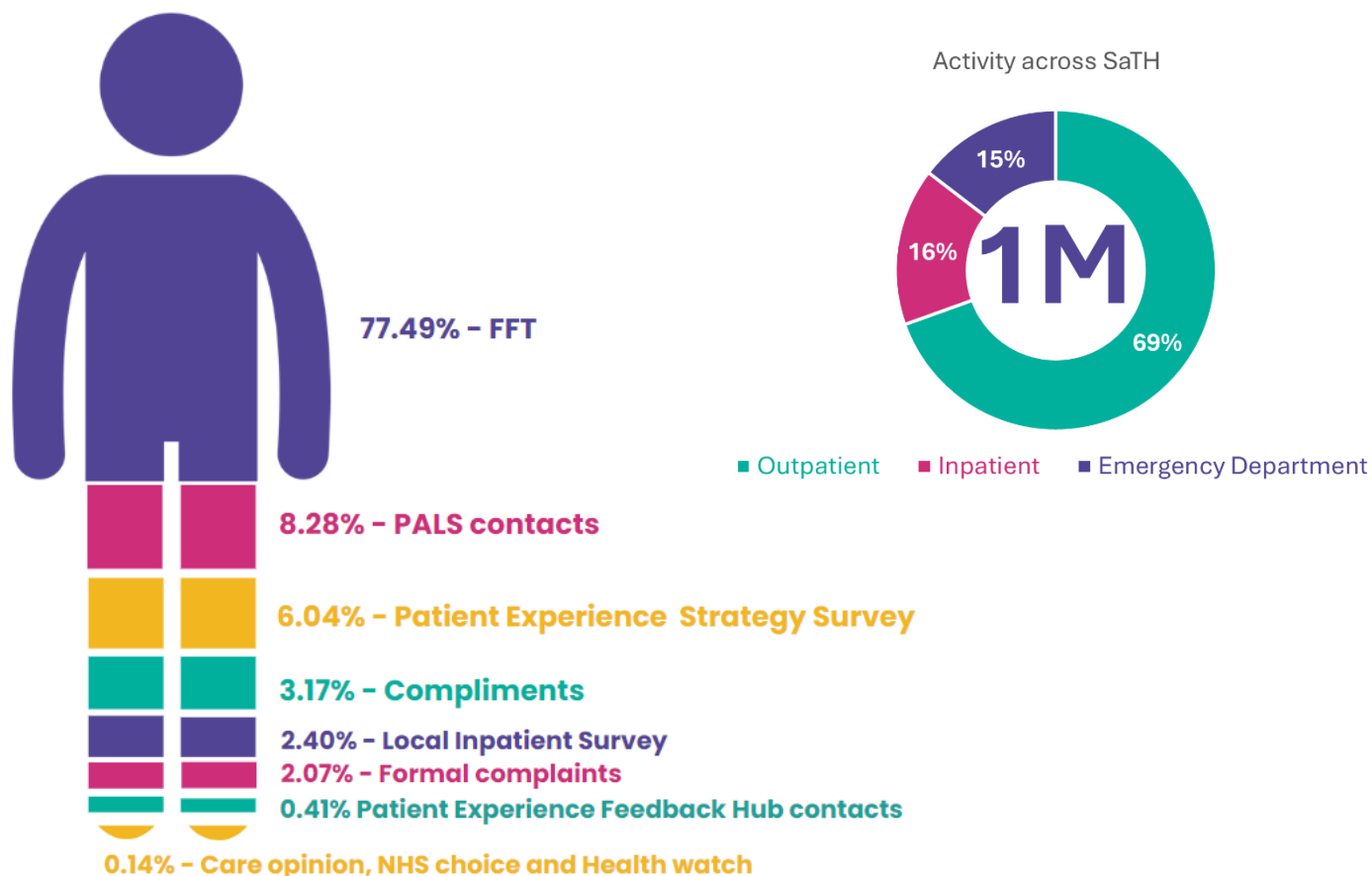
pieces of patient feedback



During 2023/2024, the Trust delivered 1,067,018 episodes of care, through a combination of Emergency Department (155,601), inpatient (169,666), and Outpatient Department (741,751) activity.

During this period, the Trust gathered 42,648 pieces of feedback, providing valuable insight into what we do well, and aspects that could be improved to enhance experiences of care. This valuable feedback is vital for continuous improvement in our services, ensuring that we remain aligned with the needs and expectations of those we serve.

## Where the feedback comes from



## Trusted

### 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?'***

In 2023/2024 a total of 33,046 responses were collected, marking a 15% increase on the 28,704 responses completed in 2022/2023 which was comparable to the previous years returns of 28,648 (2021/2022). While these numbers are still below the pre-COVID level of 43,094 responses in 2019/2020, the number of FFT responses received gradually continues to rise each year, demonstrating ongoing efforts to enhance patient engagement.

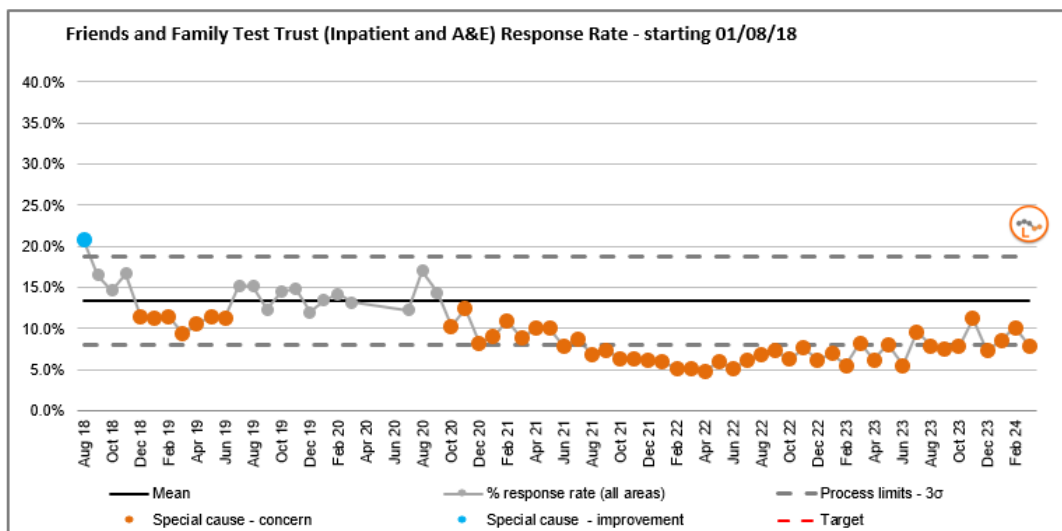


Figure 1 – FFT Overall Response Rate % (Inpatient and Emergency Departments)

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 8.23% response rate for 2023/2024 (inpatient and Emergency Departments) demonstrates an increase from the 6.5% rate recorded in 2022/23. This follows an upward trend from the previous year's response rate of 4.8% (2021/2022) (Figure 1).

Improving the response rate remains a priority for the Trust, as it ensures that individuals accessing our services have opportunities to provide feedback on their care experience. This continuous rise in engagement demonstrates our dedication to fostering a responsive and patient-centred care environment.

Friends and Family feedback can be provided through completion of paper cards, through volunteer collection, via the Trust website, and accessible through QR codes encouraging feedback on posters and patient discharge summaries. While inpatient response rates have gradually increased, response rates in the Emergency Departments (EDs), remained low. During 2023/2024 the Trust has piloted sending the FFT question through SMS text to patients who have accessed ED and meet a set criterion, increasing response rates within the service by 13.2% in quarter three and four.

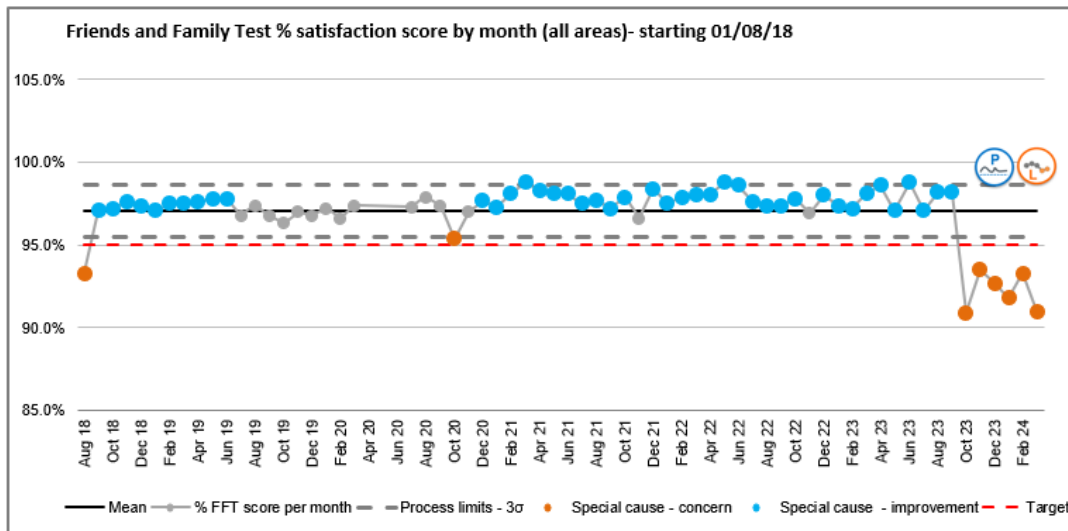


Figure 2 – FFT Overall Satisfaction Rate % (all areas)

During 2023/2024, 95.22% of respondents rated their experiences as very good or good, closely aligning with the target of 95%. This marks a slight decrease compared to the previous four years where performance consistently achieved between 97.1% and 98% (Figure 2). The decrease is primarily due to an increased response rate from the EDs, which rose from 0.32% to 4.17% following an SMS initiative aimed at discharged patients. Although the average FFT score from ED was 65% (Figure 3), lowering the overall Trust satisfaction rate, this increase in responses has enriched the feedback, ensuring a broader representation of patient voices across the trust.

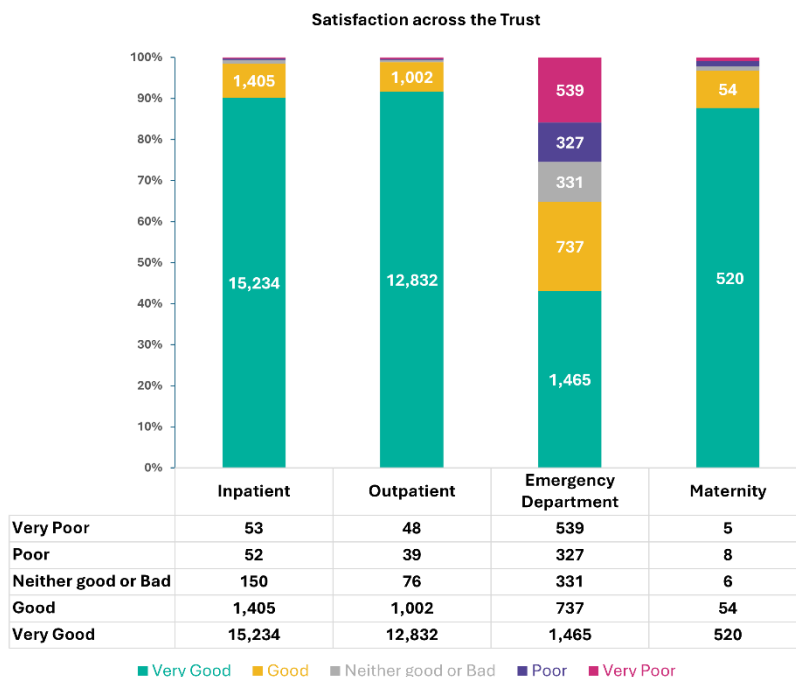


Figure 3 – Satisfaction Across the Trust (2023/2024)



Satisfaction reported through FFT responses within ED is in the bottom quartile compared to acute Trusts nationally. Conversely, inpatient satisfaction measured through FFT is in the upper quartile, and Outpatient satisfaction is in the highest 10% of acute Trusts nationally comparing January 2024 data.

### Comparison with National Averages

Inpatient, Outpatient, and Maternity services exceed national averages in positive feedback, achieving 98%, 99%, and 95% respectively, with notably low negative feedback in FFT satisfaction rates. However, the Emergency Department scores reveal a scope for improvement, with a 65% positive feedback rate, below the national average of 80%.

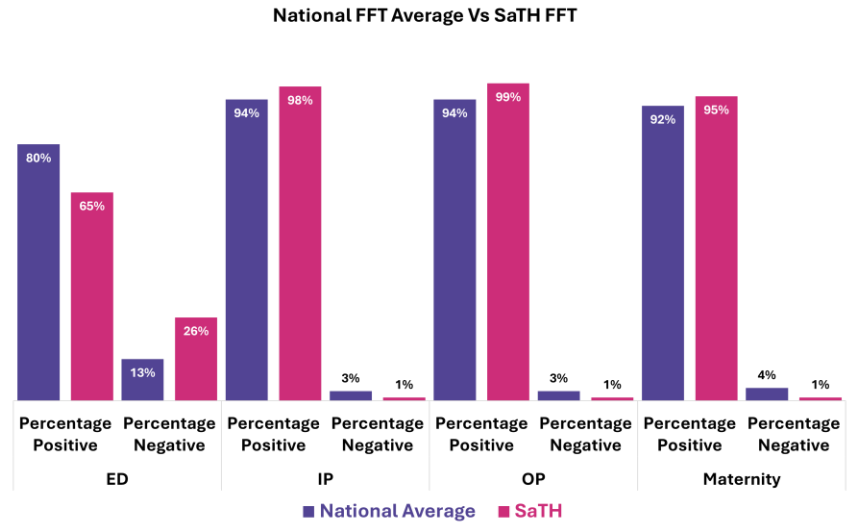


Figure 4 – National FFT Average Compared to SaTH FFT Satisfaction Rates

### Inpatient FFT

<p style="text-align: center; font-size: 1.2em;">Total Responses</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">16,909</p> <p style="text-align: center;">April 2023 – March 2024</p>	<p style="text-align: center; font-size: 1.2em;">Response Rate</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">18.2%</p> <p style="text-align: center;">April 2023 – March 2024</p>	<p style="text-align: center; font-size: 1.2em;">Satisfaction Rate</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">98.5%</p> <p style="text-align: center;">April 2023 – March 2024</p>
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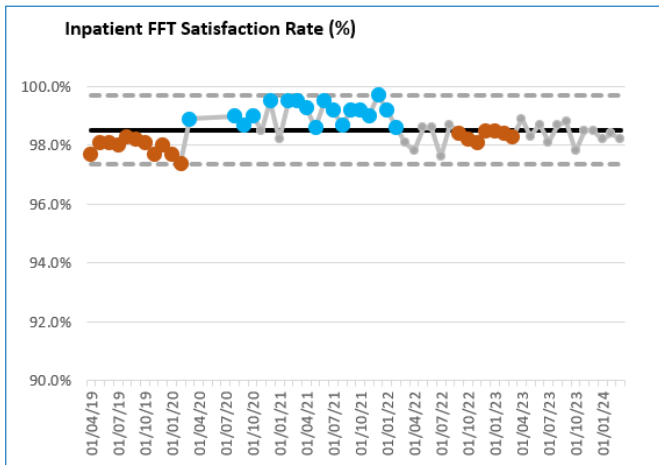


Figure 5 – Inpatient FFT Satisfaction Rate (%)

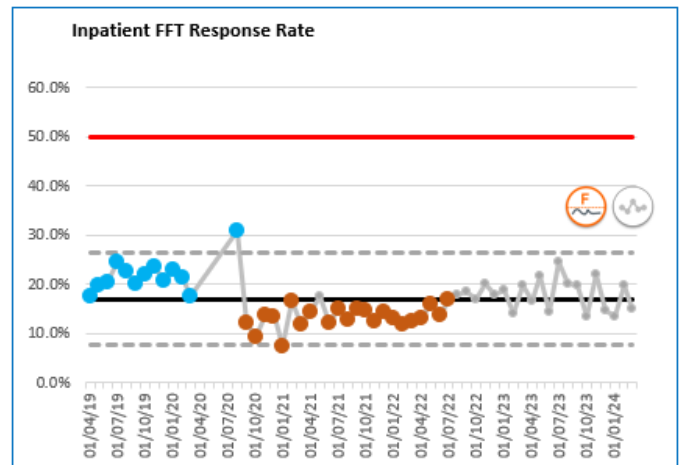


Figure 6 – Inpatient FFT Response Rate

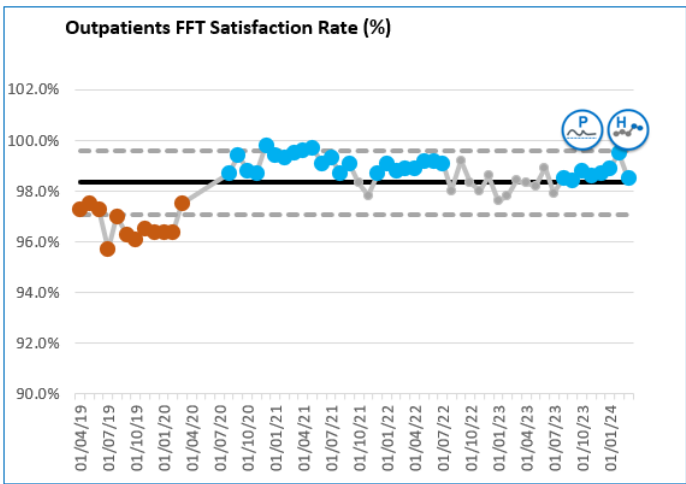
**Satisfaction Rate:** In the 2023/2204 period, the satisfaction rate for inpatient services increased to 98.5%, from 98.3% in 2022/2023. Despite this increase, the satisfaction rate remained below the 2021/2022 rate of 99%. This change reflects small variations in the percentage of people who would rate the service as ‘good’ and ‘very good’ (Figure 5). This metric continues to demonstrate high patient satisfaction and a strong endorsement of inpatient healthcare services.

**Response Rate:** The response rate improved to 18.2%, up from 17% in 2022/2023 and 13.9% in 2021/2022, showing consistent year-over-year growth from the 15% observed in 2020/2021. Despite this positive trend, the current monthly performance varies between 13% and 20%. This indicates common cause variation (Figure 6).

## Outpatient FFT

**Total Responses**  
**13,573**  
April 2023 – March 2024

**Satisfaction Rate**  
**98.7%**  
April 2023 – March 2024



**Satisfaction Rate:** In the 2023/2024 period, the satisfaction rate for outpatient services was 98.7%. Comparatively, in 2022/2023, the rate was 98.5%, and in 2021/2022, it was 98.7%. These figures demonstrate a consistent performance in patient satisfaction over recent years, with current expectations suggesting a variation between 97.6% and 99.2%. This trend provides strong assurance that targets for patient experience of outpatient services continue to be met effectively.

Figure 7 – Outpatient FFT Satisfaction Rate (%)

## Emergency Department FFT

**Total Responses**  
**3,482**  
April 2023 – March 2024

**Response Rate**  
**2.21%**  
April 2023 – March 2024

**Satisfaction Rate**  
**64.8%**  
April 2023 – March 2024

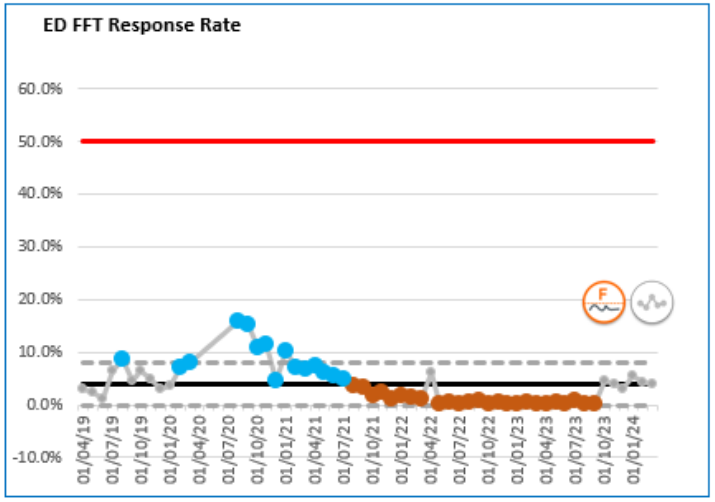
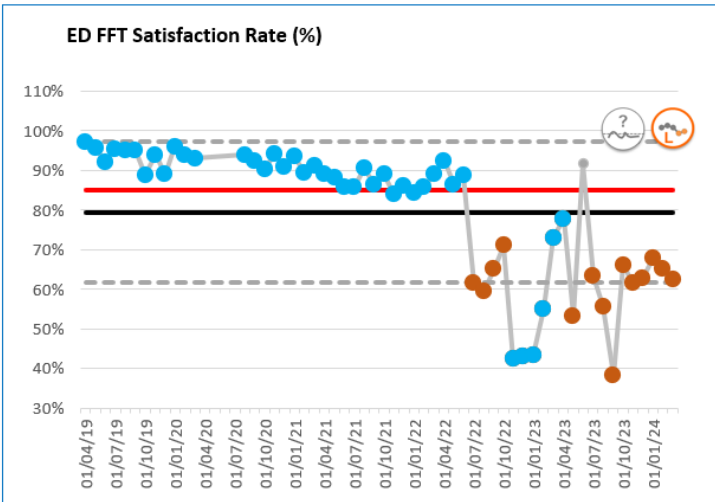


Figure 8 – ED FFT Satisfaction Rate (%)

Figure 9 – ED FFT Response Rate



**Satisfaction Rate:** In the 2023/2024 period, the percentage of patients who provided positive feedback on their experience in the departments was 64.8%, a slight decrease compared to 65% in 2022/2023, and a significant decrease compared to 87.3% in 2021/2022 and 91.9% in 2020/2021. This decline in satisfaction coincides with an increase in activity and capacity pressures within the EDs (Figure 10).

