

Paper 16

Recommendation	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.
<input type="checkbox"/> DECISION	
<input checked="" type="checkbox"/> NOTE	
Reporting to:	Trust Board
Date	30 August 2018
Paper Title	Quarter One Complaints & PALS Report 2018/19
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 Q1 2018/19 and to provide assurance that the Trust is handling complaints in line with national regulations. Appendices available in supplementary Information Pack.</p> <p>A total of 164 formal complaints and 389 PALS contacts were received during Q1 of 2018/19.</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	<p><input checked="" type="radio"/> Stage 1 only (no negative impacts identified)</p> <p><input type="radio"/> Stage 2 recommended (negative impacts identified)</p> <p><input type="radio"/> negative impacts have been mitigated</p> <p><input type="radio"/> negative impacts balanced against overall positive impacts</p>
Freedom of Information Act (2000) status	<p><input checked="" type="radio"/> This document is for full publication</p> <p><input type="radio"/> This document includes FOIA exempt information</p> <p><input type="radio"/> This whole document is exempt under the FOIA</p>

COMPLAINTS & PALS REPORT APRIL TO JUNE 2018

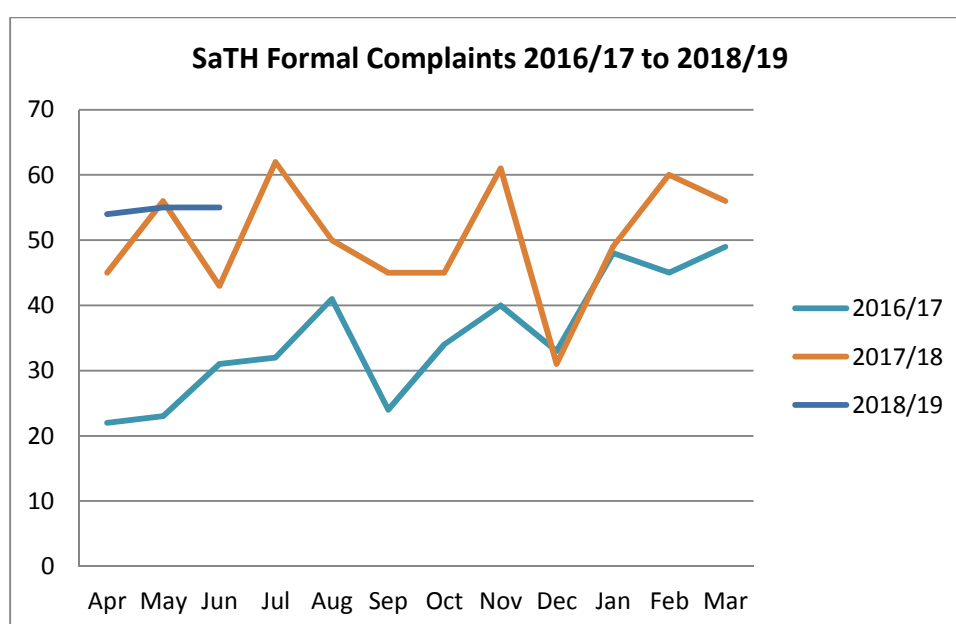
1. Introduction

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 one (April to June 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 164 formal complaints which equates to less than one in every 1000 patients complaining (0.69 complaints per 1000 patients).

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

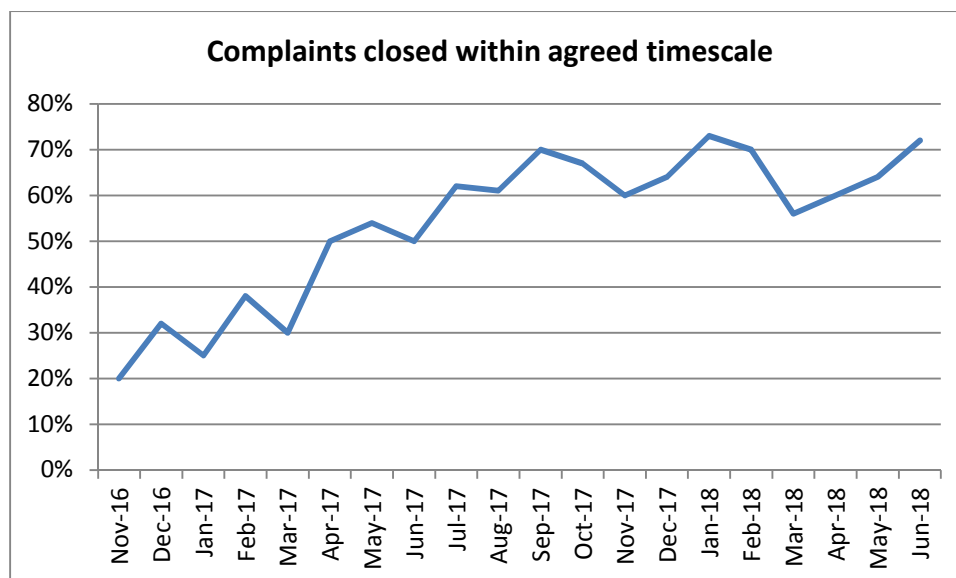


3. Performance

The Trust is required to acknowledge all responses within 3 working days. The Trust achieved 100% compliance with this requirement during quarter one. 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, 65% of complaints in quarter one have been closed within the timescales agreed initially. 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. The graph below shows responses rates since November 2016:



Of those complaints that were not responded to within timescale during quarter one, 89% 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. In 10% of cases, 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. In one case, the delay was as a result of delays within the complaints team; this issue has been rectified.

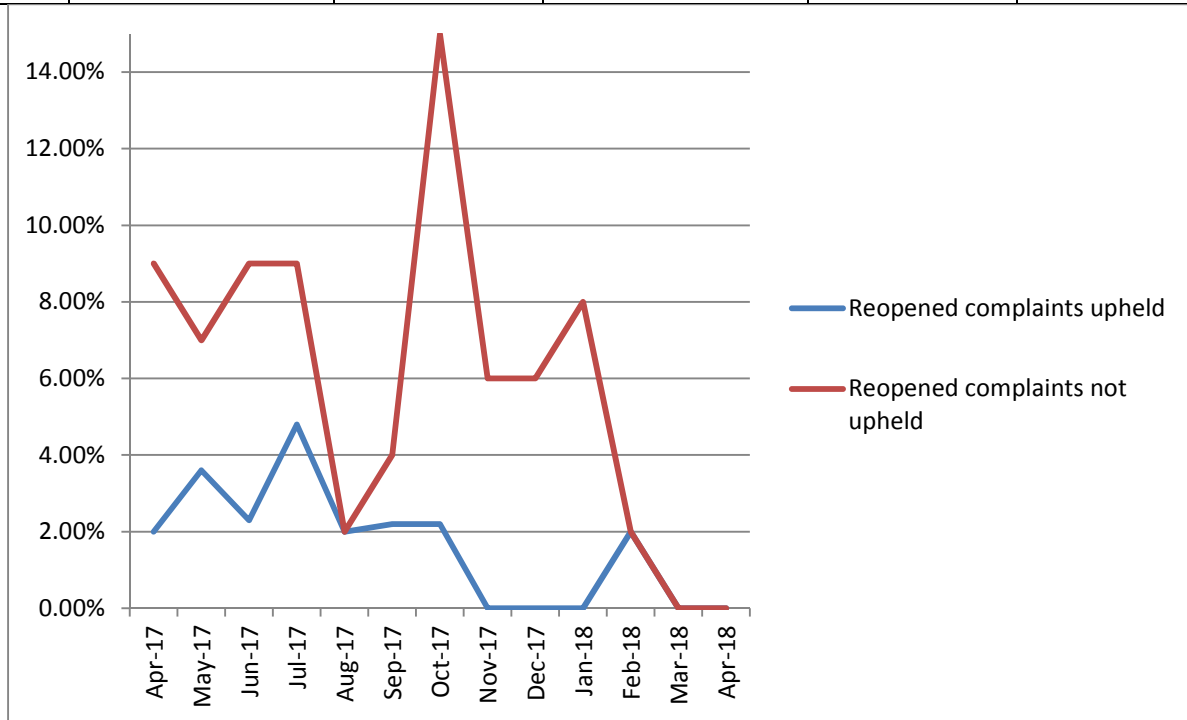
The complaints team have reviewed standard response timescales, to ensure that patients are being given a realistic timescale for response, and that their expectations are appropriately managed. In addition, the team is reviewing the process for dealing with complaints where there is a concurrent high risk case review or serious incident investigation taking place.

