

<b>Reporting to:</b>	Trust Board, 29 June 2017
<b>Date</b>	29/06/2017
<b>Paper Title</b>	Complaints & PALS Quarterly Report January to March 2017
<b>Brief Description</b>	<p>The purpose of this report is to provide the Board with an overview of the formal complaints and PALS concerns received by the Trust during quarter four and provide assurance that the Trust is handling complaints in accordance with the regulations. In quarter four, the Trust received a total of 142 formal complaints. The report includes the actions and learning from complaints.</p> <p>There were 226 Freedom of Information (FOI) requests in quarter four, which represents a significant increase.</p>
<b>Sponsoring Director</b>	Julia Clarke, Director of Corporate Governance
<b>Author(s)</b>	Julia Palmer, Head of Patient Experience & Complaints
<b>Recommended by</b> (Tier 2 Committee)	Quality and Safety Committee
<b>Previously considered by</b> (consultation / communication)	Quality and Safety Committee
<b>Link to strategic objectives</b>	Reduce Harm, deliver best clinical outcomes and improve patient experience Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
<b>Link to Board Assurance Framework</b>	If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience
<b>Equality Impact Assessment</b> (select one)	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Stage 1 only (no negative impacts identified)</li> <li><input checked="" type="radio"/> Stage 2 recommended (negative impacts identified) - EIA attached <ul style="list-style-type: none"> <li><input checked="" type="radio"/> negative impacts have been mitigated</li> <li><input checked="" type="radio"/> negative impacts balanced against overall positive impacts</li> </ul> </li> </ul>
<b>Freedom of Information Act (2000) status</b> (select one)	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> This document is for full publication</li> <li><input checked="" type="radio"/> This document includes FOIA exempt information</li> <li><input checked="" type="radio"/> This whole document is exempt under the FOIA</li> </ul>
<b>Recommendation</b> (select one or more)	<p>The Trust Board / Committee / Group (delete as appropriate) is asked to:</p> <p><input type="checkbox"/> REVIEW      <input checked="" type="checkbox"/> RECEIVE      <input type="checkbox"/> APPROVE      <input type="checkbox"/> NOTE</p> <p>The Q4 Complaints and PALS Report</p>

## COMPLAINTS & PALS REPORT JANUARY TO MARCH 2017

### 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 four (January to March 2017). 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.

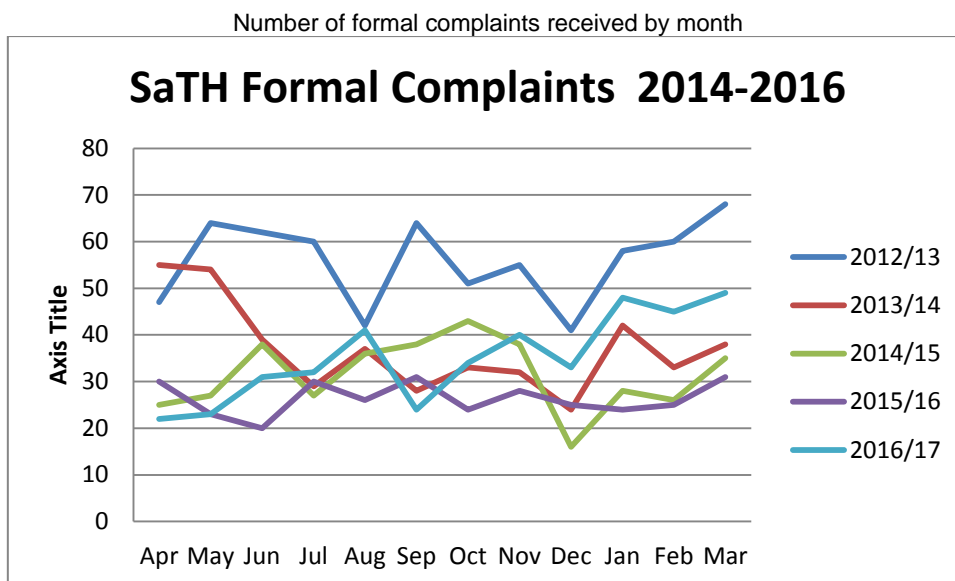
### 2. Formal complaints received

In quarter four, the Trust received a total of 142 formal complaints which equates to less than one in every 1000 patients complaining (0.62 complaints per 1000 patients). There has been an increase in the number of complaints from the same period last year; however it should be noted that there has been a recent change in process to ensure that all complaints are accurately triaged and captured which accounts for this increase. This new process provides greater transparency and assurance, as all complaints are now correctly captured and are seen by the Chief Executive. A benchmarking activity has been carried out which shows that compared with Trusts with similar activity levels, our figures are similar or lower, therefore it is felt that these are levels that would not unreasonably be expected for a trust of this size. Nonetheless, the numbers of complaints will continue to be closely monitored.

Benchmarking Data

Trust	Sites	Beds	Staff	Outpatients per year	Inpatients per year	A&E attendance	Complaints in Q3
Wirral University Teaching Hospital	4		5871	449154	106345	93247	76
Peterborough and Stamford Hospitals NHS Foundation Trust	2	650	4100	521495	87527	99042	100
SaTH	2	700	5500	407108	104000	121105	106
University Hospital South Manchester	2	950	5900	508254	94028	96746	116
Northampton	1	765		435575	88900	114179	120
Basildon and Thurrock University Hospitals NHS Foundation Trust	2		4000	300000	77500	103000	162
Worcestershire Acute Hospital	3	800	5500	468000	117000	139000	197
Mid Essex Hospital Services NHS Trust	4		5000	653548	92177	91082	219
West Hertfordshire Hospitals NHS Trust	3	600	4000	475000	84000	136000	227

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



### 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 occur, 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 four 41% of complaints have been closed within the timescales agreed initially and 71% have been closed within 10 days of the timescale agreed initially. This clearly far lower than would be expected and 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 will be using VMI methodology to review their processes and ensure that all waste is removed from the processes to further reduce the number of overdue cases.

19.23% of the complaints closed during quarter four were not upheld, 32.69% were partly upheld and 48.08% were upheld. A complaint is deemed to be partially upheld if any aspect of it is upheld in the response and fully upheld if the main aspects of the complaint are deemed to be upheld.

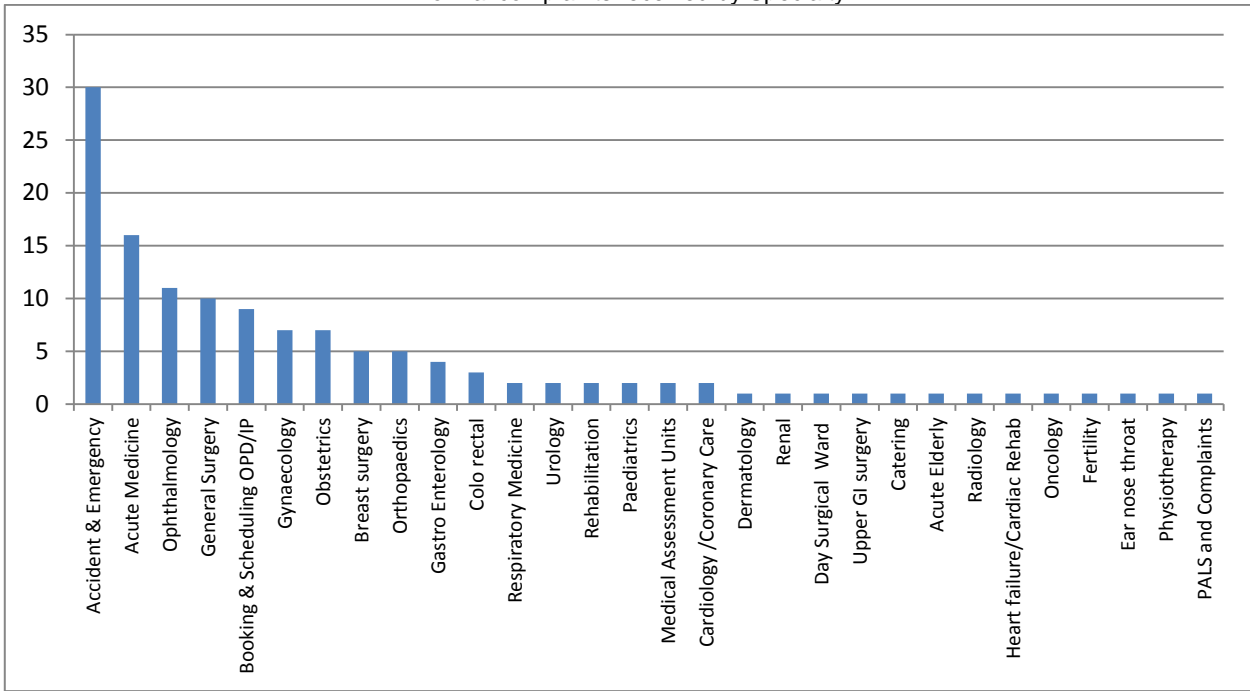
#### 4. Formal complaints by specialty

The top specialties receiving complaints during the quarter were:

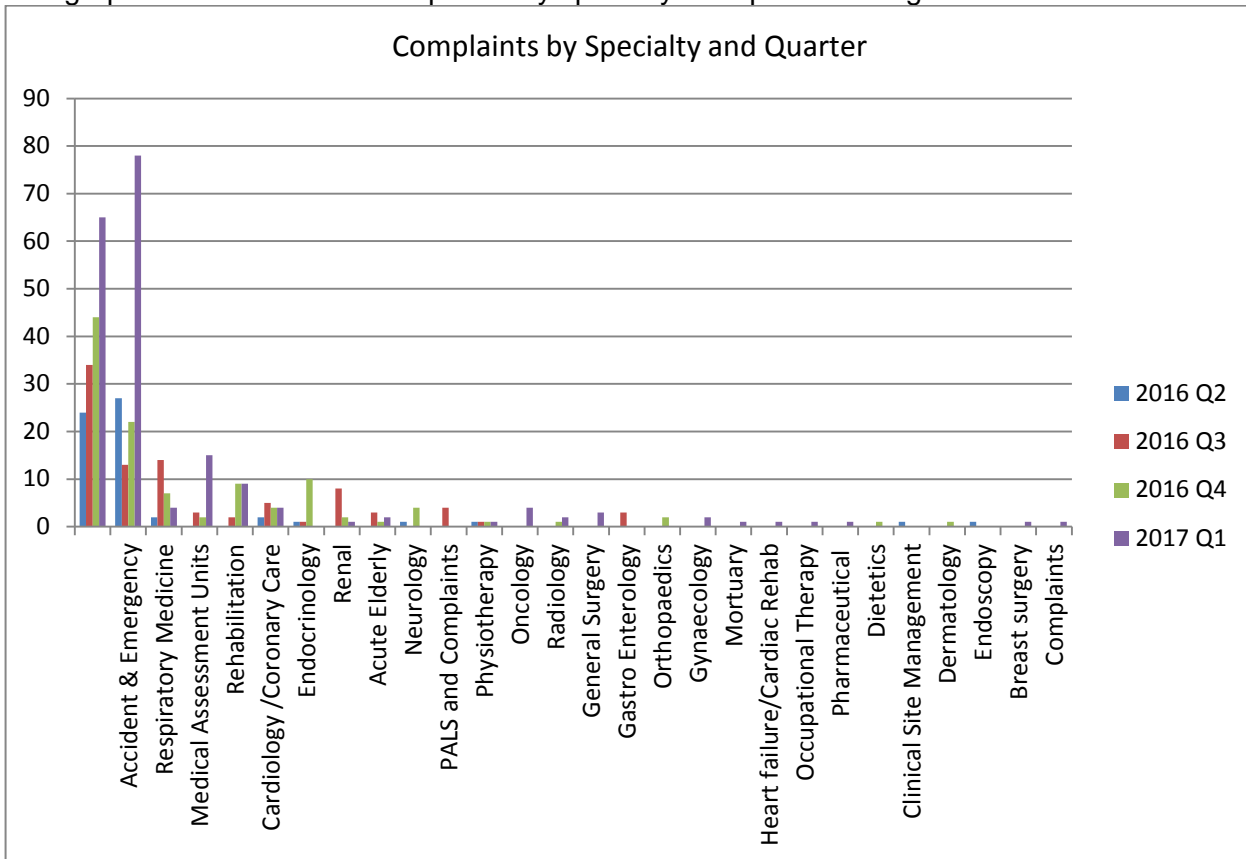
<b>Speciality</b>	<b>Quarter four</b>
Accident & Emergency	30
Acute Medicine	16
Ophthalmology	11
General Surgery	10
Booking & Scheduling OPD/IP	9
Gynaecology	7
Obstetrics	7

The graph below shows the overall trend of the specialties that received complaints during quarter four.

Formal complaints received by Specialty



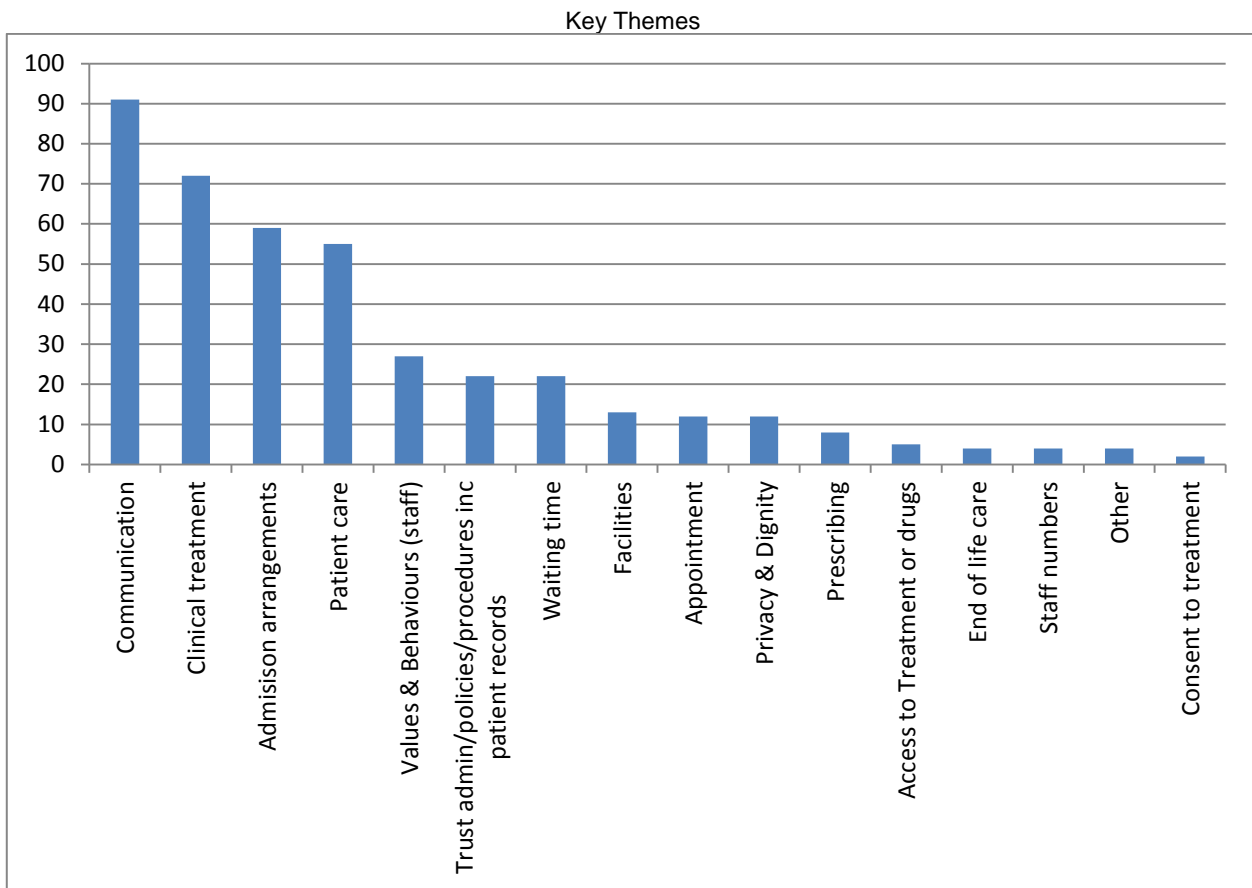
The graph below shows the complaints by specialty and quarter during 2016/17:



The number of complaints relating to A&E has increased; this is thought to be a reflection on the pressures over the winter months. More details are included at appendix two.

## **5. Key themes**

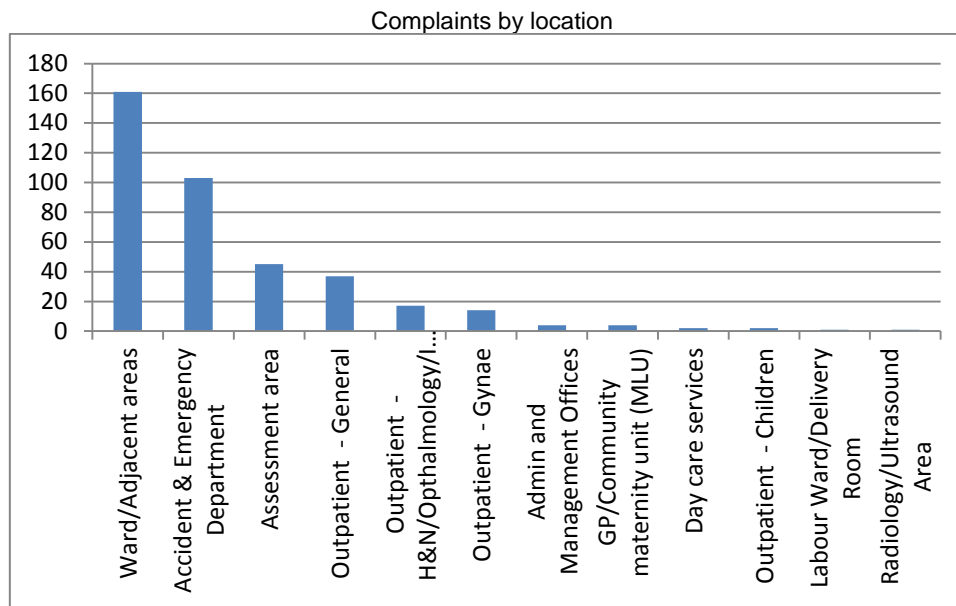
Each complaint may be multi-faceted, particularly where the complaint relates to inpatient care that involve the multidisciplinary team or events over an extended period of time. Each issue identified in the complaint is recorded which means that the total number of issues will exceed the number of formal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



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. 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.



A more detailed breakdown of complaints by location is included at appendix two.

