

Recommendation <input type="checkbox"/> DECISION <input checked="" type="checkbox"/> NOTE	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.
Reporting to:	Trust Board
Date	30 November 2017
Paper Title	Quarter Two Complaints & PALS Report 2017/18
Brief Description	<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 Q2 2017/18 and to provide the Board with assurance that the Trust is handling complaints in line with national regulations.</p> <p>A total of 157 formal complaints and 395 PALS contacts were received during Q2 of 2017/18.</p>
Sponsoring Director	Julia Clarke, Director of Corporate Governance
Author(s)	Julia Palmer, Head of PALS & Complaints
Recommended / escalated by	Quality & Safety Committee
Previously considered by	Quality & Safety Committee
Link to strategic objectives	<p>PATIENT AND FAMILY - Deliver a transformed system of care (VMI) and partnership working that consistently delivers operational performance objectives</p> <p>SAFEST AND KINDEST - Develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm</p> <p>SAFEST AND KINDEST - Deliver the kindest care in the NHS with an embedded patient partnership approach</p> <p>VALUES INTO PRACTICE - Value our workforce to achieve cultural change by putting our values into practice to make our organisation a great place to work with an appropriately skilled fully staffed workforce</p>
Link to Board Assurance Framework	<p>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 (RR 561)</p> <p>If we do not have the patients in the right place, by removing medical outliers, patient experience will be affected (RR 1185)</p> <p>If we do not develop real engagement with our staff and our community we will fail to support an improvement in health outcomes and deliver our service vision (RR 1186)</p>

Equality Impact Assessment	<ul style="list-style-type: none"><input checked="" type="radio"/> Stage 1 only (no negative impacts identified)<input type="radio"/> Stage 2 recommended (negative impacts identified)<ul style="list-style-type: none"><input type="radio"/> negative impacts have been mitigated<input type="radio"/> negative impacts balanced against overall positive impacts
Freedom of Information Act (2000) status	<ul style="list-style-type: none"><input checked="" type="radio"/> This document is for full publication<input type="radio"/> This document includes FOIA exempt information<input type="radio"/> This whole document is exempt under the FOIA

COMPLAINTS & PALS REPORT JULY TO SEPTEMBER 2017

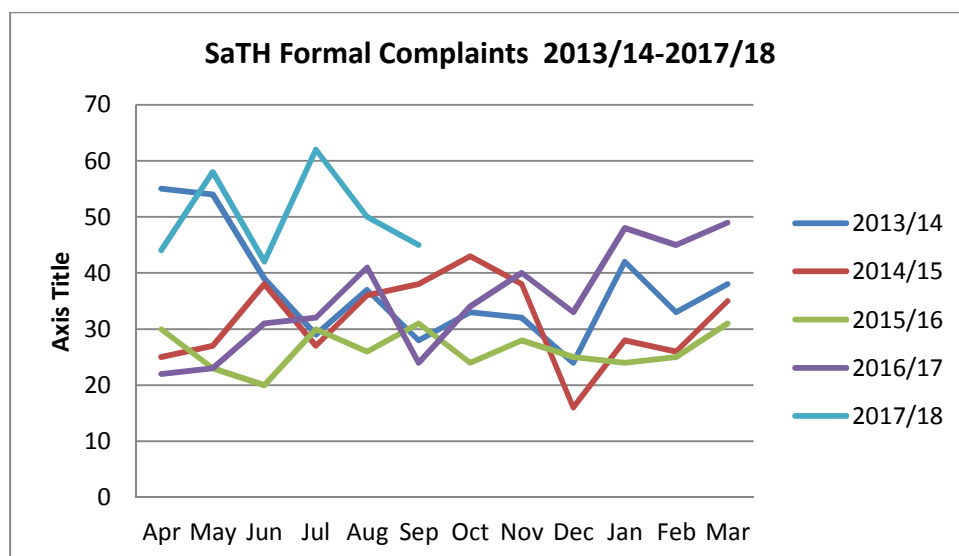
1. Introduction

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 two (July to September 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 two the Trust received a total of 157 formal complaints which equates to less than one in every 1000 patients complaining (0.72 complaints per 1000 patients).

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



3. Performance

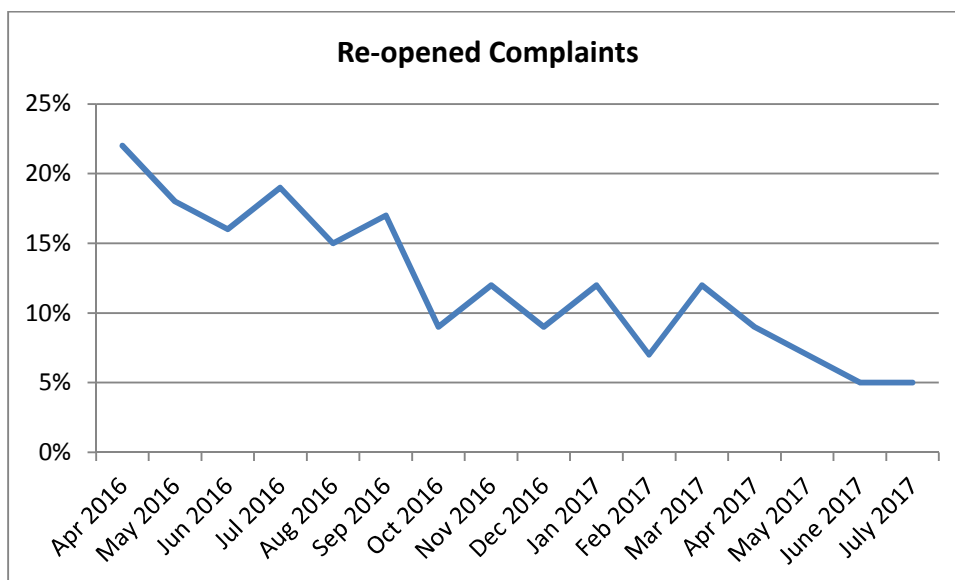
The Trust is required to acknowledge all responses within 3 working days. The Trust achieved 100% compliance with this requirement during quarter two. Where possible, complainants are also telephoned by the Case Manager to confirm the issues identified for investigation, outline the process and timescales 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 is 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. At the time of this report, 64% of complaints in quarter two have been closed within the timescales agreed initially. Response rates are continuing to increase, although this is still below the level expected. All overdue responses are due

to investigations taking longer than initially thought; in some cases this is due to staff managing busy workloads and rightly prioritising clinical care and in other cases due to responses being delayed from other organisations for joint responses. Other delays are where investigations prove to be more complex than initially thought, with additional input required that was not identified at the start of the process. Where the Trust is unable to fully respond within the response time initially agreed with the complainant, the complainant is kept fully informed of any delays. All overdue complaints are closely monitored to ensure that delays are kept to a minimum and senior management within the care group are advised of the complaints where responses are overdue.

18% of the complaints closed during quarter two were not upheld, 59% were partly upheld and 23% were fully 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.

Complainants are advised to contact the Trust if they are unhappy with the response to the complaint; the complaint will be reopened and a further investigation carried out. Of the complaints closed in quarter two, 14 were reopened. The graph below shows the percentage of complaints that have been reopened by month. Figures for July and August are likely to change as complainants receive responses and decide whether or not to write in again.