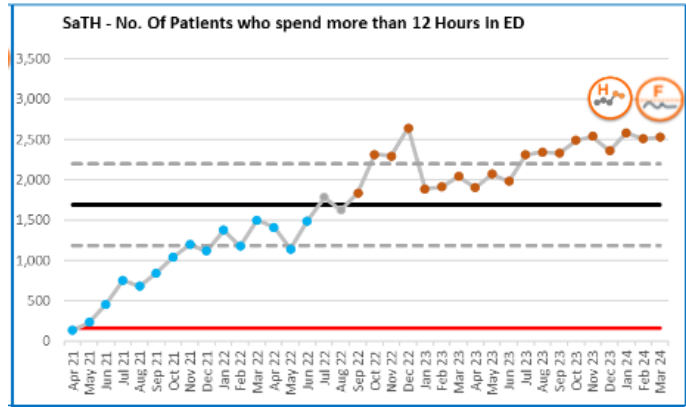


Figure 10 –Number of Patients Spending More Than 12 Hours in ED

**Response Rate:** In the 2023/2044 period, the response rate for collecting feedback improved to 2.21%. This marks a slight recovery from a previous low of 0.87% in 2022/2023, which itself was a significant decrease from earlier years: 3% in 2021/2022, 12.87% in 2020/2021, and 4.87% in 2019/2020 (Figure 9). The drop in earlier years was partly due to a reduction in volunteers who helped collect FFT responses following A&E treatment. Although volunteers were reintroduced in the A&E department in 2022/2023, it did not significantly boost the response rate.

A new initiative in 2023/2024 involving a six-month pilot SMS campaign was introduced and successfully increased the response rate to its current level, with the total number of responses from ED rising from 613 in 2022/2023 to 3,428 in 2023/2024, illustrating the effectiveness of the SMS initiative.

## Maternity FFT

Total Responses

**594**

April 2023 – March 2024

Response Rate

**7.6% Birth only**

April 2023 – March 2024

Satisfaction Rate

**96.2%**

April 2023 – March 2024

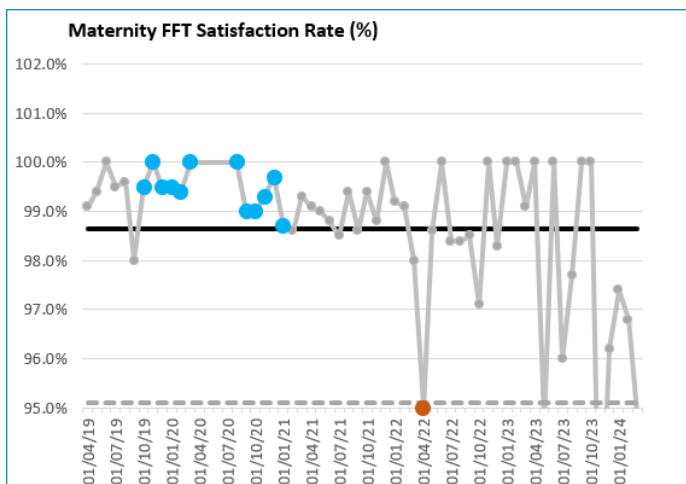


Figure 11 –Maternity FFT Satisfaction Rate (%)

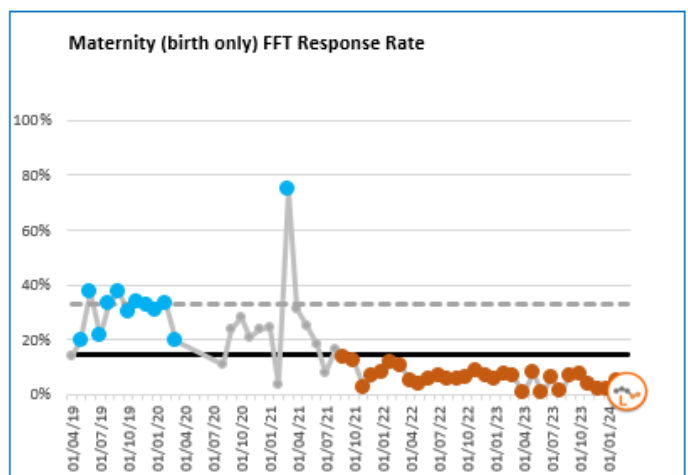


Figure 12 –Maternity (birth only) Response Rate

**Satisfaction Rate:** During 2023/2024, patient satisfaction rates declined slightly to 96.2%, compared to 98.6% in 2022/2023 and 99% in 2021/2022 (Figure 11). Despite these fluctuations, current monthly performance consistently ranges between 95% and 100%, showcasing the sustained high quality and patient satisfaction across the Maternity service.

Though the overall maternity satisfaction score was 96.2%. The Birth Setting scored 99.3%, demonstrating a high level of satisfaction. The Postnatal Community care, aftercare visits by midwives, achieved a satisfaction score of 100%. These areas showcase significant achievements within maternity services this year.

**Response Rate:** The response rate improved slightly to 7.8%, up from 6% in 2022/2023 and 5.5% in 2021/2022, showing a small year-over-year growth, however, remains lower than prior to COVID-19, reflecting a low special cause concerning variation (Figure 12). The Maternity teams are striving to build upon this to make improvements in future response rates.

## Qualitative Data Taken From FFT

The Trust uses Gather, a quality, safety and patient experience data reporting tool which is used across the trust, to manage feedback from the Family and Friends Test (FFT). Gather automates two key functions: it performs detailed sentiment analysis by categorising comments into positive, negative, neutral, and mixed comments, in addition to sorting the comments by thematic content. The accuracy of sentiment analysis and categorisation is reviewed at regular intervals to ensure precision. Work is continually undertaken to refine these processes, striving for enhancements in the accuracy of data analysis to provide improved insight into feedback on experiences of care.

### ED FFT Themes

The Emergency Department (ED) received 3,428 FFT responses from ED patients, with 6,725 qualitative comments in the form of free text (Figure 13). Analysis of the comments resulted in 8,088 themes (Figure 14).

Staff attitude was the most frequently mentioned theme, with the majority of mentions being positive (76.6%). On occasions where feedback was negative, there is a correlation between staff attitude and communication themes, with patients highlighting that they would like to be better informed of anticipated wait times, and treatment plans. Staff being described frequently by patients as caring, understanding, kind, professional and thoughtful.

While patients recognised the challenges and pressures within the departments, waiting was an overarching theme within the feedback. Whilst some feedback shared was positive about the time taken to be seen, the majority of feedback was negative. In addition to the waiting time a number of comments referenced the environment in which they were waiting, highlighting uncomfortable seating, access to pain relief and access to refreshments.

Catering received a smaller number of comments in the feedback (196), and the majority were negative (114), however, the areas identified have the potential to improve future patient experience. Issues with vending machines, availability of food and drinks while waiting were highlighted in the feedback, this is a priority for the Catering Service who plan a review of the

ED FFT Comments sentiment

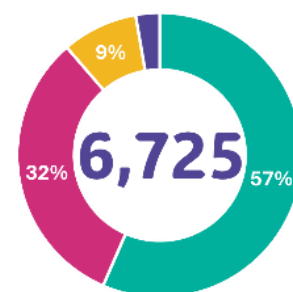


Figure 13 – ED FFT Comment Feedback Sentiment

vending machine provision during 2024/2025. Feedback relating to parking received less references (58), however, the majority referenced negative experiences. Significant work has been undertaken to improve parking for visitors during early 2024 with further initiatives planned to provide greater intelligence and insight into parking across the Trust.

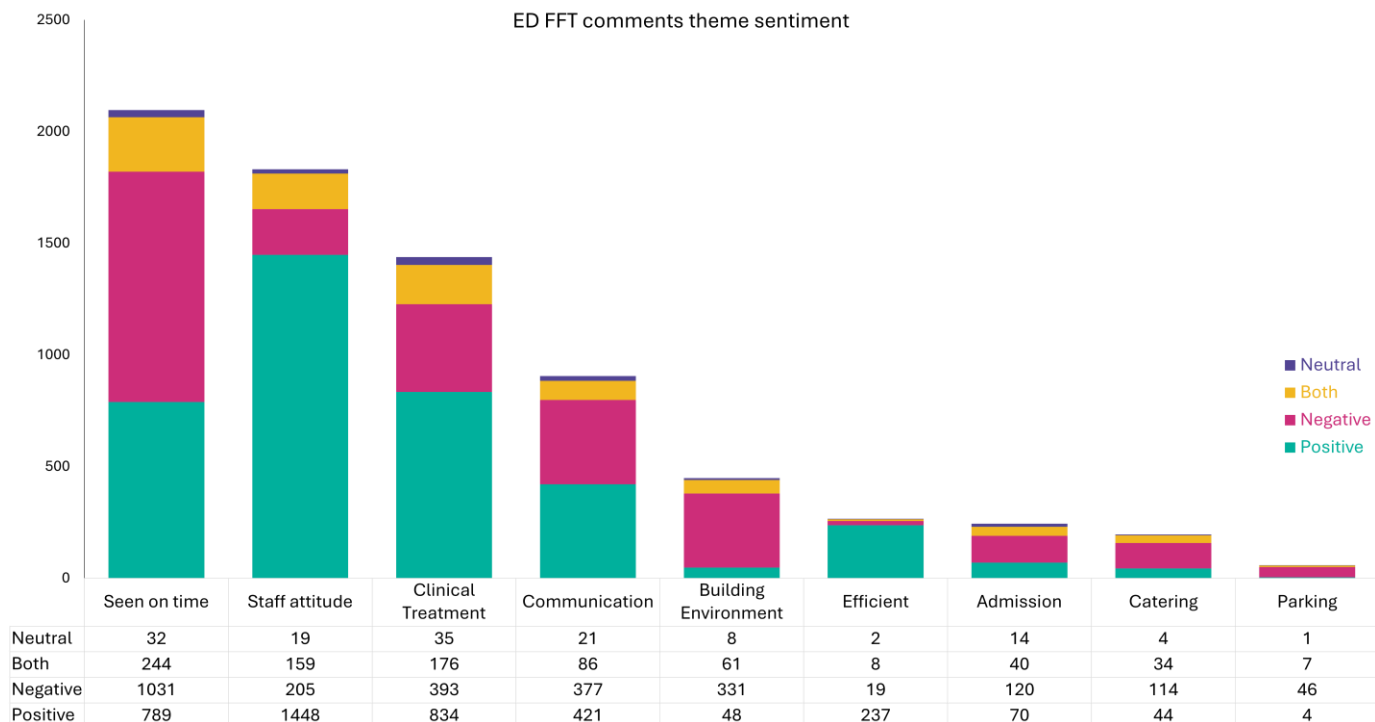


Figure 14 – ED FFT Comment Theme Sentiment

## Inpatient FFT Themes

Inpatient areas received a total of 16,909 FFT responses, with 12,181 comments providing qualitative feedback in the form of free text (Figure 16). Analysis of the comments yielded 17,063 themes, reflecting patient experiences across various service areas. The comments spanned 18 distinct categories.

Staff attitude was the most frequently mentioned theme, with the majority of mentions being positive (77.6%).

Through analysing the mixed and negative comments, the majority relate to different themes where a negative comment was made, yet the experience with staff being referenced positively. Staff being described frequently by patients as attentive, helpful, caring and compassionate.

Communication was largely positive in the feedback received, with opportunities to improve being identified as improved communication between shifts and when transferring between departments, information being given on discharge, and being informed of delays in the discharge process.

Disruption to sleep is referenced a number of times with sleep disruption being due to the lighting, being moved during the night, noise from machines, other patients, and staff.

Inpatient FFT comments sentiment

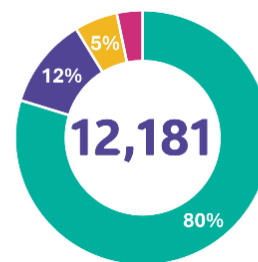


Figure 15 – Inpatient FFT Comment Feedback Sentiment

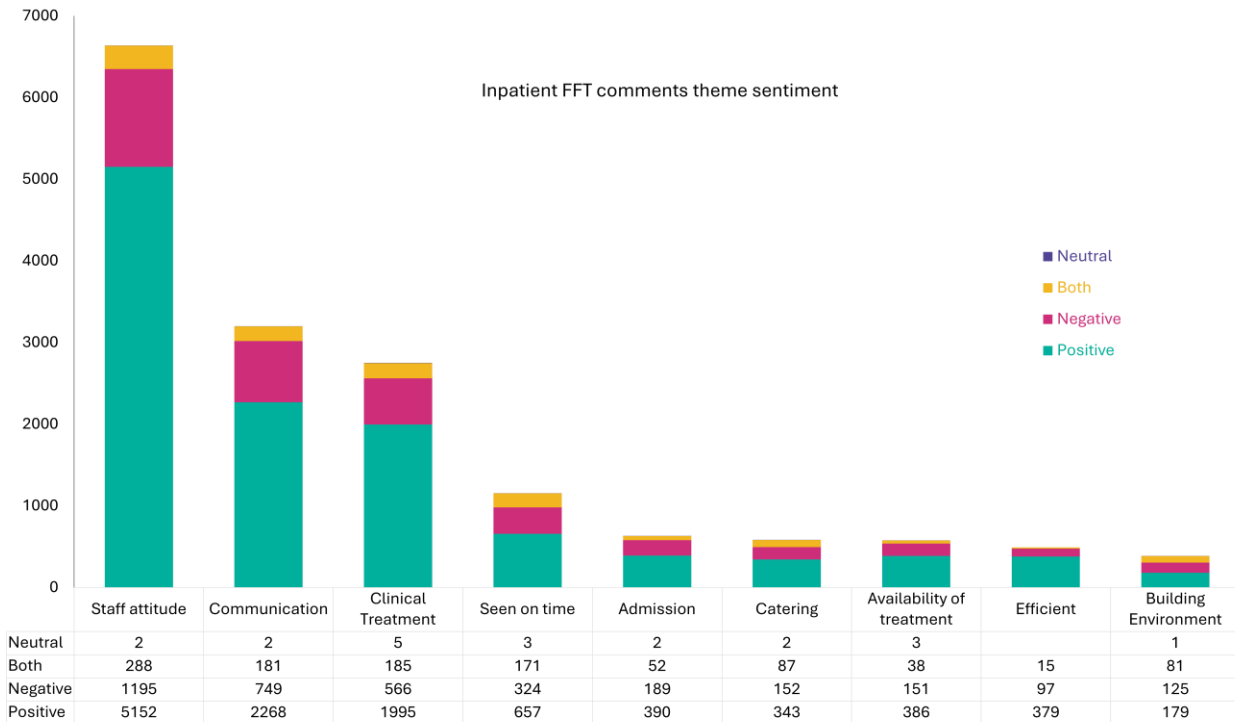


Figure 16 – Inpatient FFT Comment Theme Sentiment

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 inpatient Ward and Department to provide transparency to all people accessing the area.

### Maternity FFT Themes

The Trust received 594 FFT responses, with 410 comments providing qualitative feedback. The positive feedback at 88% indicates that the majority of people accessing the service reported a good experience. However, the presence of 8% combined mixed, negative, and neutral feedback, while comparatively small, indicates that some patients did experience varied or less-than-satisfactory interactions (Figure 17).

Maternity FFT comments sentiment

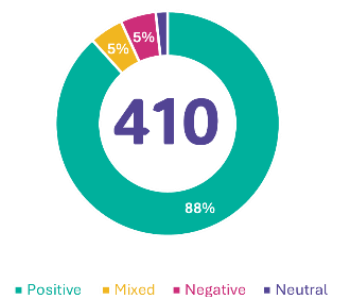


Figure 17 – Maternity FFT Comment Feedback Sentiment

Staff attitude, communication and clinical treatment received the majority of positive comments through the feedback (Figure 18). Staff being described frequently by patients as comforting, friendly, helpful, accommodating and reassuring. Negative feedback highlighting opportunities for improvement identified the limitation of being restricted to one person being able to visit, preventing a person’s mother being unable to visit them whilst in hospital. A further piece of feedback highlighted the need for a mother’s partner to leave as visiting had ended, resulting in her finding it difficult on her own hours after an emergency caesarean section.

Communication was a highly referenced theme, with an example for improvement being identified as the language and terminology used by staff. One mother describing that she needed to be ‘signed off’ parent craft and ‘observed’ changing a nappy, which felt judgemental. Further opportunities to improve in communication related to being provided with updates, and greater transparency around discharge times to avoid delays when being collected by a partner.

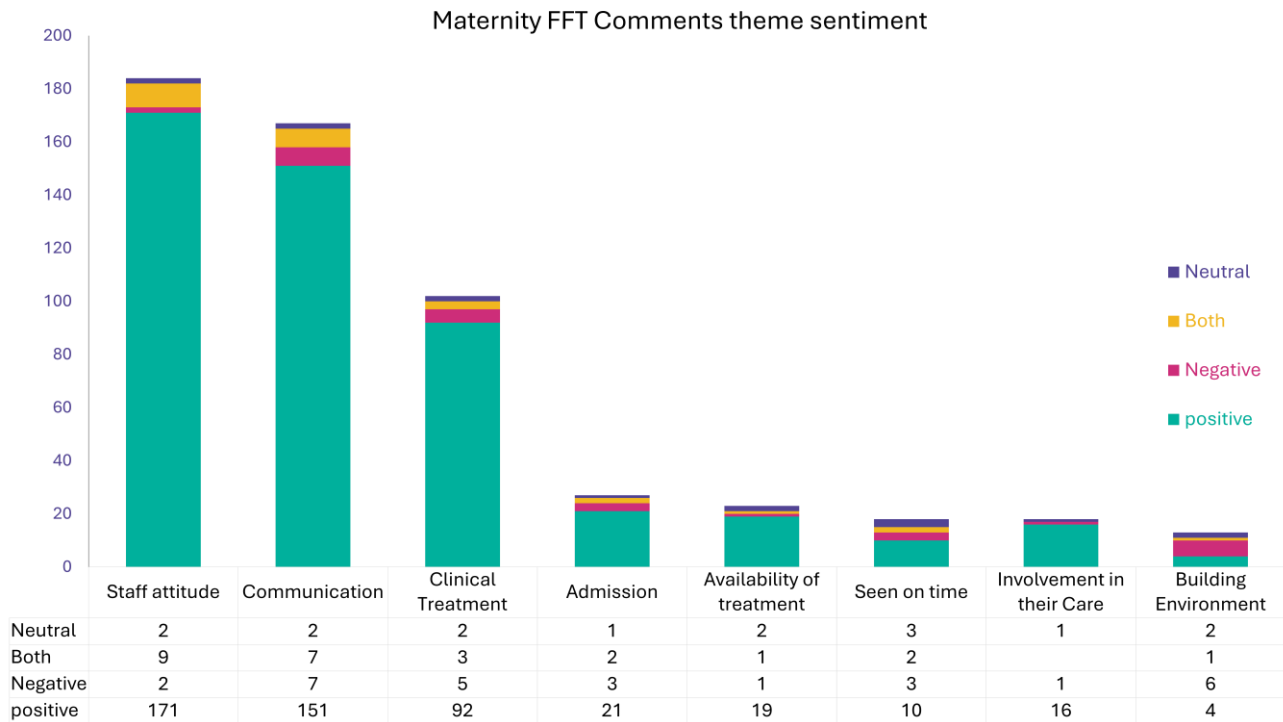


Figure 18 – Maternity FFT Comment Theme Sentiment

## Outpatient FFT Themes

The Trust received 13,573 FFT responses from outpatient departments. The majority of free text comments were recorded on paper FFT cards for which analysis of the free text is not available. For FFT feedback submitted electronically, 463 qualitative comments were received (Figure 19). The positive feedback at 92% indicates that the majority of people accessing the service reported good experiences, with only 16 negative themes in the comments (Figure 20).

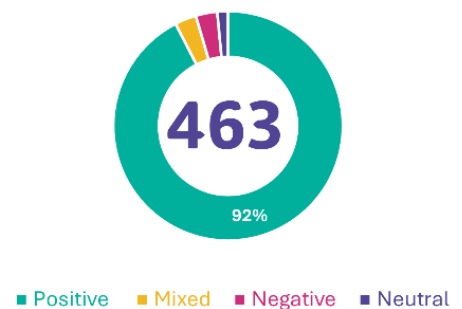


Figure 19 – Outpatient FFT Comment Feedback Sentiment

Staff attitude received the majority of feedback, which was largely positive, describing staff as attentive, helpful, caring and compassionate. Communication and clinical treatment were additionally referenced frequently in feedback, with reference to people feeling well informed and looked after. Conversely, there were a small number of people who felt that more information would have been beneficial, particularly around medication. Waiting times for an appointment, and not being given sufficient time to ask questions following a new diagnosis were shared by patients, identifying opportunities to further improve processes.