Of the complaints closed during quarter one, 16% were not upheld, 54% were partly upheld and 30% 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. 9 complaints were reopened in Q1, relating to complaints initially received in April 2017, September 2017, October 2017, November 2017, December 2017, January 2018 and February 2018. The table 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 re-opened 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%	4	9.00%

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%	2	4%
Oct-17	45	1	2.20%	7	15%
Nov-17	62	0	0.00%	4	6%
Dec-17	31	0	0.00%	2	6%
Jan-18	49	0	0.00%	4	8%
Feb-18	60	1	2%	1	2%
Mar-18	56		0.00%		0.00%
Apr-18	55		0.00%		0.00%



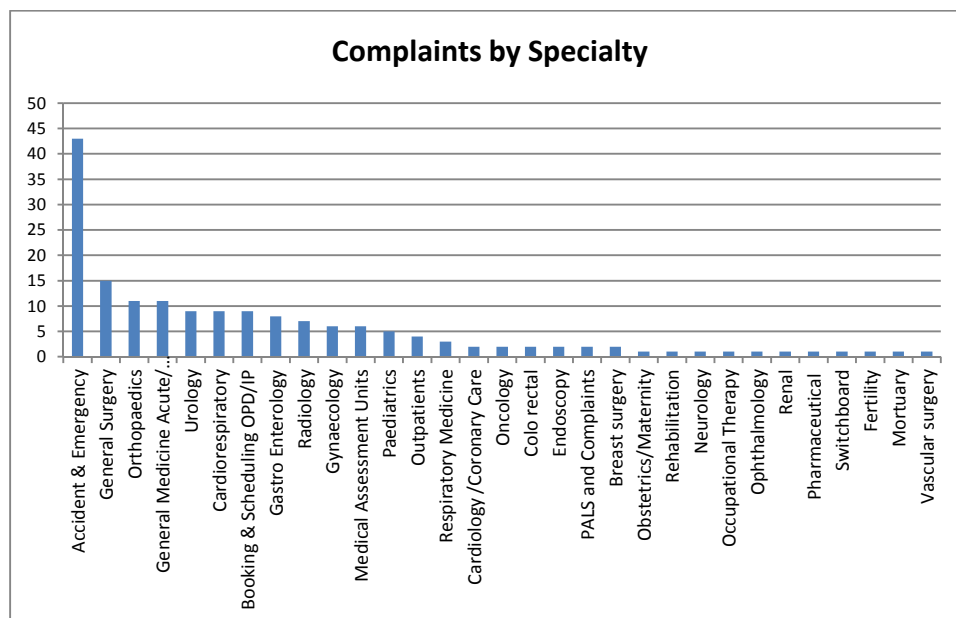
4. Formal complaints by specialty

The top specialties receiving complaints during the quarter were:

Specialty	Quarter one
Accident & Emergency	43
General Surgery	15
Orthopaedics	11
General Medicine Acute/ unspecified	11
Urology	9
Cardiorespiratory	9
Booking & Scheduling OPD/IP	9
Gastro Enterology	8
Radiology	7
Gynaecology	6
Medical Assessment Units	6

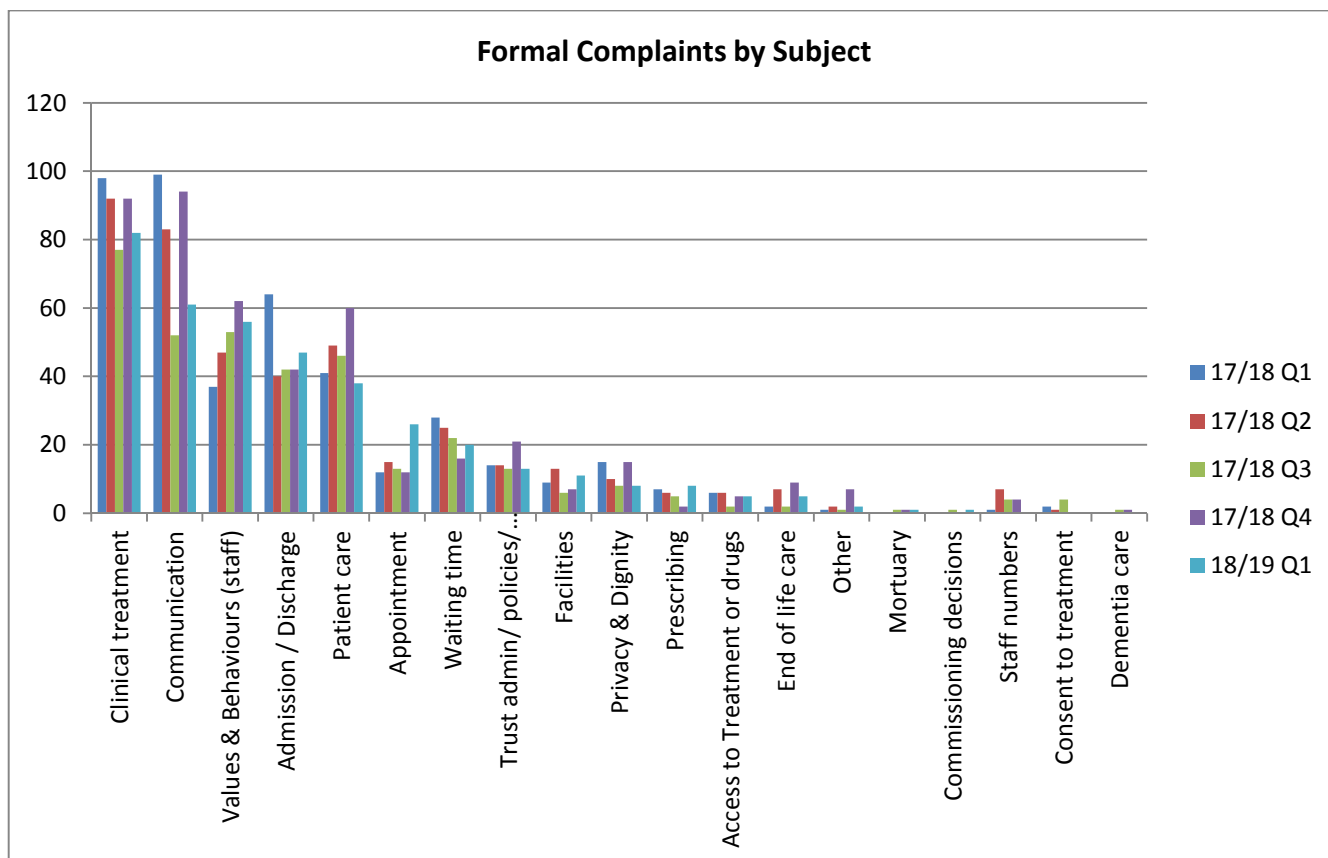
Paediatrics	5
Outpatients	4
Respiratory Medicine	3

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



5. Key themes

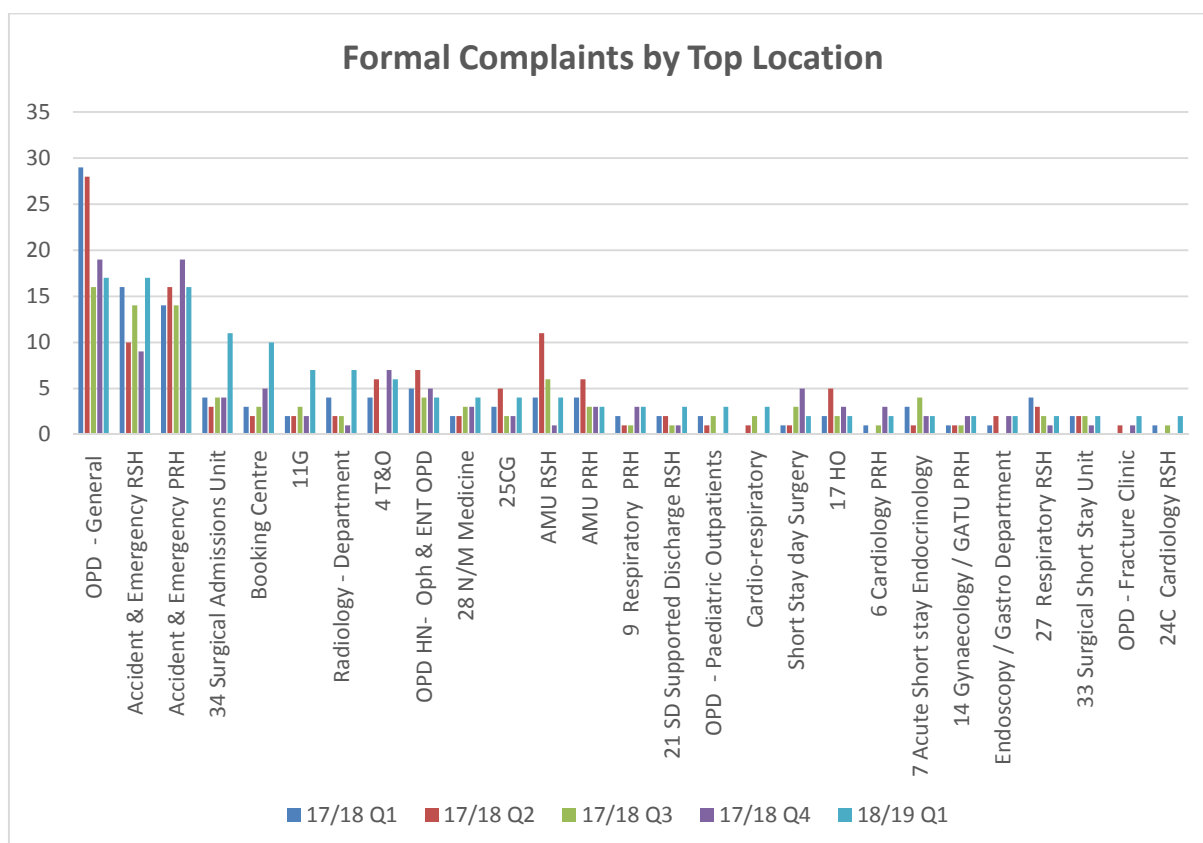
Each complaint may be multi-faceted, particularly where the complaint relates to inpatient care that involve the multidisciplinary team or events over an extended period of time. Each issue identified in the complaint is recorded which means that the total number of issues will exceed the number of formal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



Clinical care/treatment relates to all aspects of a patient's treatment, both medical and nursing. There continue to be large 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. There has also been an increase in complaints about appointments in quarter one. 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 has been an increased in quarter one in relation to complaints relating to SAU; this has been shared with the manager and matron and will be monitored.



