

Paper 5

Recommendation <input type="checkbox"/> DECISION <input checked="" type="checkbox"/> NOTE	<p>The Board is asked to review the report and note how feedback received is being used to improve services and encourage shared learning to provide a better patient experience.</p>
Reporting to:	Trust Board
Date	31/05/2018
Paper Title	Quarter Four 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 Q4 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 165 formal complaints and 389 PALS contacts were received during Q4 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	
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 JANUARY TO MARCH 2018

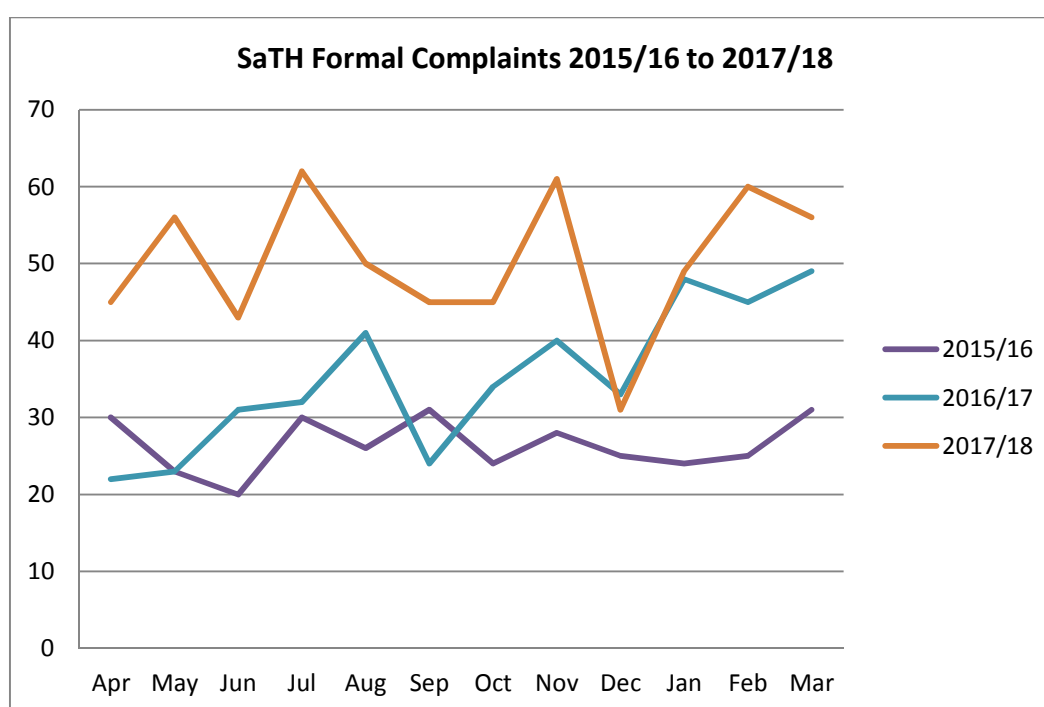
1. Introduction

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 2018). 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 165 formal complaints which equates to less than one in every 1000 patients complaining (0.76 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 four. 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.

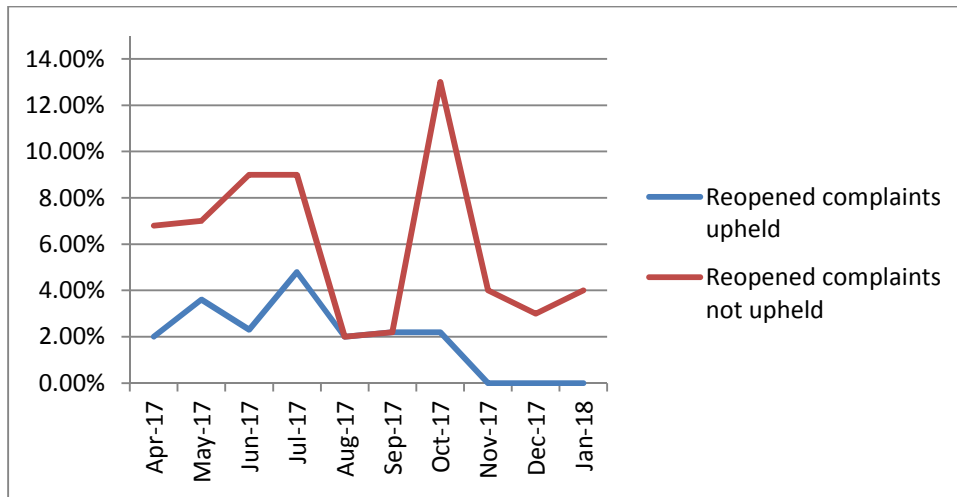
The timescale for responding to each complaint can depend upon the nature of the issues raised and the level of investigation required. For the majority of complaints the Trust aims to respond within 30 working days; for more complex complaints, for example, those involving a number of different specialties/organisations 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. At the time of this report, 74% 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 on a monthly basis. Of those complaints that were not responded to within timescale during quarter four, 87% were due to staff within Care Groups not responding to the Complaints Team in time; this was due to a variety of reasons, including key staff being off sick and difficulties obtaining notes to be able to respond. For the remaining 13%, a response from the Care Group was received in time, but did not fully address all issues, and there was a delay in receiving the additional information requested.

22% of the complaints closed during quarter four were not upheld, 54% were partly upheld and 24% 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 Q4, relating to complaints initially received in July 2017, October 2017, November 2017, December 2017 and January 2018. The graph below shows the percentage of complaints that have been reopened by the month the complaint was initially received, 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 but on re-investigation the answer remained the same). Whilst the numbers of upheld reopened complaints is very low, indicating that the majority of responses do answer the complaint fully, the Trust is aiming to achieve 0% re-opened complaints that are upheld.

Date	Total complaints	Number upheld	Reopened complaints upheld	Number not upheld	Reopened complaints not upheld
Apr-17	44	1	2.00%	3	6.80%
May-17	56	2	3.60%	4	7.00%
Jun-17	42	1	2.30%	4	9.00%
Jul-17	62	3	4.80%	6	9.00%
Aug-17	50	1	2.00%	1	2%
Sep-17	45	1	2.20%	1	2%
Oct-17	45	1	2.20%	6	13%
Nov-17	62	0	0.00%	3	4%
Dec-17	31	0	0.00%	1	3%
Jan-18	49	0	0.00%	2	4%

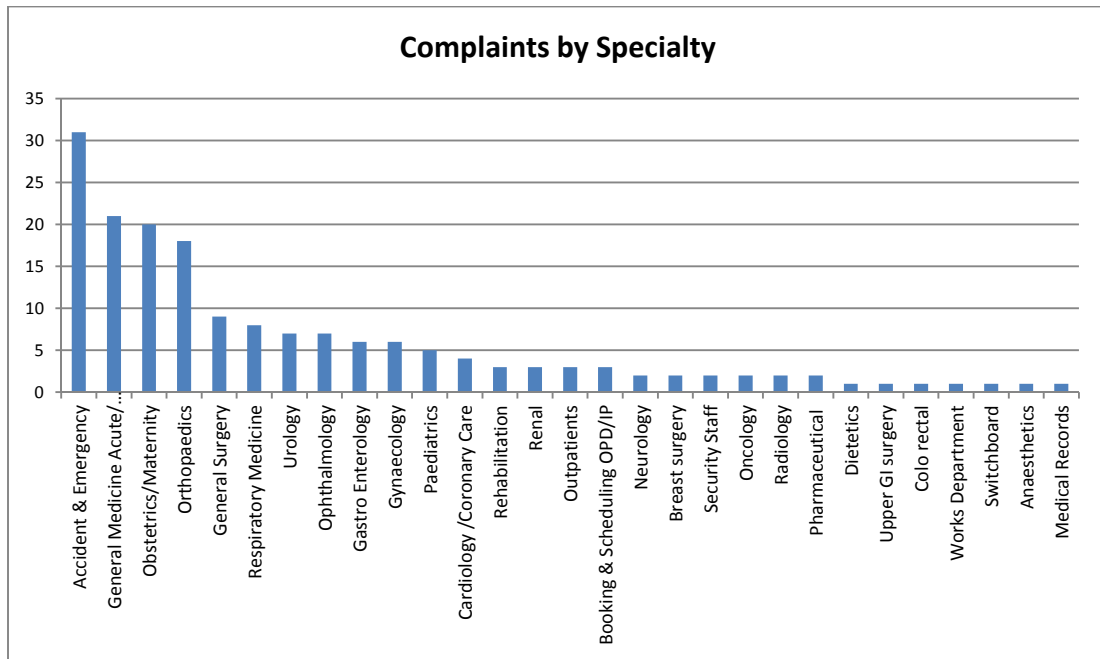


4. Formal complaints by speciality

The top specialties receiving complaints during the quarter were:

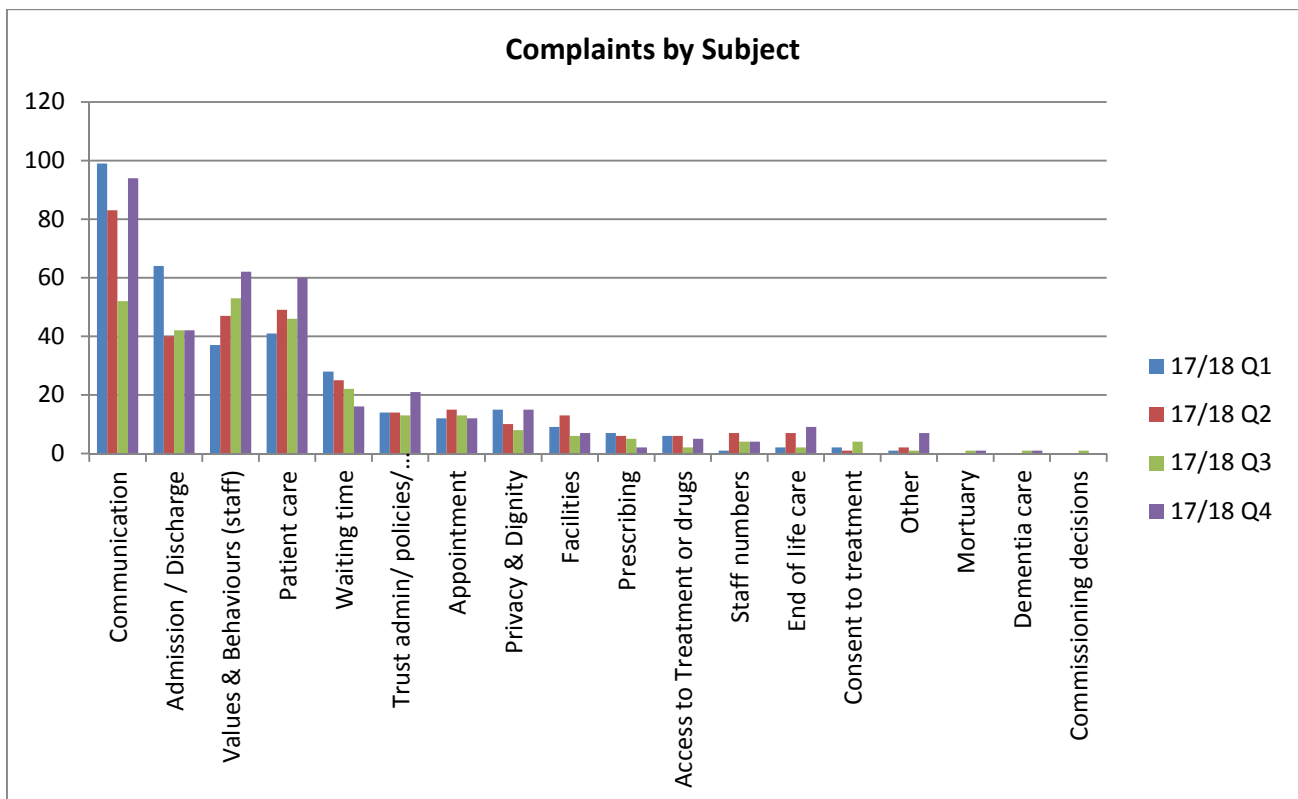
Speciality	Quarter four
Accident & Emergency	31
General Medicine Acute/ unspecified	21
Obstetrics/Maternity	20
Orthopaedics	18
General Surgery	9
Respiratory Medicine	8
Urology	7
Ophthalmology	7
Gastro Enterology	6
Gynaecology	6

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 quarter four.



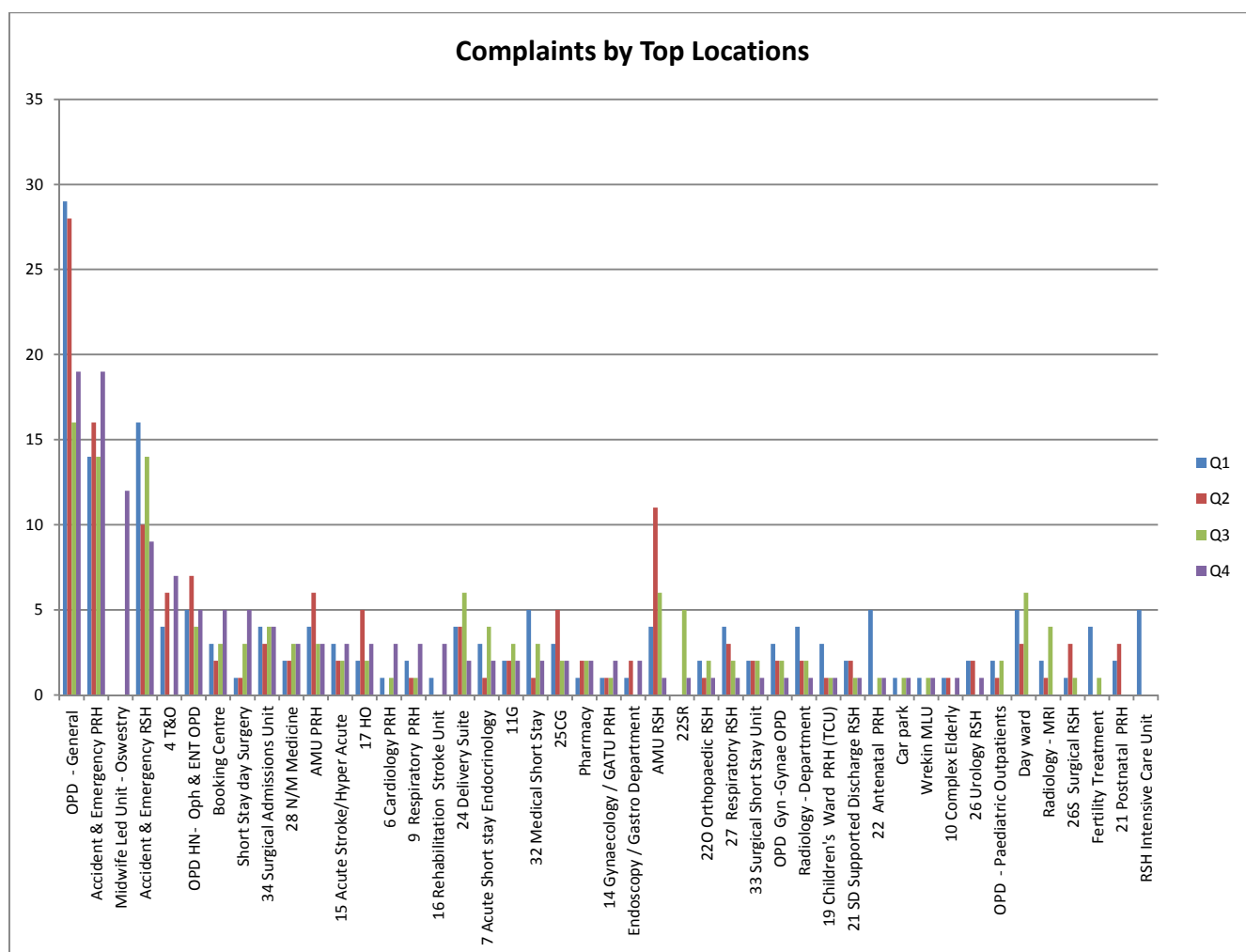
Clinical care/treatment relates to all aspects of a patient's treatment, both medical and nursing. There has been a steady increase throughout 2017/18 in the number of complaints relating to staff attitude,

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. An increase was seen in complaints relating to Oswestry MLU in quarter four; this was due to a campaign on social media encouraging women to complain about closures of the unit.

There were significantly more complaints about PRH than RSH in quarter four, with 93 complaints relating to PRH and 63 complaints relating to RSH. There does not appear to be any obvious trend within this, but this will be monitored going forward.



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:

- Improve multi-disciplinary working to ensure patients and family members are involved in decision-making processes re discharge
- Ensure mother's birth wishes are properly communicated to midwives attending birth
- Use complaint as a case study at local ward induction for new doctors
- Use daily MDTs to highlight correct documentation
- Staff to be reminded of importance of checking patient info is up to date, including current address and GP, by asking the patient to give details rather than just confirming them
- Nursing staff to check omitted medicine in daily huddle and ensure that reasons for omission are clearly documented
- Develop link worker role for hearing aids/devices. Liaise with family for advice on hearing aids and with audiology.
- Review in place for flow through Paediatric Assessment Unit
- Booking team must contact patients by phone when dating patients with less than two weeks' notice
- Staff to be reminded to liaise with family where appropriate when making decisions of DNAR and where family have not been involved in decisions the reasons must be documented in medical and nursing records and on the DNAR form.
- New Nursing documentation has a section within it that outlines discharge plans for patients and should be followed.
- ED dementia link nurse role to be introduced
- Update wording on website to clarify when partners can stay with women in labour
- Hysteroscopy leaflet updated with more information on pain
- Remind staff to ensure patients/parents are given a realistic idea of how long they are going to wait in the ED.