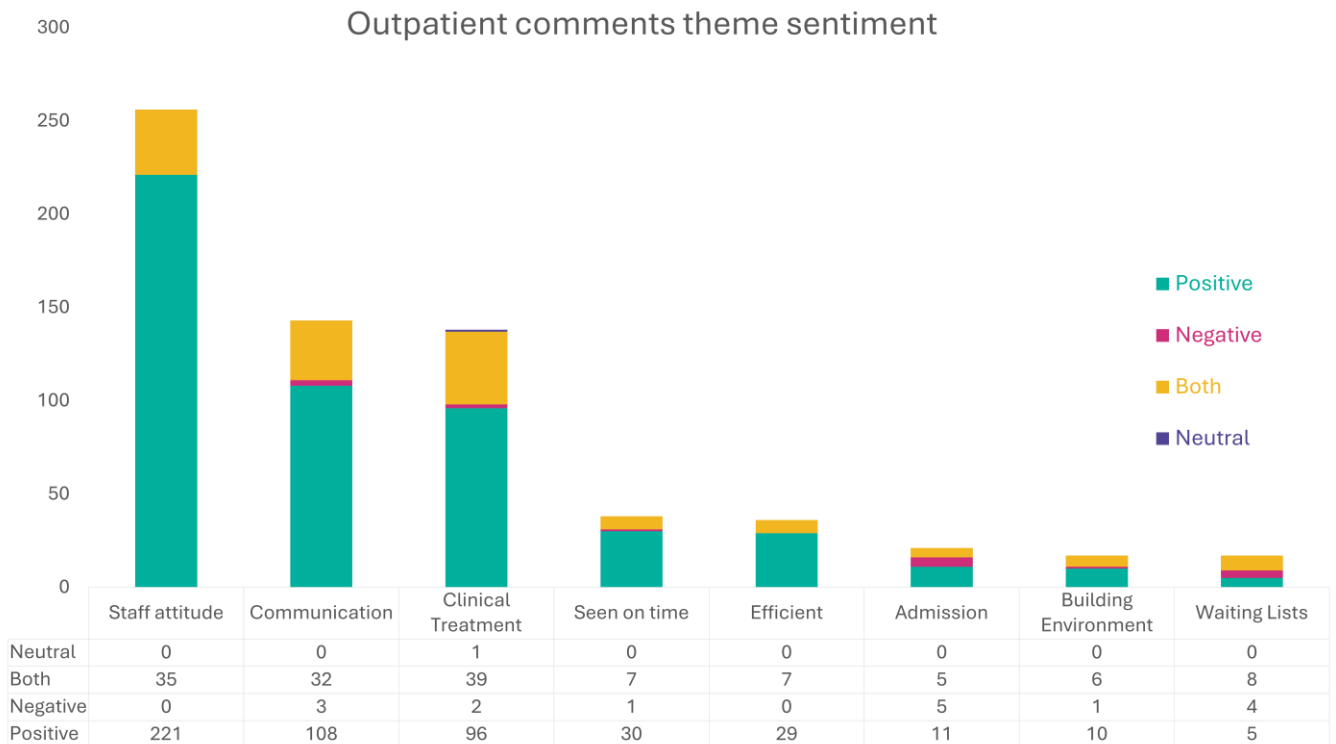


Figure 20 – Outpatient FFT Comment Theme Sentiment

## FFT Variation Between Demographic Groups

The Friends and Family Test (FFT) scores have been examined by demographic groups to identify any potential variation in satisfaction during 2023/2024.

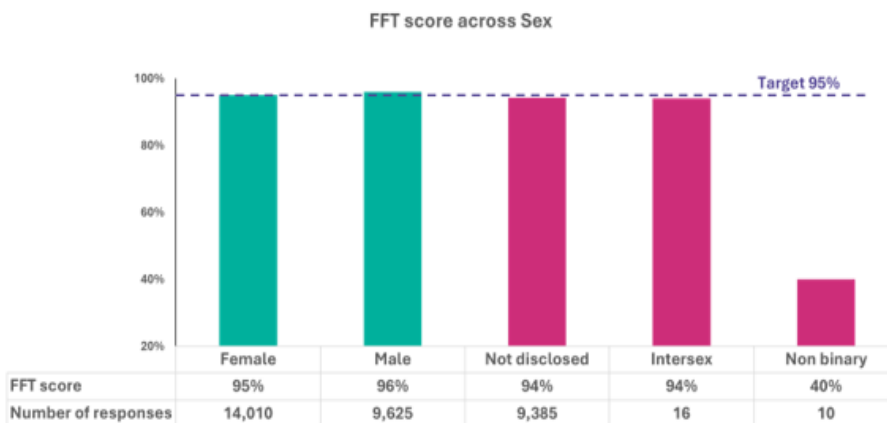


Figure 21 – FFT Satisfaction by Sex

The FFT reflects a high level of satisfaction across most sex demographics, with scores ranging between 94% and 96%, however, satisfaction is considerably lower amongst responders identifying as non-binary (Figure 21). On examining the feedback dissatisfaction related to wait times, predominantly within the Emergency Departments and not related to their sex.

The age group 0-17 years reflects a high level of satisfaction between 95% and 96%. Feedback for these age groups may have been provided by parents or guardians, indicating a high satisfaction level for child-related services being accessed. Similarly, the aged 56 years and over report a high satisfaction of above 95% (Figure 22).

Satisfaction of patients aged between 26 to 55 years lies between 93% and 94%. While younger individuals aged between 18 and 25 years report a slightly lower level of satisfaction at 88%. Within the feedback shared by this age group there are 80 references of 'poor' and 'very poor', of



which 66 pieces of feedback related to experience in accessing the Emergency Departments. Concerns included wait times, not being listed to, lack of privacy, uncomfortable seating, a need for regular updates, to know what's happening, and the environment being poor for people living with autism. Two patients within this age group additionally referenced being misgendered by staff impacting upon their experience.

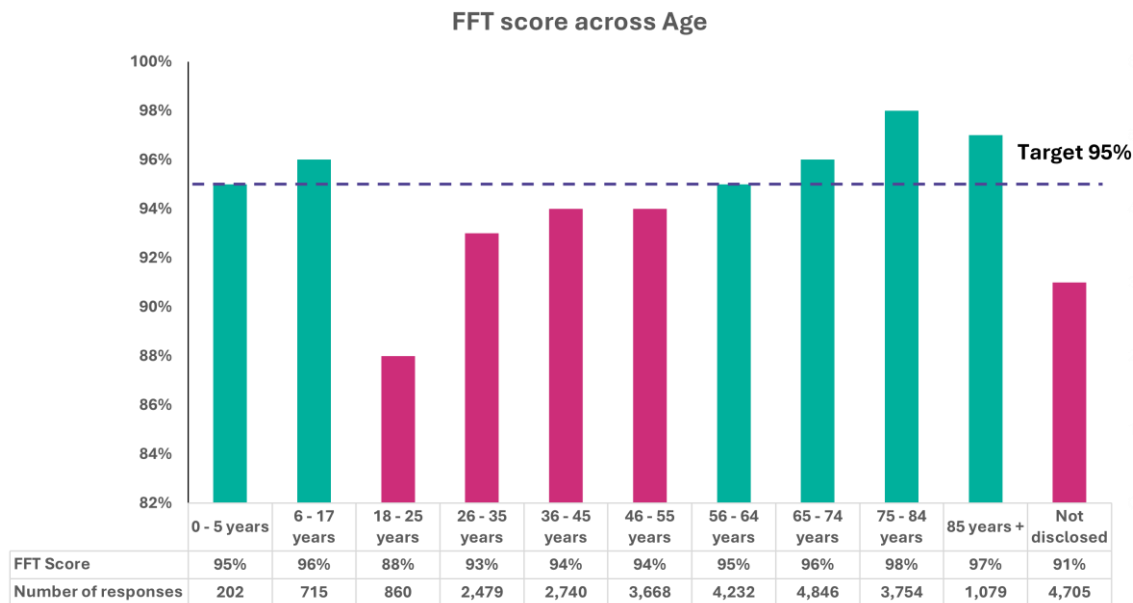


Figure 22 – FFT Satisfaction by Age Group

Gender identity reflects how a person identifies and determines their gender. Patients submitting feedback who identified as transgender reported a 98% satisfaction in their experience of accessing healthcare services within the Trust (Figure 23). However, the number of responses within this category (631) is high in proportion to the data set as the 2021 Census reported that 0.2% of the population identify as transgender. The high number may be people identifying as a gender that differs from their sex registered at birth, suggested by the 2021 Census to reflect 0.38% of the population. There is however, a potential that some responders falsified the data set submitted. Cisgender patients reported a slightly lower satisfaction rate at 94%.

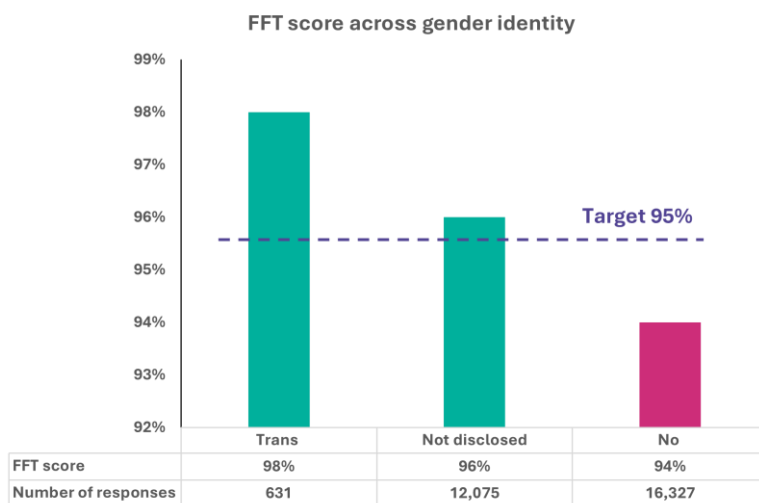


Figure 23 – FFT Satisfaction by Gender Identity

Satisfaction of patients by sexual orientation highlight that people not disclosing, heterosexuals, and gay women report a 95% satisfaction of their experience when accessing healthcare services within the Trust. However, people identifying as bisexual and gay men report a lower satisfaction.

Patients identifying as bisexual and gay men both reported a lower FFT satisfaction rate in comparison to other groups, at 90% and 89% respectively. Of the patients sharing their feedback 27 people rated the service as 'poor' or 'very poor', and 26 of these patients received treatment within the Emergency Departments. Through analysing the feedback, there is no overarching

theme highlighting a specific concern amongst this group, with negative feedback identifying: wait times within the EDs, a need for comfortable chairs while waiting, privacy when booking in at reception, and difficulty hearing names being called when in the ED waiting room.

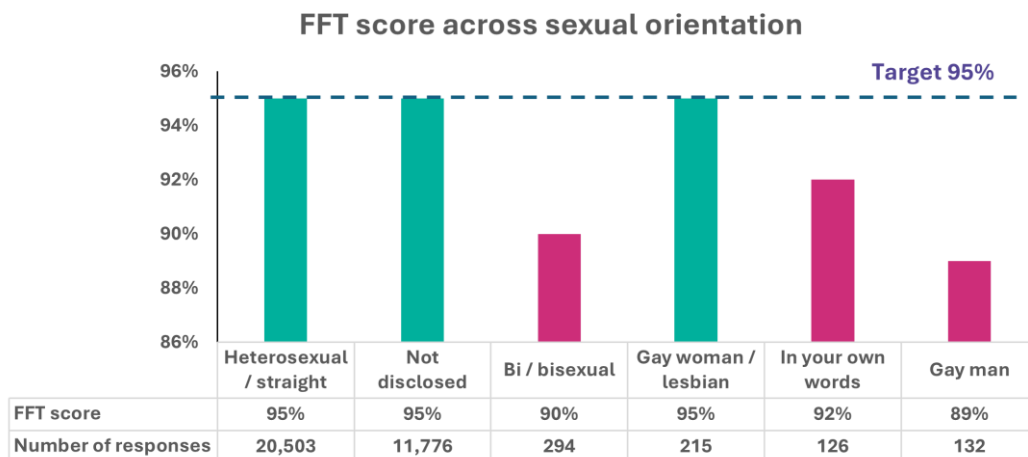


Figure 24 – FFT Satisfaction by Sexual Orientation

The FFT responses submitted by ethnicity reflects that the majority of ethnic groups report a satisfaction rate of between 94% and 95% suggesting minimal variation. People identifying as ‘other ethnic group’ reported a higher level of satisfaction of accessing services at 97%.

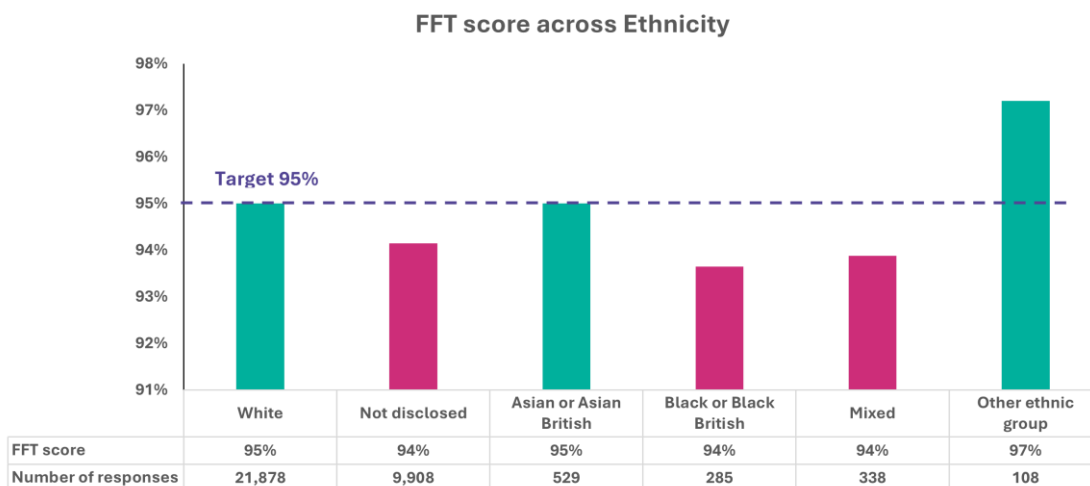


Figure 25 – FFT Satisfaction by Ethnicity

The FFT responses submitted by disability suggest that people with a limitation have a slightly lower satisfaction when accessing healthcare services within the Trust, however there is minimal variation between the groups at 94% to 95%.

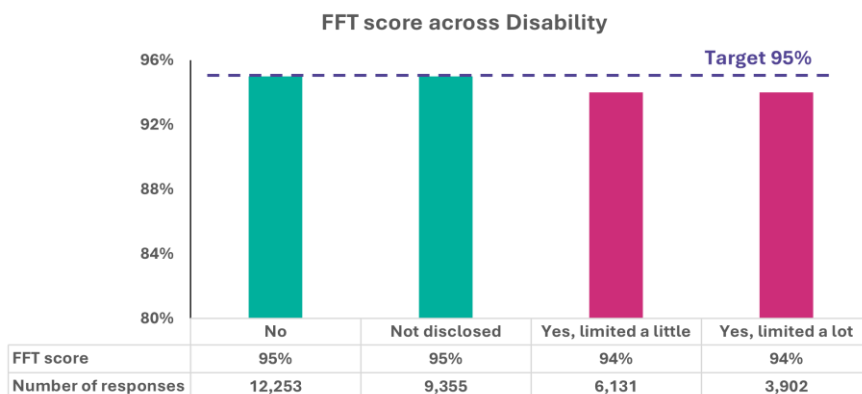


Figure 26 – FFT Satisfaction by Disability

Capture of veterans is incorporated in demographic data within online FFT completions, completed through a QR code, or by SMS text within the EDs. During 2023/2024 3,677 patients completing online FFT feedback responded to the veteran question. The majority of responses (92%) were from patients who had accessed the ED, and while the average satisfaction score is below the 95% target, responses are higher than the average ED FFT satisfaction score of 65%.

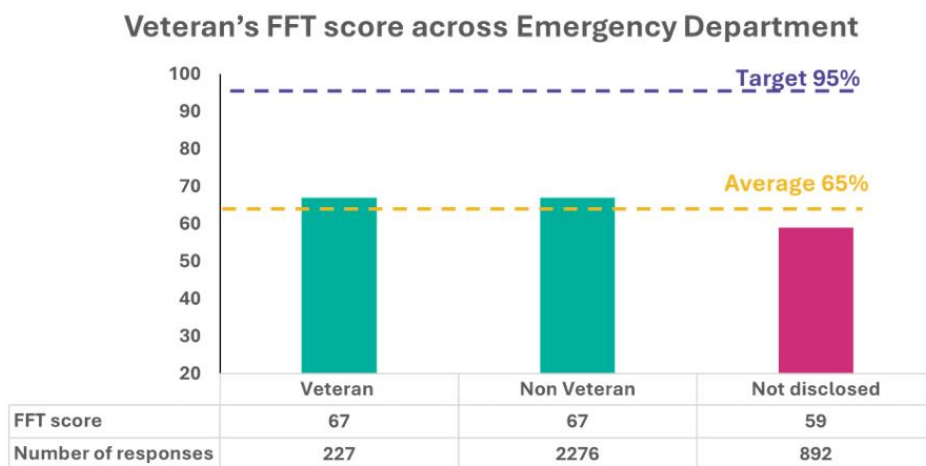


Figure 27 – Veteran's FFT Satisfaction of the Emergency Department

The number of patients providing online feedback across Inpatient, Outpatient, and Maternity Services is substantially lower as FFT cards are the main source of feedback within these areas. Feedback from each of the groups is below the Trust target (95%) and the average FFT satisfaction score (97.8%), suggesting that patients with a higher level of satisfaction across these areas are completing paper FFT cards. However, when comparing the online FFT submissions veteran responders reported a higher level of satisfaction with their experience of care than non-veterans (Figure 28).

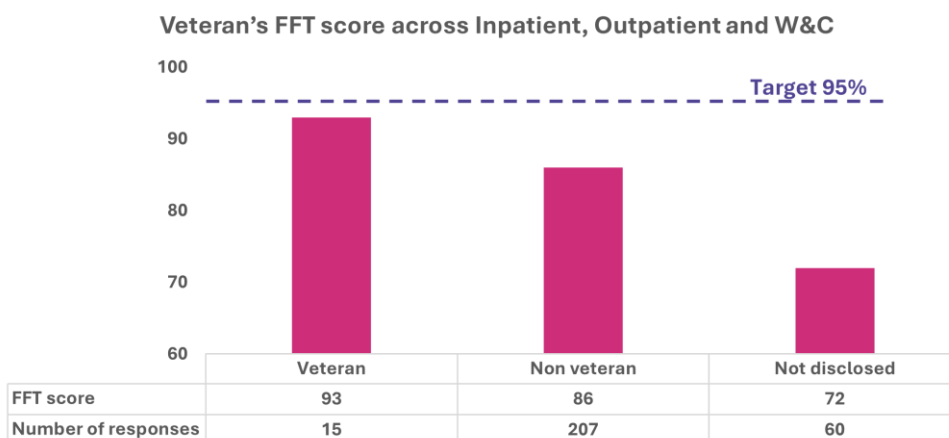


Figure 28 – Veteran's FFT Satisfaction Across Inpatient, Outpatient, and Maternity Services

### 3. National Surveys

#### National Inpatient Survey

The National Adult Inpatient Survey 2022 was undertaken between January and April 2023 and included patients meeting the eligibility criteria and were discharged from the Trust during November 2022.

The Trust had a response rate of 40%, which was 1% above the 2021 Trust response rate and comparable to the national average (40%). Of the completed responses, 88% related to urgent/emergency admissions and 12% 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 the Trust are displayed in Figure 29.

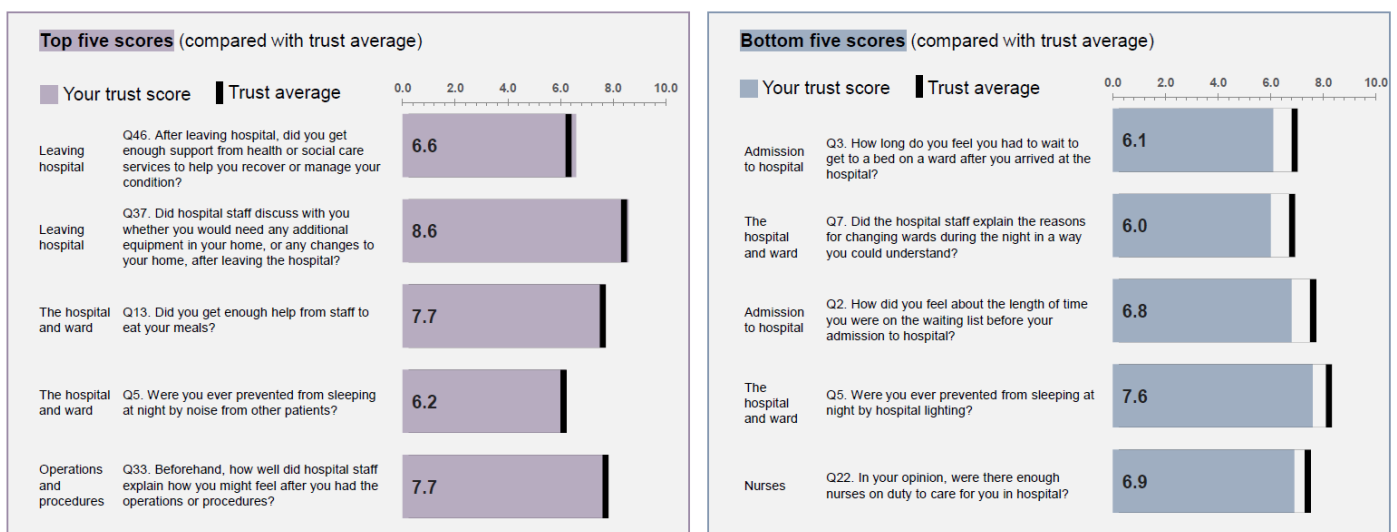


Figure 29 – Top 5 and Bottom 5 Ranking Scores Compared with Trust Average (National NHS Adult Inpatient Survey, 2022)

The Trust performed ‘somewhat worse’ than other Trusts in 4 questions, ‘worse than expected’ in 2 questions, and ‘about the same’ as other Trusts in the remaining 39 questions. No questions scored ‘much worse’ than expected. The Trust scored ‘worse’ and ‘somewhat worse’ than other Trusts in the following questions:

#### Worse:

- Did you have confidence and trust in the doctors treating you?
- Did hospital staff discuss with you whether you needed any further health or social care services after leaving hospital?

