

Paper 17

<b>Recommendation</b>  <input type="checkbox"/> <b>DECISION</b>  <input checked="" type="checkbox"/> <b>NOTE</b>	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.
<b>Reporting to:</b>	<b>Trust Board</b>
<b>Date</b>	29/11/2018
<b>Paper Title</b>	Quarter Two Complaints & PALS Report 2018/19
<b>Brief Description</b>	<p>The purpose of this report is to provide the Quality &amp; Safety Committee with an overview of the formal complaints and PALS concerns received by the Trust during Q2 2018/19 and to provide the Board with assurance that the Trust is handling complaints in line with national regulations.</p> <p>A total of 173 formal complaints and 397 PALS contacts were received during Q2 of 2018/19</p>
<b>Sponsoring Director</b>	Julia Clarke, Director of Corporate Governance
<b>Author(s)</b>	Julia Palmer, Head of PALS & Complaints
<b>Recommended / escalated by</b>	Quality & Safety Committee
<b>Previously considered by</b>	
<b>Link to strategic objectives</b>	<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>
<b>Link to Board Assurance Framework</b>	<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>

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

## COMPLAINTS & PALS REPORT JULY TO SEPTEMBER 2018

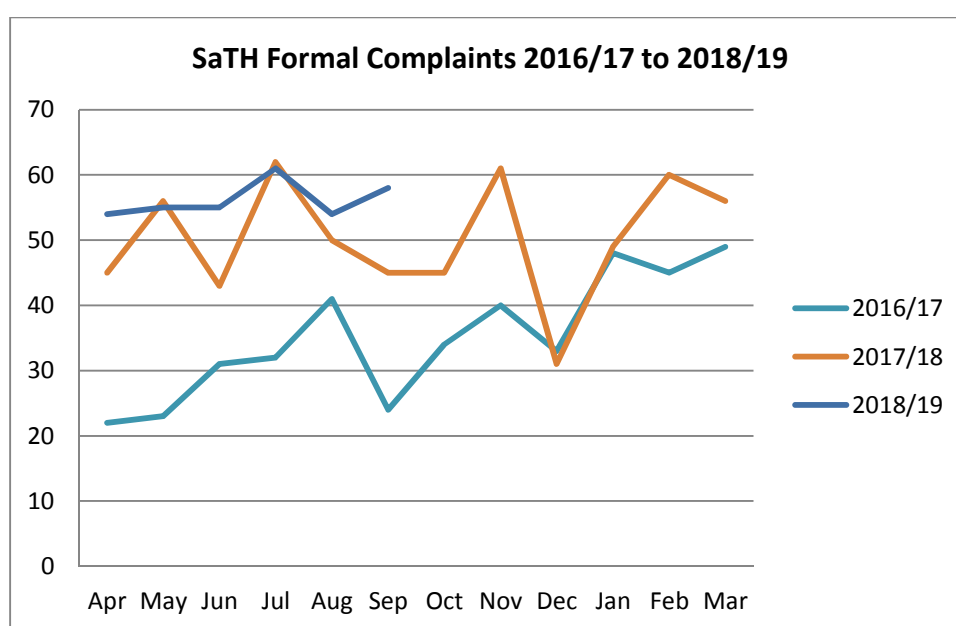
### 1. Introduction

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 two (July to September 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 two the Trust received a total of 173 formal complaints which equates to less than one in every 1000 patients complaining (0.72 complaints per 1000 patients).

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

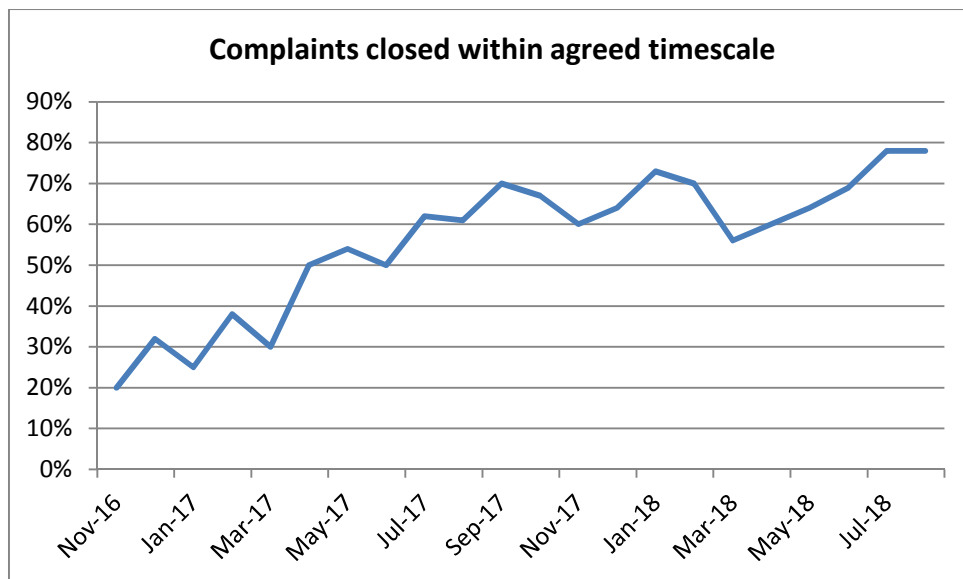


### 3. Performance

The Trust is required to acknowledge all responses within 3 working days. The Trust achieved 100% compliance with this requirement during quarter two. Where possible, complainants are also telephoned by the Case Manager to confirm the issues identified for investigation, outline the process and timescales and provide a personal contact moving forward. A formal written acknowledgement is then sent to the complainant, enclosing a simple leaflet that explains the process and options if they remain dissatisfied once the investigation is complete. They are also asked if they would be happy for their experience to be shared as part of wider learning for staff during training sessions.

The timescale for responding to each complaint can depend upon the nature of the issues raised and the level of investigation required. For simple 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, 78% of complaints in quarter two 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 two, 77% 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 23% 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.

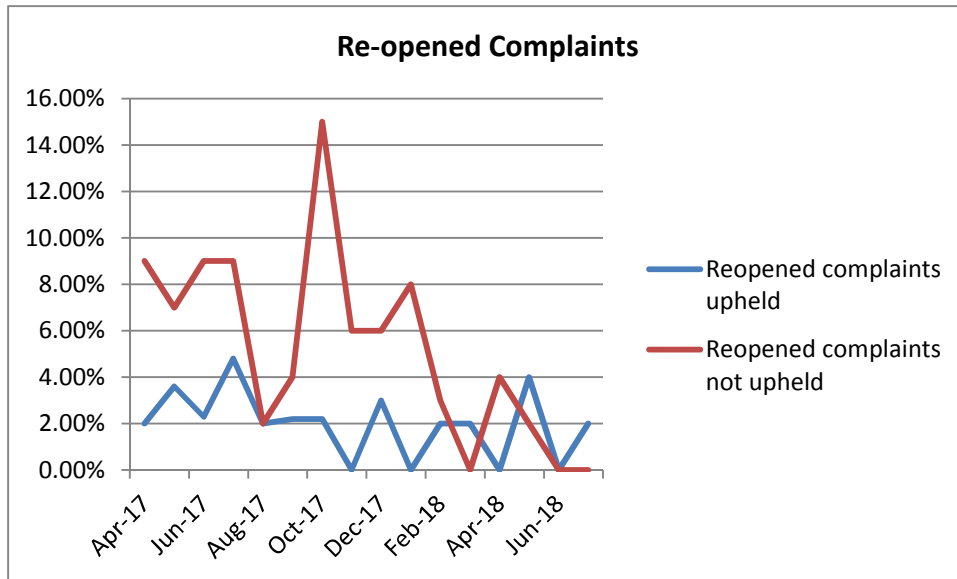
The complaints team have reviewed standard response timescales, to ensure that patients are being given a realistic timescale for response, and that their expectations are appropriately managed. In addition, the team is reviewing the process for dealing with complaints where there is a concurrent high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

Of the complaints closed during quarter one, 16% (26) were not upheld, 51% (86) were partly upheld and 33% (55) 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. 10 complaints were reopened in quarter two, relating to complaints initially received in December 2017, February 2018, March 2018, April 2018, May 2018 and July 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
Jan-	49	0	0.00%	4	8%

18					
Feb-18	60	1	2%	2	3%
Mar-18	56	1	2.00%		0.00%
Apr-18	54		0.00%	2	4.00%
May-18	55	2	4.00%	1	2.00%
Jun-18	55	0	0.00%	0	0.00%
Jul-18	61	1	2%	0	0.00%

