

Paper 15

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	29/03/2018
Paper Title	Quarter Three 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 Q3 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 137 formal complaints and 395 PALS contacts were received during Q3 of 2017/18.</p> <p>Appendices included in Information Pack</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 OCTOBER TO DECEMBER 2017

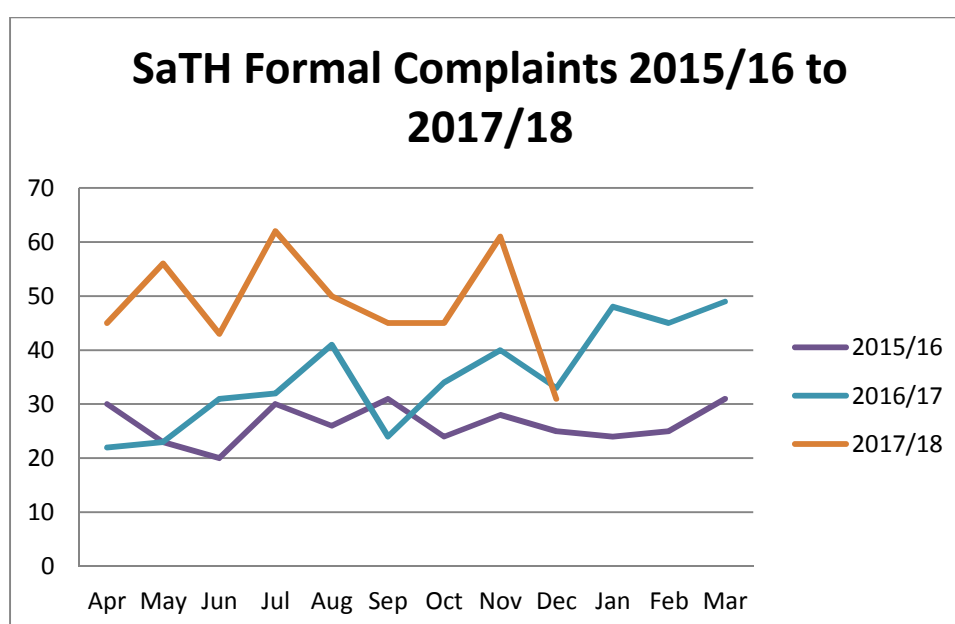
1. Introduction

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 three (October to December 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 three the Trust received a total of 137 formal complaints which equates to less than one in every 1000 patients complaining (0.65 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

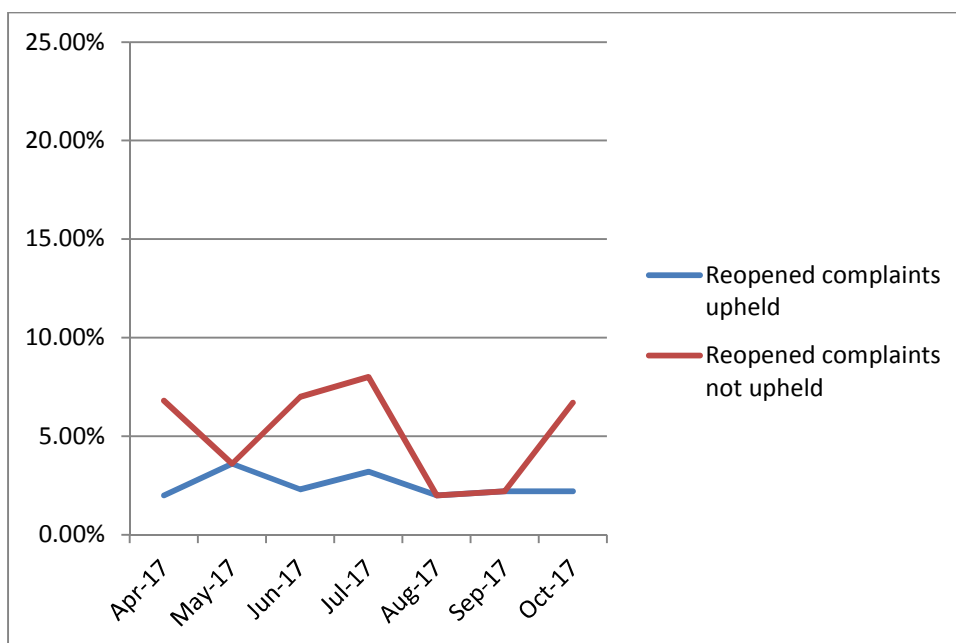
The Trust is required to acknowledge all responses within 3 working days. The Trust achieved 100% compliance with this requirement during quarter three. Where possible, complainants are also telephoned by the Case Manager to confirm the issues identified for investigation, outline the process and timescales 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 three have been closed within the timescales agreed initially. Response rates are continuing to increase, although this is still below the level expected. Where the Trust is unable to 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. Of those complaints that were not responded to within timescale during quarter three, 5% were where responses were received from Care Groups within time, but the investigation identified further information was needed, 10% were delayed because information was not received from external organisations (e.g. GP surgeries and staffing agencies), 3% were due to notes going missing so staff could not respond and 82% were due to staff within Care Groups not responding to the Complaints Team in time.

17% of the complaints closed during quarter three were not upheld, 60% 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 again if they are unhappy with the response to their complaint; the complaint will be reopened and a further investigation carried out. 14 complaints were reopened in Q3, relating to complaints in November 2016, and July, August, September and October 2017. The graph below shows the percentage of complaints that have been reopened by month, split between those that were considered to be upheld (i.e. the initial response had not fully answered all questions) and those that were not upheld (i.e. the response had addressed all the questions, but the complainant either wished to raise further issues not included in the original complaint or did not accept the findings of the investigation). Whilst the numbers of upheld re-opened complaints is very low, indicating that the majority of responses so answer the complaint fully, the Trust is aiming to achieve 0% re-opened complaints that are upheld.



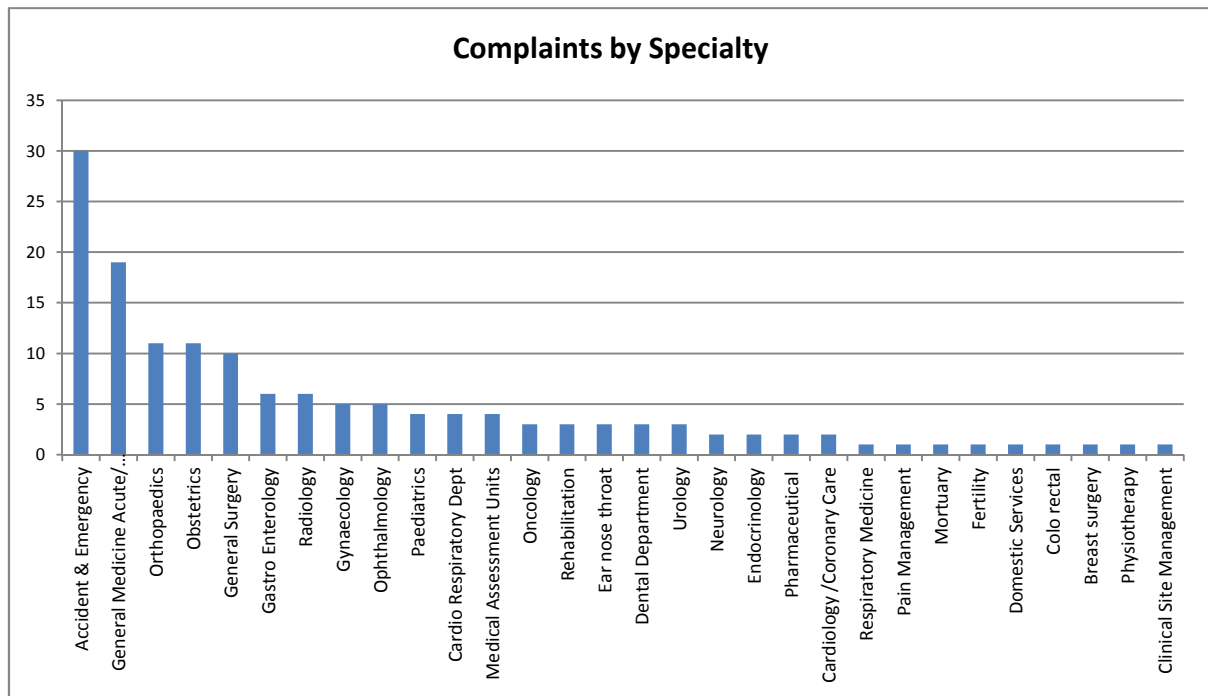
4. Formal complaints by specialty

The top specialties receiving complaints during the quarter were:

Speciality	Quarter three
Accident & Emergency	30
General Medicine Acute/ unspecified	19

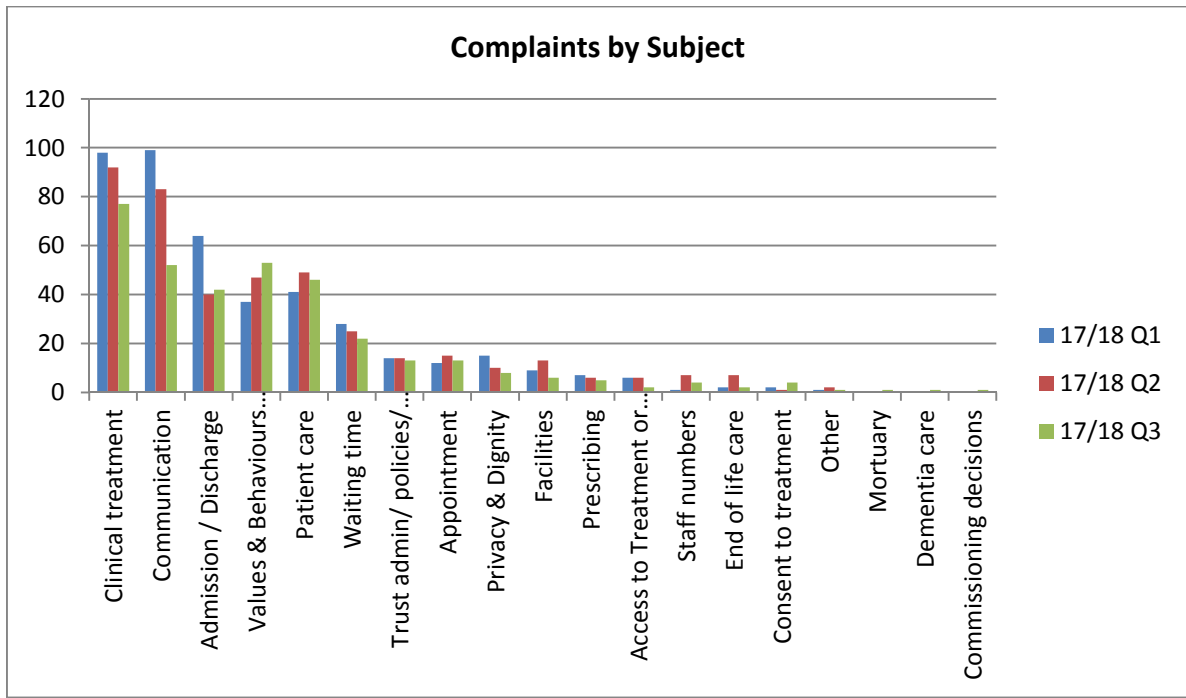
Orthopaedics	11
Obstetrics	11
General Surgery	10
Gastro Enterology	6
Radiology	6
Gynaecology	5
Ophthalmology	5

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



5. Key themes

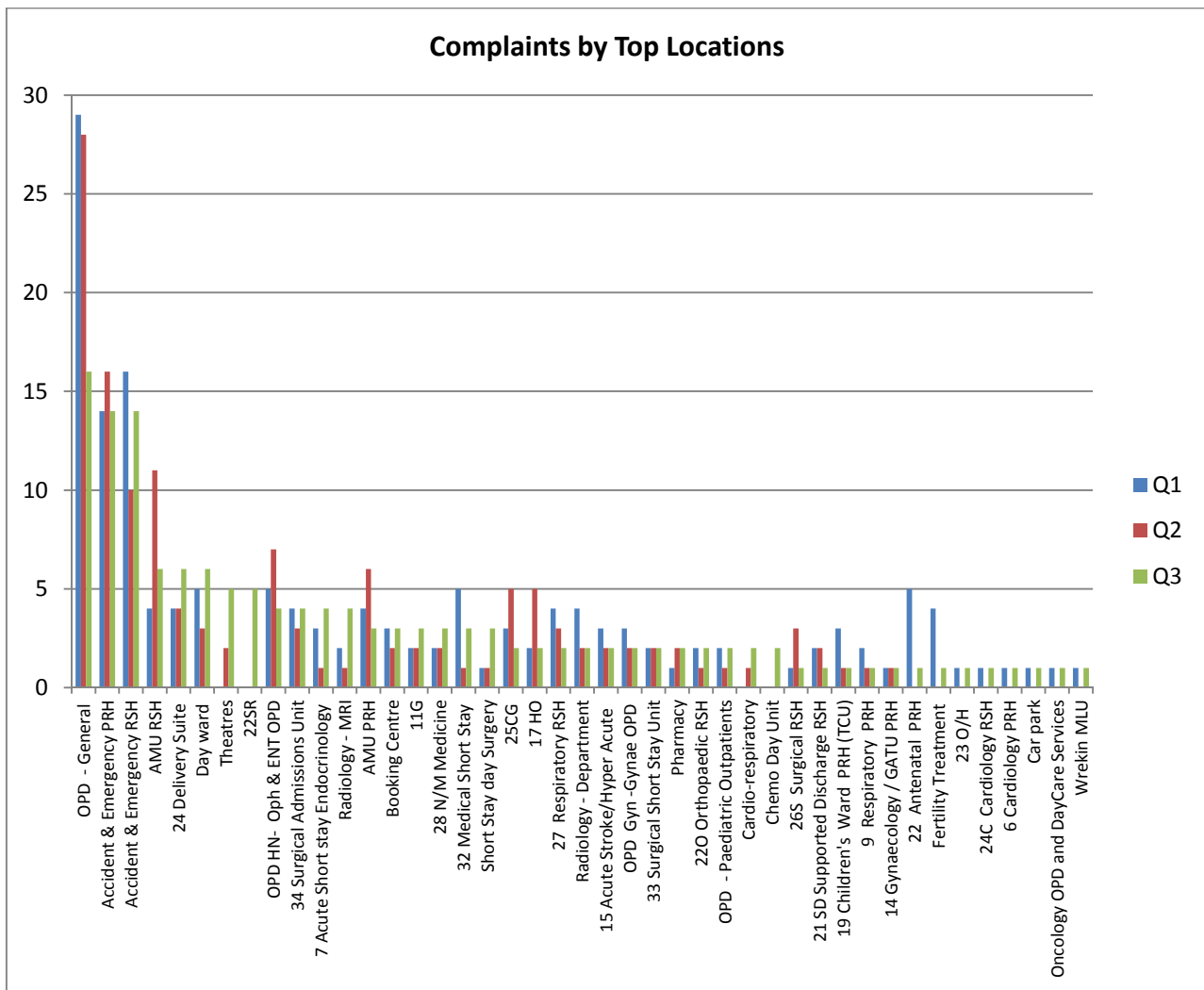
Each complaint may be multi-faceted, particularly where the complaint relates to inpatient care that involve the multidisciplinary team or events over an extended period of time. Each issue identified in the complaint is recorded which means that the total number of issues will exceed the number of formal complaints received. The graph below shows the number of issues raised by subject in the first three quarters of 17/18:



Clinical care/treatment relates to all aspects of a patient’s treatment, both medical and nursing. There has been a steady increase in the complaints relating to staff attitude, which has been shared with the Workforce Team. In addition, the Medical Director and Director of Nursing, Midwifery & Quality are now being sent copies of all responses where issues relating to medical and nursing staff attitude are identified for them to action as appropriate. 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.



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:

- Staff training on the use of the gantry hoist
- Checks in place to ensure that staff declutter and wipe clean lockers and tables at least twice a day
- Letter to be sent to staff about smoking in non-smoking areas
- Changes to filing of Health Harmonie referrals
- Review reporting capacity and turnaround times
- Review of information given to patients with severe back pain in hospital
- Update the patient info leaflets to include the role of nurse or operating department practitioner
- Documentation and handover process to be reviewed highlighting blood group
- HCAs and nursing staff to discuss with the patient what to expect during their time within the department.
- Visiting Medical teams to the ward must be made aware of the need to involve nursing staff in discussions regards resuscitation or be informed if discussion has taken place to ensure appropriate support can be provided to patients.

