

Reporting to:	Trust Board – 2 February 2017
Title	Complaints & PALS Report October – December 2016
Sponsoring Director	Julia Clarke, Director of Corporate Governance
Author(s)	Julia Palmer, Head of Patient Experience & Complaints
Previously considered by	
Executive Summary	<p>The purpose of this report is to provide the Trust Board with an overview of the formal complaints and PALS concerns received by the Trust during quarter 3 and provide assurance that the Trust is handling complaints in accordance with the regulations. In quarter three, the Trust received a total of 107 formal complaints. This represents an 18% increase in the number of formal complaints received compared to the same period in 2015/16. The report includes the actions and learning from complaints.</p> <p>There were 160 Freedom of Information (FOI) requests in quarter three. A number of actions have been taken to improve response times from Departments to requests.</p>
Strategic Priorities	
1. Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	<input type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	<input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community and Partnership	<input type="checkbox"/> Develop the principle of ‘agency’ in our community to support a prevention agenda and improve the health and well-being of the population <input checked="" type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5. Financial Strength: Sustainable Future	<input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTC) lists, and streamline our internal processes we will not improve our ‘simple’ discharges. <input type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural

	<p>imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment</p>
<p>Care Quality Commission (CQC) Domains</p>	<p><input type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led</p>
<p><input checked="" type="checkbox"/> Receive <input type="checkbox"/> Review <input checked="" type="checkbox"/> Note <input type="checkbox"/> Approve</p>	<p>Recommendation</p> <p>The Trust Board is asked to REVIEW the report and NOTE how feedback received is being used to improve services and encourage shared learning to provide a better patient experience.</p>

COMPLAINTS & PALS REPORT OCTOBER TO DECEMBER 2016

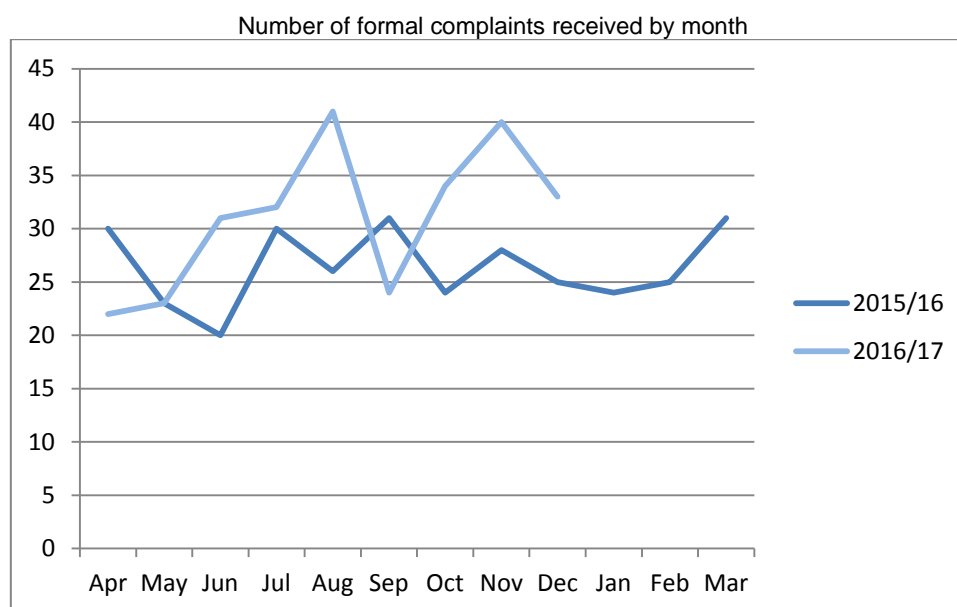
1. Introduction

The purpose of this report is to provide the Trust Board with an overview of the formal complaints and PALS concerns received by the Trust during quarter three (October to December 2016). The report outlines the Trust's performance and includes the trends and themes arising from complaints and PALS contacts. The paper also includes an update on Freedom of Information (FOI) requests.

2. Formal complaints received

In quarter three, the Trust received a total of 107 formal complaints. There has been an 18% increase in the number of complaints from the same period last year, which is felt in part to be due to a change in the processes for determining whether a concern is logged as a complaint or as a PALS contact. The increase also reflects the increase in activity as the Trust goes into the winter period.

The graph below shows the number of formal complaints received by month in comparison with the previous financial year.



3. Performance

The Trust is required to acknowledge all responses within 3 working days. The Trust achieved 100% compliance with this requirement. All complainants are also telephoned by the Case Manager to confirm the issues identified for investigation, outline the process and timescales and provide a personal contact moving forward. A formal written acknowledgement is then sent to the complainant, enclosing a simple leaflet that explains the process and options if they remain dissatisfied once the investigation is complete. They are also asked if they would be happy for their experience to be shared as part of wider learning for staff during training sessions.