#### Somewhat worse:

- How long did you feel you had to wait to get a bed on a ward after you arrived at the hospital?
- When you asked doctors questions, did you get answers you could understand?
- Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?
- Thinking about any medicine you were to take home, were you given any of the following?

To enhance patient flow and reduce bed wait times, several initiatives have been implemented, including the Next Patient Initiative, Test of Change Week, Multi-Agency Discharge Events, and the creation of sub-acute wards. These efforts align with the objectives of the ED Transformation Project. Additionally, an acute medical floor and acute medical facilitators have been established at RSH to improve patient flow and ensure timely treatment. To facilitate access to frequently prescribed medications and discharge medicines, pharmaceutical vending machines are being introduced across the Trust during 2024.

An Integrated Discharge Team has been established and are working with Therapy Teams on a range of projects to improve referral to assessment. Discharge Assessors attend morning board rounds to support the discharge process, escalating potential barriers when encountered.

A number of steps have been taken to increase awareness of carers across the Trust and the role of the Hospital Carers Link Workers. Co-development of a carers discharge checklist to support carers as the person they care for leaves hospital.

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, focusing upon chunk and check methodology.

Results have been shared with Specialist Patient Experience Groups to inform improvement work that will feed into an overarching action plan. Key questions from the national survey are incorporated in local surveys within the Trust to inform focused work and measure improvements at a local level.

An analysis of the NHS Staff Survey undertaken by Ipsos, Karian and Box (2023) demonstrated an association between the advocacy sub-score within staff engagement and overall patient experience satisfaction. Suggesting that Trusts reaching higher scores for advocacy achieve improved patient satisfaction scores. Comparing the variance between the two indicators within the Trust reflects an average variation of 2.3 in national survey responses between 2020 to 2022, indicating that patient satisfaction in the 2023 national inpatient survey may reflect scores achieved in 2020 (Figure 30).

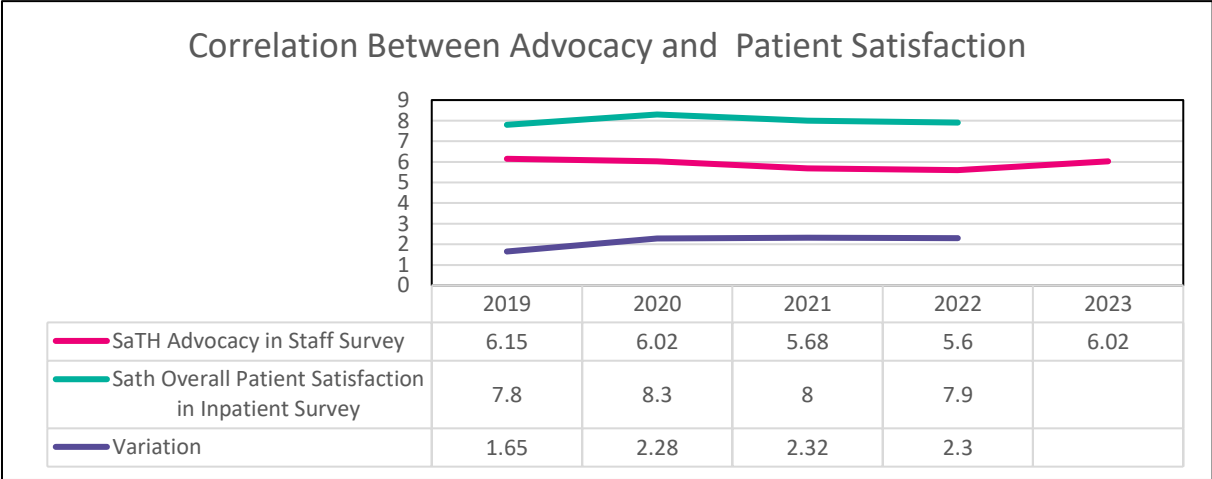


Figure 30 – Correlation Between Advocacy and Patient Satisfaction

## Urgent and Emergency Care Survey

The National NHS Urgent and Emergency Care Survey 2022 was undertaken with patients meeting the eligibility criteria who were aged 16 years or older and had attended Urgent and Emergency Care (U&EC) during September 2022.

For Type 1 services (Consultant led A&E), the Trust had a response rate of 26.36%, which was above the national average (23%). Of the completed responses, the Trust results were about the same as other Trusts for the majority of questions (34), with 2 questions banded as worse, and 1 question as somewhat worse than other Trusts.

Worse:

- Sometimes, people will first talk to a doctor or nurse and be examined later. From the time you arrived, how long did you wait before being examined by a doctor or nurse?
- Did a member of staff tell you about medication side effects to watch for?

Somewhat worse:

- How long did you wait before you first spoke to a nurse or doctor?

For Type 3 services (Urgent Treatment Centre/Minor Injuries Department within an A&E), the Trust had a response rate of 24.03%, which was above the national average (22%). Of the completed responses, the Trust results were about the same as other Trust for the majority of questions (23), with 4 questions banded as worse, and 4 questions as somewhat worse than other Trusts. These include:

Worse:

- Sometimes, people will first talk to a health professional and be examined later. From the time you arrived, how long did you wait before being examined?
- Were you kept updated on how long your wait would be?
- While you were at the Urgent Treatment Centre, how much information about your condition or treatment was given to you?
- Overall experience

Somewhat worse:

- Were you given enough privacy when discussing your condition with the receptionist?
- How long did you wait before you first spoke to a health professional?
- Overall, how long did your visit to the Urgent Treatment Centre last?
- Did health professionals talk to each other about you as if you weren't there?

The survey results are informing the Emergency Care Transformation Programme as part of the Trusts Getting to Good improvement journey. Feedback from people accessing the U&EC services, and involvement of a patient partner ensure that the patient voice is pivotal throughout the improvement programme.

## National Maternity Survey

The National NHS Maternity Survey (2023) was undertaken between April and August 2023 and included women meeting the eligibility criteria who had a live birth in February 2023. The Trust had a response rate of 51%, which was above the national response rate of 41%, and the Trust response rate for 2022 (46%).

The Trust performed 'about the same' as other Trusts for the majority (50) of questions and 'worse than expected' in 1 question. The Trust scored 'better' than expected for 1 question, 'somewhat better' than expected for 1 question, and 'much better' than expected for 1 question. The Trust scored outside the expected parameters in the following questions:

Worse:

- Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth?

Somewhat better:

- Thinking about your antenatal care, were you treated with respect and dignity?

Better:

- Before you were induced, were you given appropriate information and advice on the benefits associated with an induced labour?

Much better:

- Before you were induced, were you given appropriate information and advice on the risks associated with an induced labour?

The survey results are informing the Maternity Transformation Programme as part of the Trusts Getting to Good improvement journey. Feedback from people accessing the Maternity services, and involvement of the Maternity and Neonatal Voices Partnership are pivotal in providing a service user voice throughout the improvement programme.

## 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 2022.

The Trust had a response rate of 59%, which was above the national average at 53%. The majority of patients responded through the completion of a paper survey (84%), rather than providing online feedback (15%).

The Trust performed 'below the expected range' for 14 questions (Figure 31), all remaining questions scored 'within the expected range'.

		SaTH	National	Lower Expected Range	Upper Expected Range
Q6	Diagnostic test staff appeared to completely have all the information they needed about the patient	81%	83%	81%	86%
Q7	Patient felt the length of time waiting for diagnostic test results was about right	67%	78%	75%	82%

Q8	Diagnostic test results were explained in a way the patient could completely understand	<b>75%</b>	78%	75%	82%
Q13	Patient was definitely told sensitively that they had cancer	<b>70%</b>	74%	70%	77%
Q14	Cancer diagnosis explained in a way the patient could completely understand	<b>72%</b>	76%	73%	79%
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	<b>75%</b>	79%	76%	82%
Q24	Patient was definitely able to have a discussion about their needs or concerns prior to treatment	<b>68%</b>	71%	68%	74%
Q31	Patient had confidence and trust in all of the team looking after them during their stay in hospital	<b>68%</b>	79%	73%	84%
Q32	Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	<b>54%</b>	66%	59%	72%
Q37	Patient was always treated with dignity and respect while in hospital	<b>84%</b>	88%	84%	92%
Q42_5	Patient completely had enough understandable information about progress	<b>69%</b>	80%	73%	86%
Q56	The whole care team worked well together	<b>87%</b>	90%	87%	92%
Q57	Administration of care was very good or good	<b>82%</b>	87%	83%	90%
Q59	Patient's average rating of care scored from very poor to very good	<b>8.7</b>	8.9	8.7	9.0

Figure 31 – Questions in which SaTH performed below the expected range in the National Cancer Patient Experience Survey 2022

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, national and international recruitment, additional sessions and internal training and development, and additional mobile scanners on site which include additional reporting, clinical reviews to prioritise urgent requests have been introduced and enhanced.

Non-clinical Navigators have been recruited to be a point of contact for patients and the people important to them, following a diagnosis. Undertaking the Holistic Needs Analysis provides opportunities for a patient to ask any questions about their treatment, whilst enabling the Clinical Nurse Specialist an opportunity to explain the results in a way the patient will be able to understand and be involved in their care.

New wellbeing, support and information is available in the Cancer Services App., and Living Well Sessions have returned to face-to-face groups, providing information and networking opportunities. An open day has additionally been held to promote community support available.



Of the results from SaTH highlighted as being in the 'lower than expected' range, half of these results were borderline, however consideration is being taken to prevent these dropping any further in future results. The majority of results remained in line with the national picture. Patients receiving cancer care at SaTH in 2022 gave a positive overall score of 8.7 out of 10 for their care as a whole, which was similar to scores seen over the previous two years (2021: 8.8 and 2020: 8.7).

## 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. During 2023/2024 the Patient Experience Team received 175 contacts through the feedback hub, made up of 130 compliments, 30 contacts expressing concerns, and 15 contacts regarding questions around treatment or care.

### Local Inpatient Survey

To improve the quality of services that the NHS delivers, it is important to understand what patients think about their care and treatment. One way of doing this is by asking patients who have recently used their local health services to tell us more about their experiences. The annual national inpatient surveys are carried out within the Trust to do just this. The local inpatient survey incorporates a selection of questions from the national survey to measure changes in key areas throughout the year.

The survey is sent to a randomly selected sample of 1000 patients, aged 18 or over, who had spent at least one night in hospital during the sample month. Day case patients or those admitted to maternity units were not included. Checks were carried out to ensure patients admitted on more than one occasion did not receive multiple surveys.

When asked to rate their overall experience of care on a scale of 0 to 10, 79% of patients responded with a score of 7 or above. Examining feedback from the responses giving a lower overall satisfaction score (5.4%), breakdowns in communication and extended wait times were themes linked to a lower satisfaction.

The majority of patients responding identified that they were treated with dignity and respect, however, 2.2% did not. Of these responses common themes identified that this group of patients would have liked more information about their condition or treatment, and felt that they didn't have anyone to talk to about their worries and fears.

When asked if they were prevented from sleeping at night, 24.2% of responders identified that they had been disturbed by noise from other patients, however, noise from staff (12.1%), hospital lighting (12%), and noise from medical equipment (11.8%), all contributed to disturbed rest.

The majority of patients responding did not need to change wards during the night (70%), or couldn't remember (2.4%). For patient's who had been moved overnight, the majority were given an explanation for why they were being moved, with 5.17% responding that they were not informed but would like to have been.

Whilst the majority of patients responding identified that they received enough help from staff with their hygiene needs (42.5%), or did not require assistance (40.9%), there were a small number of patients who would have liked more support (5.6%).

The majority of responders classed the hospital food as very good (34.5%), and fairly good (36.9%), however, 2.7% felt they needed more support from staff to help them eat their meals. The majority of patients advised that they were provided with enough to drink (86%), 2.3% felt they were not offered sufficient drinks and 0.7% would have liked more help to drink.

The majority of patients felt that they were involved in decisions about their care (79.5%), however a small group felt that they were not involved at all (4.7%). Similarly, while the majority of patients responding felt they received the right amount of information about their condition or treatment (73.6%), some responded they were given too little (18.3%), or no information at all (4.7%).

## 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. Digital stories provide a personal and relatable perspective that humanises care, through sharing the emotional and psychological impacts of illness, enabling more compassionate and holistic care to be offered.

Digital stories can highlight gaps in communication and processes, offering valuable insight into areas requiring improvement. They can serve as effective tools for educating healthcare workers and provide compelling evidence to adopt new approaches in patient care.

Sharing stories can empower patients through giving them a voice, and a platform to share their experiences. Narratives emphasise the importance of patient centred care by focusing upon the patient's perspective.

A number of digital stories, captured during 2023/2024, 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. A study undertaken in Stanford University identified that whilst 5 % of people will remember a statistic, 63% remember a story shared with them, having a lasting impact. Examples of stories shared during 2023/2024 include:

### **Janet's Journey to Recovery: Tissue Viability**

#### **You Said:**

The storyteller outlines that she was admitted to the Trust as an emergency admission which resulted in emergency surgery with division of adhesions and a small bowel resection. Due to a post-operative complication further surgery was required to debride necrotic tissue, resulting in the

formation of a stoma. The storyteller was critically ill and not fit for further surgery to treat fistulas that had developed.

The storytellers large abdominal wound was initially managed with a wound management bag; however, this presented a number of challenges. The Clinical Lead for Tissue Viability and Consultant worked collaboratively to explore alternate wound management options. Consideration was given to the wound size, infection risk, and output.

Vacuum-Assisted Closure (VAC) uses negative pressure to support wound healing. VAC therapy is contraindicated when a leak or fistula is present, however, due to the storyteller's poor prognosis, and extensively assessing risks and benefits, a decision to commence VAC treatment was reached.

On review, the wound slowly demonstrated signs of improvement, the fistulas closed, and the wound bed started to improve, with healthy new tissue growth observed. The infection cleared and the storytellers clinical condition improved, aiding her overall recovery.

The storyteller required extensive clinical support in her recovery, spending a number of weeks in the Intensive Care Unit, followed by a number of months within an acute medical ward environment. For four months the Tissue Viability Nurse Specialists dressed the wound 2 to 3 times a week, taking 2 to 3 hours and requiring 2 to 3 staff each time a dressing was changed. Equating in up to 27 hours of nursing time being dedicated to the storytellers wound care each week.

The Tissue Viability Nurse Specialists and Multidisciplinary Team worked collaboratively to support the storyteller's recovery. After four months the storyteller was transferred to a rehabilitation bed in the community before going home, and within approximately seven months the wound was fully healed.

### **We Did:**

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

- The storyteller's experience has been captured for use in a range of training environments, including: Tissue Viability training, reconditioning awareness and delirium awareness,
- A more detailed overview of the storyteller's experience is to be shared with the clinical team enabling feedback to be used to raise awareness and support reflection and learning.
- The Clinical Lead for Tissue Viability has the storyteller's consent to submit the case for publication, sharing learning which has the potential to alter future clinical decision making for non-surgical management of fistulas.

### **The Introduction of Virtual Wards**

The digital story captures a selection of patients and staff describing their experiences of accessing and providing the Virtual Ward initiative within Shropshire, Telford & Wrekin.

Virtual Wards (VW) are a national initiative led by NHSE to reduce pressure on acute settings and offer improved patient pathways. Within the video are some of the staff within the VW Team in Shropshire Community Health NHS Trust talking about their experiences and two patients' stories. Jodi and John both have long term conditions and tell of their experiences of being VW patients and the impact this has had on their physical, mental, emotional and social wellbeing.

Both stories helped to show the range of patients that VW can support recovering in their home environments.

### **Experience of Accessing PALS**

A patient's daughter-in-law describes her experience of being discharged home from hospital. As new medicine had been commenced during her admission, the absence of a discharge letter resulted in her GP not being aware of the medicine she needed to be prescribed. The storyteller liaised with the doctors surgery over the telephone and through visiting but did not receive any support in resolving the problem. The patient and her family became increasingly anxious that her condition would deteriorate if the treatment could not be accessed.

When the storyteller discovered the PALS service through the Trust website, she received assurance that the concern was being addressed, describing it as a 'big relief'. She describes the positive experience of accessing the service and receiving support, however, the need to promote the PALS service wider across the community was highlighted.

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

- The digital story has been shared in a range of forums to increase staff awareness of the impact being discharged without a discharge letter can have on a patient.
- The digital story is being incorporated into future junior doctor's training on discharge summaries to highlight the impact on a patient when this is poorly written or incomplete.
- The Emergency Department have reviewed the governance around provision of discharge letters.
- PALS information has been updated and shared through the Trust engagement newsletter sent to members of the public to increase awareness of the service.
- Slides outlining the PALS service have been incorporated in the screens displayed in waiting areas across the Trust.
- PALS information has been shared with the Volunteer Team, and volunteers across the Trust to enable them to signpost people who may require support.
- A PALS session has been scheduled as an about health event to increase awareness of the service with members of the community.
- An opportunity to promote PALS services across the Integrated Care System is being explored, to increase awareness of the services across health and social care.

A range of additional digital stories have been captured during 2023/2024 and shared in a range of environments to increase awareness, reflection, and learning. Examples of meetings in which digital stories have been shared include: Trust Board meetings, Clinical Governance meetings, Nursing, Midwifery, Allied Health Professional and Facilities meetings, training sessions,

conferences, team and department meetings. Incorporating patient stories in training can provide additional context to theoretical knowledge, reinforcing the practical and emotional aspects of patient care.

Additional themes captured through digital stories include: experience of care, communication, the ReSPECT process, Respiratory, Haematology, End of Life, and Dementia Care.

## 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 2023/2024 there were 49 comments posted about the Trust. Of the feedback posted 75.5% (37) 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, Same Day Emergency Care, Maternity, Endoscopy, Gynaecology and Urology Teams. Access to clinical treatment, good communication, and being seen on time were additionally highlighted in positive feedback posted on the sites.

The remaining 24.5% (12) 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 2023/2024 Enter and View visits have been undertaken in four areas across the Trust, with Healthwatch visiting the external area and main entrance (PRH), The Acute Medical Floor (RSH), Discharge Lounge (PRH), and Ward 10 (PRH).

The focus of the semi-announced visit undertaken by Healthwatch Shropshire to the Acute Medical Floor (RSH) was to speak to staff about how the new service was being delivered, and speak to patients and visitors about their experiences. Areas for improvement were identified, incorporating signage, pharmacy provision, and the provision of a television in the Acute Medical Assessment seating area to provide a distraction whilst waiting. Actions were taken in response to the feedback, securing a television, increasing signage, and introducing improved solutions to improve pharmacy access.

Patient and visitor feedback was positive, identifying good food options and access to hot and cold drinks throughout the day. All feedback reported the Acute Medical Floor Team to be helpful and supportive, with one patient reporting *“Plenty of staff about, coming and going all the time. Very helpful. Ask them to do something, it’s never a problem.”*

The focus of the announced visit undertaken by Healthwatch Telford and Wrekin to the external area and main entrance (PRH), was to explore how easy it was for patients to access the hospital and find their destination. At the time of the Healthwatch Enter and View visit improvement work was underway across the hospital, construction on a new main entrance resulting in a temporary entrance way being used for access. A range of areas for improvement were identified and

subsequently acted upon to improve the environment and experience of people visiting the Princess Royal Hospital. Healthwatch were invited to return to the hospital a month after the feedback was shared to revisit the area and view the improvements made. Completion of the new hospital entrance in November 2023 has provided an improved environment and enhanced facilities for the people in our community.

Car parking limitations were additionally highlighted during the visit, a range of actions have been taken to improve parking for patients and visitors to the Trust, including the introduction of park and ride facilities at each hospital, demonstrating a positive effect, with further improvements planned during 2024/2025.

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

Enter and View visits to the Discharge Lounge (PRH) and Ward 10 (PRH) have been undertaken by Healthwatch Telford and Wrekin in March 2024, however, the reports have not been shared at the time of this report being produced.

## 7. Patient Advice and Liaison Service

### PALS Activity

During 2023/2024, the Trust dealt with 3530 patient contacts. The graph below shows the activity over the last six years.