- The nursing team to ensure patient is made aware of ward moves and supported to pack belongings and then settled in to new ward environment so there is a smooth transition of care. Documentation for rationale of move to be written in ward log book or patient record.
- PACS imaging providers have updated system with a better design of displaying prior imaging and flags to indicate most recent study on screen
- The concerns identified in this complaint will be shared with staff to ensure that the multi-disciplinary team address the issues raised and ensure any changes to the patient's care needs which will impact on their discharge needs is acted upon - complaint and issues to be shared with staff
- Communication skills training for admin staff/secretaries
- Incorporate specific questions into SaTH's local cancer patient survey about the organisation of appointments etc. in Oncology department
- To mark certain letters as urgent to indicate to secretarial team to type more quickly
- Medical secretaries to ensure that they pass referrals to consultant's colleagues in their absence rather than wait for return.
- Staff members attending training to deal with communication and difficult situations that may occur on the ward
- Staff reminded that if they view relatives/visitors on the ward in a healthcare uniform they need to ask them not to visit in the uniform and explain why and give them a reducing the risk of infection leaflet.
- Doctors to be asked to leave the medication charts in the folders on the ward.
- All staff to familiarise with mouth care policy and document when providing oral hygiene
- To ensure patients are kept up to date regarding trolley allocation and review
- Each nurse to go through all medication, with patient and family member if present so they have full understanding about their medication.
- Communicate with patient whether the individual has identified package of care. If unsure to contact next of kin.
- Revise guidance re review of babies after birth whose mother are suspected of sepsis
- Ensure support for midwives transferred to unfamiliar areas
- Development of protocol to identify most appropriate method of processing referrals to prevent confusion on the part of the patient and ensure extraneous appointments aren't booked
- Review whether observations and completion of Paediatric Early Warning Score charts are being routinely carried out in accordance with guidelines.
- Ensure all staff have completed their blood transfusion training. Set a target for any staff who have not completed their training.

49% of complaints closed in quarter three had an action plan completed or confirmation that no actions were required. The Complaints Team request action plans for each complaint and send out reminders, and a report is sent each month to the Care Group senior management teams with details of complaints for which no action plan has been received, therefore it is disappointing that this figure is not any higher. In Q4, the Complaints Team have introduced a new complaints statement form which breaks down each point to be answered in the complaint and prompts the individual responding to detail any learning relevant to that point and the actions required to implement that learning. It is hoped that this will improve the number of actions plans being received.

Learning from complaints is shared at the Clinical Governance Executive, the Nursing & Midwifery Forum and at Care Group Board and governance meetings.

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 notified of two cases referred to the Ombudsman:

- The first was a complaint that had been received in April 2017, relating to delays in providing the results of an EEG scan and an appointment for a sleep-deprived EEG scan. The patient subsequently died of epilepsy and the Trust investigation found that these delays did not impact on this sad outcome.
- The second was a complaint that had been received in April 2016, relating to delays in sharing a terminal diagnosis with family and inadequate pain relief. The Trust investigation found that the patient had received appropriate care and was aware of his terminal diagnosis and had chosen not to share it with all family members.

During quarter three, the Ombudsman did not conclude any investigations. The Trust has not had a fully upheld PHSO review since April 2015.

9. Complaints Service Highlights

Since August 2017, all complainants have been sent a survey two weeks after their complaint has been closed, and the surveys returned between August and December 2017 have now been analysed, with a number of areas for improvement highlighted. 48 surveys were returned and the key findings are:

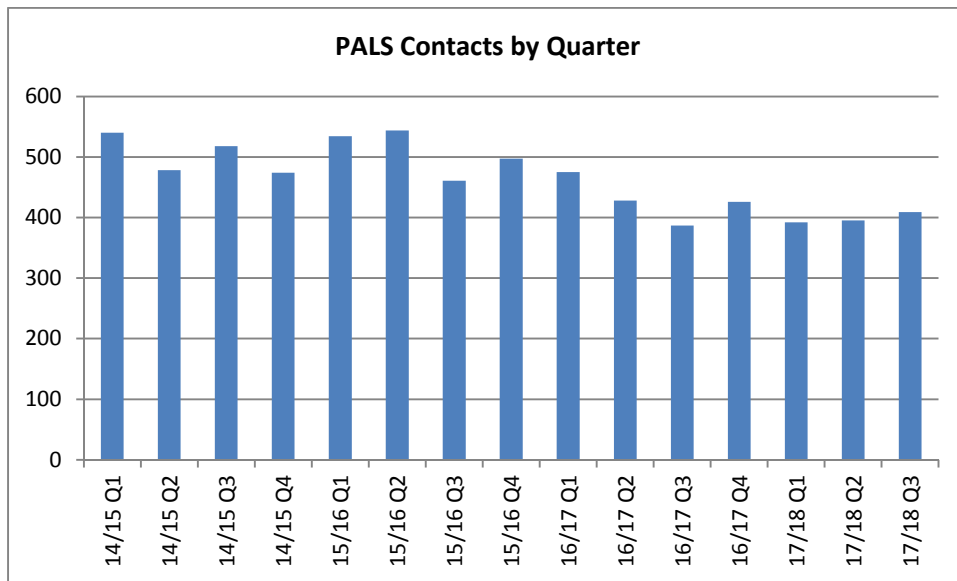
- 62% were contacted by phone to discuss their complaint on receipt. There are a number of complaints where we either cannot get hold of the complainant or do not have a contact number for them.
- 17% did not receive a call for more than two weeks after submitting their complaint; as attempts to contact a complainant are made within three working days of receiving the complaint, it is felt that this delay is due to the delay in complaints being received in the Department. This has been addressed in part by updating the address on the complaints leaflet to ensure all complaints come straight to the correct place, but will not take into account those complaints sent to the clinical department in the first instance.
- 21% of complainants stated that they did not receive a timescale for a final response. The standard acknowledgement sent out to all complainants does include a timescale in working days, but this will be updated to include a date by which they can expect to receive a response as well to make this clearer.
- 49% received a response within the agreed timescales; we are aware of the fact that responses rates are not as high as we would expect and work is ongoing to address this
- 83% of those whose response was delayed received contact from the complaints team to apologise
- 60% felt that the response from the chief Executive covered all the issues raised. We have now introduced a complaint statement form which breaks down the complaint to ensure that staff responding do address all points in the complaint and hope that this will help improve this.
- 58% felt that the Trust used their complaint as an opportunity to improve services. The new statement form prompts staff to identify learning in relation to each point in the complaint, which we hope will provide greater assurance for complainants.
- Whilst only 44% felt that the Trust handled the complaint well or very well, 85% would be happy to raise a complaint again in the future.

Complaints meetings are now routinely recorded and feedback from complainants about this has been very positive. The Complaints Team have had the opportunity to attend some Departmental meetings

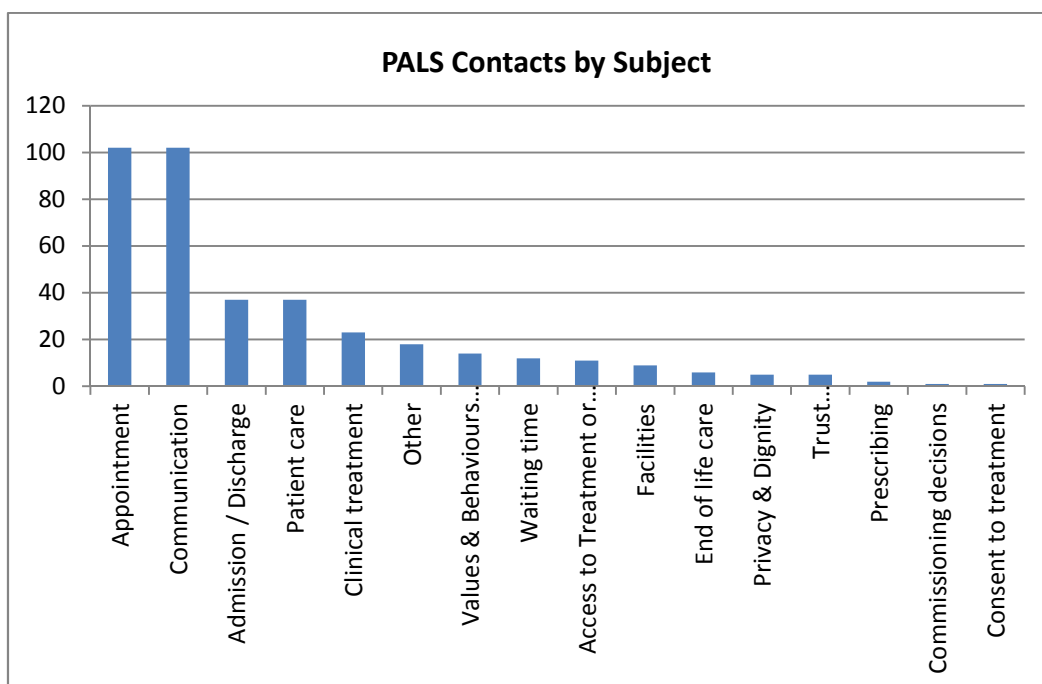
to provide further training on the complaints processes and will be providing training for new nurses at the next Preceptorship Study Day.