61% of complaints closed in quarter four had an action plan completed or confirmation that no actions were required, which shows an increase on previous quarters. In quarter four a new statement form was introduced, 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. This has been well received and it is hoped that the number of complaints with action plans in place or confirmation that no actions are required will continue to increase during 2018/19.

Learning from complaints is shared at the Clinical Governance Executive, the Nursing & Midwifery Forum and at Care Group Board and speciality and department 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 four the Trust was notified of three cases referred to the Ombudsman:

- Patient was unhappy that an MRI scan not carried out and that his medication was stopped inappropriately in 2017
- Patient's daughter was unhappy with her mother's care in 2015, and support for dementia patients
- Patient's partner was unhappy with the patient's care and delays in inserting and then managing her chest drain in 2017

During quarter four the Ombudsman concluded two investigations:

- Concerns about the care of a patient in 2016 – this was not upheld
- Concerns about management of patient, in particular consent for surgery – this was partially upheld in relation to communication and the Trust has fulfilled the recommendations from the Ombudsman.

The Trust has not had a fully upheld PHSO review since April 2015.

9. Complaints Service Review

Since August 2017, all complainants have been sent a survey two weeks after their complaint has been closed, and the surveys returned between January and March 2018 have now been analysed, with a number of areas for improvement highlighted. 28 surveys were returned (a response rate of 16%) and the key findings are:

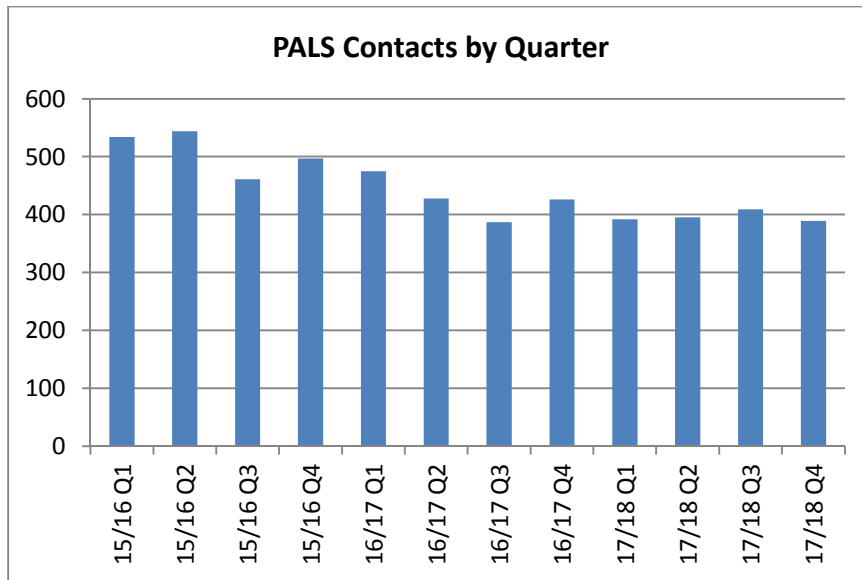
- Only 46% of complainants received a phone call from the complaints team; this is similar to the previous quarter. It is not always possible to get hold of the complainant, for example if they work, and just under half of complaints come from someone other than the patient, so a contact number may not have been available. The team log all attempts to contact the complainant and where they cannot be contacted, an invitation to contact the complaints team is included in the acknowledgement letter.
- 100% received a written acknowledgement
- 82% were given a timescale for their response. Every acknowledgement letter does contain a timescale and this letter now also includes the date the response is due.
- Only 54% of those whose response was delayed were advised of the delay. Although letters are sent to all complainants to advise them of the delay, case managers are also calling them where possible to advise of them of this and to apologise
- 71% of responses covered all the issues raised; this is an improvement from the previous quarter's results.
- 81% found the explanation clear and easy to understand; this is an improvement from the previous quarter's results
- 89% would be happy to use SaTH's complaint process, should they need to, in the future

There have been some key improvements and the team are working on the issues in relation to acknowledging complaints and keeping complainants updated about delays.

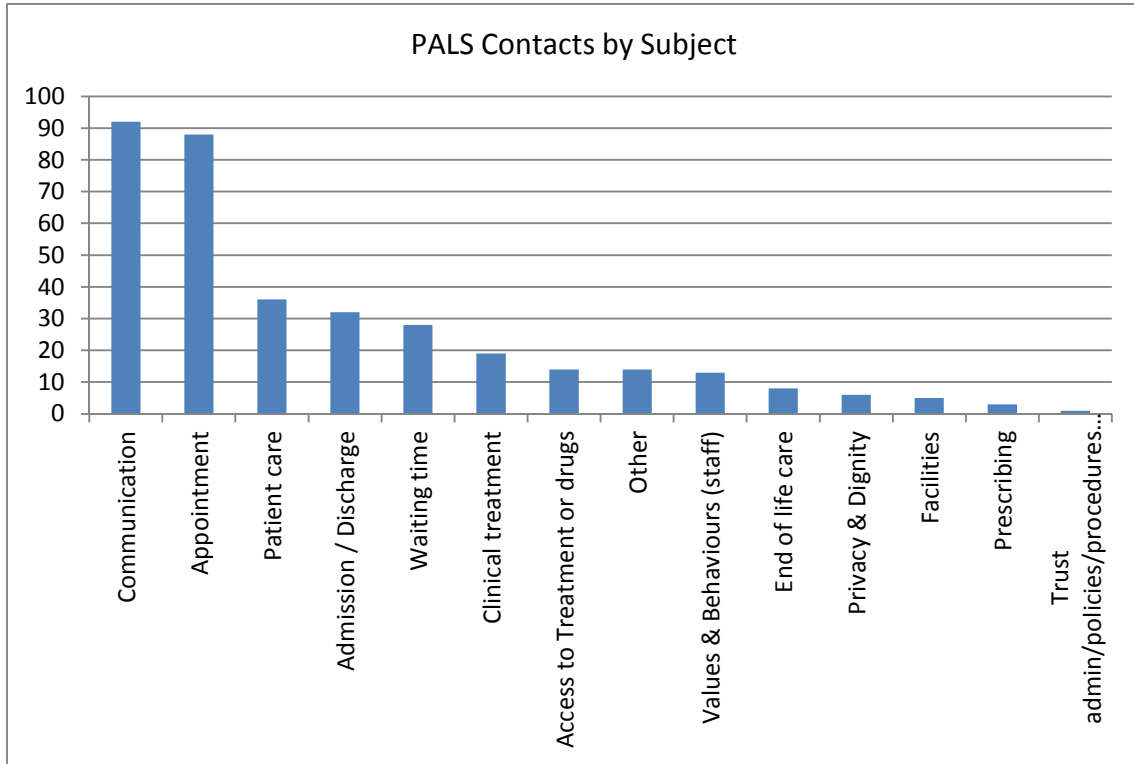
The complaints team have reviewed the sub-categories on Datix and made some changes, including adding in further sub-categories, which will help in providing further detail for future reports.

10. Patient Advice and Liaison Service (PALS)

PALS 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 four the PALS team reported 389 PALS concerns. The graph below shows the PALS activity over the past three years.

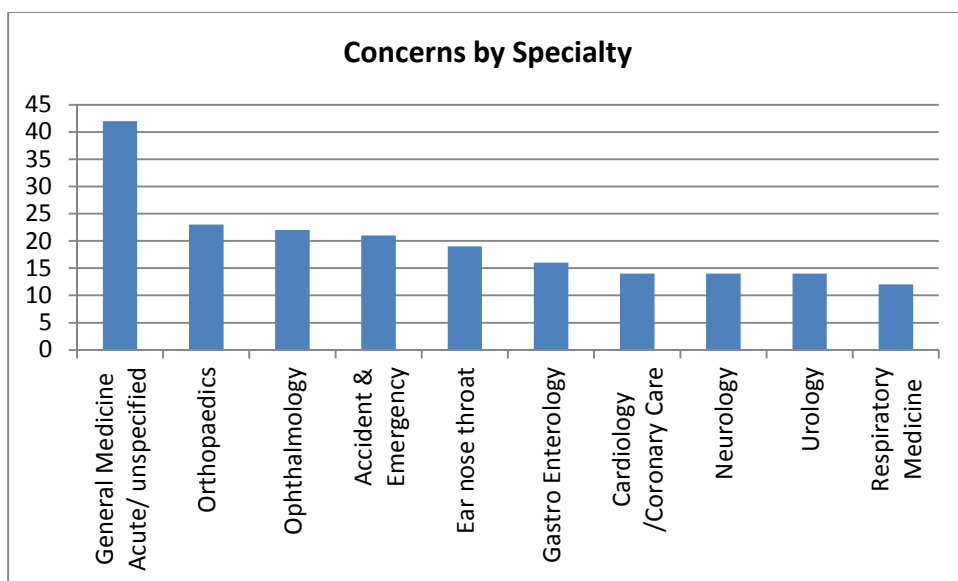


The main themes arising from the concerns raised via PALS for quarter four are:



Quarter four remains consistent with quarter 3 where we see a continued trend in the areas we are receiving concerns about with communication, appointments, admission and discharge and patient care being in the top 4 categories. However there has been a slight decrease in the number of concerns with admission and discharge with the actual number having fallen by 5.