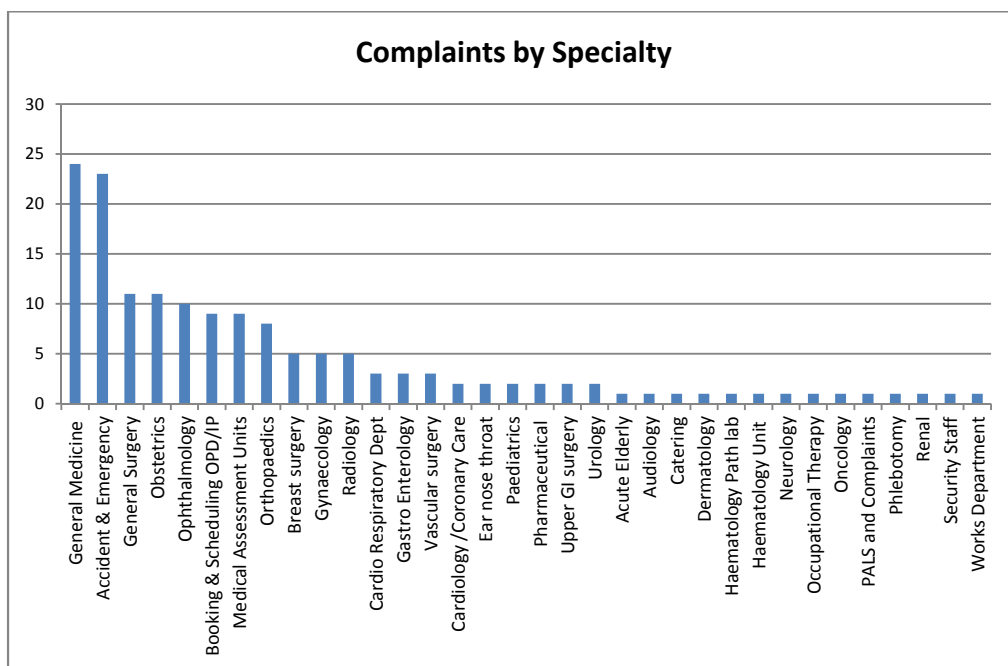


4. Formal complaints by specialty

The top specialties receiving complaints during the quarter were:

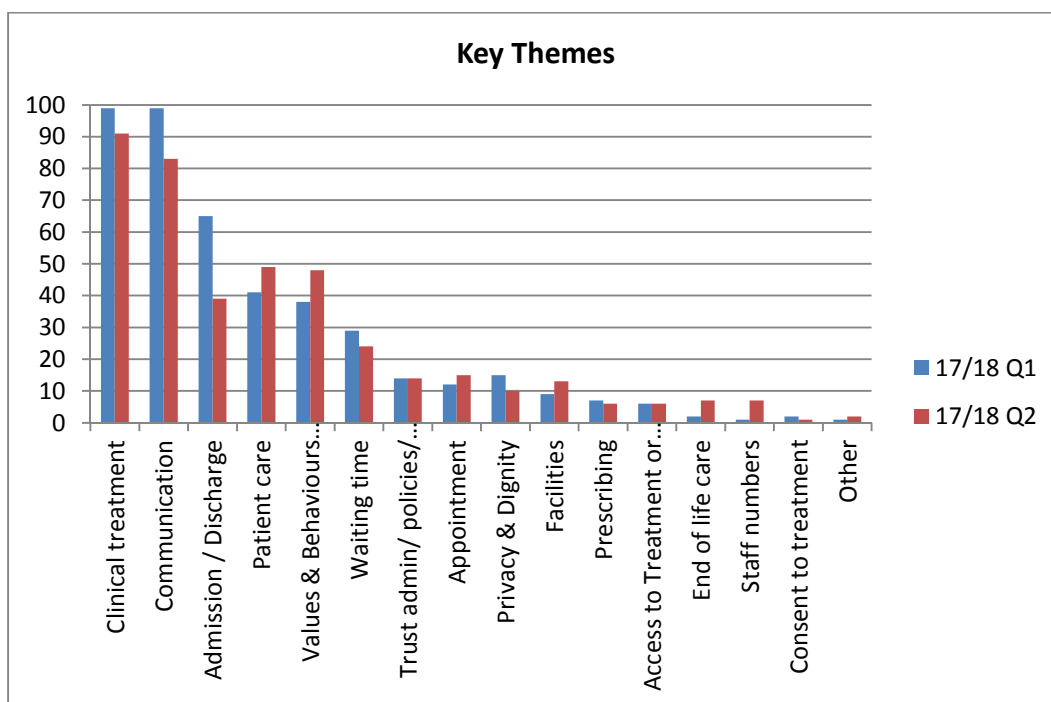
Speciality	Quarter Two
General Medicine Acute/ unspecified	24
Accident & Emergency	23
General Surgery	11
Obstetrics	11
Ophthalmology	10
Booking & Scheduling OPD/IP	9
Medical Assessment Units	9
Orthopaedics	8

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



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 issues raised by subject in quarters one and two of 17/18:

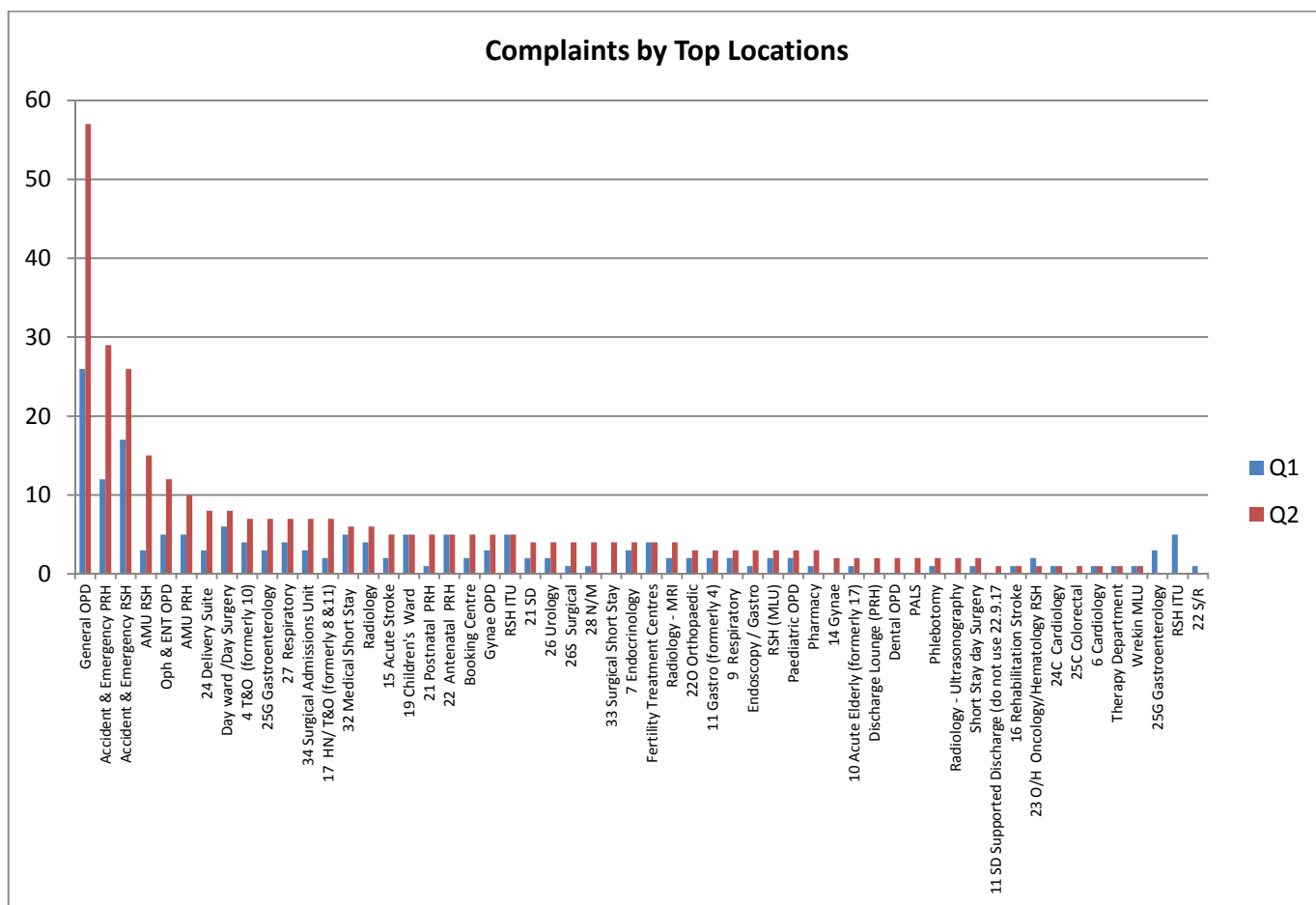


Clinical care/treatment relates to all aspects of a patient's treatment, both medical and nursing. A further breakdown of the complaints by subject and staff group can be found at appendices one and two.

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.

There have been increases in the number of complaints relating to Outpatients, both A&Es and AMUs. There are no specific trends noted in relation to the increase in complaints for the A&Es and AMUs, but the increase in complaints relating to Outpatients is due to a recent increase in complaints about appointments; this has been raised with the Patient Access Team.



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 develop action plans that are monitored until complete. Some of the significant changes made as a result of complaints received are as follows:

- Review risk assessment for use of treatment room as an escalation room

- Ensure counselling room is used for confidential discussions
- Mouth care policy for end of life patients drafted
- Review of booking procedures
- Change in process for lab invoices
- Medication safety updated delivered to wards on security of patients' own medications, self-administration policy and use of dosette boxes
- New checklist introduced for discharging patients
- Going home chats being piloted
- Review SOP for phone calls to the lab
- Review and strengthening of SOP for dispensing trays
- Introduction of 'plan for the day' sheets to be given to patients following ward rounds
- New head and neck assessment for vulnerable patients with NIV/oxygen therapy/NG tubes.
- Flow chart of actions to be taken when a pressure sore develops produced for ward staff
- Refresher training on TCI planning and scheduling
- Standardised coding and listing within elective admission list entries to be implemented on PAS
- Communication to all renal patients regarding the renal counselling service
- Refresher training on cashing up of clinical outcome forms
- Nursing staff to ensure that all consent forms, including paediatric forms, are available in each clinic room
- Review of Medway system to ensure that details of surrogacy are flagged
- Patient boards to be kept up to date with mobility status
- Ward clerks to cancel any appointments relating to antenatal care at time of completing miscarriage notification
- Memo to staff about signing the form for car parking permit where appropriate when women can be expected to be an inpatient for 3 or more days

43% of complaints closed in quarter two had an action plan completed or confirmation that no actions were required. The complaints team now send out monthly reports to each of the care groups to let them know which responses still require action plans and to seek confirmation of completed action plans.

A learning report is now being presented to the Clinical Governance Executive, to raise awareness of learning and encourage Care Groups to consider learning from other areas, and monthly and quarterly reports to Care Boards now also include details of actions.

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 two the Trust was notified of three cases referred to the Ombudsman:

- Patient's daughter was unhappy with the care, including nutrition, pain relief and pressure sore management
- Patient was not happy with the antenatal care she received and the management of her labour

- Patient's ovary was not removed in the first procedure, resulting in the need for a second procedure

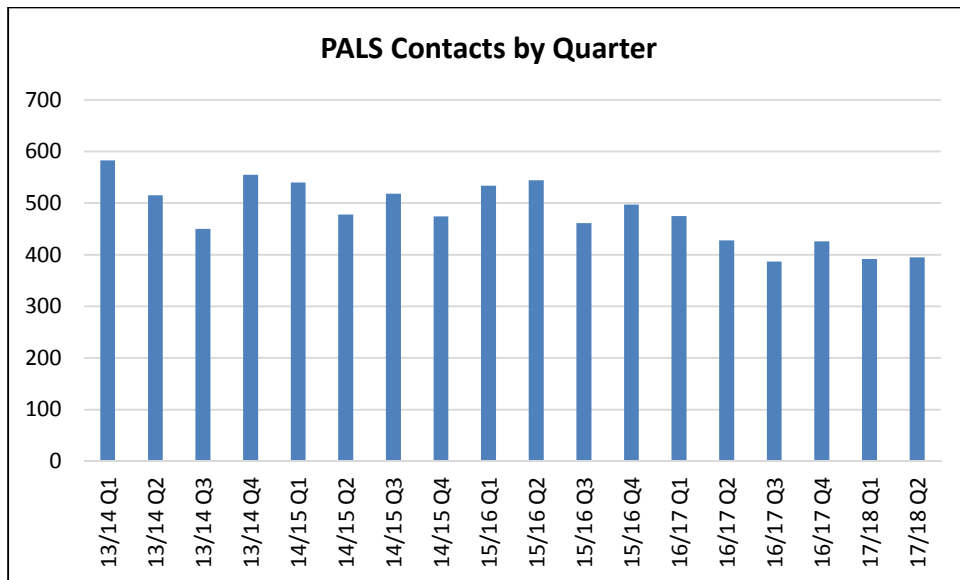
During quarter two, the Ombudsman concluded three investigations, two of which were partially upheld and one of which was not upheld.

The complaint that was not upheld related to concerns about a delay in diagnosing cancer; however the Ombudsman found that the Trust did not miss opportunities to diagnose cancer and that the Trust managed the complaint appropriately.