10. Patient Advice and Liaison Service (PALS)

PALS advisors are available to assist and support patients, service users and relatives and can be the first point of contact for any concerns they wish to raise about their care. With prompt action these concerns can often be resolved quickly and have positive outcomes. The majority of contacts are received by telephone or in person, although contacting the service by email is popular and is well used. During quarter three the PALS team reported 409 PALS concerns. The graph below shows the PALS activity over the past three years.

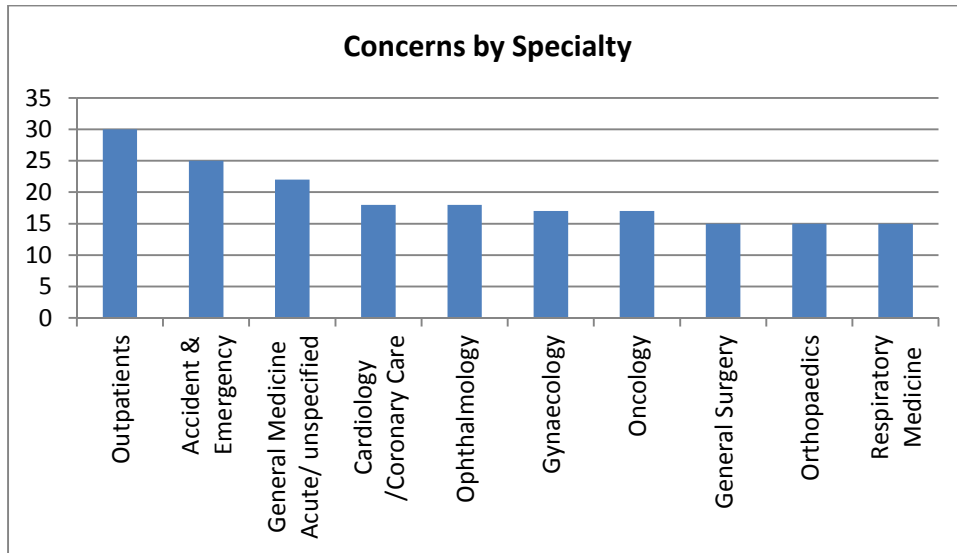


Main themes arising from the concerns raised via PALS



Quarter three sees a continued trend in the areas we are receiving concerns about, with dissatisfaction with appointments, communication, and admission and discharge arrangements being the top three concerns.

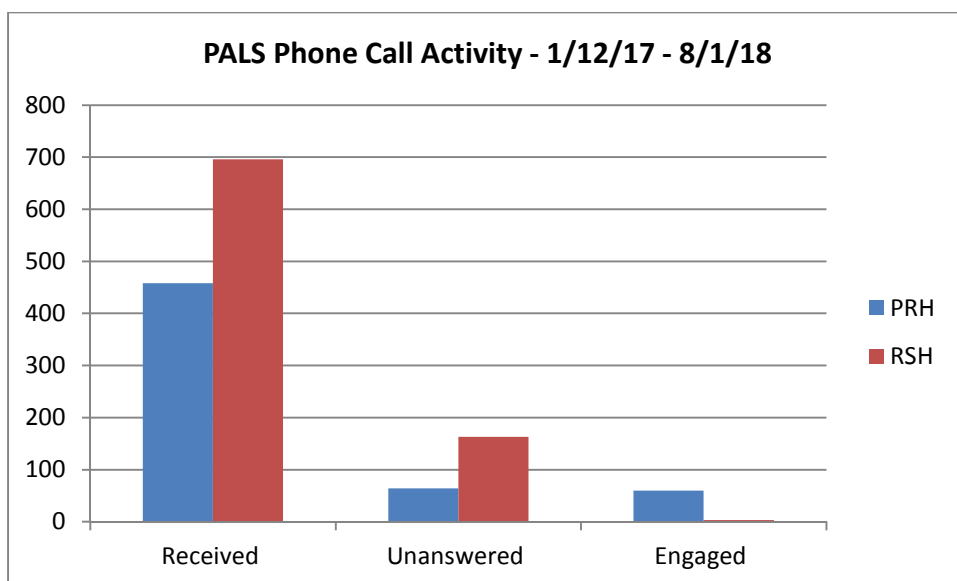
The top ten specialties that PALS have received concerns about are shown in the graph below. As with the Quarter two report, a trend is seen that concerns continue to be made about the following areas:



Examples of PALS cases received are included at appendix three.

PALS phone call activity:

It was recently decided to keep a track on the level of phone call activity the PALS & Bereavement Service received. For the period of 1/12/17 – 8/1/18 the PALS service on both sites received and managed a total of 1154 calls. Bereavement call data is featured later in the report. Calls may be unanswered because staff are out on the wards helping patients or are issuing Medical Certificates of Cause of Death. There is a voicemail facility on all phones and all calls are returned the same day or next working day.



11. 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 so they are aware of the patient experience. 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, 24 comments were published on the NHS Choices website, 11 for RSH and 13 for PRH. 70% (17) of these were positive and 30% (7) were negative.

From the comments that were posted to NHS Choices there were some positive trends emerging in relation to the experience patients had received from the Bickerstaff Unit, Maternity Department and A&E at RSH. A small percentage of negative trends posted were in relation to attitude of staff and communication. Examples of positive and negative comments are included at appendix four.

Letters of thanks

In addition to the feedback give via NHS Choices, 70 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 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 is provided by the Communications Team so that the positive feedback can be more widely shared through social media. 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
Oct	2	12	7	5	1	1	28
Nov	3	10	7	3	1	0	24
Dec	2	5	10	1	0	0	18

Examples of letters received are included at appendix five.

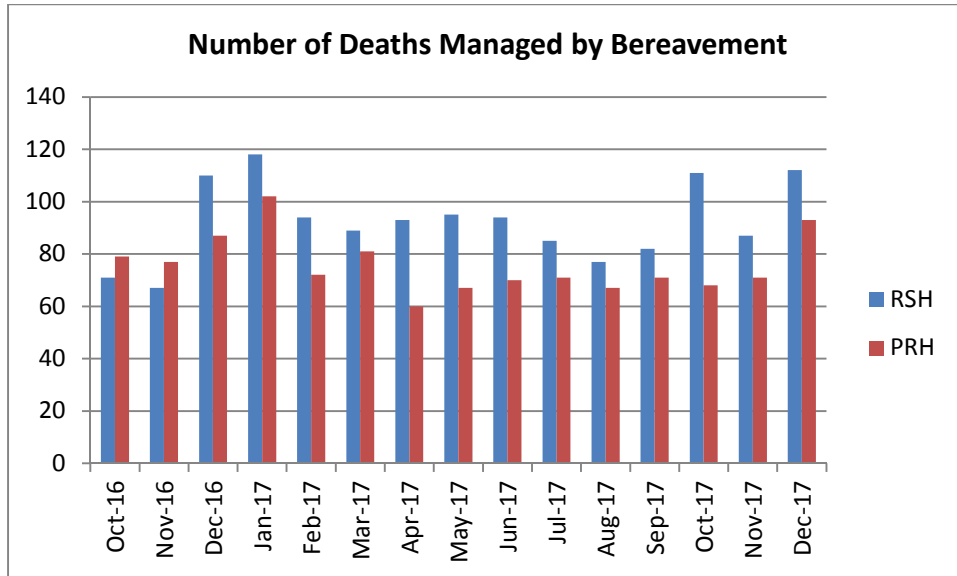
12. Bereavement

Quarter 3 has unsurprisingly seen an increase in the number of deaths the Bereavement Team have managed. The team have continued to support families by working on their behalf to ensure the MCCD is issued as quickly as possible to prevent further distress. This has been challenging at times and so with the aim of reinforcing the important message to all staff involved that they have a duty of care to ensure the MCCD for their patient is written in a timely manner, a bereavement training video for staff has now been completed. The film follows the entire bereavement process and all key departments have been interviewed on film to explain what their role is, how they can help and why working quickly is so important. It is anticipated that the Bereavement film will be shown to all grades of Doctors, ward nurses, HCA's and Ward Clerks and options for its roll out are currently being looked into. The roll out of this film is a significant step in ensuring that all staff is given the opportunity to understand the bereavement process and the importance of working quickly in respect of writing, obtaining and issuing an MCCD.