The timescale for responding to each complaint can depend upon the nature of the issues raised and the level of investigation required. For the majority of complaints the Trust aims to respond within 30 working days; for more complex complaints, for example, those involving a number of different specialties/organisations or a serious incident that requires a root cause analysis, a longer timescale for response is agreed with the complainant allowing time to undertake a thorough and fair investigation – this may take up to 60 working days to complete. Where delays occurred, regular contact was made with the patient/family to keep them updated. In more complex cases the Case

Manager will also telephone the complainant when the investigation is complete and the response prepared to provide an opportunity for a sensitive and sympathetic conversation. During quarter three 44% of complaints were closed within the agreed timescales and 81% were closed within 10 days of the agreed timescale. There are a variety of reasons why a complaint is not closed within the timescale initially agreed, such as the investigation proving more complex than initially thought or staff from whom a response is required being away from the Trust. Where the Trust is unable to fully respond within the response time initially agreed with the complainant, in 100% of cases the complainant was kept fully informed of any delays and a new response date agreed. All overdue complaints are closely monitored to ensure that delays are kept to a minimum and the complaints team are reviewing processes in order to increase the number of complaints that are closed within the agreed timescale.

17.78% of the complaints closed during quarter three were not upheld, 40% were partly upheld and 42.22% were upheld. Year to date figures (i.e. the first three quarters) for closed complaints are as follows:

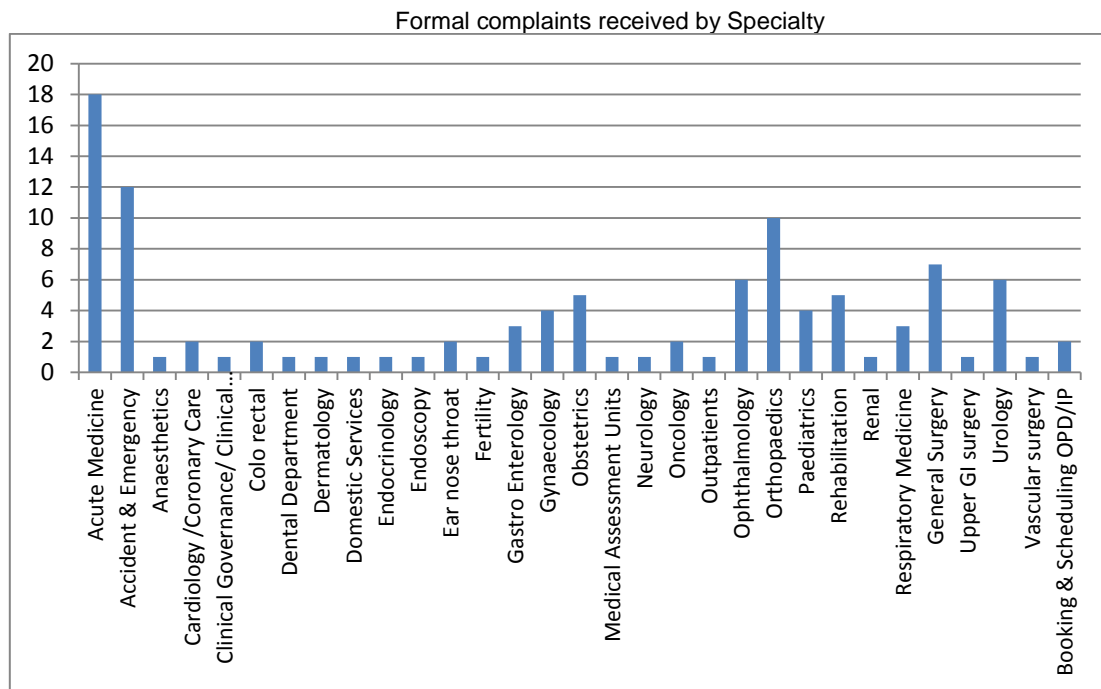
Not upheld	29%
Partially upheld	44%
Complaint upheld	27%

4. Formal complaints by specialty

The top specialties receiving complaints during the quarter were:

Speciality	Quarter three
Acute Medicine	18
Accident & Emergency	12
Orthopaedics	10
General Surgery	7
Ophthalmology	6
Urology	6

The graph below shows the overall trend of the specialties that received complaints during quarter three. Acute Medicine and Emergency Medicine have a higher number of complaints due to their level of activity.