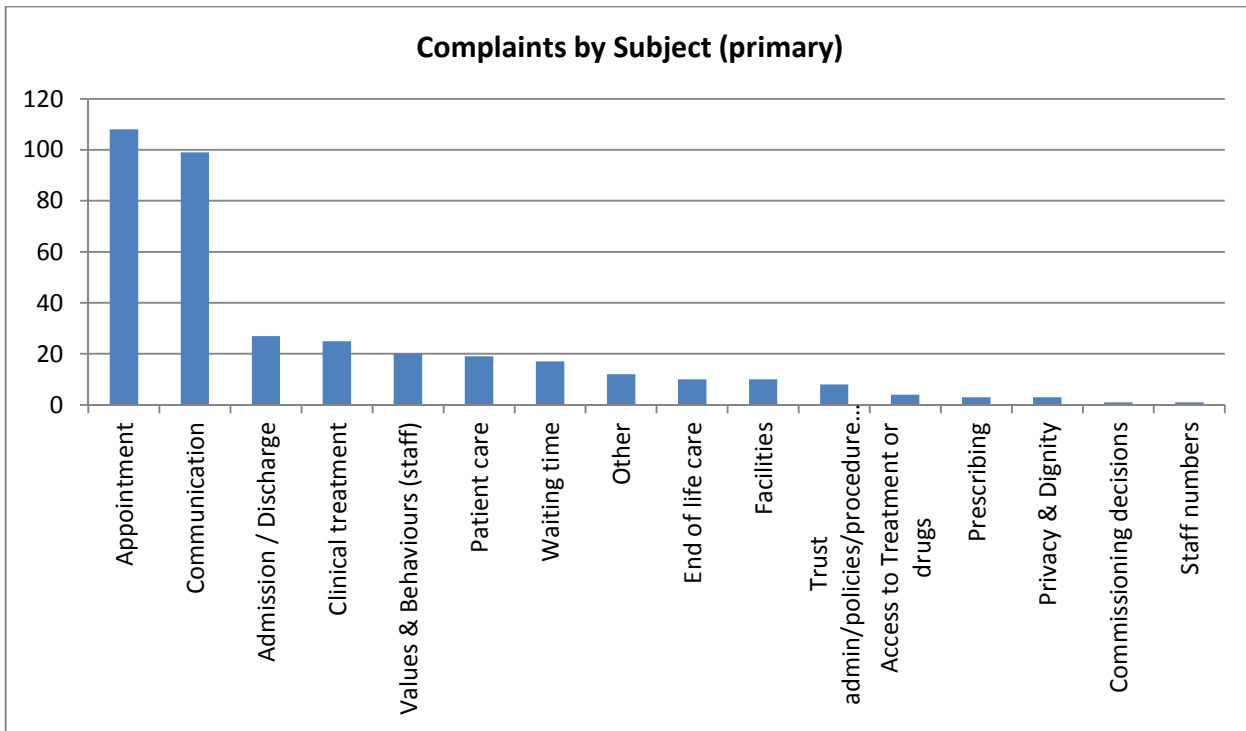
Of the two partially upheld complaints, the first related to a lady who was unhappy that she was not allowed to give birth at her preferred location; the Ombudsman found that the correct decision had been made but raised concerns about the Trust's communication of the decision. The report and Trust's action plan has already been shared with the Board. The second complaint related to a patient who was admitted to the Trust following a seizure in July 2014. He was transferred to ITU with a suspected chest infection and subsequently developed sepsis. The patient passed away two weeks after being admitted. The Ombudsman found that the Trust handled the complaint appropriately, recognizing areas where the care and communication had fallen below the standard expected and apologizing appropriately. The Ombudsman did however also find that it would have been in line with established good practice for details of the patient's prior admission to hospital to be reviewed, which would have identified that sodium valproate had previously been withdrawn as it caused the patient to become drowsy. An action plan is being developed and will be shared with the Board for approval.

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 two the PALS team handled 395 contacts. The graph below shows the PALS activity over the past three years.



Main themes arising from the concerns raised via PALS



As with quarter one a trend is seen that the majority of PALS contacts relate to concerns about appointment issues and communication. Admission and Discharge issues have also been a point of concern for the last reportable period.

The majority of PALS concerns received have been in relation to the following 10 specialities and are placed in order of number received:

- Orthopaedics
- Ophthalmology
- A&E
- General Medicine Acute/unspecified
- ENT
- Gastroenterology
- Booking and Scheduling, OPD/IP
- General Surgery
- Urology
- Gynaecology

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 two, 30 comments were published on the NHS Choices website, 15 for each site. 70% (21) of these were positive, 23% (7) were negative and 7% (2) were mixed.

As with Quarter one the area that received the most positive comments was A&E with 9 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, 103 letters of thanks and appreciation were received by the Chief Executive, as well as through the SaTH website and on our main social media channels, during quarter two. 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 is provided 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
July	4	7	12	5	3	1	32
Aug	7	10	21	8	1	0	47
Sept	1	12	8	1	2	0	24

Examples of letters received are included at appendix five.

11. Bereavement

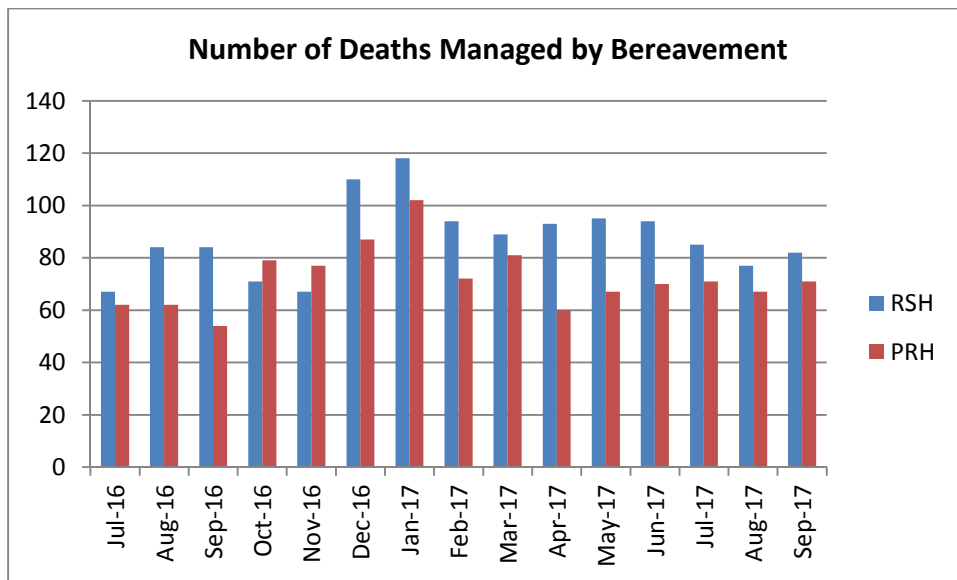
From the 1st October the Bereavement Service are now conducting the call back phone calls that have been requested by those who have completed the End of Life feedback surveys. These calls will be logged on Datix under Bereavement and actions required from those telephone conversations will be facilitated by the Bereavement Team.

Condolence cards will be given out to all bereaved families following the death of their relative. The Bereavement Team are awaiting the first batch of stock; as soon as it arrives they will be included in all bereavement packs but personalised with the name of the person who has died.

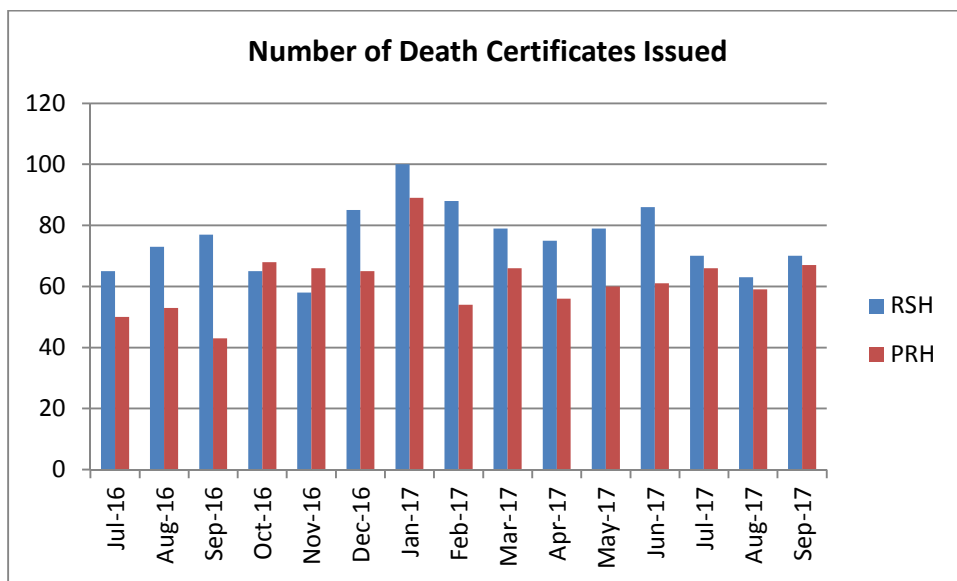
The registration of deaths at the Royal Shrewsbury Hospital continues to work very well, with all 3 days being fully utilised. Up to 6 registrations can take place a day and this is all facilitated by the Bereavement Team. Access to the Council system, Tell us Once, is now fully functioning due to a permanent internet connection being put in place. Feedback received from relatives continues to be extremely positive and it has become apparent that Funeral Directors are also advising bereaved relatives that the service is available.