The top 10 specialties that PALS have received concerns about are shown in the graph below. General Medicine has seen an increase with the number of concerns received, whereas the other specialties have remained consistent. It is worth mentioning however that at Quarter 3 it was reported that Outpatients had received the most concerns (30). This quarter they are not featured in the top 10 areas as this has reduced to 9 concerns received.



Examples of PALS cases received are included at appendix three.

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 Manager 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 four, 20 comments were published on the NHS Choices website, 9 for RSH and 11 for PRH. 60% (12) of these were positive and 40% (8) 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 both A&E Departments and Radiology Services. 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

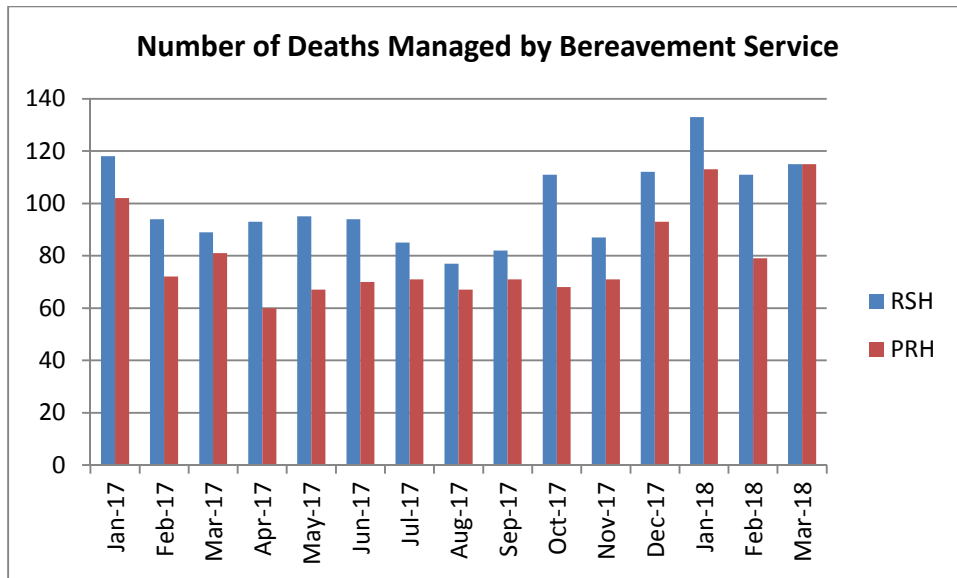
In addition to the feedback give via NHS Choices, 104 letters of thanks and appreciation were received by the Chief Executive, as well as through the SaTH website and on our main social media channels, during quarter four. This is in addition to the cards and letters sent to wards and individual members 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 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
Jan	13	19	12	2	0	0	46
Feb	8	17	7	3	0	0	35
March	5	7	9	1	0	0	23

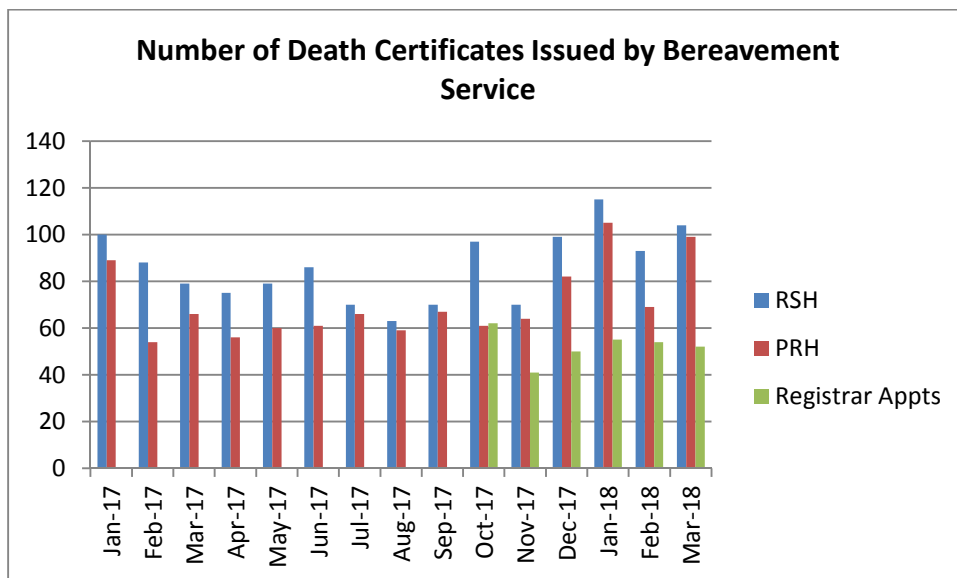
Examples of letters received are included at appendix five.

Quarter four has seen another increase in the number of deaths the Bereavement Team have managed, with there being 666 deaths across both sites. This is an increase of 124 deaths from the previous quarter. The team continue to support families by working tirelessly on their behalf to ensure the MCCD is written and issued as quickly as possible to prevent further distress. This continues to be challenging at times and so along with a One Minute Brief, the message continues to be told about the importance of expedient action in terms of writing MCCD's. 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. It was recognised by a recent visit by NHSI that this service was of great benefit to families. The Bereavement Team have arranged 161 appointments in quarter four for bereaved families to register the death of their loved one at the Royal Shrewsbury Hospital.

The Bereavement Team have managed 2696 deaths across both sites in the period January 2017-March 2018.



Of the 2696 deaths, the Bereavement Team issued 2346 Medical Certificates of Cause of Death. The remaining 350 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.



13. PALS & Bereavement Services Review

All staff has now attended SAGE & Thyme Training and will use the methodology as appropriate during meetings with Patients and Bereaved families.

Filming of the Bereavement Film now been completed and the film is now being edited to ensure delivery of a quality product.

Swan end of life care lanyards are now being worn by bereavement staff during bereavement visits.

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 60 per month. March 2017 saw the highest number of requests ever received with 90 however, the numbers have reduced since then.

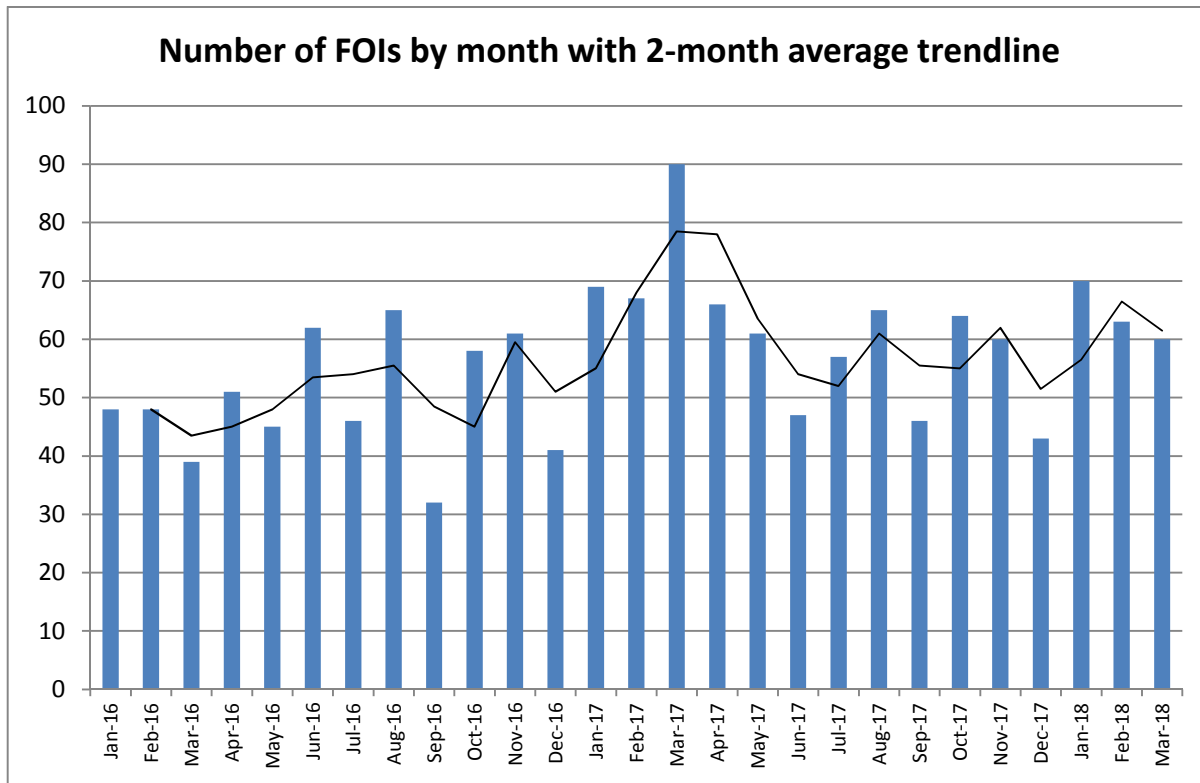


Table – Overview of FOI requests April 2017 – March 2018

Month	Received	Answered within 20 days	NOT answered within 20 days
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
January	70	56	14
February	63	48	15
March	60	42	6*