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:

Changes in practice

- New patient safety checklist introduced in ED
- Improved systems for monitoring patients with dementia in ED
- Ward consultant to identify patients suitable to move to escalation areas and log this on electronic systems for all staff to access
- Review of pathway for admission of medical patients
- Development of SBAR handovers on antenatal ward
- Spot checks to be carried out on patient meals
- Liaise with RAID and Memory Services to develop link nurse role
- Review the use of recliner chairs and ensure that appropriate patients are using them
- Ensure patient information boards behind bed spaces are kept up to date
- Red to Green Tracker to work with coordinator to inform family of discharge
- Clinical letters to schools must be sent to a named person

Training

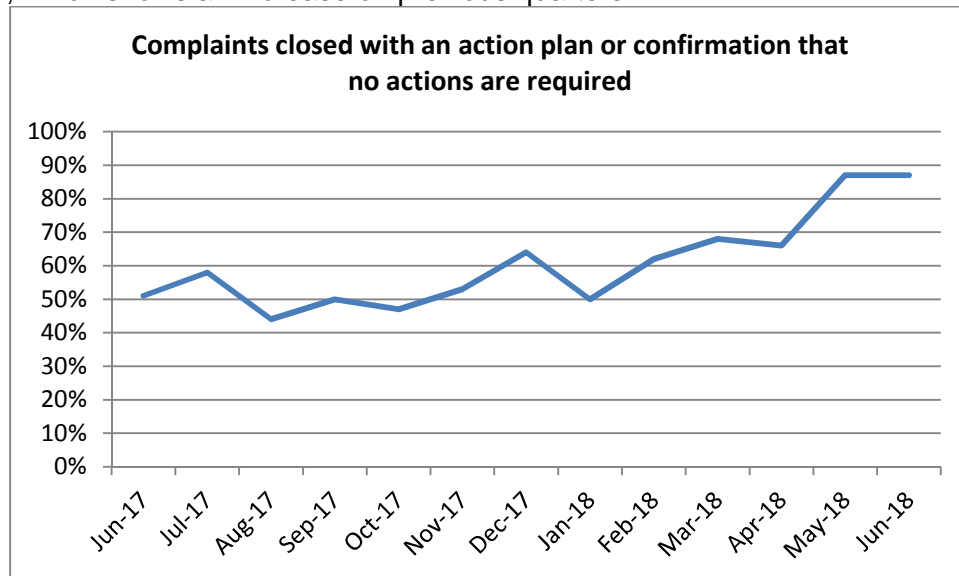
- Additional training for student nurses in mobilising patients
- Reminder to Staff on Team Brief regarding the urgency required to administer EOL medications.
- Education for medical staff regarding availability of medication in community hospitals
- SOP on Fit 2 Sit area to be put on display for all staff

Communication and patient information

- Improved advice and support for patients who wish to self-discharge
- Reworded signage with instructions for patients when receptionist is not at desk
- Clear process for ensuring patients are greeted and orientated to new wards on transfer

In addition, individual staff have been asked to complete reflections, and individual learning plans have been developed. Details of complaints are also shared through team meetings and team briefs.

80% 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:



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

- Concerns about care and delays inserting and then managing chest drain
- Concerns about a delay in a cancer diagnosis and subsequent care & treatment
- Concerns that there was an opportunity to diagnose rare cancer sooner

During quarter one the Ombudsman concluded two investigations:

- Patient was unhappy that an MRI scan not carried out and that medication was stopped– this was not upheld
- Patient was not happy with antenatal care and treatment, and felt that her labour was not managed properly and there was a delay in carrying out a c-section– 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 during quarter one have now been analysed, with a number of areas for improvement highlighted. 48 surveys were returned (a response rate of 31%) and the key findings are:

- 58% of respondents were contacted by phone at the start of the complaints process
- 83% found the explanation clear and easy to understand.
- Only 35% were phoned to be told that their response would be late
- 65% felt the response covered all issues
- 52% felt that the Trust has used their complaint as an opportunity to learn
- Although only 55% felt their complaint was handled well, 88% said they would be happy to raise a complaint in the future

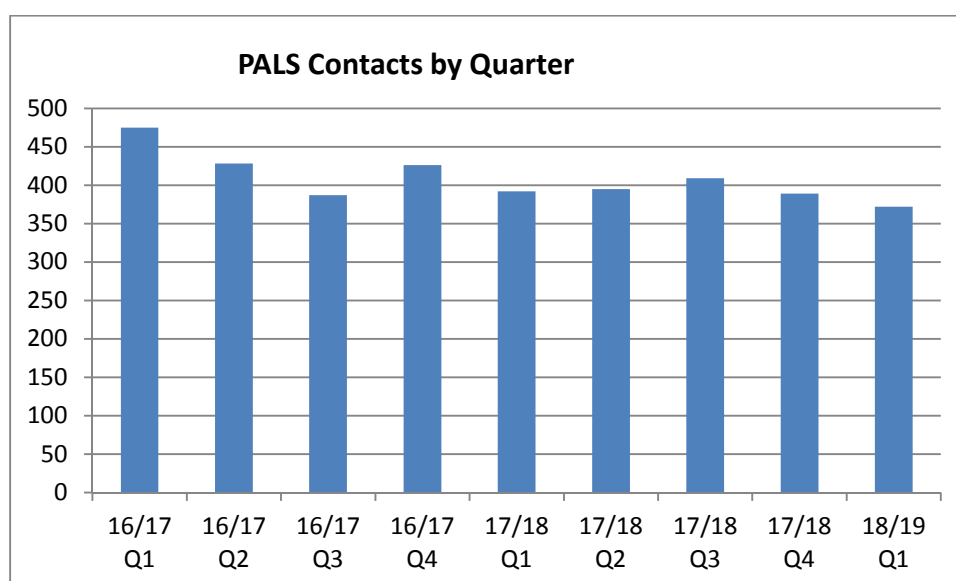
There has been a decrease in the number of complainants contacted to be told their response will be late. Although each complainant does receive a letter apologising and informing them that the response will be later than initially agreed, complainants should also receive a phone call where possible; this has been discussed with the complaints team.

Other updates from the team include:

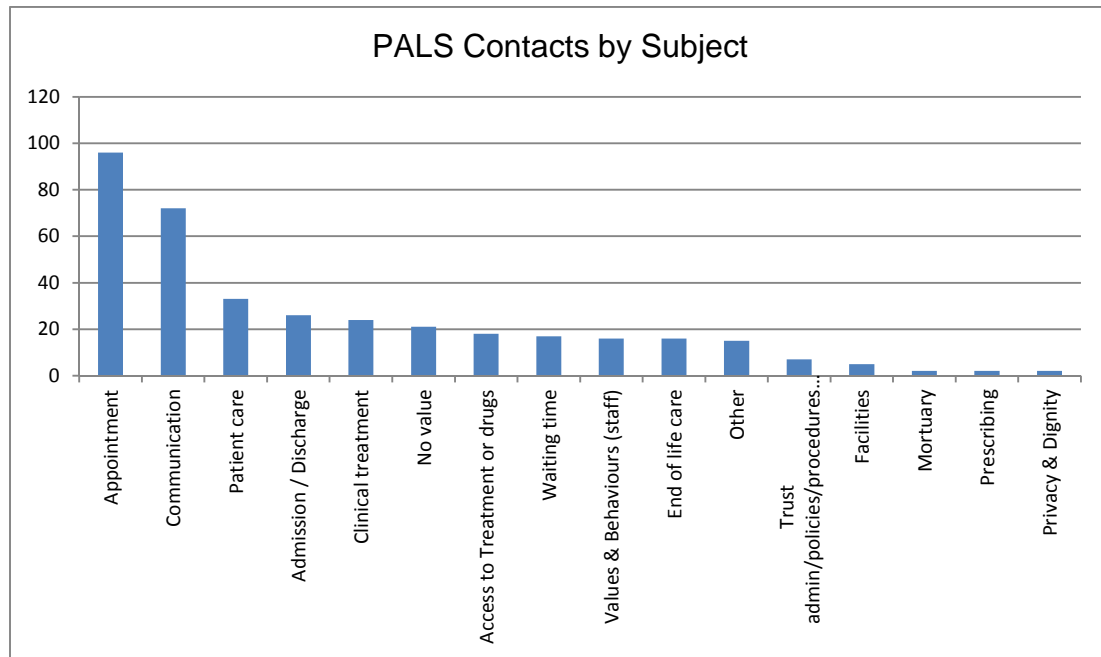
- Use of Lean Methodology to improve documentation and processes
- Two apprentices have joined the complaints team
- Positive feedback was received regarding the training provided as part of the preceptorship programme
- Consent forms updated in line with GDPR requirements

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 one of 2018 the PALS team reported and investigated 372 PALS concerns. The graph below shows the PALS activity over the past two years.