The Bereavement Team are working on filming a bereavement video which is intended to be shown at Induction for all staff. The film intends to capture the entire bereavement process and to date interviews with a Medical Consultant, a Ward Clerk and the Bereavement Team have been filmed. We intend to include a talk from staff in the Mortuary and the Registrar and Coroners Officer and also include a patient story. In making this film it is hoped that the message remains out there that we get one chance to get it right for bereaved families and everybody has an important part to play and so explaining the process in a real environment is hoped to have a lasting impact on the viewers.

The Bereavement Team have managed 1939 deaths across both sites in the period June 2016 – July 2017.



Of the 1939 deaths the Bereavement Team issued 1661 Medical Certificate of Cause of Death. The remaining 278 will have been cases reported to the Coroner's Office and a small proportion of these MCCDs will have been issued to the families by the wards.



12. Complaints & PALS Services Highlights

Complaint reporting to the Care Groups has been expanded to include more details of changes in practice.

Complaints and PALS surveys have been sent out to all users of the services; results will be included in the Q3 report. The PALS survey will be done for one quarter each year and the complaint survey will be an ongoing survey.

The Complaints & PALS team have started on the Aston Team Development Journey to further improve team working and processes.

PALS team have been trained and are now carrying out calls requested by families who have said that they would like a phone call when answering the bereavement survey (reducing pressure on the EOL Team)

A bereavement training video is being completed to ensure all staff involved in the process understand their role and the importance of timely action; this will include a story from a family who have recently gone through the process.

Complaints meetings are now regularly recorded, to provide complainants with a verbatim transcript of the meeting.

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 however, the numbers have reduced since then.

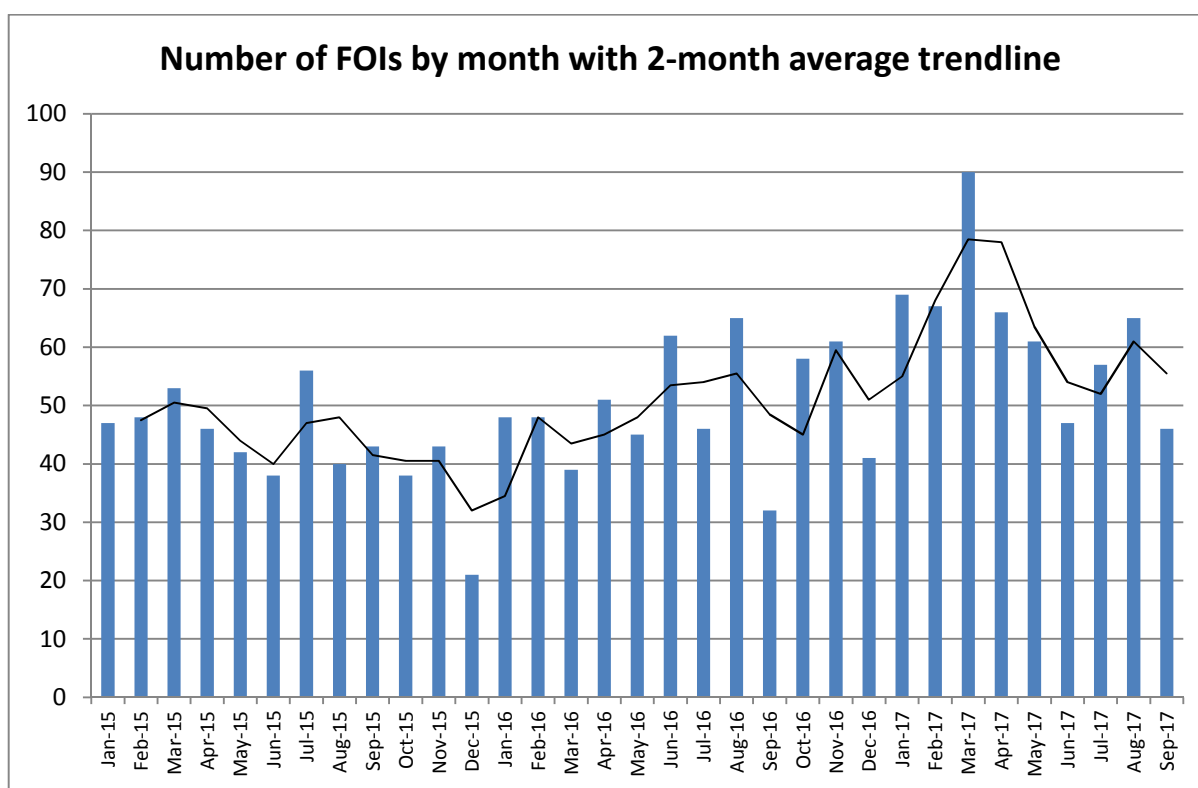


Table – Overview of FOI requests October 2016 – September 2017

Month	Received	Answered within 20 days	NOT answered within 20 days
October	58	54	29
November	61	57	48
December	41	17	25
January	69	24	4
February	67	33	4

March	90	82	8
April	66	60	5
May	61	49	11
June	47	43	4
July	57	46	11
August	65	36	29
September	46	39	7

Table 2 – Responding department - Oct 2016 – Sept 2017

Department	Oct - Dec	Jan - Mar	Apr - June 17	July - Sept	TOTAL
Corporate	17	67	30	26	140
Estates	7	6	6	10	29
Facilities	6	9	5	3	23
Finance	20	26	11	10	67
Infection Control	7	1	1	0	9
Information	5	26	13	7	51
IT	13	10	11	14	48
Nursing & Quality	3	8	2	8	21
Pharmacy	6	11	7	8	32
Procurement	13	6	6	8	33
Radiology	8	3	1	3	15
Scheduled Care	3	12	9	14	38
Support Services	12	2	4	3	21
Unscheduled Care	1	7	7	14	29
Women & Children's	11	11	9	11	42
Workforce	12	21	19	27	79
Grand Total	144	226	141	166	667

Recommendation

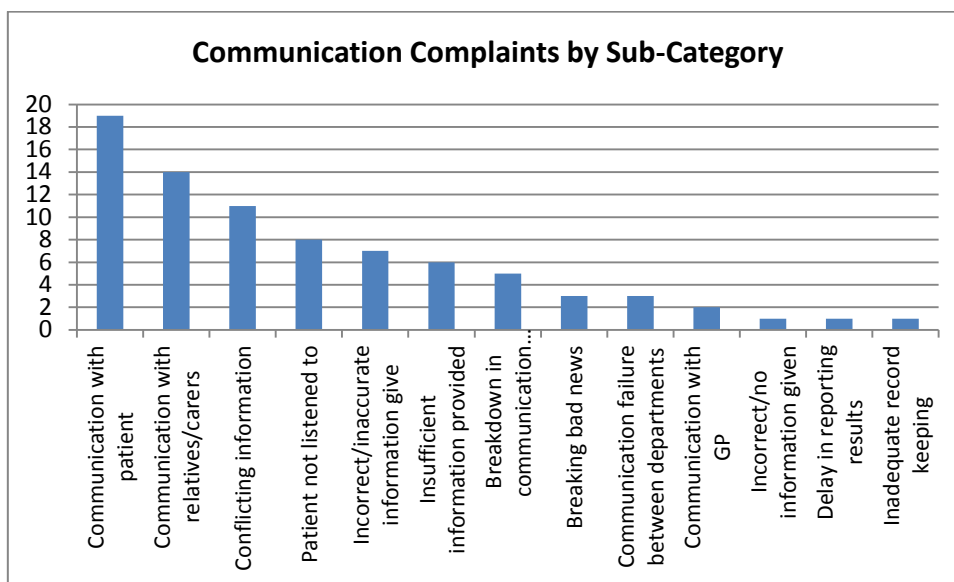
The Board is asked to consider the report