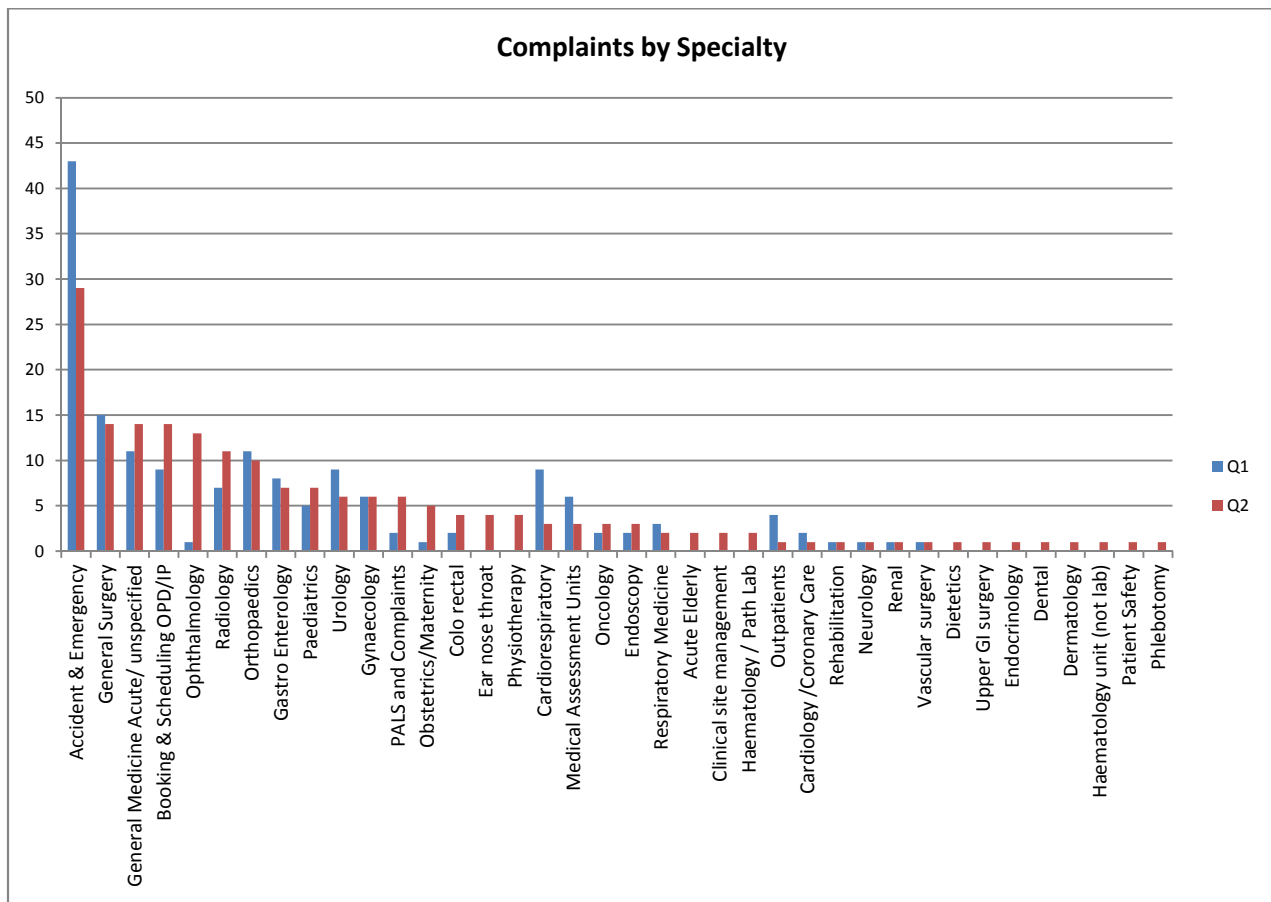


#### 4. Formal complaints by specialty

The top specialties receiving complaints during the quarter were:

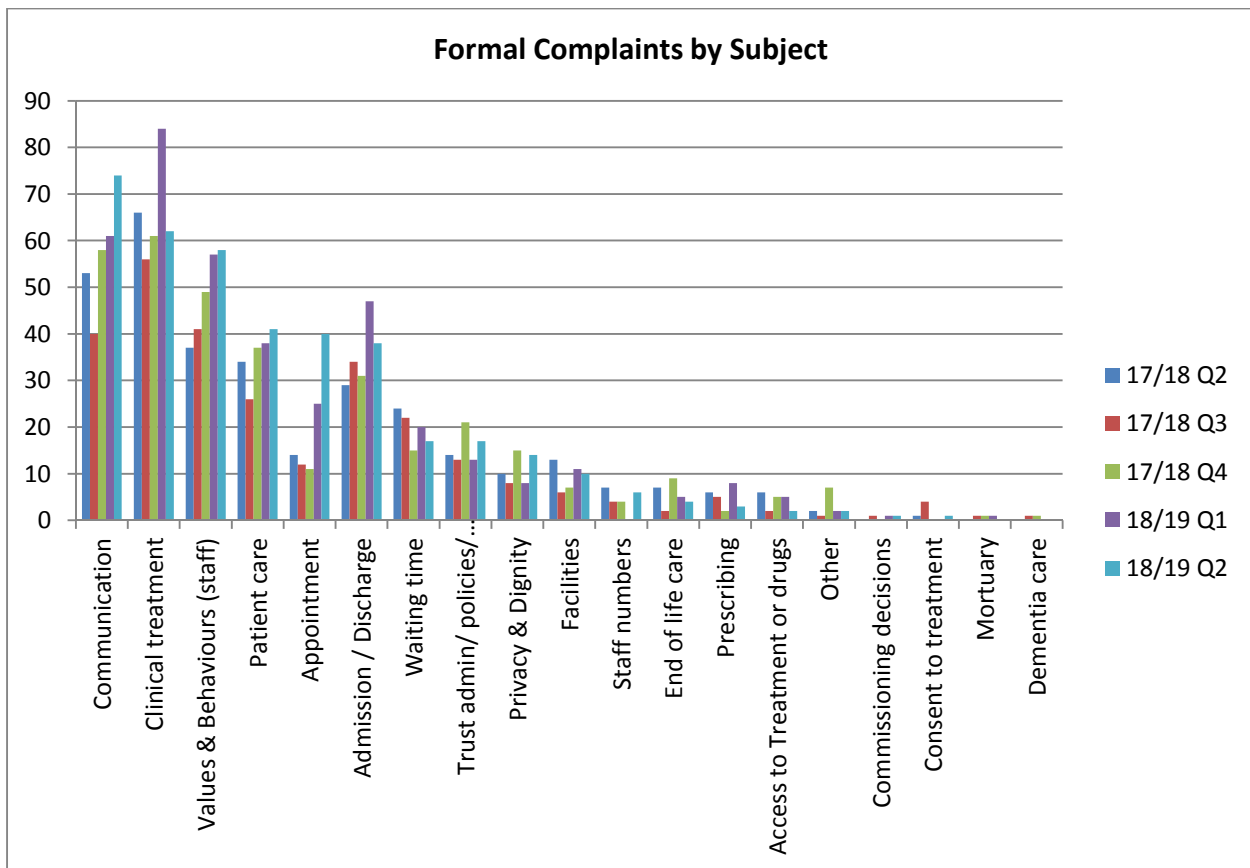
Specialty	Q1	% against activity	Q2	% against activity
Accident & Emergency	43	0.13%	29	0.08%
General Surgery	15	0.72%	14	0.61%
General Medicine Acute/ unspecified	11	0.17%	14	0.21%
Booking & Scheduling OPD/IP	9	N/A	14	N/A
Ophthalmology	1	0.01%	13	0.11%
Radiology	7	0.01%	11	0.01%
Orthopaedics	11	0.08%	10	0.07%
Gastro Enterology	8	0.1%	7	0.09%
Paediatrics	5	0.13%	7	0.2%
Urology	9	0.14%	6	0.1%
Gynaecology	6	0.09%	6	0.09%

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



### 5. Key themes

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

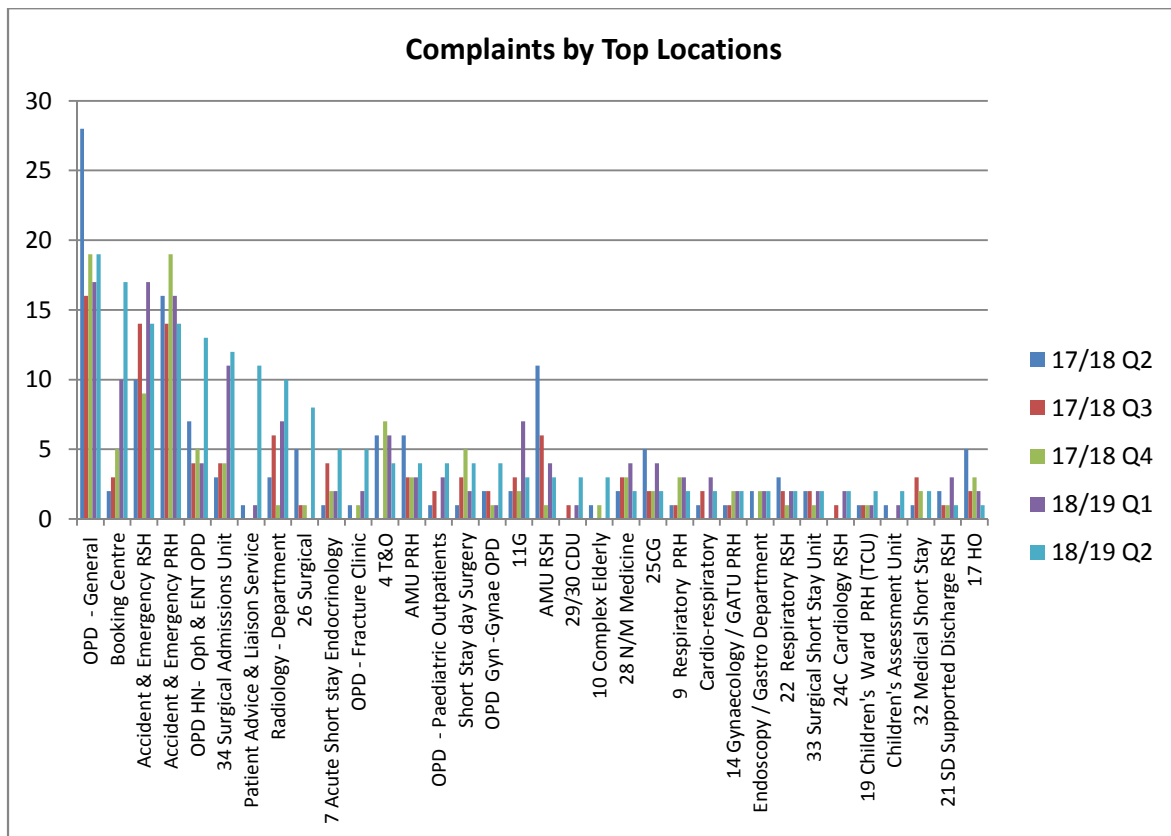


Clinical care/treatment relates to all aspects of a patient's treatment, both medical and nursing. Although there continue to be large number of complaints relating to staff attitude, there has been a downward trend within quarter two by month. There continues to be an increase in complaints about appointments in quarter two. 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.

The top two locations reflect the increase in complaints about appointments. There has also been an increase in complaints relating to the Surgical Admissions Unit in quarters one and two. This has been discussed with the ward manager and matron for the area and a number of actions have been identified to address these, including encouraging patients and relatives to raise concerns with the nurse in charge, liaising with GPs to ensure that patient expectations are appropriately managed when they are referred in, an increase in staffing, and improved sharing of learning from complaints with staff. There was also an increased in complaints relating to the PALS team in quarter two, which related to one individual who has since left the Trust.