## 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:

- Discussion with nursing team re communication about pain management.
- Nursing staff to review pain management processes.
- Audit of theatre trays to be carried out.
- Review of where second kits are required for back up
- Review of process for ordering loan theatre kit.
- Follow-up clinic process to be amended to ensure patients see most appropriate member of staff.
- Consultant changed practice to open all single instrumentation trays at the beginning of the case to ensure that filter trays are sterile side down.
- Stroke clinic process to be reviewed and more formalised links with radiology to be introduced
- Policy for the transfer of patients between hospital to include maximum wait time for a bed before issue is escalated.
- Patient's records updated with accurate information.
- SOP to be produced to provide staff with clear guidance around consent processes for looked after children.
- Improvements made to reporting capacity within Radiology.
- Ward manager introducing checklist for patients being discharged on Tinzaparin
- Information leaflet developed for pregnant women on inconclusive scans
- IPC approved cleaning chart and sign introduced for cubicles
- Additional Braun frames purchased
- Concerns regarding agency nurses shared with agency for them to take further action.
- Agencies advised that certain staff should no longer be deployed to this Trust.
- Ward staff record contact details of who from the care agency has confirmed that care package is in place.
- Staff to ensure that any food not required is removed at the end of the meal.
- Batch of guide wires withdrawn, and company and MHRA notified of incident.
- Change in process for x-raying specimens following use of guide wire.



- Review of information given to patients with a low-lying placenta.
- Process for recording cancellations updated to ensure 'did not attend' letters are not sent out in error.
- Complaints reviewed at ward and departmental meetings to ensure staff are aware of correct procedures.
- Individuals asked to reflect on the impact of their words and/or actions and identify where they can make changes.

From April 2017, the complaints team will use the Datix web module to log and track learning and actions from complaints to ensure that this data is captured and that all actions are followed up and fully implemented by the relevant ward or department. In addition, a new process has now been introduced whereby all complaint responses are sent to the relevant clinical director, head of nursing or head of department with a request that the investigation is shared at the relevant governance meeting to enable wider learning from complaints. From May 2017, complaints relating to the Women and Children's Care Groups will also be managed in the same way as complaints in other care groups, to ensure that there is clear corporate oversight.

### **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:

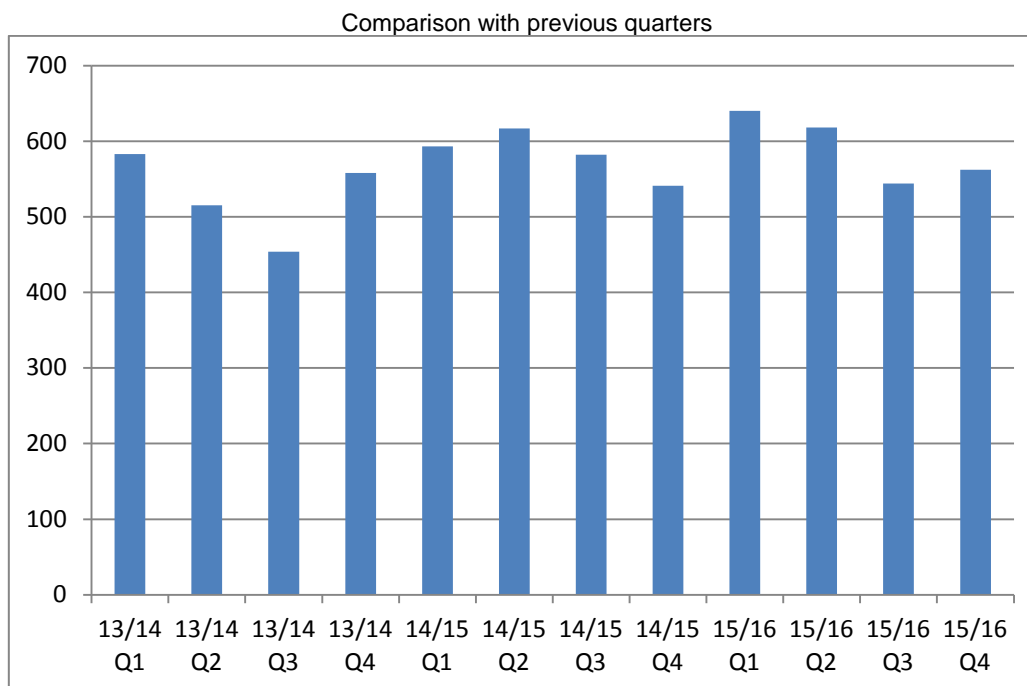
- Ask the Trust to take further steps to resolve the complaint
- Close the case without investigation
- Decide to investigate the case further.

During quarter four, the Trust was notified of two cases referred to the Ombudsman. One related to a complaint originally received in March 2015 relating to the care of a patient who subsequently passed away. The Trust met with the family and responded in full at the time. The family then got in touch a year later with further questions which the Trust answered, however the family remained dissatisfied with the response. The second related to a complaint received in July 2015 from a patient unhappy with the treatment she had received. The Trust responded in full but the patient remained unhappy and so was offered a meeting which she declined. Further correspondence was held with the patient who then accepted a second offer of a meeting in March 2016; however following this meeting the patient remained dissatisfied.

During quarter four, the Ombudsman did not conclude any investigations

### **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 four, the PALS team handled 562 contacts. The graph below shows the PALS activity over the past three years.



### 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
- Ophthalmology
- Accident & Emergency
- Urology
- Respiratory

Examples of PALS cases are included at appendix three.

### 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 four, 66 comments were published on the NHS Choices website. 77% (51) of these were positive, 21% (14) were negative and 2% (1) were mixed.

The area that received the most positive comments was A&E with 7 positive comments. All comments received are forwarded to the departmental manager for review and action.

Examples of positive and negative comments are included at appendix four

### Letters of thanks

In addition to the feedback give via NHS Choices and the Trust's website, 124 letters of thanks and appreciation were received by the Chief Executive during quarter four. 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. The table below details the letters of thanks received:

Month	Unspecified	Unscheduled Care	Scheduled Care	Women and Children's	Support Services	Corporate Departments	Total
Jan-17	3	13	22	11	3	2	54
Feb-17	1	12	12	4	3	0	32
Mar-17	0	15	9	12	2	0	38

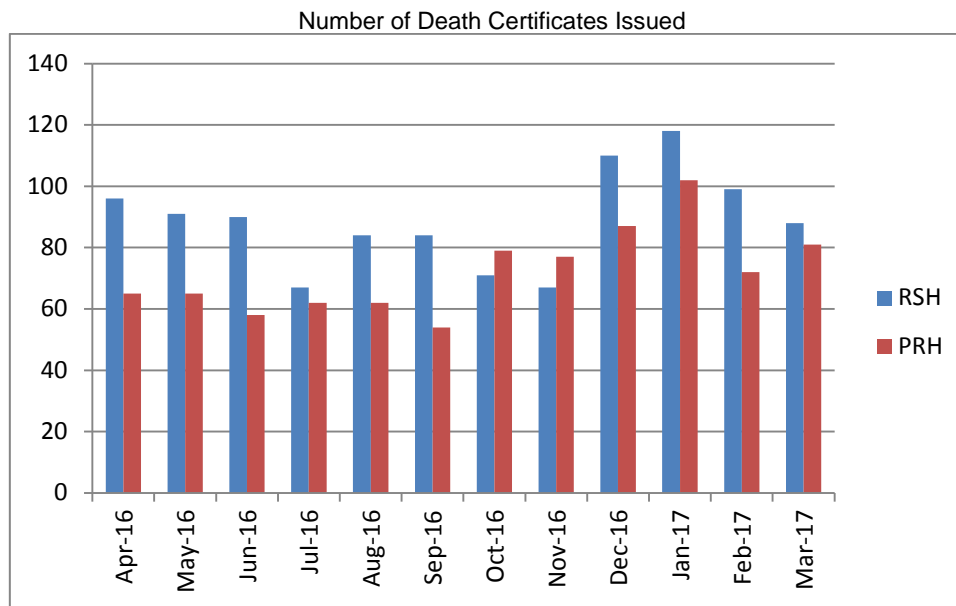
Examples of letters received are included at appendix five.

## 11. Bereavement

The Bereavement Service has continued to work closely with the End of Life Care team during quarter four 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. The Registrar of Deaths now has an office on the RSH site to allow relatives to register the death as soon as they have the death certificate rather than having to go to Shirehall. During Quarter Four, the Registrar was on site two days a week; during 2017/18, this will be increased to three days a week. The feedback from relatives is that this makes the process far simpler for them, reducing additional stress at an already difficult time.

In addition, the team have been working with the end of Life Care team and Chaplaincy team to facilitate weddings for end of life patients and have been involved in two weddings.

The graph below shows the number of death certificates issued during 2016-17:



## 12. Complaints & PALS Services

Complaints training is now given at the HCA Induction and will be included as part of the supervisor training programme. In addition, the team are reviewing how complaints training can be included in conflict resolution training and the work being planned by the Leadership Academy, to ensure that staff are able to participate in complaints processes and facilitate robust resolution of complaints and learning. The complaints team will also link in with band six masterclasses to further support nursing staff in dealing with patient concerns.