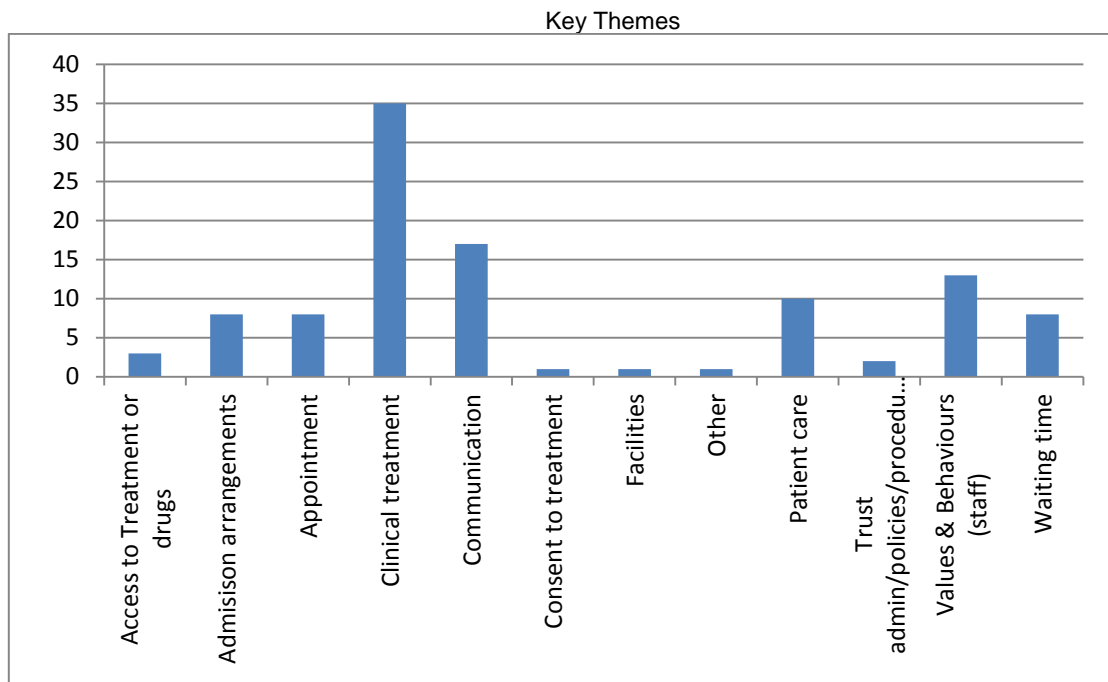
The number of complaints received by Orthopaedics has increased since previous quarters but no trend has been identified at present. This will be investigated with the centre manager.

Respiratory services had received a high number of complaints in quarter two which was thought to reflect the higher number of respiratory emergency admissions during this period. The number of complaints in quarter three has decreased and there are no concerns about this area.

5. Key themes

In April 2015, the Department of Health increased the frequency of complaints data collection and at the same time, introduced new subject codes for use by all Trusts. This means that changes have been made to the way in which the Trust records key themes identified in complaints to meet Department of Health requirements; because these changes are so significant it makes it difficult to draw comparisons with previous years in some areas.