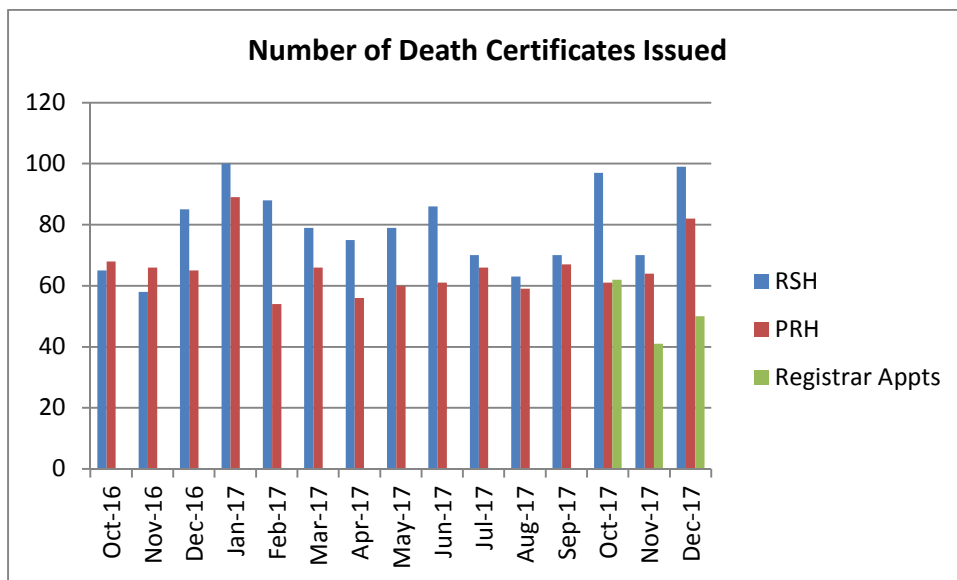
Collaborative working with the Registrar of Births, Marriages and Deaths in the registration of deaths continues to work very well and is seen by the bereaved families to be an excellent facility and very supportive of their immediate needs. The Bereavement Team have arranged 153 appointments in

Quarter 3 for bereaved families to register the death of their loved one at the Royal Shrewsbury Hospital.

The Bereavement Team have managed 2521 deaths across both sites in the period October 2016 – December 2017.



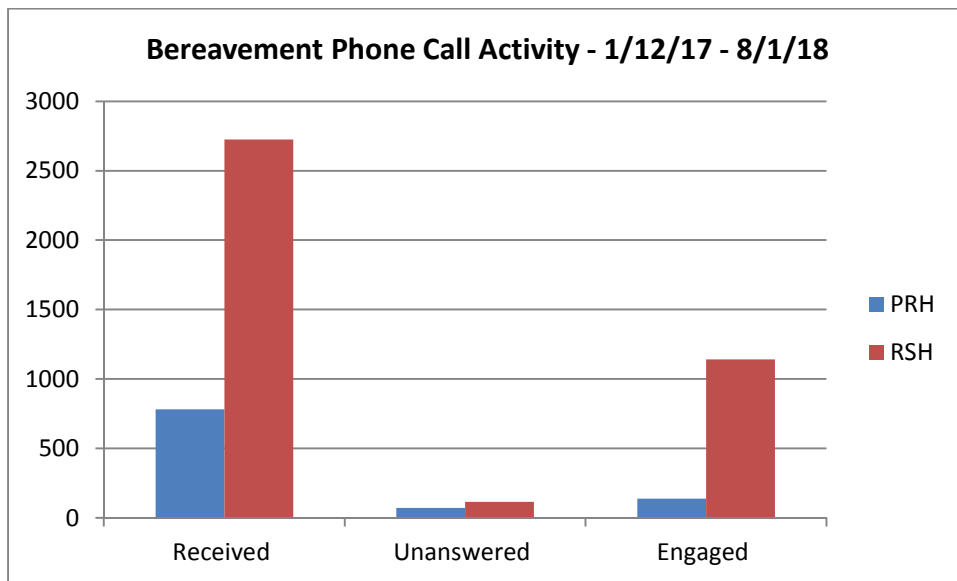
Of the 2521 deaths the Bereavement Team issued 2168 Medical Certificates of Cause of Death. The remaining 353 will have been cases reported to the Coroner’s Office and a small proportion of these MCCDs will have been issued to the families by the wards.



Bereavement phone call activity:

From the 1st December it was decided to keep a track on the level of phone call activity the Bereavement Service received. For the period of 1/12/17 – 8/1/18 the service on both sites received and managed a total of 3507 calls. Calls may be unanswered because staff are out on the wards

helping patients or are issuing Medical Certificates of Cause of Death. There is a voicemail facility on all phones and all calls are returned the same day or next working day.



13. PALS Services Highlights

During quarter two of 2017/18, the PALS team sent out surveys to patients and their families who contacted PALS. The results have been analysed and overall the response has been very positive. 34 surveys were returned and the key findings are:

- All those who left a message received a response in a timely manner
- 84% of cases were closed in under a week
- 85% received a response that covered all the issues raised and 88% received an explanation that was clear and easy to understand.
- 91% would be likely or extremely likely to recommend the PALS service to a friend or family member with similar concerns and 94% felt that PALS had handled their concerns very well

Other highlights from the PALS Team include:

- The team have been involved in delivering training on bereavement and PALS processes to a number of areas
- A booklet entitled Coping with Grief and condolence cards are being given out to all bereaved families

14. 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.

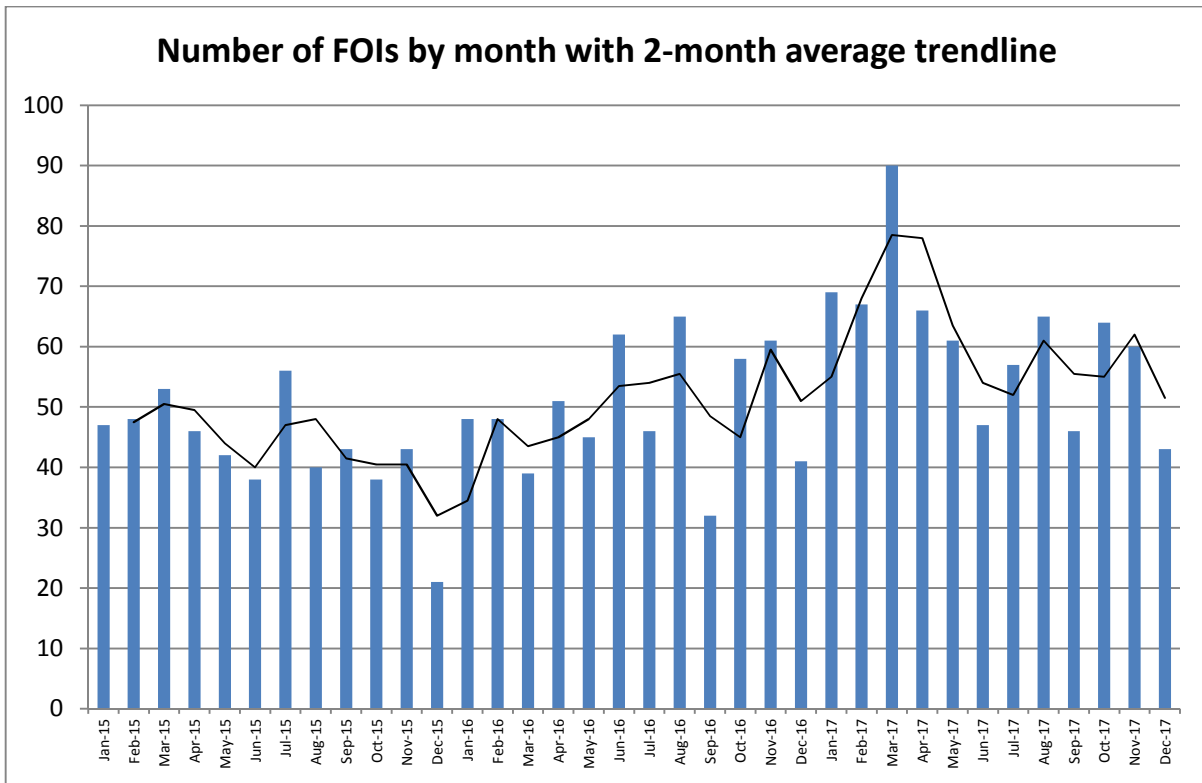


Table – Overview of FOI requests January 2017 – December 2017

Month	Received	Answered within 20 days	NOT answered within 20 days
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
October	64	52	12
November	60	44	16
December	43	22	21