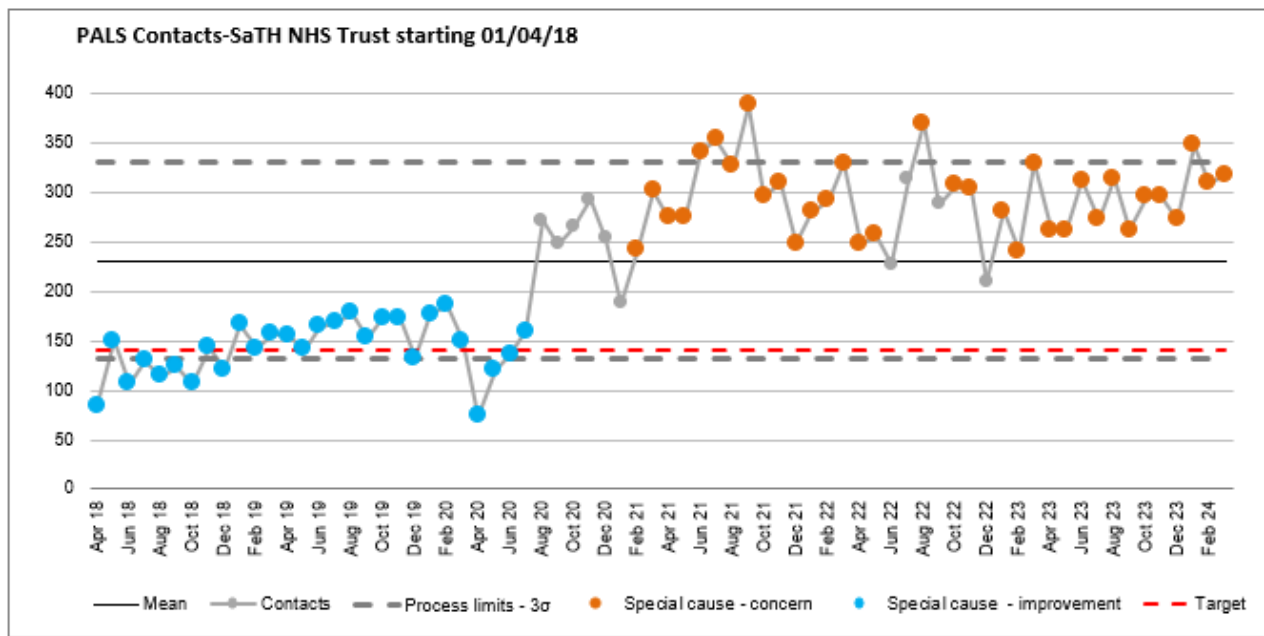


Figure 32 – PALS Contacts

The majority of cases are about appointments (1021) and issues with communication (976). Figure 31 shows the different subjects of the cases:

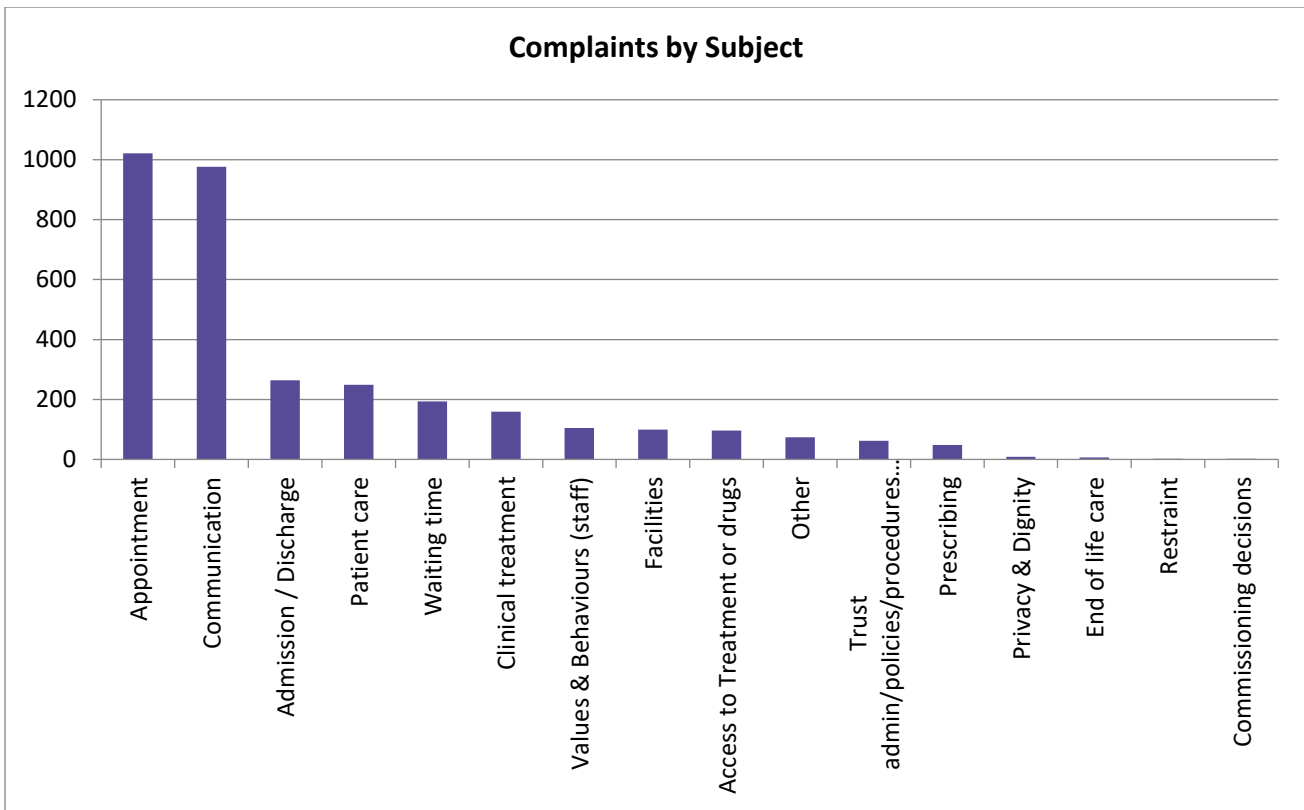


Figure 33 – PALS Contacts by Subject

## 8. Complaints

During 2023/2024 the Trust received a total of 883 formal complaints. There has been an increase in the number of complaints received in the Trust, however this reflects an increase in activity in the Trust and represents less than one in every 1000 patients making a formal complaint (0.85). The graph below shows the number of complaints received within the last five years.

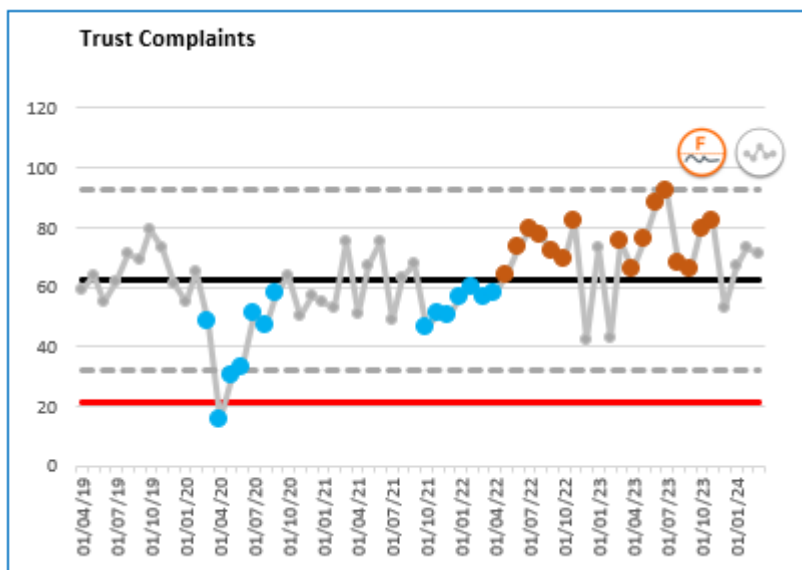


Figure 34 – Formal Complaints

Of the 849 complaints closed in 2023/2024, 208 (25%) were upheld, 531 (62%) were partially upheld and 110 (13%) were not upheld.

## Performance

### Acknowledgement

The Trust is required to acknowledge all complaints in writing within three working days of receipt. This was achieved in 100% of cases in 2023/2024. The Complaints Team have set a stretch target of sending a written acknowledgement within two working days, and 97% of complaints were acknowledged within two working days in 2022/2023, with 75% of complaints acknowledged within one working day.

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

### Response Times

Each complainant is given a timescale for response, which will vary depending on the complexity of the complaint and the level of investigation required. Where it is not possible to respond within the initial timescale agreed, the complainant is contacted and advised of the delay and given a new timescale. In 2023/2024, 50% of complaints were responded to within the initial agreed timescales, which is significantly below the Trust's target. The main reason for this is due to investigations being delayed as a result of clinical pressure in the Trust impacting on the time it takes divisions to look into complaints. During 2023/2024, the Trust has reviewed the complaints processes to strengthen and streamline these, with the new processes being introduced in quarter four of 2023/2024. It is hoped that this more targeted approach will help the divisions to investigate and respond to complaints in a more timely manner.

It should be noted that the Surgery, Anaesthetics, and Cancer Division, and Clinical Support Services Division continue to perform better, with responses rates of 69% and 88% respectively.

## Breakdown of Formal Complaints

### Key Themes

The graph below shows the number of complaints by subject (Figure 35). Because a complaint may be multi-faceted and cover more than one subject, which means that the total number of issues raised will exceed the total number of formal complaints. When plotted on SPC charts, all subjects remain within normal variation.



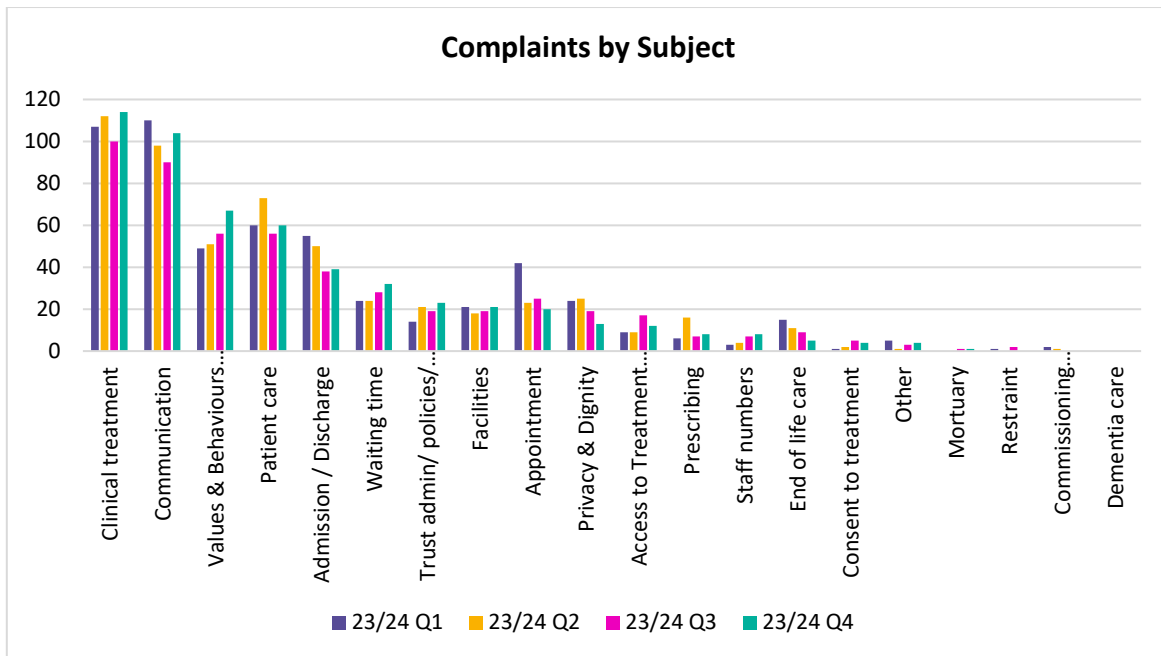


Figure 35 – Complaints by Subject

## Locations

The graph below shows the number of complaints by top location. Although the EDs on both sites receive a larger number of cases than other areas, this is due to higher levels of activities. Where increases are noted in specific areas, these are raised at the time with the division. During 2023/2024, high numbers were noted on Ward 27, the acute medical areas, and cardiorespiratory.

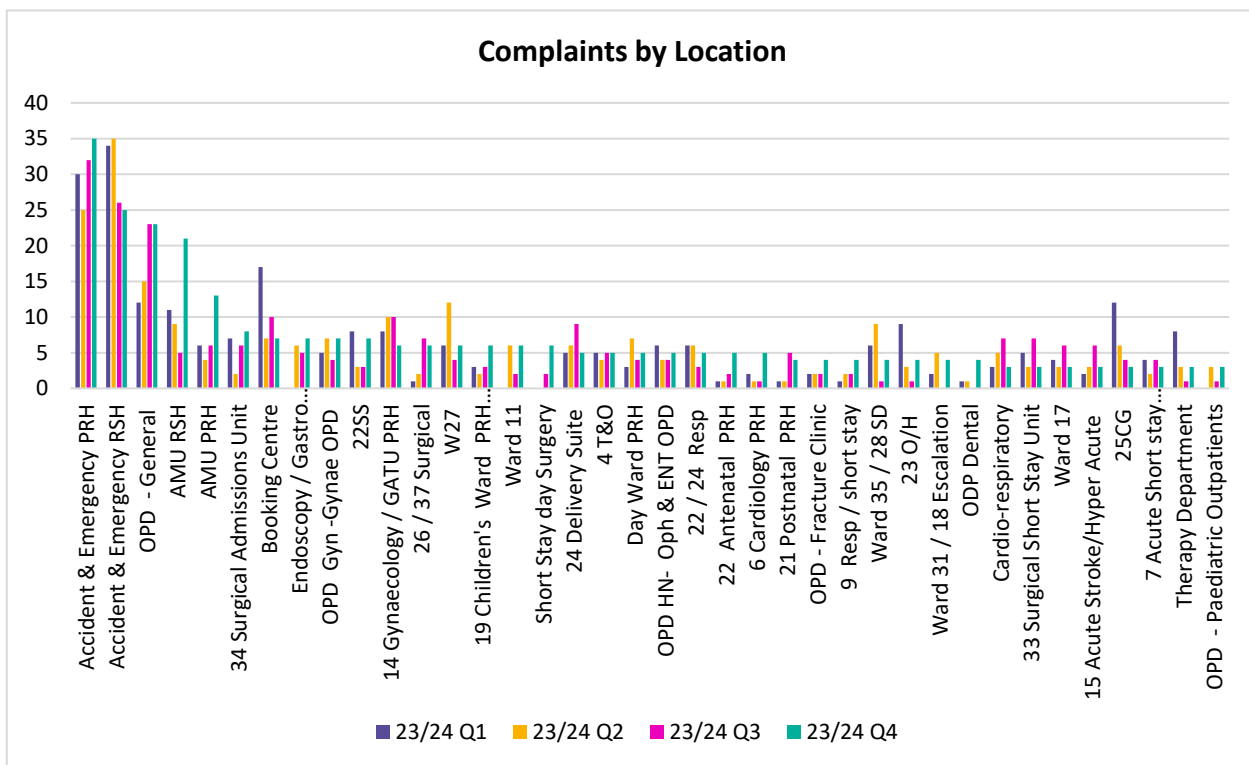


Figure 36 – PALS Contacts by Location

## Complaint Demographic

The following graphs shows complaints in 2023/2024 by gender, age, ethnicity and disability, which reflect the wider demographic of our patients.

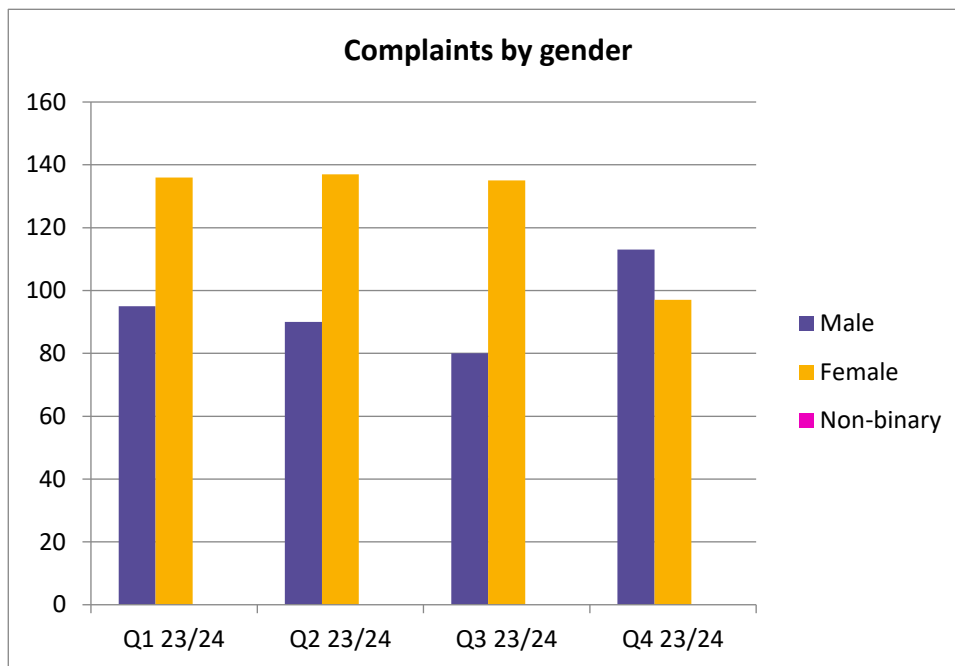


Figure 37 – Complaints by Gender

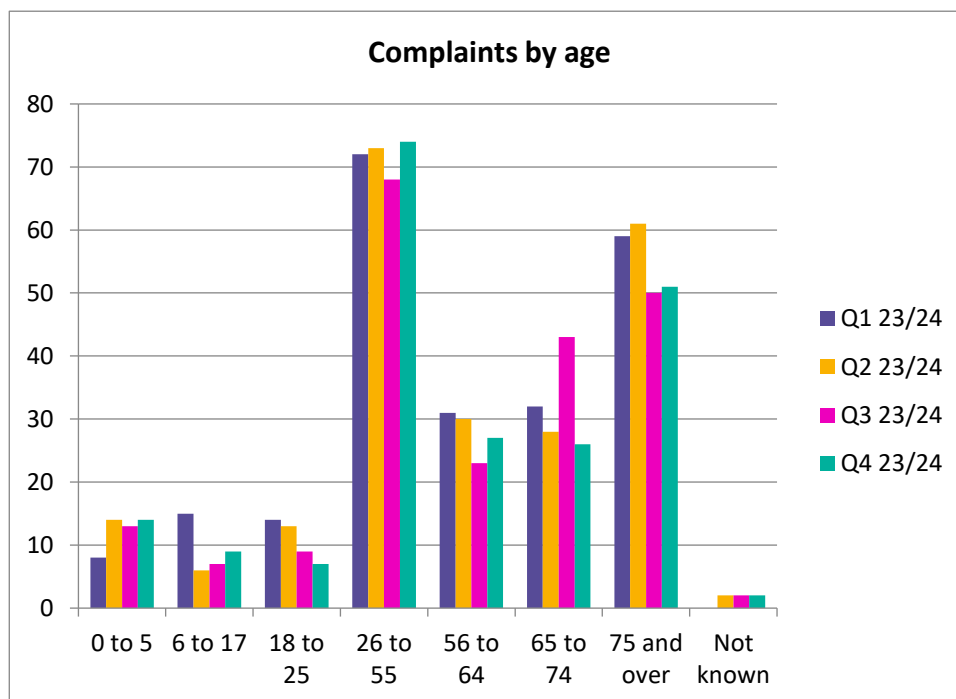


Figure 38 – Complaints by Age

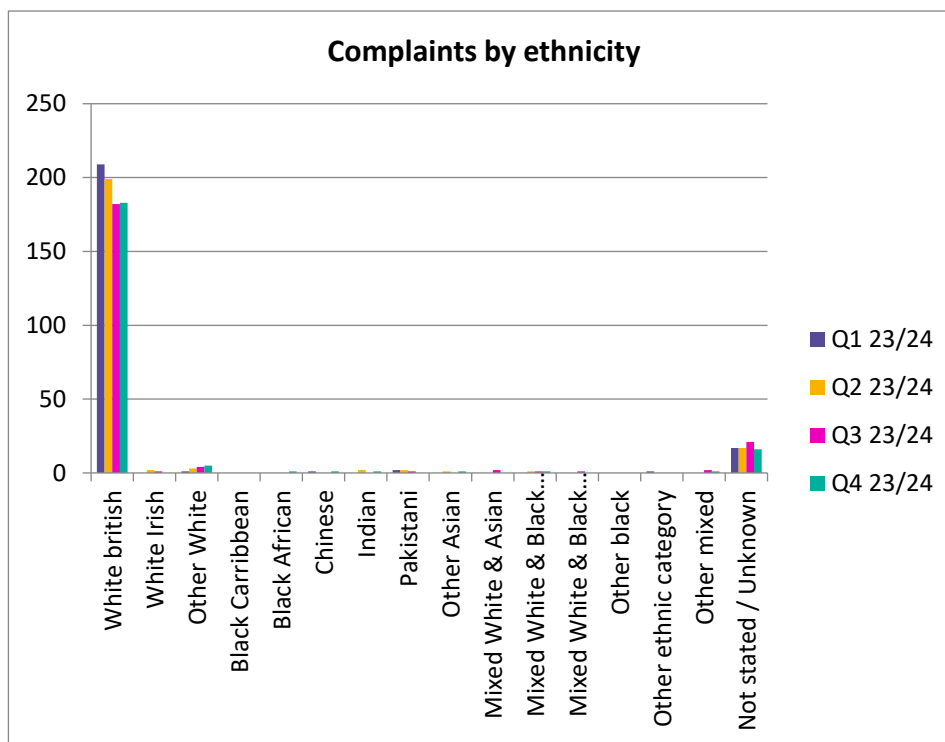


Figure 39 – Complaints by Ethnicity

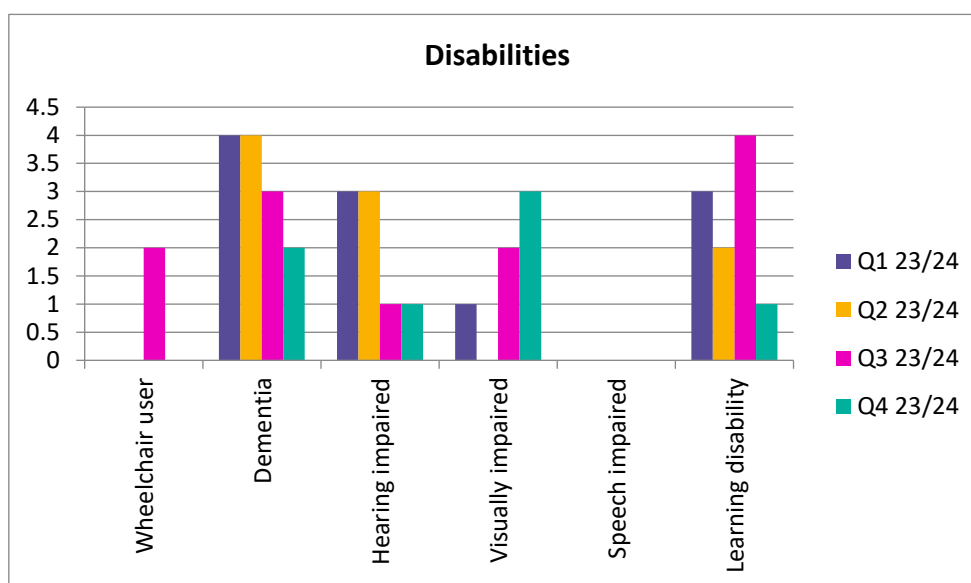


Figure 40 – Complaints by Disability

## Learning from Complaints

The Trust is committed to ensuring that each complaint is seen as an opportunity to reflect, learn and make improvements in the areas that matter most to our patients, and their carers and families. Some examples of learning and changes in practice that have arisen from complaints and PALS cases are set out below:

Following a complaint about care on the Surgical Assessment Unit, work is being undertaken to ensure that staff clearly explain to patients the reasons why they cannot eat or drink until certain investigations are taken. Work is ongoing with the Pain Management Team to develop information booklets on pain relief to assist patients in understanding the different types of pain relief and their effects and to ensure staff communicate clearly about pain relief.