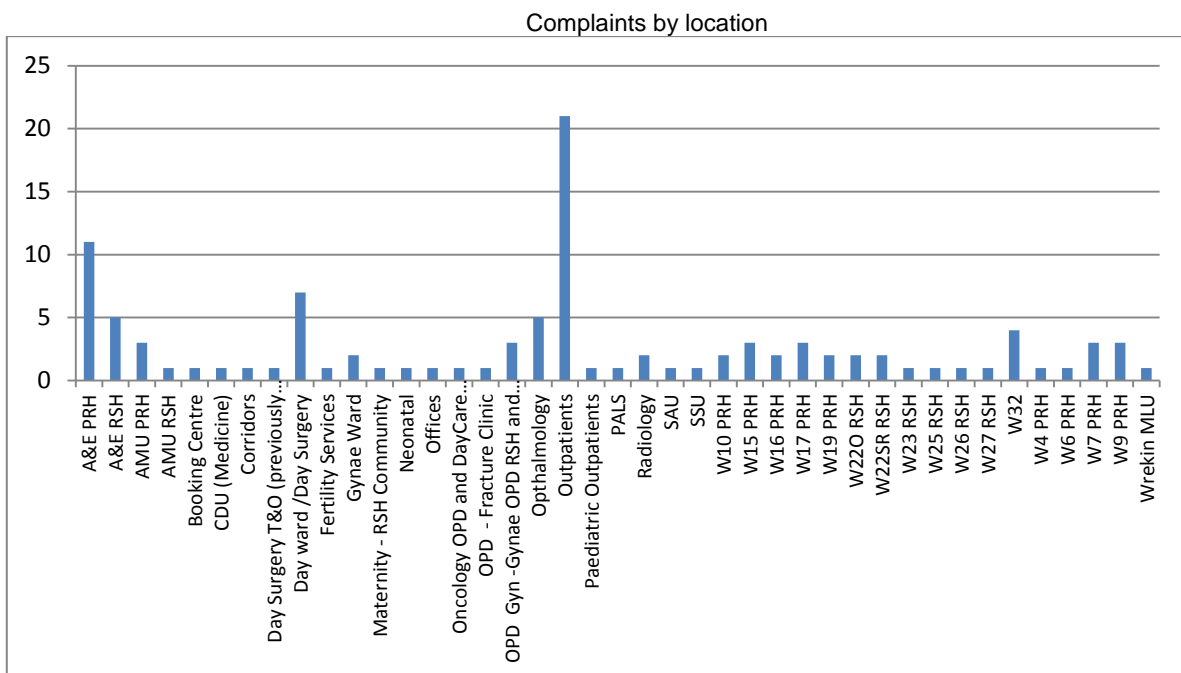
Each complaint may be multi-faceted, particularly where the complaint relates to inpatient care that involve the multidisciplinary team or events over an extended period of time. Each issue identified in the complaint is recorded which means that the total number of issues will exceed the number of formal complaints received. The graph below shows the number of complaints for the main themes identified in the complaints received each quarter.



Clinical care/treatment relates to all aspects of a patient's treatment, both medical and nursing. A further breakdown can be found at appendix one.

6. Formal complaints by location

Due to the high volume of patients seen and the nature of the specialty, some areas consistently receive a higher number of complaints than others. In the same way that each issue is recorded in a complaint, all locations are also recorded so the number of locations may total more than the number of complaints received. The following wards/departments have received complaints within quarter three. Matrons and Heads of Nursing are kept informed of this information and where trends are emerging, the Matron works alongside the Ward Managers to address this. Cases which involve medical staff are copied to the Care Group Medical Director and Clinical Director for action.



7. Actions and learning from complaints

The Trust recognises the importance of learning from complaints and using the valuable feedback obtained to reflect on the care we provide and take steps to improve services for future patients. When service improvements are identified following investigation of a complaint, staff now develop action plans that are monitored until complete. Some of the significant changes made as a result of complaints received are as follows:

- Where two patients with a similar name are on the same ward, they will be nursed in different parts of the ward where possible and an alert will be placed on the ward whiteboard to ensure staff are aware of the potential for error.
- Ensure joint working between SATH and RJAH booking teams regarding follow-up clinics and sharing of information on prior bookings
- New process regarding booking private theatre sessions to ensure all arrangements are in place before patient is given a date.
- Additional information leaflets printed to be given to patients prior to the procedure.
- A standard operating policy is to be developed relating to the process for transferring patients to other hospitals to ensure that where a wait for a bed exceeds an agreed timescale, the hospital then starts the process of contacting other centres to ensure that the patient is transferred as quickly as possible.
- The Viability Lead Nurse has arranged additional training on the ward, using the anonymised complaint as a case study.
- Neonatal feeding guideline is being updated to provide more clarity and triage cards and checklists are being developed to support midwife conversations about breastfeeding support and assessment of neonatal health.
- All cleaning on public corridors is now done using battery operated machines to avoid having trailing cables.
- The Dementia Nurse Specialist is working closely with ward staff to deliver training on caring for agitated patients.
- In a number of complaints, individual members of staff have been given the opportunity to reflect on the experience of the complainant and the impact of their actions and/or words, and have been able to review their practice.

The complaints team are reviewing the current systems for logging learning and actions from complaints to ensure that this is logged robustly and that all actions are followed up and fully implemented. A new process has now been introduced whereby all complaint responses are sent to the relevant clinical director or matron or head of department with a request that the investigation is shared at the relevant governance meeting to enable wider learning from complaints.