Table 2 – Responding department Jan 2017 – Dec 2017

Department	Jan - Mar	Apr - June 17	July - Sept	Oct - Dec	TOTAL
Corporate	67	30	26	23	146
Estates	6	6	10	4	26
Facilities	9	5	3	2	19
Finance	26	11	10	18	65
Infection Control	1	1	0	0	2
Information	26	13	7	18	64
IT	10	11	14	14	49
Nursing & Quality	8	2	8	5	23
Pharmacy	11	7	8	11	37
Procurement	6	6	8	6	26
Radiology	3	1	3	2	9
Scheduled Care	12	9	14	16	51
Support Services	2	4	3	3	12
Unscheduled Care	7	7	14	6	34
Women & Children's	11	9	11	9	40
Workforce	21	19	27	30	97
Grand Total	226	141	166	167	700

Recommendation

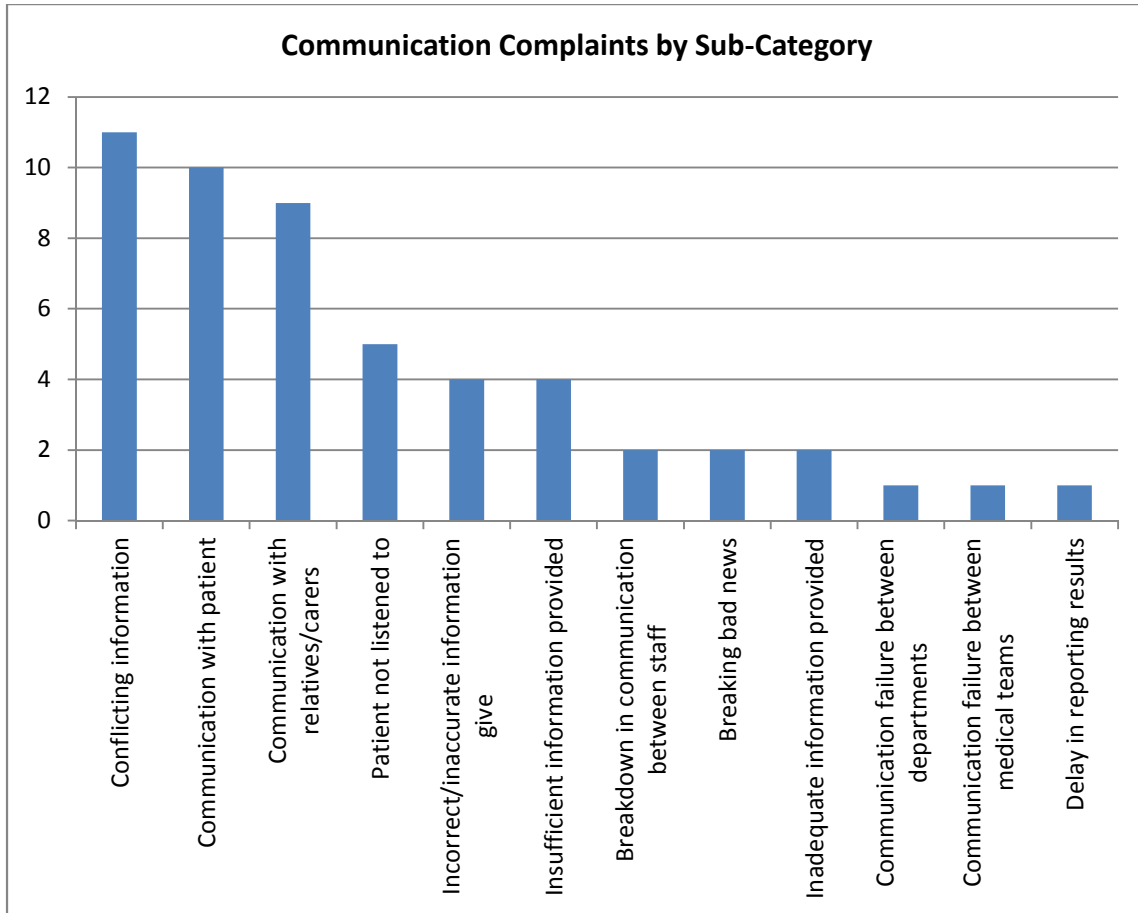
The Board is asked to consider the report