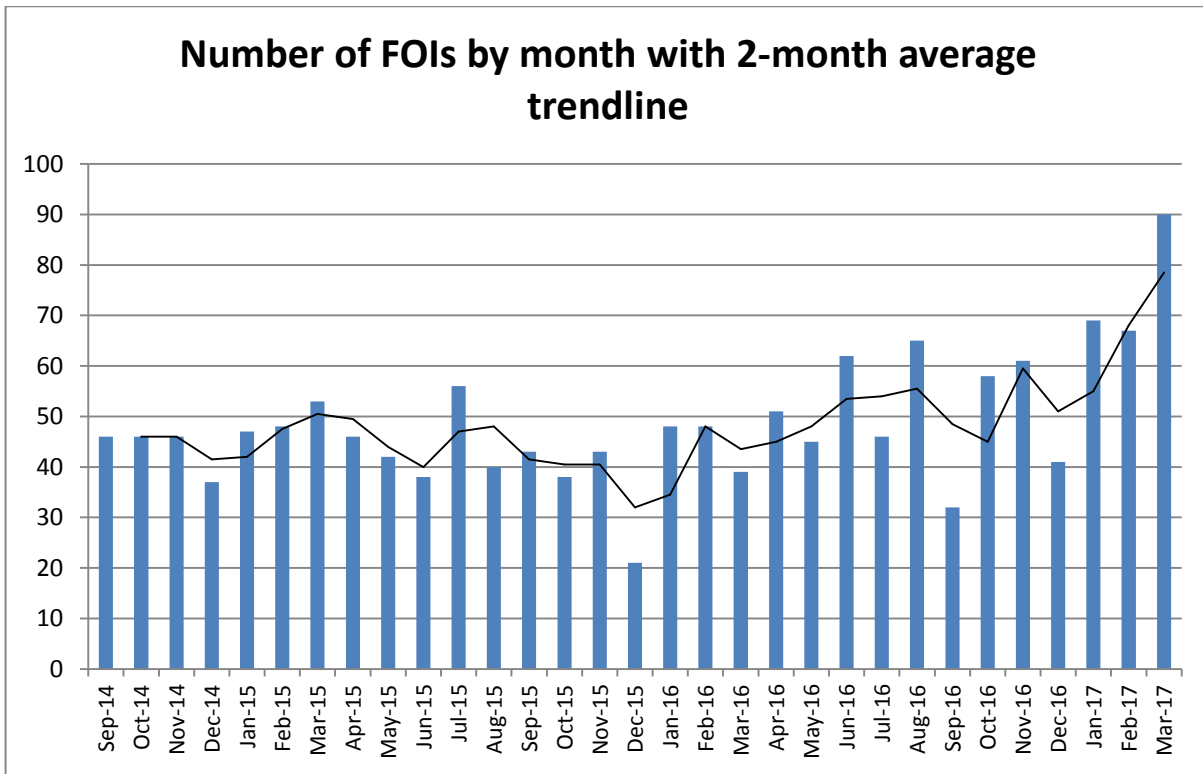
The Head of Patient Experience and Complaints is liaising with the Deputy Director of Nursing to look at how ward staff can capture concerns that are resolved locally on Datix to ensure that these issues can also be monitored.

Reporting within the Care Groups Board meetings and Governance meetings is being reviewed to ensure that Care Groups are able to use complaints and PALS data to facilitate improvements and learning and to ensure that all action plans are completed.

Complaints and learning from complaints is part of the recently relaunched exemplar programme to ensure that ward staff are fully engaged with the complaints process and use complaints to improve care on the ward.

## 13. Freedom of Information (FOI)

The number of FOI requests received by the Trust is steadily increasing. Until recently the average number of requests received was about 45 per month but this has been almost 60 per month. March 2017 saw the highest number of requests ever received with 90. In the first week of April, 30 requests were received. The increase in the number of requests does not seem to be related to proposed changes in service provision. Many of the requests are complex which is causing the Trust difficulty in responding within the timeframes allowed. There is a time limit of 20 working days to provide a response.



**Table – Overview of FOI requests April 2016 – March 2017**

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	17	24
January	69	24	45
February	67	33	34
March	90	23 29 not due yet	38

**Table 2 – Responding department - April 2016 - March 2017**

Department	April - June	July - Sept	Oct - Dec	Jan - Mar	TOTAL
Corporate	20	28	17	67	132
Estates	2	3	7	6	18
Facilities	5	4	6	9	24
Finance	20	13	20	26	79

Infection Control	0	2	7	1	10
Information	23	16	5	26	70
IT	11	14	13	10	48
Nursing & Quality	8	7	3	8	26
Pharmacy	7	9	6	11	33
Procurement	4	2	13	6	25
Radiology	3	1	8	3	15
Scheduled Care	10	3	3	12	28
Support Services	4	6	12	2	24
Unscheduled Care	13	6	1	7	27
Women & Children's	5	11	11	11	38
Workforce	21	18	12	21	72
<b>Grand Total</b>	<b>156</b>	<b>143</b>	<b>160</b>	<b>226</b>	<b>669</b>

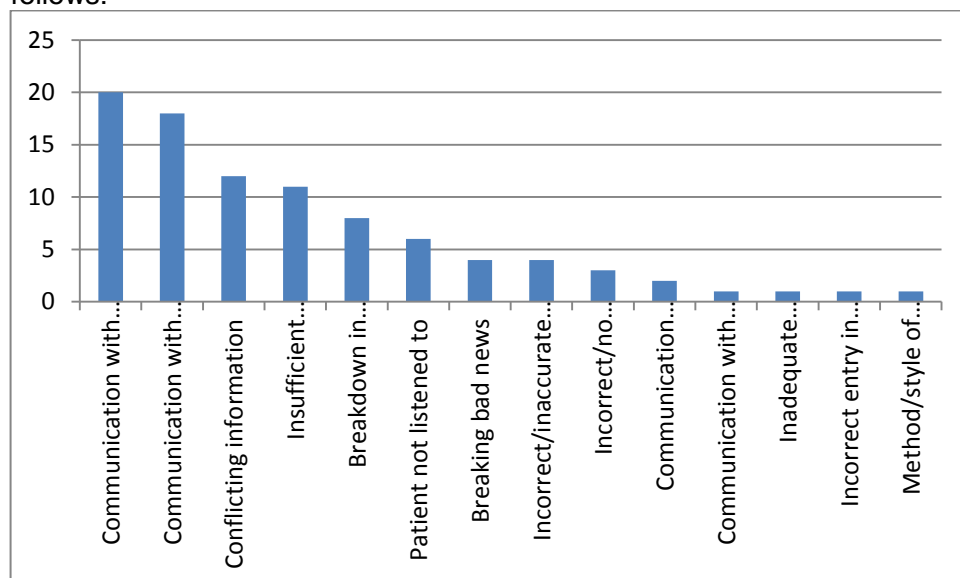
### Improvements

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 44/79 managers have accepted the policy
- A second 'One minute brief' issued to all staff

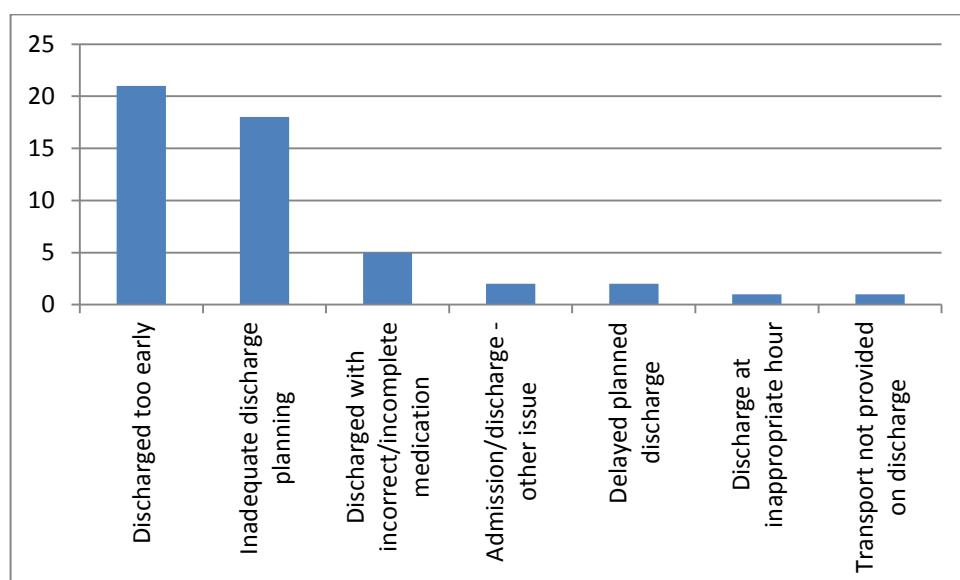
### Detailed breakdown of complaints themes

Communication forms a part of the majority of complaints and the details can be broken down as follows:



The Trust is undertaking a review into complaints where communication is raised as an issue to identify areas where we can bring about improvements in our communication with patients and their families.

During Q4, an increase in the number of complaints relating to discharges (under the category of admission arrangements) was noted. Complaints where discharge was mentioned as an issue have been broken down as follows:



This has been discussed at length at the Nursing & Midwifery Forum and the following actions have already been put in place to work on reducing the number of complaints:

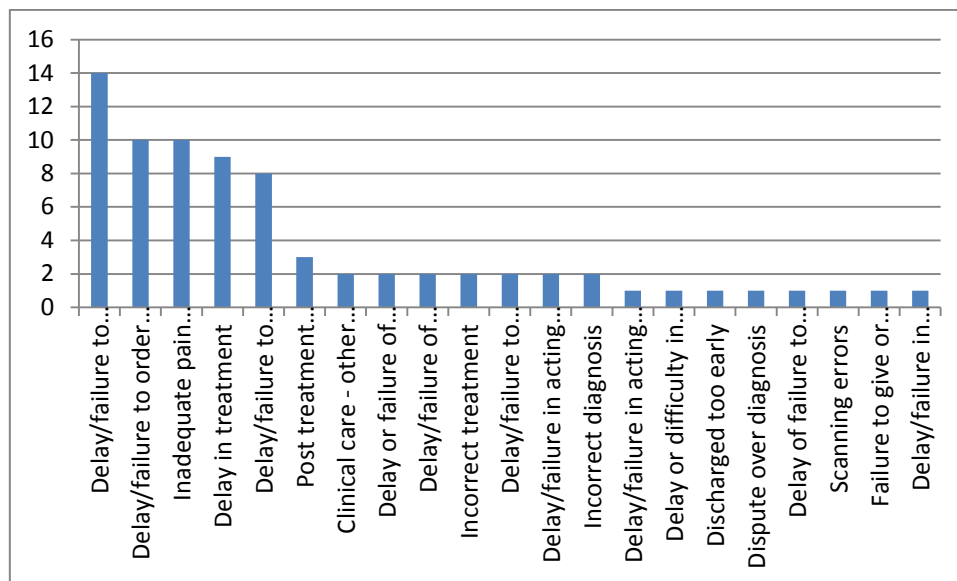
- In-depth discussion and review of complaints at Nursing & Midwifery Forum and at the Band 6 Master Class