## 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 process

- Delay in appointments and issues re drug availability
  - Introduction of one stop clinics
  - Ongoing discussions with pharmacy and consideration of automated fridge options
- Patient given appointment with the wrong consultant
  - Back up all request for appointments with an email.
  - Staff to check all appointments in the pathway and raise any concerns re duplicate appointments
- Insufficient stock of injections for planned patients
  - Changes to process for ordering
  - Increase in stock holding
  - Improve information flows between pharmacy and ophthalmology

### Communication / patient information

- Change of clinic location not communicated
  - New letter to be sent when clinic location is changed, and staff to phone patients if this is a short notice change
- Junior doctor not introduced during ward round, patient given conflicting information
  - Review ways of displaying staff details in bays
  - Give patients access to Renal Patient View
- Concerns re advice provided



- Staff to document all phone conversations

**Patient care**

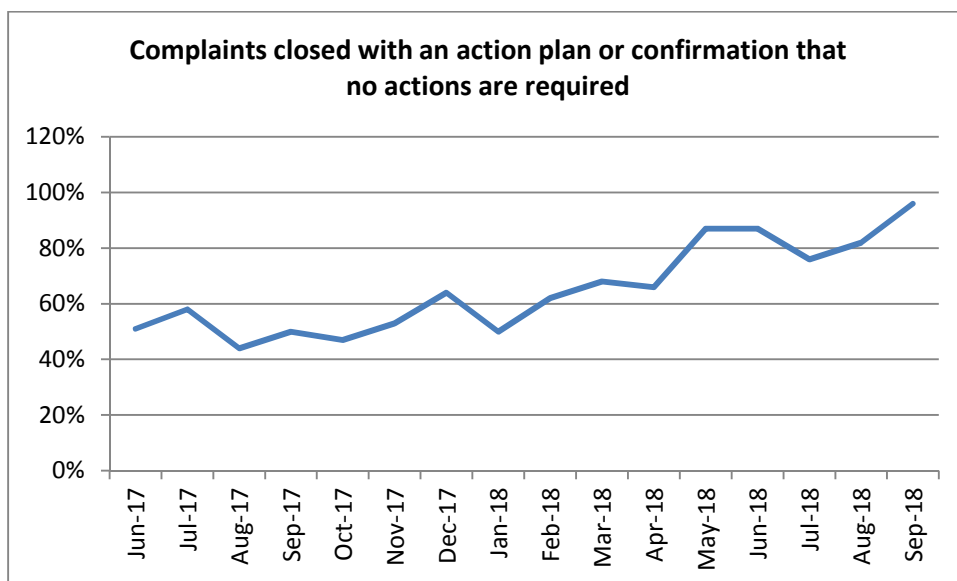
- Concerns around pain relief, care and staff attitude
  - Staff to ensure patients are aware of when they will next receive pain relief and ensure it is administered in a timely way
  - Complaint to be discussed with ward team, considering how they present themselves in from of patients and families
- Patient left in corridor, with little interaction from staff
  - Ensure patients are kept informed about delays and concerns escalated to nurse in charge
  - Ensure patient safety sheet is completed and patient is comfortable
  - Maintain high standards of care on corridors
  - Continue two hour documentation checks
- Management of miscarriage and lack of support
  - Ensure suitable room is always available
  - Greater staff awareness of distressed patients
  - Ensure all phone consultations are fully documented

**Training / staff awareness**

- Significant delays in cataract surgery
  - Ensure notes are thoroughly reviewed
  - Awareness of staff about who can operate on patients who have had laser eye surgery
- Staff attitude
  - Staff patient interactions to be monitored
- Staff attitude, daughter not contacted as requested
  - Reflection with individual staff and member of staff booked on values-based conversations training
  - Staff to ensure all patient details are on electronic system

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

86% of complaints closed in quarter two 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.

The Complaints Team are now looking at working with Care Groups to collect feedback on completed evidence, so that, where appropriate, complainants can be contacted with assurance that actions promised in the response letter have been delivered.

### **8. Parliamentary & Health Service Ombudsman (PHSO)**

Where a patient or relative remains dissatisfied following the Trust's response to their complaint, they may forward their complaint to the Parliamentary & Health Service Ombudsman for review. On receipt the Ombudsman will undertake an assessment and may take the following options:

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

During quarter two the Trust was notified of two cases referred to the Ombudsman:

- Patient's relative raised concerns that her discharge was arranged without sufficient support
- Patient relative raised concerns about the management of the patient's diabetes

During quarter two the Ombudsman concluded three investigations, none of which were upheld. 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 two have now been analysed, with a number of areas for improvement highlighted. 63 surveys were returned (a response rate of 37%) and the key findings are:

- 71% were contacted by phone to acknowledge their complaint, which is an increase on previous quarters.
- 65% of those whose response was late were contacted to be advised of the delay, which is an increase on previous quarters
- 62% felt the response covered all issues raised which is similar to previous quarters
- 76% felt the response was clear and easy to understand which is a slight decrease on previous quarters
- 63% felt the Trust had used their complaint as an opportunity to learn, which is an increase on previous quarters
- 50% felt that the complaint was handled well or very well, however 93% would be happy to raise a complaint again in the future, which is an increase on previous quarters

Some of the comments on the survey include:

*I think that the complaints service dealt very well with my complaint. It only remains to be seen if my future appointments keep coming on time.*

*The complaints department kept me informed and were always helpful. I complained raising two issues; one, the department acknowledged as an issue and hopefully will learn from as a system failure. The other part was not accepted and it was felt learning was not necessary. I dispute this as learning is always possible. I have responded.*

*The members of staff that I spoke to over the phone were incredibly friendly and sympathetic. However, I feel that more effort could have been made, earlier on in the process, through PALS, to answer my concerns. I am glad that changes have been made and I hope that my illness has improved knowledge and skills.*

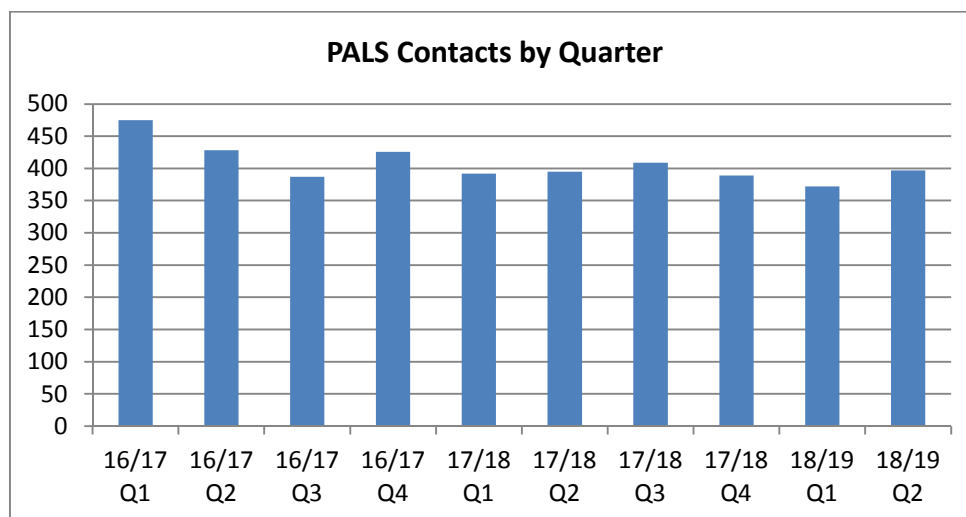
*I was pleased to learn that following my complaint measures have been put in place to ensure this does not happen in the future - This was the sole reason for contacting. Thank you for your efforts in this matter.*

Other updates from the team include:

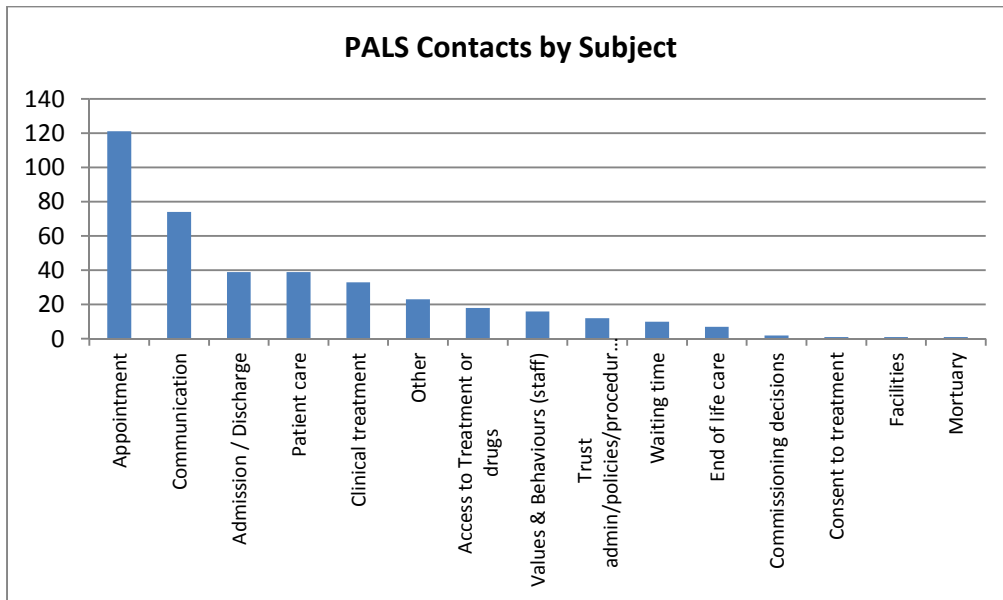
- Member of the complaints team shortlisted for the Patient Experience VIP award
- Use of TCI methodology to develop Standard Process Descriptions
- Introduction of letter checklist as part of mistake-proofing work
- Thank you letters received in response to complaint responses

### 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 or service they have received. 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 two of 2018 the PALS team reported and investigated 397 PALS concerns which is an increase of 25 cases compared to what was received in Quarter 1. The graph below shows the PALS activity over the past two and half years.