Following a complaint about conflicting information received in the Same Day Emergency Care Centre, discharge processes have been changed to ensure that patients leave with a clear plan, and follow-up and outcome forms are completed promptly. The team have also developed patient information leaflets to explain to patients how the unit works and what to expect.

A patient raised concerns about the information they were given prior to their cataract surgery and about the facilities. The letter sent out to patients has been updated with further information and new chairs with arm rests have been ordered.

Following a data breach, the case was shared with all staff. Additional confidential waste bins were put in place so that these are located at the entrances and exits to the ward and are highly visible to staff, and posters have been displayed around the ward, reminding staff to ensure that their handover sheets are disposed of correctly. Senior nursing staff have implemented regular checks to ensure that documentation is correctly locked away and that handover sheets are disposed of correctly.

Following a complaint about difficulties in obtaining medication when a patient was discharged from the ED, this case has been shared with the team. TTO packs of Trimethoprim are now stocked in both EDs and further guidance has been published on issuing FP10s out of hours.

As a result of feedback in complaints about Badgernet, a number of additional measures have been put in place to assist staff and women. A dedicated email has been set up to allow users to contact the digital midwifery team directly for support with the app and the team has recently expanded to enable efficient resolutions to be delivered. A new function is available for staff within Badgernet which indicates whether the service user has accessed the app previously. This enables staff to provide the correct advice when setting up a new account. Booking co-ordinators are contacted service users within five working days to give access to the app and aware of how to create a new account for those who have used the app previously. A fictional account is now available to ensure staff understand what users can see.

A patient raised concerns about monitoring prior to discharge. The Discharge Lounge has now introduced an electronic system for capturing patient observations, and there is now an information board, where key information is recorded for staff awareness, such as any patients who are diabetic. The complaint was shared with the team to reiterate the importance of ensuring that all observations are completed and documented, and that staff ensure that they monitor blood glucose levels for diabetic patients.

Following a complaint about palliative care and delays in the transfer of the patient to the hospice, the Discharge Assessor is now present on the morning board rounds to allow better oversight of patients and to identify if patients are end of life or have a more complex discharge route. There

is now a structured discussion about any patients who may require a palliative care referral, with plans being put in place to make that this is enacted in a timely manner. Staff have been reminded of the importance of the ongoing review of a patient's discharge arrangements and to ensure that they are checking the patient's and family's understanding of this.

As a result of feedback about the Surgical Assessment Unit (SAU), the team have developed a poster for the waiting room which explains the process in the assessment area and the reason for the long waits such as waiting for blood test and any other further investigations. They are also developing a leaflet that can be given to patients.

## **Parliamentary and Health Services Ombudsman (PHSO)**

During 2023/2024, the PHSO contacted the Trust in relation to 12 cases, dating from 2020 to 2023, however they have only opened formal investigation into two cases. In one case, the requested a local resolution meeting to which the Trust agreed, however the family then decided not to proceed and the PHSO closed the case. The other case relates to a case that was managed through the Serious Incident process rather than the Complaints process, and is still under review.

The PHSO also closed two other cases in 2023/2024. In one case, they were not able to continue their investigation due to missing notes, and the Trust wrote to family to apologise for this and advise what actions it has taken to prevent notes being lost. In the other case, the family raised issues that had not previously been raised, and so the PHSO closed the case and asked the family to contact the Trust directly for a further investigation.

The PHSO published their new complaints standards at the end of 2022/2023. All Complaints Case Managers have attended the PHSO training on these standards, and the Trust Complaints Policy has been updated to reflect these standards. The Trust also has a working group that meets regularly to review progress against these standards.

## **PALS and Complaints Key Achievements**

All Complaints Case Managers have completed the Parliamentary and Health Services Ombudsman (PHSO) training on the new PHSO standards that were rolled out at the end of 2022/2023. In addition, the Trust Complaints Policy has been updated in line with these standards, and work has been undertaken to ensure compliance with these standards. Complaints Case Managers have also attended Healthcare Literacy training, to ensure that Trust responses are written at an appropriate level.

During 2023/2024, the Complaints Team worked closely with the Divisions to strengthen and streamline process, to enable the Divisions to provide timelier responses.

The PALS Team has been expanded in order to increase visibility of PALS Officers in clinical areas and to commence weekend working in 2024/2025. The service participated in the Equality Delivery System workshops, which highlighted areas where the service can be improved in order to increase awareness and accessibility of the service. Actions have been agreed and these will be completed during 2024/2025.

## 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 2023/2024 there has been one complaint and one concern raised in quarter one around mixed sex breaches (both April 2023), however, these related to trans people and the appropriate same sex accommodation guidance was followed. The events were not mixed sex breaches, however, they were perceived this way by a different patient within the bay. Concern has been highlighted into how discussions are held to diffuse situations and resolve any conflict or concern arising in these situations. An LGBTQIA+ workshop was held in June 2023, covering terminology, legislation and inequalities. NHS England is developing new guidance on patient privacy, dignity and safety which will provide further opportunities to raise awareness amongst staff, supporting communication and best practice.

### 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 reflect an increased demand and the requirement to cohort Covid-19 patients to maintain good infection prevention and control practice creating an additional challenge.

Mixed sex breaches during 2023/2024 display an increased demand and capacity pressures across the Trust (Figure 41). There have been (1,042) mixed sex breaches, demonstrating an increase in comparison to the preceding year (915).

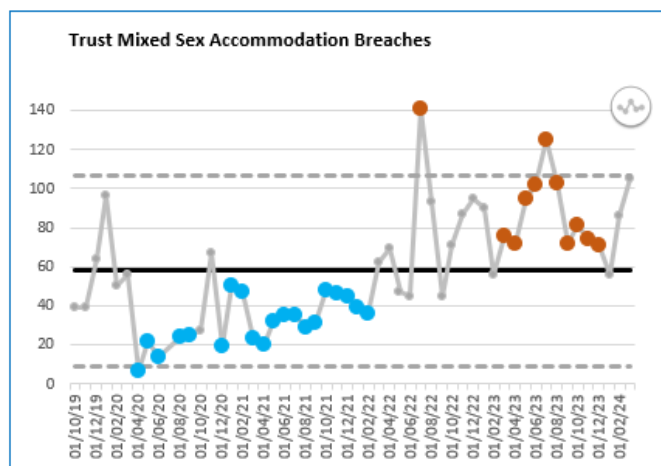


Figure 41 – Trust Mixed Sex Accommodation Breaches

The number of mixed sex breaches at the Princess Royal Hospital (PRH) (680) reflects a small increase in comparison to the previous year (646). The trend demonstrated a low special cause improving variation during quarter 2 and 3, however, the breaches started to increase again during February and March 2024 (Figure 42).

Whilst mixed sex accommodation breaches at the Royal Shrewsbury Hospital (RSH) are lower than PRH (362), they reflect a greater increase in comparison to the preceding year (269), reflecting a high special cause concerning variation (Figure 43).

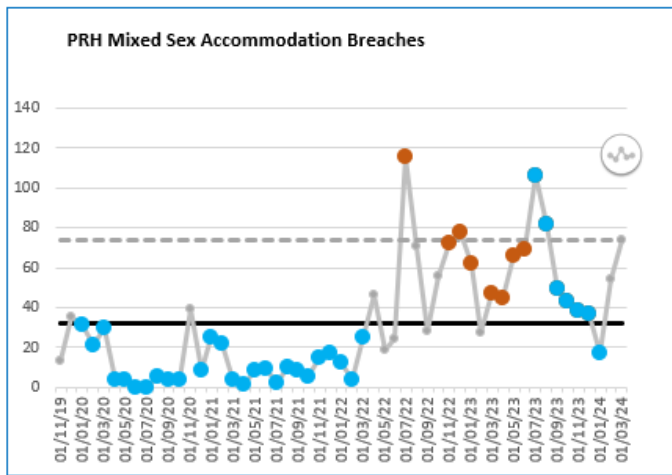


Figure 42 – PRH Mixed Sex Accommodation Breaches

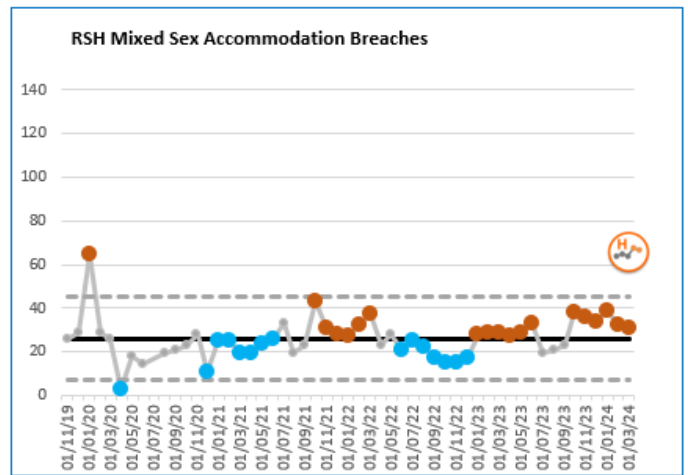


Figure 43 – RSH Mixed Sex Accommodation Breaches

### 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 remain high (497) demonstrating a high special cause concerning variation, reflective of capacity pressures.

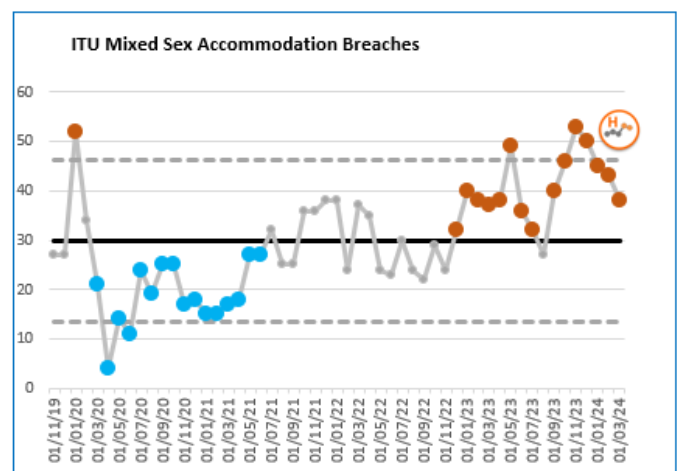


Figure 44 – ITU Mixed Sex Accommodation Breaches

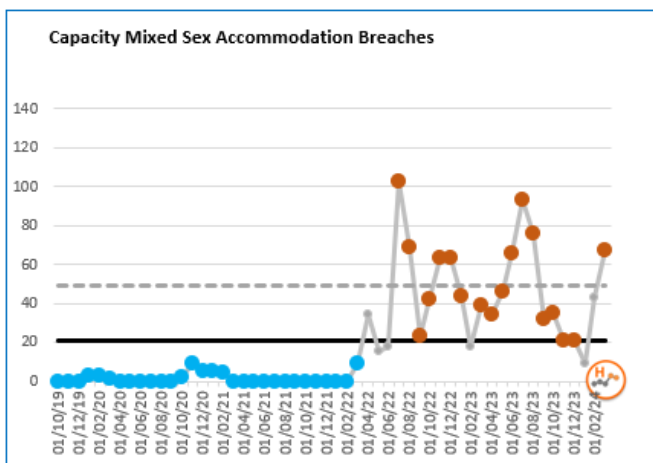


Figure 45 – Capacity Mixed Sex Accommodation Breaches

Capacity pressures across the site have resulted in delayed transfers out of ITU, however, the increase in mixed sex breaches is chiefly due to patients being placed on beds in the Acute Medical Assessment (AMA) area at times of escalation. Mixed sex breaches due to capacity pressures began in March 2022 and have sustained the increase, whilst there was a notable improvement in quarter three, quarter four data indicates a potential return to an increasing trend (Figure 45).

National reporting is undertaken through monthly submissions by the Trust to NHS Digital. Data submitted during 2023/2024 was within the national reporting timeframe.

A range of actions are being taken across the Trust to improve capacity pressures, to reduce mixed sex breaches, and improve patients experience, examples of these include:

- Operational Teams are supporting improvements in relation to patient flow, increased discharges before midday, and a reduction in the number of patients with no criteria to reside.
- System wide improvements with the introduction of virtual wards, admission avoidance, and the introduction of sub-acute wards in quarter four (2023/2024).
- The Trust is working with GIRFT on patient flow improvement workstreams.
- Shropshire Community Health NHS Trust opening of sub-acute wards will enable patients to be moved to an appropriate care setting for ongoing rehab prior to discharge.

## 10. Interpreter Requests

During 2023/2024 the Trust supported with interpretation services for 66 different languages. There were 6,125 interpreting requests, and 5 occasions when an interpreter was required and could not be provided due to very short notice of the need for an interpreter, reflecting that 99.9% of interpreting requests were met at the planned time.

The majority of interpretation was booked as face-to-face appointments (4,200), with on-demand telephone interpretation (1,074), and pre-booked telephone interpretation (969).

The languages requested for interpretation most frequently in 2023/2024 were:

Frequently Requested Languages for Interpretation at SaTH	Number of Requests (2023/2024)	Language	Local community Demographic Rank	Count of Speakers Across Telford & Wrekin, Shropshire and Powys (Census 2021)
1	1,150	Polish	1	5,222
2	660	Romanian	2	2,872
3	608	Bulgarian	3	1,825
4	303	Punjabi	4	1,383
5	278	Russian	15	376
6	246	Urdu	5	674
7	227	Cantonese	18	313
8	195	Kurdish	31	137
9	146	Arabic	6	661
10	132	Twi	9	509

Figure 46 – Most Frequent Language Requests in Comparison to Community Demographic

Eastern European languages remain the most frequently requested across the Trust with requests for Russian increasing in comparison to the previous year. The number of Southeastern European interpreter requests have similarly increased during 2023 with increased requests for Kurdish and Turkish.

During 2023/2024 the Trust provided interpreters to support people accessing services from within the local community for whom English is not their first language. Translation services for the most commonly spoken languages among the communities we serve such as Polish (5,222 speakers) to the least commonly spoken in our local communities including Korean (21 speakers), Pushto (14 speakers) and Ethiopian (3 speakers) reflecting the Trusts support for patients whose first language is considered a linguistic minority in the 2021 Census.



## Partnering

### 11. Patient Involvement

#### Patient and Carer Experience Panel



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 Workforce, Service Improvement, and Communications Leads, and external partners from the Maternity Voice Partnership, Healthwatch and Llais. 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 continue to be 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, Patient Safety Incident Response Framework (PSIRF), staff wellbeing support and key workforce metrics, Equality Delivery System 2022 (EDS 2022), Hospital Transformation Programme (HTP), car parking changes, and feedback from Healthwatch Enter and View visits.

During 2023/2024 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
- Independent Complaints Review Group
- Letters Workshops
- Letters Task and Finish Group
- Co-delivering health literacy training
- 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.
- EDS2022
- HTP workstreams
- Experience Based Co-Design
- Emergency Transformation Programme

## Speciality Patient Experience Groups



### Surgery, Anaesthetics and Cancer

- Patient stories have been incorporated in meetings to learn from people with lived experience.
- Insight gained from the national inpatient survey is being used to inform improvement plans.
- Work continues to focus upon experience of care when attending theatre.
- The relative room for Critical Care has been refurbished and reallocated to ensure confidentiality.
- SAU now has access to Bluespier which has significantly reduced delays.
- Patient representatives of the group have been invited to be part of the Surgical Hub project.



### Medicine

- Progress has been made in discharging patients earlier in the day, especially on the frailty ward which benefits elderly patients.
- Specialist Nurses are undertaking training for PEG tube fitting to avoid delays.
- Communication forms are being introduced to capture discussions across the MDT with patients and the people important to them.
- Themes from complaints have been reviewed by the group, with actions being taken to address.
- Three workstream groups have been established.



### Clinical Support Services

- The group reviewed the Therapy Centre non-attendance rates, further work is planned to ascertain the reasons.
- The group continue to work through the 15 Steps schedule highlighting good practice and identifying any areas for improvement.
- The group have been co-developing an induction booklet for patient representatives working with the group.
- The Radiology Team have introduced questionnaires to capture patient feedback.
- All Centres are prioritising two actions from the overarching action plan within their area.
- Link with the Medicine Patient Experience Group around nutrition and hydration.



### Corporate

- Establishment of a PACE group
- Established a working group to support implementation of the Public Health Service Ombudsmen (PHSO) standards within the Trust.
- An SMS Friends and Family Test (FFT) pilot has commenced to improve feedback.
- Themes, trends and learning from complaints have been reviewed.
- Patient representatives on the group were invited to participate in ward and department assessments.
- Examining how feedback is obtained and shared to inform improvements.
- Promoting the patient representative role across media and a range of activities.



## Urgent and Emergency Care

- Work has been undertaken to review all of the ED patient information, going through the Patient Information Panel to simplify wording and improve ease of understanding for patients.
- Information screens for the department have been sourced and content is now being planned.
- Explored the patient journey through ED from a patient perspective.
- Receiving positive patient feedback on the approach to complaint meetings.
- A dedicated workstream to focus on communication is being established.
- Patient partner visit to the Acute Floor (RSH).



## Women's Health

No meetings have been held during 2023/2024

- The National Hysteroscopy Survey is being provided to each patient to seek feedback.



## Children and Young People

- The group decided on the name Youth Experience Panel (YEP).
- The group discussed hospital meals and food choices with members of the catering team.
- Participated in a HTP focus group to be part of the future design of the paediatric wards and facilities.
- A 'we want to hear from you' consultation with young people is taking place across Ward 19.
- Adolescents have co-designed an 'All Children Have Rights Poster' displayed across the Ward outlining how young people wish to be treated.



## Maternity

- Themes from PALS contacts and complaints have been explored, with regular updates to continue.
- More meetings are taking place with people who have made a complaint, enabling discussion around concerns to be addressed.
- Work is ongoing to ensure that the Birth reflections service is fit for purpose.
- Work is ongoing with the Neonatal Unit to form a process for when the Postnatal ward is full, but the baby is not ready to go home.
- Increased focus and awareness is being placed on birth preference cards in response to feedback.
- Increased visibility of the W&C PALS lead.



## Neonates

- The Neonatal patient experience group is presently seeking patient partners to join the group.
- The unit continue to work closely with the MNVP Neonatal Champion to seek parent feedback and establish the group.
- Parents are being involved in the redesign of parent flats and the quiet room.