- Training given to 88 band 6 nurses on Red2Green and the importance of going home before lunch
- 'Going home chats' in place with further development planned
- Discharge process included on Exemplar Programme; to be tested with early implementer wards
- Capacity Team resolving problem with notifying Pharmacy of discharges

The following actions have been identified and will be implemented:

- Support and training for band 6 and 7 staff on managing concerns at a local level to ensure concerns are addressed before the patients go home
- Ongoing monitoring of complaints and changes in practice at Nursing and Midwifery Forum and Band 6 Master Class
- Further in-depth review of A&E processes to ensure robust processes are in place for next winter
- Further discussions with medical staff to ensure that there is full medical engagement with the discharge process
- Discharges to be one of the priorities in the Quality Accounts

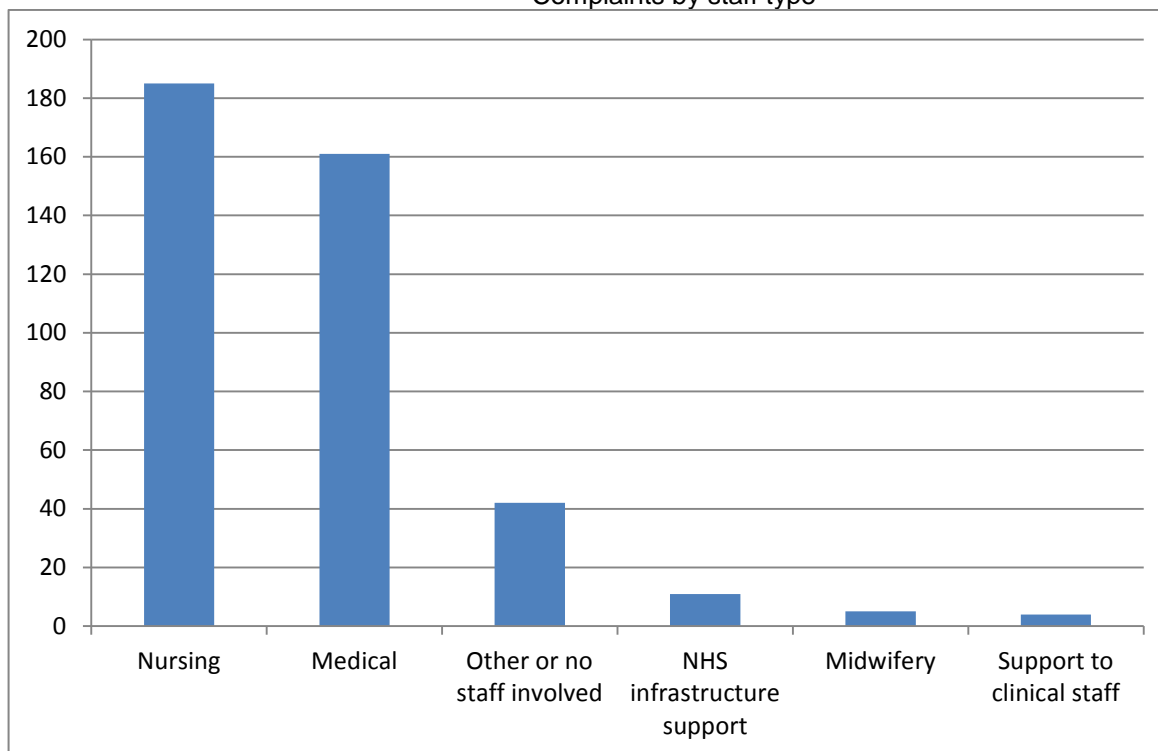
Of the 35 complaints that related primarily to clinical treatment, 31 related to medical staff, one related to midwifery staff, one related to nursing staff and one did not specifically relate to a staff group. 14 of the complaints relating to clinical treatment were about an alleged delay or failure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



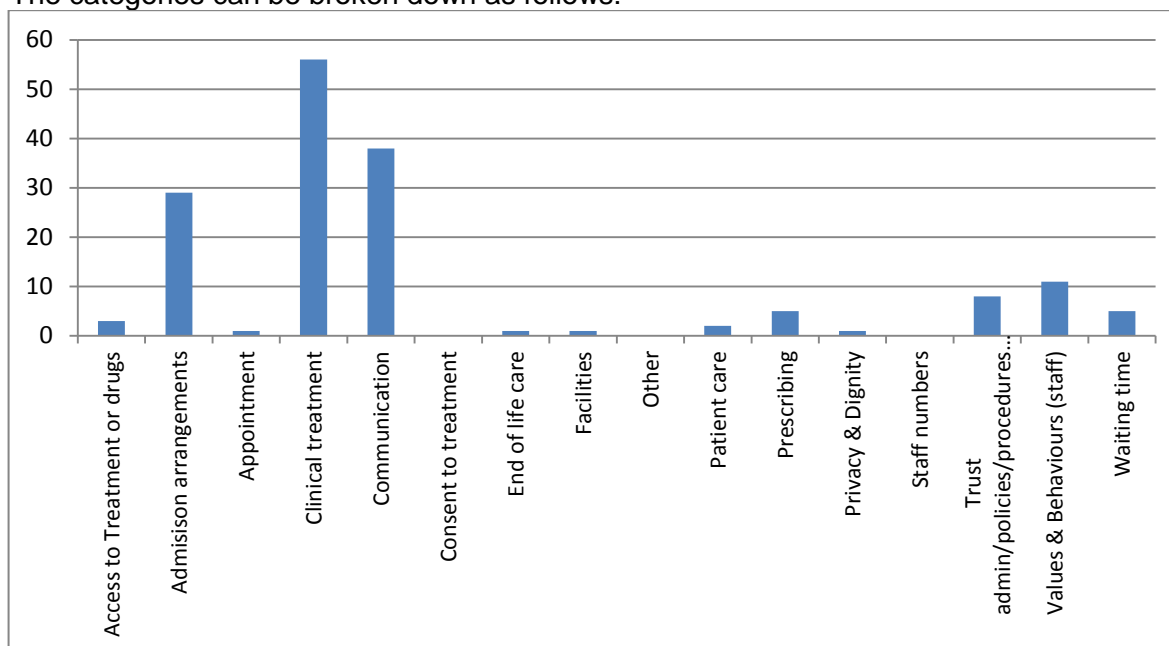
185 of the issues raised in complaints received in Q4 raised concerns relating to nursing staff, 161 raised concerns relating to medical staff. Further details are shown in the chart below:



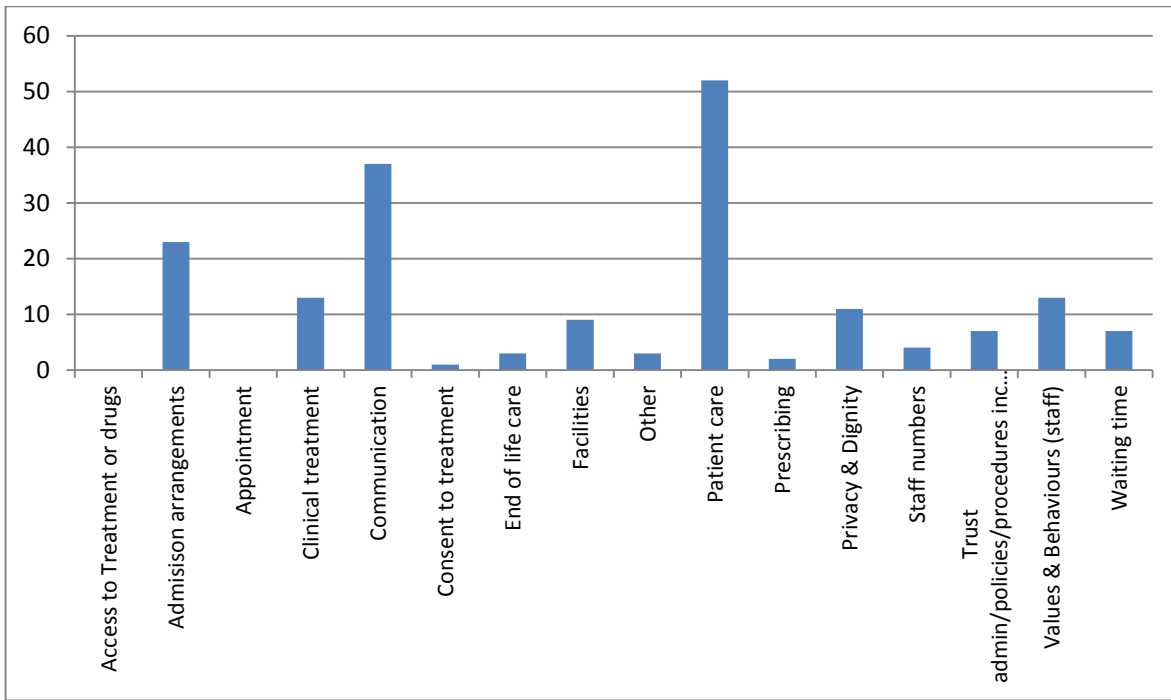
Complaints by staff type



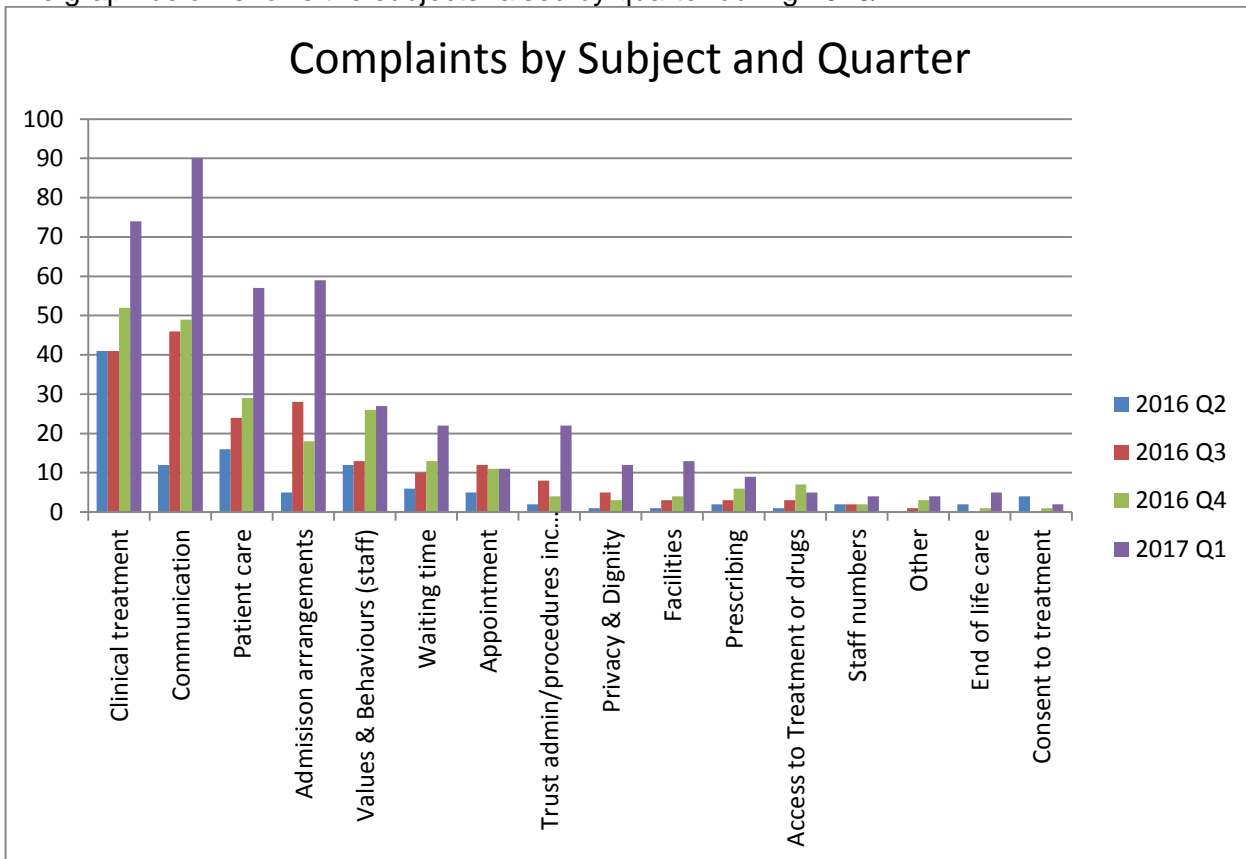
The Trust received 161 complaints during quarter four where medical staff were involved. The top specialties receiving these were the A&E, General Surgery, General Medicine and Gynaecology. The categories can be broken down as follows:



During quarter four there were 185 issues raised where nursing staff were involved and five involving midwives. These have been broken down as follows:



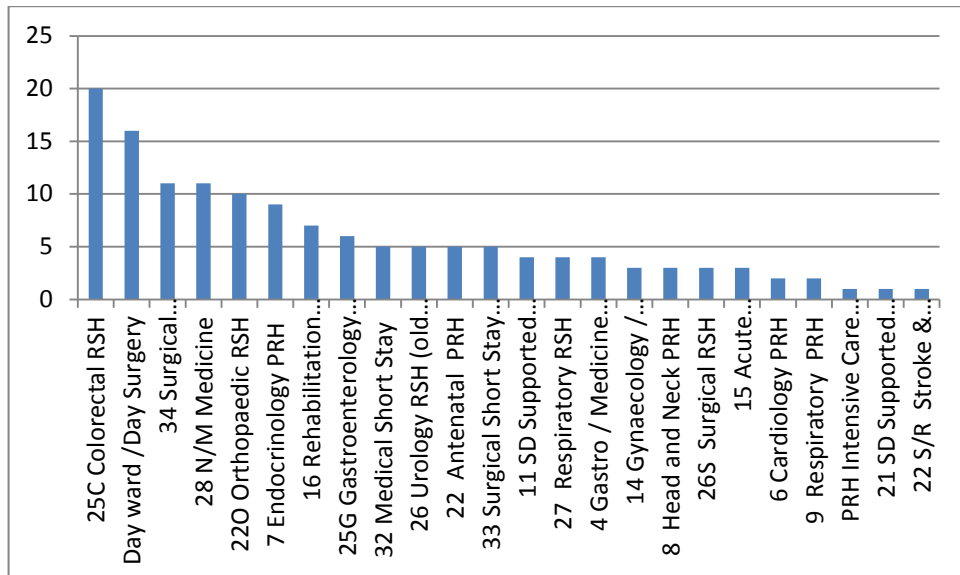
The graph below shows the subjects raised by quarter during 2016/17:



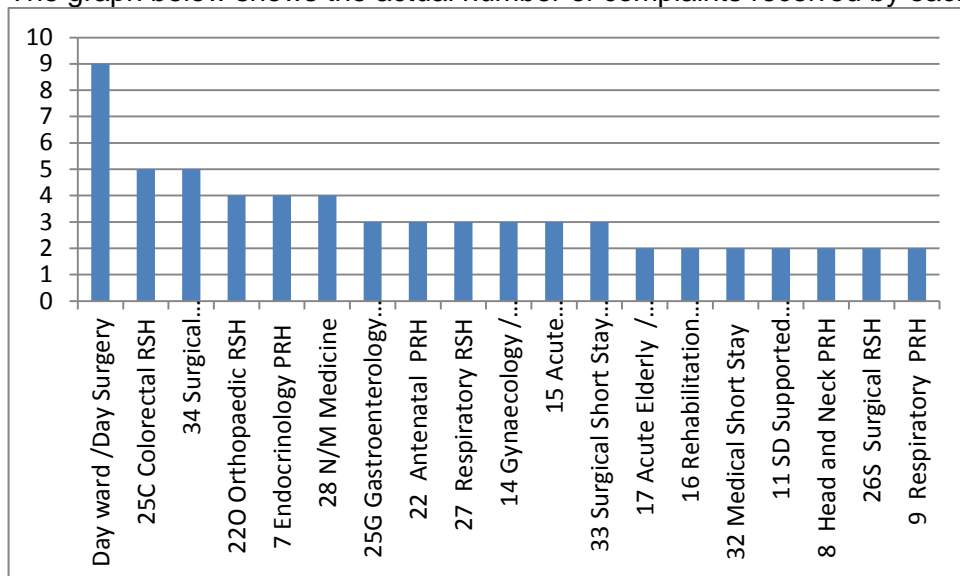
As would be expected, there has been an increase in most area in line with an overall increase in complaints during the year.

Detailed breakdown of complaints by location

A large number of complaints relate to ward areas. One complaint may raise several issues relating to a ward and the graph below shows the number of issues raised for each area. This shows the complexity of the complaints that wards have to deal with.

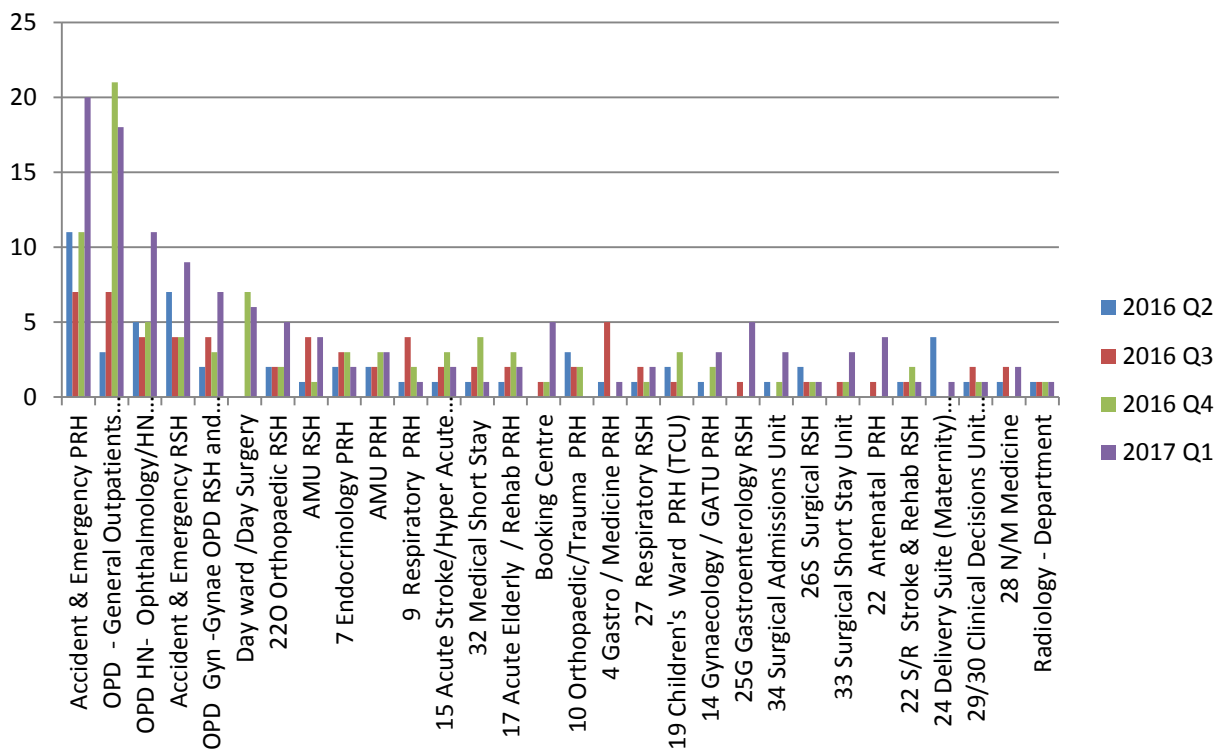


The graph below shows the actual number of complaints received by each area.