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

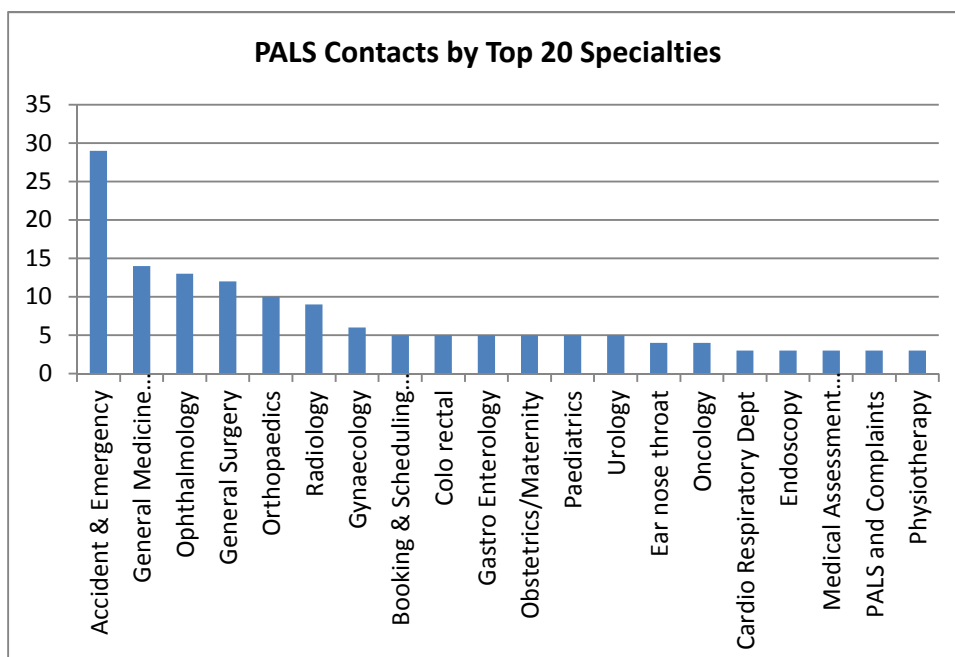


Quarter 2 reports a significant increase in concerns raised regarding appointments with PALS receiving 121 concerns. The Trust is seeing a steady increase with concerns in this area with Quarter 4 of 2017/18 reporting 88 concerns about appointments and Quarter 1 of 2018/19 reporting 96. The main themes around patient dissatisfaction in relation to appointments is regarding cancellations without another appointment being offered and the lengthy waiting times for follow up appointments.

Concerns around communication remains high with PALS receiving 74 cases in Quarter 2, which is up by 2 from Quarter 1.

Concerns regarding admission and discharge has increased to 39 cases in Quarter 2. Quarter 1 reported 26 concerns in this area and so an increase of 13 is seen.

The top 20 specialties that PALS have received concerns about are shown in the graph below with A&E being the department we received the most concerns about. Concerns about appointments will have been categorised against the specialty the appointment relates to and not just against Booking and Scheduling.



Examples of PALS cases received are included at appendix four.

### 11. Patient Feedback

Whilst PALS receive concerns directly from patients and relatives, some service users turn to NHS Choices to share their experiences, whether it be positive or negative. 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 2 20 comments were published on the NHS Choices website. 7 of these were for RSH and 13 were for PRH. 55% (11) of these were positive, 30% (6) were negative, and 15% (3) were mixed.

From the comments posted A&E have received 5 negative comments and Ophthalmology have also received some negative feedback about length of wait for appointments.

### Letters of thanks

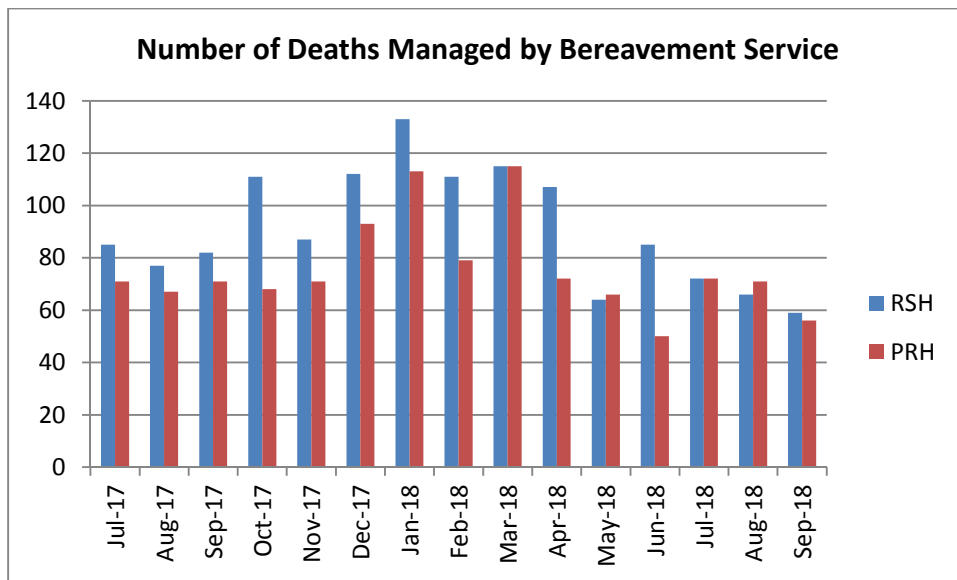
In addition to the feedback give via NHS Choices, 51 letters of thanks and appreciation were received by the Chief Executive, as well as through the SaTH website and on our main social media channels, during quarter four. This is in addition to the cards and letters sent to wards and individual members 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
July	1	6	8	0	2	0	16
Aug	1	3	11	5	1	0	21
Sept	1	5	6	2	0	0	14

Examples of letters received are included at appendix six.

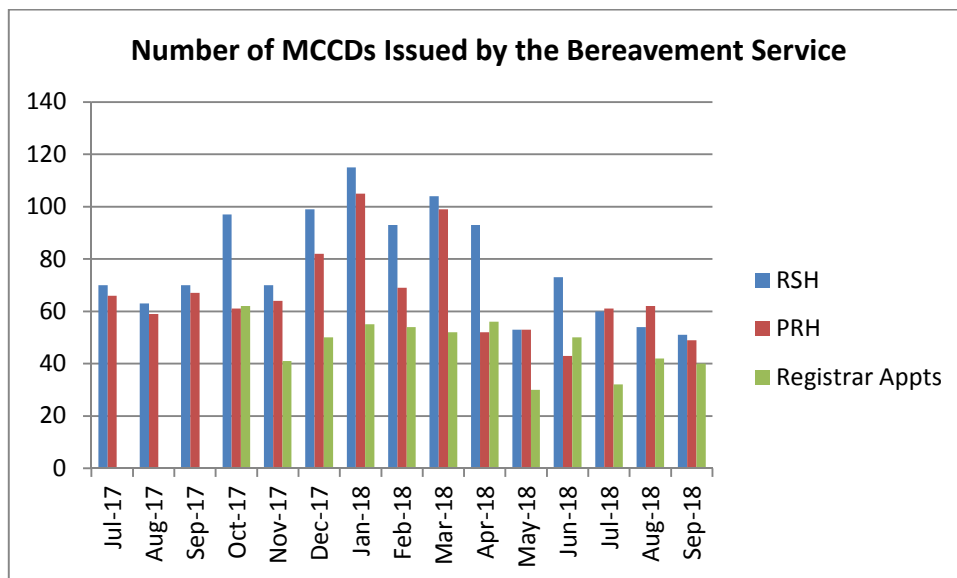
### Bereavement

During quarter two, there were 396 deaths across both sites, which is a decrease of 47 from Quarter One.



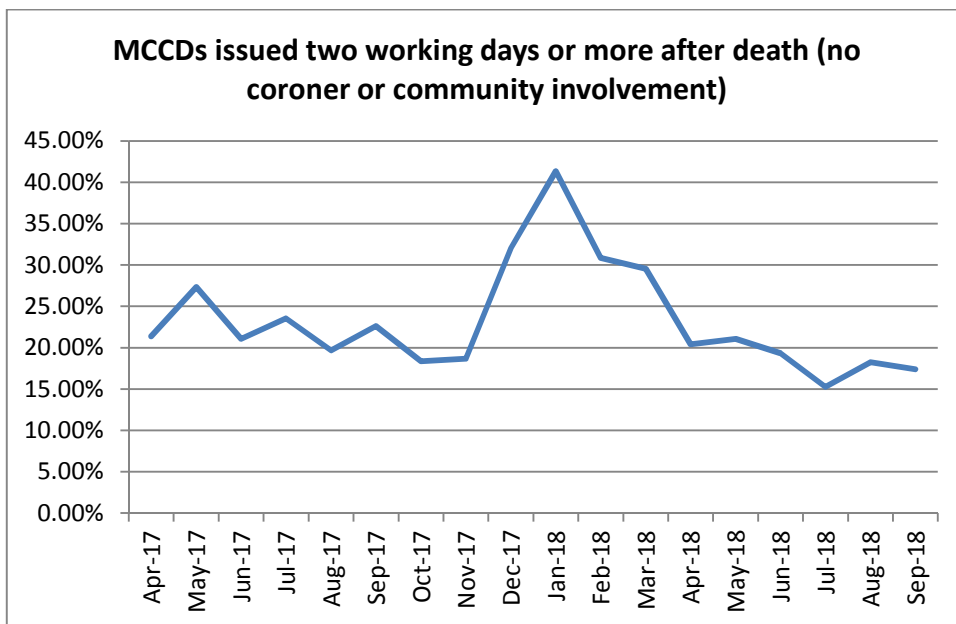
Of the 396 deaths, the Bereavement Team issued 337 Medical Certificates of Cause of Death. 67 of these deaths were reported to the Coroner.

The Bereavement Team have arranged 114 appointments in Quarter Two for bereaved families to register the death of their loved one at the Royal Shrewsbury Hospital.



With support of the Superintendent Registrar at the Shirehall Registry Office the Bereavement Manager has extended the sessions for the Registrar to work at RSH to conduct the registration of deaths. In addition to registering on Tuesdays, Wednesdays & Fridays, the Registrar will now open to bereaved families on a Monday afternoon and Thursday afternoon. The Registrar will continue to offer a walk in service to families who wish register a birth on Monday morning and Thursday morning. This extension to the service will start from Monday 22<sup>nd</sup> October 2018. With the winter period looming it was felt that being able to offer more families the opportunity of registering at the time of collecting their loved ones MCCD and belongings was a positive step as we frequently receive positive feedback about how well the service works for families.

Compliance with issuing MCCDs within 2 working days is detailed below. Work continues with trying to ensure senior and junior medical staff is aware of the importance for completing MCCDs in a timely manner.



### 13. PALS & Bereavement Services Review

In collaboration with the Friends of the Princess Royal Hospital, the Bereavement Service is about to launch a complimentary drinks voucher for bereaved families. This will entitle bereaved families to the same gesture that is being offered at RSH from the League of Friends. It has been received really well at RSH and so we are delighted to be able to offer this at PRH as well.

The annual PALS satisfaction survey results have been produced and we are proud to report that in terms of access to the service, the report highlights that the PALS service is easy to locate and responses are generally prompt: 100% of respondents who contacted PALS in person said the office was easy to find, and of those who contacted PALS by phone, 72.7% had their call answered by a PALS adviser. 84% either received a response from PALS within a week or felt all their concerns had been resolved at the initial meeting.