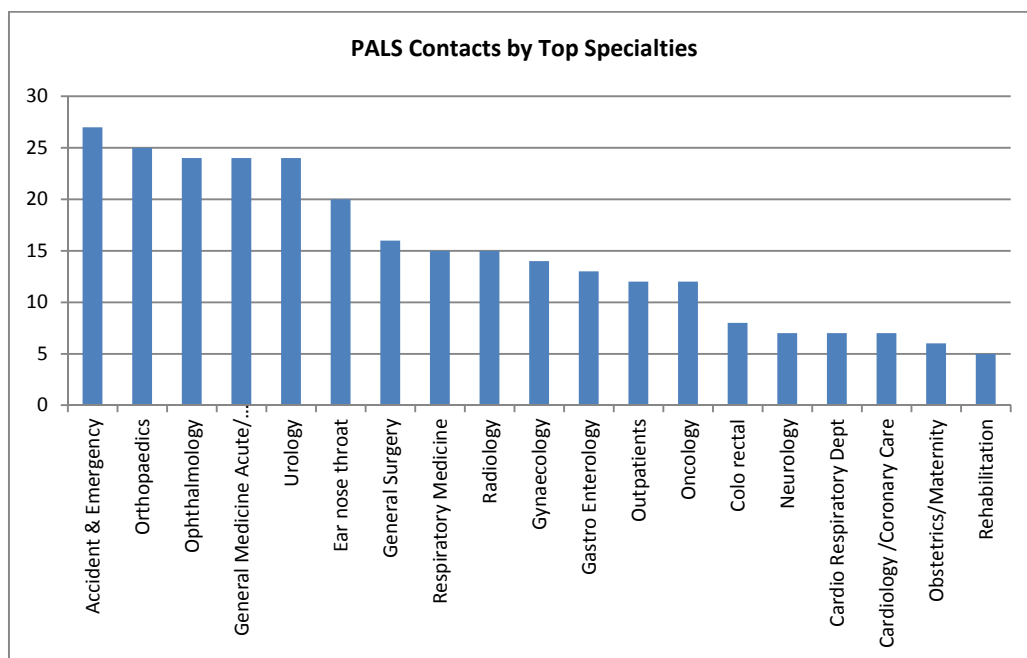


The main themes arising from the concerns raised via PALS for quarter one are:



Quarter 1 starts the new financial year with an increase of concerns received about appointments. This has increased from 88 in quarter 4 of 2017/18 to 96 in this quarter. This correlates with the recent outpatient concerns report that I produced which demonstrated concerns about the number of appointments being cancelled with little or no notice and the delay in receiving follow up appointments. Concerns around communication remains high with PALS receiving 72 cases in quarter 1, however this has fallen by 20 in comparison to quarter 4.

The top 20 specialties that PALS have received concerns about are shown in the graph below. Although the number of contacts relating to Outpatients had reduced in Quarter Four, this has increased again in Quarter One. Other specialties have remained consistent. Further details on the complaints relating to Outpatients is included in appendix three.



Examples of PALS cases received are included at appendix four.

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, 43 comments were published on the NHS Choices website, 25 for RSH and 18 for PRH. 58% (25) of these were positive, 33% (14) were negative, and 9% (4) were mixed

There were six negative comments about waiting times in both EDs, but there were also five positive comments received about the care in both EDs.

Letters of thanks

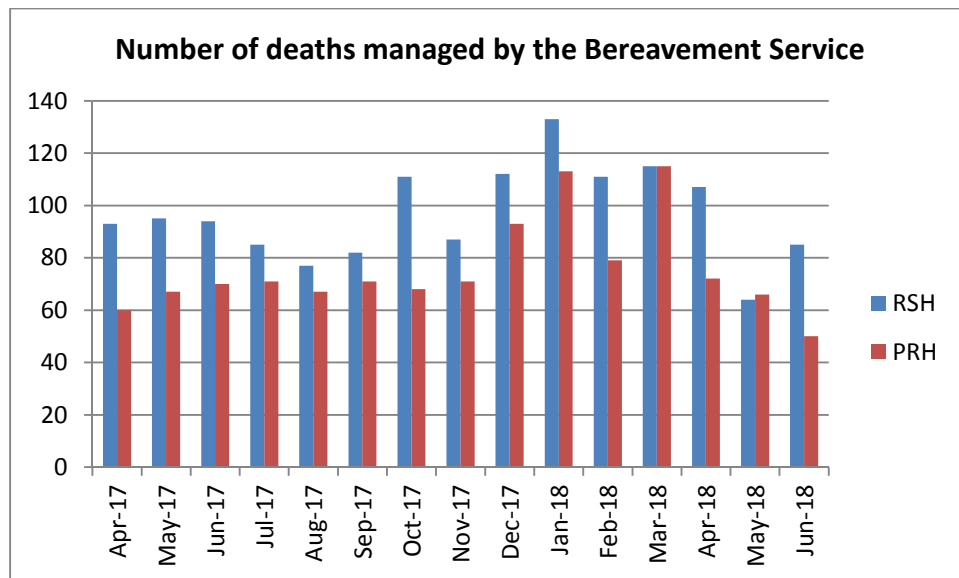
In addition to the feedback give via NHS Choices, 63 letters of thanks and appreciation were received by the Chief Executive, as well as through the SaTH website and on our main social media channels, during quarter one. This is in addition to the cards and letters sent to wards and individual members 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
April	4	10	6	2	0	0	22
May	3	7	10	2	0	0	22
June	4	3	7	4	0	1	19

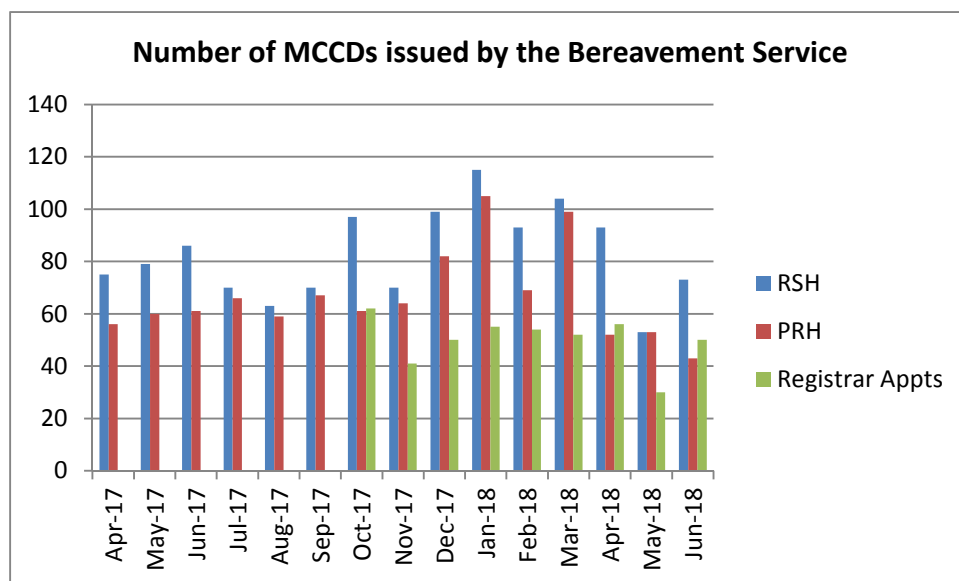
Examples of letters received are included at appendix six.

Bereavement

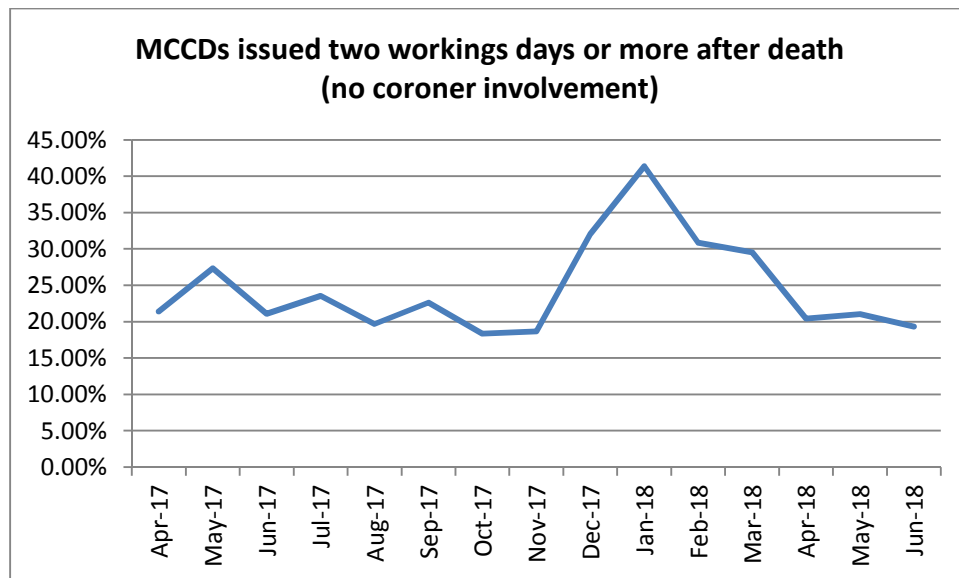
During quarter one, there were 444 deaths across both sites, which is a decrease of 200 from the previous quarter. Collaborative working with the Registrar of Births, Marriages and Deaths in the registration of deaths continues to work very well and is seen by the bereaved families to be an excellent 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 136 appointments in quarter four for bereaved families to register the death of their loved one at the Royal Shrewsbury Hospital.