## Health Literacy

Health literacy sessions are delivered to increase awareness of the importance of health literacy to support patients in understanding information to improve health outcomes and their experiences of care. Health literacy awareness sessions have been delivered to a range of teams including, the Communications Team, Chaplaincy Team, Junior Doctors and at the Nursing, Midwifery and AHP Conference held on the 12<sup>th</sup> May 2023. These sessions were extended to include the Letters Task and Finish Group as well as colleagues supporting the Electronic Patient Record (EPR) Programme. The sessions provided insight into the approach taken to support people in producing health information that people can understand and use to make informed decisions about their health, thereby reducing health inequalities.

In the last year, Patient Experience supported the Library Service to deliver a total of 29 health literacy training sessions which were attended by 403 people. NHS England have identified this training as an area of good practice and recognised its impact on addressing health literacy.

The Patient Information Panel use health literacy tools to support simplifying information to a target reading age of between 9 and 11 years. In 2023/2024 the Patient Information Panel reviewed 242 leaflets and additional information using health literacy tools.

### Letters Task and Finish Group

The letters task and finish group was established in February 2023 to review Outpatient letters sent to patients by the Trust through working in co-production with patient partners to improve accessibility and understanding. Regular meetings and in person letter sprints were held to confirm the use of letters, what the title of the letter should be called, if the letter type was still in use and then to design and agree standardised templates in a style and format that is accessible, to be used across the Trust in outpatients and other departments. The work to review letters, their content and additional information continued throughout 2023/24 and beyond the launch of the Electronic Patient Record Programme in April 2024. This work has been recognised by Dr Mike Oliver from Health Literacy Matters and showcased as an example of best practice to other organisations.

### Health Literacy Month – October 2023

A range of activities took place during Health Literacy Month to raise awareness of the importance in considering the terminology and phrasing used in patient information. Over 100 staff attended health literacy awareness sessions, some of which were co-delivered with a patient partner.

The library supported with health literacy stands at both sites, highlighting facts around literacy and numeracy, and a competition for staff.



Storytime sessions were held with children and young people on the paediatric ward, reinforcing the importance of engaging with literature and being able to read. Books donated through SaTH Charity were shared with children to encourage their continued interest and engagement with literature. One session was led by a local published author who read a number of his own stories and donated books to the ward.

## Health Literacy Plays a part in our Patients experience.

My name is Lynn I am a patient experience volunteer.

For the last few years I have been working with staff on the Patient Information Panel known as PIP. This is a fantastic opportunity for me as a patient rep to be involved in reviewing patient information. I have no NHS background so when I come across medical terms that I do not understand I speak up and by working together we look at alternative and more suitable wording.

It is important that all information sent to patients is in a language that can be easily understood, gives clear instructions so that patients know exactly what is expected of them.

Sharing my own personal experience and feedback from other patients I can honestly say that there have been times when the information received from SaTH has caused confusion. Until I started being involved with PIP, I had not appreciated how important the role of the panel was.

I find it extremely satisfying when at the end of a 3 or 4 hour meeting, we can look back at the information reviewed to see that we have made a difference. By making simple changes to wording, removing unnecessary information, explaining medical terms in a simplified way and most importantly reducing the reading age we really are helping our patients.

To help us review information, we use a health literacy readability tool. This tool acts as a guide for breaking down complex sentences as well as suggesting word changes. The outcome we want to achieve is a document that contains a language that is simple, clear and easy to understand.

I can see from the letters and leaflets submitted to PIP that staff spend a great deal of time and effort producing helpful patient information. After the panel have completed a review, we send the revised versions back to the sender to approve the changes. Hopefully the changes made help staff look closer at future information to be submitted.

Last year myself and a fellow volunteer, Greg, were invited to work with staff on the Letters, Task and Design group. One of the priorities was to look at the content of patient appointment letters. In our opinion there was important information that needed to be brought to the patients' attention at a much earlier point in the letter. With suggestions from everyone in the group and using the health literacy tool we quickly started to redesign the letter templates. It was amazing to see how quickly everyone began to get involved, the room was full of enthusiasm. At first some staff were a little concerned that certain information was being removed but once the letter templates started to take shape, they could see the benefits of the changes. It was great to be a part of this particular piece of work and to see the final agreed templates.

As a patient I am very proud to be working with staff who are committed to improving the patient experience through patient information.

By Lynn Pickavance

(Patient Experience Volunteer)



## Independent Complaint Review Group

In 2022/2023, an Independent Complaints Review Group was established to review and enhance the quality of complaint responses, thereby providing greater assurance to the Trust, stakeholders and regulators. The group comprises of five external reviewers, four patient representatives and an independent representative from another Trust. The group is chaired by a patient partner and includes members from the Complaints and Patient Experience Teams.

The group convenes quarterly and reports into the Corporate Patient Experience Group. All complaints responded to during the quarter are eligible for review, with the exception of those involving safeguarding concerns. The chair receives all complaint numbers and selects the case numbers to be reviewed, in an open and transparent process.

The complaint details, investigation reports, and all correspondence are anonymized before being shared with the independent reviewer. Each external reviewer appraises one or two cases before each meeting, completing a review template document to provide a structured summary of findings for discussion at the meeting.

A range of opportunities to improve complaint responses have been identified through the reviews, an example is using simple language to explain clinical information and terminology to ensure that information can be easily understood is a theme that has been highlighted. Health literacy training has been delivered to members of the Complaints Team, during 2023/2024, to increase awareness and reduce potential barriers in understanding when drafting responses. Tools have been shared with the team to support producing responses with a reduced reading age, and letters taken through the Independent Review Group are assessed for age of readability.

Whilst a range of opportunities for improvement have been highlighted and improvements made, the value of the feedback from independent reviewers is recognised and continues to be enhanced to support the review process.

The Independent Complaints Review Group was shortlisted in the Patient Experience National Awards (PENNA) 2023. The entry was shortlisted in the 'Partnership Working to Improve the Experience' category of the Patient Experience National Awards (PENNA) 2023 for work undertaken with Derbyshire Community Health Services, and our patient partners.



While not achieving winner of the category, the judges feedback was encouraging:

'A strong project which puts collaboration with stakeholders and service users at the heart of an independent complaints review process. You provide a good role model for other organisations and transferability is evident. Well done.'

'Appointing a patient representative as chair of the group demonstrates a clear commitment to working in partnership with patients as true and equal partners. There are clearly evidenced outcomes where the complaints service has benefited from the additional insight and oversight of

the quality of responses... 'In summary, this is a great piece of work, well executed and delivered through good partnership working with demonstrable outcomes, well done!'

'This is a really important area of work: a person who makes a complaint may have been let down by a service or individual but, if their grievance is dealt with fairly and compassionately, by an independent person, and is then explained clearly, that person can still go away satisfied and with an overall positive experience. The way this scheme works [is] really well thought through. There are no costs. It is simple. Not only does it deal with the complaints in a respectful and fair way, but is also used as a way to identify recurring issues and to identify good practice for sharing. The partnerships of people on the Complaints Review Board, who can bring a range of perspectives, expertise and experience is really impressive.'

'So much to love about this submission. The hunger to try something new, researching then then learning from good practice from DCHS, the inversion of the ladder or power and the commitment to drive change, and the detail of the submission. The simplicity of this approach makes it feel eminently transferable.'

'All institutions require a process to manage and learn from complaints to grow and improve as an organization - this idea takes the management and learning experience to the next level I liked the idea of bringing in a fresh set of eyes the independent group (for oversight) - I think it's a simple model to replicate and one that does not require fiscal commitment but can be instituted without additional costs.'

**Vasan who is a patient experience volunteer, was asked how he sees himself contributing to patient's experience:**

**I bring my experience of being on the receiving end as a patient and helping to improve.**

**Looking at complaints and patient experience as a third party objectively and providing a view.**

**Bringing my day job qualifications to the table to improve patient experience.**

**I am fortunate that I have a great employer who allows flexibility with my working hours, so I am able to fit volunteering around my day job. It means that sometimes, I have to do parts of my day job at different hours than usual and in fact the same applies to my volunteering work as well, I squeeze them into evenings and weekends as required.**

**Volunteers should come into the role with an open mind, they may find like I did that not all volunteer roles are the same. I was able to mould the role to my strengths and weaknesses and contribute in the best way possible for me.**

**By Vasan Srinivasan**

**(Patient and Carer Experience Panel, and Independent Complaint Review Group Member)**



## Participation in Research

The Participant in Research Experience Survey (PRES) is a national survey carried out across the West Midlands region by the Clinical Research Network West Midlands and NHS regional partners. The aim of the survey is to achieve two primary goals:

- To provide research participants with an opportunity to give feedback on their experience of taking part in research.
- To identify ways in which research practices and processes could be improved for the benefit of participants.

Researchers and study teams are encouraged to embed the delivery of PRES into research studies to ensure all participants are given the opportunity to share feedback on their experience. In 2023/2024, the Trust distributed 238 PRES and received 122 responses (91 paper 31 online). In the West Midlands region, SaTH was ranked 6<sup>th</sup> in terms of the number of responses received. The feedback demonstrated that 86% of participants were taking part in their first research study and that 84% of participants would take part in research again. PRES asks participants to provide details on the following questions:

- What was positive about your research experience?
- What would have made your research experience better?

A range of themes have been identified through the feedback, with the main positive themes being:

- Friendly/helpful and approachable staff:
  - Everyone involved was friendly and informative.
  - The team were very caring and took time to answer all my questions.
  - Staff were efficient and positive.
  - Staff are very friendly and easy to talk to.
- Helping others by participating:
  - Actively contributing.
  - Knowing that it could help future cancer patients.
  - Knowing that participation may help someone.
  - Hope to help other people.
- Reassured through close monitoring:
  - Extra monitoring.
  - Gave me an extra 2 years of monitoring with reassuring mammogram.
  - One to one with the same doctor and team.
  - The continued contact was reassuring.
- Frequent Communication
  - Very good engagement and plenty of information given.



- Being kept informed.
- Being kept up to date with email reminders regarding next part of research.
- Fully informed of what was expected of me and what I needed to do.

The main themes which would make the research experience better include:

- Parking

- Better parking at the hospital.
- Better parking. A nightmare on each occasion and must put people off continuing with the research.
- Free Parking.
- Transport to the hospital was difficult.

- Lack of study updates/results

- Overall success or failure of the trial.
- To get results of the study.
- Being informed about the research study updates.
- Knowing the results as I go along.

One of the aims of PRES is to identify ways in which research practices and processes could be improved for the benefit of participants. Nationally about 40% of participants comment on the lack of transparency on updates or feedback and results. In response to the feedback the Research Team now included exploration of this at study set up to provide participants with this information from the outset in terms of the frequency of updates or results they will receive and from whom. This is also being addressed at a national level and work is currently under way to ascertain good practice around communicating this information to participants. Incorporating a question on transparency of updates in the Health Research Authority Consent Form template is being explored to ensure this is addressed by Sponsors of the research projects.

Supplementary feedback highlighted that participants would like to be thanked for their participation in research studies. In response to this thank you cards have been created by the Research Team, in addition to piloting a participant event as a thank you and recognition for their time and participation.

**I was running out of options. Due to my symptoms, work was becoming increasingly difficult. I was considering ill-health retirement.**

**The trial felt like a last chance for me. I have now been well and in remission for 7 years.**

**Just got a new job 😊**



## Caring

### 12. Compliments

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

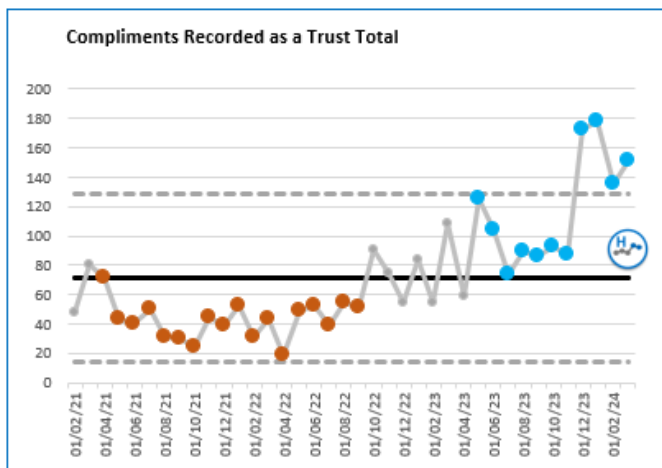


Figure 47 – Compliments Recorded as a Trust Total

A total of 1,354 compliments were captured and reported on Datix during 2023/2024, reflecting an improvement on the previous year (729) (Figure 47). 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 2024/2025.

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 (644), friendliness of staff (435), support for the patient (431), meeting the patient's needs (388), support for family (301), keeping the patient comfortable (269), clinical care (210), the outcome of treatment (131), emergency care (106), prompt treatment (97), end of life care (81), the Chaplaincy Team (32), and other themes (78).

A sample of compliments which have been received during 2023/2024 are:

#### Great Practice

I underwent cataract removal surgery recently. The whole experience from check-in to discharge was exemplary. All communication before, during and after the procedure was clear, thorough and delivered with sensitivity and empathy. The procedure itself was delivered calmly, kindly and caringly.

Additionally, the earlier pre-op experience was done with great sensitivity and empathy. It never felt rushed. I was encouraged to ask questions and seek clarity or a broader explanation of anything of concern to me. It was made very clear that I could get back in touch with the department at any time if I thought of anything (the phone number was highlighted for me). The staff were very calm, clear and kind.

When I am due the same procedure on my other eye I strongly suspect I will not feel the same anxiety as I did for this, the first time round. Thank you.

(Posted on Care Opinion)

My six year old daughter [name] has recently had the misfortune of being really quite unwell and, after several visits to our GP, it was felt that a paediatric assessment was necessary and so we were sent to PRH.

On arrival to CAU, [name] was quickly triaged by a nursing sister and nursing assistant who were both so kind and compassionate when seeing my very shy daughter.

It was immediately evident that the unit was operating under enormous pressure; several very sick children were in attendance and requiring intervention from both nursing and medical staff.

[Name] was assessed by a wonderful doctor who was so calm in her demeanour and very thorough in her examination. When she needed to have bloods taken, a play specialist was present to distract her and two doctors very skilfully managed to cannulate a combative six year old with no fuss whatsoever, all the while reassuring and explaining each step to her.

When waiting for my daughter's blood results, health care assistants diligently took her observations, offered refreshments and play specialists came to chat with [name] which, especially in light of how busy the ward was, really was so appreciated.

Later in the evening, we were seen by a paediatric consultant who, again, was so thorough in his assessment of [name] whilst also being kind and gentle in his manner.

We were discharged home with a prescription safe in the knowledge that every avenue had been explored and no stone had been left unturned by the medical staff.

I cannot thank each and every member of staff on CAU enough for their kindness, patience and diligence when treating [name] yesterday; I really can't convey how wonderful they all were.

Whilst the care we received was nothing short of exceptional, as with so many areas of the NHS right now, it was clear that the service was operating under enormous pressure. I'm aware that the reasons for these pressures are multifaceted but, if at all possible, I would like senior leaders within the organisation to be made aware of the extraordinary members of staff working under such pressure on CAU who, despite everything, are still providing the very best standards of care for their patients.

(Received via Email to the Patient Experience Team)

### 9 hour wait for 93 year old

My 93 year old mother suffered a fall on 16th April and was taken by ambulance to the hospital. Firstly I would like to praise the dedication and professionalism of the NHS staff and my comments no way reflect the excellent job which they do.

My mother arrived at 3pm and we left at midnight - 9 hours in A and E - the time she spent with a doctor (Who was amazing) was 20 minutes and the time with a nurse (Equally Amazing) 20 minutes so 40 minutes for treatment and 8 hours 20 waiting on a Tuesday afternoon/evening, heaven knows what it is like at the weekend! if you have to go to A and E please prepare for a very long wait!

(Posted on Care Opinion)

## Feedback to SATH regarding my time as an inpatient and subsequent follow-ups.

In summary, the feedback I wish to provide sings praises on my experience at Shrewsbury Hospital, with the key highlights being the care and treatment I received from the HCA's on the ward I was admitted to and the care and treatment I received from the IBD nurses and gastro consultants.

However, to truly understand how impactful they have been I need to set out some context: Before being admitted to hospital, I had spent the better part of 12-18 months struggling significantly with my health. Seemingly out of nowhere, I began experiencing stomach pains that became a constant feature of my life (By the time I was admitted I had forgotten what it was like to not have some form of constantly present pain in my stomach), this led to significant weight loss (I lost approximately 30kg over this period), a significant decline in my physical strength and constant fatigue. These physical symptoms slowly drained me away and made me a shell of the person I was, not just physically, but mentally and socially. For work, I am a police officer, in this role I being physically fit, and mentally switched on is essential to the dangers and risks faced in the role. I take a lot of pride in being able to define myself not just as a police officer but as a very successful and high-performing police officer, however, due to the pain and weight loss I was experiencing I had been put on restricted duties and was severely limited in what I was allowed to do until I could come to a point where my health situation had improved. I am also very physically active and being in good physical shape and actively exercising and going to the gym was also another major part of my life, going to the gym became almost impossible for me as I became more unwell. The effects of all these symptoms on my physical health, my career and my lifestyle essentially turned me into somebody who struggled to move, struggled to think and exist in the most minimal way imaginable. The impacts of all of this on my self-esteem and confidence I'm sure don't need to be stated and are likely obvious. I spent months trying to figure out the cause of this issue, trying various diets, and medications all with no success.

When I presented at Princess Royal Hospital with even worsening pain in my stomach, I was at a point where I assumed the pain-ridden, overly thin, sickly, and struggling person I had become was just my new normal. I went into A&E assuming the increase in pain was nothing more than appendicitis, which once addressed might make the pain not so severe but would most likely still leave with persistent pains and all the other issues I outlined previously. However, the doctors managed to pick up on my symptoms and informed me this was much more than appendicitis and that I would need to be transferred to Royal Shrewsbury Hospital.

While at Shrewsbury I was diagnosed with Crohn's disease. For most people, finding out they had a life-long auto-immune disease would make them feel awful but for me, this was the turning point I needed, and this was all thanks to the staff at Shrewsbury, the gastro team and the IBD Nurses. I believe all the staff who looked after me, picked up instantly that I was a very curious person who wanted to know as much as possible about what was going on, I didn't want simplified explanations given to make things easier for the patients. I wanted all the details, all the caveats, the potential outcomes, their thoughts and opinions, and very detailed answers to all my endless questions. In essence, I perceive that for very busy NHS staff I could easily become a very draining and time-consuming patient. However, despite this, the gastro consultants, the IBD nurses and the ward staff (specifically the HCA's) had no issue with this and gave me care in the exact way I needed it to be able to make sense of everything.

The Gastro consultants who saw me [names], from the moment I came into Shrewsbury seemed to have all the answers, they gave me a clear understanding of what they thought was the cause of my issues, explained to me all the next steps that were going to happen, outlining their plans

and what considerations they were making along the way. I found their clear direction and openness with me about the positives and the potential problems they were facing in treating me and I appreciated that when I made it clear I did not want anything to be dumbed down and that I wanted to understand everything and in a lot of detail they matched this. The seemingly very individualised approach the Consultants took in their interaction with me seemed to be echoed by the IBD nurses. They took a lot of time to understand what was important to me, what my main concerns were etc., and took all the time I needed to address every question I had and explain what the long-term treatment would look like.

I especially appreciated the regular phone calls I received from the IBD team, while I was an inpatient, if the IBD nurses were unable to get onto the ward to see me, they would usually call me on my mobile to check in and talk to me about their updates and discussions with the consultants. I found this very clever and time-efficient way to make sure that I was getting regular contact with the IBD nurses even if they could not come to the ward. The IBD nurse who stood out the most to me and who I would like to specifically praise is [name]. [Name] was not only fantastically knowledgeable about Crohn's but also spent a lot of time talking to me while I was on the ward, answering all my questions and taking the time to understand what was important to me to the point where she was able to anticipate what my questions or concerns might be.

Since being discharged, I have remained under the care of Dr [name] and the IBD nurses as an outpatient and the standard of care has persisted. Every time I have called the IBD team with questions about my treatment or any concerns it has been answered very quickly and with a lot of patience. At first, I would describe a lot of my initial queries and questions as pedantic, often with obvious answers upon reflection. Despite this, at no point has the patience and understanding shown by the IBD nurses wavered.

Overall the manner and approach taken by all the key staff I interacted with who looked after me while I was an inpatient and who have continued to manage my treatment has been perfect and has persistently been exactly what I needed at the exact right time. This helped turn, what should have been a stressful life-altering experience, into an empowering and overall positive change that gave me answers and solutions to all the problems I was experiencing.

My feedback so far has focused on how the treatment I received made me feel, however, I think it is also just as important to outline how effective it has been. Since coming to the attention of the gastro team and IBD team, because of the medical interventions and treatment they have implemented along with the lifestyle advice they have given me, all the problematic symptoms have been addressed. I have regained approximately 20kg of weight (good healthy weight and muscle, not fat), I have not experienced any stomach pains since being treated as an outpatient, I am now back working as a police officer and back to performing in my role to the standard I used to. I have regained a lot of my fitness and strength and I am back to my old routine of being in the gym 5 times a week. My confidence has improved ten-fold and my enthusiasm and energy for day-to-day life has also been reinvigorated.

Essentially, thanks to the gastro team, the IBD nurses and all the people who looked after me, I have had my life before becoming unwell given back to me. I am eternally grateful for this and hope all that I have outlined above are aware of the huge positive impact their medical skills and expertise have had on my life.