In terms of satisfaction with the service, the report again highlights PALS' strength: 100% of those surveyed felt the response they received covered all the issues they raised, and 100% said they felt making a complaint had made a difference to their care or their relative's care. 100% of respondents felt their concerns were handled very well by PALS, and they would be happy to raise a concern again in the future to PALS.

### 14. Freedom of Information (FOI)

The number of FOI requests received by the Trust shows a slight increase from quarter one. 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 October 2017 – June 2018**

<b>Month</b>	<b>Received</b>	<b>Answered within 20 days</b>	<b>NOT answered within 20 days</b>
<b>October</b>	64	52	12
<b>November</b>	60	44	16
<b>December</b>	43	22	21
<b>January</b>	70	56	14
<b>February</b>	63	48	15
<b>March</b>	60	42	6
<b>April</b>	62	52	10
<b>May</b>	54	45	9
<b>June</b>	39	4*	1
<b>July</b>	78	59	19
<b>August</b>	55	42	11
<b>September</b>	42	24	3

\*9 not due at time of report

#### **15. Recommendation**

The Board is asked to consider the report

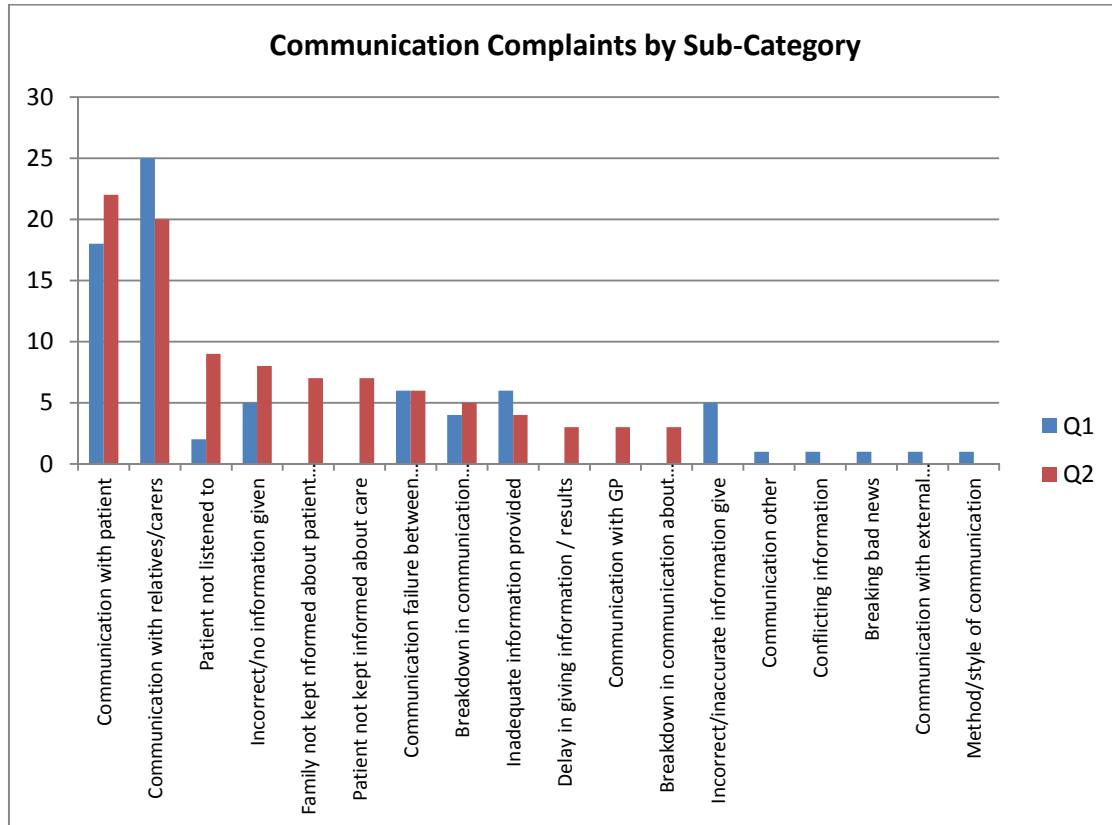


# COMPLAINTS & PALS REPORT JULY TO SEPTEMBER 2018

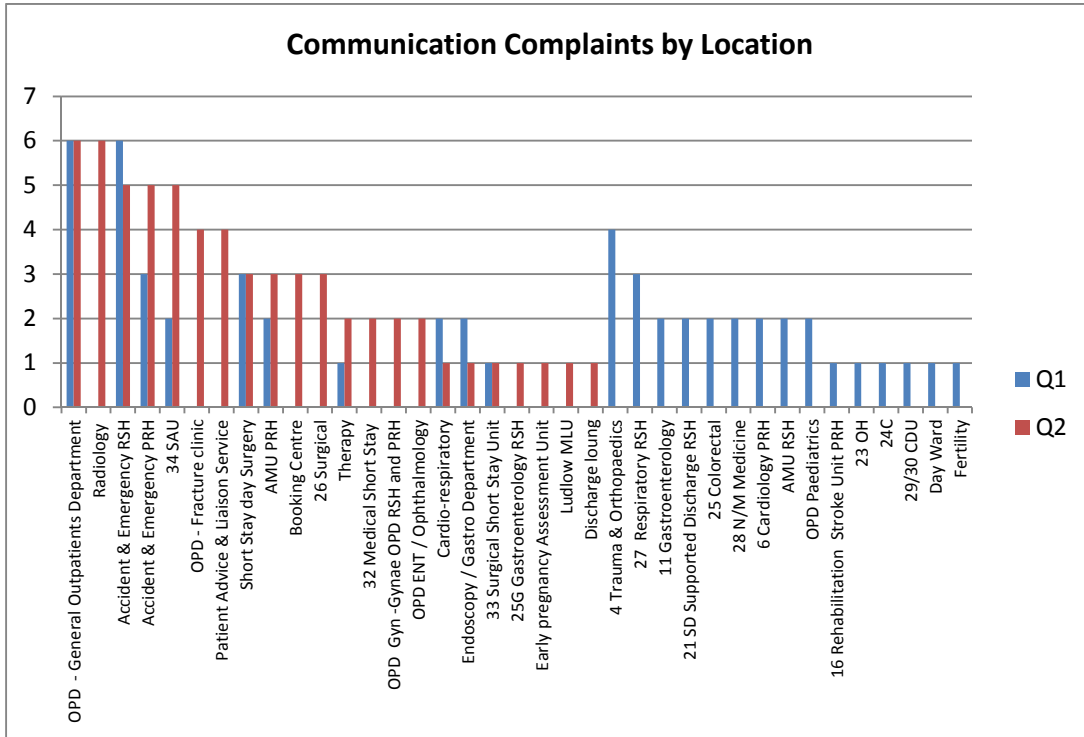
## Appendix One

### Detailed breakdown of complaints themes

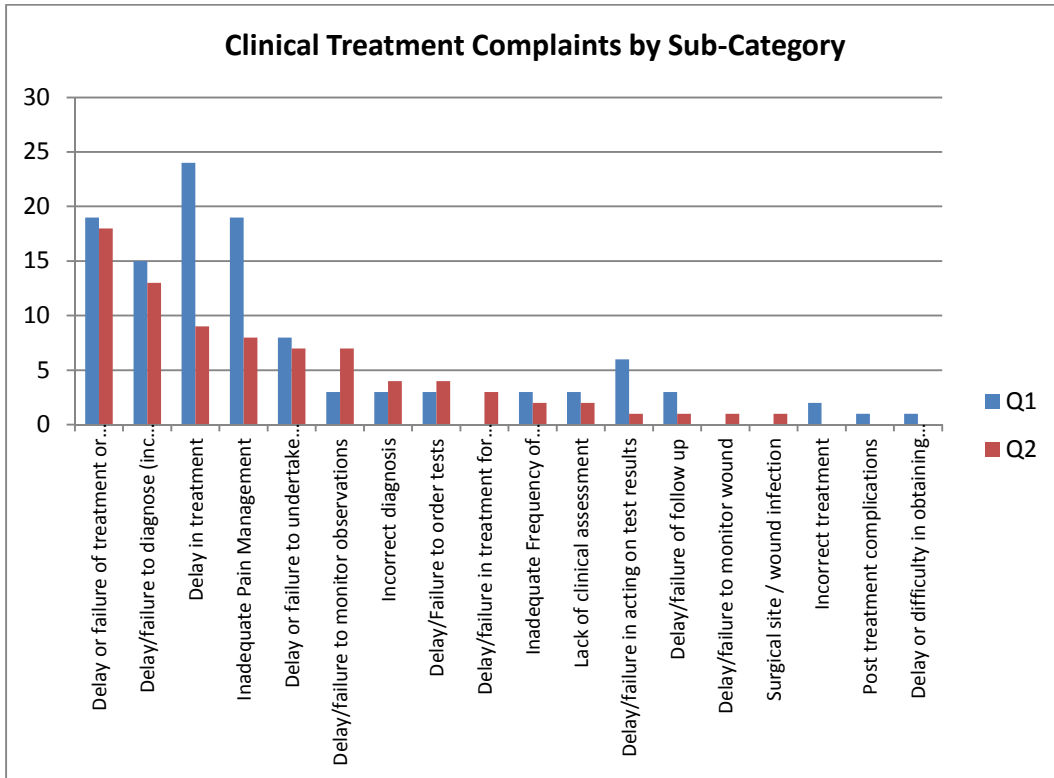
Communication forms a part of the majority of complaints and the details can be broken down as follows:



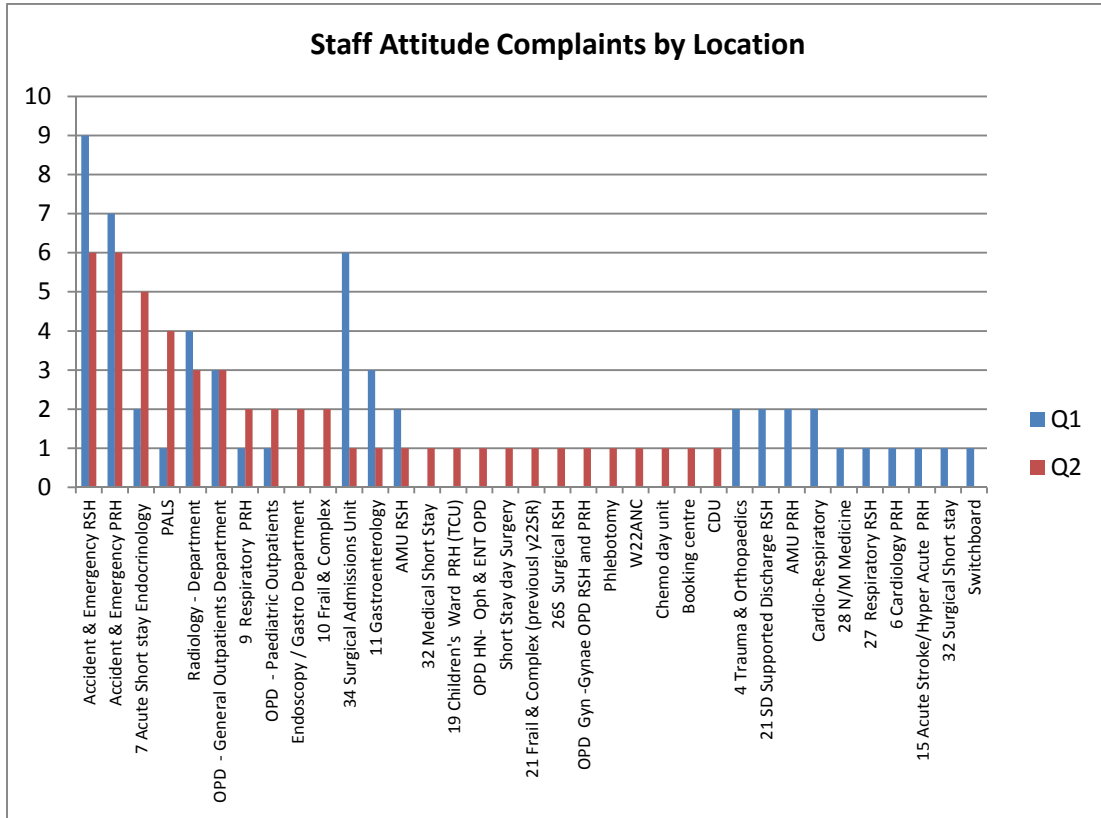
The graph below shows the areas where communication complaints occur:



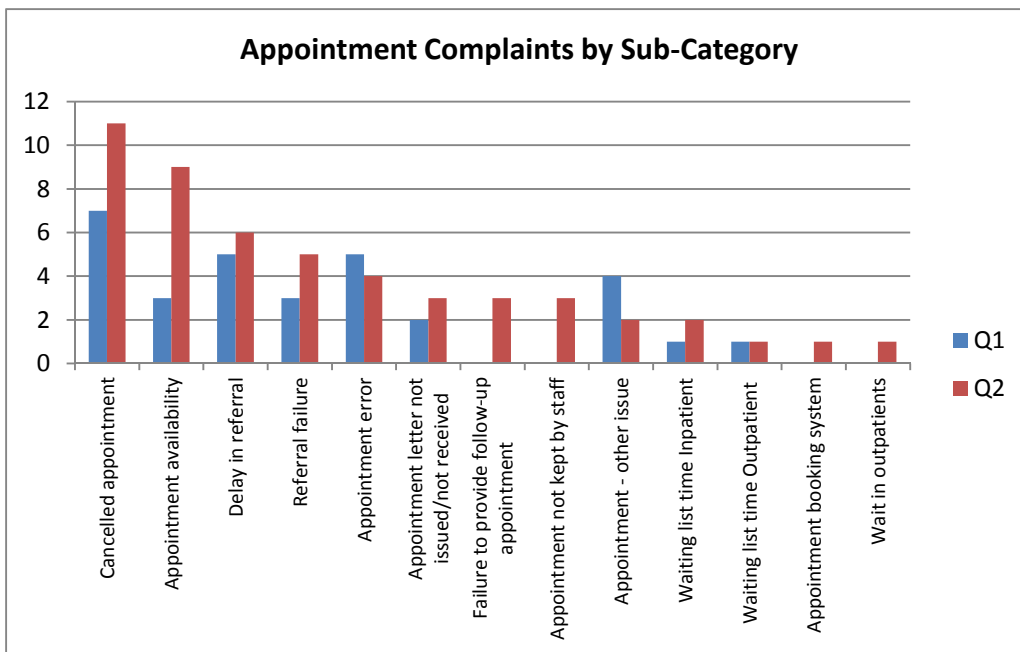
A large number of complaints also raise clinical treatment as an issue; the graph below shows these complaints broken down by sub-category. The majority of these complaints relate to issues in obtaining a diagnosis, and subsequent treatment:



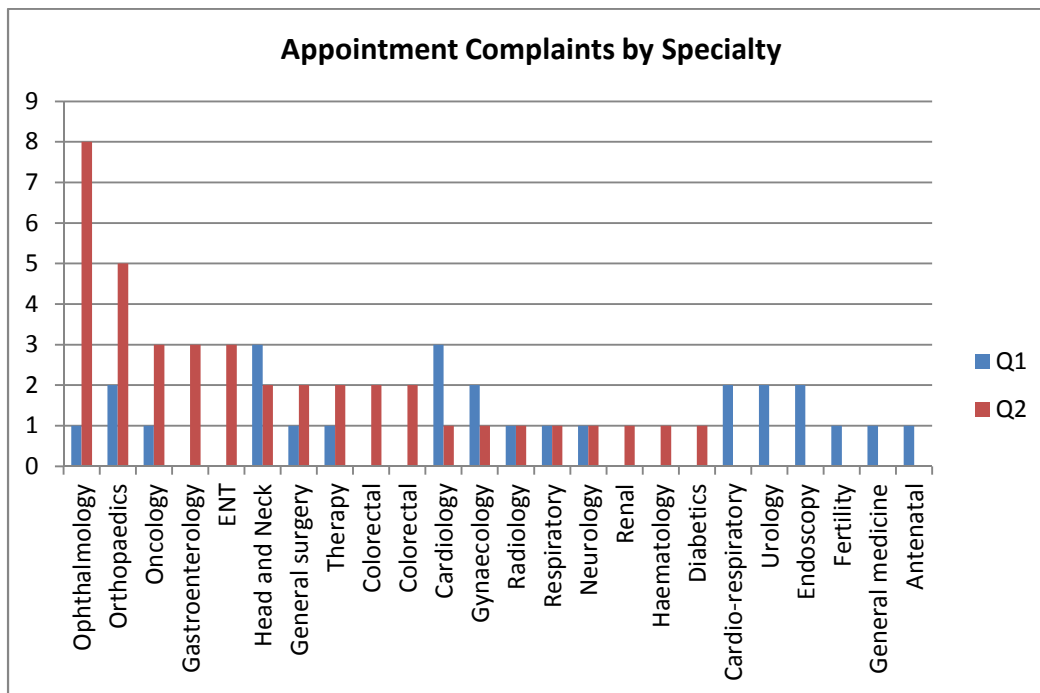
Complaints relating to staff attitude are spread across a number of areas.



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:



Ophthalmology has seen an increase in complaints in quarter two compared to the previous quarter. The majority of complaints were surrounding waiting times and appointment issues, with two main areas of concern:

**Adult Contact Lens**

The department has been unable to provide the Adult Contact Lens service at Sath due to the resignation of the specialist optometrist who provided the service and failure to recruit to the position. The department wrote to all patients at the end of June 2018 to advise them of the issue, this has resulted in some PALs and complaints. The department has attempted to find a solution to be able to reintroduce the service however has been unsuccessful and has since provided contractual notice to the commissioners to cease the service provision. The department has 274 patients within this service and is liaising the commissioners in order to consider the patients future care.

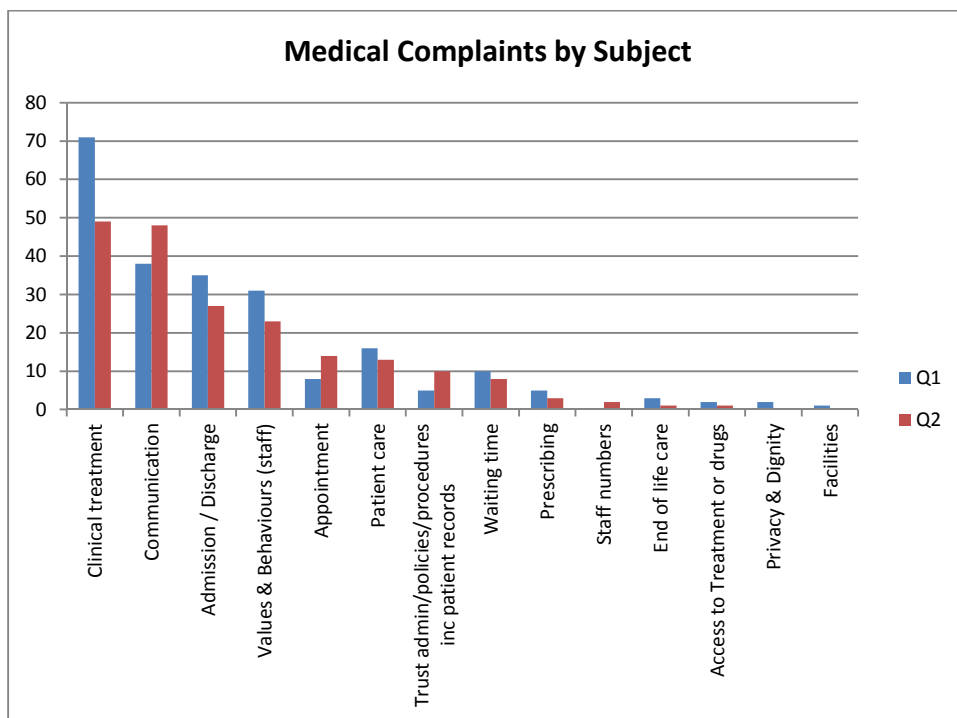
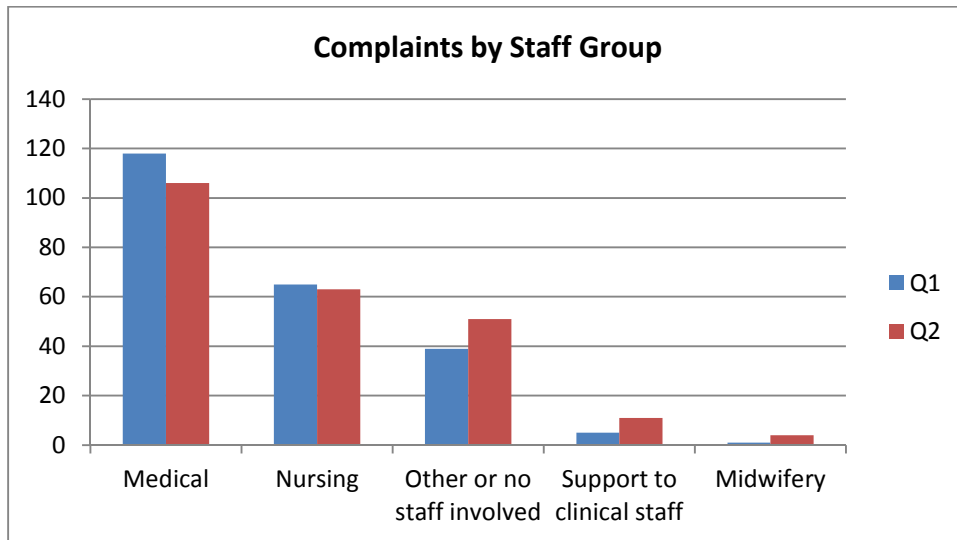
**Medical Retina service, specifically around those patients waiting for injections.**