8. Parliamentary & Health Service Ombudsman (PHSO)

Where a patient or relative remains dissatisfied following the Trust's response to their complaint, they may forward their complaint to the Parliamentary & Health Service Ombudsman for review. On receipt the Ombudsman will undertake an assessment and may take the following options:

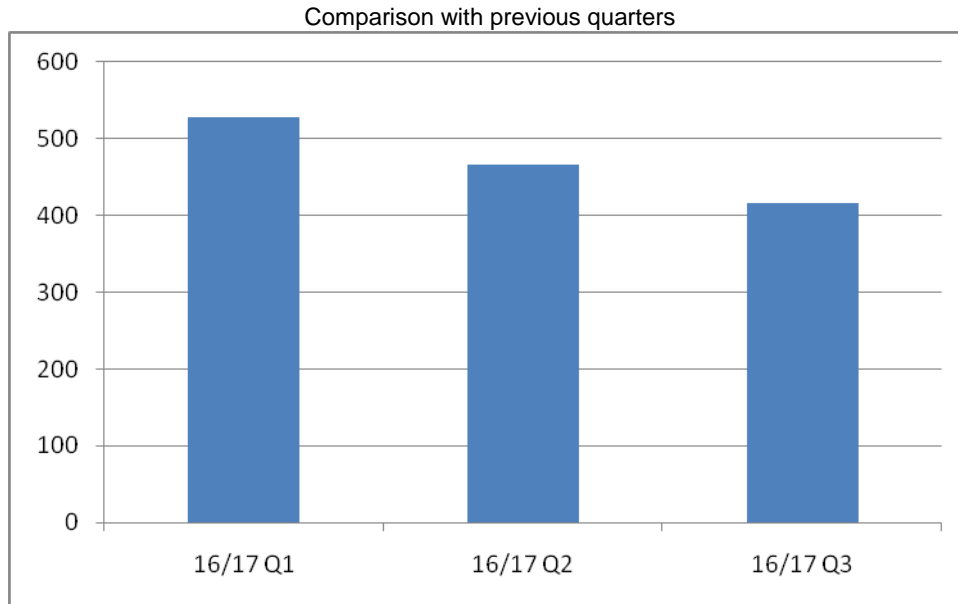
- Ask the Trust to take further steps to resolve the complaint
- Close the case without investigation
- Decide to investigate the case further.

During quarter three, the Trust was not notified of any new cases referred to the Ombudsman.

During quarter three, the Ombudsman concluded two investigations; neither complaint was upheld.

9. PALS

PALS is the first point of contact for patients and relatives wishing to raise concerns about their care and with prompt help these can often be resolved quickly. The majority of contacts are by telephone or in person. During quarter three, the PALS team handled 416 contacts. This number has reduced slightly from previous quarters due to changes in the process for determining whether a concern raised is a complaint or a PALS contact.



Main themes arising from the concerns raised via PALS

The majority of PALS contacts relate to concerns about appointment issues (primarily appointment availability, waiting times and cancelled appointments), and communication (primarily with the patient).

The majority of PALS contacts come from the following areas:

- Orthopaedics
- Gynaecology
- General Medicine - Acute /Other unspecified
- Ophthalmology
- Accident & Emergency
- General Surgery

Examples of PALS cases are included at appendix two.

10. Patient Feedback

In addition to the feedback we receive via PALS, patients and relatives may publish and share their views of the hospital and their care on the NHS Choices website. Once a patient or carer publishes their comments, these are all acknowledged by the PALS team and forwarded to the relevant department. The information posted on NHS Choices is anonymous and sometimes it is not possible to identify any further details such as the speciality involved or the location. Where a patient shares a negative experience they are invited to contact PALS to enable the team to investigate further.

During quarter three, 19 comments were published on the NHS Choices website. 68% (13) of these were positive, 32% (6) were negative.

The area that received the most positive comments was the A&E Department. Of the 13 positive comments received on the NHS Choices website, four involved the A&E Department. Some of the

negative comments raised were the attitude of staff and lack of communication. All comments received are forwarded to the departmental manager for review and action.

Examples of positive and negative comments are included at appendix three

Letters of thanks

In addition to the feedback give via NHS Choices and the Trust's website, 82 letters of thanks and appreciation were received by the Chief Executive during quarter three. This is in addition to the cards and letters sent to wards and individual members of staff. Each letter received by the Chief Executive was acknowledged and a copy of the letter sent to the ward, department or individual involved. This service has now been taken on by the Communications Team so that the positive feedback can be more widely shared through social media and individuals from the senior leadership Team can take the letters to their buddy ward. They are also invited to nominate the members of staff for the new Values in Practice (VIP) Award.

Examples of letters received are included at appendix four.