Of the 444 deaths, the Bereavement Team issued 367 Medical Certificates of Cause of Death. The remaining 77 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.



The Trust policy is that, where there is no Coroner involvement, the MCCD should be written by the following working day. Unfortunately there are sometimes delays, and compliance with this is being monitored. The graph below shows, that on average, one in four MCCDs take two or more working days to be written. This can be due to a variety of reasons, such as doctors being unavailable to complete the MCCD, or there being a lack of clarity as to the cause of death. 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 the message continues to be told about the importance of expedient action in terms of writing MCCD's.



13. PALS & Bereavement Services Review

In collaboration with the League of Friends, the Bereavement Service has introduced a complimentary drinks voucher for bereaved families. This entitles bereaved families to a hot or cold drink from any of the League of Friends outlets at RSH. It was set up so that the Bereavement team could offer this to bereaved families who come to them in the immediate aftermath for help and advice, for families who arrive unexpectedly from faraway places whilst the team work to get the MCCD or for those families who may have a query with the MCCD and who need further help. In these circumstances the Bereavement team need time to resolve their concerns/query and so offering them a complimentary drink can help them whilst the team are working on their behalf. In the short time this has been in place, the reaction from families has been received very well and they have been very grateful for such a simple but kind gesture.



It is hoped that the Bereavement Service will be able to roll this out at PRH and so the Bereavement Manager will be approaching the Friends of PRH to ask if they would support this initiative also.

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 has been completed and the film is now being edited to ensure delivery of a quality product. It is anticipated that this will be released in August.

The annual PALS satisfaction survey is currently underway, running from July to September.

14. Freedom of Information (FOI)

The number of FOI requests received by the Trust has decreased slightly. Two years ago the average number of requests received was about 45 per month but this had increased to a peak of 90 in March 2017, however, the numbers have reduced since then to an average of round 60 per month.

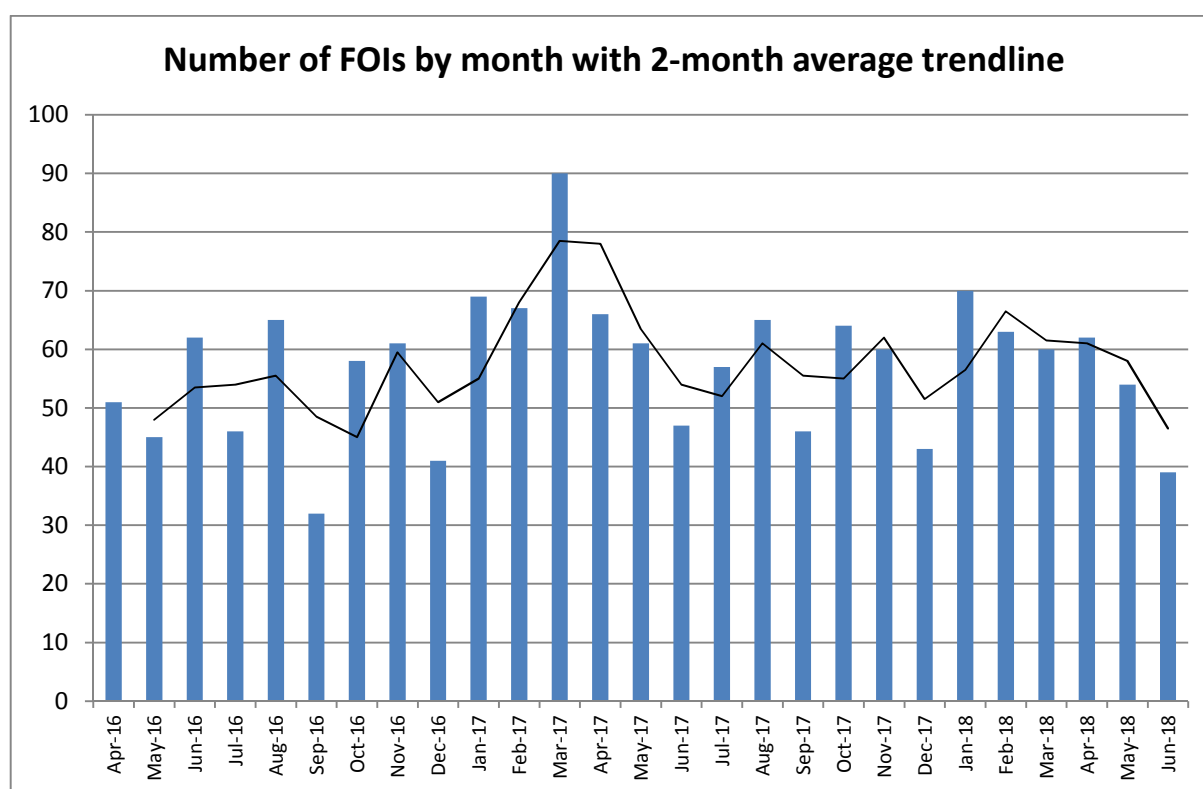


Table – Overview of FOI requests July 2017 – June 2018

Month	Received	Answered within 20 days	NOT answered within 20 days
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

April	62	52	10
May	54	45	9
June	39	4*	1

*34 not due at time of report

Table 2 – FOI Responding department Apr 2017 – Mar 2018

Department	Jul – Sept 17	Oct – Dec 17	Jan – Mar 18	Apr – Jun 18	TOTAL
Corporate	26	23	43	18	110
Estates	10	4	8	8	30
Facilities	3	2	10	2	17
Finance	10	18	9	19	56
Infection Control	0	0	3	0	3
Information	7	18	16	13	54
IT	14	14	11	8	47
Nursing & Quality	8	5	1	5	19
Pharmacy	8	11	7	9	35
Procurement	8	6	8	6	28
Radiology	3	2	7	7	19
Scheduled Care	14	16	14	16	60
Support Services	3	3	6	3	15
Unscheduled Care	14	6	16	8	44
Women & Children's	11	9	12	12	44
Workforce	27	30	22	21	100
Grand Total	166	167	193	155	681

15. Recommendation

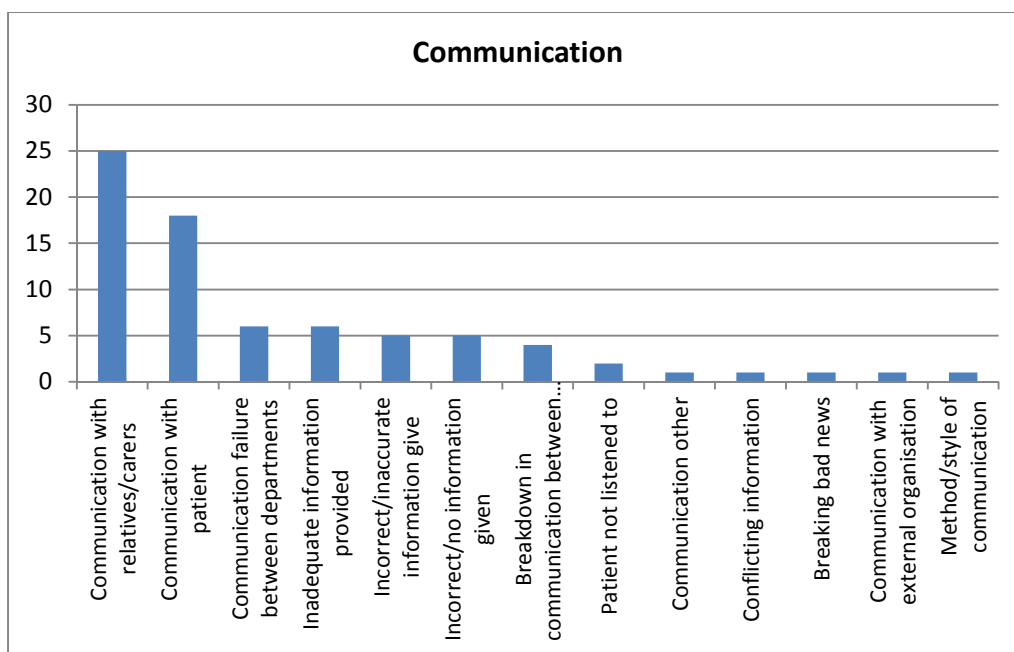
The Board is asked to consider the report