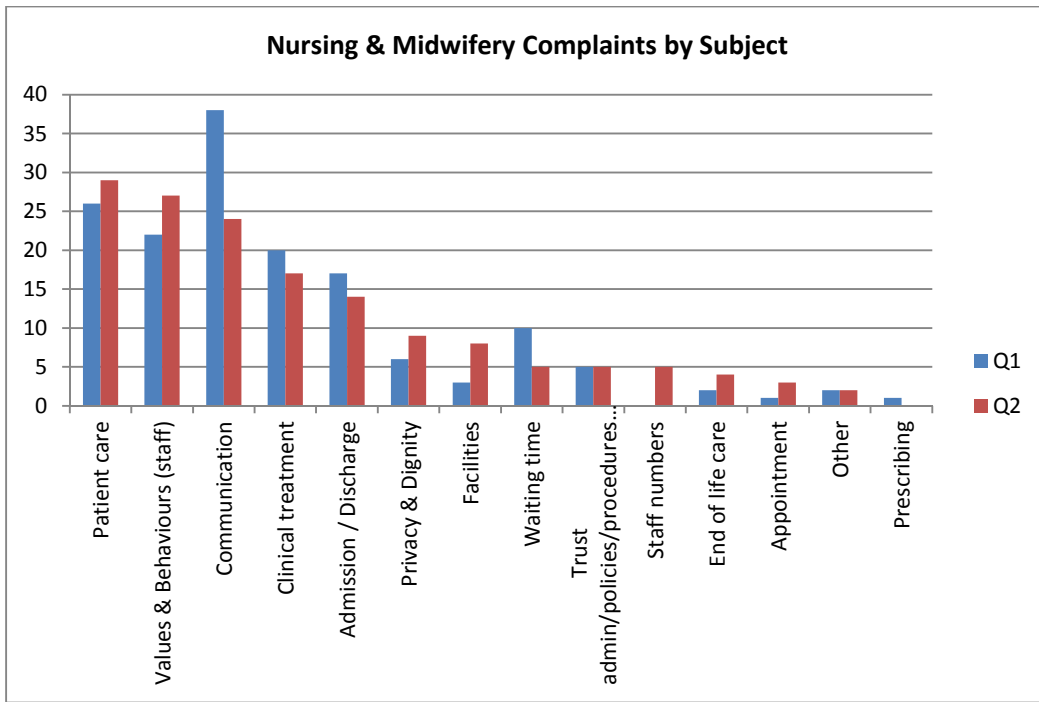
In addressing this area of concern, the service implemented a one stop injection service in September 2018. This patient pathway change means patients who need an injection are able to receive it on the same day as the review appointment (previously delivered as two separate appointments). This intervention has reduced the waiting time for patients indicated for an injection by 6 weeks and patients are being seen on time. This is likely to reduce the number of complaints seen in quarter 2.

The department continues to work with the booking teams in order to ensure patients obtain timely appointments.

### Complaints by Staff Groups

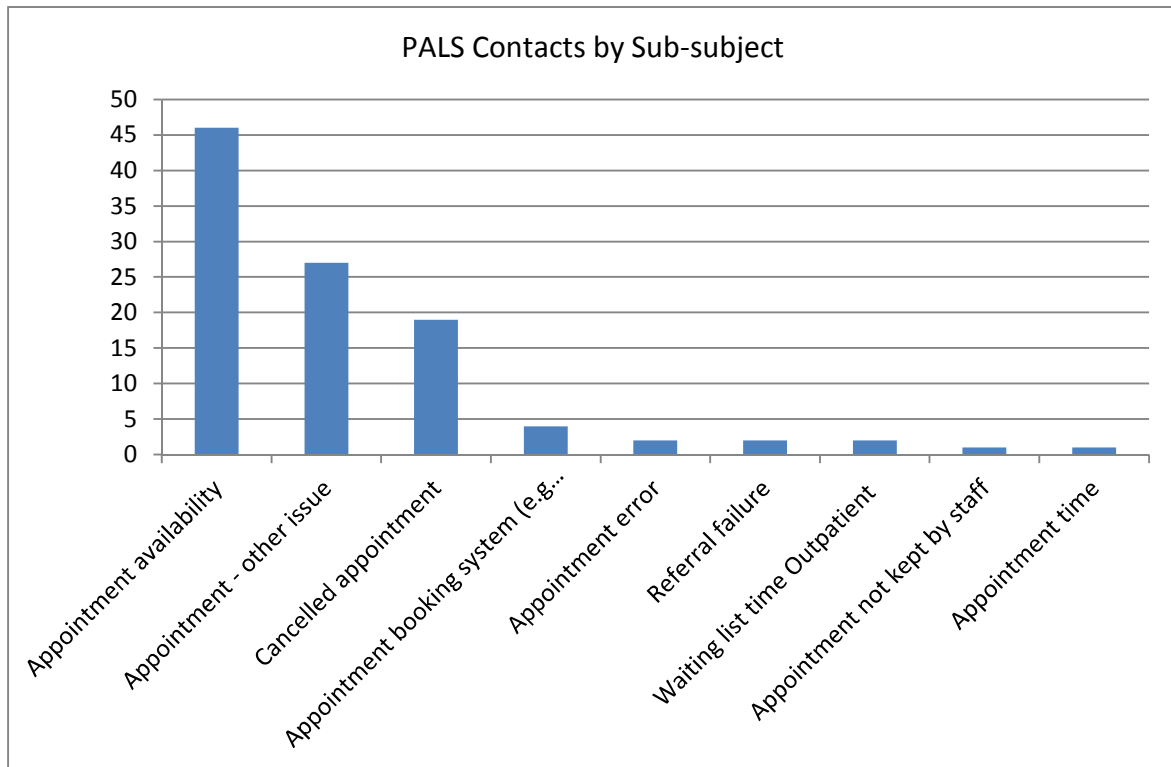
106 of complaints received in quarter one raised concerns relating to medical staff, and 67 complaints related to nursing & midwifery staff. Further details are shown in the charts below:



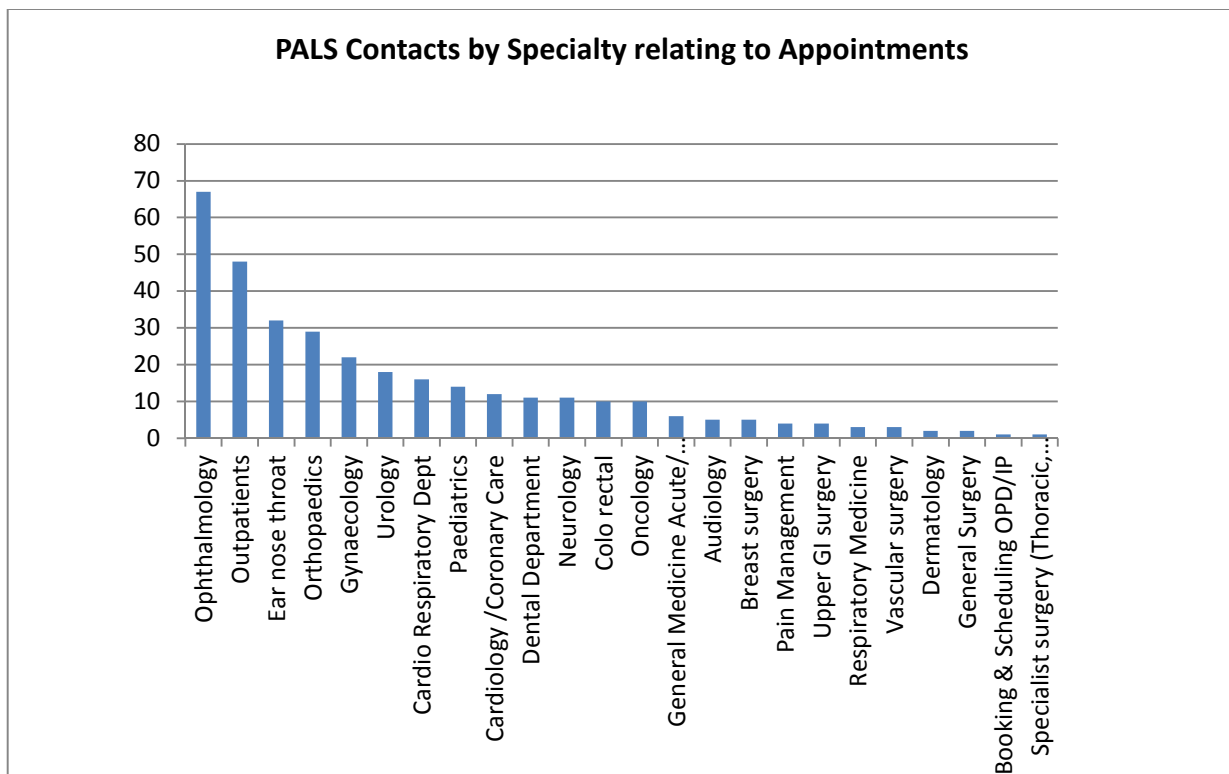


**PALS Contacts relating to Appointments**

121 PALS contacts in quarter two related to problems with appointments which is an increase from quarter one by 25 contacts. As can be seen from the graph below issues are availability of appointments and cancelled appointments:



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



## Examples of PALS Cases

*Patient requires OPD appointment for varicose veins and has had 2 OPA cancelled with no new date. Patient and wife have taken time off work, put children in child care and travelled 50 miles to attend. Booking Centre Staff has liaised with consultant and decision was made to pool to another consultant. Patient has been offered and accepted an appointment for the 12.10.2018 with another consultant.*

*Patient concerned that she was discharged when she was still in pain and was not given oramorph as a painkiller. The doctor she saw felt the pain she was experiencing was not severe enough for her to be an inpatient and did not prescribe Oramorph. Patient required NFA.*

*Patient had a scan on 25/09/18. He told staff he couldn't have the dye as he has had a bad reaction in the past to it, and this is also documented in his records, but they didn't take him seriously and put the dye in. The patient experienced tightening of the chest and difficulty moving. He would like an apology from staff, and if he gets this will not take it any further. Radiology Manager phoned the patient to explain the reasons for the scan and to apologise for the poor communication.*

*Lady would like to know that her grandson's death will be included in the legacy review. Details passed to W&C lead for managing the legacy cases.*

*Patient unhappy that we have not received a referral for CPAP and the length of wait is 10 months. Referral arranged to be sent to PRH. Appointment made and resolution achieved.*

*Patient is concerned that appointment has been cancelled and nothing has been re-arranged. PALS rebooked the appointment through the booking office and advised the patient to call back if he has any further concerns.*

*Patient is upset with the way her appointment went with Dr and worried with lack of plan. Feels she needs to speak to CNS but can't reach her. Full support given by specialist nurse, facilitated by PALS.*

*Patient is concerned that he has had his appointment with Pain cancelled and no further appointment made as they have said referral is inappropriate but not explained why. Referral re-instated and appointment made for same date that patient originally had. Patient very pleased and grateful for help.*

*Patient concerned re length of delays on reporting on scans and as a result delaying his oncology treatment. Full explanation and apology given by Radiology Manager and assurance given to patient re next scan.*

*Patients relative is concerned that her apt has been cancelled on a number of occasions. apologised for the cancellation and offered her the appointment for the 27th October. This was acceptable to the patient.*

*Mother unhappy with delay/wait in A&E RSH for her son and wanted to email under 'save our A&E' Passed email over to the Manager for the A&E department. The manager apologised for the wait/delay experienced in the department.*

*This lady is not happy with the care her mother received in A&E, the state of the hospital and the way the staff talk to them. Relative wanted to make formal complaint and so procedure was explained.*



## Examples of comments from NHS Choices

### Some of the positive comments received were as follows:

*I was offered surgery at the Euston House Telford Clinic. This a great place to get cataract surgery, well organised, very friendly and efficient. The care was first class from a dedicated team and I am well happy.*

*The care the whole team gave me from day on was amazing, I was treated with kindness positivity and respect from day one when I had my biopsy, scan. The pre op team were great. The day of my operation I felt so calm, I knew I was in good hands, the consultant and everyone I saw were all so lovely, I felt so positive and secure. My breast care nurse was with me all the way. My operation was at Telford, the nursing team were so caring, nothing was too much trouble. I had to go back to Telford to get a drain removed, I met the breast nurse specialist at Telford clinic her smile shone brightly, a lovely lady, her wonderful nurse took care of me. I the got my results after the operation at Shrewsbury clinic with the breast nurse giving me her support once again. My journey is not yet over but, I feel so positive about my condition and the journey I am taking after all the wonderful care and support I have been given. The only way is up!!! So for any ladies reading this who have Breast Cancer like me , stay positive, with such a wonderful team supporting you. You can do this!!*

*Thank you to the A +E team on at Princess royal Telford for looking after my mother on the morning of the 17/08/18. The stroke team quick and found she had had a TIA after taking her for scans X- rays blood tests all within a hour and a half of her being admitted and found a bed on ward 15 in which she stay over night and was discharged the next afternoon. So we also thank, ward 15 staff for there help to. You could not ask for better treatment. Thank you for the endless commitment you all have to the job.*

*Off to hospital again today for dental reconstruction following treatment that started August last year. As the title says the it was second to none - from diagnosis and the way that was handled , to admission and surgery - days in intensive care and the head and neck ward these people are amazing, followed by radiotherapy and the dietitians - speech and language therapists I can't fault at all the care that I had from all of them. PEG now out as well (not a pleasant experience but better now it's gone) If there were more than five stars to give to these people for the care and attention that I received then I would give more.....THANK YOU ALL.....*

### Some of the negative comments received were as follows:

*Attended A and E for 7 hours during the night shift. The ambulance crew were excellent - professional, caring and very competent. What a contrast we faced when arriving at PRH A and E. The sister and junior nurses were doing their best but the doctors, staff nurses and radiographer lacked listening skills, appeared totally remote and uncaring and appeared totally spaced out. Whether this was due to the overall situation of the A and E, which must be very demotivating, or the calibre of staff you can attract to a failing unit who knows? Specifically, had to wait an hour and a half in agony for pain medication. The communication between the doctor and nurse appeared poor. No one knew if the doctor had written up the pain medication and when it was established that he had, no one knew if the nurse was doing anything about it (or if it was even on her list). Just left to own devices and no one came to check during this period. No communication appeared to have taken place between the doctor/nurse when initially taken through to X ray and had to be taken back a second time. What have the people of Shropshire done that is so bad that we suffer this treatment and when is something really going to be done to bring it to even an acceptable level.*

*Gave up waiting for help with an eye problem after having a vetrectomy eye operation 3 weeks ago and decided to go over to the Birmingham eye hospital instead as the standard of waiting was so poor without being given any indication of how much longer I was supposed to wait until seeing a doctor.. It cost me £6.00 in parking charges of which none goes to our health service so all in all a very poor substandard of service.*

### **Some of the mixed comments received were as follows:**

*On Friday 10th my husband was taken to a&e after feeling unwell, taken to minors first had all BP heart checks, then told going to do bloods after a while a nurse came in with blood form placed on table and went away, 20 mins later she returned with tray of blood things to take bloods placed on top of blood form and went to walk away, in-between all this I'd sat and read the blood form which I thought was for my husband, and noticed a different name the form wasn't my husband's was for another patient and had urgent on it when the nurse returned said is this form for my husband's blood, yes she said I then pointed out it wasn't and she looked at me strange looked at the form then asked what my husband's name was, I was quite taken back by this thank god I'd read the form, I just hope someone else had not had my husband's form with their bloods, so now I double check everything, was transferred to majors and kept in overnight, lovely staff in majors and stroke ward.*

*Via the NHS I was successfully operated on by a competent ophthalmic consultant on April 27th 2018. An assessment of my operation by my optician (one month later) showed that the operation on my right eye had been very successful and all was clear to proceed with the cataract operation on my left eye. The appraisal documents from my optician were sent to The Ophthalmology Dept at Shrewsbury Hospital on 11-06-2018 with the object of getting a reservation date for the left eye cataract operation. By the 16-07-2018 I had heard nothing confirming an operation date therefore my optician sent again the appraisal document to the aforementioned hospital and department. By today (the 13-08-2018) having heard nothing I resorted to phone contact with the hospital. They informed me that they had no knowledge of the previously sent letters from my optician. Discussing the situation with the admin lady on the Ophthalmology Dept at the Shrewsbury Hospital led me to believe that there is a confusing situation with respect to systems for operation bookings, postal collection, allocation of operation contenders to dates/locations and identification of relevant contacts for patients. In summation I do not think there is a competent system running the aforementioned departments particularly with respect to cataract operations and bookings.*

*I attended following an accident in the local area, really quick to x-ray and then standard wait to see the Doctor, when I did he was unsure so checked with the Consultant and then appeared with a letter giving me an appointment for the fracture clinic the next day - I asked if I could instead attend my local hospital as this one was a 90 minute drive from home and got told I needed to go but if I wanted could attend A&E at my local hospital. I did ask if they could send my x-ray forward to my local hospital to avoid a second non-necessary x-ray and was told no they could not share information (I thought strange for a NHS hospital) but took them at their word. My wife then called our local hospital and gave them all the detail they said that Shrewsbury should have given us the option of an appointment at our local hospital, we mentioned the x-ray and they said if that could be sent that would really help our local hospital with diagnosis and then treatment. We called Shrewsbury and spoke to the relevant Secretary who took all our details and assured us she would send the xrays on to our requested hospital. When we arrive at our local A&E we had the standard 90 minute wait, went in explained what had happened and again got told that Shrewsbury should have booked the appointment for us and given us a choice, we said we'd called and were promised that the xrays would be sent - they checked and as they had not received called the hospital only to be told no one had been asked so none had been sent (we HAD called and been informed that they would be sent). Our local hospital has had to put in an official request for those and we are in limbo really until they are received leaving me in pain while waiting for resolution that would have been possible if we'd either been given the correct information at Shrewsbury or if the person we spoke to had done what they said they would do. It appears standard NHS procedure was also not followed which is a real shame as every other aspect of the visit to A&E was great.*

Extracts from a selection of thank you letters



The Shrewsbury and  
Telford Hospital  
NHS Trust

Thank you . . .

I am writing in relation to the superb treatment I have received from SAHH over the last few years...

Without exception all the staff I met were caring, professional and generally exceptional people. All were undeniably a credit to SAHH.



Proud To **Care**  
Make It **Happen**  
We Value **Respect**  
Together We **Achieve**



The Shrewsbury and  
Telford Hospital  
NHS Trust

Thank you . . .

My husband was admitted to PRH and was on Ward 11. We would like to express our admiration and grateful thanks to the staff on that ward.

They were amazing and nothing was too much trouble.



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The Shrewsbury and  
Telford Hospital  
NHS Trust

Thank you . . .

I just wanted to thank your staff in these departments (mammogram and CT scan) for all the care and attention they gave to both me and my husband.

Your wonderful staff put us both at ease and for that we are very grateful. Keep up the good work, you are indeed a very special hospital with very special hardworking staff.



Proud To **Care**  
Make It **Happen**  
We Value **Respect**  
Together We **Achieve**



The Shrewsbury and  
Telford Hospital  
NHS Trust

Thank you . . .

I attended day care surgery for my wife to undergo an operation. I wanted to extend our thanks to everyone in the department.

The care and patience was nothing short of excellent from every single person that took care of both of us. Thank you all.



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