COMPLAINTS & PALS REPORT JULY TO SEPTEMBER 2017

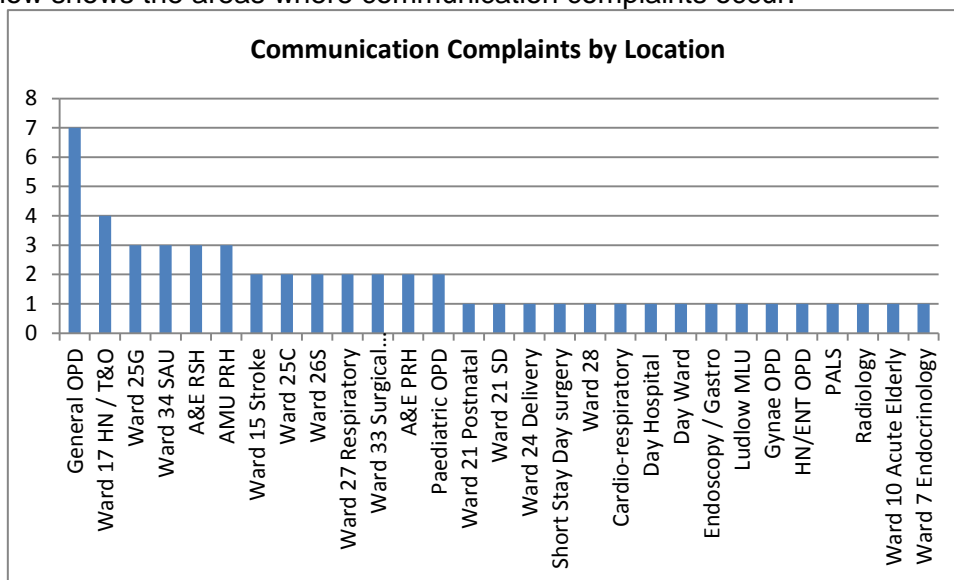
Appendix one

Detailed breakdown of complaints themes

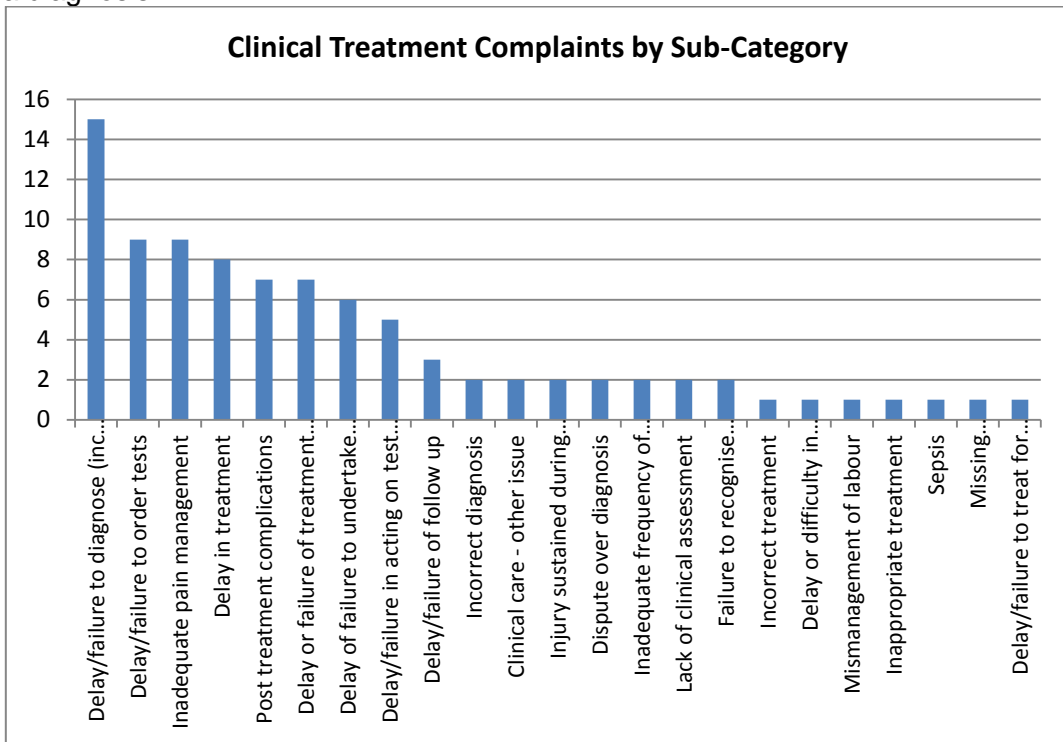
Communication forms a part of the majority of complaints and the details can be broken down as follows:



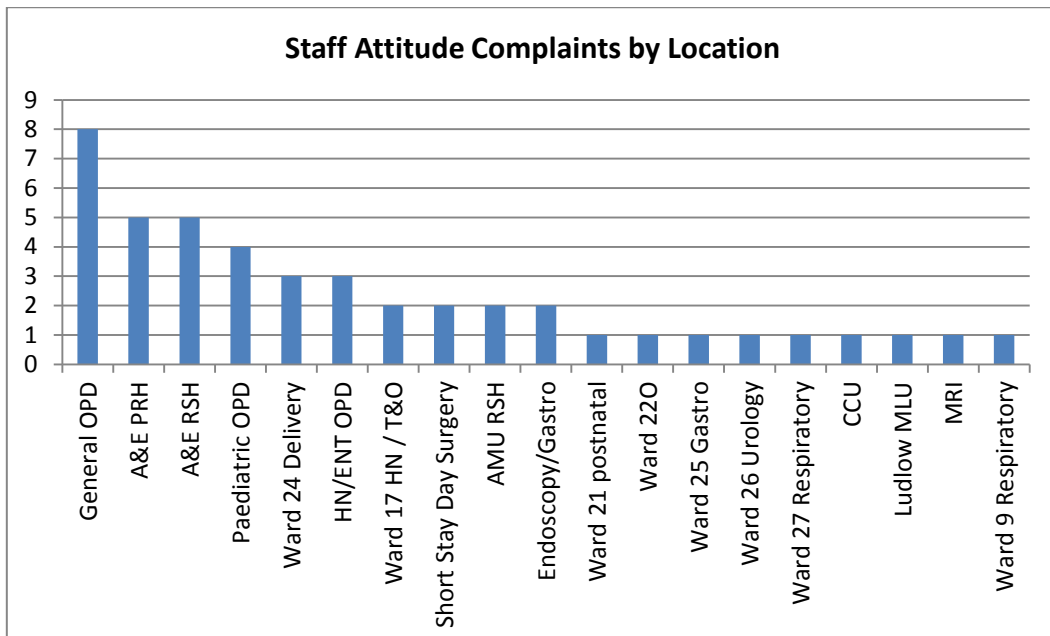
The graph below shows the areas where communication complaints occur:



A large number of complaints also raise clinical treatment as an issue; the graph below shows these complaints broken down by sub-category. The majority of these complaints relate to issues in obtaining a diagnosis.