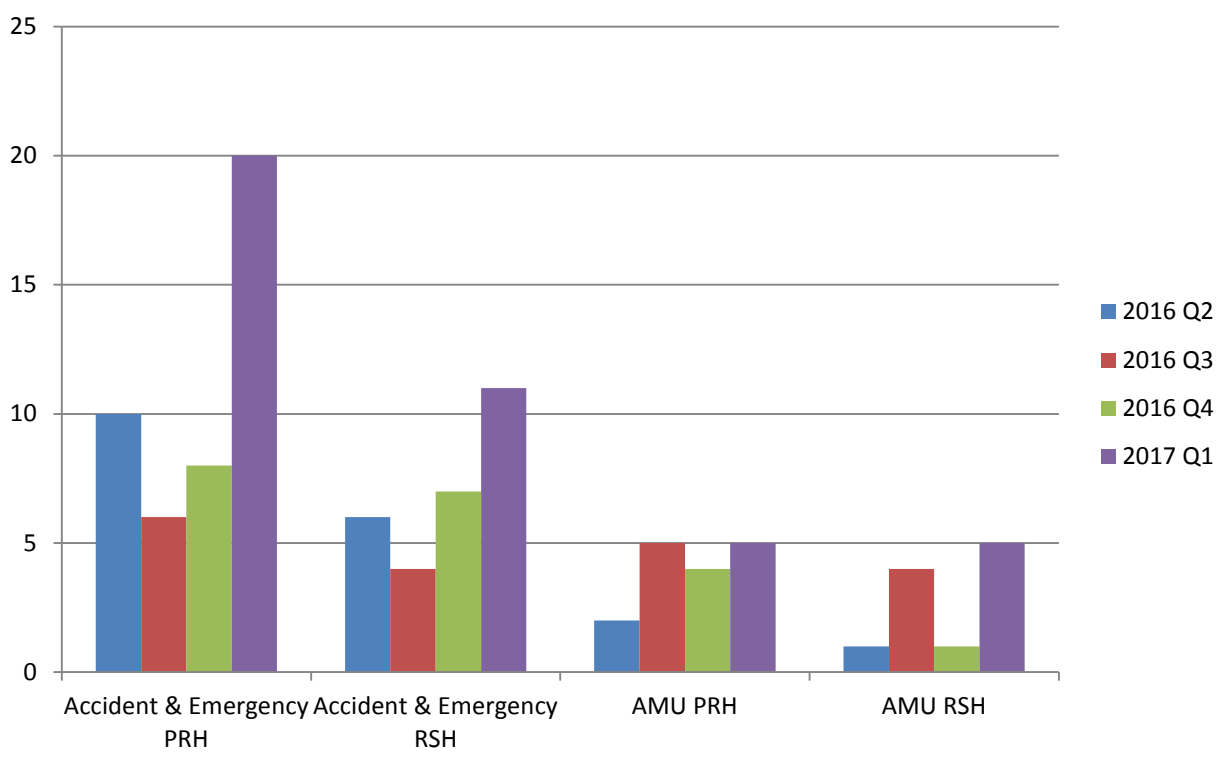
The graph below shows all complaints by primary location and quarter during 2016/17:

## Complaints by Primary Location and Quarter



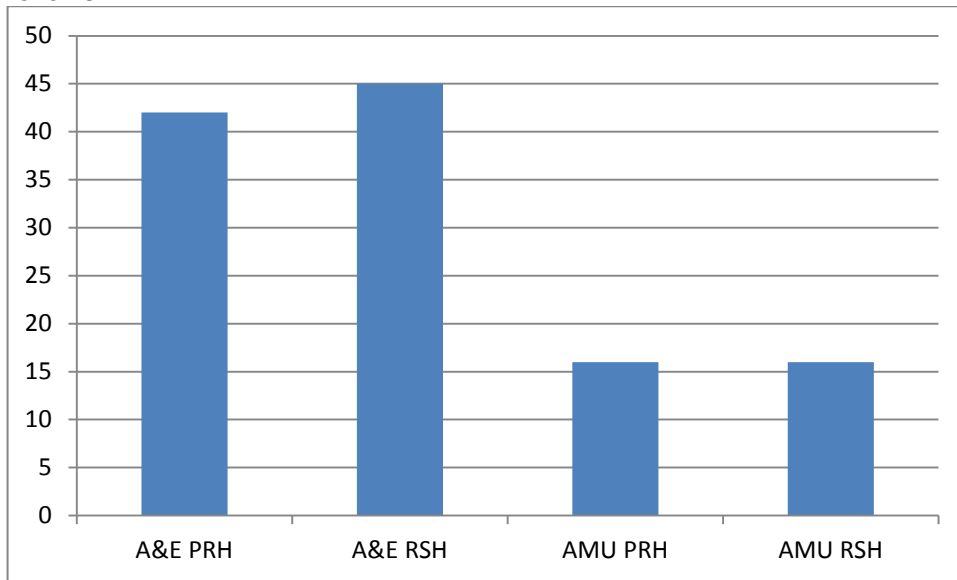
In line with the overall increase in complaints, a number of areas have seen an increase during the year. In particular, an increase has been seen in complaints relating to A&E and AMU as can be seen from the graph below:

## Complaints by Location and Quarter

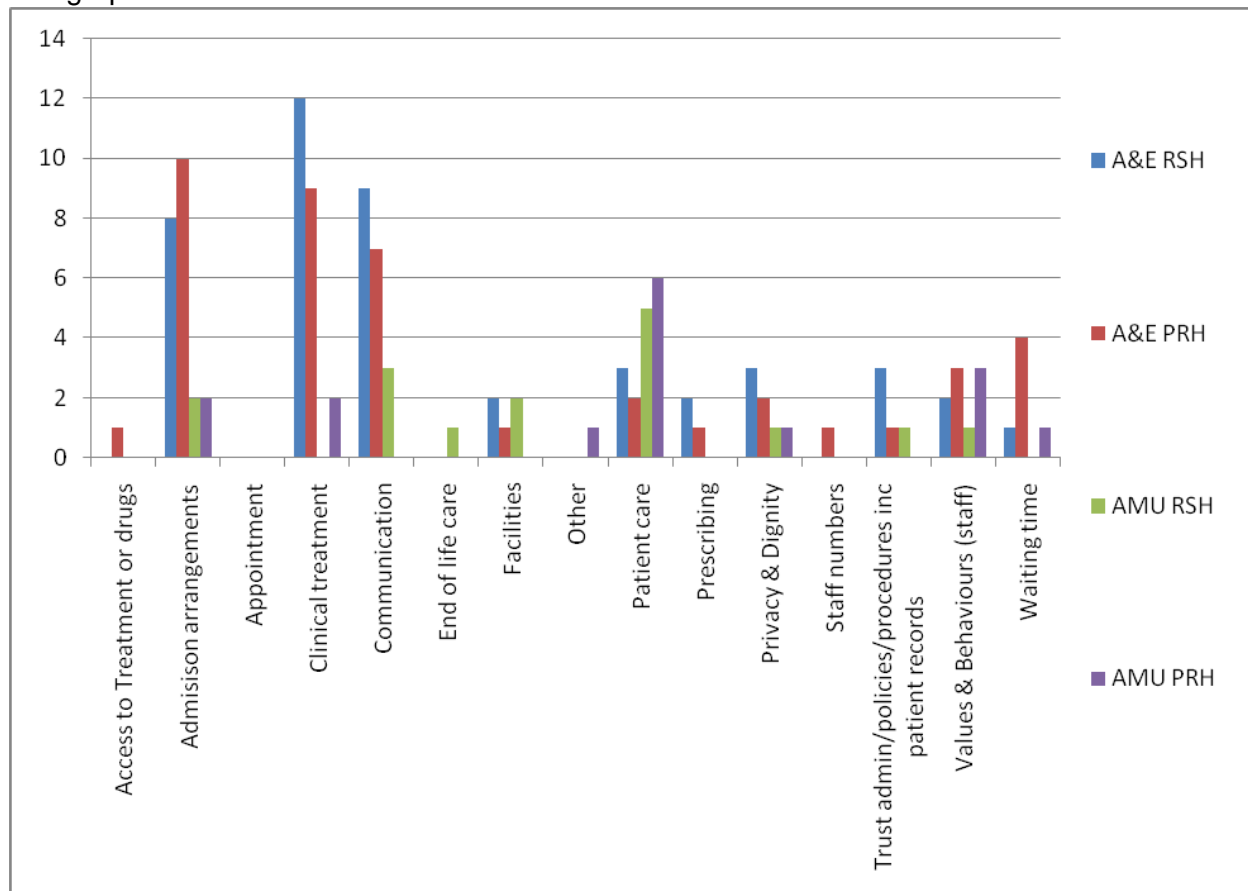


## A&E Complaints

In total 119 complaints in quarter four included issues about A&E or AMU. These are broken down as follows:



The graph below shows the themes:



In keeping with the themes observed in all complaints, communication, discharge processes and clinical care are the main areas raised in complaints. Only six complaints raised waiting times as an issue.