11. Bereavement

The Bereavement Service has continued to work closely with the End of Life Care team during quarter three to enhance the care and support given to grieving families. It is important to guide and support grieving relatives and allow them to continue with their lives as they make preparations for the funeral of their loved one. A significant area of unnecessary delay and added distress is the delay in issuing the Medical Certificate of Death, which then has to be registered with the Registrar of Births, Deaths & Marriages. The PALS Team has worked with both A&Es to make the experience less distressing for relatives and has improved the service offered by enabling the family to come to the PALS office to collect the death certificate rather than having to return to A&E. At the end of quarter three the PALS office at RSH moved back to the main wards corridor, to be more visible to patients. This released an office for the Registrar of Deaths to come on-site so relatives can register the death on-site instead of having to then go to Shirehall after collecting the death certificate. This office will also provide a base for the End of Life Care Team, led by Jules Lewis and two recent appointments to have a base close to the wards and the PALS Team which should provide a much kinder and joined-up service for relatives.

12. Complaints & PALS Services

A new head of department has been appointed and is reviewing the complaints and PALS processes to identify where changes can further improve the service provided. She will be liaising with the education team to look at what training can be offered to staff in the Trust to ensure that all complaints and PALS are dealt with promptly and effectively. In addition links with clinical departments will be strengthened to enable learning and changes in practice from complaints and PALS contacts to be shared across the organisation and embedded to ensure that patient feedback leads to improvement.

13. Freedom of Information (FOI)

The Trust receives an average of 50 Freedom of Information requests each month; many of which are complex. There is a time limit of 20 working days to provide a response.

Table 2 – Overview of FOI requests April - December 2016

Month	Received	Answered within 20 days	NOT answered within 20 days
April	51	10	41
May	45	21	24
June	62	25	37
July	46	17	29
August	65	17	48
September	32	7	25
October	58	54	4
November	61	57	4
December	41	14 (22 not due yet)	5

Table 2 – Responding department - April - December 2016

Department	April - June	July - Sept	Oct - Dec	TOTAL
Corporate	20	28	17	65
Estates	2	3	7	12
Facilities	5	4	6	15
Finance	20	13	20	53
Infection Control	0	2	7	9
Information	23	16	5	44
IT	11	14	13	38
Nursing & Quality	8	7	3	18
Pharmacy	7	9	6	22
Procurement	4	2	13	19
Radiology	3	1	8	12
Scheduled Care	10	3	3	16
Support Services	4	6	12	22
Unscheduled Care	13	6	1	20
Women & Children's	5	11	11	27
Workforce	21	18	12	51
Grand Total	156	143	160	459

Improvements

A number of actions have been implemented recently to improve FOI handling:

- The FOI policy has been uploaded to the 4policy system for dissemination to senior managers and heads of service, along with key points and a test to emphasise the importance of responding to FOI requests in a timely manner. To date 30/78 managers have accepted the policy
- One minute brief issued to all staff

Recommendation

The Board is asked to consider the report and note some of the changes being made to improve services in this area and more generally across the Trust

Complaints & PALS Q3 Update

Detailed breakdown of complaints themes

Of the 35 complaints that related primarily to clinical treatment, 31 related to medical staff, one related to midwifery staff, one related to nursing staff and one did not specifically relate to a staff group. 14 of the complaints relating to clinical treatment were about an alleged delay or failure in diagnosis however only two of these were upheld.

Complaints relating to clinical treatment during quarter three have been broken down as follows:

Clinical treatment	35
Clinical care - other issue	3
Delay/failure to diagnose (inc missed fracture)	14
Delay in treatment	4
Dispute over diagnosis	2
Slips, trips and falls - unwitnessed	1
Incorrect procedure	1
Delay/failure to monitor observations	1
Delay/failure to order tests	1
Post treatment complications	5
Delay of failure to undertake scan/x-ray	1
Delay/failure in acting on reports	1
Incorrect diagnosis	1

There were 10 complaints relating to patient care in quarter three; these have been broken down as follows:

Patient care	10
Care needs not adequately met	2
Slips, trips and falls - unwitnessed	1
Failure to provide adequate fluids during admission	1
Failure to adopt infection control measures	1
Multiple moves to wards	1
Patient care - other issue	1
Acquired Pressure ulcer (not present on admission)	3

The Trust received 77 complaints during quarter three where medical staff were involved. The top specialties receiving these were the A&E, General Medicine and Orthopaedics.

During quarter three there were 30 complaints where nursing staff were involved and two involving midwives. These have been broken down as follows:

Access to Treatment or drugs	1
Admission arrangements	2
Appointment	1
Clinical treatment	7
Communication	4
Consent to treatment	1
Patient care	8
Values & Behaviours (staff)	6
Waiting time	2

During quarter three, there were 17 complaints about communication which have been broken down as follows:

Communication with patient	7
Communication with relatives/carers	4
Conflicting information	2
Delay in giving information/results	1
Incorrect/inaccurate information given	2
Incorrect/no information given	1

Examples of PALS Cases

A family raised a number of concerns about a patient's care on the ward. A meeting was facilitated between the family and ward staff which enabled staff to answer all questions and provide reassurances as well as agreeing changes in the patient's medication and therapy arrangements.