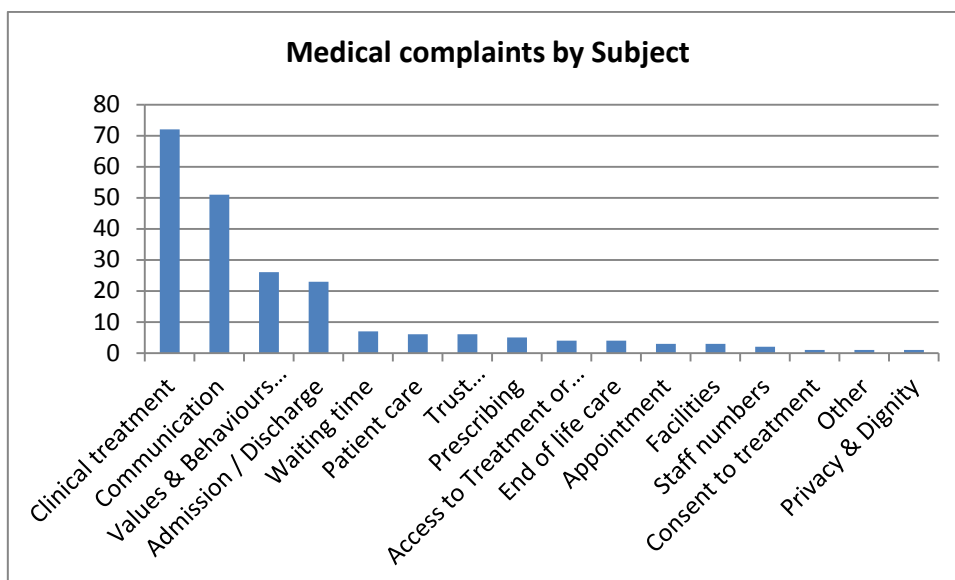
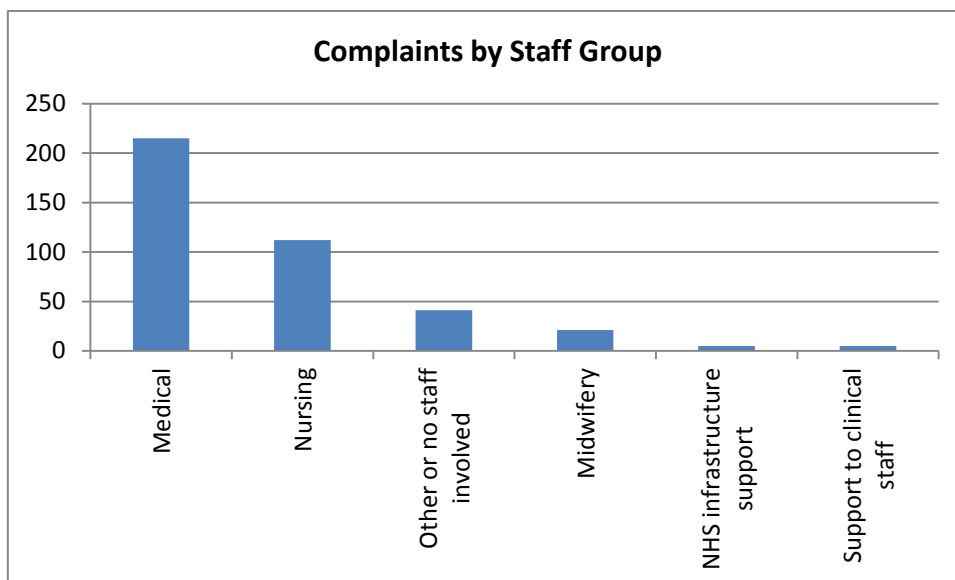


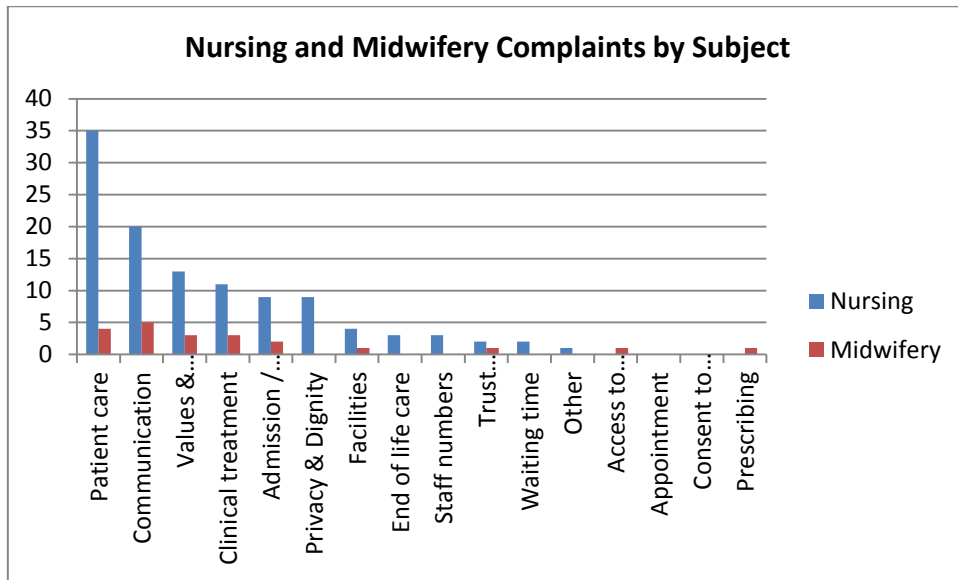
There has been a recent increase in the complaints relating to staff attitude. The graph below shows the locations where these complaints have been received. This will continue to be monitored for any specific trends.



Complaints by Staff Groups

215 of the issues raised in complaints received in quarter two raised concerns relating to medical staff, 133 raised concerns relating to nursing & midwifery staff. Further details are shown in the charts below:





Examples of PALS Cases

- Patient unhappy that she arrived for an appointment with consultant and it had been cancelled. Apology and explanation given to patient and supported until transport came to take her home.
- Patient's family were distressed after seeing the patient in the Swan Bereavement Room- they felt the deep velvet covers were inappropriate. Family advised that the purple covers have now been replaced and improvements have been made to the mortuary rooms. Apologies given for their experience and offered the family to revisit the mortuary or to meet with the end of life lead nurse but they advised they are happy with what has been done.
- Patient unhappy that MRSA swab was lost. Apologised to patient for inconvenience and explained what had happened. Advised patient of opening times for Pre-Op so he knows when he can return.
- Patient is not happy his surgery has been cancelled six times. Comments sought from Booking Manager and advised the patient was cancelled; however three of these cancellations were because he was not well enough. Apologies given for upset caused. Patient has been rebooked Surgery for 18th October 2017.
- Patient unhappy with delay in getting CT scan reported. Scan reported on and apology given.
- N.o.K not happy with lack of communication from medical team about their mothers care and prognosis. Arranged for consultant to meet with family to explain oncology input. Family satisfied with resolution and thanked us for our input.
- Patient is not getting any help from Cancer Services on information and support available to her whilst her cancer diagnosis is still on-going. MacMillan and Hamar centre information leaflets sent to patient and arranged for Haematology CNS to call patient to offer further support.
- Patient unhappy that she was discharged from SSDS after being on Ward 22T&O with no discharge summary or instructions to GP about aftercare and follow up appointment. Apology given for failure to provide discharge summary. Arranged for discharge summary to be sent to GP and doctor contacted patient.
- Patient's daughter very unhappy with discharge planning for her father, stating it has been dreadful from start to finish and an unacceptable level of communication. Discharge has now taken place with appropriate care package in place.
- Patient's mother is not happy she was told she could bring her daughter in to the paediatric department for a blood test without an appointment but when she came in she was told that she did need an appointment and she couldn't be seen then. Comments sought from Paediatrics Ward Manager who apologised and advised that patient's mum was given the wrong information. They do educate staff daily about the correct information to give.
- Mother of patient is unhappy that her daughter's mammogram was not done today. Apologies offered and explanation given by all concerned. New appointment made for the next working day.