All complaints are reviewed at monthly governance meeting, as well as being taken to staff meetings to review specific issues and to identify trends and themes and look at learning. A number of changes have already been introduced as a result of complaints relating to the emergency departments, including the following:

- Additional pillows ordered
- Two new housekeepers appointed
- New posters in use regarding cleanliness
- RPIW planned around sepsis
- Designated sepsis bay developed
- New tracker role introduced
- Copy of CAS card sent with patients discharged to nursing or residential homes so that staff there are aware of treatment given.

**Examples of PALS Cases**

A patient was unhappy that his angiogram was cancelled twice. An explanation and apology were given.

A patient was concerned that her drip had been put up incorrectly. The doctor spoke to the patient to reassure her.

A patient had her cataract surgery cancelled. PALS staff liaised with bookings staff and patient was given new date.

A patient's mother raised ongoing concerns about her daughter's care. The ward manager was able to meet with the patient and her mother to address these concerns.

A patient's husband raised concerns about the problems his wife was experiencing with her catheter post-discharge. The ward manager phoned to speak to the patient and her husband directly to apologise to them for the problems.

A patient was unhappy that she was told at her mammography appointment that she needn't have attended as she was already under a breast consultant. Appointment letters were amended to make this clear for future patients.

A patient was told by a consultant she would receive an urgent appointment by the beginning of December but in fact didn't get one until the end of January. Apologies were given to the patient for the poor communication and a reassurance given that she did not require an urgent appointment and was seen in a timely manner.

The daughter of a patient was unhappy that despite phoning with an agreed password, staff would not give her information over the phone. The ward manager apologised to the daughter that details of the password had not been handed over when the patient was transferred to another ward.

A patient's family raised concerns around end of life care and a meeting was arranged for the family with the doctor and a PALS advisor to discuss and address their concerns.

A patient's daughter raised concerns about her mother's discharge. The ward manager and a consultant met with the daughter to reassure her that the discharge was appropriate.

The family of a patient raised concerns that the discharge summary was inaccurate. An apology was given and a revised discharge summary was issued.

A patient's mother was unhappy that the patient was discharged in the early hours of the morning. An apology and explanation was given to the mother.

A patient's husband raised concerns about communication issues and the lack of OT involvement. The ward manager and a PALS advisor met with the patient and her husband to resolve her concerns.

### Examples of comments from NHS Choices

Some of the positive comments received were as follows:

*I was admitted to the Royal Shrewsbury Hospital on 13th July 2016 for an open repair of an Abdominal Aortic Aneurysm, The treatment I received in all departments of the Hospital was excellent. I was very well cared for by all members of the staff who were very caring. I am extremely grateful to everyone involved.*

*I am most grateful for the excellent service & treatment I received as a patient. The medical staff were excellent in all aspects. The nursing staff were very encouraging & sympathetic. Thankyou all.*

*Having heard so much about the downside of the NHS I would like to provide some sunshine on the upside of the NHS. From first examination through to surgery a time frame of some 28 days I was amazed at the swift, professionalism, politeness of the whole procedure. I was at all times assured that I would be kept in the loop as to the program and alternatives together with in depth clarification on any area of concern. The punctuality of all appoints was most impressive and on the actual day of admission all staff were most kind and professional and relieved me of worries and concerns. I can only award 5 stars for my own personal experience. Well done.*

*Whilst attending a clinic my husband suddenly became very poorly. The staff all acted quickly and asked all the other waiting patients to leave the area while they dealt with the situation. All the staff were very professional and caring not only to my husband but to myself. It necessitated my husband being admitted to Ward 23 where again he was treated by caring staff. We cannot fault the attention he was given.*

*World class treatment where no stone was left unturned from the start at A&E streaming to me leaving a week later having had x-rays, MRI, CT Scan and Ultrasound. Staff were outstanding and nothing was an issue. Even the food generally gets a bad rap, but this was good too with plenty of choice. Thank you to all that looked after me so well that started off as a suspected heart condition to a gastro/liver issue in the end. My MOT was done to perfection*

Some of the negative comments received were as follows:

*Hospitalised for one week. Was very well looked after by very caring staff. However I have now been waiting 19 weeks for a prostate op. I was initially told 6/7 weeks to op. Then 6/12 weeks. Then 12 weeks. Then possible August twice I have been told that the surgeon was on leave. Had pre op assessment in April. Now getting rather fed up. I appreciate that emergencies can cause delays. But this is now beyond a joke.*

*Visited urgent care after being referred by 111 on New Year's eve waited approx an hour to see doctor which was good as very busy however the doctor I saw was rude abrupt and humiliating and I ended up in tears after having been ill for 4 days and it was a last resort to have to seek medical attention. The doctor would not listen to me and kept contradicting everything I said it was the worst experience I've ever had. Their only saving grace was to refer me to the eye clinic at queen Mary's hospital and despite it being nothing to do with my eye was treated with dignity respect and care. Myself and my family have always had the best treatment from princess royal and I am still shocked at how badly I was treated even my arm ached all day from having my blood pressure taken. I am aware of how busy and how hard the staff work but this was brutal and I would hesitate to seek medical help again from here.*

*I am appalled with the waiting time for a follow-up with the Extended Scope Practitioner, Fracture Clinic. My MRI scan was in June 2016. Letters not received or even do not receive resent letters by email or fax, by my GP to the consultant, the level of communication is chronic. My appointment was*




*originally in November, now it is been put back to January 2017 because the consultant is unavailable after my GP had requested an earlier appointment prior to November. I wish I did not enter this route after physio advising they would be referring to another consultant but on receiving appointment it was with this one. Lack of communication and low level quality of administration skills.*

*My wife has been waiting 6 months for an appointment at orthopaedic fracture clinic this had already been changed once (by the hospital) her appointment was for 1.30-we got there at 5 past one--at about 2-20 we and four other people were called into an office and told the doctor we were going to see was on holiday-and they had only just found out that they weren't there. one lady had had two texts to remind her of her appointment. They must have had a morning clinic so what happened to those people? they must have known this at 9 o clock in the morning.so why didn't they call us-?*

*Visiting the hospital today, I'm not local to the area and was astonished to see the chaos re the parking system. Hardly any of the pay machines worked. The queues were terrible and it was pouring down with rain. Patients was requesting the car par attendants to sort either the machines so people can pay or for forfeit the charges for the afternoon. One attendant said the hospital could not do this. After waiting inside at the machine for 20 mins then it broke. I went outside and stood in the rain for 20 mins getting soaked. Eventually the attendant came to everyone in the queue, took our registration and told us to go, it would be ok. Why could this not have been done earlier. Hopefully I will not get any fines in the post. People was bitterly complaining stating this had been going on for the past couple of weeks. It was utter chaos. If most of the machines are broken or breaking down, it is not the patients fault. Charges should be squashed.*

*I had my pre op and was given a date for surgery. The orthopaedic ward very efficient. However the op was cancelled. Rang in May and told the op would probably be in June. Did not receive any notification so rang again and was told I still did not have a date. Why am I being bumped down the list? I would have thought I would not have to wait too long.*


Extracts from a selection of thank you letters


  
The Shrewsbury and  
Telford Hospital  
NHS Trust

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**Thank you . . .**

“I just wanted to convey my unending, sincere thanks to all the staff who have treated my Son [recently].  
The staff you have there need to be thanked individually and commended for the work that they do .”


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We Value **Respect**  
Together We **Achieve**

  
The Shrewsbury and  
Telford Hospital  
NHS Trust

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**Thank you . . .**

“I had surgery in your Day unit and the care, kindness, friendliness and efficiency of all your staff was amazing. The whole process was as painless as these things can be and I felt well cared for. Please pass on my thanks to the ward manager. Thank you all very much.”

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**Thank you . . .**

“I have recently on different occasions visited the PRH. [At the most recent] I visited the" Women and Children's [service]. I wish to thank every one from the Doctors to the Nurses for the caring attentiveness and being so warm and friendly. These people are a treasure, both to the public and certainly the NHS. Thank you all. Well done.

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## Thank you . . .

"We would like to express our utmost thanks for the wonderful care we received at the Shropshire Women and Children's Centre at the Princess Royal Hospital for the birth of our beautiful baby girl.

On arrival we were immediately reassured by the wonderfully kind and caring nature of Midwife Glen. It became immediately obvious that we were in the hands of the very best person we could wish for and that she wanted the very best outcome for us. As a parent, to get that immediate reassurance is invaluable.

Having not slept for days my wife was given pain relief and taken to the antenatal ward. During this time we were in the hands of Emma, another superb midwife who looked after us.

Once in the delivery suite Midwife Hazel Roberts was in charge and again she was fantastic. I should also mention the student who was with her. She, like Hazel, was really warm and reassuring and is destined for a great career.

The conclusion of Hazel's shift at midnight coincided with a change in the direction of labour. However, despite the pain, the sickness and everything else my wife experienced during that time, it was made bearable throughout by the wonderful Glen, who by her own request returned to care for us and our baby having spent time with us the previous night. To see a friendly face walk through the door was just amazing and we will always be extremely grateful for everything she did for us. Glen was with us every step of the way, working well past the time her shift was supposed to finish in order to firstly try and ensure a natural birth, then to hold my wife's hand in theatre and finally she remained with us in the recovery room. It is hard to express in words just how fantastic she was!

And the great care we received at PRH didn't end there. Once in Postnatal we were again looked after extremely well. The care shown to us by Midwife Abbie was amazing. The help she gave with breastfeeding, changing and bathing etc has been invaluable. I have named a few people in this email but there were many others too, for example: Sister Burrows, the anaesthetist and the consultant who actually delivered Isabelle. There were others too, but I cannot remember every name."



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