(Received via Email to the Patient Experience Team)

## Experience of Care Week

Three See it My Way lunchtime educational sessions were delivered during Experience of Care Week. These sessions provided an opportunity for staff to hear a digital patient story and take part in a reflective discussion with peers. These sessions were attended by 50 staff. Staff feedback highlighted the benefits of sharing the reflective session with other colleagues from a range of clinical functions and experience. Staff noted that they gained insights from the range of experiences presented in response to the digital story. It was noted that these sessions are of particular benefit to students, and they would benefit from being encouraged to attend these sessions as part of their learning and professional development.

During Experience of Care Week examples of patient feedback were shared with a wide range of Wards and Departments. 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:

The poster features the logos for 'Partnering Ambitious Caring Trusted' and 'NHS The Shrewsbury and Telford Hospital NHS Trust'. The main title is 'EXPERIENCE OF CARE WEEK 2024'. It lists four award categories with corresponding photos of staff and award medals:

- 1 THE FRIENDS AND FAMILY TEST**  
Ward 15 (PRH)
- 2**  
Ward 11 (PRH) and Ward 7 (PRH)
- 3**  
Ward 5 (PRH)
- 4**  
Ward 9 - (PRH)

Additional text: 'The Wards / Departments with the most improved FFT response rate during 2023/2024'. A row of icons at the bottom includes a heart, a ribbon, a speech bubble, a shield, a leaf, a DNA helix, and puzzle pieces.

Special recognition awards were additionally presented to:

Lynette Williams, Quality and Safety Facilitator, for driving forward the Reconditioning Games, always being engaged, enthusiastic, and encouraging staff and patients to take part.

The Catering Team, for being responsive to patient feedback and always seeking solutions to meet individual patient needs.

# EXPERIENCE OF CARE WEEK 2024



**Fertility**



## THE FRIENDS AND FAMILY TEST



**Ward 11 (PRH)**



**Endoscopy (PRH)**



The Wards / Departments  
with the highest FFT  
response rate during  
2023/2024



**Ward 7 (PRH)**



# EXPERIENCE OF CARE WEEK 2024



**Ward 4 (PRH)**



## LOCAL INPATIENT SURVEY



**Ward 14 (PRH)**



**Ward 6 (PRH)**



**DSU & SSS (RSH)**

The Wards / Departments  
with the highest  
satisfaction rate for the  
inpatient survey  
2023/2024



**AMU (PRH)**



## 13.Chaplaincy

The Chaplaincy Team has been through a period of transition to increase the chaplaincy provision and services offered across the Trust. The Lead Chaplain commenced in role during May 2023, providing strategic leadership within the Multi-Faith Chaplaincy Team. The Trust recognises the growing diversity across the faiths, beliefs and world views of the communities we serve, adopting a multi-faith approach to provide a model of pastoral, spiritual and religious care to meet the needs of patients, carers, people important to our patients, staff, and volunteers across the Trust.

The Chaplaincy Team is committed to the delivery of:

- Offering pastoral, spiritual and religious care to patients, the people important to them, volunteers, and staff.
- Regularly visiting wards and departments to offer support with pastoral outreach, ethical issues, anxieties, or challenging situations.
- Partnering with multi-disciplinary teams and local faith and belief groups.
- Conducting funerals, including bi-annual baby remembrance services for grieving families.
- Arranging memorial services for staff members upon request.
- Leading reflection services and occasionally officiating weddings during the delivery of end of life care.
- Accepting referrals from patients themselves, healthcare staff, people important to the patient, and other faith leaders.
- Providing training to staff members in a range of roles, including Junior Doctors, and the Health Care Support Worker Academy for new recruits across the Integrated Care System.
- Guidance for Honorary Chaplains and supervision for befriender volunteers.
- Recognition and celebration of a range of festivals and events for diverse faiths, beliefs and world views.
- Participating in speciality Patient Experience Groups, further enhancing collaborative working between the Chaplaincy Team and colleagues across a diverse range of specialities.
- Involved in developing and supporting each of the staff networks across the Trust.
- Providing a 24 hour, 7 day service to enable people in urgent need to access a member of the Multi-Faith Chaplaincy Team.
- A visible presence through the adoption of Chaplaincy shirts, clearly identifying the Chaplaincy Team presence within the Trust.

As the Chaplaincy Team has transitioned, there has been an increase in collaborative working between services and multi-disciplinary teams across the Trust. The work undertaken by the Chaplaincy Team exemplifies their commitment to delivering exceptional pastoral, spiritual, and religious care while actively engaging with healthcare professionals and stakeholders to raise awareness and further the field of healthcare chaplaincy.



During 2023/2024 the Chaplaincy Team have supported and undertaken



8,067 Patient Visits



3,498 occasions when staff were supported



6,094 pebbles and prayer tree messages hung in our Chapels



3,696 contacts with visitors



395 Communion



1,218 staff have attended training or awareness sessions



3 weddings for people at the end of their life



34 funerals



3 staff memorials



76 out of hours call outs

The number of visits made by the Chaplaincy Team to Wards and Departments across the Trust has increased markedly and reflects a high special cause improving variation. During 2023/2024 the Chaplaincy Team made 8,067 visits to patients, which can range from minutes to hours in duration dependent upon need (Figure 48). The majority of requests for a Chaplain to visit were made by staff (25.9%), the individual was known to the Chaplaincy Team (20.3%), someone important to the patient, such as a partner, family member or friend (18.4%), through the patient system (SEMA) (14.9%), patients themselves (11.9%), and from external faith leaders (8.5%).

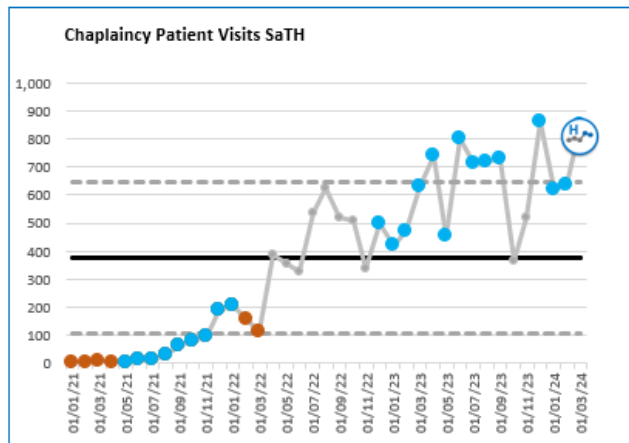


Figure 48 – Chaplaincy Patient Visits SaTH

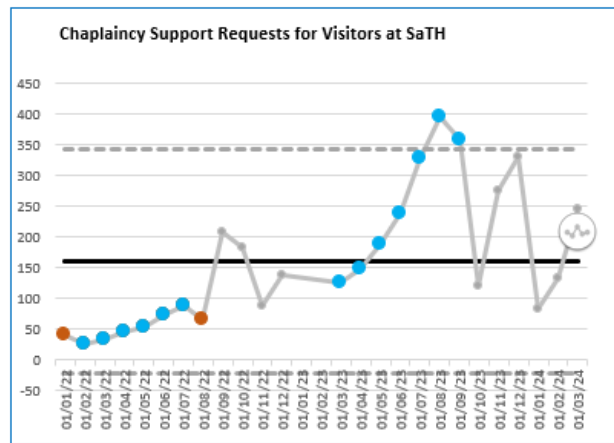


Figure 49 – Chaplaincy Support Requests for Visitors at SaTH

During 2022/2023 the Chaplaincy Team facilitated 69 last rites and end of life care visits, 34 occasions when a member of the team has been asked to officiate at a funeral, and 3 occasions for staff memorials. 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, and the people important to them.

The Chaplaincy Team have supported patients from a range of religions and beliefs on different occasions, including Church of England (3,766), Roman Catholic (2,025), other Christian faiths (1,374), Muslim (252), Buddhist (11), and other faiths, beliefs, and world views (639).

3,696 visitors have had contact with the Chaplaincy Team, with 1,174 being supported through requested visits (Figure 49), and others being supported through discussion (1,967), moments of mindfulness (309), prayers or communion (246), and more recently through support with SWAN end of life care refreshment vouchers.

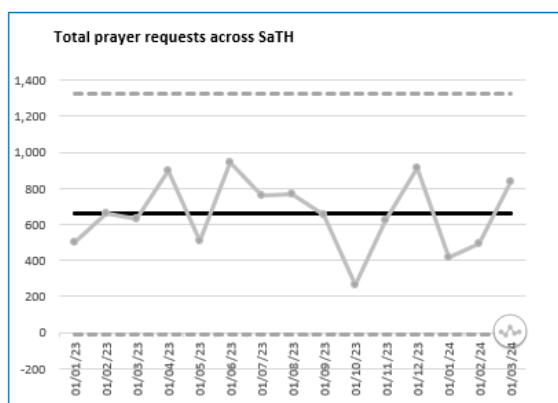


Figure 50 – Prayer Requests across SaTH

In 2023/2024 there were a total of 8,080 prayer requests, consistent to the number of requests received in the previous year 2022/2023 (8,158) and a significant increase in comparison to 2021/2022 (4,304).

The majority of prayer requests are for patients (58.2%), with an increasing number of requests being received for staff (25.2%), and people visiting the hospital (16.6%).

There were a further 4,989 pebbles placed into the pebble pool, 1,105 messages were left on the prayer trees, the majority praying for family members, or individuals, in memory, healing or general wellbeing, in addition to a smaller range of additional themes. Prayer tree messages additionally recognised world events and prayers for peace.

During 2023/2024 the Chaplaincy Team have supported staff on 2,313 occasions through requests for communion, prayers, and moments of mindfulness. Staff members or teams have contacted the Chaplaincy Team on 1,185 occasions to request a personal meeting, discussion or team visit for pastoral support.

## Chaplaincy Befriending Volunteers



**“Chaplaincy is a wonderful opportunity to meet those at their lowest ebb and deliver essential validation. Spiritual care is essential in the provision of holistic healthcare, and I am proud to assist in its delivery and to see the profound positive impact it has on patients and staff.”**

**“I appreciate the welcome received by patients and particularly the nurses and other support staff. In addition, I have had the privilege of meeting Louise Barnett CEO and it’s great to see how she values chaplaincy volunteers.”**

**“I have very much enjoyed working with the Chaplaincy Team. Many patients appreciate having an opportunity to chat. It feels good to simply sit and share part of the day with someone who may be anxious, fearful, or lonely and hopefully cheer them up a bit.”**

**“I enjoy being a Chaplaincy Volunteer – I feel very much appreciate on all levels: - by the Chaplaincy Team, by patients, by Ward staff – hugs/smiles when coming on to the Ward, and when meeting staff along the corridor, including pharmacy, and porters.”**

During 2023/2024 the Chaplaincy Team introduced Chaplaincy befriending roles, establishing a team of volunteers who undertake visits providing additional pastoral support to patients. The team presently incorporates 7 befriending volunteers, with further volunteers joining during 2024/2025 to increase the support available across the Trust.

A variety of faith backgrounds are represented amongst the befriending volunteers and Chaplains are promoting broad diversity in faith, beliefs and world views in support of their work. Volunteers offer their time and whole-hearted presence with all they encounter, meeting people where they are, and referring to a Chaplain when required for further assessment, support across the multi-disciplinary team, and management or follow-up assessments.

Feedback from patients, staff and the volunteers themselves is positive, with patients' feedback appreciating the additional source of contact, comfort and support the role offers.

The Chaplaincy Team is continuing to evolve the service provided across the Trust, providing pastoral care to patients, visitors, volunteers and staff of any faith, belief, or world view.

**Our sincerest thanks and gratitude for all your support and guidance throughout our very difficult time of losing our Mum.**

**You took the time to understand us as a family and how we wanted to express and deliver our eulogy.**

**We appreciate how you led the service with grace, dignity, and compassion which was how we wanted to honour our mum.**

**It was a memorial that we can remember with pride.**



## Recognising Festivals and Events

<p><b>April 2023</b></p> <ul style="list-style-type: none"> <li>• <b>Easter</b> An Easter egg hunt around the hospital engaged visitors, volunteers and staff in locating the eggs to claim one of 100 Easter egg prizes.</li> <li>• <b>Ramadan</b> Muslim Chaplains shared insight into their Ramadan celebrations and snack boxes were made available for Eid al-Fitr.</li> </ul>	<p><b>May 2023</b></p> <ul style="list-style-type: none"> <li>• <b>International Dawn Chorus Day</b> The Chaplaincy Team invited staff to join them in celebrating nature at 04:45 in listening to the dawn chorus. Recordings were captured as sounds such as birdsong are occasionally requested by patients visited by the Chaplaincy Team.</li> </ul>	<p><b>June 2023</b></p> <ul style="list-style-type: none"> <li>• <b>Shavuot</b> 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.</li> <li>• <b>Safe Places</b> To coincide with Learning Disability Week, the hospital Chapels were registered as Safe Places. Providing a safe place for anyone who may be frightened, lost, or in need of support.</li> </ul>
<p><b>July 2023</b></p> <ul style="list-style-type: none"> <li>• <b>Gathering of Remembrance</b> A Gathering of Remembrance was held for people who have experienced recent pregnancy or baby loss. The event was held on the Sabrina boat in Shrewsbury, providing a private environment for readings, music, and reflection providing a supportive environment in which to remember.</li> </ul>	<p><b>August 2023</b></p> <ul style="list-style-type: none"> <li>• <b>Raising Awareness</b> Presenting on the work of healthcare chaplaincy to FY1 and FY2 Junior Doctor cohorts.</li> </ul>	<p><b>September 2023</b></p> <ul style="list-style-type: none"> <li>• <b>Critical Care Away Day</b> The Chaplaincy Team supported two Critical Care away days presenting on the nature of their work, and were available for individual conversations with staff where needed.</li> </ul>
<p><b>October 2023</b></p> <ul style="list-style-type: none"> <li>• <b>Diwali</b> Children and young people in the hospital painted rangoli patterns to decorate the Chapels. Staff were encouraged to visit the chapels and take away a tea light to honour the festival of lights.</li> <li>• <b>Gathering of Remembrance</b> A gathering of remembrance was held for families who had experienced loss of an infant, coinciding with Baby Loss Awareness Week.</li> </ul>	<p><b>November 2023</b></p> <ul style="list-style-type: none"> <li>• <b>Armistice and Remembrance</b> The contribution of military colleagues, and ties between the Armed Forces and NHS were acknowledged within the Trust at special remembrance events in Captain Tom's gardens.</li> <li>• <b>Interfaith Week</b> The Chaplaincy Team attended the Shropshire Interfaith Group to present on the role of a Healthcare Chaplain. Increasing awareness and understanding of the Chaplaincy Team whilst strengthening community network links.</li> </ul>	<p><b>December 2023</b></p> <ul style="list-style-type: none"> <li>• <b>Advent</b> 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.</li> </ul>
<p><b>January 2024</b></p> <ul style="list-style-type: none"> <li>• <b>Lunar New Year</b> Calligraphies were made available as is traditional to bring good luck for the year ahead.</li> <li>• <b>Holocaust Memorial Day</b> Chapels participated in the national lighting the darkness initiative, burning candles to remember, reflect and stand against prejudice.</li> </ul>	<p><b>February 2024</b></p> <ul style="list-style-type: none"> <li>• <b>Time to Talk Day</b> A Butties Blokes and BeraeveMENT initiative was launched to coincide with Time to Talk Day, providing an opportunity to talk about loss and grief in a safe, supportive environment.</li> <li>• <b>Ash Wednesday</b> Ash Wednesday services were held at both hospitals enabling staff to attend.</li> </ul>	<p><b>March 2024</b></p> <ul style="list-style-type: none"> <li>• <b>Easter and Ramadan</b> To raise awareness a session was held with a Muslim and Christian Chaplain discussing their faith, sharing similarities and differences between the beliefs. The session provided an insight into traditions and practices to give people attending a greater understanding of the two cultures.</li> </ul>

### 14. Next Steps

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

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

#### **PALS and Complaints:**

- Expansion of PALS to include weekend working.
- Liaising with community groups to raise awareness of PALS.
- Embedding of new processes in the division to improve response rates and the quality of responses.




#### **Patient Experience:**




- Continue to recruit additional patient and carer representatives to become active members of the Speciality Patient Experience Groups and Patient and Carer Experience Panel.
- Facilitate focus groups, sharing survey results and co-developing priorities with patient partners to inform the Experience of Care Strategy.
- Further increase the use of digital stories across the Trust through collaboration with the Trust Education Leads to incorporate the voices of people with lived experience in training and development, and wider learning through reflective discussion groups.
- To build upon how feedback from people accessing services is captured and used to support improvements at a local and Trust wide level.
- Build upon health literacy work, encouraging people to ask questions about their health care to support them in making informed decisions.

#### **Chaplaincy:**

- Transforming the Chapels into shared Multi-Faith Rooms and broadening the range of activities and events hosted within the spaces.
- Increasing the number and diversity of the Chaplaincy befriending volunteers supporting patients across the Trust.
- Introducing OutoftheBox Stories (Deep Talk), an approach as a tool to support reflection, discussion, and wellbeing with staff and patients.
- Developing representation at regional and national levels in the College of Healthcare Chaplains through election to the national Organising Professional Committee, and attendance at professional conferences.
- Extending outreach across all areas of the Trust's estate.
- Working with the Cancer Navigators and Clinical Nurse Specialists to support people in their journeys and advanced care planning.

## Patient Experience 2023/2024

2023	
<p><b>April</b></p> 	<p style="text-align: center;"><b>Reconditioning Games</b></p> <p>Mr Motivator visited the Trust to talk to staff and patients about the benefits of activity in hospital. Mr Motivator made time to run through chair-based exercises with patients during his visit to the Discharge Lounge.</p>
<p><b>May</b></p> 	<p style="text-align: center;"><b>Coronation Fun</b></p> <p>Patients, visitors, and staff joined together in a range of Coronation celebrations across the Trust. Activities included royal themed bingo, balloon tennis, tea and cakes. The Catering Team additionally created a special menu to help patients mark the celebration.</p>
<p><b>June</b></p> 	<p style="text-align: center;"><b>Raising Awareness of Carers</b></p> <p>Events were held during Carers Week to raise awareness of unpaid carers. Each of the sessions was delivered by people with lived experience, incorporating topics on active listening, carers supporting people living with dementia, John's Campaign, and recognition and support of carers from the LGBTQIA+ community.</p>
<p><b>July</b></p> 	<p style="text-align: center;"><b>Sit with Hope</b></p> <p>In line with the Good Grief Trust national initiative to 'Sit with Hope', 25 plaques have been placed on benches across the hospital signposting people to advice, resources and support following a bereavement.</p>
<p><b>August</b></p> 	<p style="text-align: center;"><b>Support for People Living with Cancer</b></p> <p>The Personalised Care Team for Cancer Services held an open day for people affected by cancer. Stakeholders from Shropshire, Telford &amp; Wrekin, and mid Wales. People attending benefited from speaking with people from different organisations, having an opportunity to ask questions, and being able to take resources away.</p>
<p><b>September</b></p> 	<p style="text-align: center;"><b>PENNA Awards</b></p> <p>The Trust had two entries that were shortlisted and received recognition in the Patient Experience Network National Awards 2023. The Cancer Information, Support and Wellbeing App was shortlisted under the award category 'Innovative Use of Technology /Social /Digital Media'. The Independent Complaints Review Group has been shortlisted in the 'Partnership Working to Improve the Experience' category.</p>

<p><b>October</b></p> 	<p><b>Breast Cancer Awareness Month</b></p> <p>A member of the community who had received breast screening and follow-up assessments recognised the importance of people feeling comfortable at their appointment. To support patient dignity, she created capes for people to wear if they prefer during their breast screening appointment.</p>
<p><b>November</b></p> 	<p><b>Trust Awards</b></p> <p>The Trust awards recognised the impact that a volunteer partnership contribute in their roles across the Trust. Regularly supporting the Phlebotomy Team, Discharge Lounge and manning the volunteer desk to support people visiting the Trust in wayfinding. The positive impact they provide was recognised in them winning the Trust Volunteer of the Year Award 2023.</p>
<p><b>December</b></p> 	<p><b>Equality, Diversity and Inclusion Stakeholder Groups</b></p> <p>Three stakeholder events were held during December 2023 providing service users, patients, staff, community groups, public and stakeholders an opportunity to review actions being taken to address inequalities in accessing healthcare services.</p>
<b>2024</b>	
<p><b>January</b></p> 	<p><b>Experience Based Co-Design</b></p> <p>Experience Based Co-Design exercise was undertaken at the Community Diagnostic Centre. Patient representatives supported staff with the data collection and participated in a focus group to review findings and co-identify improvements.</p>
<p><b>February</b></p> 	<p><b>Seeking Feedback on Experiences of Care</b></p> <p>A survey was launched to seek feedback from people accessing services within the hospital, patient representatives, community members, and staff. The feedback will help to identify priorities and support focus group discussions to inform the development of a new experience of care strategy.</p>
<p><b>March</b></p> 	<p><b>Teledermatology Service Launched</b></p> <p>A new teledermatology service was launched to help patients achieve a faster diagnosis and treatment for skin cancer. GPs can refer into the service, enabling photographs to be taken.</p> <p>Remote triage enables the Dermatology Teams to review quicker lesions quicker. Providing patients easier access to diagnostic checks, and an improved experience of care.</p>





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

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**Our Vision** To provide excellent care to the communities we serve