Examples of comments from NHS Choices

Some of the positive comments received were as follows:

We would just like to express our thanks and appreciation to the consultant and their staff for the prompt and excellent service and also treatment received by our son. He broke his wrist messing around at school and after attending A & E at The Royal Shrewsbury, he was given an appointment to attend the Fractures clinic the next morning. The staff were efficient, friendly and we were seen very quickly. The consultant explained his injury putting my son and us at ease. After examination his wrist was re plastered and we were off home. We expected to be there hours. We received a follow up appointment within days and a telephone message. We were seen within minutes of the appointment time. We waited a short while for the plaster to be removed and then again saw the consultant. The consultant remembered our son again explained how things were going and our son could now wear a splint. Fortunately we haven't needed the services of the NHS in Shropshire since our son was born 14 years ago. You hear a lot of criticism of the local hospitals and the NHS Nationally and wanted make sure our experience showed the other side of the coin. Our recent experience albeit with an minor injury was excellent. Thank you and well done to all the staff at the Fractures clinic.

Yesterday we experienced two departments and were so impressed with both. Husband had to have endoscopy in the morning, very anxious about procedure but staff were friendly and reassuring, talked him through options and how it would be carried out. He was very pleased with his treatment. I had an eye problem, optician refused to see me so came out of endoscopy unit into A&E to ask advice. Although I was concerned shouldn't be taking up a place there they were brilliant, reassured me that need to be checked for detached retina and had done right thing. Yes there was a wait but not complaining as think brilliant that we have somewhere to go when have health concerns. Doctor was great, reassuring and friendly and straightaway got me an appointment for that evening at RSH Emergency Eye Clinic. Can't ask for any better treatment than that - thank you PRH.

Recently had a laporotomy under the care of a consultant on ward 14. A fantastic surgeon who took the time to explain the procedure, did a wonderful job and has a lovely bedside manner, The nurses were amazing, they were so busy all the time but nothing was too much trouble. The ward was spotless. Always hearing the negative about the Hospital made me a little anxious but I cannot fault any of it and am making a great recovery

I attended the PMB clinic on a two week pathway, to have a hysteroscopy. It is not a pleasant procedure, but the staff were amazing . They were caring and helped to distract me with their conversation .The room layout was well thought out - you enter a changing rom that is then locked to the waiting area so you are assured of your privacy and from there you go into the clinical area which was clean and well laid out. At all times the staff preserved my dignity as far as is possible given the procedure undertaken. The Doctor was excellent - providing clear information, explaining what was happening and what the initial findings were. I felt listened too and was treated as a fellow human being. I really cant speak highly enough of the two nursing staff (nurse and assistant?) in the room, whose every action demonstrated their vocation.

I had an Endoscopy yesterday, 15th August, in the Bickerstaff Unit. I simply cannot rate too highly the absolutely excellent treatment I received. Every single member of the Staff were brilliant, so very kind, caring, helpful, informative, and reassuring. I have nothing but praise for the whole Unit, they are brilliant.

We had recently gone to A&E will my 2 year old after a fall. The care he received was fantastic and we are so grateful for this wonderful service. From start to finish my son was treated with kindness from various members of NHS team and as an anxious and worried mother I was given plenty of information. It was a relief to be going home after 2 hours and hopefully we wont be in again soon but thank you!

Very uneasy on arrival on Ward 24 on 06/07/17 as all a bit of a shock! Made to feel at ease within a very short period of time and have to say having been released this afternoon, 13/07/17, I actually miss them! That may sound a bit odd but built up a rapport with them in a very short space of time. What an amazing bunch of people. If I had a problem again this would be my destination of choice, without a doubt! Can't thank you enough!

Some of the negative comments received were as follows:

Absolutely appalling my husband and son were in a car accident it took 45mins for an ambulance to arrive whilst my son was bleeding & further 15mins for another to arrive. The nurses were absolutely useless made them wait for hours in the waiting room whilst bleeding & in pain wouldnt even give my 14 year old son pain killers i had to have a go at the nurses so they would give my son paracetamol. Eventually didnt even bother to do relevent tests (xrays) or clean the dried blood from his injurys was sent home still bleeding from his facial injuries very disappointed with the service considering they rob us of our hard earned cash (tax) and the level of service given was very unsatisfactory

Having recently spent time on ward 27 respiratory , I found the majority of the staff to be very hard working although I could sense the tension between the Hospital Nurses and the Agency Nurses, obviously because of the massive difference in pay. The Doctor that I saw on this ward obviously had some sort of problem with some patients , myself included. The doctor was arrogant and obnoxious towards me for reasons unknown although it may have been because of a remark I made to a Trainee Doctor = (A Doctor came to my bed and without telling me who they were , asked me if I was still in Pain, I asked the said Doctor if they had left school yet and if they were on a work Experience programme as they did not know how to conduct themselves properly towards patients.) I noticed that there were Trainee doctors who just did not know what to do with them selves , another doctor was following the doctor everywhere as if they were glued to them, it was quite amusing to watch. There were two other doctors that came onto the ward and gave each other a big hug and kissed each other on their cheeks, not good for professional doctors in their work environment with patients, visitors and staff about. When the wife came to visit me , she noticed a patient who had been wheeled outside in her bed so that she could have a cigarette , this was unbelievable.

The hospital declares that it is a non smoking zone yet over the past two weeks I have observed staff and patients smoking outside the Oncology Department and elsewhere. Today I saw a lady lying in her bed smoking.....her bed had been wheeled outside of the unit into the open air alongside the ambulance bay. The non-smoking policy at this hospital is a farce in that neither is it observed nor enforced. For that you have to place the blame at Management. Further, the anti-infection policy falls down badly. There is no enforcement nor encouragement for visitors and patients to use the gel. It would appear, from my 20 visits over the past two weeks that I am the only person to use the gel. Am I alone? Again, the blame has to be placed on the management of this hospital. What a contrast to Stoke!

Extracts from a selection of thank you letters



Thank you . . .

Words can never truly convey the immense gratitude for what the medics and nursing staff have done for my daughter. There is nothing I can say or do that would ever be enough.

Thank you so very much for everything you did.



Thank you . . .

I brought my daughter into A&E services and I'd just like to comment on how efficient the process was, and how positive all the staff members were.

In a world of negative perceptions, I thought it important to feedback when things go well. It was an efficient, polite, good natured and speedy experience.

Well done PRH folks and keep it up.



Thank you . . .

Thank you for the care your Trust, with its exemplary professionals, provided for my family.