COMPLAINTS & PALS Q3 REPORT

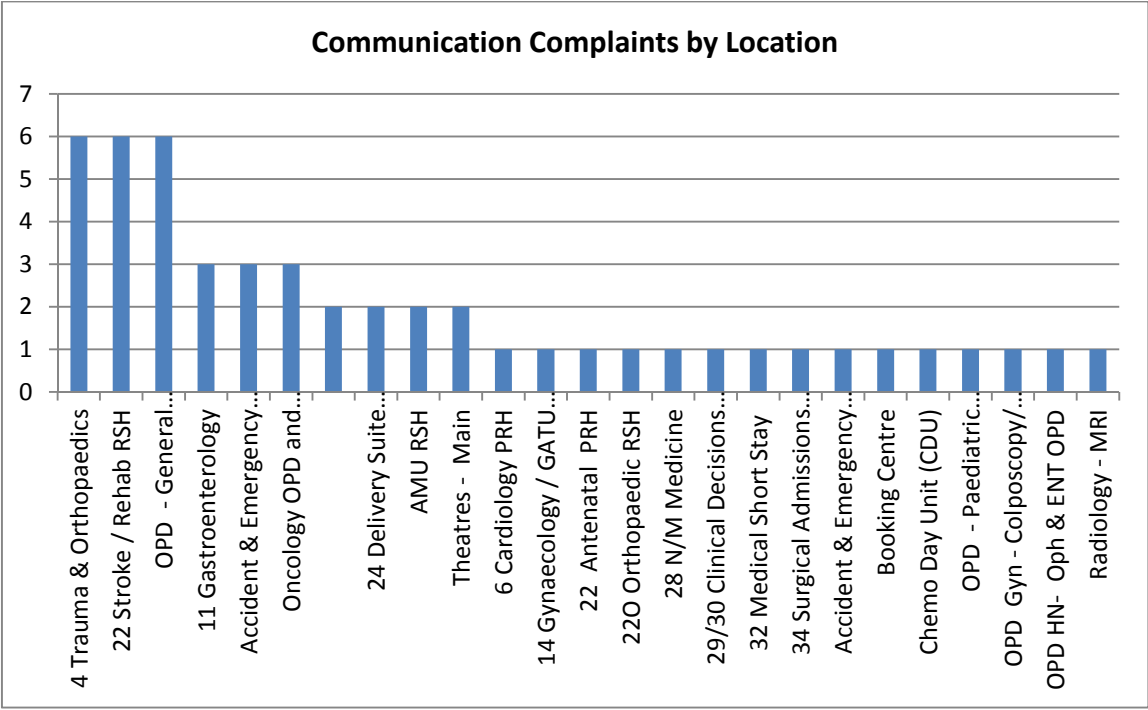
Appendix one

Detailed breakdown of complaints themes

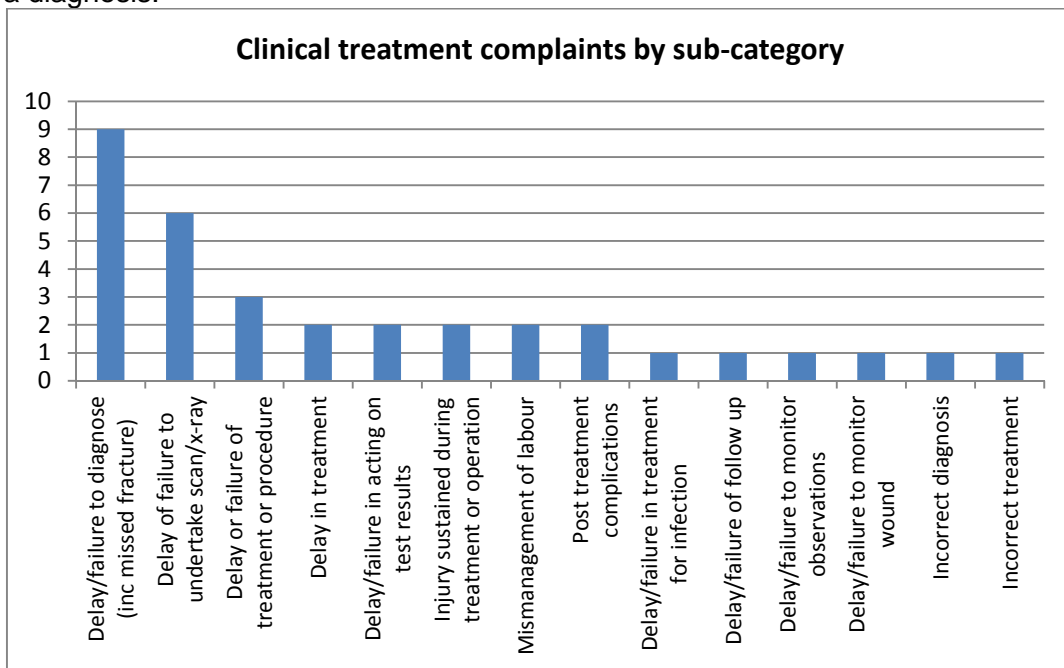
Communication forms a part of the majority of complaints and the details can be broken down as follows:



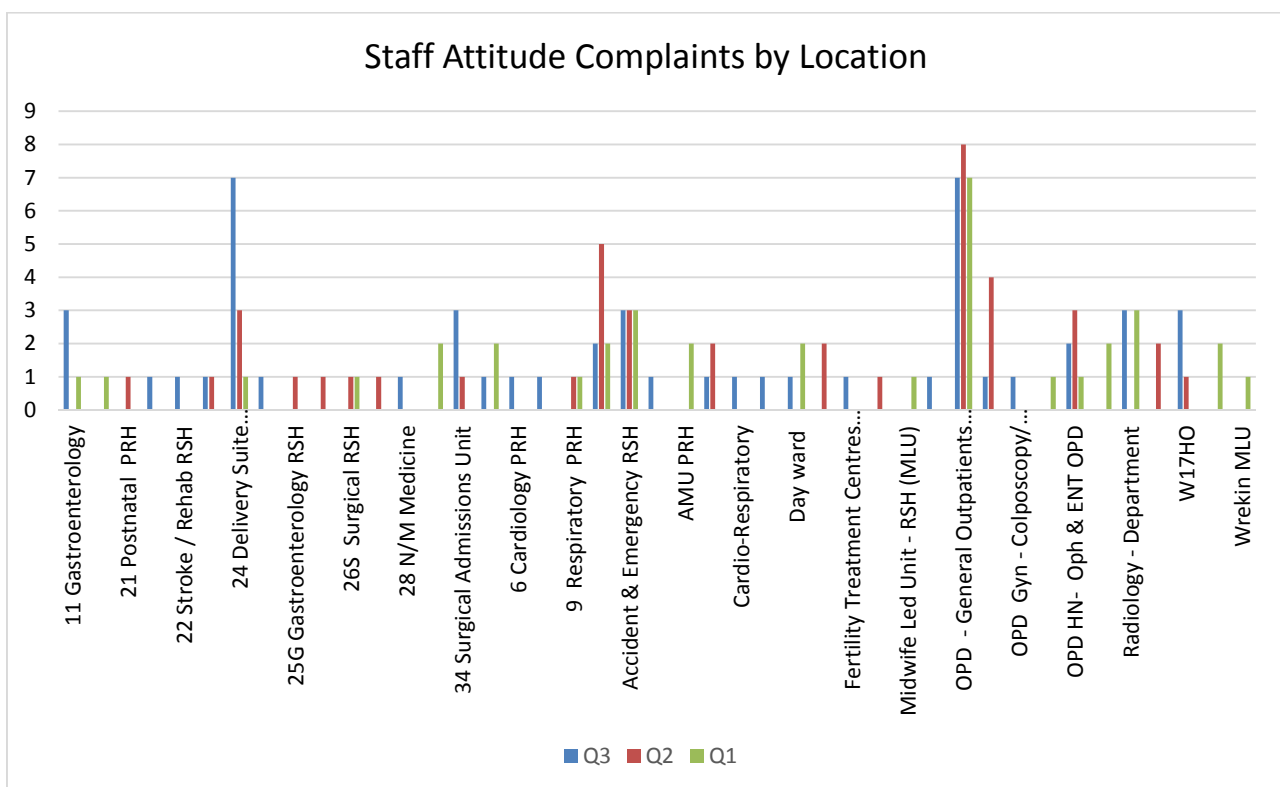
The graph below shows the areas where communication complaints occur:



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:

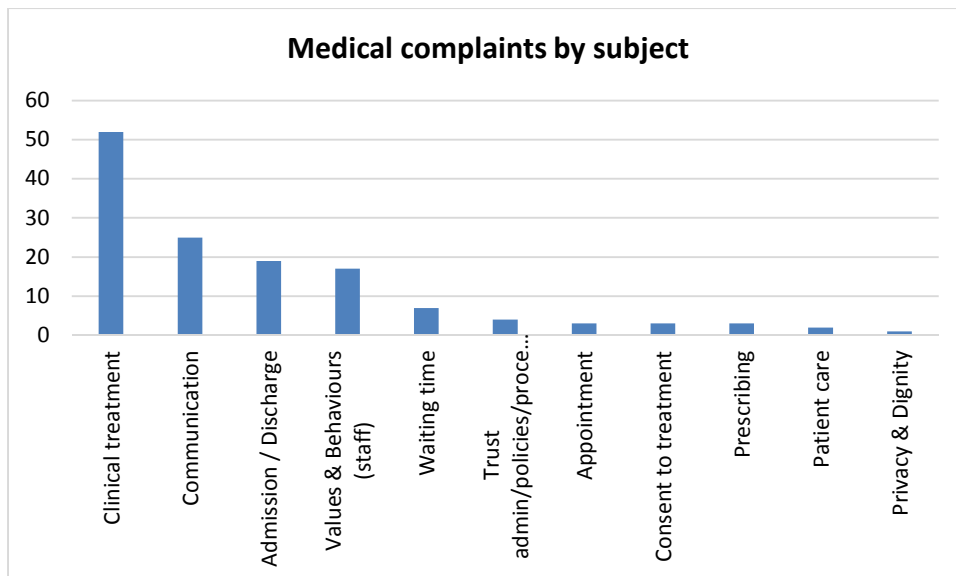
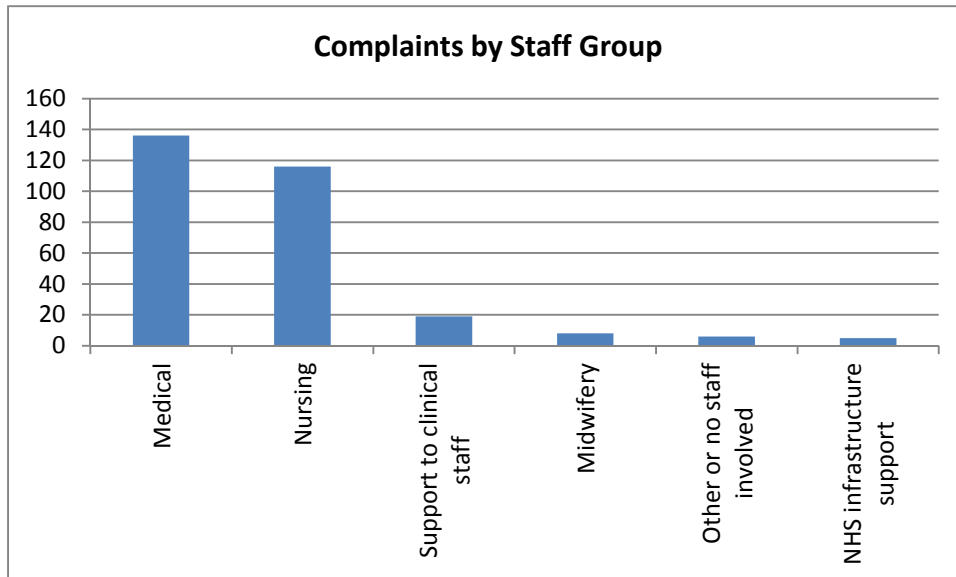