A patient raised concerns that there were too many patients booked into the clinic she attended and they all had to wait a long time to be seen. In addition, the doctor didn't seem to have access to all of the notes. This was referred to the Operational Manager who was able to address these issues with relevant staff and put in place measures to ensure that situation does not arise again.

A patient's husband contact PALS with concerns about his wife's care following surgery. The matron for the ward met with the patient and was able to reassure her and answer her questions, as well as agreeing some targeted support for the patient with ward staff.

A patient raised concerns about care on the ward, including problems with cannulation, poor communication, and ECG tabs being left on. The ward manager was able to share concerns with staff and review practices.

A patient's mother raised concerns about the way in which a doctor delivered sensitive and difficult news to a patient. It was acknowledged that this case should have been handled differently and the communication of doctors to patients was reviewed.

Examples of comments from NHS Choices

Some of the positive comments received were as follows:

Many thanks for the treatment received by my son over the last 4 weeks, having broken his arm. The staff in A&E, Xray, Plaster Room and the Fractures clinic were all very helpful and I felt confident in the advice and treatment you gave. A special mention should go to the plaster room staff, both the putting on and removing of plaster were done by some great staff who put my son at ease whilst doing their work, thank you.

NHS at its best, caring supportive and kind.

I've had 2 admissions in a short time. The medical and surgical care have been outstanding and very person centred and caring . I was kept informed at every stage and all my questions answered with patience and clarity. The nurses, Healthcare assistants, cleaning staff, kitchen staff, admin were welcoming, friendly and kind despite working under considerable pressure and constraints. Coming from Ireland where most people pay for healthcare (100€ for casualty visit) i cannot praise the NHS enough. It really is amazing what they do day in day out and I've seen this from the inside. RSH treated me and set me on the road to recovery and i am so grateful.

Went to A&E department and was very impressed

I arrived at the department having driven myself with quite bad blood loss ... reception staff very friendly helpful and understanding. I was seen very quickly despite being told it was a level 4 day which can carry lengthy delays, the care I received was second to none. The doctor I initially saw quickly diagnosed me and knew the correct treatment. I was well looked after by the nurses who were again very friendly, one of them even wheeled me to x ray because there wasn't a porter immediately available. I was transferred to the surgical assessment unit where I quickly saw a knowledgeable and caring consultant, they suggested I could be admitted if I wanted, I chose not to as I was on the mend and knew there was a shortage of beds. I was bought up being told by my parents not to go to a hospital or call an ambulance unless blood was gushing, it was break or something very serious so I haven't used an NHS hospital or any faculties for about 20 years. Considering the press that the NHS sometimes gets i walked in thinking it was going to be a difficult or lengthy experience but I really couldn't recommend the NHS facility in Shrewsbury More highly, everyone in that hospital was superbly kind and caring to me in what was a stressful day for the department with it being so busy. I would highly recommend the use of the facility to anyone who really needs to go to hospital. Let's hope the bean counters don't close it, it's a great thing for the town to have such a great hospital. Thank you to everyone who looked after me so well today.

Excellent treatment

My wife visited x-ray 2 recently and her experience was very good. the staff, treatment and waiting times were very prompt. Well done to all the hardworking staff,

Some of the negative comments received were as follows:

Left outside ward for hours

Arrived 0700hrs as my letter. before even reached desk was asked name by receptionist too impatient to wait for me to reach their station. I was told to wait outside the ward, I was 3rd on list but no beds. I joined another couple in corridor outside a side ward, which was crammed full of broken beds and a few plastic chairs against wall. We had to shuffle between broken beds to get a seat with no leg room to move. When others arriving see us they said oh no not again. They had also arrived week before for surgery only to wait in this place to be told cancelled at midday. Gentleman I sat with was diabetic & had gone through