*12 not due at time of report

Table 2 – Responding department Apr 2017 – Mar 2018

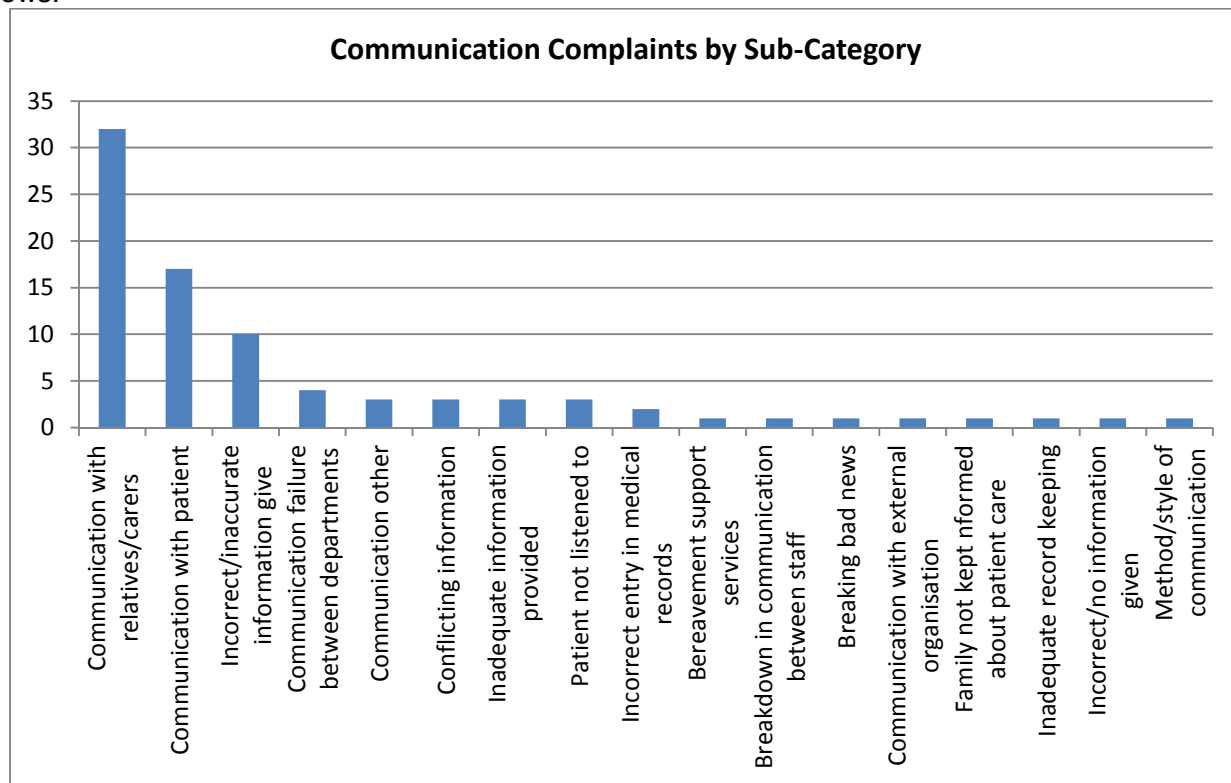
Department	Apr - June 17	July – Sept 17	Oct – Dec 17	Jan – Mar 18	TOTAL
Corporate	30	26	23	43	122
Estates	6	10	4	8	28
Facilities	5	3	2	10	20
Finance	11	10	18	9	48
Infection Control	1	0	0	3	4
Information	13	7	18	16	54
IT	11	14	14	11	50
Nursing & Quality	2	8	5	1	16
Pharmacy	7	8	11	7	33
Procurement	6	8	6	8	28
Radiology	1	3	2	7	13
Scheduled Care	9	14	16	14	53
Support Services	4	3	3	6	16
Unscheduled Care	7	14	6	16	43
Women & Children's	9	11	9	12	41
Workforce	19	27	30	22	98
Grand Total	141	166	167	193	667

Recommendation

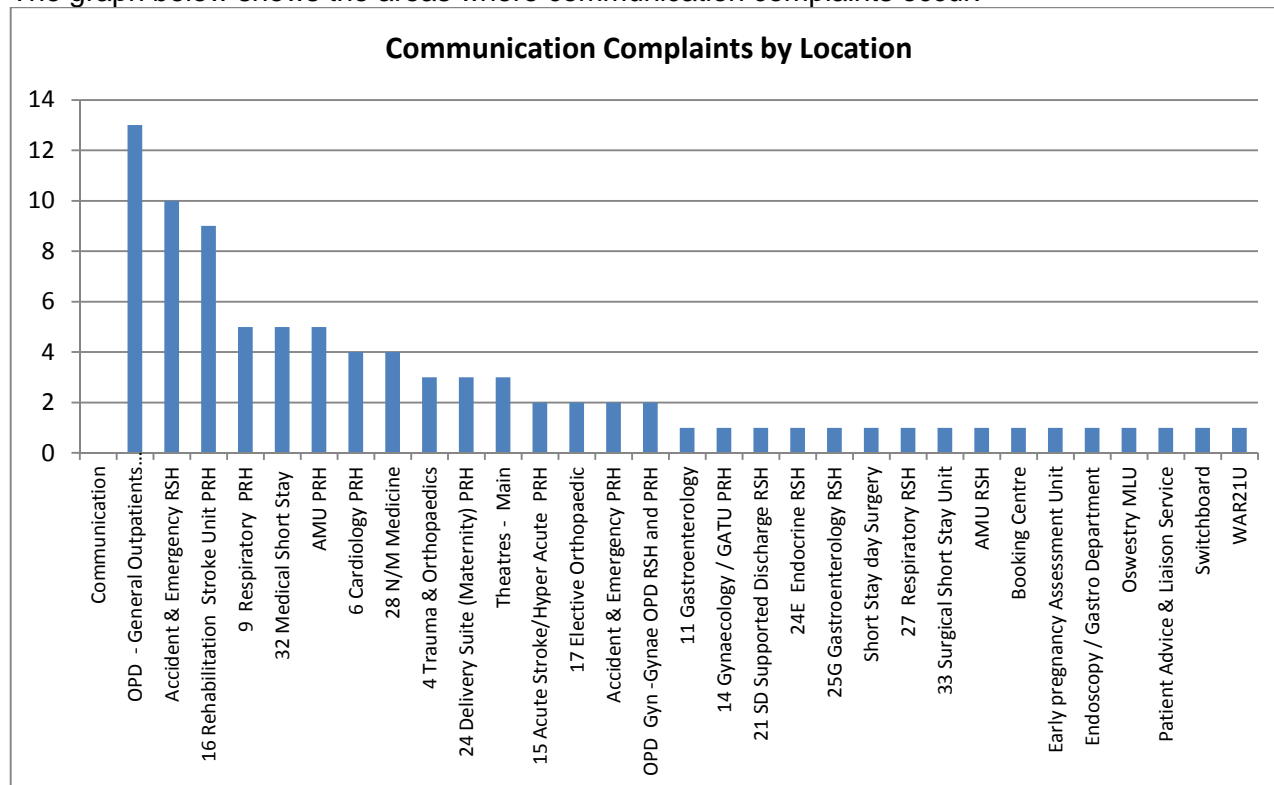
The Board is asked to consider the report