Complaints & PALS Report Appendices

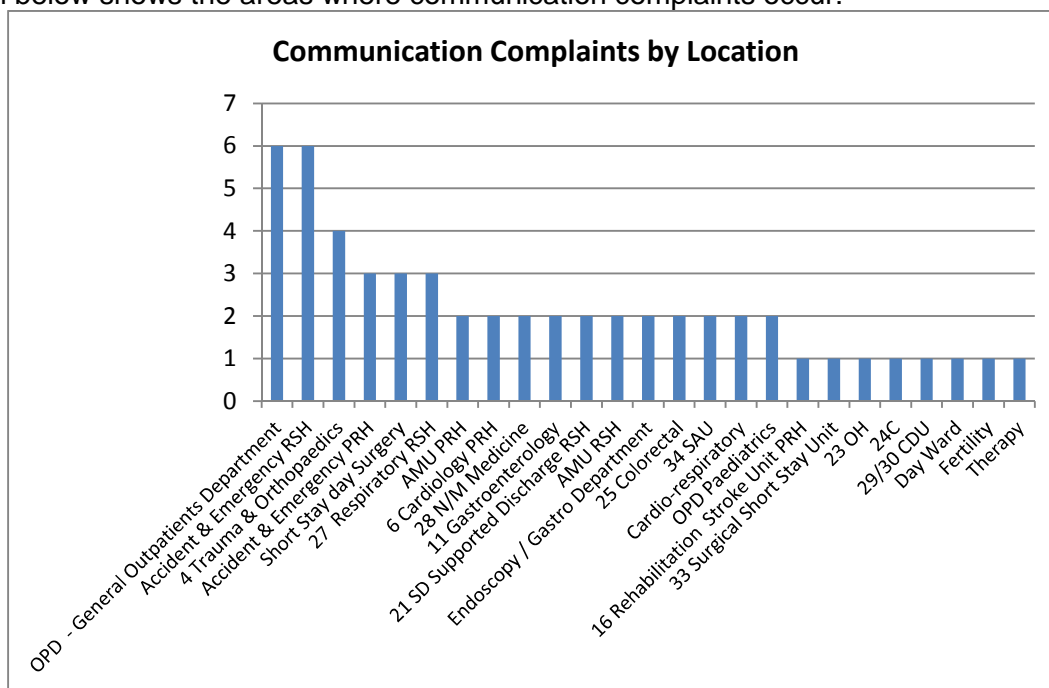
Appendix One

Detailed breakdown of complaints themes

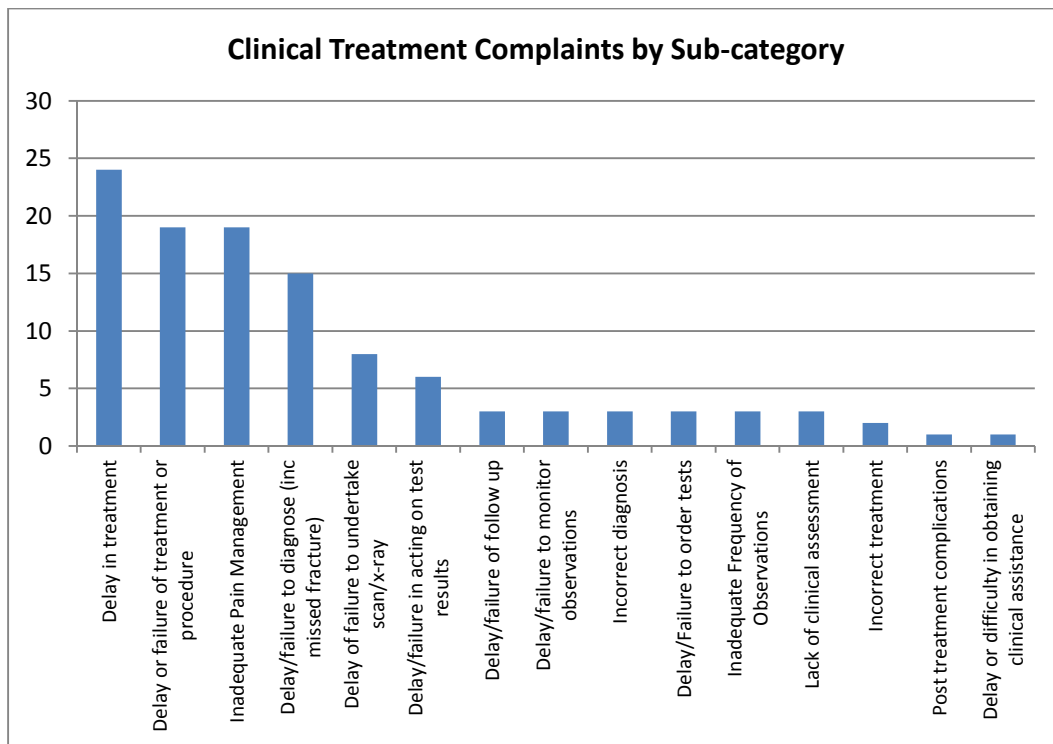
Communication forms a part of the majority of complaints and the details can be broken down as follows:



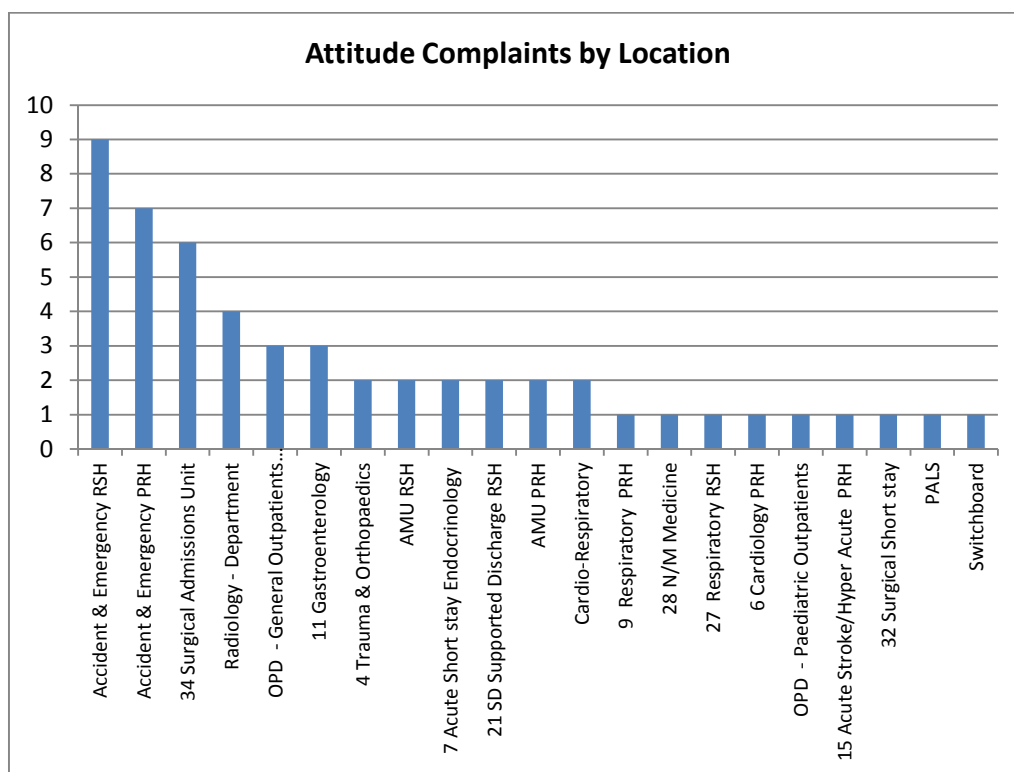
The graph below shows the areas where communication complaints occur:



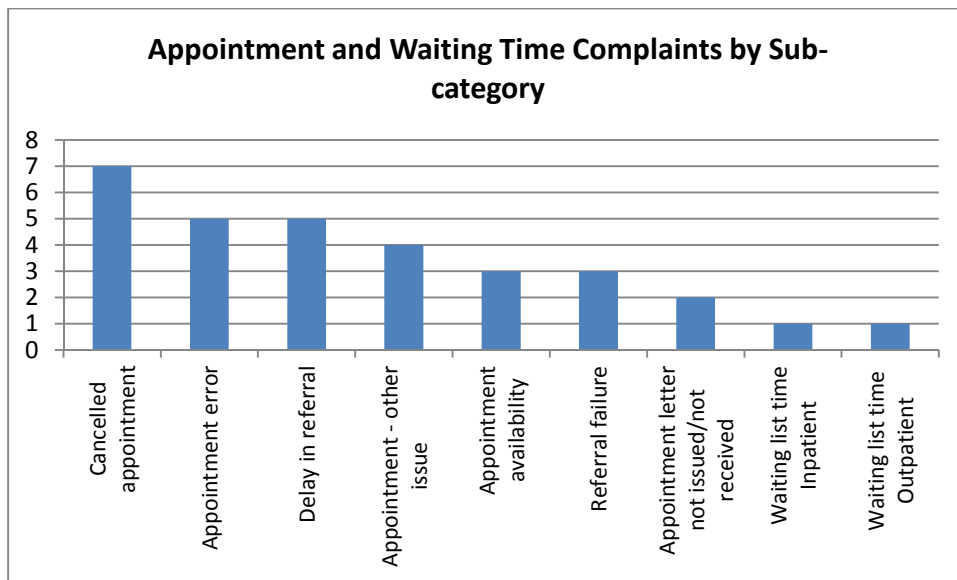
A large number of complaints also raise clinical treatment as an issue; the graph below shows these complaints broken down by sub-category. The majority of these complaints relate to issues in obtaining a diagnosis, treatment and pain management:



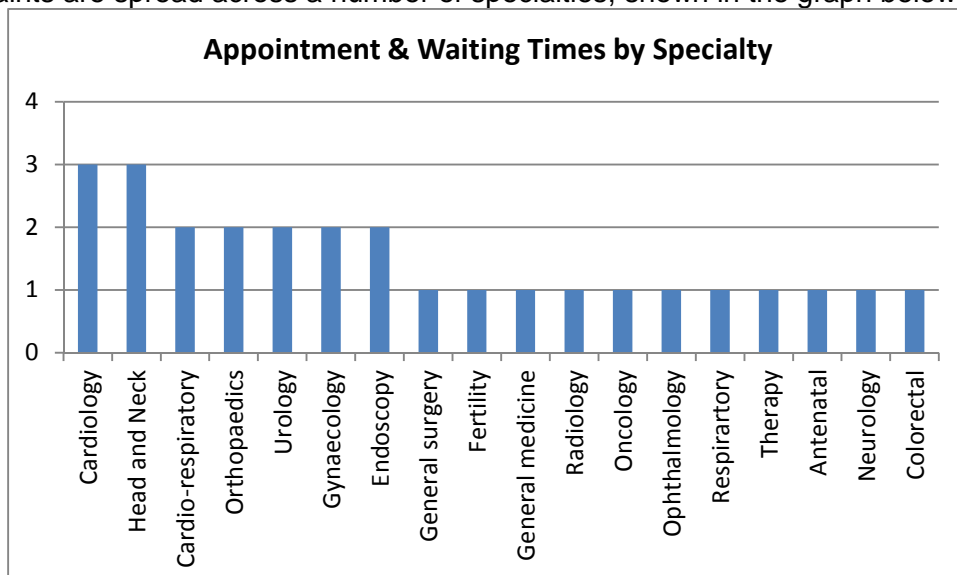
There continues to be an increase in complaints about staff attitude; however as the graph shows, this is spread across a number of areas.



There has recently been an increase in complaints about appointments and waiting times. The graph below shows these broken down by sub-category:

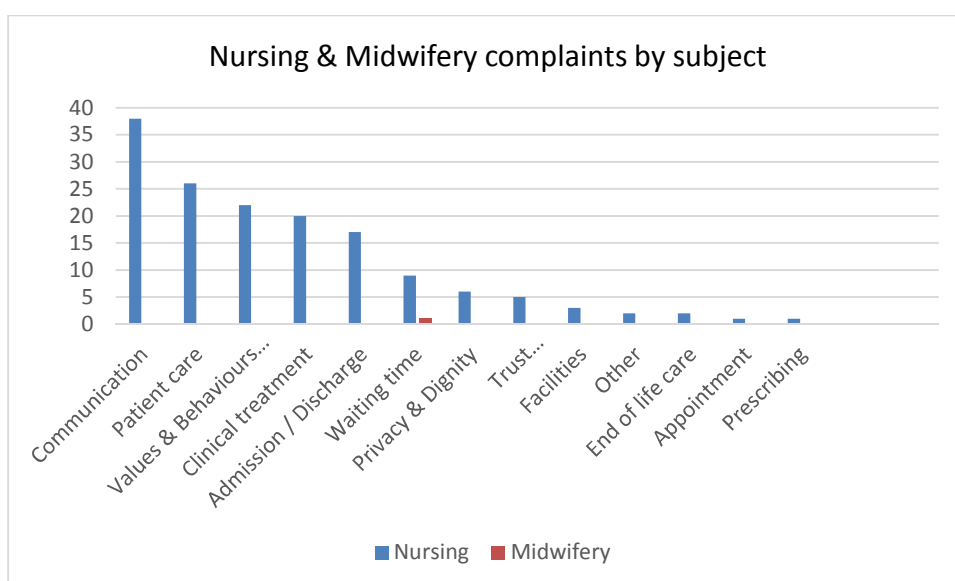
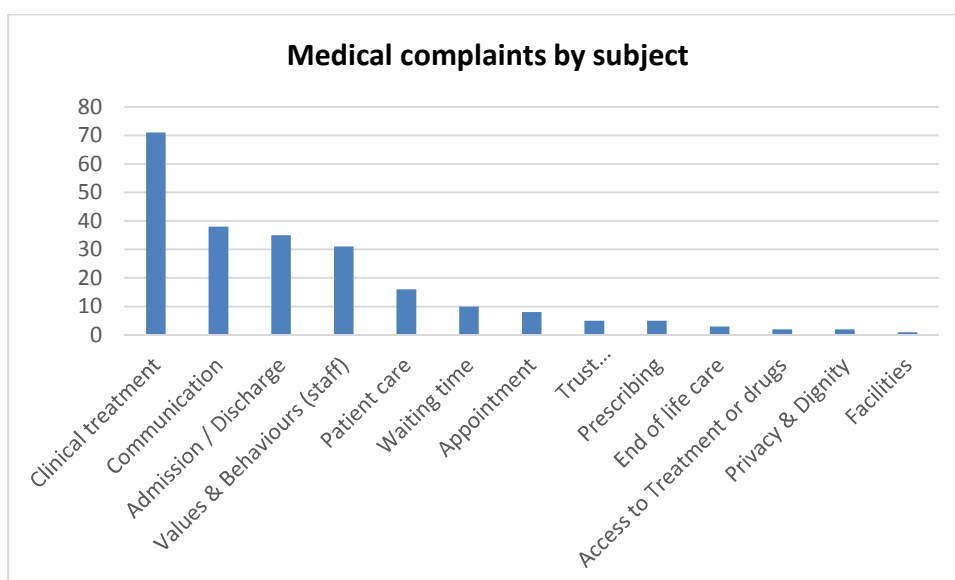
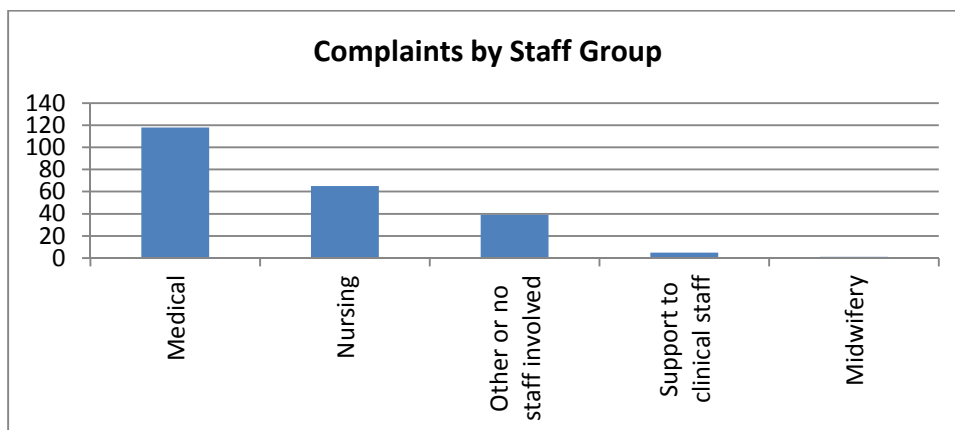


These complaints are spread across a number of specialties, shown in the graph below:



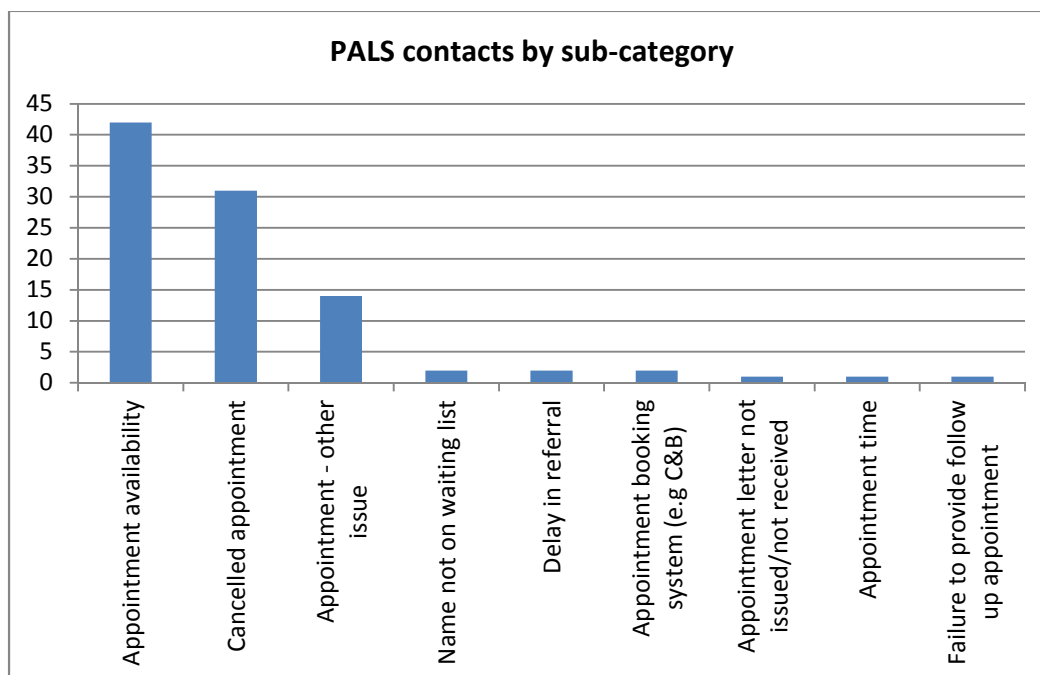
Complaints by Staff Groups

118 of complaints received in quarter one raised concerns relating to medical staff, and 67 complaints related to nursing & midwifery staff. Further details are shown in the charts below:

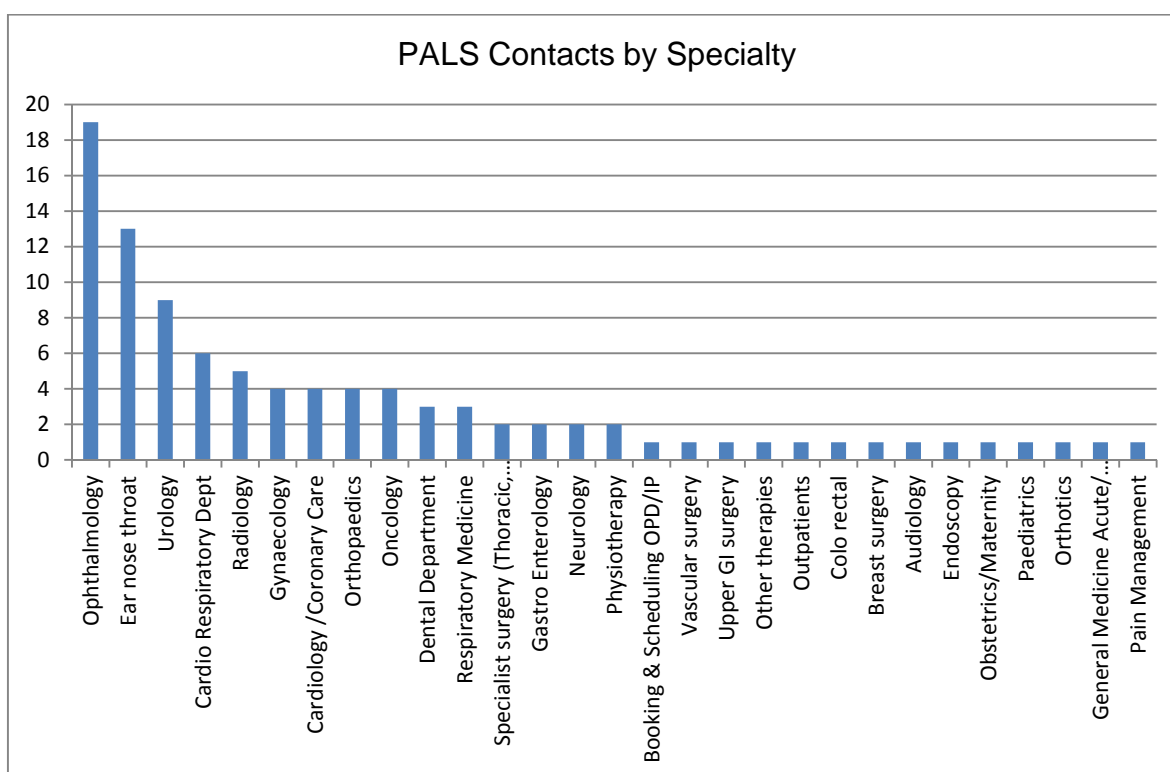


PALS Contacts relating to Appointments

96 PALS contacts in quarter one related to problems with appointments. As can be seen from the graph below issues are availability of appointments and cancelled appointments:



The majority of contacts relate to Ophthalmology and ENT. The graph below shows the specialties:



Examples of PALS Cases

- *Patient unhappy with wait time before her procedure as she was left feeling very dehydrated. Apology letter sent to the patient from Consultant.*
- *Patient arrived to the Copthorne Building at RSH requesting an appointment with Chief Executive to express her dissatisfaction with her Ophthalmology appointments. Ophthalmology appointments have now been successfully moved to RSH from Severnfields Medical Practice as this is much easier for patient to access.*
- *Email from mother of patient concerned that her daughter's ENT appointments keep getting cancelled. Department are trying to expedite appointment by liaising with ENT Consultant.*
- *Patient unhappy with treatment at recent ENT OPD appointment. Letter of apology sent to patient from consultant.*
- *Patient unhappy with attitude of Doctor and cancelled OPD appointment. Apologised to patient for offence caused. Appointment to be booked with different clinician in same speciality.*
- *Patient's daughter is worried and confused about the appointments she is waiting for with ENT. PALS arranged an appointment for patient to attend ENT Clinic the following morning.*
- *Mother has called PALS as she states that we are neglecting her sons care and cannot get answers from the ward. Her son was involved in a motorbike accident. Support given to family by PALS.*
- *Patient has sent in a letter due to his frustration with Ophthalmology treatments, surgery and appointments. Apology given to patient from Business manager and appointment date given.*
- *Patient unhappy with current wait times for fertility treatment. Full written response & explanation provided to patient.*
- *Patient's son unhappy with communication around recent cancer diagnosis. Full support provided to family by PALS.*
- *Patient has been diagnosed with cancer of the bladder and also has some heart problems. His wife was in the Hamar Centre today and staff from the centre called PALS to see if someone could speak to wife about her husband's treatment as she feels there is a lack of communication and her husband is struggling. Patient have now received support from the Cancer Nurse Specialist and are now more reassured.*
- *Patient's diagnostic x-ray appointment cancelled without notification. PALS re-arranged the appointment and patient notified. Apologies given for the upset caused.*
- *Patient's mother unhappy with attitude of ward staff. The Nurse in Charge for Neonates spoke to parents and offered sincere apologies. Parents confirmed that they required no further action. Attitude of staff member involved was addressed by Matron.*
- *Patient's wife called PALS as she is concerned that her husband's ENT appointments keep being cancelled. Patient now has appointment – arranged by PALS.*

Examples of comments from NHS Choices**Some of the positive comments received were as follows:**

Came into A & E on Saturday evening with a cut to my head, I gave my details, and the whole experience was very good, staff had a sense of humour. All staff were helpful and I was looked after very well indeed. We are so lucky to have such a good A & E Dept . I have put on facebook how good the experience was especially when one isn't feeling ones best. Thank you Shrewsbury Hospital

I was amazed that I could be seen on a Sunday at the urgent eyecare clinic, referred by my optician as I had something stuck at the back of my eye. I was really scared, being squeamish about eyes, but the 2 nurses and the doctor who saw me were really lovely, and I was dealt with quickly and efficiently. A big thank you to them.

Enormous thanks to all staff on CAU/ward 19 who cared for my 5week old baby during our recent stay. The care she received was exemplary-I was so impressed by the compassion shown by everyone, and the staff were incredibly competent. Fantastic facilities made our stay pleasant at a challenging time. Hugely impressed and grateful.

I had an endoscopy this week at PRH Telford in the Bickerstaff unit. I was very nervous before going for my appointment. I can't praise the staff enough!! When I got there every single staff member was caring and so helpful, they explained things really well!! Just before the procedure I had understood exactly what they were going to do and was not nervous any more. So once again thank you so much to all the endoscopy team & well done, keep it up!!

The treatment I have received from all of the above is second to none. The staff are caring, friendly and efficient. The gentleman I saw today was absolutely delightful and gave up a lot of his time explaining the facts to me. All in all a very happy experience

Huge thanks to all staff on CAU/ward 19 who cared for our 6 week old baby boy during our recent stay. The care received was both fantastic and compassionate, the staff were incredibly professional . The first class facilities helped our stay during a very stressful time. Very grateful for all the help and support we received- Thank you.

Some of the negative comments received were as follows:

Very poor care with maternity services. Had problems since the start but now at full term & still no birth plan or action taken on pains I've had. Rung up n told about my symptoms. But was told no concern & to take paracetamol. E.c.t... Very annoyed with lack of care!

Recently attended the fracture clinic and seen by a member of the consultants team but not the consultant. I have never experienced such arrogance / dismissive behaviour and a total lack of empathy or explanation as to my condition from a clinician.

I waited over 6 hours in A&E, poor staffing who have no accurate knowledge. No help at all. Instead of treating me , they just wanting to give me painkillers to make me leave.

Sat waiting for over an hour after having drops put in, so would have worn off. People allowed to jump the queue. Badly organised and poor communication between staff. Service is a disgrace.

Extracts from a selection of thank you letters



Thank you . . .

I just wanted to write to say that you should be very proud of the staff in your hospital.

All the staff in Ward 15 were amazing. Without exception, the staff were kind, cheerful and provided high levels of care not only to myself, but to other patients...



Thank you . . .

I was admitted to Shrewsbury Hospital through the Acute Medical Unit and spent the following five days on the Coronary Care Unit. The treatment I had from the AMU could not have been better.

Over the next five days, I was well looked after by the nurses and other staff on the CCU—that includes those who served the meals, those who cleaned the floor and the students. Everyone was always friendly and helpful.



Thank you . . .

I just wanted to say how lovely all the staff were whilst my son was having an operation. He was in the surgery day ward at Telford.

All the staff nurses, anaesthetists, surgeon and everyone else we had contact with were smiley and put our minds at ease



Thank you . . .

I cannot thank the staff enough for all their care and support when I stayed on Ward 14.

Everyone was amazing—second to none.



Thank you . . .

I cannot thank the staff enough for all their care and support when I stayed on Ward 14.

Everyone was amazing—second to none.



Thank you . . .

I had a cataract removed at Euston House in Telford. Doctor Banargee and his team could not be faulted in the service, the care and the professionalism. They made me feel very important to them and could not have done more to make me feel at ease. We are very lucky in Shropshire to have such excellent medical provision.