the same the previous week. What a stressful way to await surgery! No one took my details and hours later a senior passed and called over don't worry we have a plan. We sat feeling anxious about what that may be. After 4 hours I asked if any news, 'no' was the answer. Was there anywhere else I could sit? No the day room was full of patients. I watched people leave ward for surgery & continued to feel stressed. Other people waiting were called in then told go back outside until bed ready. We tried shuffle our chairs away from dirty vent that belched an awful smell. Late afternoon I was taken to the nurse manager office where details were taken, still no beds. Staff were under pressure to move me but had no idea where to. Was told won't be long before your op, I was fully clothed with no bed in a manager's office? When a bed came up I was taken to it where workmen were on ladder repairing a leak. One fell from the ladder when adjusting pipe in ceiling gave way, and the workman with the ladder fell towards me. The workman denied an accident when staff came running & disguised their hand which was hurting. Confusion continued as staff thought I had seen anaesthetics team & surgeons nurse came & rattled at great speed the procedure. Everyone was in such a panic to process me now they finally had a bed. It was very late afternoon before my surgery which went well. More chaos outside theatres with staff pushed to limits. back on ward physio had gone home so no crutches for me to mobilise. No one could say if should be weight bearing, just wait till morning to ask. Several staff were helpful other hca staff unable operate equipment properly. Dreadful night of worry watching people struggle without enough support I was anxious to leave. Staff nurse was helpful & surgeon & team were excellent. Ward not v clean, explained I had vomited which they knew because they said could hear me but did not offer support or concern? No one had cleaned the area. From 6am to 9am I waited for hot drink (nothing available during night I did ask) I was desperate to get home. A patient volunteer stood over me with hca present to ask if would recommend ward!! Should we not get feedback form to complete in private? I'm glad whole experience us over. Staff did their best with what they had, obvious some staff unhappy.

Long awaited neurology appointment.

After waiting over 7 months to see a consultant with our 17 year old daughter, who has poorly controlled intractable epilepsy, we were not impressed by the brevity of our appointment or quality of treatment. We were asked for her history, she was briefly examined and the consultant quickly gave us their recommendations before firmly shepherding us out the door with no time for questions. I managed to ask one question, relating to a recommendation given by a consultant where we lived previously, they scarcely could answer us. It seemed to us that they had not taken in the letter sent to them via records from the last time that we managed to seek advice in Scotland (from a kind neurologist doing the best they could for our daughter). This consultant in Shrewsbury was polite to us, and kind enough to our daughter but the drive to the hospital and the anticipation felt a waste of time ... the first time I have felt this in our daughter's treatment. We don't even know whether it is fully the fault of the system and problems in the NHS or a lack of true care from the "professional" involved. We'll have to wait and see what their recommendations are ... it is not even clear how those will reach us and whether we are supposed to make decisions on the medications ourselves.

Not listened to at all

I attended the ambulatory care unit 22/9/16 with a recurrent abscess. Having suffered with these for many years, I explained that they don't respond to antibiotics and need draining. The registrar I saw was totally unapproachable, refusing to listen to my thoughts and doubts. They prescribed antibiotics and said I would have a follow up appointment in 2 weeks. However the letter I was given stated 4 weeks. In the last week the abscess has burst and reformed twice; during that time I have suffered with nausea and high temperatures. Having seen my GP today, they felt, because of the wording of the discharge letter, that they were unable to refer me again. So the current situation is the abscess is reforming and I have all the symptoms of a systemic infection; this coupled with severe pain. So would I recommend the unit? Not if you see the same registrar as I did

Extracts from a selection of thank you letters

The Shrewsbury and Telford Hospital 
NHS Trust

Thank you . . .

I would like to express my thanks to Kay (I'm afraid I don't know her surname) for rescuing the book I left behind when attending a mammography appointment at Telford and for taking this to Shrewsbury for me to collect.

A very caring individual who acted professionally during my appointment and then went to considerable effort to reunite me with my library book. Saying she went the extra mile is an understatement. Thank you.



The Shrewsbury and Telford Hospital 
NHS Trust

Thank you . . .

"Because of very high blood pressure and consequent TIA, I was [recently] admitted to Ward 15.

If a stay in hospital can possibly be described as 'enjoyable' then this was it!! Everyone was so kind, helpful and pleasant. Mark was a real star!!

Dr. Sinah was brilliant, getting my [blood pressure] down ASAP. Had it not been for everyone's input, I may not have been looking forward to a 'Merry Christmas'.

My very best wishes to everyone at PRH Telford."



The Shrewsbury and Telford Hospital 
NHS Trust

Thank you . . .

Following a fall at home on Monday afternoon, and subsequent visit to A&E at Shrewsbury, the attention I received was second to none—in fact fantastic!!!!

I think the nurse practitioner was called Duncan, along with nurses (sadly I didn't note their names). X-ray was very, very good and a broken wrist diagnosed. I was given an appointment at the fracture clinic, where again attention was first class.

The team then arranged surgery at Oswestry, where they had a gap in their operating list. Again all great. Now home and all well.



Thank you . . .

“I was assisted by a lovely midwife when I came off my bicycle. She gave me a lift to my home and I hope this didn't make her late for work! Without her help and with no mobile phone I'm not sure how I would have managed.”