Detailed breakdown of complaints themes

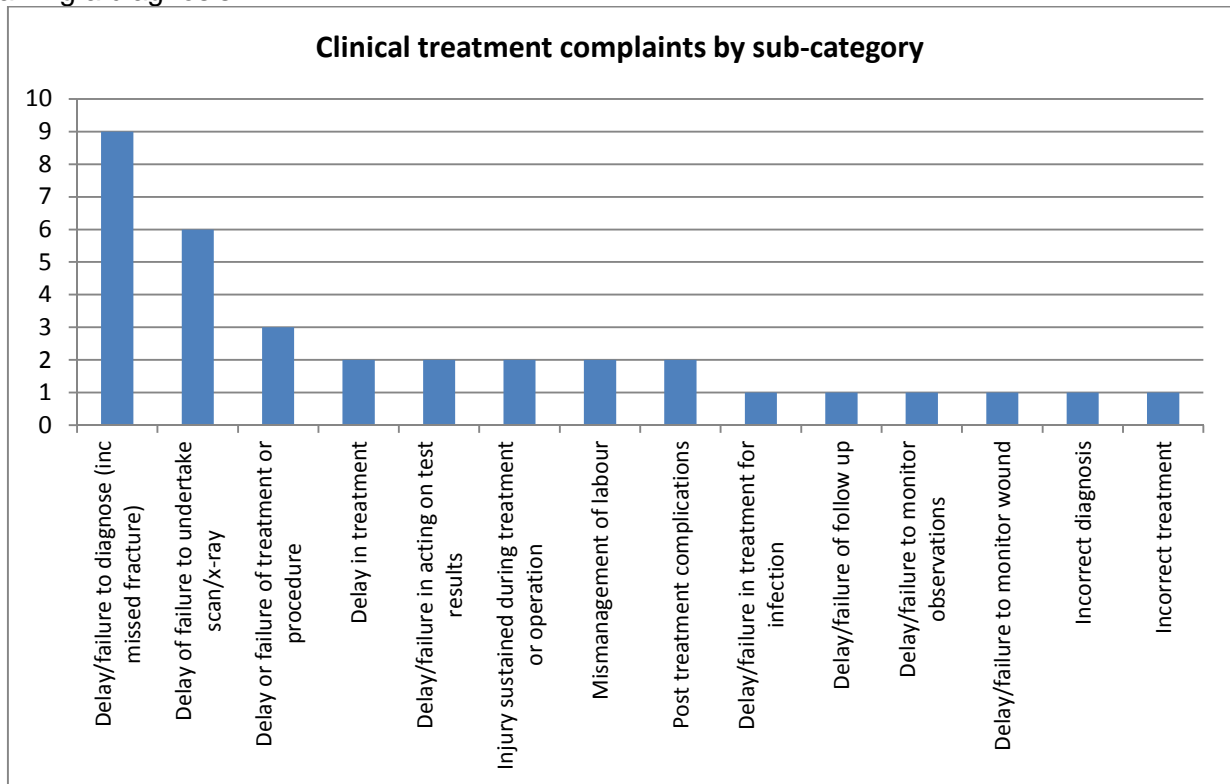
Communication forms a part of the majority of complaints and the details can be broken down as follows:



The graph below shows the areas where communication complaints occur:

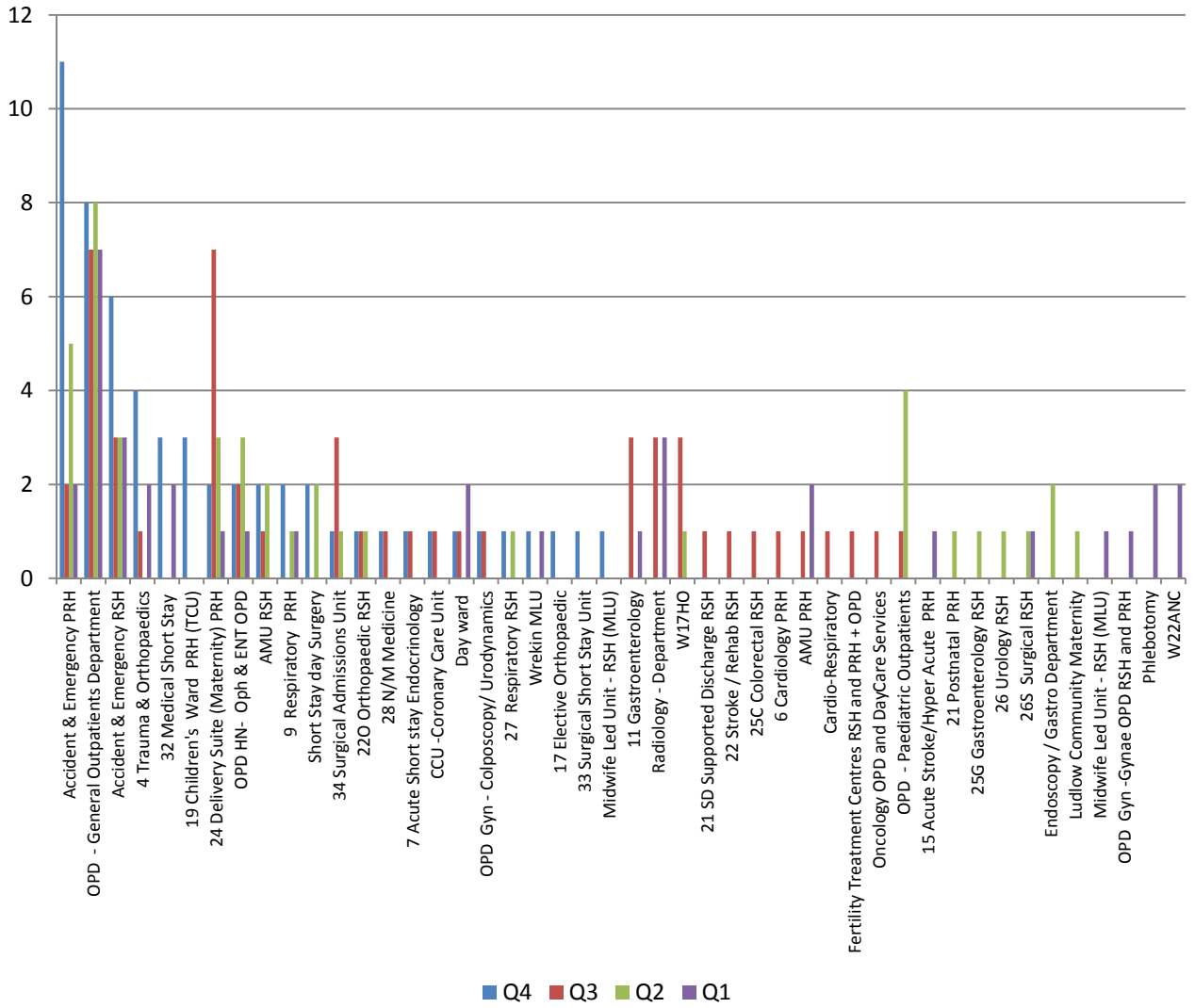


A large number of complaints also raise clinical treatment as an issue; the graph below shows these complaints broken down by sub-category. The majority of these complaints relate to issues in obtaining a diagnosis:



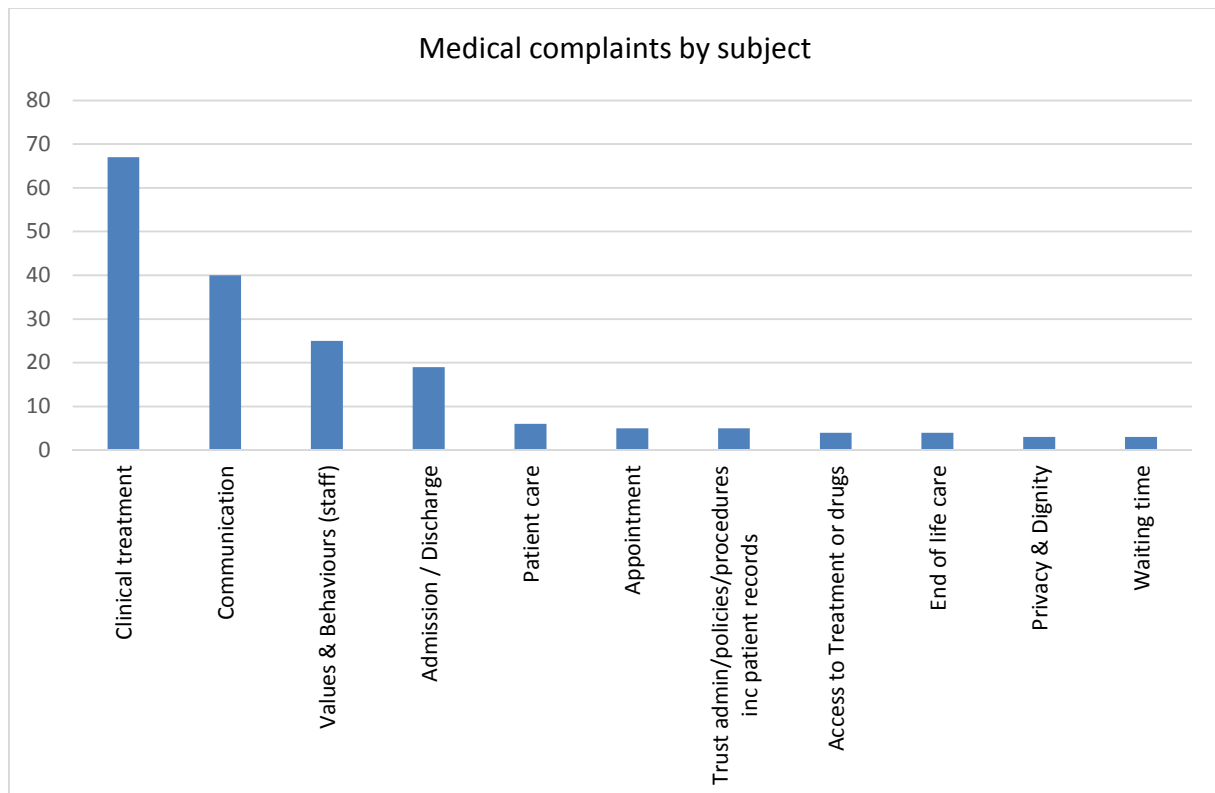
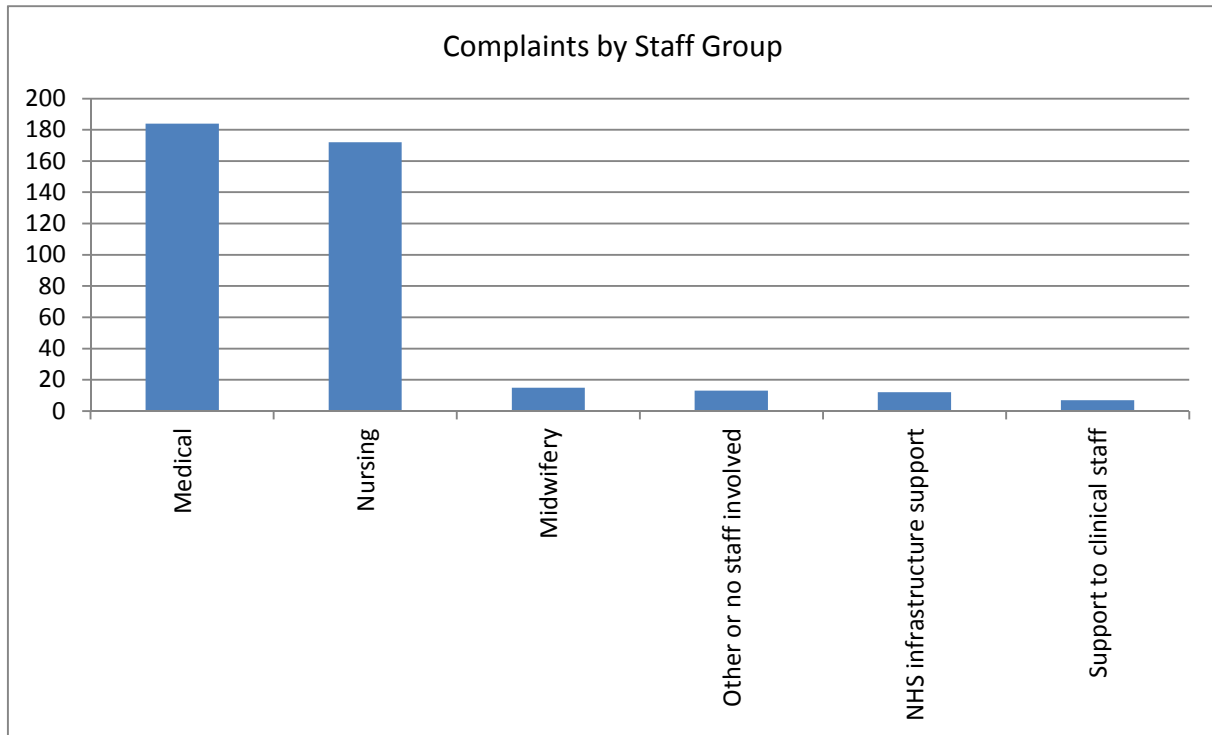
There continues to be an increase in complaints about staff attitude; however as the graph shows, this is spread across a number of areas.

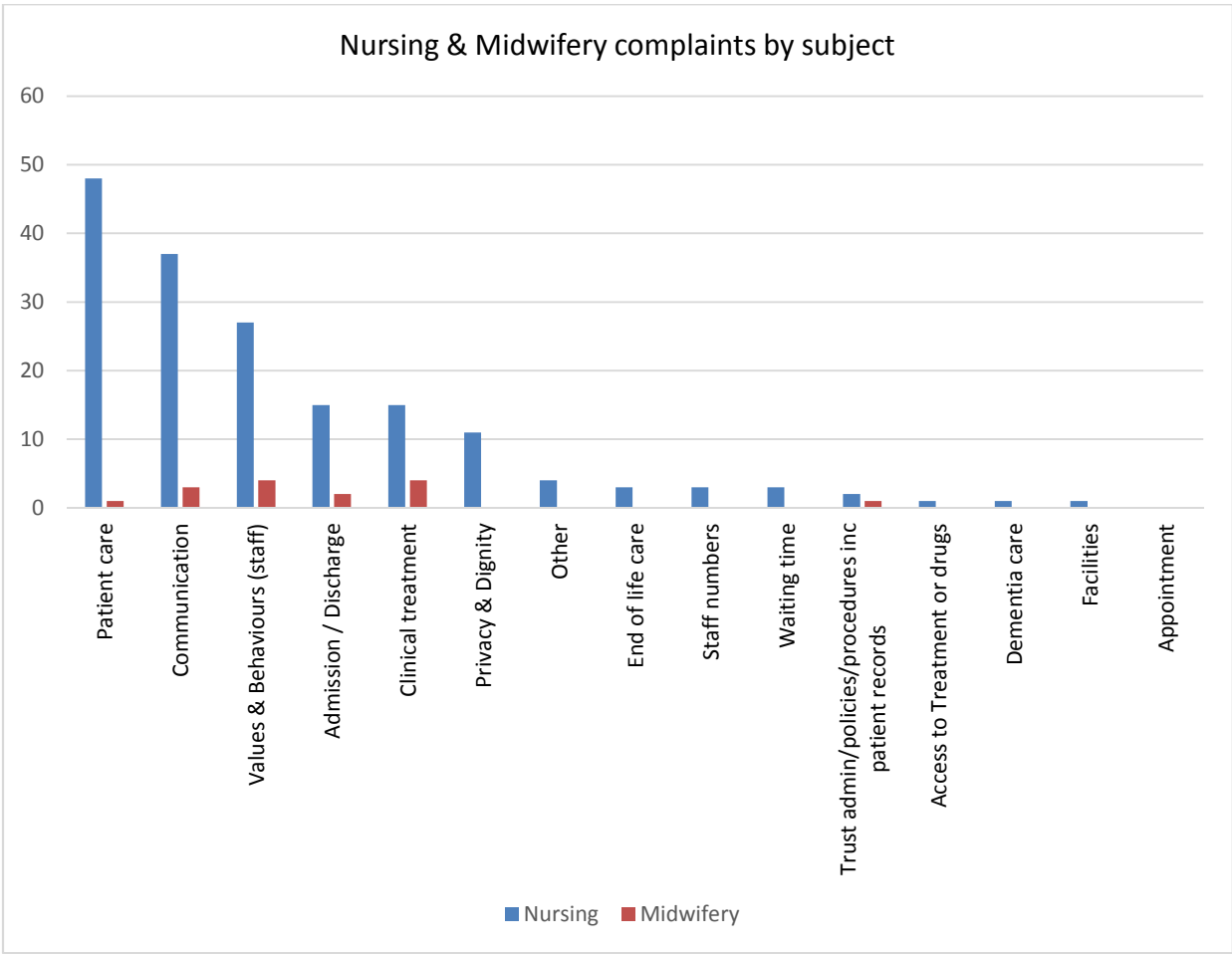
Staff Attitude Complaints by Location



Complaints by Staff Groups

184 of the issues raised in complaints received in quarter four raised concerns relating to medical staff, and 172 raised concerns relating to nursing & midwifery staff. Further details are shown in the charts below:





Examples of PALS Cases

- Patient unhappy with the outcome of his ENT clinic appointment. Consultant's secretary contacted patient to say she would send him a copy of the letter she sent to his GP so he had further information and he was going to consider making a formal complaint.
- Patient came in for Urology Surgery on 27th March 2018- however he was told that the surgery had to be cancelled and would like to know when this will be rebooked for. Surgery rebooked for 17th April 2018. Apologies given to patient's wife for the cancellation and explained that this was because a patient became unwell in theatre and took longer than expected.
- Mother of Baby on Neonatal Unit concerned that she is not being properly cared for. All the concerns raised by the mother were addressed by the Nurse in Charge of the Neo Natal Unit, facilitated by PALS.
- Patient's mother is concerned that he was referred by a ward months ago to have an appointment with Cardiorespiratory but has now been told that the referral needs to come from his GP. Patient is terminally ill and his mother thinks he won't make it to having the appointment. PALS apologised for the confusion and arranged an urgent appointment for the patient. Patient's mother was grateful for help.
- Patient's wife was upset by the attitude of the sister she spoke to on the phone. PALS addressed the issue with the Ward Sister and she apologised if her manner upset patient's wife. However, she explained she was not able to go against Hospital Policy and give out information about the patient.
- Patient concerned that he has not received a cardiology follow up appointment after being told that he needs an urgent appointment and that he has stopped all medication because it is making him feel very ill. PALS facilitated a telephone consultation with Cardiorespiratory Nurse due to concerns of medicines management. Patient was very grateful for PALS intervention and PALS also confirmed an appointment with Cardiology for the 9th May.
- Patient came to PALS following their OPA with consultant asking for help as she is very upset and worried about the lack of information given at the OPA and the worrying potential diagnosis. PALS facilitated another OPA and attended with the patient to provide support.
- Daughter of patient came to PALS office wanting to speak to palliative care team. Patient is currently on Ward 28 and needs an increase in morphine but this cannot be done until she is seen by palliative care team. PALS facilitated Palliative Review on ward.
- Patient is concerned she has been prescribed a medicine that someone with a history of Breast CA should not take and as she had Breast CA a couple of years ago she doesn't want to take the medication. PALS sought advice from Consultant and reassurance that he was aware of the patient's PMH and the medicine is safe to take.
- Niece of a patient called AMU RSH to see how her uncle was. Niece was given information relating to another patient. Concerns addressed by Matron for the ward and sincere apologies were given.
- Patient's daughter is concerned that her mom's discharge summary states she has early signs of dementia, however when they were on the ward, the Mental Health Nurse said she has delirium not dementia. Patient's daughter is concerned that patient is not going to have any follow up re: her delirium. Advice sought from Consultant who advised that the discharge summary will be amended. Apologies given to patient's daughter for this miscommunication.

Examples of comments from NHS Choices


Some of the positive comments received were as follows:

- Everyone's nightmare is chasing an ambulance to A&E in the middle of the night with your partner inside it; not knowing what's going to happen next. My experience in SaTH was excellent. I can't thank the staff enough. Despite pressures with people already in corridors, the assessment in A&E was swift and friendly. At all times, staff made sure the first thing we knew was their name (#mynameis). We met over 20 clinical staff throughout the day. All approached us with an understanding of the case, all checked key details and all updated us and checked we had all our questions answered. On transfer to the surgical ward, we were met by staff who again understood the case and who immediately put us at ease. Discharge and follow up were discussed with calm and reassuring clarity. Throughout the day, I was also offered cups of tea and cared for and my partner tells me the food was excellent. I recognise that any organisation reflects the culture that the management create. So thanks must also be due to the Board and Departmental Directors.*
- I went in today for a mammogram feeling nervous and scared. The staff - from the lady who pointed me in the right direction to the lady who talked me through the results - were so lovely, professional and genuine. Thank you so much. I couldn't have had better care today.*
- For last 4 years following a fall I've been under the care of knee specialist and team who have taken the time to listen to my concerns over problems with my knees. All the way through my experience within this hospital from fracture clinic, CT, pre-op anaesthetist, hcas, physio, catering, hospital transport, receptionists, domestics, nurses even on the different wards I've stayed on during my surgeries have been absolutely fantastic. More recently having the greater care and understanding when I was devastated to learn of cancellation of recent operation due to me falling ill with sepsis (to which I add NOT related to any previous surgeries). Being kept an eye on by knee consultant and team until health improved to go ahead with recent surgery, their reassurance assured me greatly. I truly couldn't ask for any better care than I've received. All a credit to the NHS. Well done and keep up your good work.*
- Had my baby there on 6th Sept 2017 and cannot praise the hospital enough. My midwife was brilliant from start to finish. My labour was very quick but she put my husband and I at ease straight away. She was very caring and offered very good advice as it had been 3 years since my last child. I was anxious after hearing the recent bad press about the hospital but I honestly cannot fault anyone there. Thanks for the great care I received.*
- After bad fall I went to A&E 2 days later on New Years Eve with sever back pain. The A&E was extremely busy, staff were under pressure, but very professional. I was seen by a consultant who over veiwed X Ray , plus, scan, it was he who find a very large anorisam on my Ahtor. His actions saved my life. I was taken by ambulance to Shrewsbury were upon I had emergency surgery to replace my Ahtor and was in intensive care for 4 days before moving to high dependencey Unit. I just want to say Thank You for saving my life. I will be eternally indebted to staff on both sites.*
- I had my routine mammogram on Friday afternoon. The radiographer was very kind and professional. I was seen on time and everything was explained to me and I didn't feel rushed. Many thanks and Happy New Year to you all.*

Some of the negative comments received were as follows:

- *My 83 year old Father is currently in ward 17 and has been for a number of weeks in pain. The nursing staff want him to go home and tell him this on a daily basis very rudely. My father is a polite, proud man who wants nothing more than to go home when he is better, however he lives on his own and will not be able to look after himself without being assessed. He has asked on several occasions to see a hospital social worker to complete a community care assessment but the staff just ignore him. 2 days ago when he asked again a nurse gave him the telephone number for him to ring himself! He has lost all his confidence because of the way he is being treated a feels a burden. Some members of the nursing team speak to him very rudely and insinuate he is not ill. Yesterday he asked to see a doctor, after waiting all day he was told the doctor was seeing a "sick" patient so was busy, insinuating my Father is not sick. I am frustrated, worried and very upset, I live a long distance from the hospital and am receiving some heart wrenching telephone calls from my Father to say he just wants to go home.*
- *Saw a specialist at the Lingden Davies centre on the 29/12/17 who booked and confirmed a drain procedure on the Oncology ward 23 for the 2/1/18 and to be there for 9am. We arrived at 9am and shure enough the appointment was booked in their diary. After waiting for over an hour and a half whiklst the reception staff were busy talking about their holidays and Christmas we were told that there had been a miscommunication and nothing had actualy been done. We could have been told this straight away instead of waiting all of over 2hours and had to travel back home a rounq trip of 76 miles and to add insult to injury had to pay £5 parking fee. Lost all faith in Shrewsbury hospital Telford always gets it right first time.*
- *denied consultation with Nurse as am intolerant of bowel prep Moviprep and Picolax heard nothing, I cancelled as I couldn't tolerate the drink, they have put in my files I cancelled which makes it my fault. They never answer the phone !!!!!!!!!!!!!!! Had to go there 42 mile round trip to tell them my change of address. Meanwhile if I do have inherited bowel cancer from my dad this inefficiency will surely be adding to the stress and possible cancer growth ! when I chased it up I was given the number of the Drs secretary to inform my new address so I was doing the work they are paid to do! Then when I asked new GP to update me I get a form from Clinical Genetics Unit asking questions about how my parents grand parents great grandparents died , for what reason? so they can get more funding to show hey do research ??? who knows. They know my dad died of Bowel Cancer isnt that enough? but they put you through this pointless hell !!! Dangerous Clinic !*
- *Iv Been in this hospital 2night! I Hope i dont Have to come back in this place. I cant walk because my ankle swell so mutch and nurse told me they cant help me because they had only 2 doctors and they busy but i saw one of them chating with nurse by the desk. I had to come back home and start thinking what for i pay insurance every month. I never Been in hospital because it wasnt occasion but now i really need help and noone give it to me!!!!*

Extracts from a selection of thank you letters



Thank you . . .

I am just writing to pass along our sincere thanks for the care given by the maternity staff in the ante-natal and delivery suite areas in PRH.

We both felt the services offered were of an excellent standard and the care delivered was exceptional. I would particularly like to praise the midwives who were on duty at the time....

Their clinical and interpersonal skills were of the highest order and they should be seen as a credit to the Trust and their profession.





Thank you . . .

I just wanted to thank you for the wonderful treatment I received in your A&E department last night.

Through my own stupidity I had to visit with a badly cut thumb. I was seen by a Triage nurse within 5 minutes and treated by a nurse called Dan within two hours who was very patient, understanding and a credit to your hospital.

Please accept my sincere thanks and appreciation for the superb care I received.





Thank you . . .

I popped in to RSH at 1145hrs today, I was in need of some blood tests and X-rays. I was armed with a magazine and sandwich, expecting to be low down the list of important and to have a lot of sitting around to do.

I felt spoilt rotten when I left at 1210hrs, having had both blood tests and X-rays completed.

The staff were delightful; all courteous, efficient and hugely helpful. What a professional bunch. Thank you, I could not have been better looked after.

Thank you . . .

Just a note to thank you for the superb treatment from your staff in casualty. I brought my wife in last evening worried about heart problems.

The staff despite being busy were professional and caring at all times. She was thoroughly examined and tested and thankfully given the all clear.

We are all very lucky having a quality service like you.