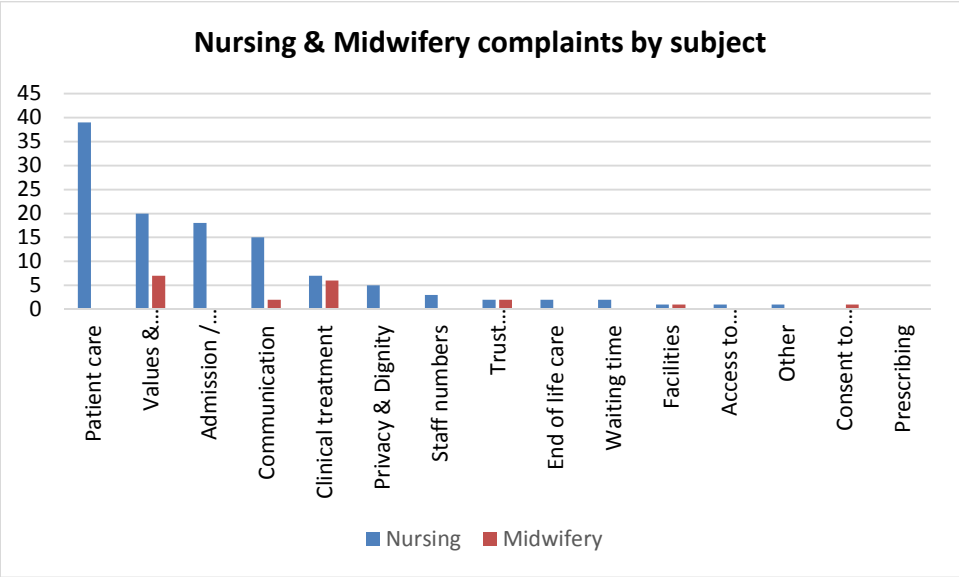
There continues to be an increase in complaints about staff attitude; however as the graph shows, this is spread across a number of areas.



Complaints by Staff Groups

136 of the issues raised in complaints received in quarter three raised concerns relating to medical staff, and 124 raised concerns relating to nursing & midwifery staff. Further details are shown in the charts below:





Examples of PALS Cases

- Patient not happy that appointment cancelled without notification. Apology and explanation given and new appointment rebooked.
- Mother of patient is not happy that her son's ophthalmology OPA has been cancelled so many times and now they are saying he did not attend so has been discharged back to his GP. New OPA made for 5/1/18 8:50 at PRH.
- Patient is unhappy with comments put on blood results to GP. Explanation provided and sincere apology given.
- Patient unhappy with anticoagulation advice that was given by consultant after procedure. Explanation given to patient regarding the advice given and apology provided that discharge summary was not more comprehensive.
- Parents of Patient under the care of Consultant Neurologist feel that their Daughter may not be receiving the correct care. Responses from Consultant and MS Nurse feedback to Patient. Appointment with MS Nurse confirmed.
- Patient's son would like a meeting to discuss information he would like and concerns he has about when his father passed away. He is also not happy that it took 10 days for the Medical Certificate to be written.
- Son of patient whose mother has been admitted with fractured spine is concerned that she has been mobilised without a proper risk assessment.
- Patient is not happy that staff called her by her Surname rather than her first name. She feels this shows they have not had training in Equality and Diversity. Apologies given by Unit Manager. Patient's surname is in capital letters to try and avoid confusion. Assurance was given that this was a genuine mistake and all staff do complete Equality and Diversity Training.
- Patient requires advice on having an MRI scan as she has a brain implant in situ. Patient has also had appointments with Neurology cancelled again. Appointment with Neuro resolved and MRI scan arranged with intervention by PALS.
- Wife unhappy that her husband was to come to hospital but was left in the ambulance for 4 hours outside A&E in RSH before finally going to PRH.
- Patient's sister is unhappy with delay of her brother's cancer treatment. Patient didn't require any further assistance and so sister has cancelled his appointment with the ENT Consultant.
- Patient's mother was unhappy that a doctor undertook a procedure on her son without prior explanation. Initial concerns looked into that day by visiting the Doctor in clinic and apologies and explanation given to patient and mother. Mother wished to make a formal complaint and so formal procedure explained.
- Patient advised that operation date was cancelled again. Now outside of 18WW. Surgery was re-arranged for 14/11/17 and apologies given.
- Patient unhappy with attitude of doctor in Breast Clinic and lack of investigations to diagnose her condition. Appointment re-arranged (offered 4 alternatives) and formal complaint procedure given as requested by patient.

Examples of comments from NHS Choices

Some of the positive comments received were as follows:

- *I would just like to say that the staff in this department are absolutely fabulous, they put their patients fully at ease during one of the most traumatic times in their lives, I went with my husband who was having radiotherapy for prostate cancer and have to say the staff were always very supportive and positive which always reflected through to their patients! Because you also meet lots of people in a similar situation, there tends to be a comrardarie among patients going for the same treatment, and I have no doubt it helps the progress of treatment along tremendously.*
- *I would like to thank the staff and management of the A&E department for the excellent care I received while a patient. Particularly the three Doctors who examined me and Staff Nurse who were all caring and kept me fully informed at all stages of treatment. The Staff Nurse was very friendly and reassuring to myself and my wife at a stressful time.*
- *I ended up here with my 5yr old son this morning after looking for the on-site walk in centre which was not showing as closed down on the website. I didn't really want to bother the A&E team with a bout of tonsillitis, but they were fantastic with us. The staff were extremely friendly from the receptionist to the very chatty triage nurses and finally the doctor. Waiting times were short and it was a very relaxed atmosphere (although still professional throughout) which is a first for me in a hospital. Thanks to all, keep it up.*
- *The care I had throughout my pregnancy, induction, birth and postnatal was nothing but faultless. I dropped off a card but it didn't feel like enough recognition for the amazing job they do! Thank you again for everything that was done for me and my daughter!*
- *I have had 13 endoscopies (+ 3 colonoscopies) done at another hospital due to many years of unexplained GI bleeding and had found endoscopy in particular profoundly distressing. While I can't quite say I'd have rather died than have another one it was close and I hid milder bleeds as a consequence. I was, therefore, in a mild state of panic when I entered the Bickerstaff unit. But how I need not have been. I was overcome with gratitude for the calm, sensitive, professional and inclusive approach they took. I felt like a human being! Their patient path felt like it had been designed by someone who really understood what it felt like to be a patient. They turned this person from someone who lived in fear of the endoscopy to one who knows they can cope well if they are treated with the respect...I can't tell you how much that meant to me. AND they diagnosed the problem! 5 stars and a 100% recommendation of this unit from me.*

Some of the negative comments received were as follows:

- *"The midwife" in community midwifery must have over slept and missed the modules that teach people how to talk to patients. A training intervention in customer / patient service / emotional intelligence is needed. Showed very little regard or empathy for our situation and was very rude on telephone. I specialise in customer experience and coach large corporate organisations on customer empathy, I'd be happy to deliver this training for free to this midwife for the sake of other new mums in the area. Change your telephone manner, before you really upset a new vulnerable Mum.*
- *Cardiologist at this hospital purely give lip service and rely purely on tests that fit you into text book categories and pretend to listen to you. Your lucky to see the Same one twice and have to waste time going over things with each new one you see. You never get to see them in person to discuss the out come of any test or explain anything. If you get a copy of the three line letter they send to your GP your lucky! This department and every other is purely interested in getting you seen and fobbed off in order to meet targets. If you are told that you will be seen again annually they actually mean 18 to 24 months!*

Extracts from a selection of thank you letters



Thank you . . .

The care I had throughout my pregnancy, induction, birth and postnatal was nothing but faultless. The midwives that looked after me when I gave birth were exceptional. The relationship between midwives and trainee midwives is lovely to see (very professional and encouraging).

I felt so looked after and cared for I had to write in, to make sure the four midwives and anaesthetist that looked after me were recognised. I dropped off a card but it didn't feel like enough recognition for the amazing job they do! Thank you again for everything that was done for me and my daughter!



Thank you . . .

My partner recently had to come in to A&E at Shrewsbury. I have read many stories where people are criticising the NHS but I would just like to say that my partner's treatment was excellentthe NHS is still the best thing this country has.



Thank you . . .

I wish to thank all members of staff (including the volunteers) at the PRH for all their professionalism and efficiency. The positive attitude and genuine kindness I have received over the numerous years I have been a patient at this hospital has been, and is, a credit to our National Health Service.

I am overwhelmed with the after care and support given after my operations. This has been a crucial part of my recovery, and I feel very privileged to have such a caring and supportive hospital.

